AETIOLOGY AND TREATMENT OF INTIMATE PARTNER VIOLENCE PERPETRATORS IN ENGLAND AND WALES

By

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A thesis submitted to the College of Life and Environmental Sciences of the University of Birmingham for the degree of DOCTOR OF PHILOSOPHY

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September 2018

ABSTRACT

This thesis aims to investigate the aetiology and types of Intimate Partner Violence (IPV) perpetrators within the criminal Justice system of England and Wales and to conduct an outcome evaluation of Domestic Violence (DV) programmes delivered in the criminal justice system of England and Wales.

Following an introduction providing context around the literature into IPV, the thesis is split into two parts. Part One explores the aetiology of IPV by first investigating whether there are any similarities and/or differences between male and female perpetrators static and criminogenic need factors using the Offender Assessment System risk and need tool assessment. Then six men and four female IPV perpetrators own experiences of IPV perpetration are explored to identify themes related to their behavior. A discussion around a proposed integrated model to understand IPV incorporating the Nested Ecological Model and the General Aggression models is then provided.

Part 2 provides the findings of an outcome study using propensity score matching techniques of two domestic violence treatment programmes delivered in England and Wales. Additionally, changes on a range of criminogenic factors measured using a battery of psychometric tests is explored.

The implication of the findings for future assessment and treatment options are discussed.

DEDICATION

For Lillian Rose and Sidney Bloomfield, who started this journey with me but unfortunately never made it to the end. Always in my heart and thoughts they inspired me to complete this journey.

ACKNOWLEDGEMENTS

I would like to thank Louise Dixon for all her support. I could not have wished for a better supervisor. I am honoured to have had the opportunity to work and learn from her during my studies. I have learned so much around the topic area of intimate partner violence as well as research in general.

I would also like to thank Heather Flowe, who stepped in as supervisor when Louise moved to New Zealand. She has been an amazing support especially during some health issues that impacted on my ability to complete my studies.

I would also like to thank my managers and colleagues who have supported me throughout my studies: Beverly Powis, Keely Wilkinson, Jenny Tew, Lara Jonah, Helen Wakeling, Paul Weatherstone, Andrew Brooks and Rosie Travers.

I could not have completed this thesis without the support of my fantastic family and friends who have been there to keep me motivated and focused and also take me out for well needed breaks along the way, with particular thanks to my mum and dad, Michael, Georgina and Jane throughout this journey.

CONTRIBUTIONS

This section clarifies the contributions made by other people to various chapters in this thesis.

Chapters One and Five have been submitted for publication to Psychology, Crime and Law and the Psychology of Violence Journals respectively. An Analytical Summary of Chapter Five has been published on the government website: https://www.gov.uk/government/publications/outcome-evaluation-of-idap-and-cdvp

For Chapters Two and Three Dr Jenny Tew acted as a second coder for two transcripts across the two studies and discussed this to ensure that all possibilities in analysing the data had been considered.

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INTRODUCTION

Research Context

There is currently no universal definition of Domestic violence and more specifically intimate partner violence (IPV). This in part is due to definitions being developed for different contexts. Most definitions refer to IPV taking many forms (Dixon & Graham-Kevan, 2010). An additional problem with defining IPV is that the majority of definitions focus on male to female perpetration. The Home Office definition of Domestic Violence is:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." (Home Office, 2013, p.3).

The thesis research will focus on violence perpetrated against an intimate partner, so for the purposes of the thesis research, IPV will be defined as: 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners, regardless of gender or sexuality." (Home Office, 2013, p.3)**.**

Addressing intimate partner violence (IPV) has been a major government priority and much has changed over the past thirty years in order to tackle this problem through early identification, prevention and improved responses (Home, Office, 2005). This has led to a greater awareness and an increased co-ordinated, systematic and multi-agency approach to addressing IPV in England and Wales.

THEORIES OF IPV

There is debate regarding IPV and the way in which it manifests. A number of theories have been proposed over the years to account for IPV. These tend to focus on individual factors or societal factors. Dutton (2007) has cautioned that some of the theories proposed have appeared more politically-driven than scientifically-derived. Historically, gendered explanations of IPV were prominent in explaining IPV and the behaviour was seen as a male to female perpetrated behaviour stemmed from patriarchal beliefs that endorse male dominance and female subordination (Dixon & Graham-Kevan 2011). There has been a shift towards a gender inclusive perspective

in explaining IPV. This allows an exploration into understanding the reasons why individuals, both men and women, engage in intimate partner violence. A summary of some of these theories will now be discussed.

Social Learning Theory.

Social learning theory (Bandura, 1977) provides a theoretical rationale for understanding how IPV is transmitted intergenerationally. According to social learning theory, human learning occurs through observation. Children learn through direct behavioural conditioning and by imitating the behaviour of others. Therefore, children who grow up in violent families where they witness IPV are more likely to imitate these behaviours than children from non-violent homes (Dutton, 2007; Stubley, 2004). Dutton (2007) argues that while having violent parents increases the odds of children going on to become abusive in their own relationships, this does not account for all future abuse.

Social learning theory also posits that in the case of IPV, the perpetrator is considered to have poor coping strategies for stress. In order to release frustrations they use violence or abuse against their partner which alleviates these feelings of stress or the circumstances which caused the stress. This therefore reinforces the behaviour and increases the likelihood of the behaviour being repeated in the future (Chiffriller, Hennessy, & Zappone, 2006).

Social learning theory provides an account of human learning which takes into consideration not only the environmental factors and the individual's innate capacity to learn but includes aspects such as the characteristics of the models (on which

behaviours are observed), the influence of previous learning experiences, and levels of motivation (Stubley, 2004).

Family Systems Theory.

The family systems theory provides another explanation of IPV. It proposes that IPV is used as a means by which to maintain a relationship in a sequence of recurring interactions. Aggression perpetrated by one family member leads to reactions by others in the family that then feeds back into future violence (Bowen, 2011). Family systems theory sees the relationship as complimentary with one partner being superior and the other inferior. IPV is used as a means by which to re-establish the equilibrium between the superior and inferior partners. For example if the IPV perpetrator feels inferior to their partner or inadequate they use IPV as a means of either control or domination in which to restore the relationship and to feel superior again and hence re-establish control (Chiffriller et al., 2006).

Attachment Theory.

Attachment styles of couples have been examined to explain how different patterns of IPV present themselves (Bartholomew, Henderson, & Dutton, 2001). Bartholomew (1990) concluded that there are four categories of adult attachment. These being secure, fearful, dismissing and preoccupied. Considering these in the context of a relationship, those with a secure attachment style have a positive self-schema and positive expectation of intimate relationships. Those with a fearful style crave intimacy but are distrustful and fearful of rejection by their partner. They are likely to be jealous within their relationship and monitor what their partner is doing in order to alleviate feelings of anxiety about being rejected. Those with a dismissing style are independent and portray themselves as not needing intimacy. Finally, those

with a preoccupied style can be described as clingy and dependant. They are afraid of rejection and compensate for this by trying to please their partner and seeking approval (Dutton, 2006). They assign importance to relationships as a means of gaining self-esteem (Bowen, 2011). Insecure attachment patterns are more likely to characterise IPV perpetrators than secure attachment styles (Bowen, 2011).

Attachment can be linked to various forms of abusive behaviour. Attachment theory suggests that an individual's violent outbursts, whether these are physical or verbal, can be linked to the individual acting out against their attachment figure (intimate partner) caused by perceived threats of separation or abandonment and anxiety (Dutton, 2006).

Research into the attachment styles of IPV perpetrators has predominantly focused on men, demonstrating that insecure attachment styles are associated with IPV (Dutton, 2006). However, studies that have explored females attachment and IPV also show that attachment anxiety, and in particular preoccupied attachment styles are associated with females IPV perpetration (Dutton, 2006; Henderson et.al., 2004)

General Violence.

In addition, it has been suggested that we can also use the general violence literature to assist in explanations of IPV (Dixon & Graham Kevan, 2011). Indeed, there is considerable overlap between the risk factors associated with IPV and general violence and aggression (Andrews & Bonta, 2003; Dixon & Graham Kevan, 2011). One particular area of focus within the general violence literature is scripts.

Script Theory.

Scripts are "sets of particularly well-rehearsed, highly associated concepts in memory, often involving causal links, goals, and action plans" (Anderson &

Bushman, 2002: p.31). Scripts define situations and guide an individual's behaviour. The individual will select a script which represents the situation and then assume a role in the script. Once the script has been learned, it can be retrieved at a later time and used as a guide for behaviour. Even a few script rehearsals can change an individual's expectations and intentions regarding behaviour. Multiple rehearsals of scripts create additional links to other concepts in memory which increases the number of paths in which the script can be activated as well as increasing the strength of the links themselves (Anderson & Bushman, 2002).

Research has shown that the process by which hostile schemas or aggressive scripts are activated is cognitive but with practice these can become completely automatic and operate without awareness (Anderson & Huesmann, 2003). Acquired scripts, schemas and beliefs (knowledge structures) are most likely to produce aggression when situational factors instigate aggression. An individual's arousal level will influence the retrieval of specific scripts. Evidence suggests that individual's attend to environmental cues differentially and interpret cues differently dependant on predisposing neurophysiological factors, emotional arousal, acquired cognitive schemas, and which schemas have been activated. More aggressive individuals tend to focus on fewer cues and cues that are more frequently symptomatic of hostility, tend to interpret ambiguous cues more readily as symptomatic of hostility, and tend to believe that the world is more hostile. This is especially the case when the individual is angry, either due to situational factors or a predisposition toward hostility. Additionally, aggressive individuals have a greater number of aggressive scripts encoded in their memory with more accessible links to everyday cues (Huesmann, 1998).

Single factor explanations of IPV that focus on either societal or individual factors have been criticised due to the complexities of IPV and consequently, there is a need to address IPV from a range of perspectives and at a number of levels, ranging from individual through to societal levels (Stubley, 2004). It is apparent that a more comprehensive explanation that incorporates the interplay between individual and societal factors is required (Bowen, 2011).

Nested Ecological Model.

In answer to the criticism of any single factor explanation for IPV, Dutton (1995) proposed the nested ecological approach. The Nested Ecological Approach explains intimate partner violence as multi-determined. This interactionist explanation considers both the perpetrator's intrapsychic features and the interpersonal context, and as such provides clinical direction to address IPV. This model consists of four levels; each influenced by the other.

(i) Macrosystem (attitudes and beliefs regarding partner assault that are held by one's culture e.g. the influences of patriarchy and the social and cultural prescriptions that endorse male aggression and their power to control women).

(ii) Exosystem (social structures that influences the immediate context where the assault occurs e.g. work groups, friendships or groups that connect the family to the larger culture.)

(iii) Microsystem (the immediate environment, within which the abuse takes place e.g. the level of conflict within the family unit, the factors that led up to and the consequences of the abuse).

(iv) Ontogenetic (the individual component e.g. the perpetrator's developmental history, their possible experience of abuse at the hands of their parents, and/or

watching their father abuse their mother, their degree of empathy, their ability to manage their emotions, their response to handling conflict).

The influence of each level on future abusive behaviour is dependent on the specific features of the other levels. The first level, the macrosystem, reflects broad cultural attitudes towards IPV. The second level, exosystem, consists of the surrounding social structure, e.g. unemployment and a lack of a support network. The third level, microsystem, reflects the immediate environment such as patterns of behaviour and level of conflict within the relationship. The fourth level, ontogenetic level, reflects the individual's characteristics such as an inability to manage conflict effectively.

RISK FACTORS OF IPV

Numerous studies have investigated factors associated with IPV and a number of risk factors have been identified for both male and female perpetration (O'Leary, Smith Slep & O'Leary, 2007; Stith, Smith, Penn, Ward and Tritt, 2004). These include history of assaultive behaviour, anti-social behaviours and attitudes, relationship stability, employment stability, mental health and personality disorder, an abusive childhood, attitudes towards women (Dutton & Kropp, 2000).

Other factors related to IPV include being exposed to IPV in childhood, attitudes which condone IPV, goals of IPV, anger and hostility, alcohol use and depression. Dutton and Kropp (2000), caution that these factors are not necessarily causal predictors of IPV, but factors which co-occur with the behaviour.

The factors that are associated with the onset of IPV do not appear to correspond directly to the factors that are associated with persistent IPV offending. Shepard (1992) performed some preliminary research on the differences between treated IPV offenders who recidivated and those who did not. Shepard found that the duration of abuse was the largest contributor to persistent IPV and indicated that recidivists were abusive for a shorter period of time prior to beginning the programme than non-recidivists.

Slep, Foran, and Heyman (2014) tested an ecological model of both general and clinically significant IPV perpetration to explore their importance in predicting IPV in a large sample of men and women. They found that factors from all ecological levels were relevant to both general and clinically significant (CS) IPV perpetration for both men and women. They explored a number of factors: relationship satisfaction; depressive symptoms, personal coping; physical well-being; alcohol problems; perceived financial stress; partner support for primary career, community support; community resources; social support; support from neighbours; support from formal agencies; family income; hours worked.

They found that modifiable risk factors from all ecological levels are relevant to both general and clinically significant IPV. Community factors were found to relate to general and clinically significant IPV through proximal factors such as family factors, individual functioning; age and relationship factors. Alcohol problems significantly contributed to the prediction of both general and CS IPV. However it was not found to significantly predict both general and CS IPV. Instead it was found that alcohol problems were associated with CS IPV via links with both relationship satisfaction and general IPV. The authors argue that this supports the notion that the link between alcohol and IPV varies according to severity.

The models for both men and women were found to be identical with similar magnitudes of effects observed in both models. The authors argue that their findings are supportive of the fact that general and CS IPV are highly related and while there are suggestions that the two are distinguishable, the two overlap and general IPV acts as a proximal correlate of CS IPV. Therefore the findings suggest that severe forms of IPV (such as intimate terrorism) are related to individual functioning factors such as impulsivity and psychopathology, whereas couple functioning is related to both general and CS IPV.

O'Leary, Tintle, and Bromet (2014) examined the unique and relative predictive ability of demographic, social learning, developmental, psychopathological and dyadic variables as risk factors for IPV in a national sample of 798 men and 770 women from National Comorbidity survey Replication. The authors found similarities and differences for men and women. Unique risk factors for men were parental violence; dating before 14 years of age; dating aggression; intermittent explosive disorder (IED) before the age of 20; and being victimised by their partner. Marital/relationship strain was a significant predictor but as it was highly correlated with victimisation it was not found to be a unique risk factor. Unique risk factors for women were younger age; dating aggression; IED before age of 20; cohabiting; victimisation by partner; and marital/relationship strain. They found that there appears to be developmental progression of risk factors which lead to IPV. While they were unable to ascertain the longitudinal relationships between variables they did find progression among family violence, dating aggression, alcohol use/abuse and marital discord.

Consistent across both sexes was the fact that aggression in dating relationships, being victimised by a partner and IED before the age of 20. The authors

suggest that these findings are reflective of the fact that general temper and aggression problems in teenage years is predictive of IPV in later life.

In summary, there is no single reason why men and women are violent towards their intimate partner. We need to broaden our perspective on risk factors related to IPV incorporating gender inclusive ideas. We need to identify the different types of both male and female perpetrators and the risk factors associated with each type in order to ensure that we can effectively manage risk, tailor interventions to their specified needs, and reduce the risk to victims and the public (Widiger & Mullins-Sweatt, 2004).

TYPOLOGIES OF IPV PERPETRATORS

The domestic violence literature supports the notion that IPV perpetrators are a heterogeneous group. Holtzworth-Munroe and Stuart (1994) completed an extensive review of the literature and proposed three typologies of IPV offenders. They concluded that IPV could be described by three major descriptive dimensions of; severity of violence; generality of violence beyond the man's intimate relationship; and personality disorder/psychopathology. The resulting typology of IPV offenders included Family Only, Generally Violent/Antisocial, and Dysphoric/Borderline IPV offenders.

Since 1994 a number of studies have been conducted looking at the typologies of IPV offenders, these mainly support the threefold typology, however some differences have been identified. For example, Dixon and Browne (2003) reviewed the literature between 1994 and 2001 and concluded that there is support for the threefold typology, but that the distribution of the types will differ according to the

type of sample being studied. However these studies include samples of offenders who are court referred for treatment.

Typologies have been investigated in the UK but they are few and far between. Johnson et al. (2006) investigated the typologies of a sample of UK IPV men who were court referred for assessment rather than for treatment using psychometric test measures. They identified four subtypes of IPV offenders: low pathology, borderline, narcissistic and antisocial which they state bear resemblance to the Holtzworth-Monroe and Stuart typology. They found a higher proportion of Generally Violent/Antisocial and a smaller proportion of Family Only type IPV offenders than in previous studies which have looked at court referred for treatment samples and argue that further research is needed on court referred for assessment samples to confirm this distribution.

Historically research into IPV typologies has concentrated on male perpetrators of IPV and has excluded female perpetrators. We need to know the prevalence and types of both male and female perpetrators of IPV in order to establish the specific needs of the different groups in order to ensure that we design and deliver appropriate interventions aimed at their specific needs.

Smith-Yau and Howard (2007) analysed completed OASys assessments of offenders in the community at the start of either a community sentence, licence or suspended sentence order for the period April to December 2006. The sample consisted of 54,414 completed OASys assessments for male offenders and 8,250 for female offenders. 23% of the total sample of male offenders had records of either current or past IPV (10% in the current offence with a further 13% with a history of IPV). 5% reported being victims of IPV themselves, of these 56% of male victims

were also perpetrators of IPV. 8% of the total sample of female offenders had records of either current or past IPV (3% in the current offence with a further 5% with a history of IPV). 44% reported being IPV victims, of these 12% were also perpetrators of IPV. Overall, 75% of female perpetrators were also assessed as being victims of IPV. These findings emphasise that both male and female's are perpetrators of IPV and that there is a population of offenders in the UK who are both perpetrators and victims.

Research into the prevalence rates of male and female perpetration of IPV internationally suggests that men and women use IPV at similar rates and in some instances women are more likely to be the sole aggressor (Archer, 2002; Straus, 2011). It is therefore surprising to see that there is a disparity in the English and Welsh sample, particularly when exploring who has been an aggressor and who has been a victim. Only 12% of women who reported being a victim were also classed as perpetrators compared to 56% of men.

The disparity in figures observed from the UK sample may be explained by gender stereotypes regarding IPV. It is possible that within the English and Welsh Criminal Justice System that gender stereotypes exist. Indeed, research has shown that men tend to be treated more harshly than women at all stages of the Criminal Justice System with law-enforcement officials more likely to believe the woman if she says the man was the instigator of violence (Brown, 2007). If this is the case, then it is important to bear this in mind when exploring Criminal Justice samples. If there is inherent bias to believe a woman's account of the violence that occurred and typically believe that the man was the aggressor, then it is likely that the women who do end up in the Criminal Justice System will have perpetrated more severe forms of violence and likely to have very complex needs. This means they may not be a typical female

IPV perpetrator. Similarly, it is likely that a number of the men may also have been victims of IPV which may not have been addressed and accepted by law-enforcement officials and due to this may be less forthcoming in discussing these experiences. Therefore, when investigating types of male and female IPV perpetrators it is crucial to ensure that these inherent biases are taken into account in any conclusions drawn.

In addition, Johnson (1995; 2006; 2011) distinguished four patterns of violence that could be placed on a continuum to reflect the degree of severity of harm, which he termed as follows:

i. Common Couple Violence/Situational Couple Violence. This occurs during an argument where one partner physically attacks the other. Johnson argues that this is connected to a pattern of control which is less likely to escalate over time; more likely to be mutually violent and be less severe forms of violence.
ii. Mutual Violent Control. This is where both partners are violent and controlling
iii. Violent Resistance. This is where one partner is violent in the relationship but not controlling and the other partner is both violent and controlling.
iv. Intimate Terrorism. This occurs as part of a general pattern of control. It is more likely to be severe levels of violence, which escalates over time and less likely to be mutually violent. One partner is violent and controlling whereas the other partner is not.

These typologies are comparable with the threefold typology identified by Holtzworth-Munroe and Stuart (1994), but there are some key differences, particularly in terms of acknowledging that there are mutually violent relationships.

Johnson's (1995) typologies reinforce the importance of looking at the situations in which IPV occurs, the impact of the behaviour and the wider contextual issues involved. Johnson (2006) found that the proportions of these types of IPV perpetrators differed according to the source of the sample studied. He found that situational couple violence dominated in general surveys whereas intimate terrorists and violent resistance dominated in agency samples.

Since Johnson first proposed the fourfold typology of IPV, researchers have explored these and there has been some criticism of the particular methodology used to derive them and assumptions made (Straus & Gozjolka, 2014). The type that has been particularly criticised is the intimate terrorist. When Johnson derived this typology, this was described as a type of IPV behaviour perpetrated almost entirely by men. However, research has demonstrated that there is a high percentage of bidirectional Intimate terrorism (Bogaerts, Van der Veen, & Van der Knaap, 2011; Laroche, 2005). For example, Straus and Gozolka (2014) found that in relationships involving physical violence, 27% involved intimate terrorism by one of both partners. Additionally in three quarters of relationships involving intimate terrorism, both partners were identified as intimate terrorists. This contradicts the assumption that intimate terrorists are predominantly men. One explanation for this is the particular samples used to derive the typologies. Johnson used shelter and criminal justice samples to derive the typologies which showed intimate terrorism was predominately a male behaviour, but when community samples have been tested, women have been found to have similar proportions to men (Straus & Gozolka, 2014). This highlights the need to be aware of what particular population are being investigated when exploring typologies, especially when looking at both men and women.

In conclusion, the literature has established that male IPV perpetrators are a heterogeneous group. However, we need to further explore the IPV population and establish types of female perpetrators in addition to male typologies. We need to further explore the typologies of males and females in a UK study.

'WHAT WORKS' AGENDA

Research into understanding risk factors has informed treatment practices in the correctional services. Since the 1980s a series of reviews investigating the effectiveness of correctional treatment programmes have been undertaken (e.g. Lipsey, 1992). This 'What Works?' literature has identified the most effective ways to work with offenders to reduce recidivism (Andrews & Bonta, 2010; Aos, Miller & Drake, 2006; Hollin, 1999; McGuire, 1995). These meta-analyses of intervention evaluations led to the formulation of evidence-based principles of effective practice in working with offenders to reduce reoffending, namely the Risk, Need and Responsivity principles (Andrews & Bonta, 2010). The risk principle states that the level of risk of re-offending the offender poses should be matched to the intensity of the intervention being delivered. The needs principle requires that the intervention targets offenders' criminogenic needs (antisocial attitudes, values, and beliefs which are known generally to be criminogenic and are clearly relevant to the individual's offending behaviour). The responsivity principle states that interventions are matched generally to offenders' learning styles and specifically to an individual's abilities, strengths and circumstance (Hollin & Palmer, 2009). The most effective interventions are deemed to be those that are multi-modal (i.e. address a range of criminogenic needs using skills oriented methods), delivered in a community setting, have good adherence to programme integrity (McGuire, 1995), and follow the RNR principles as described above (Andrews & Bonta, 2010).

In recent years the National Offender Management Service (NOMS), now known as Her Majesty's Prison and Probation Service (HMPPS) in England and Wales has adopted evidence based policy that has seen the development of a series of programmes for offenders, designed to reflect the 'What Works' principles and subject to an accreditation process to ensure adherence. Since 2005, two accredited offending behaviour programmes have been delivered by HMPPS for IPV perpetrators in the community and one with IPV perpetrators in custody. These are the Integrated Domestic Abuse Programme (IDAP; Stubley, 2004), the Community Domestic Violence Programme (CDVP; Stewart, 2003), and the Healthy Relationships Programme (HRP; Stewart, 2003). These programmes are multi-modal and address the dynamic risk factors associated with IPV offending: distorted thinking and attitudes which support IPV perpetration, emotional control and management, relationship skills deficits, self-regulation, and motivation to change.

Research to date has failed to clearly identify which interventions for IPV are most effective, in part due to the range of evaluation methodologies and definitions of 'success' employed (Aos et al., 2006; Babcock, Green, & Robie, 2004; Feder & Wilson, 2005). Reconviction outcome studies are necessary to inform on the overall impact of an intervention but it can be a challenge to establish and maintain a robust methodology (Hollin & Palmer, 2009). Therefore robust evaluations of HMPPS programmes is essential in ensuring that the best programmes are delivered that meet the needs of offenders and are able to facilitate positive change.

THESIS STRUCTURE

The thesis is formed of two parts. Part one of the thesis focuses on the aetiology of male and female IPV perpetrators and part two focuses on treatment in the English

and Welsh criminal justice System. Part One comprises chapters One to Four. Chapter One explores the risk and need profiles of both male and female IPV offenders serving a sentence in England and Wales. Chapters Two and Three then explore men and women's experiences of perpetrating IPV respectively. Finally, chapter Four discusses a model of offending for men and women. Part two of the thesis comprises of chapters Five to Six. Chapters Five and Six explore the outcomes for male perpetrators who have attended an IPV intervention in England and Wales.

Aims.

The aim of the thesis is twofold:

1) To investigate the aetiology and types of IPV perpetrators currently within the criminal justice system in England and Wales.
2) To conduct an outcome evaluation of current DV programmes delivered in the criminal justice system of England and Wales.

PART ONE

THE AETIOLOGY OF MALE AND FEMALE INTIMATE PARTNER VIOLENCE PERPETRATORS

RATIONALE

Studies exploring the prevalence rates of both male and female perpetration of IPV have concluded that there is little difference between the two genders (Graham-Kevan, 2007). The typologies that are used to classify IPV perpetrators consistently find that the most predominant pattern of aggression in violent relationships is bi-directional. Furthermore, the research on prevalence rates of violence in all types of intimate relationships has been used by researchers to challenge the feminist structural theory of violence against women and propose a gender-neutral analysis instead. Graham-Kevan (2007), for example, argued that such violence should therefore be redefined as mutual abuse or family violence.

It is really important for those working in the Criminal Justice System to be able to identify the risk factors and criminogenic needs of both male and female IPV perpetrators in order to establish robust assessment tools and procedures as well as design and develop interventions and risk management strategies in order to reduce IPV perpetration. Therefore this part of the thesis will focus on the aetiology of IPV. Chapter One will explore the risk and need profiles of men and women convicted of an IPV offence in the English and Welsh Criminal Justice system. Chapters Two and Three aim to provide an understanding of men and women's own experience of IPV perpetration using Interpretative Phenomenological analysis (IPA). Chapter Four provides a rationale for integrating two models as a means to explain IPV offending and aid with assessment and treatment planning.

CHAPTER ONE

INVESTIGATING THE RISK AND NEED PROFILES OF MALE AND FEMALE HETEROSEXUAL INTIMATE PARTNER VIOLENCE PERPETRATORS IN AN ENGLISH AND WELSH CRIMINAL JUSTICE SAMPLE

The frequency at which violence takes place within intimate relationships has long been recognised in various nations (e.g. Anderson, 2002; Caetano et al., 2005; National Alcohol Survey (NAS), Schafer et al., 1998; National survey of families and households (NFSH), described in Sweet et al., 1988; National Family Violence Survey (NFVS), Straus & Gelles,1975; 1985). As such, intimate partner violence (IPV) has been identified as an international social problem (Garcia-Moreno et al., 2005), and much governmental policy has been directed at preventing this form of family violence (e.g. ATSIC, 2003; Spousal/Partner violence, Nova Scotia, 2004). Britain has proved no exception in addressing this societal issue. Indeed the Domestic Violence National Action Plan has highlighted the British Government's commitment to developing the evidence base about intimate partner violence (IPV), particularly in terms of understanding its nature and scope (Home Office, 2005).

Within the Home Office (2013) IPV falls within the wider confines of a definition of domestic violence, namely as "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse (the abuse can encompass but is not limited to: psychological, physical, sexual, financial or emotional) between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality." (p.3) The emphasis on the gender

inclusive nature of IPV is certainly supported by methodologically sound research which shows approximately equal rates of IPV perpetration and victimisation by men and women (e.g. Archer, 2000; Archer, 2002; LaRoche, 2008). Such findings demonstrate the much reported need to understand male and female perpetration and victimisation so that effective prevention and intervention methods can be determined to reduce the incidence and prevalence of this social issue (Dixon & Graham-Kevan, 2010).

Psychologically driven research has proposed that a multifactor model may provide the best explanation for IPV and can account for male and female aggression (Dutton, 1985; 2006). Dutton (1985; 2006) proposes a 'Nested Ecological Model', which encompasses social and psychological perspectives to provide a comprehensive guide of the potential causes of IPV. This model demonstrates the need to consider the interaction of various risk factors at four social levels and stresses the importance of individual differences in a complex set of interacting factors. Preliminary tests of multifactor frameworks show it is a useful concept (O'Leary et al., 2007; Stith et al., 2004) and longitudinal research has demonstrated similar risk profiles are evident for male and female IPV offenders (e.g., Moffitt et al., 2001). Indeed several studies have identified similar risk factors (any factor that increases the likelihood of IPV occurring) associated with male and female perpetration, such as history of assaultive behaviour, anti-social behaviours and attitudes, relationship stability, employment stability, mental health and personality disorder, and an abusive childhood (Dutton & Kropp, 2000; Graham-Kevan, 2009; Graham-Kevan & Wigman, 2009; Hanson & Wallace-Capretta, 2000; Medeiros & Straus, 2007; Powis, 2002; Schumacher et al., 2001). Carney et al. (2007) reviewed a small body of research that looked at the causes and consequences of IPV male and female perpetrators and found that women are more similar to men

than previously expected. Similarities were found in both sexes use of severe violence, multiple injuries, violence against non-intimates and alcohol and/or drug use. However, recent reviews of the evidence about the specific needs of female offenders have argued there are likely to be criminogenic needs (these are dynamic risk factors which have been shown to be associated with recidivism and can be changed; Andrews & Bonta, 2010) common to both men and women (such as finance, accommodation, education, employment, substance misuse), yet also needs that are gender-specific (for example for women's adverse life events, victimisation/abuse histories, failed female to female relationships, difficulties with intimate relationships with men) (Hollin & Palmer, 2006; Howden-Windell & Clark, 1999). Therefore, the aetiological risk profiles of men and women may be similar in some ways, yet qualitatively different in others.

Despite some attempts to understand male and female IPV, research on female IPV perpetration is far less developed than male perpetration, yet it is clear that women feature in the Criminal Justice System for convictions of violence against male intimate partners in England and Wales (Smith-Yau & Howard, 2007). Smith-Yau and Howard (2007) examined Offender Assessment System (OASys) assessments completed on convicted offenders (54,414 male offenders and 8,250 female offenders) serving a community sentence in England and Wales from April to December 2006. They explored the proportion of IPV perpetrators and victims. The national profile showed 23% of male offenders with records of either current or past IPV. Some 10% exhibited physical violence towards their partner in the current offence whilst a further 13% revealed a history of domestic violence perpetration. Over 5% of the total male sample reported being the victims of domestic violence.

Nationally, 7.4% of female offenders were assessed as IPV perpetrators. Overall, 2.5% of female offenders showed evidence of physical violence towards their

partner in the current offence. A further 4.9% of female offenders presented with a history of IPV perpetration. Nationally, 44% of the total female sample were victims of IPV. Twelve percent of female victims were also perpetrators, compared with 3% of non-victims.

The lack of research not only hinders professional understanding about male victimisation, reciprocal relationship aggression and the experiences of children residing with aggressive mothers, but also stunts the development and provision of services for females who require intervention for their aggressive behaviour and quality of life (Dixon & Graham-Kevan, 2010). On the contrary, provision of services for men with these needs are well developed and under consistent review and progression in Britain (Home Office, 2011). For example, accredited programmes for male heterosexual perpetrators of IPV have been introduced over the past decade in the England and Wales probation and prison services, although their effectiveness remain to be shown (Ministry of Justice National Offender Management Service, 2010).

The 'What works' literature shows that identification and understanding of risk factors and criminogenic needs can aid the treatment of perpetrators (Andrews & Bonta, 2010). As the research demonstrates, IPV is not gender specific, and an understanding about the risk profiles of IPV offenders needs to incorporate a gender inclusive approach to ensure the effective management of risk, tailoring of interventions to specific needs, and reduction in the risk to victims and the public for both sexes (Widiger & Mullins-Sweatt, 2004).

In response to the paucity of research examining male and female IPV perpetrator's risk and criminogenic needs in Britain, this study aims to investigate similarities and differences in risk and need profiles of male and female perpetrators convicted of a physically violent offence against their intimate partner in the English

and Welsh criminal justice system. Specifically the following questions will be explored:

- Are there differences in the OASys demographic, static and criminogenic need risk factors of male and female IPV offenders?
- Are there differences in risk levels assigned to male and female IPV offenders by empirically driven risk assessment tools?
- Are there differences between male and female IPV offenders in their risk of committing future serious harm?
- Are there differences between male and female IPV offenders in their criminogenic need profiles?
- What is the predictive validity of static and criminogenic need factors in distinguishing between male and female IPV offenders?

Method

Ethical approval was obtained from the University of Birmingham's ethics committee (reference number ERN_09-771) and the HMPPS National Research Committee (NRC). Details can be found in Appendix E.

Sample

A total sample of 49473 offenders who had been convicted of an index offence that involved physical aggression against an intimate partner in the English and Welsh Criminal Justice System and had a valid OASys assessment carried out between June 2002 and November 2009, were included in this study. This constituted 1773 female and 47700 male perpetrators. Table 1.1 provides information on the demographics for each group.

Table 1.1. Demographic and offence information of 49473 male and female offenders

Demographic variables		Perpetrator sex		Statistic	Effect Size
		Male (N = 47700)	Female (N = 1773)		
Mean Age		34.5 (SD = 9.9)	34.9 (SD = 10.4)	t (45382) = -1.575, *p*=.115	.04
Ethnicity	White	36229 (76.0%)	1392 (78.5%)	(χ^2 (3) = 50.284 *p<.001*	-
	Black	2454 (5.1%)	59 (3.3%)		
	Asian	1899 (4.0%)	22 (1.2%)		
	Mixed/Other	1111 (2.3%)	45 (2.5%)		
	Not Known	6007 (12.6%)	255 (14.4%)		
Living with partner		16516 (34.6%)	637 (35.9%)	(χ^2 (1) = 1.239, *p=.266*	-.06
Violence against the person offence	Death [a]	502 (1.1%)	54 (3.0%)	(χ^2 (2) = 61.932 *p*<.001	-
	Contact violence offences [b]	46552 (97.6%)	1691 (95.4%)		

category type	Non contact violence offences [c]	646 (1.4%)	28 (1.6%)		
Education / Employment status	Employed or in full/part time education/training	23470 (49.2%)	429 (24.2%)	(χ^2 (2) = 428.868*p* *<.001*	-
	Unemployed/Not available for work	24106 (50.5%)	1339 (75.5%)		
	Not recorded	124 (0.3%)	5 (0.3%)		
Perpetrator Only		42761 (89.6%)	486 (27.4%)	(χ^2 (1) = 6018.568*p* *<.001*	-
Perpetrator and victim		4939 (10.4%)	1287 (72.6%)		

a = includes Murder & manslaughter; b = includes Actual bodily harm, attempted murder, common assault and battery, malicious wounding, Grievous bodily harm; c = includes making threats to kill, possession of offensive weapon

Procedure

The National Offender Management Service provided access to the online OASys assessments database which currently holds over 2.5million OASys assessments completed since 2001 and is increasing at a rate in excess of 600,000 assessments per year.

A sample of approximately 2 million OASys assessments recorded between June 2002 and November 2009 were electronically searched to identify male and

female offenders who had been convicted of an offence that constituted physical aggression against an intimate partner of the opposite sex. This was achieved by searching for assessments which answered positively to two specific questions in the OASys assessment. First, it was assessed whether item 2.3d was checked, which asks whether the index offence involved physical violence towards their partner. This resulted in 55129 offenders. Next, offenders were screened for the presence of item 6.7. This question asks whether there is evidence, either currently or in the past, of partner abuse and whether the offender was a perpetrator or victim of partner abuse. This can be used to determine whether the perpetrator has been both a victim and perpetrator of IPV at some point, or a perpetrator only. Item 6.7 is scored in such a manner that the assessor can determine whether the offender has been a perpetrator or a victim independently. We included offenders in our study sample if it was clear they had perpetrated violence towards their partner independent of their victim status. If an offender had only the victim option checked for question 6.7 they were removed from the sample group. 5656 offenders did not meet the said criteria for item 6.7, resulting in a final sample of 49473 offenders.

Measures

Offender Assessment System (OASys).

The OASys (Home Office, 2006) is a structured clinical risk/needs assessment and management tool constructed on the risk, need, responsivity principles (Andrews & Bonta, 2010). It is used throughout NOMS within the Ministry of Justice (MOJ) with offenders aged 18 years and over who are convicted, awaiting sentence, serving custodial sentences of at least 12 months or serving probation sentences involving supervision. It consists of four main components: an analysis of offending-related

factors, a risk of serious harm analysis, a summary sheet and a sentence plan. The offending related factors analysis includes 13 sections which assess criminal history, analysis of current offences, ten dynamic risk factors and suitability to undertake sentence-related activities (e.g. offending behaviour programmes). OASys is completed at various stages of the offenders' sentence. For the purposes of this study, the assessment completed at the time of sentence was used.

OASys assessments are completed by prison and probation staff. Assessors complete the assessments with both male and female offenders. Assessors complete an interview with the offender and corroborate information with offender records and other available information. All staff are trained in the use of OASys as well as offending behaviour theories and assessment. This includes skills in interviewing offenders and clinical case formulation techniques. All assessments are countersigned by senior officers. Random samples of assessments are routinely scrutinised during regular quality assurance processes.

Moore (2009) examined the internal reliability and construct validity of the ten dynamic risk factor sections and the criminal history section of OASys. Eight of these sections were described by single factors, but three split into two factors each and a further 'violence' factor emerged. Morton (2009) produced promising but methodologically weak inter-rater reliability results. Howard and Moore (2009) compared item and section (risk factor) scores over a series of assessments completed during community supervision periods of up to two years. They found that many of OASys' risk factors are dynamic in several key respects. They found that most item scores changed between 5% and 20% of the original and final assessment pairs explored. Only 30% of assessment pairs were found to show no change in any

dynamic item score. Finally, changes in section scores between the first and second assessments were shown to be predictive of recidivism at a third assessment.

Various sections of the OASys are used to provide the data for the analysis in this study. Relevant OASys sections and items used are described in detail below. For the majority of OASys items, a score of 0 (no problems), 1 (some problems) or 2 (significant problems) is assigned by the assessor. For the purpose of this research the "some problems" and "significant problems" categories were combined. It should be noted that OASys assessment underwent changes in August 2009 and the current research uses pre August 2009 assessments and therefore some of the items and measures explored are no longer in use.

Demographics.

General demographic information such as age and ethnicity was obtained from the OASys assessment. Additionally, information on education/employment status and offence type was obtained and categorised. For definitions of the items utilised in the analysis please see coding dictionary in the appendix.

Examining Risk Profiles.

Static and criminogenic need risk factors. Individual items within each OASys section were assessed by the authors to ascertain their suitability to be included in the analysis as either a static risk factor or criminogenic need based on the available literature related to domestic violence perpetration and general offending. Items were also cross referenced with the twenty Spousal Abuse Risk Assessment (SARA; Kropp et al., 1995) items and the Domestic abuse risk and need assessment (DARNA; NOMS, 2006) used in the Prison Service of England and Wales to ensure

that identified domestic violence risk factors used in current domestic violence risk assessments were included. Any DV risk item that was included in either SARA or DARNA and OASys was included. For definitions of the items utilised in the analysis please see the coding dictionary in the appendix.

OGRS Score.

The Offender Group Reconviction Scale (OGRS) is a predictor of re-offending based on static risk factors of age, gender and criminal history. It's a two-year prediction of re-offending. Scores range from 1-100 and bandings can be classified as Low (1-49), Medium (50-74) and High (75+). OGRS has been in use by probation staff and corrections researchers in England and Wales since the late 1990s, and is periodically updated to reflect changing patterns of offending. OGRS3 is the most recent version. It has been found to have strong predictive validity of 80% (Howard, Francis, Soothill & Humphreys, 2009).

Risk of Serious Harm.

The OASys assessment involves clinically assessing an offender's risk of committing serious (future) harm. Offenders are assessed as: Low – no significant current indicators of risk of serious harm; Medium – there are identifiable indicators of risk of serious harm (the offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances); High – there are identifiable indicators of risk of serious harm; and Very High – there is an imminent risk of serious harm (Home Office, 2001).

Examining Criminogenic Need profiles.

Sections three to twelve of the OASys assessment cover ten dynamic risk factors. These are accommodation; education, training and employability; Financial management and income; Relationships; Lifestyle and associates; Drug Misuse; Alcohol Misuse; Emotional Wellbeing; Thinking and Behaviour; and Attitudes. Each of the ten factors can be classified as a criminogenic need for that individual. Each factor/section is classified as a criminogenic need for the individual if the total score for the particular section exceeds the designated cut-off point. Five of the ten dynamic risk factors have been previously found to have high internal reliability and four to have adequate reliability (Moore, 2009).

Results

Investigating the differences in the OASys demographic, static and criminogenic need risk factors of male and female IPV offenders

Demographic Characteristics.

Table 1.1 presents the demographic information of male and female IPV perpetrators. Significant differences were found between men and women for ethnicity; violence against the person offence category; education/employment status; and IPV perpetrator type (perpetrator only or both a perpetrator and victim). Further bivariate analysis showed that there was a higher proportion of male black offendersthan female black offenders (χ^2 (1) = 11.705, p<0.001, r = .07); there was a higher proportion of male Asian offenders than female Asian offenders (χ^2 (1) = 34.395, p<0.001, r = .13); women were more likely to have an index offence for homicide than men (χ^2 (1) = 61.122, p<.001, r = .33); and men were more likely to have an index contact offence than women (χ^2 (1) = 34.695, p<.001, r = .02).

Static and Criminogenic Need Risk Factors.

Chi square statistics examined differences between risk and need items for men and women. Table 1.2 provides a breakdown of these items for both men and women. Significant differences with small effect sizes were found for the majority of variables studied. Women displayed a significantly higher frequency than men for problems with financial situation; experience of childhood instability (this includes permanent or long-term separations from parents/guardians; suffering from inconsistent care, neglect or abuse); current alcohol use a problem; binge drinking; violent behaviour related to alcohol use; difficulties coping; current psychological problems/depression; social isolation; attitude to themselves; history of self-harm, attempted suicide, suicidal thoughts or feelings; current psychiatric problems; achieves goals. Men displayed a significantly higher frequency than women for repeat victimisation of the same person; problems with literacy; manipulative/predatory lifestyle; ever misuse drugs; violent behaviour related to drug use; aggressive/controlling behaviour; temper control; recognises problems; problem solving skills; awareness of consequences; understands other people's views; concrete/abstract thinking; pro-criminal attitudes; discriminatory attitudes and understanding the motivation for their offending. Men and women did not differ for: problems with interpersonal skills; impulsivity; and reckless/risk taking behaviours, or excessive and sadistic violence. Indeed, a number of both men and women were assessed as having used excessive violence or sadistic violence in the course of the IPV index offence.

Table 1.2. Static and criminogenic need risk items present/problematic frequencies for 49473 male and female offenders

OASys Item [a]	Men (N = 47700)	Women (N = 1773)	χ^2 Statistic	Effect Size
Violence or threat of violence or coercion (2.2b)	44752 (93.8%)	1626 (91.7%)	12.986, *P*<.001	.02
Excessive use of violence or sadistic violence (2.2c)	6658 (14.0%)	259 (14.6%)	0.600, *p*=.438	.004
Repeat victimisation of the same person (2.3e)	13542 (28.4%)	280 (15.8%)	134.748, *p<.001*	.05
Literacy problems (4.7)	11772 (24.7%)	380 (21.4%)	9.735, *p=.006*	.01
Has learning difficulties (4.8)	4154 (8.7%)	145 (8.2%)	0.608, *p=.728*	.004
Financial situation (5.2)	23879 (50.1%)	982 (55.4%)	19.386, *p<.001*	.02
Experience of childhood (6.3)	20903 (43.8%)	1024 (57.8%)	135.307, *p<.001*	.05
Manipulative/predatory lifestyle (7.4)	22861 (47.9%)	373 (21.0%)	496.462, *p<.001*	.10
Reckless/risk-taking behaviour (7.5)	18012 (37.8%)	632 (35.6%)	3.257, *p=.186*	.01

Ever misused drugs (8.1)	24281 (50.9%)	724 (40.8%)	69.331, *p<.001*	.04
Violent behaviour related to drug use (8.7)	5725 (12.0%)	134 (7.6%)	32.396, *p<.001*	.03
Current alcohol use a problem (9.1)	25736 (54.0%)	1015 (57.2%)	7.463, *p<.001*	.01
Binge drinking (9.2)	26244 (55.0%)	1079 (60.9%)	23.548, *p<.001*	.02
Violent behaviour related to alcohol use at any time (9.4)	30966 (64.9%)	1251 (70.6%)	23.919, *p<.001*	.02
Difficulties coping (10.1)	28570 (59.9%)	1507 (85.0%)	451.924, *p<.001*	.10
Current psychological problems /depression (10.2)	17122 (35.9%)	1206 (68.0%)	756.452, *p<.001*	.12
Social isolation (10.3)	13788 (28.9%)	939 (53.0%)	473.154, *p<.001*	.10
Attitude to themselves (10.4)	19103 (40.0%)	1167 (65.8%)	469.488, *p<.001*	.10
History of self harm. Attempted suicide, suicidal thoughts or feelings (10.5)	12684 (26.6%)	912 (51.4%)	529.532, *p<.001*	.10

Current psychiatric problems (10.6)	6357 (13.3%)	535 (30.2%)	404.688, *p<.001*	.09
Interpersonal skills (11.1)	12515 (26.2%)	429 (24.2%)	3.685, *p=.022*	.01
Impulsivity (11.2)	30667 (64.3%)	1179 (66.5%)	3.627, *p=.001*	.01
Aggressive/controlling behaviour (11.3)	45628 (95.7%)	1481 (83.5%)	552.382, *p<.001*	.11
Temper control (11.4)	43831 (91.9%)	1563 (88.2%)	31.493, *p<.001*	.03
Ability to recognise problems (11.5)	36331 (76.2%)	1220 (68.8%)	50.568, *p<.001*	.03
Problem solving skills (11.6)	39345 (82.5%)	1409 (79.5%)	10.700, *p=.001*	.02
Awareness of consequences is a problem(11.7)	35612 (74.7%)	1213 (68.4%)	35.014, *p<.001*	.03
Achieves goals is a problem (11.8)	22019 (46.2%)	909 (51.3%)	17.934, *p<.001*	.02
Understands other people's views is a problem (11.9)	34020 (71.3%)	892 (50.3%)	363.332, *p<.001*	.09
Concrete/abstract thinking (11.10)	25097 (52.6%)	653 (36.8%)	170.641, *p<.001*	.06

Pro-criminal attitudes (12.1)	10799 (22.6%)	232 (13.1%)	90.075, *p<.001*	.04
Discriminatory attitudes (12.2)	22468 (47.1%)	147 (8.3%)	1037.084, *p<.001*	.15
Understand motivation for offending is a problem (12.6)	34155 (71.6%)	917 (51.7%)	327.513, *p<.001*	.08

[a] Number after each item corresponds to the description provided in the appendix

Investigating the differences in risk levels assigned to male and female IPV offenders by empirically driven risk assessment tools

Bivariate analyses showed that groups of men and women significantly differed in the OGRS3 score, with male perpetrators scoring significantly higher than female perpetrators indicating a higher risk of general re-offending (t (39426) = 18.553, $p<.01$). Frequency and results of statistical analyses are depicted in Table 1.3.

Table 1.3. OGRS3 and Risk of harm information of 49473 male and female offenders

OASYS SECTION		Male (N = 47700)	Female (N = 1773)	statistic	Effect Size
Mean OGRS3		29.0 (SD = 22.40)	17.70 (SD = 16.93)	t (39426) = 18.553, *p<.001*	.57
Risk of Harm	Low	4317 (9.1%)	267 (15.1%)	(χ^2 (3) = 95.952, *p<.001*	-
	Medium	35448 (74.3%)	1305 (73.6%)		
	High	7716 (16.2%)	196 (11.1%)		
	Very High	219 (0.5%)	5 (0.3%)		

Investigating the differences between male and female IPV offenders in their risk of committing future serious harm

4x2 Chi Square analyses showed that men and women significantly differed in the risk of serious harm category they were assigned to. Further bivariate analysis showed this difference was in terms of women being more likely to be categorised as low risk than men (χ^2 (1) = 73.418, p<.01, r = .13), and men more likely to be categorised as high risk than women (χ^2 (1) = 33.373, p<.01, r = .06). Frequency and results of statistical analysis are depicted in Table 1.3.

Investigating the differences between male and female IPV offenders in criminogenic need profiles

Bivariate statistical analyses also showed differences in the ten criminogenic need risk factors, as depicted in Table 1.4. Significant differences were found between the sexes for eight factors (education, training and employability; relationships; lifestyle and associates; drug misuse; alcohol misuse; emotional wellbeing; thinking and behaviour; and attitudes). Female perpetrators were significantly more likely to possess difficulties in the areas of education, training and employability, relationships, alcohol misuse and emotional wellbeing. Male perpetrators were significantly more likely to display problems in the remaining four risk factors. No significant differences were found for the risk factors of accommodation and financial management and income.

Table 1.4. Criminogenic need information of 49473 male and female offenders

Criminogenic need	Male (N = 47700)	Female (N = 1773)	statistic	Effect size
Accommodation is a criminogenic need	20615 (43.2%)	755 (42.6%)	χ^2 (1) = 0.281, *p=.596*	-.002
Education, training & employability is a criminogenic need	19109 (40.1%)	889 (50.1%)	χ^2 (1) = 72.126, *p<.001*	.04

Financial management & income is a criminogenic need	5540 (11.6%)	211 (11.9%)	χ^2 (1) = 0.137, *p=.712*	.002
Relationships is a criminogenic need	28164 (59.0%)	1345 (75.9%)	χ^2 (1) = 200.837, *p<.001*	.06
Lifestyle & associates is a criminogenic need	11820 (24.8%)	378 (21.3%)	χ^2 (1) = 11.017, *p=.001*	-.02
Drug misuse is a criminogenic need	6105 (12.8%)	146 (8.2%)	χ^2 (1) = 32.259, *p<.001*	-.03
Alcohol misuse is a criminogenic need	30129 (63.2%)	1224 (69.0%)	χ^2 (1) = 25.394, *p<.001*	.02
Emotional well-being is a criminogenic need	20825 (43.7%)	1366 (77.0%)	χ^2 (1) = 770.333, *p<.001*	.13
Thinking & Behaviour is a criminogenic need	34734 (72.8%)	1071 (60.4%)	χ^2 (1) = 131.703, *p<.001*	-.05
Attitudes is a criminogenic need	13461 (28.2%)	297 (16.8%)	χ^2 (1) = 112.003, *p<.001*	-.05

Total number of criminogenic needs	3.99 (SD = 2.28)	4.33 (SD = 2.14)	t (1925.600) = -6.547, *p<.001*

* p<0.05; **p<0.01; ***p<0.001

Investigating the predictive validity of static and criminogenic need factors in distinguishing between male and female IPV offenders

Binary logistic regression analyses examined the collective effect of the risk and need variables examined above in the prediction of perpetrator sex.

Firstly, a linear regression was performed to test for multicollinearity on all 37 variables which had significantly differentiated between the sexes in the above prior analyses. Menard (1995) suggests that if any variables have a tolerance value less than .1 then this indicates that there are issues with multicollinearity, while Myers (1990) suggests that if the VIF score is greater than 10 then multicollinearity is a problem (Field, 2005). Only one variable (Total number of criminogenic needs) had a tolerance value below .1 and a VIF score of greater than 10. Therefore this variable was not included in the logistic regression model.

The resultant 36 variables were entered into the analysis using the forced entry method. Although the concern of this paper was to explore the predictive validity of individual variables, collectively the variables produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 15.044, p>.05). This model was significantly better than the model containing only the intercept:χ^2 (36) = 3453.662, p<.05. The model was significant (-2LL = 11789.156, p < .001). Correct classification of cases overall was 96.4%, however, classification was more accurate for male IPV perpetrators (99.9%) than females (2.5%). The Nagelkerke R^2 equated to 0.254. This indicates that 25.4% of variance can be accounted for by the risk and criminogenic need variables

included. A total of 22 variables were found to significantly predict sex (male or female IPV perpetrator). Table 1.5 shows the variables' contribution to the model. The following risk and criminogenic need variables significantly predicted being a male IPV perpetrator: repeat victimisation of the same person; literacy problems; manipulative/predatory lifestyle; ever misused drugs; current alcohol use a problem; aggressive/controlling behaviour; understands other people's views is a problem; concrete/abstract thinking; discriminatory attitudes; understand motivation for offending is a problem; Drug misuse; and Thinking and behaviour. The following risk and criminogenic need variables significantly predicted being a female IPV perpetrator: violent behaviour related to alcohol use at any time; difficulties coping; current psychological problems/depression; social isolation; attitude to themselves; history of self harm, attempted suicide, suicidal thoughts or feelings; awareness of consequences is a problem; education, training & employability; relationships; and lifestyle and associates.

Table 1.5. Logistic Regression of static and dynamic risk, and criminogenic need variables

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I.for EXP(B)	
						Lower	Upper
Violence or threat of violence or coercion (2.2b)	-.056	.096	.348	p=.555	.945	.784	1.140
Repeat victimisation of the same person (2.3e)	.387	.071	29.996	p<.001	1.473	1.282	1.692
Literacy problems (4.7)	.520	.068	58.114	p<.001	1.682	1.471	1.922
Financial situation (5.2)	-.038	.054	.484	p=.487	.963	.866	1.071
Experience of childhood (6.3)	-.095	.060	2.467	p=.116	.910	.808	1.024

Manipulative/predatory lifestyle (7.4)	.836	.071	139.021	$p<.001$	2.307	2.007	2.650
Ever misused drugs (8.1)	.603	.059	103.089	$p<.001$	1.828	1.627	2.054
Violent behaviour related to drug use (8.7)	.181	.121	2.230	$p=.135$	1.199	.945	1.520
Current alcohol use a problem (9.1)	.198	.077	6.645	$p=.010$	1.219	1.049	1.418
Binge drinking (9.2)	.001	.086	.000	$p=.987$	1.001	.846	1.185
Violent behaviour related to alcohol use at any time (9.4)	-.220	.108	4.135	$p=.042$	.802	.649	.992
Difficulties coping (10.1)	-.535	.088	36.925	$p<.001$	.586	.493	.696

Current psychological problems /depression (10.2)	-.532	.072	54.158	$p<.001$	.587	.510	.677
Social isolation (10.3)	-.480	.062	60.839	$p<.001$	.619	.548	.698
Attitude to themselves (10.4)	-.221	.069	10.285	$p<.001$	.802	.701	.918
History of self harm. Attempted suicide, suicidal thoughts or feelings (10.5)	-.445	.062	50.736	$p<.001$	.641	.567	.724
Current psychiatric problems (10.6)	-.103	.065	2.537	$p=.111$	.902	.795	1.024
Aggressive/ controlling	1.008	.085	139.334	$p<.001$	2.741	2.319	3.241

behaviour (11.3)							
Temper control (11.4)	-.100	.092	1.174	p=.279	.905	.756	1.084
Recognises problems deficits (11.5)	-.119	.071	2.763	p=.096	.888	.772	1.021
Problem solving skills deficits (11.6)	-.102	.080	1.634	p=.201	.903	.772	1.056
Awareness of consequences is a problem(11.7)	-.264	.071	13.876	p<.001	.768	.668	.882
Achieves goals is a problem (11.8)	-.045	.066	.456	p=.500	.956	.840	1.089

Understands other people's views is a problem (11.9)	.496	.069	52.273	$p<.001$	1.643	1.436	1.879
Concrete/abstract thinking (11.10)	.134	.067	3.960	$p=.047$	1.143	1.002	1.305
Pro-criminal attitudes (12.1)	-.025	.090	.075	$p=.784$	.976	.818	1.164
Discriminatory attitudes (12.2)	1.910	.092	430.165	$p<.001$	6.752	5.637	8.088
Understand motivation for offending is a problem (12.6)	.324	.061	28.380	$p<.001$	1.383	1.227	1.558
Education, training &	-.507	.063	64.000	$p<.001$	.602	.532	.682

employability							
Relationships	-.770	.069	125.136	$p<.001$	.463	.404	.530
Lifestyle & associates	-.315	.078	16.416	$p<.001$	.730	.627	.850
Drug misuse	.274	.118	5.364	$p=.021$	1.315	1.043	1.657
Alcohol misuse	-.156	.113	1.916	$p=.166$	.856	.686	1.067
Emotional well-being	-.165	.104	2.509	$p=.113$	.848	.691	1.040
Thinking & Behaviour	.180	.088	4.198	$p=.040$	1.197	1.008	1.423
Attitudes	-.071	.085	.693	$p=.405$	.931	.788	1.101
Constant	-4.979	.152	1067.477	$p<.001$	.007		

Discussion

This study aimed to progress our understanding of the risk and need profiles of male and female IPV offenders convicted within the criminal justice system of England and Wales. A number of similarities and differences were observed.

Overall, even though effect sizes were small, results showed females were more likely to present with mental health issues in comparison to men. Indeed female IPV perpetrators had more problems related to emotional well-being, coping; psychological problems (i.e. depression); social isolation; attitude of themselves; history of self harm, attempted suicide or suicidal ideation; and current psychiatric problems. Men on the other hand were more likely to have problems commonly associated with criminal behaviour, specifically issues related to thinking, behaviour and attitudes (aggressive/controlling behaviour; temper control; recognising problems; problem solving; awareness of consequences; understanding other people's views; concrete/abstract thinking; pro-criminal attitudes; discriminatory attitudes; and understanding motivation for offending). These findings compliment previous research with female perpetrators. For example, Barnes (2008) found that in a sample of 260 women imprisoned for violent crimes in the UK, 74% had a history of substance misuse problems, 62% had a history of self harm and/or suicide attempts, 63% a current or previous mental health problem. Of these women, 34% had one of these problems co-occurring with another and 36% had problems in all three areas. Similarly, Logan and Blackburn (2009) found that in a sample of UK women imprisoned for violent crime, 70% met the criteria for three or more DSM IV Axis 1 disorders. Specifically, 72% had substance use; 67% mood disorders; 37% post traumatic stress disorder; 33% psychosis; 26% panic attacks; 26% eating disorders. Similar differences were observed in the criminogenic needs of the men and women. Women had greater need and deficits in factors related to emotional wellbeing, alcohol use, relationships, and education, training and employability, and men had greater needs and deficits with thinking and behaviour, lifestyle and associates, drug misuse, and attitudes. Such differences may need to be considered in the design of

interventions for the sexes, placing emphasis on the key areas identified for male and female perpetrators.

These findings suggest that female perpetrators are more likely than male perpetrators to have long-standing mental health issues that can impact on their social and adaptive functioning in relationships and general day to day life. An alternative explanation could be that gender stereotypes may exist in the arrest and conviction policies of law enforcement officials. For example, men may stereotypically be more likely to be regarded as the perpetrator than their female partner (Brown, 2007). Additionally, women who present with mental health issues may be more likely to be arrested and/or convicted because they are perceived as unstable and risky to themselves and/or others and consequently override the gender stereotype. Therefore, it is possible that convicted samples of women are qualitatively different to convicted samples of men due to implicit practices employed by professionals working with these populations (Dixon et al., in submission).

Interestingly, men and women were found to have similar risk and need profiles across the other factors explored. Both groups had similar proportions of impulsive behaviours, interpersonal skills deficits, reckless/risk taking behaviour and excessive use of violence or sadistic violence. In addition, it should be stressed that even though men presented with significantly higher frequencies of aggressive/controlling behaviour and temper control, a number of women also displayed significant problems with aggressive/controlling behaviour and temper control. The empirical literature supports this finding, showing that women are not always responding to victimisation from a male partner, but have similar issues to men in terms of IPV perpetration, anger and control (e.g. Dunning, 2005; Graham-Kevan, 2009).

Similarly, while the females presented with a higher frequency of alcohol problems, this seems to be an important issue for both men and women. Alcohol was assessed as a criminogenic need for the majority of both men (63.2%) and women (69%). This supports previous research, for example, Gilchrist et al. (2003) found that 73% of the IPV men in their UK sample had consumed alcohol prior to their IPV offence, with 49% having a history of alcohol abuse. Alcohol has been found to be a strong risk factor for IPV (Stith et al., 2004) and a predictor of reoffending (Bowen et al., 2005). Additionally, studies have shown that the intensity of violence during the IPV incident can be related to alcohol use (McMurran & Gilchrist, 2008). Therefore it seems apparent that issues with alcohol and the effects this can have on behaviour is a key area that needs to be addressed when working with IPV perpetrators. There is some debate about whether alcohol should be addressed in interventions for IPV due to perpetrators potentially using alcohol as an excuse for their behaviour and consequently failing to take responsibility (McMurran & Gilchrist, 2008). However McMurran and Gilchrist (2008) suggest that alcohol may be related to violence via the mediator of poor social problem solving. They suggest that alcohol may impair an individual's problem solving ability, and consequently that treatment should focus on targeting social problem solving alongside addressing alcohol from "both a contextual and intrapersonal perspective" (McMurran & Gilchrist, 2008: p. 113).

Across the three established risk tools (OGRS3 and OASys Risk of Serious Harm), females were assessed as lower risk than male IPV perpetrators. It is possible that female offenders are in fact lower risk than their male counterparts. However, when their risk and need profiles are reviewed, it would appear that females have similar patterns of deficits in risk and need areas as males. This brings in to question the reliability of these tools for assessing risk for female IPV perpetrators and whether

they are in fact a true reflection of female IPV perpetrators' risk and need. Indeed the logistic regression model was not very robust in identifying the female IPV perpetrators in the sample, only correctly classifying 2.5% compared to 99.9% of the men. It is possible that there is assessor bias in the assessment of female IPV perpetrators, resulting in the identification of women as lower risk in comparison to men. Indeed, research has shown that men tend to be treated more harshly than women at every stage of law-enforcement (Brown, 2007), which may help to explain this disparity. However, male IPV perpetrators are also assessed as low risk according to their OGRS3 score which brings in to question the reliability of using these tools for IPV generally. New risk tools are now being used as part of the OASys assessment. These are the Offender General Predictor (OGP) and the Offender Violent Predictor (OVP) which have been found to be better predictors of risk than OGRS (Howard, 2009). However there is currently no information regarding their utility with IPV offenders.

In the current sample the majority of women (72.6%) were assessed as both a victim and a perpetrator compared to only 10.4% of men, whereas the majority of men (89.6%) were assessed as a perpetrator only compared to only 27.4% of women. Whilst these results may be an accurate reflection of the incidence of IPV, this result may also be apparent because of IPV social stereotypes. Indeed, men are more likely to be deemed perpetrators of IPV than their female partners (Brown, 2007). Alternatively, this may also be partly explained due to men being more likely to under-report their victimisation (Brown, 2007).

Professionals need to ensure that their assessment processes sufficiently address the risk and needs of both male and female IPV perpetrators. Assessment tools currently available for IPV have been developed with male perpetrators. As such

the applicability of these tools to females should be fully determined to ensure individuals are matched to interventions that meet both their risk and needs (Andrews & Bonta, 2010). Sound and validated risk and need assessment tools are vital in order to achieve this (Andrews et al., 2006).

Similar to Carney et al. (2007), this study did not find any difference between male and female perpetrators in terms of the level of excessive violence orchestrated during the IPV incident. Similar levels were observed across the two groups which supports other empirical findings that show women enact similar levels of violence severity as their male counterparts (e.g., Archer, 2002; Straus, 2011). This provides support for a gender inclusive approach to understanding IPV perpetration.

Limitations and future research

Only individuals who have been involved with the Criminal Justice System (awaiting sentence, received a custodial or community sentence), and whose current contact with the Criminal Justice System was IPV related, have been included in this study. Results can not therefore be generalised to community samples that have not had contact with the criminal justice system, did not receive an OASys assessment, or had a history of IPV perpetration but whose current offence was not IPV related. It is possible that the present findings may not be applicable to such offenders. However the model could be repeated with these offenders.

In addition, a number of men and women have engaged in co-directional violence (been both the perpetrator and victim of IPV). However, this study could not determine whether the individual in question initiated the violence. Therefore, it was not possible to distinguish between men and women who may be responding to victimisation, those who are involved in a co-directional violent relationship, and

those who are the only violent partner. It is possible that the perpetrators in this study could be classified into Johnson's (1995; 2011) intimate terrorist, common couple, mutual violent control and violent resistance typologies. However there was insufficient information available from both parties in order to establish this in the current study. Future research should address this to explore whether these types are prevalent within the criminal justice system, and if so, if there are differences between these types of perpetrator as well as looking at the different needs they present. Furthermore, this study did not explore the contextual issues involved within the relationship that led to the IPV perpetration. Future research should focus on the contextual factors around the perpetration as these are key to preventing future victimisation and ensuring that treatment plans are designed to the individual's specific needs.

We note that the fit of the logistic regression model in this study was poor. However this study was not intending to construct a predictive model. Instead this study aimed to identify risk factors that may provide an important starting point for future research in this area. Future research could explore differences between the sexes further to ascertain the need for different risk assessment tools and interventions.

A further limitation of the study is the scoring of OASys and the potential for variability in the way assessments are conducted. For example there is no algorithm for the risk of serious harm section of the assessment. Further, some OASys items are quite broad in nature and there is a possibility that an item can be deemed a significant problem for quite different reasons. Therefore the potential for differences across assessments and the impact this may have on any findings should be noted. However, staff are trained at great length in the completion of OASys. Inter-rater reliability

studies have demonstrated promising findings (Morton, 2009). In addition the OASys manual and countersigning of assessments should reduce any bias across assessments.

Conclusion

The findings show that whilst men and women who perpetrate IPV differ in the areas of emotional well being, thinking and attitudes, there are also similarities. Therefore, we need to ensure that we are providing interventions that emphasise the specific needs of male and female perpetrators of IPV to adequately address the main risk factors related to their IPV perpetration. It may be preferable to design separate interventions or different modules for male and female perpetrators of intimate partner violence. Current interventions for male IPV perpetrators in the UK focus on thinking, behaviour, and attitudes. The results of this research study show that any intervention designed for female perpetrators needs to focus heavily on emotional well-being factors and how this plays a role in the individual's offending behaviour in addition to thinking, behaviour and attitudes. The similarities and differences identified in this study provide a starting point in identifying the need for bespoke assessment tools and interventions for male and female perpetrators of IPV.

CHAPTER TWO

MEN'S EXPERIENCE OF INTIMATE PARTNER VIOLENCE PERPETRATION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Numerous theories have been proposed to explain why men abuse their female partners. However, no one theory has been demonstrated to fully account for men's intimate partner violence (IPV) perpetration. This can be seen as a reflection of the complexity of IPV and the need to address it from a range of perspectives and at a number of levels, from individual through to societal levels (Dutton, 1995). For example, researchers who have studied dangerousness have suggested that individual traits of the perpetrator are not sufficient to increase our ability to predict who will and will not commit violent acts (Webster et al., 1997). Ecological theories that consider biological, psychological, interactional, family, community and social factors have been proposed to give a better understanding of why violence occurs. Dutton (1995) proposed the nested ecological model which explains intimate partner violence as multi-determined and gender inclusive. This interactionist explanation considers both the perpetrator's intrapsychic features and the interpersonal context, and as such provides clinical direction to intervene with perpetration and victimisation. Studies have proved the utility of this model, finding several risk factors at each level to be associated with IPV for both male and female perpetration (e.g., O'Leary, Smith Slep & O'Leary, 2007; Stith, Smith, Penn, Ward and Tritt, 2004).

However, research has not considered the aetiology of IPV in detail for different types of IPV offenders. Indeed, the literature shows that male IPV perpetrators are a heterogeneous group (Dixon & Browne, 2003; Holtzworth-Munroe & Stuart, 1994; Johnson 1995; 2011). Various types have been identified within the literature in recent years but there is a lack of understanding of the pathways into IPV offending across the different types and individual's own experiences of their IPV journey. This is particularly true for female offenders. It is important to understand IPV offender's offence trajectory and risk factors and how this fits with the different types of IPV treatment on offer within the National Offender Management service (NOMS), in order to progress services offered to offenders.

In order to explore what causes different types of men and women to perpetrate violence against an intimate partner we need to explore the contextual factors which led to the violent incident and compare and contrast these to identify patterns across groups. Previous aggression research has successfully developed a cognitive behavioural (CBT) aetiological model of risk (Beech & Ward, 2004) for sexual offending which has led to ways in which to work with sexual offenders. Arguably adopting a similar approach to understanding IPV offending would be useful in guiding effective intervention with this offender population.

The first step in which to do this is to explore in more detail offender's personal experiences of their IPV journeys. Therefore the aim of this chapter is to understand the aetiology of intimate partner violence (IPV) offending – that is what may lead one partner to use physical, sexual, emotional abuse and controlling behaviours toward another in an intimate relationship. Specifically this chapter and chapter three will use interpretative phenomenological analysis to explore the offender's own narrative around their experience of offending behaviour addressing

triggers, antecedents, emotions and cognitions associated with their offending. This chapter will focus on male IPV perpetrators and chapter three will focus on female IPV perpetrators.

METHOD

Ethical approval was obtained from the University of Birmingham's ethics committee (reference number ERN_12-0963) and the HMPPS NRC. Details can be found in Appendix E.

Participants

Six men who were serving a custodial sentence in England for an offence involving intimate partner violence or had a history of IPV agreed to take part in the study. These men were approached by interventions staff working in the establishment. The particular establishment used was identified as it delivered an IPV accredited programme and had a large number of prisoners who were serving sentences for IPV related offences or had a history of IPV perpetration. The six men who took part in the study were asked to provide a pseudonym to ensure confidentiality. Table 2.1 provides details of the participants risk level assessed by the Spousal Assault Risk Assessment tool (SARA; Kropp, Hart, Webster & Eaves, 1995), offence, and sentence length. All of the men had attended an accredited programme for IPV which was delivered in the establishment.

Table 2.1. Details of participants

Name	Age	Ethnicity	SARA risk to partner	Index Offence	Sentence	Past IPV offence History
Roger	67	Asian	High	Murder	Life (16 year tariff)	Recorded incidents with both wives and disclosed incidents for both
Ian	44	White	Moderate	Murder (of partner but denies this). Was abusive to first wife who is who we discussed in interview	Life (15 year tariff)	IPV with his first wife. Denies any IPV with partner serving sentence for murdering.

Brian	42	White	Moderate	Attempted murder	Life (32 years mandatory)	No history of IPV prior to PTSD
Peter	48	White	High	Murder	Life (15 year and 150 day minimum tariff)	IPV in previous relationship (victim). Difficulties in relationship with partner who killed due to PTSD.
Simon	53	White	High	Murder	Life (15 year tariff)	History of IPV with partner he killed. No history with previous partners
John	31	Mixed	Moderate	Aggravated burglary (extensive history of IPV even though	Indeterminate	No convictions for any IPV but an extensive history of IPV

	index offence not IPV)	in all his relationships.

Data Collection

A broad semi-structured interview (See Appendix F) was devised to capture the men's experience of IPV. The interview schedule was devised based on the IPV risk factors literature for both male and female perpetrators and the lead researcher's experience of working with IPV offenders. The same interview schedule was used with both the men and the women. The interview schedule was there as an aide memoire for the interviewer to ensure that certain areas such as potential triggers, thoughts and emotions were addressed throughout the interview, however each interview was responsive to the particular areas that the men wanted to focus on and adapted accordingly. Each participant attended one interview which lasted approximately one and half hours. The interviews were conducted by the lead researcher. Each interview was recorded on a Dictaphone and transcribed verbatim by the interviewer.

Data analysis

Interpretative Phenomenological Analysis (IPA) was adopted for the study. IPA is a qualitative approach that allows an examination of how individuals make sense of their own world (Smith, Flowers, & Larkin, 2010). IPA provides the means in which to examine the lived experience of events and for these to be expressed in their own terms (Smith, Flowers & Larkin, 2010). This was considered an appropriate approach to take for this study as the researchers wanted to understand individual's

personal experiences and what their behaviour and experiences meant to them personally with a view that future research could expand on this and formulate theories or findings could compliment already formed theories. Detailed analysis of individual's personal explanations of their behaviour of IPV is invaluable in learning more about this behaviour. In order to understand behaviour within relationships, we need to consider the interaction of the victim, perpetrator and environment in which it takes place (Dixon & Graham-Kevan, 2011). It was felt that using IPA would allow the researchers to focus on these in more detail by focusing on a small number of cases. Typically IPA studies have between 3 and 6 participants to allow for more nuanced analysis of the phenomenon under investigation.

Each transcript was read and re-read. Notes were made at each reading of the transcripts focusing on language used and particular concepts addressed. After several readings of the text, themes were identified for each case and then themes were identified across all cases. A second researcher who was not connected to the research but was experienced in IPA analysis also analysed one of the transcripts (one of the male participants transcripts and one of the female participants transcripts) and discussed this with the lead researcher to ensure that the lead researcher had considered all possibilities in analysing the data.

Results

Two superordinate themes emerged, each of which contained subthemes. The two superordinate themes were the *contributing factors of IPV perpetration* and *What have I done?* Table 2.2 provides the analytic structure of the themes.

Table 2.2 Themes

Superordinate theme	Subtheme	Description	Example
Contributing factors of IPV Perpetration	Trauma	Traumatic events that occurred prior to the IPV behaviour. This includes post-traumatic stress, witnessing IPV in childhood, IPV victimisation. These can all impact on the way an individual reacts to the world and situations.	*"I remember my dad would knock my mum about when I was a kid. I didn't think it affected me that much but now I know it must have, otherwise how could I do what I've done?"*
	Alcohol and substances	The use of alcohol or substances either recreationally or as a means of self-medication due to other stressful factors within an individual's life. This can then inhibit the individuals behaviour and responses to situations.	*"I binged drink and I took cocaine for a while as well"*

	The perfect relationship	Entrenched views about roles within relationships and what the ideal relationship looks like can have an impact on individuals' behaviour when these don't translate into reality.	*"I believe the man should look after his wife"*
	Culture	The cultural norms that an individual abides by and adheres to	*"She had no respect for me as a man. My dad and brother would never had stood for that"*
	She's mine	Jealousy that their partner is cheating on them leads to abusive behaviours within the relationship that can then escalate into severe violence.	*"I couldn't stand her talking to another man. I would do my nut."*
	I'm not having it	Feeling that they have no control over events and situations that are happening to them therefore behaving in certain ways in order to restore control of those	*"That was one of the main problems cause she would make a decision*

	events and situations. Alternatively feeling that controlling specific situations and events that they can will help them to feel better about outside things that they can't control.	*and I'd be like I'm not having it"*
I'm not losing her	Fearing that their partner is going to leave them and behaving in certain ways in order to ensure that this does not happen.	*"I then became frightened that I was probably gonna lose her to someone else"*
Anger	Feelings of anger either at the specific moment of the incident or anger building up over a period of time.	*"She turned around and said I have been taking you for a mug all this time. And I snapped at that point"*
Moment of madness	Unable to establish why they did the specific act. It all happened really quickly. It was out of character for them	*"A couple of seconds of madness"*

		to behave in that way and not sure why.	*"It wasn't…of course it's too late by the time you've done it….it was literally a moment of madness"*
What have I done?	I can't take it back	The consequences of the behaviour on others. How the behaviour impacted on other people, whether this is the victim, the victim's family, children, friends.	*"I'm not asking for sympathy….seeing what I did and knowing what impact it's had on our children and her family"*
	I wish it had never happened	Feeling remorseful and shameful about their behaviour and the outcome of this. Genuinely wanted to change and wished it had never happened. The difficulties of facing up to what they have done.	*"When I first came in I tried to hang myself but I got cut down. I cut my wrists. That was all to do with how I was feeling. The remorse and guilt about what I'd done. Sometimes*

		it's hard to deal with those things."
Responsible for my actions	Acknowledging what they have done. Taking responsibility for their own behaviour. Identifying things that they could have done differently and not blaming others for their behaviour.	*"I've said all along I'm responsible for my actions, nobody else"*

Contributing factors of IPV Perpetration

A number of sub-themes were identified that were contributing factors related to the individual's IPV perpetration. These will be discussed in turn.

Trauma.

Traumatic experiences, whether these be experiencing past physical violence perpetrated by a family member as was the case for John, or some other violence such as military combat were important factors for a number of the participants. Both Brian and Peter were suffering from post traumatic Stress Disorder (PTSD) as a consequence of their time in the military. Both of them described struggling with their symptoms in the lead up to their offences. For example Peter described how "*I just couldn't explain to people how I was feeling so I kept all this stuff bottled up and every now and again it would explode".* Peter went on to say that he had extreme

reactions to situations he was presented with: "*My reactions to things weren't normal. That's why I was suspended from work…..I flew off the handle".*

Both Brian and Peter described how they had flashbacks of events from the military which impacted on their everyday lives. For example Brian stated: *"I would get images and flashes in my head. I just couldn't cope".*

The added stress of dealing with past traumatic experiences and the re-living of them on a constant day to day basis will have a major impact on the way an individual responds to the demands of everyday life. It has been suggested that stress and frustration can increase an individual's tendency to behave aggressively and lead to higher levels of arousal (Berkowitz, 1989). Experiencing traumatic events can lead to hyper-arousal and individual's being on high alert. Those suffering from PTSD, are easily startled, and respond to the slightest provocation (Herman, 2015) and are on constant alert and it is not surprising that they behave and respond in an aggressive manner due to the trauma they have experienced. Neither, Brian or Peter used PTSD as an excuse for their IPV perpetration, on the contrary they were both adamant that it wasn't an excuse for their behaviour. However it is clear that it contributed to their ability to cope with stress and other life factors and therefore was a contributing factor in their behaviour.

Ian described how his partner had been abusive and controlling to him within their relationship and how this had affected him. Again, he was adamant that this wasn't an excuse for his behaviour and stated clearly that he was responsible for his own abusive behaviour patterns within the relationship, but this again was a contributor to the behaviours he displayed. Both he and his partner displayed controlling and abusive behaviour patterns within their relationship.

"*She attacked me with a carving knife on two occasions…She would start something and then I would make it worse by reacting to it and it would escalate into a bigger situation with us both making each other worse."*

Roger, described how he had suffered a stroke prior to his index offence. This is likely to have played a part in his behaviour and how he responded to situations he was presented with. However, he had a history of controlling and violent behaviour with a previous partner with clear similarities which suggest that the stroke wasn't a major factor for him. Roger had a tendency to use language to explain why he behaved the way he did without taking responsibility for what he did. Disclosing the fact he had a stroke can be interpreted as another example of him failing to acknowledge fully what he had done. His disclosure of the stroke was a way of him justifying his behaviour and also making others feel sorry for him. He had had the traumatic experience of a stroke. This is in contrast to the other men who spoke about their past traumatic experiences but were quick to ensure that this was not interpreted as either an excuse on their part or minimising what they had done. The others were discussing their traumatic experiences in the context of their overall experiences whereas Roger was using it as an explanation and excuse for what he had done.

Alcohol and Substances.

There is a wealth of evidence into the association of alcohol and substance use and IPV perpetration (Graham, Plant, & Plant, 2004; Murphy & O'Farrell, 1994; Murphy, Winters, O'Farrall, Fals-Stewart, & Murphy, 2005; Schumacher, Feldbau-Kohn, Slep & Heyman, 2001; Stith, et al., 2004; Thompson & Kingree, 2006;). Indeed, alcohol played a significant factor for a number of the men in the lead up to their offending. A number of the participants talked about how they had been drinking prior to the

perpetration of IPV. For example Roger described how he had had half a bottle of rum on the night of his index offence. Ian described how he did not drink but that alcohol was an issue for his partner and played a part in the IPV behaviour of both himself and his partner: *"She would have a drink and then she would get nasty and throw things at me. I would then react to that and then things would go from there."*

What is interesting is that none of the men would allow alcohol to be used as an excuse for their behaviour. John stated:

> *"Yeah, I did drink but that didn't cause my behaviour. I could be just as bad without it. I would behave that way whether I'd had a drink or not. Ok, it might be more extreme when alcohol was involved but it didn't cause my behaviour."*

Even Roger, who failed to fully acknowledge the extent of what he had actually done, did not explicitly use alcohol as the reason for his behaviour even though from his accounts it clearly increased the physical violence he perpetrated within his relationships. What is difficult to unpick from the men's own narratives is whether for those who had been drinking or taking substances prior to the perpetration, whether they would have acted so violently if they had not been drinking or using substances on the day of the events.

The perfect relationship.

Some of the men had very clear views about how a relationship should be and this shaped their view of their current relationship. Roger, for example, held very traditional views on the roles of men and women within relationships and consequently struggled when these were not met. He continually described how he felt his wife had "*no respect for me".* Indeed on the day of the offence she had not

cooked him dinner and this was the trigger for the argument that led to him eventually killing her. There were also a number of occasions where he described feeling *"belittled".* To Roger, the man needs to be in charge and respected by all members of the family. It was completely unacceptable to Roger for his wife or family to not follow his rules and expectations. Indeed, Roger repeatedly spoke about this throughout his interview. It was like his personal catchphrase. It was very clear that Roger would not accept anything less than what he considered the 'norm' of a relationship. He also expected to be congratulated because his wife had children when he married her and people had told him not to do this "*My family told me don't marry no woman with children by somebody else".* In Roger's view this was a heroic act. When he spoke about the events that led up to his perpetration, he continually discussed how he had married her and brought her children to the UK, for which she should be grateful. He didn't see this as part of the natural events of a relationship where both partners have been married before and have children from those relationships.

Roger had clear issues with how he believed his wife and family perceived him and how this contradicted with his personal view of a relationship. However, when he disclosed his relationship with his first wife, it highlighted his very biased and hypocritical views about relationships. He discussed having numerous affairs, one of which resulted in a child that he brought up with his wife. He stated that this was his wife's decision. He failed to see that this would be quite an extraordinary thing for a spouse to do. In contrast, his second wife had had affairs and even had an abortion, which he saw as disrespectful to him and even described how "*why not use protection. You're gonna make me sick. That's how I saw it in my head"*

Roger failed to see that he had done the same thing with his first wife. These all demonstrate that Roger has very entrenched traditional stereotypical and hypocritical views about relationships.

There is evidence to suggest that when a man's masculine identity is threatened, this can lead to stress which in turn leads to hostile attributions and manifests in an aggressive act, particularly when the partner's behaviour threatens the man's authority (Franchina, Eisler & Moore, 2001; Woodin & o'Leary, 2009). This clearly appears to be a factor with Roger.

Interestingly, Simon, described his ex-wife as the perfect partner: *"My wife, she was the best mother and wife you know, she was perfect in every way".* This was in contrast to the partner he left her for and subsequently killed, who cheated on him on numerous occasions. It seemed that for Simon he had left the perfect partner who lived up to what he felt a relationship should be and replaced her with someone who was the complete opposite.

Both Simon and Roger discussed their ex-wives as being either perfect or near perfect. They both also had affairs themselves and ended up killing partners who had cheated on them. It seems that for both these men, they had very clear views on what the perfect relationship should be, even if these manifested in different ways. Neither could cope when the reality that their relationships failed to match up to their expectations and ideals.

Culture.

Linked to the 'perfect relationship' theme, was culture. Roger had a very clear code that he adhered to and expected those around him to abide by. Ecological theorists argue that cultural factors impact and interact with personality factors which

influence cognitions, attitudes and behaviours (Catala-Minana, Walker, Bowen & Lila, 2014, Kaushal & Kwantes, 2006; Triandis & Suh, 2002). Where cultures are predicated on the notion of honour, a central tenet of an individual's identity rests on maintaining honour and avoiding shame and abiding by the honour code (Ahmed, 2003; Wikan, 2008). In cultures that adhere to the honour code, men are encouraged to be responsive to threats to their honour by displaying strength and power which usually manifests through violence (Gill, 2014). Typically, there is an expectation that women will adhere to specific moral behaviours and not bring any shame on the family. Men are also expected to act morally but their behaviour is often secondary to women's (Gill, 2014). It was apparent from Roger's narrative that he had a very clear entrenched sense of honour code that he lived by. Linked to this was his sense of shame that his wife had cheated on him and *"belittled" him.*

Roger appeared to use his cultural identity and code of honour as an excuse and explanation to his crime, both the murder of his wife and previous violence in his previous marriage. When explaining what he had done he simply stated *"I had no other choice. I couldn't see no way out".* It appears that for Roger, the lack of respect for him as a man and his wife's transgressions against his expectations of what he expected from the relationship as a whole and her lack of morality, meant he was justified in his behaviour.

While Brian did not disclose any views on how he felt a relationship should be or specific cultural beliefs about intimate relationships, he did discuss the army and his difficulty in admitting that he had a problem after his deployment

> *"you do see blokes who come out and say I've got this problem and people say they're a tosser. The whole regiment look at them and say they're a waste of*

space so you don't say anything yourself……I was too ashamed or scared to ask for help"

It would appear that Brian felt that men had to act a certain way and could not ask for help. These views of the world could have translated into his underlying views of relationships and roles within, even if he did not make these explicit. These thoughts of men not disclosing emotions for fear of showing weakness could have translated to Brain's inability to share with his partner and then manifested themselves in acts of violence.

She's mine.

Romantic jealousy has been defined by White and Mullen (1989,p. 9) as "a complex of thoughts, emotions, and actions that follows loss of or threat to self-esteem and/or existence or quality of the romantic relationship" that arise from an individual's perception that his or her romantic partner is involved with a rival. Pfeiffer and Wong (1989) proposed a multidimensional model of romantic jealousy which clearly distinguished between the two aspects of an individual's psychological experience. These being (1) cognitive jealousy, which includes an individual's thoughts, worries, and suspicions regarding the partner's possible relationship with a rival; and (2) emotional jealousy, which involves an array of feelings such as insecurity, fear, anger, and sadness (Bevan & Lannutti, 2002). Additionally, morbid jealousy describes irrational thoughts and emotions along with unacceptable extreme behaviours related to a preoccupation with a partners fidelity (Cobb, 1979).

Jealousy was a key factor for Simon, although he was not explicit about this in his narrative. He described how his partner had cheated on him on numerous occasions and that he could not trust her. This was a key factor in subsequent behaviours that he

displayed in terms of monitoring what she was doing and where she was going: *"I was paranoid about everything and I wanted to keep checking on everything she was doing. Like when she went to work I'd ring her up and check on her and what she was doing like every 5 minutes".*

He described confronting her and a number of men that she had cheated on him with. Simon, clearly demonstrated behaviours that could be categorised as morbid jealousy, even though he was unable to acknowledge his jealous feelings.

Similarly, John described how he would get jealous and did not like his partners even talking to men, even though he would cheat on his partners regularly: *"It's hypocritical I know but I couldn't stand them talking to another man. I would do my nut. Thinking about it now it's probably because I was cheating".*

It would appear that in John's case, he was projecting his behaviour onto his partner which he now acknowledges.

Roger's jealousy manifested in a different way to the other men. Roger's controlling behaviour revealed itself within the family unit. For example, he disclosed that on one occasion when he was away from the family his son went to the house and no-one answered when they should have been there. He masked his own feelings of jealousy by describing the impact this had on his son, rather than what we can predict he was actually thinking, that his wife was with another man. Indeed, Roger disclosed that his wife had become pregnant with another man's child around this time

> "*I was lying in bed and she told me that she was pregnant with some man she met…..so I just got out of bed, sat on the floor and said if that's the case then I will kill you cause you disgraced me"*

To Roger, the idea of his wife being pregnant by another man was degrading to him. However, he later disclosed that during his first marriage he had a baby with another woman and brought this baby into his home for his first wife to raise. He did not see that he had behaved in the same way as his second wife. It would appear that to Roger his wife was a possession that should do as she was told and in the way that he believed was appropriate.

It is interesting to note that the men who clearly disclosed feelings of jealousy were actually cheating or had cheated on partners in the past. While John now acknowledges that his own behaviour was the reason for his jealous outbursts, the other men failed to identify that they were also guilty of cheating in relationships. It appeared that they had a view, whether explicit or implicit, that a woman should be faithful at all times but it does not matter if they stray.

I'm not having it.

Research has examined the use of power and control within relationships. The evidence suggests that there is a relationship between an individual's perceived power and aggression and violence within the relationship (Graham-Kevan and Archer 2009; Hotaling and Sugarman, 1986; Leonard and Senchak, 1996; Ronfeldt et al., 1998; Straus, 1990;).

Control came across as a major factor for all the men. This manifested in a number of ways; loss of control of self due to personal factors such as the PTSD symptoms that both Brian and Peter were experiencing and the relationship in Ian's case; and loss of control of the relationship that Roger, Simon and John were experiencing. Roger came across as the most controlling of all the men, wanting to be in control of everything within his life and not coping when he was unable to control events. For

example he described how he wanted to leave England and return to his home country as his children were being influenced by their friends and therefore he did not hold the same control as he previously did. "*I find out this country was changing them. They were losing their manners….when they were at infant school there wasn't a problem but the moment they turned eleven or twelve they start following their friends."*

For Roger, being in control of everyone and everything in his life was vital for his status quo. He believed that this is what defined him as a man. When he felt that control was slipping then he would find excuses as to why this may be. He never considered that the children wanting to be with their friends was a normal part of development. Instead it was blamed on Western culture and therefore he needed to return to his culture of origin to regain his authority. It is easy to see how and why Roger perpetrated IPV within his relationships. His narrative always described how things had happened outside of his control before perpetrating the violence such as his partner locking a door so he did not have access or not cooking him dinner.

The feelings of loss of control interacted with other factors to result in the men becoming violent within their relationships. For some they were unable to manage their emotions which left them feeling out of control and this interacted with outside factors such as a verbal argument or a specific act which led to the IPV perpetration, whether this was losing control of their emotions during an argument like Simon, or within the context of life events like being redeployed in the military like Brian.

I'm not losing her.

A particularly dangerous time for female victims of IPV are at the point of separation with research finding a high proportion of men who kill their partners doing so at this time (Dobash, Dobash, & Medina-Ariza, 2001). Research also indicates that

IPV perpetrators are more likely to be characterised as having insecure attachment styles which can manifest in ways such as anxiety, a fear of abandonment and jealousy (Bowen, 2011).

A fear of abandonment seemed to be a factor for some of the men, namely Roger, Simon and John. While none of them directly alluded to this fact in their interviews it was apparent from their discussions around feelings of jealousy. Simon for instance was constantly checking on his partner in case she was cheating on him which was the case and she did in fact leave him on a number of occasions. John, on the other hand did not like his partners talking to other men. He himself interpreted this as a consequence of his own cheating behaviour and the fact that he liked to be the *"one who ended a relationship on my terms when I was ready".*

Roger, always spoke about respect and everything that he had done for his wife that she should be grateful to him for. On closer inspection, while he was overtly discussing how she had belittled and disrespected him, he clearly wanted a wife to look after him. Especially after he had suffered a stroke. He did not attack or leave his wife after she became pregnant with someone else's child but when she had not cooked his meal. This indicates that he had a need to be looked after and therefore suggests he had a fear of being left alone.

Anger.

An underlying theme that came across within all the men's narratives was anger. For some this was anger that had been building up for days/weeks prior to the incident; for others it was present at the moment of the incident.

Research into the role of anger within IPV has drawn huge weight and is not without controversy. There is evidence that IPV perpetrators demonstrate elevated

levels of both anger and hostility (Bowen, 2011; Stith et al., 2004). However, it is unclear whether anger directly or automatically leads to aggression. It is more likely that a predisposition towards anger causes changes to cognition, arousal and affect that in themselves increase the likelihood of aggressive behaviour occurring in particular circumstances (Anderson & Bushman, 2002).

Dutton (2006) suggests that a number of mechanisms may operate in order for the man to experience anger. The anger itself may well be the manifestation of another emotion such as stress or anxiety but due to the physiological arousal the man experiences, he understands this to be anger. For example, Gondolf (1985) proposed a male emotional system whereby men experience a range of arousal producing emotions as anger. In addition, Novaco (1976) posits that men may describe emotions they are feeling as anger as this is deemed a more appropriate emotion to experience than what they are actually feeling.

For some of the men, the anger, combined with other factors such as poor emotion management resulted in the IPV perpetration. Some men minimised or down played their anger leading up to the incident itself. For example Simon failed to disclose that his partner was cheating on him and had left him on numerous occasions which had left him angry. He only mentioned feeling anger at the point of the incident. Interestingly, Roger was the only respondent who clearly articulated anger throughout his narrative. However, at the point of the incident, his description appeared to be very cold and calculated. He simmered for at least an hour before he went upstairs to confront his wife. Therefore Roger, while anger did play a part in his IPV perpetration, it did not appear to be evident in the actual event.

Moment of madness.

Three of the men described the act of their violence as a moment of madness. As soon as they had done it they just could not believe it and went into what they describe as shock. For example, Brian said:*"As soon as* [redacted] *I knew you know, that I'd messed up……..a couple of seconds of madness. As soon as* [redacted] *I was like shit. I was in shock. What had I done?"*

Similarly, Simon's description of his behaviour directly after stabbing his partner was:"*After the attack it was just a case of what have I done? It was, you know, it was literally a moment of madness."*

For Peter, the impact of his behaviour was delayed as he found his partner unconscious the next morning but the shock of what he had done was still paramount:

> *"It all happened so fast. I was just in shock really….I didn't know what was going on. She was fine when I left. Ok she was bleeding but ok. But now? On the floor like that. It was crazy"*

Peter described the violent event itself and what he thought directly after she had asked him to leave the house:*"Um, just shock at what I'd done. Um, I'd say remorse in that as well, regret at what I'd done. And feeling I hope she's alright cause I'd seen her bleeding".*

An interesting concept of the men who described the event as a moment of madness is that none of them could describe what they had been thinking prior to the event. They all described it as something that just happened. Even Brian who had [redacted] could only describe the thought that "*I thought the only way I could get out of being deployed back to Afghanistan was to hurt my wife".* He was unable to articulate why he had chosen to try and [redacted]

other than getting out of being re-deployed. The [redacted] was a planned act but for some reason, Brian did not connect the planning of [redacted] with the outcome of [redacted] his wife. Rather, all he could see was this was the way to get out of being re-deployed. It was only after [redacted] that he made the link. Peter, also struggled to articulate what he was thinking: "*It was just an instant thing. I wasn't really thinking about what I was doing".*

It is not possible to ascertain whether they truly cannot remember what they were thinking directly prior to the event, whether they are unable to articulate their thought process at the time, or whether they did in fact act in an instant in response to events they were presented with. It is possible that they are not prepared to disclose what they were thinking, this could be particularly the case with Brian, due to self-preservation or shame about what they did. However the men who did not describe their behaviour as a moment of madness were able to articulate their thoughts and feelings at the time. For example, Roger was able to describe how he had been angry that his wife had not cooked him dinner and he had clearly been ruminating over this prior to confronting his wife. He knew what he was doing and appeared to have made a decision when he went upstairs to confront her. Even after he had poured petrol over her and stabbed her, he made the decision to get another lighter when the first one didn't work.

> "*The lighter wouldn't light so I had to go into the bag that I take to work and get the lighter I use to light the factory boiler. I came back to the room and shut the door and lit it"*

The three men who did not describe their offence as a moment of madness, did not describe planning the actual act itself. Rather it appeared to be a culmination of a

series of events that had occurred during that day or preceding days and weeks. Again, it is not possible to ascertain whether there was in fact no planning involved in the IPV perpetration of these men. What does appear to be important is the events surrounding the act itself and other factors such as alcohol playing a key role.

What have I done?

A number of sub-themes were identified regarding the aftermath of IPV perpetration on the men. All the men had been incarcerated so this was a major consequence for them, the loss of their liberty. Although, all of them downplayed this as an issue for them, rather stating that they should be in prison for what they had done.

I can't take it back.

As most of the men had killed their wives or partners it was not possible to explore the consequences of their violence and abuse on their victims directly. However, a number of the men did talk about the consequences of their actions on the family members of their victim, whether this was their own children, or her family and friends. For example, Simon described the aftermath of his killing his partner:

> *"For me the actual committing of the index offence and seeing afterwards and what I'd done, I mean, I'm not asking for sympathy or anything like that because I don't deserve it as far as I'm concerned but the impact of seeing what I did and knowing what impact it's had on obviously our children and her family and everything else, that in itself is enough to make me stop. I could never do anything like that again."*

For the two men who had not killed their partners, they were able to describe the impact of their behaviour on her. John for example stated how one of his ex partners would behave after an abusive incident had occurred in his relationship:

> *"I'd come home and she would just be really quiet and tip toe around me. At the time I thought this was great as she would do whatever I wanted. Now, I feel sick about it. She was probably shit scared and not knowing what I was going to do. Even if I was quiet, she was probably thinking about whether I was gonna lash out."*

Brian, on the other hand, described how his behaviour caused the end of his marriage and that it took a long time for his ex wife to forgive him:

> *"It was difficult but she did forgive me eventually. She comes to visit me and we talk on the phone about the kids but I have to live every day knowing how much I hurt her and that we would probably still be together today if I hadn't been such an idiot."*

I wish it had never happened.

All of the men described genuine guilt, remorse or shame for what they had done. Roger for example displayed feelings of guilt and found it difficult dealing with these emotions, however he also maintained that he could not see an alternative to what he had done:

> *"it used to bother me a lot. When I get up in the morning to brush my teeth it's the first thing that I see, what I've done. I always pray and beg God to forgive me. I look into my heart and I know what I done is wrong but I couldn't see no way out."*

It is hard to interpret whether Roger was genuinely remorseful for what he did or whether he felt that he needed to say this. He had a tendency to follow up with statements that suggest he had no choice over what he did regardless of the horrendous nature of his crime. Additionally, during his interview he mentioned suicide and whether he felt suicidal as a consequence of what he had done

> "I'm not suicidal…*I committed murder….and to me that's the biggest sin of my life. But killing myself is bigger than killing somebody."*

Even though Roger acknowledged that he committed a horrendous crime, he still believed that he could have done worse things, such as take his own life. It is hard to imagine doing something worse than stabbing your wife and then setting her alight but for Roger it appeared that the act of murder is less of a crime than taking his own life.

John, on the other hand took a long time before he accepted what he had done and the remorse kicked in:

> *"I just thought that's what you did in relationships. That's what my dad did to my mum and my step-dad as well. It wasn't until I was here and was put on the course that I realised it was wrong. Now when I think about how I was I feel sick. How could I do that? How could I think that was right?"*

Peter described how he really struggled with what he had done and just wanted to end his life:*"When I first came to prison I tried to hang myself but I was cut down. I then cut my wrists. That was all to do with how I was feeling. The remorse and guilt about what I'd done".*

The men all disclosed varying degrees of remorse, guilt and shame for what they had done. It is hard to establish for all the men whether this is because they are in

the prison system and are aware that this is appropriate behaviour and what others want to hear or whether it is genuine. For some, they were clearly emotional when disclosing what they had done and struggled when asked about the impact. None of the men focused on the consequences for themselves.

For some of the men, there were underpinnings of depression, however it was not clear whether this was due to the act itself and manifested as a consequence of the guilt and shame they felt regarding what they had done or whether this may have been something they were experiencing prior to the incident itself. Indeed the literature is mixed regarding the relationship between depression and IPV (Bowen, 2011).

Responsible for my actions.

All of the men took responsibility for their IPV behaviour in so much as none of the men denied that they had perpetrated IPV within their relationships. Ian denied his index offence of killing his partner but did take responsibility and admit that he was abusive in his previous relationship with his ex-wife. John, described how he did not even realise he was abusive in his relationships until he was in prison. However, even though the men did accept what they had done there were instances where full responsibility for their actions was questionable. Roger, for example accepted that he killed his wife but consistently throughout his interview would follow up with statements justifying why he did it which negates taking full responsibility.

General Discussion

A number of key themes were identified as contributory factors for IPV perpetration. These are all common factors that have already been identified in the literature (O'leary, Smith Slep, & O'Leary, 2007; O'Leary, 2014 Stith, Smith, Penn, Ward, & Tritt, 2004..). Particular areas that appeared to be an issue for the men were

jealousy, control, insecure attachment, fear, self-esteem and anger. It was apparent from the six participants in this study that factors manifest and interact in very different ways. Some of the men described a number of factors that contributed to their IPV perpetration, whereas for others they only discussed one or two. What is apparent is that a combination of both personal factors and social or environmental factors interact to produce the violent outcome (whether that was physical or emotional in nature).

Trauma was a consistent factor for all of the men in this study. Often, when an individual experiences a trauma they try to bury or hide what has happened to them from others and this can lead to the traumatic event manifesting as a symptom, rather than a narrative (Herman, 2015). It can sometimes be challenging for men to share their feelings with others especially if they feel they will be seen in a negative light and therefore men are less likely to disclose the trauma they have experienced. This can mean that when working with these men some fundamental areas that are key to treating them are overlooked. It is vital therefore that when assessing IPV men, that assessors explore these areas to establish whether this may be an issue for the individual and something that should be considered during treatment. Practitioners should be mindful of these areas when assessing men who have committed IPV and encourage men to open up during the assessment and treatment process.

Two of the participants had been diagnosed with post traumatic stress disorder (PTSD). Therefore these two men may differ from the other participants due to this diagnosis. The behaviours and the way an individual responds to their environment and specific cues will be different when suffering with PTSD and this may have influenced some of the themes identified. This needs to be taken into account when interpreting these findings.

Nearly all of the participants in this study were in relationships where they were the sole abusive partner. Roger and Simon could both clearly be categorised as intimate terrorists (Johnson, 1995, 2011). John could be categorised as a family only type offender (Holtzworth-Munroe & Stuart, 1994). Both Peter and Brian could be described as generally violent (Holtzworth-Munroe & Stuart, 1994). However, Ian was the only participant where there was bi-directional violence and could be described as Johnsons (2011) situational couple violence. Even though it was clear from Ian's account that he was involved in a complex relationship with violence on both sides, the underlying factors that contributed to his aggression and violence were similar to the other men. The fact that participants in this study can be categorised into a number of different types confirms the heterogeneous nature of IPV perpetration. Different treatment approaches would be required for all of these men who are presenting with different combinations of factors and need areas.

This study has identified that a number of contextual, individual and situational factors together were important in defining the behaviour of the participants. The findings compliment previous research in terms of important risk factors of IPV and also some conceptual models that have been proposed to explain men and women's perpetration of IPV (o'Leary et al., 2014).

Limitations and Future Research

This study explored six men's account of their experience of IPV perpetration. While, every effort was made to encourage the men to be as honest and open as possible, they may have been reticent in disclosing the full truth to someone they see as an authority figure.

Additionally, all the men who took part had either commenced or were on the waiting list and hence consented to attend an IPV treatment programme in custody. Therefore the participants in this study have demonstrated motivation to change. While this is positive in terms of them being more willing to discuss their personal situation, particularly those men who had commenced treatment, it could have impacted on their own experience of IPV and the way they feel about things, in particular taking ownership and responsibility for their behaviour. It would be interesting for future studies to explore men who are not serving a custodial sentence or in treatment to see if different patterns emerge.

This study broadens our understanding of the contributory factors for IPV for men but these findings need to be followed up empirically with larger samples of men across a range of samples (community, probation) to explore whether theoretical models of IPV offending have clinical value in the assessment and treatment of IPV and to fully understand the aetiology of IPV.

Conclusion

The findings from this study could assist practitioners in assessment and treatment planning of IPV perpetrators. In addition, to exploring difficult areas such as trauma, this study highlights that case formulation is vital for thorough assessment of IPV and risk management for these individuals. While risk factors such as jealousy, anger and self-esteem issues seem to be key drivers and triggers for IPV acts, the situations around the event taking place and other external situation factors such as work and other family stress situations interact and manifest in various ways. It is really important when assessing and working with IPV perpetrators to explore not only the risk factors that the individuals present but the way in which these factors

interact. Specifically, treatment could be tailored to specific need areas identified and assessment approaches could explore the contextual factors relevant to each individual to ensure that they are referred to interventions that meet their needs.

CHAPTER THREE

WOMEN'S EXPERIENCE OF IPV PERPETRATION: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Reviews of the offence-specific needs of female offenders suggest that there is commonality for some criminogenic needs of both men and women (such as finance, accommodation, education, employment, substance misuse) and needs that are gender-specific (for example, for women adverse life events, victimisation/abuse histories, difficulties with intimate relationships with men; Hollin & Palmer, 2006; Howden-Windell & Clark, 1999). The aetiology and nature of the needs for male and female offenders may be qualitatively different in terms of the development and the nature of their association with offending. For example, Howden-Windell and Clark (1999) observed that high levels of mental illness and personality disorders have been recorded in the female English and Welsh prison population but it is difficult to draw any causative conclusions because of difficulties in determining whether their behaviour/psychiatric state in prison is largely a reaction to their incarceration. They also reported that criminogenic needs may vary from juvenile to adult female offenders and that this finding is consistent with criminal career theories which propose that criminal careers are made up of stages: onset, maintenance and desistence. They concluded that the salient factors involved at these stages have yet to be identified for the female offender.

Historically, IPV has been viewed as a gendered behaviour with males being the perpetrator and females the victim. Even though this view has shifted and IPV is now seen as a gender neutral behaviour, there has been much debate about whether

women who are violent within intimate relationships are in fact aggressors or just responding to violent acts perpetrated against themselves, and as such research on female perpetrators is far less developed than for male perpetrators (Carney, Button & Dutton, 2007). For example, Stuart et al. (2006) noted that there is little empirical evidence regarding the motives and drivers for female IPV perpetration. In addition when considering the motives for offending they reported that some theorists and researchers have suggested that women arrested for IPV are better conceptualised as women who are battered and who are victims of violence than as perpetrators of violence.

Graham-Kevan (2009) challenged the feminist theories which tend to see women's violence as a form of self-defence in contrast to men's which is seen as coercive. These feminist theories and perspectives have led to calls for female abusers to be treated as victims regardless of whether this is in fact the truth. Graham-Kevan (2009) noted that often accounts of women as victims comes from self-report. If similar reports of self-defence were to come from a male, this would be viewed as minimisation and victim-blaming and corroboration would be sought. This approach however is not applied to female accounts where their accounts appear to be accepted. Research (Henning, Jones & Holdford, 2005; Sugarman & Hotaling, 1997) has found that women's reports are likely to suffer from similar biases to men. Studies (Archer, 2002; Straus, 2011) have found that women are more likely to be the sole aggressor or perpetrator and studies which explored the reasons women give for aggression found that they cannot be explained purely as defensive. Graham-Kevan (2009) noted that other than self-defence, additional reasons that females gave for violence included control, anger, jealousy, and a lack of commitment from their partner. These are all similar factors found with male perpetration. Specifically, Graham-Kevan (2009)

reported that low intelligence, impulsivity, fearlessness, a general lack of empathy, and negative emotionality were identified as appearing to predict both general and partner aggression by women. Again, these are all factors also associated with male perpetration.

Graham-Kevan and Archer (2005) investigated explanations of women's partner violence in a sample of 358 women students in heterosexual relationships in the UK. Participants completed measures of physical aggression, control, and fear. The research explored explanations of women's partner aggression in three areas. Firstly that the use of partner aggression is associated with fear for physical safety. Second, that it is reciprocal, and a response to their male partner's aggression. Third that it is coercive and used as a means of coercive control. The results provided more support for the use of reciprocal aggression, which tended to be act specific. The researchers reported that previous research has found that mutually violent relationships may differ from one-sided partner aggression and it is not known if such mutual aggression is retaliatory. They concluded that it is possible that coercive physical aggression is best understood in terms of personality rather than patriarchy. For example, Moffit and colleagues (2001) found that personality characteristics, such as approval of the use of aggression and poor self -control, were significant predictors of whether women would later use aggression against their partners. Other researchers have found that history of antisocial behaviour was predictive of partner violence regardless of their partners' use of physical aggression against them (O'Leary et al., 2014).

While more is being learned about female perpetrators of IPV, there is a need to explore in more detail women's personal experiences of their IPV journeys and perpetration. Therefore the aim of this research is to understand the aetiology of female IPV offending. Specifically this research will use interpretative

phenomenological analysis to explore offender's own narrative around their offending behaviour addressing triggers, antecedents, emotions and cognitions associated with their offending to gain a better understanding of female IPV perpetration.

METHOD

Ethical approval was obtained from the University of Birmingham's ethics committee (reference number ERN_12-0963) and the HMPPS NRC. Details can be found in Appendix E.

Participants

Four women who were serving a custodial sentence in England for an offence involving IPV violence agreed to take part in the study. These women were approached by offender management staff working in the establishment. The women were provided with an information sheet and volunteered to take part. The four women who took part in the study were asked to provide a pseudonym to ensure confidentiality. Table 3.1 provides details of the participant's offence, sentence length and IPV offending history.

Table 3.1. Details of participants

Name	Age	Ethnicity	Index offence	Sentence	Past IPV offence history
Carol	56	White	Murder	Life	History of victim of IPV
Janet	47	White	GBH	Indeterminate	History of IPV (both victim and perpetrator) within the relationship
Sarah	49	White	ABH (Malicious wounding)	Indeterminate	History of IPV (both victim and perpetrator) within the relationship
Amy	50	White	Manslaughter	Life	History of victim of IPV

Data Collection and Analysis

This study used the same data collection and data analysis process as the men's study. Please refer to chapter Two for details.

Results

A number of themes were identified by the women. These can be grouped into the *contributing factors of IPV perpetration* and the *Repercussions* on the women.

The themes identified will be grouped into these two main overarching themes. Table 3.2 provides the analytic structure of the themes.

Table 3.2. Themes

Superordinate theme	Subtheme	Description	Example
Contributing factors of IPV Perpetration	Trauma	Traumatic events that have occurred throughout their lifetime. This includes victimisation of IPV	*He was banging my head against the wall and blood was coming down the wall*
	Alcohol and substances	The use of alcohol or substances either recreationally or as a means of self-medication due to other stressful factors within an individual's life. This can then inhibit the individuals behaviour and responses to situations.	*We started drinking. We were both alcoholics*
	I'm not a victim	Feelings of anger either at the specific moment of the incident or anger building up	*The anger I was building up inside, it was worse in me*

	over a period of time related to the situation they are in (currently in a violent relationship) or previous situation (past relationships).	
My baggage	This involves what the woman brings to the relationship. This can be past abusive relationships, witnessing abuse as a child and thinking that this is normal behaviour in relationships.	*So I basically went from one relationship to the next and everything that I had learnt from that first relationship, that baggage, I took into the second relationship.*
Turned me into the devil	The relationship is toxic and made them behave in a way that is abhorrent to them. They feel that they became a monster	*He just turned me into the devil cause I was just on a self-destructive mode*
Push his buttons	Acting in a way in order to elicit a reaction that either the individual is used to or thinks	*I got what I wanted because I made him react….I*

		is normal based on their past experiences	*knew how to push his buttons.*
	Loss of control	Feeling that they have no control over events and situations that are happening to them therefore behaving in certain ways in order to restore control of those events and situations. Alternatively feeling that controlling specific situations and events that they can will help them to feel better about outside things that they can't control.	*I wanted to have some form of control back.*
Repercussions	I had a choice	Acknowledging what they have done. Taking responsibility for their own behaviour. Identifying things that they could have done differently and not blaming others for their behaviour.	*That moment of impact….you have a choice*
	Never again	Feeling remorseful and shameful about their	*I'm a different person today. That*

	behaviour and the outcome of this. Genuinely wanted to change and wished it had never happened. The difficulties of facing up to what they have done.	*would never happen again, never*

Contributing factors of IPV Perpetration

A number of sub-themes were identified that were contributing factors related to the individual's IPV perpetration. These will be discussed in turn.

Trauma.

Traumatic experiences, whether these be experiencing past physical violence at the hands of an intimate partner or violence perpetrated by a family member were important factors for a number of the participants. Herman (2015) argues that those individuals that have survived highly traumatic events in their life often tell their stories in highly emotional, contradictory and fragmented ways that can often bring into question their credibility. This was evident in a number of the women's account of their own traumatic experiences. Carol for example, spoke at length about the extensive IPV that she had experienced with her first husband. Her account was very detached, as if she was describing something that had happened to someone else. However, when she spoke about her index offence and victim, there were a number of contradictory statements that brought into question the validity of her narrative.

Similarly, Amy was able to discuss her past experiences of being a victim of IPV as if she was recounting a story about someone else, but used very short statements when discussing her index offence. *"I stabbed him. I picked up the knife and stabbed him. All over* "

The matter of fact nature of all the women's accounts highlight that for them, even though the incidents had occurred years, and in some cases decades before, they were still struggling to process and come to terms with their traumatic experiences.

Alcohol and substances.

Evidence suggest that there is a link between the use of alcohol and substances and IPV perpetration, especially with male perpetrators (Graham, Plant, & Plant, 2004; Murphy & O'Farrell, 1994; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001; Stith, et al., 2004; Thompson & Kingree, 2006; Winters, O'Farrall, Fals-Stewart, & Murphy, 2005). Two of the women described how they used alcohol and/or substances as a coping mechanism to deal with their life experiences. Janet for example, disclosed that she was an alcoholic and at the time she met her partner, she had been drinking heavily. Janet described how both partners drinking had been out of control and their excessive drinking would exacerbate violence within their relationship, mainly due to jealousy on her partner's side. She would then drink further to cope with the toxic relationship she was in.

> *"Everytime I left the house he'd be drinking. When I come home he would accuse me of being with my ex partner. He'd then throw a pint glass a me, I'd throw an ashtray at him and it would go from there"*

Sarah described how alcohol and substances were her friends in times of need but also made her into someone she really did not like

"It was a vicious cycle really. I needed that drink and the coke to get me through the day. Life was crap. But then I would become this monster and start rows and then we'd end up in a tussle."

Carol and Amy didn't disclose using alcohol or substances as a coping mechanism for them but had been drinking on the day of their index offence. It was not possible to unpick from their narratives whether alcohol and substances had played a part in their offending, particularly as both of them had not displayed severe forms of violence and aggression prior to their index offences. Janet and Sarah on the other hand disclosed previous episodes of violence within their relationships. It therefore seems apparent that the use of alcohol and substances, whether an issue for the individual or not, did play some part in the IPV perpetration for all the women in this study.

I'm not a victim.

The literature suggests that anger is the product of irrational hostile belief systems, which is an internal stable attribute of the individual (Spielberger, 1988). Anger was an underlying theme for all the women in this study, although it manifested in various ways throughout their narratives. Janet's anger was clear throughout and she used the phrase *"I'm no victim"* on ten occasions throughout her interview. She would elaborate on this statement with examples of how she was not a victim. *"I'm no push over. I gave as good as I got. It wasn't always him that started our rows. I could be just as bad"*

Janet, came across as being really angry that anyone would see her as a victim. However, she was also angry about the way in which she had been punished in comparison to her partner. When discussing her punishment she then conceded that

she was a victim and should have been treated more leniently. Her narrative seems to suggest that anger around being in a toxic relationship and not wanting to be perceived as weak were key drivers for her perpetration

Carol, on the other hand, didn't display any overt anger in her story. Rather, she was very detached from everything. Glimpses of anger were evident at different parts of her narrative however. For example when she expanded on the moments before her offence.*"In that moment, I knew there was no way I was going to be a victim. No way"*

Interestingly Carol had no reason to believe that she was going to be a victim again. It seems apparent that something had triggered a previous memory from her past relationship and she felt she would become a victim again; the anger she held inside which could be described as hostile irrational beliefs, led her to react in an extremely violent and unprovoked way.

Amy and Sarah did not have an issue with the fact that they had experienced IPV in their relationships. On the contrary, Sarah saw it as part of her identity. However, for both these women, their acts of violence appeared to be in response to victimisation they had experienced to some extent.

My baggage.

All the women brought their own learned experiences with them to the relationships they were in at the time of their offences. Anderson and Bushman (2002) argue that everyone brings a unique set of learning experiences to every situation they are presented with which influences how they respond to that situation.

Carol had experienced extensive IPV from her first husband. She used this learned behaviour in her second marriage which caused conflict. Carol herself

acknowledged that her second husband was not violent towards her and struggled with the way she behaved on occasion

> "*In my first marriage if I broke something I would be punished. After I married my second husband I broke a glass. I wrapped it up, drove to the skip to get rid of it so my husband wouldn't know. He found out later and was upset. He said 'Why would you think I'd hurt you like him?' He'd be disappointed, I'd feel bad and I'd start a row"*

Carol was unable to see that her learned behaviour was causing issues with her current relationship. She was not free from her past.

Sarah on the other hand had been exposed to IPV her whole life. *"I grew up through life thinking it was normal to be beaten up. If someone didn't hit me I would grab him and get him to beat me up as I thought that was a normal relationship."*

By Sarah's own admission, she would instigate violence in her relationships as this was the norm for her. Being a victim was her identity as that was what a relationship meant to her. She disclosed that she would instigate violence in every relationship she ever had which culminated in the serious stabbing she was convicted for.

Turned me into the devil.

Three of the women stated that they did not recognise the women who had committed the terrible acts they were convicted for. They used phrases such as *"the devil", "monster" "she's someone I don't recognise".* It is not possible to establish whether these are coping mechanisms the women have put in place to deal with the acts they have committed or whether they genuinely had a moment of madness that led them to behave completely out of character. Indeed, Carol and Amy had not

demonstrated severe forms of violence within their relationships prior to their index offences.

Push his buttons.

While Carol had not displayed any severe forms of violence towards her partner prior to her index offence, she did discuss how she would provoke him and push his buttons to get a response.

> *"With my first husband, he would beat me, then he would buy me whatever I wanted. With my second husband, I would provoke him as I wanted him to hurt me and then buy me what I wanted. I knew how to push his buttons but he would never react. It would annoy me as I wanted him to buy me things. It sounds stupid I know."*

When exploring this element of Carol's narrative it appears that she had learned that in order to buy things she needed to be beaten. She could not comprehend that her second husband would not respond in a violent way and this then made her frustrated which could have been a trigger for her violent act. It was beyond Carol's comprehension to just ask her husband if she could buy something which could be linked to the trauma around her experiences with her first husband.

Loss of control.

Moffitt and colleagues (2001) found that personality characteristics, such as self -control, were significant predictors of whether women would later use aggression against their partners. Research has also examined the use of power and control within relationships which suggests that there is a relationship between an individual's perceived power and aggression and violence within relationships (Leonard and Senchak, 1996; Ronfeldt et al., 1998; Hotaling and Sugarman, 1986; Straus, 1990;

Graham-Kevan and Archer 2009). The women in this study support this finding. All the women, whether explicitly or implicitly, described feeling a loss of control and needing to regain that prior to their index offence. For some of the women that was due to being victimised and either not wanting to be viewed as a victim or just having enough. For example, Janet described how the relationship she was in just got progressively worse until one day she just had enough, *"it just got worse and worse and worse. Until eventually I just exploded and went mad. I just couldn't take it anymore"*

For others, like Carol, it appeared to be a loss of control after years of abuse from a previous husband and the frustration of not getting her own perceived way in her new relationship.

> *"I pushed his buttons for a reaction. To get attention. But he didn't react. I remember for that split second looking at him and then, I lost it. I just lost it. Apparently I had stabbed him 17 times so I just lost it."*

Repercussions

A number of sub-themes were identified regarding the repercussions on the women. All the women had been incarcerated so had received punishment for their behaviour. While the majority of the women felt that this punishment was just, Janet felt that it was unfair that her punishment was more severe than her partners.

I had a choice.

All the women took responsibility for their own actions. Interestingly, they all spoke about choices and the fact that they made a bad choice on that day. For example, Amy stated

"I didn't need to pick up that knife. I didn't need to stab. I could have walked out of the house. He would have let me. I wasn't fighting for my life. I chose to pick it up and stab him"

Never again.

All of the women showed remorse, guilt and shame for what they had done. All of the women became emotional when asked how they felt about what they had done. Carol took three attempts to say "*ashamed"* and it was the only time throughout her interview where she showed any emotion at all. Similarly the other women used the phrases *"disgusted", "appalled at myself"* and *"heartbroken*"

The women were able to look to the future and make plans for when they were released from prison

"It helped me be stronger person and find my voice. It helped me understand what I want and now I'm looking to the next phase."

It seemed apparent that the women just wanted to move on from their awful crimes and become a new person who could do something positive with the time they had left.

General Discussion

The aim of this research was to understand female IPV perpetrators experience of IPV offending. It is apparent from this study that the women in this study were instigators of violence within their relationships and that this violence was not always the result of victimisation. Dunning (2005) asked women attending treatment for partner violence about their emotional state during specific incidents when they aggressed against a partner and found most did not describe fear of immediate

physical harm. Instead, most women described constellations of frustration, anger and anxiety. These combinations could be seen with the women in this study. It was interesting to find that some of the women struggled with the view from others that they were not responsible for their behaviour. For instance, Carol had a campaign taken out on her behalf stating that she was a victim and should not be prosecuted for killing her husband but did not feel comfortable with this, instead she took responsibility for her own behaviour and kept stating that she had a choice about what she did.

Trauma and experiencing traumatic events in their lives was a key factor for all the women. What often happens when a traumatic event is experienced is individuals try to bury or hide what has happened to them from others and the story of the traumatic event manifests as a symptom rather than as a narrative (Herman, 2015). This is why it is important to explore any history of traumatic events with offenders to establish whether the offending behaviour is itself a symptom of their history or specific events/experiences to ensure that we are treating them correctly. In the case of female IPV perpetrators this is generally the case as looking at their past and whether they have been in abusive relationships is explored and analysed. There appears to be bias to do this as the default approach which is helpful in determining how to manage and treat them. With men it is harder as they may not be open to discussing traumatic events and more likely to be secretive about things due to how it may be perceived. In the case of the men in chapter Two who were suffering from PTSD from their time in the military they discussed how they did not want to ask for help due to how other people would view them. It is important to be mindful of this when assessing individuals and treatment planning.

Stuart, Moore, Gordon, Hellmuth, Ramsey and Kahler (2006) stated that when compared to the US population, women court mandated to attend violence intervention programmes were more likely to have a diagnosis for PTSD, depression, Generalised Anxiety Disorder, panic disorder, and an alcohol and drug issues. They also demonstrated higher rates of Axis II symptomatology and were more likely to have Borderline and Antisocial personality disorder. These issues could be relevant to the women in this study, particularly related to their experiences of trauma.

Feeling a loss of control was apparent for a number of the men and women. Historically, controlling and coercive behaviour has been seen as a gendered phenomenon with men exerting their control over their female partners (Bowen, 2011). However, this view has changed and it is now considered across both genders. The findings from the participants in this research are that being in control or at least feeling that they are not in control of a situation are drivers for IPV perpetration across both genders. This means that treatment approaches can be similar for both genders.

Jealousy and feelings of jealousy was not a key theme that emerged from the four women in this study. However, feelings of jealousy were implied by one of the women. It was not possible to establish whether this was an underlying factor in her IPV perpetration but it did appear to cause arguments within the relationship. Therefore while jealousy did not come out in this study, it is something to consider for future research with other female IPV perpetrators.

Previous research has suggested that explanations for women being violent in their relationships are related to self-defence (Corry, Fiebert, & Pizzey, 2002; Das Dasgupta, 2002). This view has now shifted and other explanations have been

suggested for women's aggression against a partner (Dunning, 2005; Graham-Kevan, 2009). It is possible to interpret the violence portrayed by the women in this study as a response to victimisation and therefore categorised as 'self-defence'. However, on closer inspection it is clear that there were other drivers and factors in play that contributed to the act of aggression. Therefore this suggests that when assessing female IPV perpetrators it is crucial to really explore what is happening with her to ensure that treatment and management plans are put in place to address the specific factors that played a part in the offending..

Limitations and Future research

The women interviewed in this study were all serving custodial sentences and therefore less likely to be representative of women in the general population as they have been convicted of the most severe forms of violence within their relationships. Future research could explore whether similar findings are found in the general population of women who are violent within their relationships.

All the women in this study had experienced IPV at the hands of a partner. The trauma of this victimisation needs to be taken into account when exploring their narratives of being a perpetrator. A limitation of the current study is that it is impossible to establish whether a sole female perpetrator would have similar narratives to the women in this study. Although we are unable to make this distinction, it is interesting to note that similarities between the men and women were still found across their own narratives.

Conclusion

As with Chapter Two, this study has identified that a number of contextual, individual and situational factors together were important in defining the behaviour of

the participants. The findings compliment previous research in terms of important risk factors of IPV and also some conceptual models that have been proposed to explain men and women's perpetration of IPV (o'Leary et al., 2014). While differences have been found between men and women, there are also similarities which has implications for treatment and assessment.

CHAPTER FOUR

PART ONE CONCLUSION: THE INTEGRATED NESTED ECOLOGICAL AND GENERAL AGGRESSION MODEL TO UNDERSTAND INTIMATE PARTNER VIOLENCE

Part one of the thesis explored the risk factors of both male and female IPV perpetrators as well as male and female's experience of IPV perpetration. While some differences were found between the sexes, namely in the areas of emotional well-being, thinking and attitudes, there were also similarities across both sexes. These findings complement current models used to explain IPV.

When comparing the experiences of the men and women in Chapters Two and Three, some interesting findings emerged. All of the men in Chapter Two took responsibility for their offending behaviour to some degree. They were quick to ensure that factors such as alcohol and PTSD were not seen as them excusing their behaviour. The women, on the other hand, while also taking responsibility for their own actions, did so to a lesser extent to the men. All of the men had either commenced specific treatment for IPV or were on the waiting list and consequently motivated to change. They will have been exposed to the assessment processes as part of the treatment referral process and well versed in what is expected of them and taking ownership of their behaviour, particularly those who had already commenced treatment. The women however, had not undergone treatment and therefore it is possible that they were at a different stage of the change process. As all of the women had experienced abuse at the hands of a partner at some point in their life, it is possible that they were seen more as a victim of IPV, rather than a perpetrator and

consequently less focused on ensuring they appeared to take responsibility for their actions.

Similarly, all the men and women described guilt and remorse for what they had done, but again the language used differed between the sexes. The men used language consistent with either undergoing treatment or being in the early stages of treatment. The women on the other hand became very emotional when discussing what they had done. Gender stereotypes still exist regarding IPV (Brown, 2007) and this could also partly explain these differences in language described by the men and women. Research has shown that men tend to be treated more harshly than women at every stage of law-enforcement (Brown, 2007), and this could also explain the fact that the men in Chapter Two were quick to ensure that they didn't appear to be excusing their behaviour. The women in Chapter Three had been convicted of the most severe forms of violence within their relationships and this may have impacted how they felt people saw them and consequently impacted on the way they discussed their behaviour to ensure they were seen less harshly.

Even though the men appeared to be able to take responsibility for their own behaviour and use language synonymous with undergoing treatment programmes, they still seemed to struggle with articulating their thoughts and feelings when describing their IPV perpetration. The women on the other hand were able to provide very clear and in some instances quite detailed and graphic accounts of what they were thinking and feeling. Researchers have suggested that men are likely to experience a rage of arousal producing emotions that they identify as anger as these are emotions that are deemed appropriate and they can identify with (Dutton, 2006; Gondolf, 1985; Novaco, 1976).

A specific theme of anger was not derived from the women's accounts of their IPV perpetration, whereas anger was a theme for the men. This seems to suggest that men are more aware of anger whether this is the actual emotion they are feeling or not. Women were able to articulate their emotions and the theme of a loss of control was evident across the women. This highlights the disparity regarding emotions and the awareness of these emotions across the men and women in Chapters Two and Three.

Throughout Chapters One to Three, it was apparent that IPV occurs due to the interaction of a number of contextual, individual and situational factors. It is therefore apparent that models that allow the understanding of these interactions could aid practitioners in working with IPV perpetrators.

The Nested Ecological Model (Dutton 1995) described in the Introduction of the thesis, considers the perpetrator's intra-psychic features, the interpersonal context and wider influences of community and society. Using this model to explain IPV allows for the recognition of the complexity and multi-determined nature of IPV as the findings in this part have also indicated.

Whilst the Nested Ecological Model offers a holistic perspective on IPV, the findings of chapters One. Two, and Three, emphasise the multiple motivations and functions of violence for the perpetrator, both male and female. For this reason, it is proposed that a model of offending that focuses on the exploration of the individual interpretation of events and situations as well as the beliefs, values, motivation and goals that have led to aggression is adopted. One such model that encompasses this is the General Aggression Model.

THE GENERAL AGGRESSION MODEL

The General Aggression Model (GAM; Anderson & Bushman, 2002) accounts for a wide range of influencing factors in the development of aggression including the immediate context of aggression, the perpetrator's internal psychological processes and wider community or societal influences on the individual. GAM can be applied to a range of 'cycles' of violence, for example a single-episode cycle or a violence escalation cycle. The heterogeneity of the IPV perpetrator population necessitates a model which can be used to explain a broad range of individual characteristics whilst recognising the influence of social, economic and cultural contexts.

Further advantages in using the GAM are that it integrates other pre-existing theories from the aggression literature base to provide a broader framework for the study of human aggression and violence and accounts for a range of motivating factors (i.e. affective, instrumental and 'mixed motive'). This greatly assists the understanding of IPV, as the subject of aggression motivation has often created conflicting views.

The General Aggression Model (Anderson & Bushman, 2002) describes an episode of aggression as consisting of a 'cycle' in an ongoing interaction which includes: inputs, routes and outputs (see Figure 1).

Inputs: A person within a situation - key features of the situation and individual traits and/or states of the individual within that situation.

The person factors represent the unique knowledge structures of the individual which will impact on the current situation such as relatively enduring traits, motivation and attitudes, and less enduring cognitive, affective and arousal states that are active within a given context. The situation factors could include aggressive cues, perceived provocation and physiological states such as substance use. The person and situation factors interact and are key causal factors in an episode of violence.

Routes: Current internal states created by the person and situation factors.

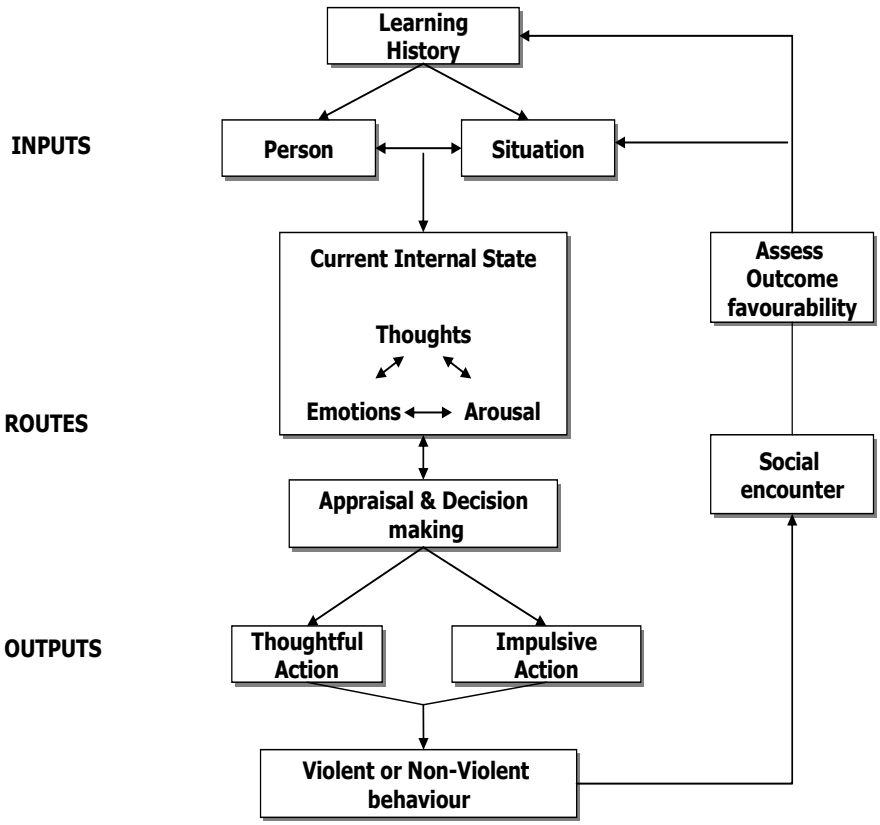
Cognition, affect and arousal are interconnected internal states and are of most interest in aggression theory. Hostile cognitions may make hostile feelings more accessible and vice versa. Arousal can impact on the strength of aggression potential, or arousal from one event may be misattributed to a subsequent event through Excitation Transfer (Zillman, 1983).

Outcomes: Appraisal and decision making processes.

An immediate appraisal process occurs in line with person and situation inputs, prior learning history and current psychological and physical state. Immediate appraisal is ‘automatic’ and can lead to impulsive action whilst a reappraisal process is available, dependent on the individuals access to resources and their judgement on the immediate appraisal as being important and unsatisfactory. Within the model aggression can result from an impulsive or thoughtful (reappraised) decision. Similarly, non-aggression results from the same information processing factors.

Anderson and Anderson (2008) argue that each single episode or cycle of violence and aggression can be seen as a learning experience that influences how an individual responds in subsequent social encounters and even the type of social encounters they are involved in. The social encounter within IPV is extremely important and the way in which the perpetrator appraises this social encounter, whether favourably or not will feed back into their learning history and impact on future encounters.

Figure 1: General Aggression model (Anderson & Bushman 2002)



Habitual aggression

Actions from a single episode cycle feed back into the individual person and situational factors. Each aggressive interaction which achieves positive consequences reinforces the links between aggression-related structures and the use of future aggression. Individuals will therefore continue to use aggression as long as they perceive the outcomes to be favourable. Repeated exposure to aggressive situations and interactions can lead to the development of normative beliefs about the legitimacy of aggression and expectations about the likelihood of encountering further hostility.

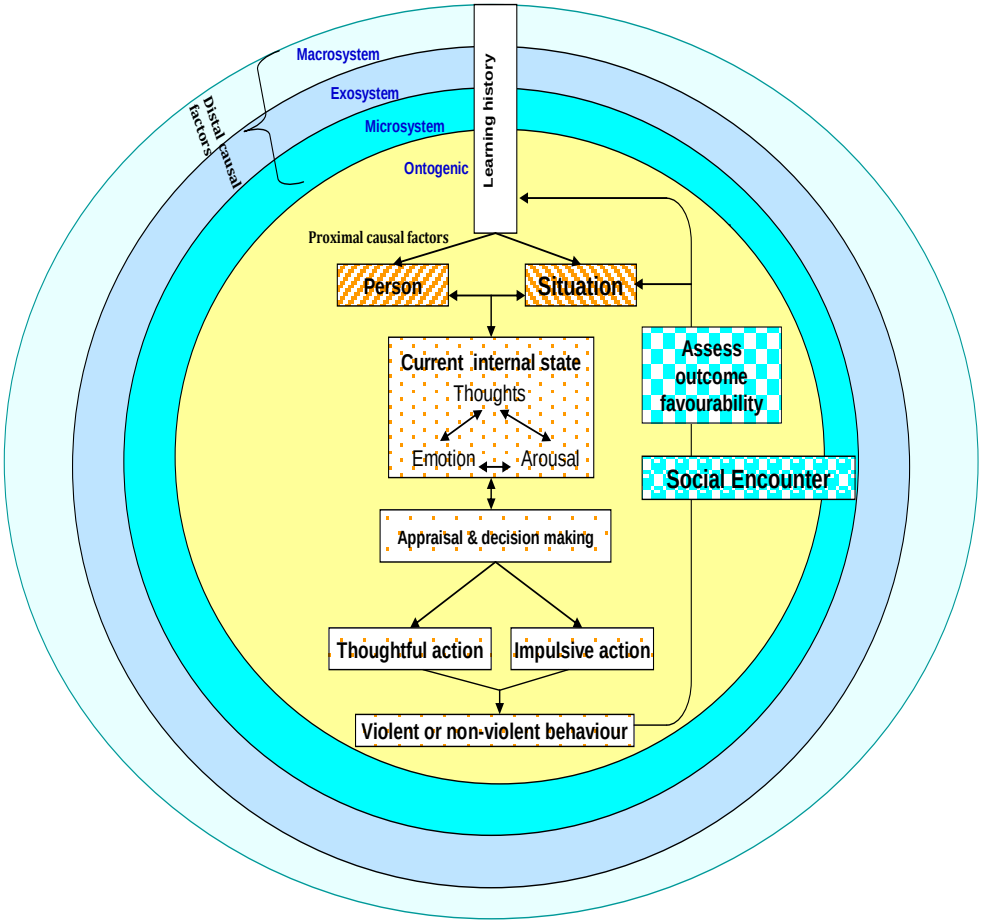
Social influence on aggression

Although GAM does acknowledge the impact of social influence (cultural, political and social demands) on the development of aggression and violence through the individual learning history and current person and situation factors, it is perhaps useful to view the model within the structure of the Nested Ecological Model. Figure 2 shows how the two models can be integrated together.

The macro-, exo-, and micro-systems described in the Nested Ecological Model, impact on the learning history of the individual and contribute to aggression as distal causal factors (antecedent conditions that led to the development of behaviour). Within IPV offending, the predominant context of the aggression is the intimate relationship (the micro-system) and so the individual (ontogenetic) and the relationships (micro-system) are the main sources of information regarding the proximal causal factors (function and motivation) for the aggression and the consequential factors which reinforce the violent and hostile behaviour. Consequences are assessed as favourable or unfavourable which impacts on the individual's learning i.e. whether to expect positive or negative consequences from relationship aggression

through the resulting social interaction and response of the target. Consistent with learning theory, if the participant determines that they gained a positive outcome for a nonaggressive action, then they may be more likely to access that memory when in a similar situation in the future and/or it may influence the appraisal process.

Figure 2: Integrated Nested Ecological and General Aggression Model (INEGAM)



The Integrated Nested Ecological and General Aggressions Model (INEGAM)

The Integrated Nested Ecological and General Aggression Model (INEGAM) (see Figure 2), provides a means in which to understand IPV. The General Aggression Model starts with the principle that aggressive and violent behaviour towards a partner is the result of a complex interaction between a person and the situation they are in. Each individual carries a unique set of learning experiences, biological predispositions and personality factors which shape their cognitive, affective and arousal responses to a given situation (these form the layers of the nested ecological model). These factors along with specific situations an individual is presented with determine the outcome.

The INEGAM allows both the individual and practitioners assessing IPV, to establish the individual's person and situation factors and the interaction of these factors that resulted in the violent outcome. Similarly the model can also be used as a means to identify situations where a non-violent outcome was achieved to establish and identify protective factors and encourage pro-social, healthy behaviours in the future. The model assists with the identification of factors that are stable over time as well as those that are amenable to change and consequently areas for intervention. The model allows for individual differences and can be used as a means of understanding both male and female IPV perpetration.

Therefore it is proposed that the INEGAM is adopted as a theoretical framework to account for the IPV offending of men and women. The model can be used as part of the assessment and treatment approach when working with both men and women to establish their individual areas of concern and assist with identifying ways in which to intervene with the complex nature of this offending behaviour.

PART TWO

INTERVENTIONS WITH MALE INTIMATE PARTNER VIOLENCE PERPETRATORS

RATIONALE

Investment into and development of group treatment programmes for intimate partner violence perpetrators, typically described as Domestic Violence (DV) programmes, has mainly focused on male perpetrators. This is mainly due to the historical view that intimate partner violence was a gendered phenomenon. As such, the next part of the thesis will focus on treatment programmes for male perpetrators as these programmes are more established and widespread.

Due to the substantial investment into DV treatment programmes internationally, it is essential that an assessment of their effectiveness is undertaken to establish that treatment is working, specifically that treatment programmes are in fact reducing reoffending and protecting victims from future harm. Typically, DV treatment programmes are underpinned by a number of theoretical approaches and models, specifically, psycho-educational, cognitive-behavioural therapy (CBT) and motivational enhancement. The dominant approach to working with DV has been the Duluth model which is underpinned by feminist ideology and incorporates the psycho-educational model to working with IPV men (Pence & Paymer, 1993). Due to the different approaches to working with IPV men, it is imperative that an evidence base is established. However there are a number of issues that make this difficult. Firstly, evaluations of DV treatment programmes are plagued with methodological issues, specifically related to implementation issues and high attrition rates (Gondolf 2002; 2004) as well as other issues such as attending other treatment programmes which can affect any observations made regarding impact. Evaluations also vary in the nature of the outcome investigated. For example, some studies use victim accounts while others use official records. Similarly, there is variation in the samples used and the type of control sample (if any), with some studies using programme drop-outs as

their control. These mean the generalisability of the findings and comparisons across studies are difficult (Sartin, Hansen & Huss, 2006).

Currently, the effectiveness of a DV intervention is determined by a reduction in the type and severity of reconviction. However, the evidence base for DV programmes is currently inconclusive. A number of meta-analysis and systematic reviews have been conducted over the last decade which have failed to demonstrate whether the programmes are effective (Aos, Miller, & Drake, 2006; Arias, Arce, & Vilariñ, 2013; Babcock, Green, & Robie,2004; Eckhardt et al., 2013; Feder & Wilson, 2005; Feder, Wilson, & Austin, 2008; Miller, Drake, & Nafziger, 2013; Smedslund, DalsbØ, Winsvold, & Clench-Aas, 2011; Stover, Meadows, & Kaufman, 2009; Vigurs, Schucan-Bird, Quy, & Gough, 2016). While some studies indicate that there is promise, others show a negative impact and consequently they cancel each other out leaving a no effect result (Vigurs, Schucan-Bird, Quy, & Guy, 2016). There fails to be a definitive answer to the question of what the best treatment approach is and even if the treatment currently being delivered is effective. Therefore it is only possible to consider DV treatment programmes as experimental. This means there is still the need to try different approaches when working with IPV men based on evidence-informed methods matched to individuals needs and learning styles until specific approaches and techniques are shown to be effective.

It is apparent from the literature that the measurement of DV a researcher chooses can have an impact on the outcome, sometimes with quite startling differences. Additionally, while no specific treatment approach has been shown to have more favourable outcomes, it does appear that certain approaches such as CBT can yield better outcomes even though this is not definitive.

Going forward, it is really important that practitioners, programme designers and researchers work together to establish clear definitions of success for treatment programmes. This includes having consistent outcome measures, collection of data processes and control groups to ensure that different treatment approaches can be compared to establish what works and what works for whom. Similarly, robust methodologies need to be established to ensure definitive outcomes and conclusions can be reached. If randomisation is not achievable then robust quasi-experimental designs need to be adopted. Her Majesty's Prison and Probation Service (HMPPS) in England and Wales has been delivering treatment programmes for heterosexual male intimate violence perpetrators across all community sites since 2003. This part of the thesis will provide the findings of an outcome study of the two programmes delivered by HMPPS along with any identified changes on a range of criminogenic needs measured by psychometric tests to establish the evidence base for treatment programmes in England and Wales.

CHAPTER FIVE

AN OUTCOME EVALUATION OF THE INTEGRATED DOMESTIC ABUSE PROGRAMME (IDAP) AND COMMUNITY DOMESTIC VIOLENCE PROGRAMME (CDVP) IN THE ENGLISH AND WELSH CRIMINAL JUSTICE SYSTEM

Since the mid 1980's a series of literature reviews investigating the effectiveness of correctional treatment programmes have been undertaken using the statistical tool of meta-analysis (e.g., Lipsey, 1992). The findings of these reviews have guided thinking and evidenced based practice on 'What Works' with offenders to reduce recidivism (Andrews &Bonta, 2010; Bonta & Wormith, 2013; Hollin, 1999; McGuire, 1995). The evidence stresses the importance of delivering cognitive-behavioral treatment programmes developed around three key principles (Andrews & Bonta, 2010). First, the risk principle stipulates that the level of risk the offender poses in terms of re-offending is matched to the intensity of the intervention being delivered. Second, the needs principle highlights that interventions need to target offenders' criminogenic needs (dynamic risk factors which have been shown to be associated with recidivism and can be changed; Andrews & Bonta, 2010). Third, the responsivity principle suggests that interventions need to be matched to offenders' learning styles, abilities and circumstance in order to ensure they can engage and respond well to treatment (Hollin & Palmer 2009).

Research into risk factors of offending behavior has informed treatment practices in the correctional services internationally and in the UK (Andrews & Bonta, 2010). Research also describes what works in designing interventions

(Andrews & Bonta, 2010; Aos, Miller, & Drake, 2006; McGuire, 1995). Over the last decade the Correctional Services of England and Wales have moved towards evidence based policy and practice in working with offenders and have developed and implemented a series of offending behavior programmes which aim to reduce re-offending using a cognitive-behavioral approach, and which have been subjected to an accreditation process to ensure they adhere to the 'What Works' principles described above (Andrews & Bonta, 2010; Aos et al., 2006; Hollin, 1999; McGuire, 1995). The development of Domestic violence (DV) specific programmes has been no exception to this movement (e.g., Dutton & Kropp, 2000; Graham-Kevan & Wigman, 2009; Hanson & Wallace-Capretta, 2000; Medeiros & Straus, 2007; Powis, 2002; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001).

DOMESTIC VIOLENCE (DV)

DV is a major concern attracting high political and academic interest, particularly with regard to the effective management of DV perpetrators. DV is understood to embrace a range of behaviors (including physical violence, controlling behaviors, sexual, emotional/psychological and financial abuse) that frequently co-occur in violence and abuse in intimate relationships of any nature (Bowen, 2011; Dixon & Graham-Kevan, 2011). This is encapsulated in the Home Office definition of DV: "Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial, and emotional" (Home Office, 2013, p. 3).

Currently, two accredited offending behavior programmes for DV perpetrators are delivered by the English and Welsh Her Majesty's Prison and Probation Service (HMPPS) in the community: the Integrated Domestic Abuse Programme (IDAP; Stubley, 2004) and the Community Domestic Violence Programme (CDVP; Stewart, 2003). Both are CBT based group programmes that run for between nine and twenty-seven weeks (depending on the program). A detailed description of each program can be found in the method section of this chapter.

Both programmes include inter-agency risk assessment and management, victim contact, proactive offender management and core groupwork applying an integrated approach to working with DV offenders with the groupwork element playing its part alongside input from Public Protection and the Women Safety Worker teams. This integrated approach to working with DV offenders is adopted from the Duluth model (Pence & Paymer, 1993). The main difference between the two programmes is that IDAP draws heavily from the Duluth model programmes with some cognitive behavioral techniques embedded within it, whereas CDVP is a cognitive behavioral treatment program. A further difference is that IDAP is a modular rolling program. Participants can start the group work element at the start of each module (with the exception of the sexual respect module). CDVP is a closed group program where participants can only start at one point of the program. Each probation area/trust in England and Wales was given the option of delivering one of the two programmes. This provided probation areas/trusts with the ability to choose the most appropriate program for them based on the different delivery options in terms of rolling or closed group formats.

DO DV INTERVENTIONS WORK?

Currently, the measure of an intervention's effectiveness is determined by a reduction in the type and severity of reconviction. There is currently a lack of research evidence for the effectiveness of many of the most common treatments provided for perpetrators of DV (Aos et al., 2006; Babcock, Green, & Robie, 2004; Banks, Kini, & Babcock, 2013; Feder & Wilson, 2005; Stover, Meadows & Kaufman, 2009). Babcock, Green and Robie (2004) for example, conducted a meta-analysis of 22 studies evaluating the effectiveness of treatment for DV offenders (Duluth model, cognitive-behavioral therapy (CBT) and other types of treatment), consisting of five experimental and seventeen quasi-experimental designs. The effect sizes obtained were in the "small" range (effect size = 0.18 for both police and victim reports). The authors found no significant difference in average effect size between Duluth-type and cognitive-behavioral intervention programmes using either police records or victim reports as the index of recidivism. Quasi-experimental studies using a victim report outcome produced the largest effect size (d= 0.34) which indicates that treated offenders show one third of a standard deviation, or a fifteen percent improvement, in recidivism compared to non-treated controls. On the other hand, results of experimental studies according to victim reports indicate a five percent decrease in violence between those who received treatment and those who did not. The authors argue that even though this appears small, it would "equate to approximately 42,000 women per year no longer being battered." (Babcock, Green & Robie, 2004: 1044). The authors conclude that overall the programmes have a small but positive effect on abusive behavior.

The majority of studies examining DV recidivism has been based in North America and therefore do not include UK samples. However, there have been a

limited number of studies conducted in the UK. For example, Bowen, Gilchrist and Beech (2005) examined the impact of completing a UK community-based rehabilitation program on the rate of DV re-offending and time to first post-treatment offense within an 11 month follow up period. The results indicate that the program did not significantly reduce the rate of alleged re-offending of program completers, or the time to first post-treatment offense reported to the police.

Overall the ambiguity of the current research evidence may lead to the interpretation that DV programmes do not work; that they may work but require considerable improvements; that they do not work in isolation but might reinforce other community endeavours; or that current research has failed to adequately address the methodological and implementation challenges involved in evaluating interventions generally and DV programmes specifically (Gondolf, 2002; 2004). However, the studies investigating the issue are confounded with methodological and generalizability issues due to the generalizability of samples used to the wider DV population (Sartin, Hansen, & Huss, 2006). Additionally, there are high attrition rates for victims for follow up data for studies.

ISSUES WITH THE EVALUATION OF DV INTERVENTIONS

The often cited 'gold standard' experimental research design is a randomised control trial where participants are randomly assigned to either an experimental or control condition. In the case of program evaluation, either receiving the program or not. The random nature of assignment should result in two equivalent groups and therefore any differences observed between the groups on the outcome measure can be attributed to the program. However this approach has been criticised when evaluating programmes for lacking 'real world context' where programmes are part of

a wider multi-agency system (Gondolf, 2002). Randomized control trials in the criminal justice system are difficult to implement and also compromised by problems with a lack of judicial support regarding sentencing and random assignment to the treatment and control groups; ethical oppositions from lawyers regarding withholding treatment that could be beneficial to their client; ethical issues regarding allocating offender's to different conditions and potentially putting the victim at increased risk of harm from their partner (Gondolf, 2002).

In the absence of a randomized control trial design a number of alternative approaches have been adopted. The most common is a quasi-experimental research design. This involves comparing individuals who receive treatment to a selected control group who do not receive the treatment. A key strength of quasi-experimental designs is that they are easy to implement and investigate programmes in their natural state. Most commonly in DV program evaluations those who receive treatment are compared to program drop-outs or 'no shows' (Gondolf, 2004). This approach has been criticized due to these groups being different on key characteristics such as risk of reoffending and motivation levels (Bowen & Gilchrist, 2006). Therefore, any observed differences between the groups on the outcome measure cannot be attributed to the program.

An increasingly cited method to evaluate programmes, which takes into account bias caused by imbalances between treatment and control groups when using quasi-experimental designs, is propensity score matching (PSM; Rosenbaum & Rubin, 1983). This has been used largely in public health and also economics research where experimental designs are sometimes particularly difficult to implement or are deemed unethical (Gondolf, 2004). The method seeks to address bias caused by the lack of randomised assignment to treatment (D'Agostino, 1998). The basic premise of

PSM is to mimic an experimental design by selecting a group of untreated individuals who are statistically similar to the treated group on a set of observed characteristics measured pre-treatment. On average the same outcome would be expected for both groups and consequently any observed differences can be assumed to be the causal effect of the treatment, or the average effect of the treatment on the treated.

STUDY OBJECTIVE

It is vital that a rigorous evaluation of DV programmes is conducted to ensure that evidence is available as to these programmes' viability and cost-effectiveness as a means to reduce re-offending. This study is the first of its kind in the UK. It aims to evaluate the effectiveness of IDAP and CDVP interventions in reducing future reconvictions for any offenses, core violence and domestic violence offenses, using a robust data matching design – PSM.

HYPOTHESES

1. There will be a significant difference in the reoffending rates (for any offense, core violence and domestic violence offenses) between IDAP/CDVP treatment received groups (programme completers and non-completers) and the control groups (offenders referred to either IDAP/CDVP but who did not start).
2. There will be a significant difference in the time to first re-offense (for any offense, core violence and domestic violence offenses) between IDAP/CDVP treatment received groups and the control group.

METHOD

Ethical approval was obtained from the University of Birmingham's ethics committee (reference number ERN_11-0671) and the HMPPS National Research Committee (NRC). Details can be found in Appendix E.

DESIGN

This retrospective study uses data collected and held by the Operational Services and Interventions Group (OSIG) within HMPPS and the Ministry of Justice (MOJ). The study utilises a quasi-experimental design and propensity score analysis. This design has previously been used to evaluate domestic violence programmes in the US (Gondolf, 2004) and in other similar applications (e.g. Berk & Newton, 1985; Berk, Newton, & Berk, 1986). It offers a number of advantages, particularly the ability to evaluate the effects of no treatment for men who did not start programmes, improve the estimates of causal effects by matching cases using observed characteristics; and adjust for imbalances caused by individuals who withdraw from programmes.

SAMPLE

A sample of 10992 male offenders convicted of an offense involving DV, who were referred to either IDAP or CDVP between June 2003 and April 2007, and had either completed a program or their order had expired by April 2008, were obtained from the Integrated Accredited Programmes Software (IAPS). Of these, 8901 were successfully matched with Offender Assessment System (OASys; see measures for a description) assessments and Police National Computer (PNC; see measures for a description) database records (after taking into account time at risk as detailed below).

Of these, 5957 had at least started a program (4371 completed the program and 1586 failed to complete) and 2944 had not started the first session of the program. A further 2206 offenders were removed from the analysis (1022 programme completers; 398 non completers and 786 did not start) as they did not have complete information available for all variables required for the matching process. Therefore the final sample of offenders with complete information included in this study is 6695 (60.9% of referred offenders).

Table 5.1 provides information on the total sample's demographics. Of the 6695, 4537 had at least started a program (3349 completed the programme and 1188 failed to complete) and 2158 did not start the first session of a program. Reasons for not starting the programme included order expiry and gaining employment. The pool of 2158 offenders who did not start the program (Control group) were used for the propensity score matching to obtain a matched comparison group for the analysis.

Comparisons were made between those 2206 offenders who were removed and the final sample of 2158 for age, risk and number of previous convictions. No significant differences were found between the two groups for age ($t(8899) = 1.755$, $p>.05$), number of previous convictions ($t(8899) = -1.950$, $p>.05$), or the OASys Violence Predictor (OVP; see measures section for a description) score ($t(7045) = -0.230$, $p>.05$). However, the removed sample were found to have a significantly lower Offender Group Reconviction Scale (OGRS3) score (see measures for a description) than the final sample ($t(8899) = -2.416$, $p<.05$).

A breakdown of the sample characteristics that were exposed to IDAP and CDVP programmes are described in detail below.

Table 5.1. Demographic Information of Sample

	Total Sample			IDAP			*CDVP*		
	Completers N (sd)	Non completers N (sd)	Did not start N (sd)	Completers N (sd)	Non completers N (sd)	Did not start N (sd)	Completers N (sd)	Non completers N (sd)	Did not start N (sd)
Age	35.20 (9.17)	33.13 (9.19)	33.07 (9.30)	35.20 (9.05)	33.52 (9.45)	33.09 (9.28)	35.19 (9.62)	31.73 (8.01)	33.04 (9.35)
OGRS3	35.03 (19.60)	47.10 (21.44)	47.06 (22.47)	34.34 (19.13)	46.35 (21.35)	46.18 (22.06)	37.64 (21.10)	49.75 (21.57)	49.62 (23.46)
OVP	30.76 (15.40)	39.50 (17.04)	39.36 (17.93)	30.13 (14.98)	38.84 (16.64)	38.90 (17.71)	33.12 (16.70)	41.85 (18.25)	40.71 (18.52)
Number of Previous convictions	5.97 (5.74)	9.04 (7.12)	9.26 (7.73)	5.74 (5.51)	8.89 (7.09)	8.84 (7.44)	6.84 (6.42)	9.57 (7.20)	10.45 (8.4)
Black	146 (4.4)	49 (4.1)	71 (3.3)	136 (5.1)	48 (5.2)	68 (4.2)	10 (1.4)	1 (0.4)	3 (0.5)

	Mixed	47 (1.4)	19 (1.6)	45 (2.1)	40 (1.5)		38 (2.4)	7 (1.0)	3 (1.1)	7 (1.3)
	Other	21 (0.6)	9 (0.8)	7 (0.3)	17 (0.6)	8 (0.9)	6 (0.4)	4 (0.6)	1 (0.4)	1 (0.2)
	White	2728 (81.5)	977 (82.2)	1785 (82.7)	2126 (80.4)	743 (80.3)	1294 (80.6)	602 (85.5)	234 (89.0)	491 (88.8)
	Not Known	311 (9.3)	107 (9.0)	196 (9.1)	239 (9.0)	86 (9.3)	150 (9.3)	72 (10.2)	21 (8.0)	46 (8.3)
Total		3349	1188	2158	2645	925	1605	704	263	553

IDAP.

A sample of 6856 offenders who were referred to IDAP between June 2003 and April 2007 and had either completed the program or their order had expired by April 2008 were obtained from IAPS and successfully matched with OASys assessments and PNC database records (after taking into account time at risk as detailed below). A total of 1681 offenders were removed from the analysis (784 programme completers; 309 non completers and 588 did not start) as they did not have complete information available for all variables required for the matching process. Therefore the final sample of IDAP offenders with complete information totaled 5175.

Table 5.1 provides information on demographics. Of the 5175, 3570 had at least started the program (2645 completed the program and 925 failed to complete) and 1605 did not start the first session of the program. Comparisons were made between those 1681 offenders who were removed and the final sample of 5175 for age, risk and number of previous convictions. No significant differences were found between the two groups for number of previous convictions ($t(6854) = -.118$, $p>.05$), OGRS3 score ($t(6854) = -1.056$, $p>.05$) or OVP score ($t(5418) = 1.204$, $p>.05$). However the removed sample were found to be significantly older than the final sample ($t(6854) = 2.159$, $p<.05$).

CDVP.

Two thousand and forty-five offenders who were referred to CDVP between April 2004 and April 2007 and had either completed CDVP or their order had expired by April 2008 were obtained from IAPS and successfully matched with OASys assessments and PNC database records (after taking into account time at risk as

detailed below). Five hundred and twenty-five were removed from the analysis (238 program completers; 89 non completers and 198 did not start) as they did not have complete information available for all variables required for the matching process. Therefore the final sample of offenders with complete information consisted of 1520 offenders (704 program completers; 263 non completers and 553 did not start).

Demographic information is presented in Table 5.1. Comparisons were made between those 525 offenders who were removed and the final sample of 1520 for age, risk and number of previous convictions. No significant differences were found between the two groups for age (t (2043) = -0.202., p>.05). However the removed sample were found to have significantly lower number of previous convictions (t (2043) = -3.849, p<.05); lower OGRS3 score (t (2043) = -3.125, p<.05) and lower OVP score (t (1625) = -2.494, p<.05) than the final sample.

PROGRAM DESCRIPTIONS

IDAP.

IDAP is a cognitive-behavioral program which challenges convicted offenders' attitudes and beliefs in order to change their behavior. It is targeted at heterosexual male domestic violence offenders who posed or pose a medium to high risk of harm. The program is modular and consists of 27 group work sessions which last two hours and thirteen individual sessions. Completion of the program usually takes 27 weeks and the treatment targets are to: (1) Take responsibility for their use of violent and abusive behavior in their relationships; (2) Identify the beliefs and intents that underpin their abusive and violent behavior; (3) Acknowledge the effects of their use of abusive and violent behavior on their partners and ex partners, children, others and themselves; (4) Take specific, positive steps to change their behavior in

relationships, using IDAP Skills and Strategies for non-controlling behavior learned on the program. The program was accredited by the Correctional Services Accreditation and Advisory Panel (CSAAP) in 2004 and has been delivered by the Probation Service since 2004.

CDVP.

CDVP is a cognitive-behavioral program targeted at convicted heterosexual male domestic violence offenders who pose or posed a medium to high risk of harm. The program consists of 25 group work sessions which last two hours and nine individual sessions which are delivered over nine to thirteen weeks. The treatment targets of the program are: (1) Problem thinking related to abuse (beliefs and attitudes, distortions regarding the role of women and the justification of abuse as a response); (2) Emotional mismanagement (jealousy, anger, fear and dependency); (3) Other problems in self regulation related to impulsivity, (poor self monitoring, reactivity); (4) Deficits in social and communication skills; (5) Antisocial peer associations that endorse the abuse of women. CDVP was accredited by the CSAAP in 2005 and has been delivered by the Probation Service since this time.

MEASURES

IAPS.

The Integrated Accredited Programmes Software (IAPS) package is used in the probation service of England and Wales as a means to support delivery of Accredited Programmes and provide reporting and research data nationally and locally. Demographic information for all offenders referred to either IDAP or CDVP

is entered onto IAPS along with risk information and whether or not they have completed the program they were mandated to attend.

Offender Assessment System (OASys).

OASys is a structured clinical risk/needs assessment and management tool (Home Office, 2002). It is used throughout NOMS with offenders aged 18 years and over who are convicted, awaiting sentence, serving custodial sentences of at least 12 months or serving probation sentences involving supervision. It consists of four main components: an analysis of offending-related factors, a risk of serious harm analysis, a summary sheet and a sentence plan. The offending-related factors includes 13 sections which cover criminal history, analysis of current offences, assessment of ten dynamic risk factors and suitability to undertake sentence-related activities (e.g. offending behavior programmes).

The Offender Group Reconviction Scale (OGRS3).

The Offender Group Reconviction Scale (OGRS3; Howard, Francis, Soothill, & Humphreys, 2009) is a predictor of re-offending based on static risks (age, gender and criminal history). Scores range from 1-100 and bandings are classified as Low (1-49), Medium (50-74) and High (75+) (Howard et al., 2009). OGRS has been in use by probation staff and corrections researchers since the late 1990s. OGRS3 has been found to have strong predictive validity of 80% (Howard, Francis, Soothill, & Humphreys, 2009).

OASys Violence Predictor (OVP).

The OASys Violence Predictor (OVP; Howard, 2009) is a predictor of the likelihood of violence-type offenses based on a mixture of both static and dynamic risk factors covered in the OASys assessment. Scores range from 1-100 and bandings are classified as Low (0-29), Medium (30-59), High (60-79) and Very High (80-99).

OVP has been found to have good predictive validity (AUC = .74; Howard, 2009).

Reconviction.

Reconviction data was obtained from the Police National Computer (PNC) for offenders who had completed one of the DV intervention programmes up to 2008 to allow sufficient time for a 2 year follow up period. This data includes the date and type of the offense. For the purposes of this study 'proven reoffending' was used, that is any offenses that led to a caution or court conviction. The PNC output was extracted from the Ministry of Justice research database on 12 April 2010, and proven reoffending would only be recorded for offenses committed at least one year before this date; this time lag of 1 year allows time for offences to lead to caution or conviction, for police administrators to enter this data onto the operational system and for the operational data to be uploaded to the research database. Offenders sentenced within a year of the extract date therefore were not at any risk of proven reoffending. Time at risk of reoffending was calculated based on these criteria and any offenders who were not at risk of reoffending for at least 2 years from date of the follow up period were removed from the analysis.

It should be noted that there is currently no 'DV' offense in current legislation. In order to determine whether any of the proven reoffending involved DV, the offences were matched to a corresponding OASys assessment. OASys assessments include an item which identifies that the index offense includes DV against a partner. The OASys assessments linked to the re-offenses were searched to identify if the new offenses involved DV.

Reoffenses are categorised as 'any' offenses, 'core violence' offenses and 'DV' offenses. 'Any offenses' include any offense that led to a caution or conviction. 'Core violence' offenses include any offense involving violence against the person

and criminal damage that led to a caution or conviction (this is consistent with the offence categories that form the OVP; see Howard & Dixon, 2011; Howard & Dixon, 2012). 'DV' offenses include any offences that were identified as involving DV towards a partner according to the OASys assessment linked to the re-offense. Pseudo-reconvictions (convictions dated post the index offence for offences that pre-date the index offence) were removed from the analysis.

PROCEDURE

Propensity Score Matching.

The propensity score matching was performed using the STATA software package using the psmatch2 routine (Leuven & Sianese, 2003). First a logistic regression was performed on all 6695 participants (both the 'Treatment Received group' and the 'Control' group). All IDAP/CDVP suitability criteria variables (risk of reoffending – due to Spousal Assault Risk Assessment (SARA; Kropp et al., 1995) information not being available for all offenders, OGRS3 and OVP scores were used as the risk tools in this study, OASys DV flag), static risk variables (e.g. age, criminal history), and dynamic risk variables (e.g. motivation, OASys criminogenic need variables), program and year of sentence were entered into the logistic regression model to generate propensity scores for each individual.

Table 5.2 provides a list of all the variables used for matching. The relationship between stated motivation and program completion and again with later reoffending outcomes is complex and the evidence base on this issue is far from clear. 'Readiness' (Howells & Day, 2003; Ward, Howells, & Birgden, 2004), which has been defined by Ward et al. (2004 p. 647) as 'The presence of characteristics (states or depositions) within either the client or the therapeutic situation, which are likely to

promote engagement in therapy and which, thereby, are likely to enhance therapeutic change', appears to be a more useful construct than 'motivation' and OASys data allows for the identification of facets that may hinder or enhance the likelihood of positive change (such as literacy, mental health issues or substance misuse). The approach was over-inclusive in order to allow the data to dictate the variables that appear to have most value in modeling the selection process and reduce systematic bias.

Next the propensity scores derived from the logistic regression were used to match the IDAP/CDVP 'treatment received' (TR) group with the 'Control' group using kernel matching (Heckman, Ichimura, & Todd, 1998). Kernel matching was used to account for the difference in size between the participant (TR group) and non-participant (Control) group. Kernel matching uses weighted averages of all control participants to estimate counterfactual outcomes. The weight is calculated by the propensity score distance between a treated case and all control cases. The closest control cases are assigned the greatest weights.

Following this, common support was imposed by comparing the distributions of the propensity scores for the two groups. Any treatment observations whose propensity score was higher than the maximum or less than the minimum of the controls using Epanechnikov kernel with a bandwidth of 0.06 were removed from the analysis (Caliendo & Kopeinig, 2008; Heckman, Ichimura, & Todd, 1998; Leuven & Sianesi, 2003). Comparisons were made between the TR and the Control groups using an independent samples t-test. To test the quality of the matching process, the two groups were compared after matching using a range of statistical techniques, namely standardized bias reduction and independent t-tests.

Individuals who received treatment were followed up from the date of the last session they attended (the final group work session for those who completed the program and the last session attended for those who did not complete the program); the individuals who did not start the program were followed up from the date of sentence.

The procedures described above were repeated for each comparison made (IDAP participants, CDVP participants). Therefore reoffending rates and numbers will vary.

TREATMENT OF DATA

Effect sizes (ES) were calculated by converting the odds ratios obtained from logistic regression to Cohen's d using the formula: d = In(OR)/1.81 (See Chinn, 2000 for a full description). Both odds ratios and Cohen's d are reported.

After conducting the PSM matching, a series of Cox regression analyses were completed to explore the time to first re-offense for any offense and core violence and DV offenses.

Table 5.2. Matching Variables for Propensity Score Matching

Suitability	Static risk	Dynamic risk	Other
Evidence of domestic violence/partner abuse	Age	Lives with partner	Year of sentence
OGRS3 score	Number of previous convictions	Literacy problems	Ethnicity
OVP score	Experience of childhood	Learning difficulties	Months at risk of re-offending
	Childhood behaviour problems	Manipulative/predatory lifestyle	DV programme attended – either IDAP or CDVP
		Reckless/risk taking behaviour	
		Ever misused drugs	
		Violent behavior related to drug use	
		Current alcohol use a problem	
		Binge drinking	
		Violent behavior related to alcohol use at any time	

	Difficulties coping
	Current psychological problems /depression
	Social isolation
	Attitude to themselves
	History of self harm. Attempted suicide, suicidal thoughts or feelings
	Interpersonal skills
	Impulsivity
	Aggressive/controlling behavior
	Temper control
	Ability to recognize problems
	Problem solving skills
	Awareness of consequences is a problem
	Achieves goals is a problem
	Understands other people's views is a problem
	Concrete/abstract thinking
	Pro-criminal attitudes
	Understand motivation for offending is a problem
	Motivation to address offending
	Accommodation is a criminogenic need

	Education, training & employability is a criminogenic need
	Financial management & income is a criminogenic need
	Relationships is a criminogenic need
	Lifestyle & associates is a criminogenic need
	Drug misuse is a criminogenic need
	Alcohol misuse is a criminogenic need
	Emotional well-being is a criminogenic need
	Thinking & Behavior is a criminogenic need
	Attitudes is a criminogenic need
	Risk of serious harm
	Total number of needs

RESULTS

A separate logistic regression model was run for each matching process performed.

DIFFERENCES IN THE REOFFENDING RATES OF IDAP/CDVP TREATMENT RECEIVED (TR) AND CONTROL GROUPS

Before matching, the TR and the Control group were significantly different on the majority of suitability, static and dynamic risk factors. After common support was imposed on the sample, three of the TR group were found to be off support. Common support is the area of overlap on the estimated propensity score between the treated and not treated groups. It ensures that individuals with the same values have a positive probability of being in both the treated and not treated groups (Caliendo & Kopeinig, 2005; Heckman, Lalonde, & Smith, 1999). Any individuals that fall outside this area of overlap are 'off support' and therefore not included in the analysis After matching and reducing standardised bias, no significant differences were found between the two groups on any of the factors (see Table 5.3). Not all variables are presented here but are available upon request.

Table 5.3. Suitability, Static and Dynamic Risk Factors Before and After Matching for Treatment Received (TR) group and Control group

					%reduction	t-test	
Variable	Sample	TR Group	Control Group	%bias	|bias|	t	p>|t|
Total number of needs	Unmatched	4.09	4.65	-25.5		-9.92	0.000
	Matched	4.09	4.11	-0.9	96.4	-0.46	0.645
Age	Unmatched	34.63	33.03	17.1		6.57	0.000
	Matched	34.62	34.72	-1.1	93.7	-0.51	0.612
OGRS3 Score	Unmatched	38.20	47.06	-41		-15.89	0.000
	Matched	38.21	38.47	-1.2	97.1	-0.59	0.553
OVP Score	Unmatched	33.05	39.36	-36.8		-14.33	0.000
	Matched	33.06	33.23	-1	97.4	-0.48	0.629
Months at risk of reoffending	Unmatched	37.26	35.79	16.9		6.44	0.000
	Matched	37.25	37.13	1.3	92.3	0.62	0.538
Number of previous sanctions	Unmatched	6.78	9.26	-35.2		-13.98	0.000

	Matched	6.78	6.85	-1	97.2	-0.52	0.606

Total Sample.

Table 5.4 provides the reoffending rates of the TR group and the Control group both before and after matching for any reoffense, core violence, and DV reoffense.

Thirty two point three percent of the TR group committed any reoffense compared to 45.5% of the Control group within the 2 year follow up period. This 13.2% difference for any reoffending was significant (t = -9.13, $p<.05$, ES =-0.44).

Fifteen point three percent of the TR group and 21.8% of the Control group reoffended with a core violent offense within the 2 year follow up period. This 6.5% difference was significant (t = -6.17, $p<.05$, ES = -0.35).

Twenty two point eight percent of the TR group and 33.7% of the Control group reoffended with a DV offense within the two year follow up period. This 10.9% difference was significant (t = -7.31, $p<.05$, ES = -0.35).

Table 5.4. Both Programmes Any, Core Violent and Domestic Violence Reoffending Treatment Received (TR) group Compared to Control group

Offence Type	Sample	TR Group	Control Group	Difference	S.E.	T-Test Statistic	Effect Size: Odds Ratio	Effect Size: Cohen's d
Any Reoffending	Unmatched	32.3	53.7	-21.4	.012	-17.16	0.57	-0.44
	Matched	32.3	45.5	-13.2	.014	-9.13		
Core Violent Reoffending	Unmatched	15.3	25.2	-9.9	.010	-9.97	0.64	-0.35
	Matched	15.3	21.8	-6.5	.011	-6.17		
Domestic Violence Reoffending	Unmatched	22.8	37.7	-14.9	.012	-12.91	0.57	-0.43
	Matched	22.8	33.7	-10.9	.015	-7.31		

IDAP.

Table 5.5 provides the reoffending rates of the IDAP TR and Control groups both before and after matching for any reoffending and core violence and DV reoffending.

Thirty-one percent of the IDAP TR group reoffended compared to 44.3% of the Control group within the 2 year follow up period. This 13.3% difference was significant ($t = -9.27$, $p<.05$, ES = -0.46).

Fourteen point seven percent of the TR group and 21.8% of the Control group reoffended with a core violence offense within the 2 year follow up period. This 7.1% difference was significant (t = -6.15, p<.05, ES =-0.38).

Twenty-two percent of the TR group and 33.0% of the control group reoffended with a DV offense within the two year follow up period. This 11.0% differences was significant (t = -6.91, p<.05, ES = -0.44).

CDVP.

Table 5.6 provides the reoffending rates of both the CDVP TR and Control group both before and after matching for any and core violence reoffending.

Thirty seven point one percent of the CDVP TR group reoffended with any re-offense within the two year follow-up period compared to 49.7% of the Control group. This 12.7% difference was significant (t = -4.02, p<.05, ES = -0.41).

Seventeen point six percent of the TR group and 20.2% of the Control group reoffended with a core violent offense within the 2 year follow up period. This 2.6% difference was not found to be significant (t = -1.10, p>.05, ES = -0.13).

Twenty five point five percent of the TR group and 34.9% of the Control group reoffended with a DV offense within the two year follow up period. This 9.6% differences was significant (t = -3.37, p<.05, ES = -0.35).

Table 5.5. IDAP Any, Core Violent and Domestic Violence Reoffending Treatment Received (TR) group Compared to Control group

Offence Type	Sample	TR Group	Control Group	Difference	S.E	T-Test Statistic	Effect Size: Odds Ratio	Effect Size: Cohen's d
Any Reoffending	Unmatched	30.9	52.8	-21.8	.014	-15.32	0.56	-0.46
	Matched	30.9	44.3	-13.3	.014	-9.27		
Core Violent Reoffending	Unmatched	14.7	25.5	-10.8	.011	-9.45	0.61	-0.38
	Matched	14.7	21.8	-7.1	.012	-6.15		
Domestic Violence Reoffending	Unmatched	22.0	37.3	-15.3	.013	-11.66	0.57	-0.44
	Matched	22.0	33.0	-11.0	.016	-6.91		

Table 5.6. CDVP Any, Core Violent and Domestic Violence Reoffending Treatment Received (TR) group Compared to Control group

Offence Type	Sample	TR Group	Control Group	Difference	S.E.	T-Test Statistic	Effect Size: Odds Ratio	Effect Size: Cohen's d
Any Reoffending	Unmatched	37.1	56.4	-19.3	.03	-7.40	0.59	-0.41
	Matched	37.1	49.7	-12.7	.03	-4.02		
Core Violent Reoffending	Unmatched	17.6	23.6	-6.0	.02	-2.84	0.84	-0.13
	Matched	17.6	20.2	-2.6	.02	-1.10		
Domestic Violence Reoffending	Unmatched	25.5	38.5	-13.0	.02	-5.38	0.64	-0.35
	Matched	25.5	34.9	-9.6	.03	-3.37		

DIFFERENCES IN THE TIME TO FIRST RE-OFFENSE BETWEEN IDAP/CDVP TREATMENT RECEIVED (TR) AND CONTROL GROUP.

Total Sample.

For those participants who did go onto reoffend in the TR (1480 reoffended with any offense, 699 with a core violence offense. 1031 with a DV offense) and Control groups (1181 reoffended with any offense, 550 with a core violence offense, 813 with a DV offense) the time to first re-offense was examined.

Cox regression compared the time to first re-offence for any offending in the 2 year follow up period. Results showed that the TR group took significantly longer to reoffend than the Control group (B = -.173, Wald = -4.93, p<.001, Exp B = .841). The TR group re-offended in 9.4 months compared to 8.1 months for controls.

Similarly, Cox regression compared the time to first violent re-offense. Results showed that the TR group took significantly longer to reoffend with a core violence offence than controls (B = -.149, Wald = -2.78, p<.01, Exp B = .862). Those participants in the TR group who re-offended with a core violence offence took 10.3 months compared to 9.2 months for controls.

The TR group were also found to take longer to reoffend with a DV offense (B = .880, Wald = -3.07, p<.01, Exp B = -.128). The TR group took 9.6 months to reoffend with a DV offense compared to 8.7 months for controls.

IDAP.

Time to reoffense was also calculated for those participants who were exposed to the IDAP program in the TR (1098 offended with any offense, 514 with a core violence offence, and 784 with a DV offense) and Control groups (847 re-offended with any offense, 408 with a core violence offense and 599 with a DV offense).

Cox regression found that the TR group took significantly longer to reoffend with any offense (B = .846, Wald = -4.10, p<.001, Exp B = -.168); a core violence offense (B = .884, Wald = -2.01, p<.05, Exp B = -.124) and a DV offense (B = .891, Wald = -2.39, p<.05, Exp B = -.116) compared to controls. The TR group took 9.4 months to re-offend with any offence, 10.2 months to re-offend with a core violence offence and 9.6 months with a DV offense. That is compared to 8.1 months, 9.2 months and 8.7 months for the Control groups respectively.

CDVP.

Time to re-offense was also calculated for those participants exposed to the CDVP program in the TR (345 re-offended with any offense, 163 with a core violence offense and 244 with a DV offense) and Control groups (310 re-offended with any offense, 129 re-offended with a core violent offense and 211 reoffended with a DV offense).

Cox regression analyses found that the TR group took significantly longer than controls to reoffend with any offense (B = .736, Wald = -3.99, $p<.001$, Exp B = -.306), a core violent offense (B = .736, Wald = -2.20, $p<.05$, Exp B = -.307) and a DV offense (B = .711, Wald = -3.47, $p<.001$, Exp B = -.341). The TR group took 9.3 months to re-offend with any offence, 10.3 months with a core violence offense and 9.8 months with DV offense compared to 7.5, 9.4 and 8 months respectively for controls.

DISCUSSION

This research study aimed to evaluate the effectiveness of IDAP and CDVP interventions in reducing future reoffending in a sample of men convicted for an offense involving DV in the English and Welsh Criminal Justice System. The impact of the program is identified as the average causal effect of participation on either IDAP or CDVP on proven reoffending outcomes. As the control group was created using the robust method of propensity score matching and the quality of the matches was tested, it represents a good proxy for the counterfactual untreated outcome of the treatment group. The observed difference in the average proven reoffending rates between the treatment and control groups may therefore be considered the causal effect of the DV programmes, known as the average treatment effect on the treated (ATT).

Firstly the reoffending rates of the treatment received (TR) group was compared with controls. The TR group had significantly lower reoffending rates, for any offenses,

and DV offenses overall and across both programmes within the two year follow up period. Core violence reoffending was significantly reduced by the IDAP program. The programmes can therefore be deemed to have significant, yet small effects, in reducing DV reoffending in addition to other types of offending. Specifically, across both programmes a reduction of 13.2%, 6.5% and 10.9%, was observed between the TR group and controls for any, core violence and DV offenses respectively. The IDAP program evidenced a reduction of 13.3%, 7.1% and 11% across the offence types respectively and CDVP a respective 12.7%, 2.6% and 9.6% reduction. All differences were significant except for the reduction in core violence offences achieved by the CDVP. Whilst the effects sizes that accompanied the significant findings indicated small positive effects (range -0.13 to -0.46) these results are very favourable in comparison to other treatment programmes within the National Offender management Service of England and Wales (e.g. Sadlier, 2010 found a six percentage point difference between a sample of Enhance Thinking Skills programme participants and a comparison group in the prison service of England and Wales).

Secondly, for those who did go on to re-offend, time to re-offence was explored. The TR group were found to take significantly longer to reoffend than the control group for any, core violence and DV. This indicates that the DV programmes are having a positive impact.

The evidence for the effectiveness of DV programmes in the wider literature is currently mixed. For example, Feder and Wilson's (2005) systematic review of DV interventions effectiveness reports effect sizes ranging from 0.01 – 0.97 depending on the methodological approach applied.

However, the Correctional Services Canada (2009) completed an extensive evaluation of their suite of offending behavior programmes. This included the Family Violence Program. They found that moderate intensity participants were thirty-six

percent less likely to be readmitted to custody for a new offense and fifty-seven percent less likely to be readmitted for a new violent offense compared to the comparison group. Similarly, this study suggests that the DV programmes delivered in the Criminal Justice System in England and Wales are having an impact on future reoffending rates.

PRACTICE AND POLICY IMPLICATIONS

One striking finding from the results of this study is the ability of a DV specific program to most readily reduce any reoffending in addition to reducing DV and other forms of core violent reoffending. This highlights the potential for policy makers and treatment providers to design programmes that promote the generalization of pro-social skills and reduction of offending in general, regardless of offense type. This would recognize the eclectic nature of criminal behavior for many offenders (Andrews & Bonta, 2010) and the opportunity to attempt to provide a more cost effective 'one-stop-shop' to crime reduction. However, despite the program's successes at reducing different forms of criminal reoffending it is clear that they were more effective in reducing DV reoffenses than core violence reoffenses. This is an important distinction if practitioners are to successfully reduce the specific social problem of family violence. Assigning DV offenders to a core violence program, or vice versa, may not be sufficient for some offenders. One implication of these findings could be the utility in devising a treatment system that adheres to the principle of minimal sufficiency (Sanders, Markie-Dadds & Turner, 2004) whereby offenders receive the least amount of treatment necessary to instigate change. Adhering to this paradigm, offenders may attend a general offending program before being signposted to more offence specific programmes if needed, such as those addressing DV, core violence or sex offending. Indeed, theoretically DV, core violence and general offending recidivism share many

similar risk factors (Andrews & Bonta, 2003; Dixon & Graham Kevan, 2011) and so this approach should in theory be feasible.

Despite the promising results observed in this study professionals must be aware that only small effects were observed and that a significant number of those men receiving treatment went on to reoffend. This is similar to the effects of DV programmes on men's recidivism found by Babcock, Green, and Robie (2004). Since IDAP and CDVP were implemented in the Probation Service almost a decade ago, new approaches and techniques have been developed. Day et al. (2009p. 209) argue that the intervention components of DV interventions require further development "in light of new knowledge about violent offending and offender rehabilitation that has emerged since the [Duluth] model was first proposed". We need to ensure that we adopt these new approaches into interventions with DV perpetrators to ensure we are using an evidence based approach to treatment. Indeed, it is possible the small yet significant effects of the IDAP and CDVP programmes can be improved.

Finally, it is worthy to note that participants in the TR group who went on to reoffend in any way took longer to do so than controls for both programmes. Although these findings show the positive effects of treatment, they could also suggest that for some offenders the benefits of the program only last for a specified time period and therefore consideration should be made for additional support and even booster programmes to ensure that skills and knowledge acquired during the program are maintained. Typically, DV programmes suffer from high attrition rates (Sartin et al., 2006). Indeed 25.9% of the IDAP and 27.2% of CDVP program groups in this study failed to complete the program. Evidence suggests that failing to complete a program can increase the risk of future offending (McMurran & Theodosi, 2007; Wormwith & Oliver, 2002). It is therefore crucial that treatment providers focus on trying to keep participants on programmes once they start treatment.

METHODOLOGICAL STRENGTHS

Previous studies that have examined completers and non-completers of interventions have shown that completers demonstrated a stronger effect than non-completers (Hollin & Palmer, 2009). One suggestion for this effect is self-selection. That is program-completers are more likely to be motivated, have fewer needs, and be lower risk than non-completers. Coolidge, Collier, and Brand (1999) argue that the program should be evaluated as it is used in practice and consequently non-completers should be included in the analysis (intent to treat designs), as this study does. However if programmes are evaluated using intent to treat designs, it is likely that this will underestimate treatment effectiveness. Similarly, if designs only looking at completers are adopted, these are likely to overestimate treatment effectiveness (Sartin et al., 2006). Therefore, although the current strengths of the methodology used in this study can be noted, it is possible that the effects are actually an underestimation of the true effect of the IDAP and CDVP programmes.

One further criticism of previous DV evaluation studies is that they do not take into account the wider multi-agency or coordinated community response approach which is used when working with and managing DV perpetrators (Bowen, 2011; Gondolf, 2002). A key strength of this study is that all participants received the wider multi-agency infrastructure involved in working with and managing DV perpetrators in the community irrespective of whether they took part in the group work element of either IDAP or CDVP. This means that there can be more confidence that any differences observed between the groups are attributable to the group work element of the IDAP and CDVP.

LIMITATIONS AND IMPLICATIONS FOR FURTHER RESEARCH

DV is a largely underreported phenomenon and there is also a problem with attrition between offenses being reported, being taken to court and ending up in a conviction (HMCPSI & HMIC, 2004). Generally, DV only comes to people's attention when the criminal justice system becomes involved. Therefore DV tends to come to light for the more severe instances of DV (Sartin et al., 2006). Consequently the figures reported in this study only provide a proxy measure of reoffending and do not present a true account of the behavior. In addition, the current study was unable to account for non-physical behaviors, such as controlling behaviors and emotional abuse, which may have continued to occur. Indeed it is unlikely that these would end up in the court system as they do not constitute a 'crime' according to legislation. Psychological abuse remains largely ignored in the literature (Sartin et al., 2006) and this study was also unable to address this. Future research should also address psychological/emotional abuse to establish whether treatment is addressing these key behaviors.

In addition, the literature has firmly established the presence of typologies of DV men (Dixon & Browne, 2003; Dixon, Hamilton, Giachritsis & Browne, 2008; Holtzworth-Munroe & Stuart, 1994; 2000), and in more recent years women (Babcock, 2003). It is generally agreed that different types of DV offenders possess different etiological risk (e.g., Dixon & Graham Kevan, 2011) and there is some suggestion that different types may benefit from different forms of treatment (e.g., Saunders 1996). Certainly the literature shows that typologies affect rates of treatment completion (Holtzworth-Munroe & Meehan, 2004). It was beyond the scope of this study to explore the effects of treatment on reoffending for different types of perpetrators but future research should elaborate on this.

In regard to the content of the programmes, the Duluth approach to treating domestically violent men (Pence &Paymer, 1993) which involves a multi-agency model to treating DV perpetrators - is incorporated into IDAP and CDVP (CDVP only incorporates the multi-agency model, not the Duluth curriculum). This model has been hugely influential in the way practitioners work with DV but not without criticism for its gendered focus and impetus on power and control above other etiological risk factors (Day, Chung, O'Leary & Carson, 2009; Dixon & Graham Kevan, 2010; Graham-Kevan, 2007). Of course this study did not measure the fidelity of the program, so it is not possible to state how closely treatment providers were adhering to the original ethos and program manuals in the programmes delivery. Further research should explore the fidelity of the programmes in order to establish if this may be impacting on the effectiveness of the programmes in reducing reoffending. In addition the relationship between program facilitators and participants should be explored as this may be a key element of the programmes effectiveness.

In the absence of a DV flag on the PNC we used OASys assessments to distinguish whether proven reoffending involved DV. It is possible that by doing this we may have missed some actual DV offenses that occurred. However, as reoffending for any offence was also examined the likelihood of capturing all proven reoffending will have been increased.

A proportion of offenders were removed from the analysis due to incomplete datasets and inability to match offenders across the different sources of information utilized in this study. Overall, the offenders removed appear to be lower risk than those retained and therefore, it is possible that if these offenders had also been included different findings could have emerged. Therefore, the findings need to be viewed with caution.

It should be noted that research suggests that a proportion of DV perpetrators cease DV perpetration without intervention (Sartin et al., 2006). It is possible that a number of those offenders who did not reoffend in the two year follow up period would have done so regardless of whether they had received any treatment. Even though this is likely to be the case for both the TR and control groups, this also needs to be considered when interpreting these findings.

CONCLUSION

This is the first study in the UK to adopt propensity score matching, a robust methodology that negates the effects of naturally occurring confounding variables in applied research of this nature, in order to examine the effects of DV intervention programmes on reoffending behavior over a two year follow up period. The findings indicate that IDAP and CDVP produce significant yet small effect sizes in reducing different types of reoffending in addition to DV specific reoffending. These findings are similar to previous research that has investigated the effectiveness of DV intervention on recidivism (Babcock, Green, & Robie, 2004). Although the results are promising it is clear that many men undergoing treatment went onto reoffend in some way and hence further work to improve reoffending in DV offenders is necessary. Future research may develop understanding around treatment effects for different typologies of offenders to comprehend the nuances of this group of violent men and the opportunity to better generalize pro-social skills learned to other types of violent crime to maximize resources.

CHAPTER SIX

AN EXPLORATION OF THE RELATIONSHIP BETWEEN TREATMENT CHANGE AND GENERAL, VIOLENT AND INTIMATE PARTNER VIOLENCE (IPV) RECIDIVISM FOR INTIMATE PARTNER VIOLENCE PERPETRATORS ATTENDING A COMMUNITY PROGRAMME

'What Works' Agenda

Since the 1980s a series of reviews investigating the effectiveness of correctional treatment programmes have been undertaken (e.g. Lipsey, 1992). This 'What Works?' literature has identified the most effective ways to work with offenders to reduce recidivism (Andrews & Bonta, 2010; Aos, Miller & Drake, 2006; Hollin, 1999; McGuire, 1995). These meta-analyses of intervention evaluations led to the formulation of evidence-based principles of effective practice in working with offenders to reduce reoffending, namely the Risk Need and Responsivity (RNR) principles (Andrews & Bonta, 2010). The risk principle states that the level of risk of re-offending the offender poses should be matched to the intensity of the intervention being delivered. The need principle requires that the intervention targets offenders' criminogenic needs (antisocial attitudes, values, and beliefs which are known generally to be criminogenic and are clearly relevant to the individual's offending behaviour). The responsivity principle states that interventions are matched generally to offenders' learning styles and specifically to an individual's abilities, strengths and circumstance (Hollin & Palmer, 2009). The most effective interventions are deemed to be those that are multi-modal (i.e. address a range of criminogenic needs using skills oriented methods), delivered in a community setting, have good adherence to programme integrity (McGuire, 1995), and follow the RNR principles as described above (Andrews & Bonta, 2010).

In recent years the National Offender Management Service (NOMS) in England and Wales has adopted evidence based policy that has seen the development of a series of programmes for offenders, which are designed to reflect the 'What Works' principles and subject to an accreditation process to ensure adherence. Currently, two accredited offending behaviour programmes are delivered by NOMS for IPV perpetrators in the community. These are the Integrated Domestic Abuse Programme (IDAP; Stubley, 2004) and the Community Domestic Violence Programme (CDVP; Stewart, 2003). These programmes are multi-modal and address the dynamic risk factors associated with IPV offending: distorted thinking and attitudes which support IPV perpetration, emotional control and management, relationship skills deficits, self-regulation, and motivation to change.

Research to date has failed to clearly identify which interventions for IPV are most effective, in part due to the range of evaluation methodologies and definitions of 'success' employed (Aos et al., 2006; Babcock, Green, & Robie, 2004; Feder & Wilson, 2005). Reconviction outcome studies are necessary to inform on the overall impact of an intervention but it can be a challenge to establish and maintain a robust methodology (Hollin & Palmer, 2009). Moreover such an approach provides no information about which offenders benefited from the intervention or how the change came to pass. Friendship, Falshaw and Beech (2003) and Bowen and Gilchrist (2004) argued for richer outcomes beyond reconviction that could provide this more detailed information on the process of change and the links between short-term change and longer-term reductions in reconviction (Bowen, Gilchrist, & Beech, 2008).

The link between psychometric measures and treatment outcome has not been straightforward to establish (e.g. Hanson, Cox, & Woszczyn, 1991; Hanson, Steffy, & Gauthier, 1993; Hanson & Wallace-Capretta, 2000). Bowen, Gilchrist and Beech (2005) for example, found that in a sample of male domestic violence offenders, reoffenders and non-reoffenders did not differ in their pre treatment levels of pro-offending attitudes, anger, locus of control and self-reported abusive behaviours. Wilkinson (2005) further found no associations between recidivists and non-recidivists on a battery of self-report measures on a small sample of offenders attending a cognitive skills programme. It is possible that there were issues with the reliability, validity and treatment-relevance of the measures used in these studies (Proulx et al., 1997). Walters (2006) conducted a meta-analysis of studies which have examined the ability of actuarial risk assessments and various self-report measures in predicting institutional misconduct, general recidivism and violence. Walters' findings indicate that self-report measures could predict outcome equally as well as static risk assessment, when the measures were based on constructs empirically related to risk and relevant to criminogenic need. Measures assessing constructs unrelated to violent outcomes, such as anxiety (i.e. a clinical rather than criminogenic need; cf. Hollin, 1999), tended to perform poorly as predictors of violent recidivism (Walters, 2006).

Only a few studies have examined treatment change scores and their relationship to recidivism (Beggs & Grace, 2011; O'Neill, 2010) with inconsistent evidence regarding the link between psychological change and recidivism. Some studies have found that those who seemed to have changed on psychometric measures during the course of treatment were less likely to reconvict compared to those who did not respond to treatment (e.g., Beech, Erikson, Friendship, & Ditchfield, 2001; Heddermann & Sugg, 1996). In Beech and Ford's (2006) study none of those deemed to have responded to a sex offender treatment programme, that is they had shifted from a dysfunctional to functional level on a number of attitude measures, were reconvicted. Other studies, however, have found group-based pre- to post-psychometric

change to be negatively associated with recidivism: Wilkinson (2005), for example, found that after attending a cognitive skills programme (Reasoning & Rehabilitation; Ross & Fabiano, 1991), those whose scores changed most positively on the CRIME-PICS measure (Frude, Honess, & Maguire, 1994) were *more* likely to recidivate than those with less evident positive change. A third position is that reported by Hanson and Wallace-Capretta (2000) who found psychometric change to be generally unrelated to recidivism. Additionally, Barnett, Wakeling, Mandeville-Norden, and Rakestrowe (2011) found that when they grouped psychometric measures for sexual offenders into domains, measures of socioaffective functioning were able to predict sexual and/or violent recidivism and also add predictive power to static risk assessments suggesting that psychometric measures of dynamic risk can improve prediction above what is currently provided by static tools alone.

In most evaluations, change over the course of an intervention is examined and reported through statistical significance testing of mean group differences. This approach neither informs about whether the changes are meaningful, nor on the individual patterns of change around the mean. The Jacobson and Truax (1991) Reliable Change methodology allows for an assessment of whether each individual's change over the course of treatment is of sufficient magnitude to be statistically reliable (Jacobson, Follette, & Revenstorf, 1984) and this can be combined with an assessment of the functionality of the post-test score (clinical significance) into categories of treatment change (Jacobson, Roberts, Berns, and McGlinchey, 1999).

This technique has been applied in forensic psychology research to explore a range of topics (McDougall, Perry, Clarbour, Bowles, & Worthy, 2009; Nunes, Babchishin, & Cortoni, 2011; O'Neill, 2010), although only one study has examined clinically significant and reliable change in domestic violence offenders (Bowen, Gilchrist & Beech, 2008). Bowen, et al. (2008) explored the relationship between pre- and post-treatment psychometric change and recidivism for a sample of 52 domestic violence offenders who attended a

domestic violence treatment programme in the UK. The study failed to find an association between clinically significant change and reoffending but was able to demonstrate the breadth in patterns of change that comparing mean values alone would fail to elicit. Bowen (2011) advocates utilising this methodology to establish whether any psychometric change is linked to behavioural change and criminogenic needs to assist in validating programme theory and targeting policy. This study aims to apply clinical change methodology to a much larger sample of male IPV offenders who have attended a community based IPV treatment programme in the UK. In light of previous research it is expected that:

1) Pre- and post-treatment psychometrics will discriminate between recidivists and non-recidivists in a sample of treatment completers.
2) Non- recidivists will evidence greater psychometric change (a higher proportion of participants showing clinical and reliable change on a wider range of measures) than recidivists.
3) Treatment change status will be associated with recidivism.
4) Pre-and post-treatment psychometrics and treatment change status will demonstrate added value to risk assessment alone in the prediction of recidivism.

Method

Ethical approval was obtained from the University of Birmingham's ethics committee (reference number ERN_11-0671) and the HMPPS National Research Committee (NRC). Details can be found in Appendix E.

Design

A correlational survey design was employed exploring the psychometric data routinely collected in the delivery of IDAP/CDVP and collated centrally by Operational Services and Interventions Group (OSIG).

Participants

The sample consisted of 1796 IPV perpetrators who had completed one of the community IPV programmes between 2004 and 2008. The sample does not include those who did not complete one of the programmes as they do not have post programme psychometrics. Additionally a number of offenders will not have been included in the sample as their psychometrics were not recorded in the central database. Reasons for this are largely due to operational issues, i.e. lack of resources for data entry during the initial roll out of the programmes nationally. Therefore, whilst the sample is a National sample it is not representative of everyone who completed treatment during this time period. Table 6.1 provides demographic and offence details of the sample. The average age of the sample was 35.18 (SD = 9.37). The majority of the sample (70.8%) were classified as white. 1347 completed IDAP and 449 completed CDVP. The majority of the sample (91.9%) had been convicted for a violent offence (as categorised for the Offender Assessment System (OASys) Violence Predictor (OVP); Howard, 2009; all violence against the person offences as well as criminal damage and robbery).

Table 6.1

Sample Characteristics

Variable		**N**
Mean Age		35.18 (SD = 9.37)
Age	18-20	65 (3.6%)
	21-24	178 (9.9%)
	25-40	1032 (57.5%)
	41+	521 (29.0%)
Ethnicity	Asian	56 (3.1%)
	Black	47 (2.6%)
	Mixed	20 (1.1%)
	Other	3 (0.2%)
	White	1271 (70.8%)
	Not Known	399 (22.2%)
Risk of Harm	Low	55 (3.1%)
	Medium	1384 (77.1%)
	High	354 (19.7%)
	Very High	3 (0.2%)
Programme	CDVP	449 (25%)
	IDAP	1347 (75%)

Mean OGRS3		36.37 (SD = 19.94)
Mean OVP Score		31.6 (SD = 15.75)
Reconviction	Any offence	541 (30.1%)
	Violent Offence	418 (23.3%)
	DV offence	179 (10%)
Total		1796

Programmes

Please refer to chapter 5 for a description of the programmes

Measures

Risk predictors.

The Offender Group Reconviction Scale (OGRS3; Howard, Francis, Soothill & Humphreys, 2009) is a predictor of re-offending based on static risks – age, gender and criminal history. Scores range from 1-100 and bandings are classified as Low (1-49), Medium (50-74) and High (75+) (Howard et al., 2009). OGRS has been in use by probation staff and corrections researchers since the late 1990s, and is periodically updated to reflect changing patterns of offending. OGRS3 is the most recent version. It has been found to have strong predictive validity of 80% (Howard, Francis, Soothill & Humphreys, 2009).

The Offender Assessment System (OASys) is a structured clinical risk/needs assessment and management tool. This includes the OASys Violence Predictor (OVP; Howard, 2009) which is a predictor of the likelihood of violence-type offences based on a mixture of static and dynamic risk factors covered in the OASys assessment. Scores

range from 1-100 and bandings are classified as Low (0-29), Medium (30-59), High (60-79) and Very High (80-99). OVP has been found to have good predictive validity (AUC = .74; Howard, 2009).

Psychometric Test Battery.

A test battery of psychometric measures is routinely administered to IDAP/CDVP participants before and after the programme by programme staff in probation offices. The battery was collated during the programme's development to capture the programme's treatment targets.

The Revised Attitudes to Offence Scale (RATOS; developed by Offending Behaviour Programmes Unit, HM Prison Service) is a 37-item self-report measure which assesses Denial, Minimisation, Victim-blaming and Responsibility. Respondents rate items such as '*I accept the blame for what happened.*' on a 5-point Likert scale from Strongly Agree (0) to Strongly Disagree (4). Scores range from 0 to 148. Higher scores indicate greater sub-scale support and treatment would seek to lower scores. The internal consistency of the scale (Cronbach's α) in this sample was 0.83

The Inventory of Beliefs that Support Wife Beating - Revised Short Form (IBWB; Saunders, Lynch, Grayson & Linz, 1987) is an 11-item revision of the original, 36-item IBWB. The 11-item scale consists of eight items from the 'Wife beating is justified' (WJ) and three from the 'Help should be given' (HG) sub-scales. Respondents rate items such as '*Women could avoid being battered by their husbands or partners if they knew when to stop talking*.' on a 7-point Likert scale from Strongly Agree (0) to Strongly Disagree (6). Scores range from 11 to 77. Higher scores indicate attitudes supportive of domestic violence. The internal consistency of the scale (using Cronbach's α) in this sample was 0.85.

The Locus of Control Scale (LoC; Craig, Franklin & Andrews, 1984) *is* a 17-item scale which assesses the extent to which individuals believe that external factors control their life. Participants respond to items such as '*A great deal of what happens to me is just a matter of chance.'* using a 6-point scale from Strongly Disagree (0) to Strongly Agree (5). Some items are reversed scored and a total can range from 0 to 85. High scores indicate that an individual believes external factors affect behaviour and control their lives (external locus of control). The internal consistency of the scale (using Cronbach's α) in this sample was 0.71.

The Interpersonal Relationship Scale (IRS; Hupka & Rusch, 1997) is a 27-item self-report measure of six aspects of jealousy: Threat to exclusive companionship, Self-deprecation/envy, Dependency, Sexual possessiveness, Competition and vindictiveness, Distrust. Respondents rate each item such as '*When someone hugs my lover, I get sick inside.'* on a 6-point Likert scale from Strongly Agree (1) to Strongly Disagree (6). Each sub-scale scores range from 0 to 35, 0 to 35, 0 to 20, 0 to 15, 0 to 15, and 0 to 15 respectively. Higher scores reflect lower levels of jealousy. The internal consistency of each of the subscales (using Cronbach's α) in this sample were 0.87, 0.83, 0.87, 0.55, 0.68, and 0.74 respectively.

The Abusive Relationships Inventory (ARI; Boer, Kroner, Wong, & Cadsky, undated) is a 33 item self-report measure divided into 4 scales: Rationales for Hitting, Need for Control, Legal Entitlement, Batterers' Myths. The measure was developed to assess the attitudes and beliefs of male IPV perpetrators who were defined as men who have been physically, mentally or sexually abusive towards their female spouses. The authors anticipated that the measure could be used to identify candidates for Domestic Violence treatment alongside detecting changes in attitudes and beliefs as a result of treatment. Respondents rate each item such as '*After a fight, a husband and wife sometimes get along better.'* on a 7-point Likert scale from Strongly Disagree (1) to

Strongly Agree (7). Each sub-scale scores range from 11 to 77, 11 to 77, 7 to 49 and 4 to 28 respectively. Higher scores reflect stronger endorsement of attitudes supporting abuse in relationships. The internal consistency of each of the subscales (Cronbach's α) in this sample was 0.84, 0.85, 0.68, and 0.67 respectively.

The Paulhus Deception Scale (PDS; Paulhus, 1998), formerly known as the Balanced Inventory of Desirable Responding, consists of two subscales that provide a measure of socially desirable responding. The Self Deceptive Enhancement (SDE) subscale measures a person's tendency to give honest but exaggeratedly positive self-reports. Such individuals believe their self-reports and are presumably motivated by self-beliefs. The Impression Management (IM) subscale measures a person's tendency toward purposeful manipulation of answers to appear more socially acceptable. The PDS was used to conduct some preliminary analysis to examine whether participants had completed the psychometric battery in a socially desirable way.

Reconviction.

Reconviction data was sourced from the Police National Computer (PNC) on the sample of offenders who had completed one of the IPV intervention programmes between 2004 and 2008, to allow sufficient time for a 2-year follow-up period. The first recorded reconviction was classified as either 'any offence' (all offending categories), a 'violent offence' (using the OVP classifications), or a 'DV offence'. Overall, 30.1% of the sample were reconvicted for any offence (including violence and domestic violence), 23.3% for a violent offence and 20.4% for a DV offence within 2 years of the date of their sentence. As there is no specific offence for domestic violence within current legislation, and no DV flag on the PNC database, we used OASys assessments to determine whether any proven reoffending involved DV (See chapter 5 for details).

Treatment of Data

Reliable change.

A Reliable Change Index (RCI) was calculated following the method described by Jacobson and Truax (1991). The RCI was calculated as below

$$RCI = \frac{X^1 - X^2}{S_{diff}}$$

where X^1 = the pre-treatment score; X^2 = the post-treatment score; S_{diff} = the standard error of the difference between the two test scores = $\sqrt{2}$ (s^1 $\sqrt{1}$ –r)^2 where s^1 is the pre-test standard deviation and r is the reliability of the measure (Biegel, Shapiro, Brown, & Schubert, 2009; Wise, 2004). Typically, test re-test reliability of the measure is used in this technique (Jacobson & Truax, 1991). However, internal consistency has been proposed by some because of issues with practice effects and variability in correlation coefficients when calculating test-retest reliability (Bauer, Lambert & Nielsen, 2004; Martinovich, Saunders & Howard, 1996). Internal consistency is used in the present study as test-retest reliability scores were not available for all measures in the IDAP/CDVP test battery. An RCI greater than 1.96 indicates that the pre- to post-treatment change is statistically reliable (Wise, 2004). Clinical significance (CS) was defined in this study as a score that fell more than one standard deviation in the desired direction from the pre-test mean of this sample and consequently reflected normal range of functioning. While two standard deviations is more commonly applied, Wise (2004) argues that using one standard deviation is a defensible indicator of CS, as this corresponds to an effect size of 1.0, where 0.8 is considered a large effect (Cohen, 1988; 1992).

The sample was then classified into one of the five treatment change status

categories described by Jacobson, Roberts, Berns and McGlinchey (1999):

(1) *Deteriorated (D)* – an individual who demonstrates reliable change but in the undesired direction and who is not within the normal range of functioning post-treatment.

(2) *Unchanged (U)*- an individual who demonstrates no reliable change, and is not within the normal range of functioning post-treatment,

(3) *Improved (I)* – an individual who has demonstrated reliable change but who is not within the range of normal functioning post-treatment,

(4) *Recovered (R)* - an individual who demonstrates clinically significant and reliable change, and

(5) *Always Okay (AO)* – for individuals whose scores were in the desirable range both pre- and post-treatment and whose statistical change was unreliable

Analysis.

The psychometric scores of recidivists and non-recidivists were compared using both the traditional t-tests on mean scores and Chi-square analysis of clinical change categories. T-tests were performed to establish whether there were any differences between recidivists and non-recidivists on the psychometric scores. Chi-square analyses were performed to examine associations between the treatment change status groups described above and recidivism. As the population in some cells was very small, treatment change status for all measures was further collapsed into just three categories: *Recovered*, *Not Recovered (Deteriorated, Improved and Unchanged)* and *Always Okay* in order to examine the association with recidivism.

Sequential Logistic regression analyses were performed to establish the relative influence of the psychometric measures on the prediction of reconviction rates alongside risk measures. For all regression analyses, the number of variables that can be

entered into the models is based on a formula cited in Harrell, Lee, and Mark (1996) which states that the number of predictor variables that can be entered into the model is *m*/10, where *m* is the number of people in the less-frequent outcome category (in this instance any, violent or DV recidivism). This means that logistic regression models can have 54, 41, and 17 predictor variables for any, violent and DV recidivism respectively. Consequently a series of logistic regression models were performed looking at pre-programme psychometrics, post-programme psychometrics and the collapsed treatment outcome categories only. Receiver operating characteristics (ROC) analyses were also performed. The area under the ROC curve statistic provides a measure of predictive accuracy and can range from .5, indicating that prediction is no better than chance, to 1, indicating perfect prediction. Due to the smaller numbers for IDAP and CDVP, for this analysis both programmes will be looked at together rather than separately.

Preliminary Analysis

Social Desirable Responding.

PDS scores were only available for 220 participants. In order to determine whether the participants may have completed the psychometrics in a socially desirable manner, correlational analyses were performed exploring the relationship between the IM scale and each of the measures scores pre- and post-treatment. The results suggest that for those participants who had scores on the PDS, there were no issues with socially desirable responding as scores were positively correlated, that is those whose scores were more problematic on each measure also had high IM scores.

Results

Hypothesis 1: Pre- and post-treatment psychometrics will discriminate between recidivists and non-recidivists in a sample of treatment completers.

Table 6.2 shows the pre-and post-programme mean scores and standard deviations for the psychometric measures. It should be noted that there will be variation in the numbers across measures due to incomplete questionnaires etc. Scores are reported for recidivists (any offence; N = 541), violent recidivists (N = 418), DV recidivists (N = 179) non-recidivists (N = 1255) violent non-recidivists (N = 1378) and DV non-recidivists (N = 1617). The violent non-recidivist group includes 123 offenders who recidivated with a non-violent offence.

Table 6.2

Pre- and post-treatment mean scores - recidivist versus non-recidivists

Measure	**Both**				**IDAP**				**CDVP**			
	Pre Programme Mean (SD)		**Post Programme Mean (SD)**		**Pre Programme Mean (SD)**		**Post Programme Mean (SD)**		**Pre Programme Mean (SD)**		**Post Programme Mean (SD)**	
	Recidivist (Any offence)	**Non-Recidivist**	**Recidivist (Any offence**	**Non Recidivist**	**Recidivist (Any Offence)**	**Non-Recidivist**	**Recidivist (Any Offence)**	**Non-Recidivist**	**Recidivist (Any Offence)**	**Non-Recidivist**	**Recidivist (Any Offence)**	**Non-Recidivist**
RATOS (N =)	41.92 (11.94)	42.23 (12.69)	30.35 (13.34)	29.70 (14.63)	41.51 (12.06)	42.02 (12.63)	29.03 (12.93)	29.23 (14.65)	42.90 (11.64)	42.96 (12.90)	33.33 (13.82)	31.36 (14.48)
IBWB (N =)	14.25 (14.83)	13.84 (14.81)	13.38 (13.49)	9.84 (12.57)	19.15 (16.06)	20.97 (18.14)	12.41 (13.61)	13.26 (14.41)	24.94 (18.79)	22.77 (17.33)	18.43 (16.59)	15.73 (15.94)

LoC (N =)	29.10 (10.36)	27.49 (10.21)	23.38 (11.41)	21.12 (11.16)	28.76 (10.21)	27.06 (10.16)	22.64 (11.19)	20.92 (10.91)	29.91 (10.69)	28.93 (10.29)	25.18 (11.79)	21.82 (11.96)
IRS: Threat to exclusive companionship (N =)	27.83 (8.14)	29.61 (8.34)*	31.30 (7.73)	32.56 (7.29)*	27.97 (8.11)	29.88 (8.27) *	31.89 (7.37)	32.76 (7.30)	27.53 (8.23)	28.72 (8.50)	29.97 (8.36)	31.93 (7.23)
IRS: Self-deprecation envy (N =)	32.83 (7.25)	33.42 (6.94)	35.21 (6.42)	35.92 (6.0)	33.09 (7.38)	33.56 (6.93)	35.25 (6.47)	36.19 (5.87)	32.21 (6.93)	32.98 (6.98)	35.13 (6.34)	35.05 (6.33)
IRS: Dependency (N =)	15.33 (5.82)	15.77 (5.75)	18.12 (5.15)	18.11 (5.23)	15.32 (5.77)	15.75 (5.83)	18.45 (4.88)	18.16 (5.21)	15.34 (5.93)	15.86 (5.49)	17.37 (5.64)	17.94 (5.31)
IRS: Sexual Possessivene	7.23	7.48	8.08	8.12	7.18	7.49	8.14	8.23	7.36	7.45	7.93	7.79

ss (N =)	(3.66)	(3.65)	(3.53)	(3.55)	(3.58)	(3.68)	(3.46)	(3.59)	(3.82)	(3.59)	(3.67)	(3.40)
IRS: Competition and vindictiveness (N =)	13.28 (3.33)	13.82 (3.29)*	14.52 (3.0)	14.83 (2.97)	13.29 (3.40)	13.89 (3.25)*	14.50 (3.05)	14.89 (2.94)	13.28 (3.16)	13.60 (3.40)	14.54 (2.89)	14.62 (3.06)
IRS: Distrust (N =)	13.02 (3.97)	13.85 (3.65)*	13.98 (3.65)	14.78 (3.33)*	13.05 (4.00)	13.96 (3.61) *	14.05 (3.75)	14.88 (3.29)*	12.97 (3.92)	13.51 (3.76)	13.84 (3.43)	14.45 (3.47)
ARI: Rationales for hitting (N =)	17.14 (8.28)	15.94 (7.58)	14.29 (5.40)	14.38 (7.01)	16.65 (7.82)	15.72 (7.24)	14.09 (4.86)	14.25 (6.82)	18.23 (9.17)	16.64 (8.58)	14.74 (6.49)	14.80 (7.59)
ARI: Need for control	22.02	20.54	16.49	16.41	21.45	20.31	16.35	16.29	23.31	21.30	16.84	16.83

(N =)	(10.09)	(9.49)	(6.79)	(8.10)	(9.62)	(9.21)	(6.50)	(8.01)	(11.00)	(10.32)	(7.43)	(8.40)
ARI: Legal entitlement (N =)	13.23 (7.40)	12.10 (6.62)	11.03 (6.91)	10.65 (5.97)	13.12 (7.45) *	11.59 (6.05)	10.80 (6.89)	10.36 (5.71)	13.47 (7.30)	13.81 (8.00)	11.57 (6.95)	11.60 (6.69)
ARI: Batterers Myths (N =)	8.40 (4.44)	8.13 (4.27)	6.88 (3.67)	6.90 (3.87)	8.01 (4.32)	8.01 (4.17)	6.80 (3.43)	6.98 (3.98)	9.30 (4.60)	8.52 (4.56)	7.07 (4.18)	6.63 (3.49)
Measure	**Both**				**IDAP**				**CDVP**			
	Pre Programme Mean (SD)		**Post Programme Mean (SD)**		**Pre Programme Mean (SD)**		**Post Programme Mean (SD)**		**Pre Programme Mean (SD)**		**Post Programme Mean (SD)**	
	Violent Recidivist	**Violent Non-Recidivist**	**Violent Recidivist**	**Violent Non Recidivist**	**Violent Recidivist**	**Violent Non-Recidivist**	**Violent Recidivist**	**Violent Non-Recidivist**	**Violent Recidivist**	**Violent Non-Recidivist**	**Violent Recidivist**	**Violent Non-Recidivist**

		st		**st**		**st**		**st**		**st**		**st**
RATOS (N =)	41.27 (12.27)	42.40 (12.52)	29.96 (13.51)	29.88 (14.48)	41.71 (12.60)	41.90 (12.45)	28.29 (13.01)	29.31 (14.35)	41.14 (10.76)	43.28 (12.74)	31.22 (14.44)	32.31 (14.22)
IBWB (N =)	20.43 (17.05)	21.47 (17.91)	14.21 (15.14)	13.88 (14.72)	19.92 (16.24)	20.54 (17.79)	13.01 (13.89)	13.03 (14.24)	26.21 (19.91)	22.99 (17.40)	17.08 (18.08)	16.63 (15.84)
LoC (N =)	29.44 (10.25)	27.53 (10.25)*	23.43 (11.28)	21.30 (11.23)*	29.11 (10.05)	27.31 (10.20)	22.40 (10.06)	21.25 (11.13)	29.94 (10.39)	29.14 (10.45)	24.02 (10.70)	22.78 (12.25)
IRS: Threat to exclusive companionship (N =)	27.59 (8.00)	29.53 (8.36)*	30.94 (7.80)	32.56 (7.30)*	27.48 (7.72)	29.62 (8.31) *	31.28 (7.35)	32.70 (7.31)	26.95 (8.11)	28.57 (8.45)	29.55 (8.27)	31.57 (7.55)
IRS: Self-deprecation	32.72 (7.27)	33.40 (6.96)	35.09 (6.51)	35.90 (6.01)	32.82 (7.20)	33.52 (7.03)	34.88 (6.45)	36.08 (5.98)	32.00 (6.09)	32.86 (7.14)	35.09 (6.57)	35.08 (6.28)

envy (N =)												
IRS: Dependency (N =)	15.40 (5.79)	15.71 (5.77)	18.13 (5.28)	18.11 (5.18)	14.99 (5.49)	15.72 (5.86)	18.09 (5.22)	18.27 (5.11)	14.89 (5.57)	15.83 (5.66)	16.96 (5.77)	17.90 (5.35)
IRS: Sexual Possessiveness (N =)	7.13 (3.55)	7.49 (3.68)	8.00 (3.51)	8.14 (3.56)	6.71 (3.18)	7.50 (3.70)	7.96 (3.49)	8.24 (3.57)	7.37 (3.67)	7.43 (3.68)	7.84 (3.85)	7.84 (3.43)
IRS: Competition and vindictiveness (N =)	13.19 (3.30)	13.81 (3.30)	14.43 (3.06)	14.82 (2.95)	13.18 (3.50)	13.80 (3.27)	14.48 (3.14)	14.82 (2.95)	13.11 (3.14)	13.56 (3.35)	14.72 (2.75)	14.57 (3.05)
IRS: Distrust	12.99	13.79	13.96	14.71	13.36	13.76	13.94	14.75	13.19	13.34	14.63	14.15

(N =)	(3.92)	(3.70)*	(3.71)	(3.35)*	(3.73)	(3.75)	(3.84)	(3.37)	(3.85)	(3.83)	(3.32)	(3.49)
ARI: Rationales for hitting (N =)	17.25 (8.43)	16.01 (7.60)	14.34 (5.42)	14.35 (6.88)	16.85 (7.65)	15.86 (7.37)	13.93 (4.23)	14.25 (6.58)	18.60 (9.56)	16.92 (8.64)	14.33 (6.20)	14.87 (7.41)
ARI: Need for control (N =)	22.33 (10.13)	20.57 (9.52)*	16.62 (6.68)	16.38 (8.02)	22.42 (9.17)	20.36 (9.33)	16.37 (5.95)	16.29 (7.83)	24.01 (11.60)	21.60 (10.35)	16.40 (7.42)	16.92 (8.19)
ARI: Legal entitlement (N =)	13.47 (7.31)	12.13* (6.71)	11.19 (7.21)	10.63 (5.94)	12.61 (6.33)	11.93 (6.53)	10.24 (4.87)	10.52 (6.22)	14.01 (8.00)	13.62 (7.70)	11.57 (7.51)	11.60)
ARI: Batterers	8.48 (4.45)	8.13 (4.28)	6.86 (3.67)	6.91 (3.85)	8.12 (4.28)	7.99 (4.20)	6.41 (2.91)	7.01 (3.94)	8.93 (4.64)	8.78 (4.58)	6.25 (3.65)	6.90 (3.78)

Myths (N =)

Measure	Both				IDAP				CDVP			
	Pre Programme Mean (SD)		Post Programme Mean (SD)		Pre Programme Mean (SD)		Post Programme Mean (SD)		Pre Programme Mean (SD)		Post Programme Mean (SD)	
	DV recidivist	DV Non-Recidivist	DV Recidivist	Non DV Recidivist	DV Recidivist	DV Non-Recidivist	DV Recidivist	DV Non-Recidivist	DV Recidivist	DV Non-Recidivist	DV Recidivist	DV Non-Recidivist
RATOS (N =)	42.63 (12.46)	42.09 (12.47)	30.33 (15.02)	29.85 (14.16)	43.67 (12.12)	41.68 (12.49)	29.67 (14.96)	29.12 (14.10)	39.45 (13.08)	43.33 (12.35)	31.88 (15.21)	32.15 (14.13)
IBWB (N =)	24.75 (19.53)	20.84 (17.46)	8.78 (10.33)	11.12 (13.21)	22.99 (18.14)	20.19 (17.53)	13.67 (15.39)	12.96 (14.07)	29.01 (22.15)	22.82 (17.13)	19.41 (19.70)	16.37 (15.72)

LoC (N =)	28.68 (9.98)	27.88 (10.31)	22.85 (11.62)	21.67 (11.24)	28.75 (9.93)	27.40 (10.22)	23.04 (11.77)	21.23 (10.92)	28.51 (10.22)	29.37 (10.47)	22.36 (11.35)	23.07 (12.09)
IRS: Threat to exclusive companionship (N =)	28.38 (8.18)	29.14 (8.33)	30.83 (7.77)	32.33 (7.40)	29.00 (8.47)	29.38 (8.25)	31.25 (7.52)	32.65 (7.30)	26.94 (7.32)	28.46 (8.53)	29.80 (8.32)	31.40 (7.62)
IRS: Self-deprecation envy (N =)	32.71 (7.43)	33.30 (6.99)	35.26 (6.32)	35.76 (6.10)	33.04 (7.67)	33.47 (6.99)	35.23 (6.71)	36.00 (5.98)	31.94 (6.86)	32.81 (6.98)	35.34 (5.75)	35.04 (6.40)
IRS: Dependency (N =)	15.04 (5.49)	15.70 (5.80)	17.65 (5.29)	18.16 (5.19)	14.96 (5.67)	15.70 (5.83)	17.50 (5.33)	18.32 (5.09)	15.22 (5.11)	15.73 (5.72)	18.00 (5.23)	17.70 (5.46)
IRS: Sexual Possessivene	7.31	7.42	7.86	8.13	7.32	7.41	7.85	8.24	7.27	7.44	7.88	7.83

ss (N =)	(3.61)	(3.66)	(3.25)	(3.57)	(3.73)	(3.64)	(3.09)	(3.60)	(3.35)	(3.71)	(3.64)	(3.48)
IRS: Competition and vindictiveness (N =)	13.17 (3.55)	13.71 (3.28)	14.20 (3.27)	14.79 (2.94)	13.13 (3.76)	13.78 (3.25)	14.16 (3.43)	14.84 (2.92)	13.27 (3.05)	13.51 (3.35)	14.28 (2.87)	14.63 (3.02)
IRS: Distrust (N =)	13.48 (3.77)	13.62 (3.77)	14.44 (3.34)	14.55 (3.46)	13.70 (3.80)	13.71 (3.74)	14.58 (3.29)	14.65 (3.46)	12.98 (3.69)	13.36 (3.85)	14.12 (3.46)	14.25 (3.47)
ARI: Rationales for hitting (N =)	17.51 (8.64)	16.17 (7.71)	14.71 (6.16)	14.31 (6.60)	17.27 (7.73)	15.85 (7.37)	14.42 (5.20)	14.18 (6.43)	18.09 (10.55)	17.10 (8.59)	15.47 (8.18)	14.70 (7.09)
ARI: Need for control	21.99	20.88	16.57	16.42	21.20	20.57	15.90	16.34	23.88	21.79	18.27	16.66

(N =)	(9.53)	(9.71)	(6.69)	(7.83)	(8.38)	(9.43)	(5.70)	(7.78)	(11.71)	(10.45)	(8.57)	(7.99)
ARI: Legal entitlement (N =)	12.68 (7.00)	12.41 (6.87)	11.37 (8.48)	10.70 (5.98)	12.31 (6.50)	11.98 (6.51)	11.04 (9.19)	10.43 (5.66)	13.56 (8.09)	13.70 (7.71)	12.22 (6.66)	11.51 (6.80)
ARI: Batterers Myths (N =)	8.28 (4.30)	8.20 (4.33)	6.77 (3.67)	6.91 (3.83)	8.11 (4.12)	8.00 (4.22)	6.28 (2.88)	7.00 (3.91)	8.68 (4.72)	8.82 (4.57)	8.00 (5.00)	6.64 (3.56)

* significant difference after bonferonni adjustment, p <0.004

Both.

Independent t-tests with Bonferroni adjustment were performed to explore whether there were any statistical differences between recidivists and non-recidivists on the measures before and after attending the programme. Three scales were found to significantly discriminate recidivists (any) at the pre-test stage: IRS: Threat to exclusive companionship (t (1654) = 4.005, p<.004); IRS: Competition and vindictiveness (t (1674) = 3.060, p<.004); and IRS: Distrust (t (1662) = 4.019, p<.004) (non-recidivists scored consistently 'better' than recidivists). At post-test, two scales continued to discriminate between recidivists (any offence) and non-recidivists (any offence): IRS: Threat to exclusive companionship (t (1676) = 3.130, p<.004) and IRS: Distrust (t (1690) = 4.363, p<.04). Again, the non-recidivists (any offence) scored better, that is they were closer to the functional range, than the recidivist (any offence) group.

Three different scales were found to distinguish those with a violent reoffence from those without at pre-test: locus of control (t (1577) = -3.094, p< .04), IRS: Threat to exclusive companionship (t (1654) = 4.036, p<.05), and IRS: Distrust (t (1662) = 3.698, p<.04). All three measures remained as significant discriminators of violent reoffending at post test (Locus of control (t(1593) = -3.175, p<.04), IRS: Threat to exclusive companionship (t (1676) = 3.782, p<.05) and IRS: Distrust (t (1690) = 3.834, p<.04). Violent non-recidivists scored closer to the functional range on all these measures than the violent recidivists.

No scales were found to discriminate between DV recidivists at either the pre or post-test.

IDAP.

Four scales were found to significantly discriminate IDAP recidivists (any) at the pre-test stage: IRS: Threat to exclusive companionship (t (1225) = -3.655, p<.004);

IRS: Competition and vindictiveness (t (1241) = -2.903, p<.004); IRS: Distrust (t (1229) = -3.877, p<.004); and ARI: Legal entitlement (t (1235) = 3.731, p<0.004). Non-recidivists scored consistently 'better' than recidivists. At post-test, IRS: Distrust (t (1229) = -3.877, p<.004) discriminated between IDAP recidivists (any) non-recidivists (any offence). Again, the non-recidivists (any offence) scored better, that is they were closer to the functional range, than the recidivist (any offence) group.

One scale was found to distinguish those IDAP participants with a violent reoffence from those without at pre-test: IRS: Threat to exclusive companionship (t (1225) = -3.059, p<.004). No measures were found to be significant discriminators of violent reoffending at post test.

No scales were found to discriminate between IDAP DV recidivists at either the pre or post-test.

CDVP.

No scales were found to significantly discriminate CDVP recidivists with any, violent or DV reoffences from those without at the pre or post-test stages.

Hypothesis 2: Non-recidivists will evidence greater psychometric change (a higher proportion of participants showing clinical and reliable change on a wider range of measures) than recidivists.

Scores on each psychometric were then examined to establish whether each participant demonstrated reliable change (a statistically reliable change in scores over treatment), and clinically significant change (change to within a normal functioning range of scores) on those measures. For three subscales of the ARI (Rationales for hitting; Legal entitlement, Batterer's myths) no offenders achieved clinically significant

change.

By combining indicators of reliable and clinically significant change a treatment change status category was computed for each measure. Table 6.3 shows the number of participants classified in each treatment change status category measures (*Deteriorated, Unchanged, Improved, Recovered, Always Okay*) for each of the psychometric measures. For the majority of the psychometric measures the greatest number of offenders fell into the *Unchanged* group (ranging from 45.6-90.1%), and the fewest in the *Deteriorated* group. The proportion of offenders who fell into the *Recovered* group ranged from 0-26.9%.

The RATOS measure of offenders' attitudes regarding their offending behaviour appears to be the most susceptible to change, demonstrating the highest proportions of individuals classified as *Recovered* (26.9%). However 45.6% were also classified as *Unchanged* on this measure.

Table 6.3

Treatment change status for each measure

Measure	**Both**					**IDAP**					**CDVP**				
	D	**U**	**I**	**R**	**AO**	**D**	**U**	**I**	**R**	**AO**	**D**	**U**	**I**	**R**	**AO**
	N (%)	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**	**N (%)**
RATOS (N = 1322)	18 (1.4%)	603 (45.6%)	151 (11.4%)	356 (26.9%)	194 (14.7%)	13 (1.3%)	438 (43.7%)	117 (11.7%)	284 (28.3%)	150 (15.0%)	5 (1.6%)	165 (51.6%)	34 (10.6%)	72 (22.5%)	44 (13.8%)
IBWB (N = 1639)	70 (4.3%)	1064 (64.9%)	192 (11.7%)	115 (7.0%)	198 (12.1%)	56 (4.5%)	786 (63.9%)	140 (11.4%)	89 (7.2%)	160 (13.0%)	14 (3.4%)	278 (68.1%)	52 (12.7%)	26 (6.4%)	38 (9.3%)

LoC (N = 1457)	48 (3.3%)	1129 (77.5 %)	254 (17.4 %)	23 (1.6%)	3 (0.2%)	32 (2.9%)	870 (78.7 %)	182 (16.5 %)	19 (1.7%)	2 (0.2%)	16 (4.5%)	259 (73.6 %)	72 (20.5 %)	4 (1.1%)	1 (0.3%)
IRS: Threat to exclusive companionship (N = 1625)	81 (5.0%)	948 (58.3 %)	201 (12.4 %)	138 (8.5%)	257 (15.8 %)	58 (4.8%)	692 (57.6 %)	146 (12.1 %)	112 (9.3%)	194 (16.1 %)	23 (5.4%)	256 (60.5 %)	55 (13.0 %)	26 (6.1%)	63 (14.9 %)
IRS: Self-deprecation envy (N = 1604)	79 (4.9%)	960 (59.9 %)	204 (12.7 %)	105 (6.5%)	256 (16.0 %)	54 (4.5%)	701 (58.8 %)	148 (12.4 %)	82 (6.9%)	207 (17.4 %)	25 (6.1%)	259 (62.9 %)	56 (13.6 %)	23 (5.6%)	49 (11.9 %)

IRS: Dependency (N = 1656)	97 (5.9%)	838 (50.6 %)	229 (13.8 %)	208 (12.6 %)	284 (17.1 %)	63 (5.1%)	619 (50.5 %)	175 (14.3 %)	156 (12.7 %)	212 (17.3 %)	34 (7.9%)	219 (50.8 %)	54 (12.5 %)	52 (12.1 %)	72 (16.7 %)
IRS: Sexual Possessiveness (N = 1632)	66 (4.0%)	1264 (77.5 %)	19 (1.2%)	90 (5.5%)	193 (11.8 %)	47 (3.9%)	931 (77.4 %)	13 (1.1%)	70 (5.8%)	142 (11.8 %)	19 (4.4%)	333 (77.6 %)	6 (1.4%)	20 (4.7%)	51 (11.9 %)
IRS: Competition and vindictiveness (N = 1659)	27 (1.6%)	1102 (66.4 %)	52 (3.1%)	79 (4.8%)	399 (24.1 %)	17 (1.4%)	811 (66.0 %)	32 (2.6%)	65 (5.3%)	304 (24.7 %)	10 (2.3%)	291 (67.7 %)	20 (4.7%)	14 (3.3%)	95 (22.1 %)

IRS: Distrust (N = 1645)	60 (3.6%)	1087 (66.1%)	112 (6.8%)	69 (4.2%)	317 (19.3%)	46 (3.8%)	794 (65.2%)	75 (6.2%)	55 (4.5%)	247 (20.3%)	14 (3.3%)	293 (68.5%)	37 (8.6%)	14 (3.3%)	70 (16.4%)
ARI: Rationales for hitting (N = 1612)	65 (4.0%)	1330 (82.5%)	217 (13.5%)	0 (0%)	0 (0%)	48 (4.0%)	1006 (83.6%)	149 (12.4%)	0 (0%)	0 (0%)	17 (4.2%)	324 (79.3%)	68 (16.6%)	0 (0%)	0 (0%)
ARI: Need for control (N = 1610)	56 (3.5%)	1030 (64.0%)	202 (12.5%)	111 (6.9%)	211 (13.1%)	41 (3.4%)	778 (64.5%)	139 (11.5%)	80 (6.6%)	169 (14.0%)	15 (3.7%)	252 (62.5%)	63 (15.6%)	31 (7.7%)	42 (10.4%)
ARI: Legal entitlement (N = 1623)	70 (4.3%)	1396 (86.0%)	157 (9.7%)	0 (0%)	0 (0%)	49 (4.0%)	1059 (87.0%)	109 (9.0%)	0 (0%)	0 (0%)	21 (5.2%)	337 (83.0%)	48 (11.8%)	0 (0%)	0 (0%)

ARI: Batterers Myths (N = 1612)	45 (2.8%)	1452 (90.1 %)	115 (7.1%)	0 (0%)	0 (0%)	37 (3.1%)	1099 (91.0 %)	72 (6.0%)	0 (0%)	0 (0%)	8 (2.0%)	353 (87.4 %)	43 (10.6 %)	0 (0%)	0 (0%)

Hypothesis 3: Treatment change status will be associated with recidivism.

To explore the relationship between treatment change and recidivism a series of statistical tests were performed. Chi-square tests were performed to examine whether there were any associations between those participants who evidenced treatment change (classified as *Recovered* compared to the *Not Recovered* and *Always Okay* groups*)* and any, violent and DV recidivism (see tables 6.4, 6.5, and 6.6). No significant associations were found for any of the measures for any, violent or DV offending across the two programmes.

Table 6.4

Treatment change status for each measure and Any reconviction

Programme	Measure	Recovered		Not Recovered		Always Okay		χ^2
		N (%)		N (%)		N (%)		Statistic
		Reconviction Any Offence	No Reconviction	Reconviction Any Offence	No Reconviction	Reconviction Any Offence	No Reconviction	
Both	RATOS (N = 1322)	99	257	243	529	62	132	1.754
		(24.5%)	(28.0%)	(60.1%)	(57.6%)	(15.3%)	(14.4%)	
	IBWB (N = 1639)	38	77	398	928	51	147	2.152
		(7.8%)	(6.7%)	(81.7%)	(80.6%)	(10.5%)	(12.8%)	
	LoC (N = 1457)	6	17	416	1015	2	1	2.154
		(1.4%)	(1.6%)	(98.1%)	(98.3%)	(0.5%)	(0.1%)	
	IRS: Threat to exclusive	43	95	391	839	57	200	9.374

companionship (N = 1625)	(8.8%)	(8.4%)	(79.6%)	(74.0%)	(11.6%)	(17.6%)	
IRS: Self-deprecation envy (N = 1604)	31 (6.4%)	74 (6.6%)	384 (78.9%)	859 (76.9%)	72 (14.8%)	184 (16.5%)	0.807
IRS: Dependency (N = 1656)	62 (12.4%)	146 (12.6%)	358 (71.7%)	806 (69.7%)	79 (15.8%)	205 (17.7%)	0.949
IRS: Sexual Possessiveness (N = 1632)	31 (6.3%)	59 (5.2%)	407 (82.2%)	942 (82.8%)	57 (11.5%)	136 (12.0%)	0.795
IRS: Competition and vindictiveness (N = 1659)	25 (5.0%)	54 (4.7%)	377 (75.2%)	804 (69.4%)	99 (19.8%)	300 (25.9%)	7.235
IRS: Distrust (N = 1645)	18 (3.6%)	51 (4.4%)	396 (80.0%)	863 (75.0%)	81 (16.4%)	236 (20.5%)	4.742

	ARI: Rationales for hitting (N = 1612)	0 (0%)	0 (0%)	486 (100%)	1126 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Need for control (N = 1610)	42 (8.7%)	69 (6.1%)	389 (80.4%)	899 (79.8%)	53 (11.0%)	158 (14.0%)	5.657
	ARI: Legal entitlement (N = 1623)	0 (0%)	0 (0%)	483 (100%)	1140 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Batterers Myths (N = 1612)	0 (0%)	0 (0%)	491 (100%)	1121 (100%)	0 (0%)	0 (0%)	N/A
IDAP	RATOS (N =)	72 (25.4%)	212 (29.5%)	165 (58.1%)	403 (56.1%)	47 (16.5%)	103 (14.3%)	2.051
	IBWB (N =)	28 (8.2%)	61 (6.8%)	269 (79.1%)	713 (80.0%)	43 (12.6%)	117 (13.1%)	0.726
	LoC (N =)	4 (1.3%)	15 (1.9%)	298 (98.3%)	786 (98.0%)	1 (0.3%)	1 (0.1%)	0.902
	IRS: Threat to exclusive	33 (9.8%)	79 (9.1%)	267 (79.2%)	629 (72.7%)	37 (11.0%)	157 (18.2%)	9.220

companionship (N =)							
IRS: Self-deprecation envy (N =)	22 (6.5%)	60 (7.0%)	259 (76.6%)	644 (75.4%)	57 (16.9%)	150 (17.6%)	0.210
IRS: Dependency (N =)	48 (14.0%)	108 (12.3%)	241 (70.1%)	616 (69.9%)	55 (16.0%)	157 (17.8%)	1.039
IRS: Sexual Possessiveness (N =)	23 (6.7%)	47 (5.5%)	282 (82.7%)	709 (82.3%)	36 (10.6%)	106 (12.3%)	1.334
IRS: Competition and vindictiveness (N =)	19 (5.5%)	46 (5.2%)	258 (74.6%)	602 (68.2%)	69 (19.9%)	235 (26.6%)	5.961
IRS: Distrust (N =)	14 (4.1%)	41 (4.7%)	275 (80.4%)	640 (73.1%)	53 (15.5%)	194 (22.2%)	7.315
ARI: Rationales for	0 (0%)	0 (0%)	340 (100%)	863 (100%)	0 (0%)	0 (0%)	N/A

	hitting (N =)							
	ARI: Need for control (N =)	25 (7.4%)	55 (6.3%)	272 (80.0%)	686 (79.1%)	43 (12.6%)	126 (14.5%)	1.019
	ARI: Legal entitlement (N =)	0 (0%)	0 (0%)	338 (100%)	879 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Batterers Myths (N =)	0 (0%)	0 (0%)	342 (100%)	866 (100%)	0 (0%)	0 (0%)	N/A
CDVP	RATOS (N = 320)	27 (22.5%)	45 (22.5%)	78 (65.0%)	126 (63.0%)	15 (12.5%)	29 (14.5%)	0.265
	IBWB (N = 408)	10 (6.8%)	16 (6.1%)	129 (87.8%)	215 (82.4%)	8 (5.4%)	30 (11.5%)	4.088
	LoC (N = 352)	2 (1.7%)	2 (0.9%)	118 (97.5%)	229 (99.1%)	1 (0.8%)	0 (0%)	2.363
	IRS: Threat to exclusive companionship (N = 423)	10 (6.5%)	16 (5.9%)	124 (80.5%)	210 (78.1%)	20 (13.0%)	43 (16.0%)	0.713
	IRS: Self-	9 (6.0%)	14 (5.3%)	125 (83.9%)	215 (81.7%)	15 (10.1%)	34 (12.9%)	0.795

deprecation envy (N = 412)							
IRS: Dependency (N = 431)	14 (9.0%)	38 (13.8%)	117 (75.5%)	190 (68.8%)	24 (15.5%)	48 (17.4%)	2.676
IRS: Sexual Possessiveness (N = 429)	8 (5.2%)	12 (4.4%)	125 (81.2%)	233 (84.7%)	21 (13.6%)	30 (10.9%)	0.914
IRS: Competition and vindictiveness (N = 430)	6 (3.9%)	8 (2.9%)	119 (76.8%)	202 (73.5%)	30 (19.4%)	65 (23.6%)	1.251
IRS: Distrust (N = 428)	4 (2.6%)	10 (3.6%)	121 (79.1%)	223 (81.1%)	28 (18.3%)	42 (15.3%)	0.914
ARI: Rationales for hitting (N = 409)	0 (0%)	0 (0%)	146 (100%)	263 (100%)	0 (0%)	0 (0%)	N/A
ARI: Need for	17 (11.8%)	14 (5.4%)	117 (81.3%)	213 (82.2%)	10 (6.9%)	32 (12.4%)	7.539

control (N = 403)							
ARI: Legal entitlement (N = 406)	0 (0%)	0 (0%)	145 (100%)	261 (100%)	0 (0%)	0 (0%)	N/A
ARI: Batterers Myths (N = 404)	0 (0%)	0 (0%)	149 (100%)	255 (100%)	0 (0%)	0 (0%)	N/A

Table 6.5

Treatment change status for each measure and Violent reconviction

Programme	Measure	Recovered		Not Recovered		Always Okay		χ^2
		N (%)		N (%)		N (%)		Statistic
		Reconviction Violent Offence	No Violent Reconviction	Reconviction Violent Offence	No Violent Reconviction	Reconviction Violent Offence	No Violent Reconviction	
Both	RATOS (N = 1322)	51	305	109	663	32	162	0.720
		(26.6%)	(27.0%)	(56.8%)	(58.7%)	(16.7%)	(14.3%)	
	IBWB (N = 1639)	19	96	189	1137	17	181	5.488
		(8.4%)	(6.8%)	(84.0%)	(80.4%)	(7.6%)	(12.8%)	
	LoC (N = 1457)	1	22	197	1234	0	3	2.183
		(0.5%)	(1.7%)	(99.5%)	(98.0%)	(0%)	(0.2%)	
	IRS: Threat to exclusive companionship (N =	19	119	188	1042	25	232	5.396

1625)	(8.2%)	(8.5%)	(81.0%)	(74.8%)	(10.8%)	(16.7%)	
IRS: Self-deprecation envy (N = 1604)	20 (8.7%)	85 (6.2%)	186 (80.5%)	1057 (77.0%)	25 (10.8%)	231 (16.8%)	6.620
IRS: Dependency (N = 1656)	33 (14.1%)	175 (12.3%)	173 (73.9%)	991 (69.7%)	28 (12.0%)	256 (18.0%)	5.300
IRS: Sexual Possessiveness (N = 1632)	12 (5.2%)	78 (5.6%)	197 (85.7%)	1152 (82.2%)	21 (9.1%)	172 (12.3%)	1.978
IRS: Competition and vindictiveness (N = 1659)	9 (3.8%)	70 (4.9%)	181 (77.0%)	1000 (70.2%)	45 (19.1%)	354 (24.9%)	4.544
IRS: Distrust (N = 1645)	5 (2.1%)	64 (4.5%)	190 (81.5%)	1069 (75.7%)	38 (16.3%)	279 (19.8%)	4.482
ARI: Rationales for	0	0	229	1383	0	0	N/A

	hitting (N = 1612)	(0%)	(0%)	(100%)	(100%)	(0%)	(0%)	
	ARI: Need for control (N = 1610)	21 (9.2%)	90 (6.5%)	188 (82.1%)	1100 (79.7%)	20 (8.7%)	191 (13.8%)	6.046
	ARI: Legal entitlement (N = 1623)	0 (0%)	0 (0%)	231 (100%)	1392 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Batterers Myths (N = 1612)	0 (0%)	0 (0%)	230 (100%)	1382 (100%)	0 (0%)	0 (0%)	N/A
IDAP	RATOS (N =)	35 (25.4%)	249 (28.8%)	77 (55.8%)	491 (56.8%)	26 (18.8%)	124 (14.4%)	2.126
	IBWB (N =)	12 (7.7%)	77 (7.2%)	129 (83.2%)	853 (79.3%)	14 (9.0%)	146 (13.6%)	2.475
	LoC (N =)	1 (0.7%)	18 (1.9%)	139 (99.3%)	945 (97.9%)	0 (0%)	2 (0.2%)	1.255
	IRS: Threat to exclusive companionship (N =)	16 (10.1%)	96 (9.2%)	128 (81.0%)	768 (73.6%)	14 (8.9%)	180 (17.2%)	7.121
	IRS: Self-deprecation envy (N =)	13 (8.3%)	69 (6.7%)	123 (78.3%)	780 (75.4%)	21 (13.4%)	186 (18.0%)	2.334

IRS: Dependency (N =)	25 (15.7%)	131 (12.3%)	113 (71.1%)	744 (69.8%)	21 (13.2%)	191 (17.9%)	3.087
IRS: Sexual Possessiveness (N =)	10 (6.4%)	60 (5.7%)	135 (86.0%)	856 (81.8%)	12 (7.6%)	130 (12.4%)	3.028
IRS: Competition and vindictiveness (N =)	7 (4.3%)	58 (5.4%)	122 (75.8%)	738 (69.1%)	32 (19.9%)	272 (25.5%)	2.970
IRS: Distrust (N =)	4 (2.5%)	51 (4.8%)	131 (82.9%)	784 (74.0%)	23 (14.6%)	224 (21.2%)	5.975
ARI: Rationales for hitting (N =)	0 (0%)	0 (0%)	157 (100%)	1046 (100%)	0 (0%)	0 (0%)	N/A
ARI: Need for control (N =)	12 (7.6%)	68 (6.5%)	129 (82.2%)	829 (79.0%)	16 (10.2%)	153 (14.6%)	2.330
ARI: Legal entitlement (N =)	0 (0%)	0 (0%)	160 (100%)	1057 (100%)	0 (0%)	0 (0%)	N/A
ARI: Batterers Myths (N =)	0 (0%)	0 (0%)	159 (100%)	1049 (100%)	0 (0%)	0 (0%)	N/A

CDVP	RATOS (N =)	16 (29.6%)	56 (21.1%)	32 (59.3%)	172 (64.7%)	6 (11.1%)	38 (14.3%)	2.002
	IBWB (N =)	7 (10.0%)	19 (5.6%)	60 (85.7%)	284 (84.0%)	3 (4.3%)	35 (10.4%)	4.058
	LoC (N =)	0 (0%)	4 (1.4%)	58 (100%)	289 (98.3%)	0 (0%)	1 (0.3%)	1.001
	IRS: Threat to exclusive companionship (N =)	3 (4.1%)	23 (6.6%)	60 (81.1%)	274 (78.5%)	11 (14.9%)	52 (14.9%)	0.690
	IRS: Self-deprecation envy (N =)	7 (9.5%)	16 (4.7%)	63 (85.1%)	277 (82.0%)	4 (5.4%)	45 (13.3%)	5.695
	IRS: Dependency (N =)	8 (10.7%)	44 (12.4%)	60 (80.0%)	247 (69.4%)	7 (9.3%)	65 (18.3%)	4.082
	IRS: Sexual Possessiveness (N =)	2 (2.7%)	18 (5.1%)	62 (84.9%)	296 (83.1%)	9 (12.3%)	42 (11.8%)	0.735
	IRS: Competition and vindictiveness (N =)	2 (2.7%)	12 (3.4%)	59 (79.7%)	262 (73.6%)	13 (17.6%)	82 (23.0%)	1.221
	IRS: Distrust (N =)	1 (1.3%)	13 (3.7%)	59 (78.7%)	285 (80.7%)	15 (20.0%)	55 (15.6%)	1.815
	ARI: Rationales for	0 (0%)	0 (0%)	72 (100%)	337 (100%)	0 (0%)	0 (0%)	N/A

hitting (N =)							
ARI: Need for control (N =)	9 (12.5%)	22 (6.6%)	59 (81.9%)	271 (81.9%)	4 (5.6%)	38 (11.5%)	4.626
ARI: Legal entitlement (N =)	0 (0%)	0 (0%)	71 (100%)	335 (100%)	0 (0%)	0 (0%)	N/A
ARI: Batterers Myths (N =)	0 (0%)	0 (0%)	71 (100%)	333 (100%)	0 (0%)	0 (0%)	N/A

Table 6.6

Treatment change status for each measure and DV reconviction

Programme	Measure	Recovered N (%)		Not Recovered N (%)		Always Okay N (%)		χ^2 Statistic
		Reconviction DV Offence	No DV Reconviction	Reconviction DV Offence	No DV Reconviction	Reconviction DV Offence	No DV Reconviction	
Both	RATOS (N = 1322)	35 (25.9%)	321 (27.0%)	83 (61.5%)	689 (58.0%)	17 (12.6%)	177 (14.9%)	0.745
	IBWB (N = 1639)	14 (8.5%)	101 (6.9%)	141 (85.5%)	1185 (80.4%)	10 (6.1%)	188 (12.8%)	6.537
	LoC (N = 1457)	2 (1.4%)	21 (1.6%)	138 (97.9%)	1293 (98.3%)	1 (0.7%)	2 (0.2%)	1.948
	IRS: Threat to exclusive companionship (N = 1625)	11 (7.0%)	127 (8.7%)	122 (77.2%)	1108 (75.5%)	25 (15.8%)	232 (15.8%)	0.536
	IRS: Self-deprecation envy (N = 1604)	8 (5.0%)	97 (6.7%)	125 (78.6%)	1118 (77.4%)	26 (16.4%)	230 (15.9%)	0.664

IRS: Dependency (N = 1656)	19 (11.7%)	189 (12.7%)	122 (75.3%)	1042 (69.7%)	21 (13.0%)	263 (17.6%)	2.578
IRS: Sexual Possessiveness (N = 1632)	8 (5.1%)	82 (5.6%)	133 (84.2%)	1216 (82.5%)	17 (10.8%)	176 (11.9%)	0.282
IRS: Competition and vindictiveness (N = 1659)	5 (3.1%)	74 (4.9%)	122 (75.8%)	1059 (70.7%)	34 (21.1%)	365 (24.4%)	2.192
IRS: Distrust (N = 1645)	4 (2.5%)	65 (4.4%)	132 (81.0%)	1127 (76.0%)	27 (16.6%)	290 (19.6%)	2.462
ARI: Rationales for hitting (N = 1612)	0 (0%)	0 (0%)	152 (100%)	1460 (100%)	0 (0%)	0 (0%)	N/A
ARI: Need for control (N = 1610)	11 (7.2%)	100 (6.9%)	125 (81.7%)	1163 (79.8%)	17 (11.1%)	194 (13.3%)	0.596
ARI: Legal entitlement	0 (0%)	0 (0%)	155 (100%)	1468 (100%)	0 (0%)	0 (0%)	N/A

	(N = 1623)							
	ARI: Batterers Myths (N = 1612)	0 (0%)	0 (0%)	152 (100%)	1460 (100%)	0 (0%)	0 (0%)	N/A
IDAP	RATOS (N =)	28 (28.3%)	256 (28.3%)	61 (61.6%)	507 (56.1%)	10 (10.1%)	140 (15.5%)	2.211
	IBWB (N =)	11 (9.3%)	78 (7.0%)	99 (83.9%)	883 (79.3%)	8 (6.8%)	152 (13.7%)	4.951
	LoC (N =)	2 (1.9%)	17 (1.7%)	101 (98.1%)	983 (98.1%)	0 (0%)	2 (0.2%)	0.238
	IRS: Threat to exclusive companionship (N =)	6 (5.4%)	106 (9.7%)	84 (75.7%)	812 (74.4%)	21 (18.9%)	173 (15.9%)	2.615
	IRS: Self-deprecation envy (N =)	8 (7.2%)	74 (6.8%)	80 (72.1%)	823 (76.1%)	23 (20.7%)	184 (17.0%)	1.032
	IRS: Dependency (N =)	12 (10.7%)	144 (12.9%)	83 (74.1%)	774 (69.5%)	17 (15.2%)	195 (17.5%)	1.021
	IRS: Sexual Possessiveness (N =)	5 (4.5%)	65 (5.9%)	92 (83.6%)	899 (82.3%)	13 (11.8%)	129 (11.8%)	0.361

	IRS: Competition and vindictiveness (N =)	5 (4.5%)	60 (5.4%)	82 (73.2%)	778 (69.7%)	25 (22.3%)	279 (25.0%)	0.633
	IRS: Distrust (N =)	3 (2.7%)	52 (4.7%)	92 (81.4%)	823 (74.5%)	18 (15.9%)	229 (20.7%)	2.772
	ARI: Rationales for hitting (N =)	0 (0%)	0 (0%)	110 (100%)	1093 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Need for control (N =)	7 (6.4%)	73 (6.7%)	87 (79.1%)	871 (79.4%)	16 (14.5%)	153 (13.9%)	0.040
	ARI: Legal entitlement (N =)	0 (0%)	0 (0%)	112 (100%)	1105 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Batterers Myths (N =)	0 (0%)	0 (0%)	109 (100%)	1099 (100%)	0 (0%)	0 (0%)	N/A
CDVP	RATOS (N =)	7 (19.4%)	65 (22.9%)	22 (61.1%)	182 (64.1%)	7 (19.4%)	37 (13.0%)	1.169
	IBWB (N =)	3 (6.4%)	23 (6.4%)	42 (89.4%)	302 (83.7%)	2 (4.3%)	36 (10.0%)	1.620
	LoC (N =)	0 (0%)	4 (1.3%)	37 (97.4%)	310 (98.7%)	1 (2.6%)	0 (0%)	8.754

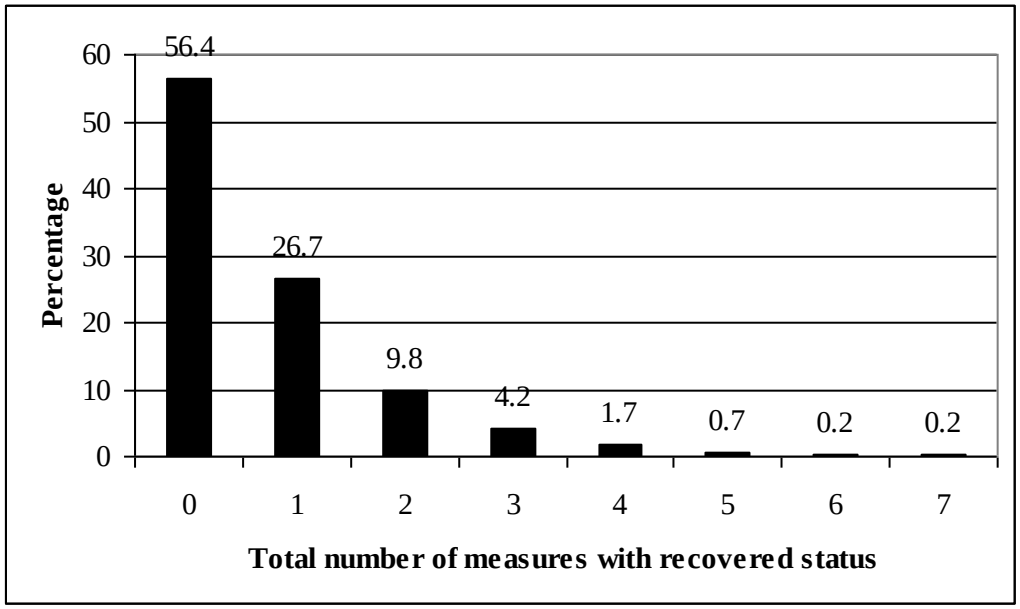
IRS: Threat to exclusive companionship (N =)	5 (10.6%)	21 (5.6%)	38 (80.9%)	296 (78.7%)	4 (8.5%)	59 (15.7%)	3.206
IRS: Self-deprecation envy (N =)	0 (0%)	23 (6.3%)	45 (93.8%)	295 (81.0%)	3 (6.3%)	46 (12.6%)	5.317
IRS: Dependency (N =)	7 (14.0%)	45 (11.8%)	39 (78.0%)	268 (70.3%)	4 (8.0%)	68 (17.8%)	3.105
IRS: Sexual Possessiveness (N =)	3 (6.3%)	17 (4.5%)	41 (85.4%)	317 (83.2%)	4 (8.3%)	47 (12.3%)	0.892
IRS: Competition and vindictiveness (N =)	0 (0%)	14 (3.7%)	40 (81.6%)	281 (73.8%)	9 (18.4%)	86 (22.6%)	2.509
IRS: Distrust (N =)	1 (2.0%)	13 (3.4%)	40 (80.0%)	304 (80.4%)	9 (18.0%)	61 (16.1%)	0.374
ARI: Rationales for hitting (N =)	0 (0%)	0 (0%)	42 (100%)	367 (100%)	0 (0%)	0 (0%)	N/A
ARI: Need for control (N =)	4 (9.3%)	27 (7.5%)	38 (88.4%)	292 (81.1%)	1 (2.3%)	41 (11.4%)	3.437

	ARI: Legal entitlement (N =)	0 (0%)	0 (0%)	43 (100%)	363 (100%)	0 (0%)	0 (0%)	N/A
	ARI: Batterers Myths (N =)	0 (0%)	0 (0%)	43 (100%)	361 (100%)	0 (0%)	0 (0%)	N/A

Next an overall treatment outcome status was computed. This was accomplished by calculating the total number of measures on which a participant achieved *Recovered* status (See Figure 3). Three biserial correlations were performed to explore whether there was a relationship between the total number of measures an individual achieved *Recovered* status and recidivism. No significant associations were observed for any, violent or DV recidivism.

Figure 3

Overall treatment outcome



Hypothesis 4: Pre-and post-treatment psychometrics and treatment change status will demonstrate added value to risk alone in the prediction of recidivism.

In order to explore which of the psychometrics (if any) are able to demonstrate added value to risk alone in the prediction of recidivism a series of logistic regression analyses were performed. Firstly six logistic regression models were tested to explore the ability of the pre- and post-psychometric scores in predicting any, violent and DV

recidivism alongside the appropriate risk predictor (either OGRS3 for predicting any recidivism or OVP for predicting violent and DV recidivism).

Firstly a sequential logistic regression analysis was carried out to explore the pre- programme psychometric scores ability to predict any recidivism in addition to risk (OGRS3). Firstly, OGRS3 was entered into the model. This produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 3.451, p>.05). This model was significantly better than the model containing only the intercept: χ^2 (1) = 114.303, p<.05. The Nagerlkerke R^2 = 0.132 indicates that 13.2% of the variance can be accounted for by OGRS3. Next the 13 pre-programme measures were added to the model which produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 6.026, p>.05) and significantly improved the model containing only OGRS3: χ^2 (13) = 34.096, p<.05. The model was significant (-2LL = 1271.886, p < .001). The Nagerlkerke R^2 = 0.169 indicates that 16.9% of the variance can be accounted for by OGRS3 and the 13 pre-programme measure scores. The addition of the 13 pre-programme measures accounted for an additional 3.7% of the variance. Correct classification overall was 73.6% which is a slight improvement from the OGRS3 model alone which was 72.7%. Classification was more accurate for non-recidivists (92.9%) than recidivists (any; 26.1%). The addition of the pre-programme psychometrics improved the correct classification of recidivists by 3.5%. Table 6.7 shows how the variables contribute to the model. The analysis shows that pre-programme IRS: Dependency, IRS: Distrust, and ARI legal entitlement scores were found to be significant predictors of any recidivism alongside OGRS3. ROC analyses indicated that the model containing OGRS3 and the 13 pre-programme measures was more accurate at predicting risk (AUC = .72, 95% CI = [.69, .75]) than OGRS3 alone (AUC = .69, 95% CI = [.66, .71]).

A second sequential logistic regression analysis explored the post-programme psychometric scores ability to predict any recidivism in addition to risk (OGRS3). The addition of the 13 post-programme measures to the model containing only OGRS3 significantly improved the model: χ^2 (13) = 30.535, p<.05 and produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 3.274, p>.05). The model was significant (-2LL = 1358.416, p < .001). The Nagelkerke R^2 = 0.157 indicates that 15.7% of the variance can be accounted for by OGRS3 and the 13 post-programme measure scores. This accounted for an additional 3.2% of the variance from the OGRS3 model alone. The model was found to have an overall correct classification of 72.2% which is a slight improvement on the OGRS3 model alone which was 71.2%. Classification was more accurate for non-recidivists (any; 92.8%) than recidivists (any; 25.9%) with an AUC of 0.71 (95% CI =.68, .74). Overall the addition of the 13 post-programme measures improved the model. Correct classification of non-recidivists improved by 3.2% and the AUC improved from 0.69 (95% CI =.66, .71). Table 6.8 shows how the variables contribute to the model. The analysis shows that post-programme Locus of Control and ARI: Batterers myths scores were found to be significant predictors of any recidivism alongside OGRS3.

Table 6.7

Logistic Regression model for pre programme measures scores and OGRS3 for Any recidivism

	B	S.E.	Wald	Sig.	Exp(B)	95.0% C.I.for EXP(B)	
						Lower	Upper
OGRS3	.036	.004	98.723	.000	1.036	1.029	1.044
Pre RATOS	-.003	.007	.164	.685	.997	.984	1.011
Pre IBWB	-.008	.005	2.526	.112	.992	.982	1.002
Pre LoC	.009	.008	1.364	.243	1.009	.994	1.025
Pre IRS: Threat to exclusive companionship	-.007	.012	.291	.589	.993	.969	1.018
Pre IRS: Self-deprecation envy	.011	.013	.702	.402	1.011	.986	1.037
Pre IRS: Dependency	-.028	.014	3.861	.049	.972	.945	1.000
Pre IRS: Sexual Possessiveness	-.009	.023	.149	.700	.991	.947	1.037
Pre IRS: Competition and vindictiveness	-.013	.027	.214	.643	.987	.936	1.042
Pre IRS: Distrust	-.050	.020	6.365	.012	.951	.915	.989
Pre ARI: Rationales for	-.006	.014	.174	.677	.994	.966	1.023

hitting							
Pre ARI: Need for control	.020	.012	2.693	.101	1.020	.996	1.044
Pre ARI: Legal entitlement	.023	.011	3.936	.047	1.023	1.000	1.046
Pre ARI: Batterers Myths	-.036	.021	3.089	.079	.964	.926	1.004
Constant	-1.380	.737	3.507	.061	.252		

Table 6.8

Logistic Regression model for post programme measures scores and OGRS3 for Any recidivism

	B	S.E.	Wald	Sig.	Exp(B)	95.0% C.I.for EXP(B)	
						Lower	Upper
OGRS3	.035	.004	99.730	.000	1.036	1.029	1.043
Post RATOS	-.003	.007	.203	.652	.997	.984	1.010
Post IBWB	-.004	.006	.429	.513	.996	.984	1.008
Post LoC	.019	.008	6.465	.011	1.020	1.004	1.035
Post IRS: Threat to exclusive companionship	-.017	.013	1.700	.192	.983	.958	1.009
Post IRS: Self-deprecation envy	-.016	.015	1.129	.288	.984	.955	1.014
Post IRS: Dependency	.002	.015	.015	.901	1.002	.972	1.033
Post IRS: Sexual Possessiveness	.021	.022	.887	.346	1.021	.978	1.067
Post IRS: Competition and vindictiveness	.023	.031	.553	.457	1.023	.963	1.086
Post IRS: Distrust	-.033	.021	2.453	.117	.968	.929	1.008
Post ARI: Rationales for	-.017	.019	.831	.362	.983	.948	1.020

hitting							
Post ARI: Need for control	-.006	.016	.138	.710	.994	.964	1.025
Post ARI: Legal entitlement	.022	.012	3.551	.060	1.022	.999	1.046
Post ARI: Batterers Myths	-.052	.023	5.143	.023	.949	.908	.993
Constant	-.947	.796	1.415	.234	.388		

The next two logistic regression analyses explored the pre- and post-programme psychometric scores ability to predict violent recidivism in addition to the OVP predictor. Firstly a sequential logistic regression model explored the pre-programme psychometric scores ability to predict violent recidivism in addition to standard risk (OVP). Firstly, OVP was entered into the model. This failed to produce a good model fit (Hosmer and Lemeshow: χ^2 (8) = 15.479, p<.05), however this model was significantly better than the model containing only the intercept: χ^2 (1) = 89.951, p<.05. The Nagerlkerke R^2 = 0.111 indicates that 11.1% of the variance can be accounted for by OVP. Next the 13 pre-programme measures were added to the model which produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 11.348, p>.05) and significantly improved the model containing only OVP: χ^2 (13) = 36.644, p<.05. The model was significant (-2LL = 1143.743, p < .001). The Nagerlkerke R^2 = 0.154 indicates that 15.4% of the variance can be accounted for by OVP and the 13 pre-programme measure scores. The addition of the 13 pre-programme measures accounted for an additional 4.3% of the variance. Correct classification overall was 78.3% which is a slight improvement from the OVP model alone which was 77.7%. Classification was more accurate for violent non-recidivists (97%) than recidivists (violent; 15.2%). The addition of the pre-programme psychometrics improved the correct classification of

violent recidivists by 4.1%. Table 6.9 shows how the variables contribute to the model. The analysis shows that pre-programme Inventory of Beliefs that Support Wife Beating, IRS: Distrust, and ARI legal entitlement scores were found to be significant predictors of violent recidivism alongside OVP. ROC analyses indicated that the model containing OVP and the 13 pre-programme measures was more accurate at predicting risk (AUC = .70, 95% CI = [.67, .74]) than OVP alone (AUC = .68, 95% CI = [.65, .71]).

A further sequential logistic regression analysis explored the post-programme psychometric scores ability to predict violent recidivism in addition to risk (OVP). The addition of the 13 post-programme measures to the model containing only OVP significantly improved the model: χ^2 (13) = 25.450, p<.05 and produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 6.484, p>.05). The model was significant (-2LL = 1240.822, p < .001). The Nagelkerke R^2 = 0.143 indicates that 14.3% of the variance can be accounted for by OVP and the 13 post-programme measure scores. This accounted for an additional 2.9% of the variance from the OVP model alone. The model was found to have an overall correct classification of 76.2% which is a slight improvement on the OVP model alone which was 75.8%. Classification was more accurate for violent non-recidivists (96.1%) than recidivists (violent; 15.9%) with an AUC of 0.70 (95% CI =.67, .74). Overall the addition of the 13 post-programme measures improved the model. Correct classification of violent non-recidivists improved by 3.5% and the AUC improved from 0.68 (95% CI =.66, .71). Table 6.10 shows how the variables contribute to the model. The analysis shows that post-programme Locus of Control score was found to be a significant predictor of violent recidivism alongside OVP.

Table 6.9

Logistic Regression model for pre programme measures scores and OVP for Violent recidivism

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I.for EXP(B)	
						Lower	Upper
OVP	.041	.005	73.925	.000	1.042	1.032	1.052
Pre RATOS	-.006	.007	.725	.395	.994	.980	1.008
Pre IBWB	-.012	.006	4.551	.033	.988	.978	.999
Pre LoC	.014	.009	2.598	.107	1.014	.997	1.031
Pre IRS: Threat to exclusive companionship	-.008	.013	.389	.533	.992	.966	1.018
Pre IRS: Self-deprecation envy	.007	.014	.219	.640	1.007	.979	1.034
Pre IRS: Dependency	.001	.015	.002	.962	1.001	.971	1.031
Pre IRS: Sexual Possessiveness	-.025	.025	1.017	.313	.975	.928	1.024
Pre IRS: Competition and	-.012	.029	.166	.684	.988	.933	1.046

vindictiveness							
Pre IRS: Distrust	-.047	.021	4.987	.026	.954	.915	.994
Pre ARI: Rationales for hitting	-.008	.015	.286	.593	.992	.963	1.022
Pre ARI: Need for control	.020	.013	2.398	.121	1.020	.995	1.046
Pre ARI: Legal entitlement	.034	.012	8.022	.005	1.034	1.010	1.059
Pre ARI: Batterers Myths	-.041	.022	3.361	.067	.960	.919	1.003
Constant	-1.892	.787	5.774	.016	.151		

Table 6.10

Logistic Regression model for post programme measures scores and OVP for violent recidivism

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I.for EXP(B)	
						Lower	Upper
OVP	.041	.005	82.309	.000	1.042	1.033	1.051
Post RATOS	-.011	.007	2.506	.113	.989	.975	1.003
Post IBWB	-.002	.006	.056	.813	.998	.986	1.011
Post LoC	.016	.008	4.129	.042	1.017	1.001	1.033
Post IRS: Threat to exclusive companionship	-.027	.014	3.817	.051	.974	.948	1.000
Post IRS: Self-deprecation envy	-.006	.016	.152	.697	.994	.963	1.026
Post IRS: Dependency	.021	.016	1.619	.203	1.021	.989	1.054
Post IRS: Sexual Possessiveness	.016	.024	.434	.510	1.016	.970	1.064
Post IRS: Competition and vindictiveness	.011	.033	.120	.729	1.011	.949	1.078

Post IRS: Distrust	-.035	.022	2.542	.111	.966	.925	1.008
Post ARI: Rationales for hitting	-.013	.019	.479	.489	.987	.950	1.025
Post ARI: Need for control	.001	.016	.005	.944	1.001	.970	1.034
Post ARI: Legal entitlement	.021	.012	2.920	.088	1.021	.997	1.046
Post ARI: Batterers Myths	-.046	.024	3.543	.060	.955	.911	1.002
Constant	-1.350	.845	2.556	.110	.259		

A further two sequential logistic regression analyses explored the pre-programme and post-programme psychometric scores ability to predict DV recidivism in addition to risk (OVP). The addition of the 13 pre-programme measures to the model containing only OVP failed to significantly improve the model. None of the pre-programme psychometrics were significant predictors of DV recidivism. The addition of the 13 post-programme measures to the model significantly improved the model (χ^2 (13) = 33.358, p<.05) and produced a good model fit (Hosmer & Lemeshow: (χ^2 (8) = 13.307, p>.05). The Nagelkerke R^2 = 0.057. This indicates that 5.7% of the variance can be accounted for by OVP and the 13 post-programme measure scores. However, none of the 13 post-programme measures were found to be predictors of DV recidivism.

Next a series of sequential logistic regression analyses were performed to explore whether treatment change outcome (*Recovered*, *Not Recovered* and *Always Okay*) could predict recidivism (the three measures that did not demonstrate clinically significant change were not included). A sequential logistic regression analysis was carried out to explore the treatment change outcome ability to predict any recidivism in addition to risk (OGRS3). Firstly, OGRS3 was entered into the model. This produced a good model fit (Hosmer and Lemeshow: (χ^2 (8) = 3.374, p>.05). This model was significantly better than the model containing only the intercept: χ^2 (1) = 97.548, p<.05. The Nagerlkerke R^2 = 0.138 indicates that 13.8% of the variance can be accounted for by OGRS3. Next the treatment change outcome measures were added to the model which produced a good model fit (Hosmer and Lemeshow: (χ^2 (8) = 2.728, p>.05) but did not significantly improve the model containing only OGRS3: χ^2 (20) = 20.790, p>.05. The model was significant (-2LL = 1043.108, p < .001). The Nagerlkerke R^2 = 0.165 indicates that 16.5% of the variance can be accounted for by OGRS3 and the treatment change outcome measures. The addition of the treatment change outcome measures accounted for an additional 2.7% of the variance. Correct classification overall was 74.1% which is a slight improvement from the OGRS3 model alone which was 72.7%. Classification was more accurate for non-recidivists (93.1) than recidivists (any; 28.1%). The addition of the treatment change outcome improved the correct classification of recidivists by 4.6%. Table 6.11 shows how the variables contribute to the model. The analysis shows that the Inventory of beliefs about wife beating *Always Okay* category was found to be significant predictor of any recidivism alongside OGRS3. ROC analyses indicated that the model containing OGRS3 and the treatment change outcome measures was more accurate at predicting risk (AUC = .71, 95% CI = [.67, .75]) than OGRS3 alone (AUC = .69, 95% CI = [.66, .71]).

Table 6.11

Logistic Regression model for treatment change outcome and OGRS for Any recidivism

	B	S.E.	Wald	Sig.	Exp(B)	95% C.I.for EXP(B)	
						Lower	Upper
OGRS3	.036	.004	82.334	.000	1.037	1.029	1.045
RATOS			3.790	.150			
Recovered							
RATOS	.501	.258	3.775	.052	1.651	.996	2.737
Always Okay							
RATOS *Not*	.200	.190	1.115	.291	1.222	.842	1.772
Recovered							
IBWB			4.613	.100			
Recovered							
IBWB *Always*	-.808	.394	4.211	.040	.446	.206	.964
Okay							
IBWB *Not*	-.623	.320	3.779	.052	.536	.286	1.005
Recovered							
LoC *Recovered*			2.209	.331			
LoC *Always*	2.335	1.580	2.184	.139	10.328	.467	228.404
Okay							

LoC *Not Recovered*	.431	.615	.491	.484	1.538	.461	5.132
IRS: Threat to exclusive companionship *Recovered*			1.690	.429			
IRS: Threat to exclusive companionship *Always Okay*	-.458	.377	1.477	.224	.632	.302	1.324
IRS: Threat to exclusive companionship *Not Recovered*	-.168	.299	.317	.573	.845	.470	1.518
IRS: Self-deprecation envy *Recovered*			.096	.953			
IRS: Self-deprecation envy *Always Okay*	.031	.377	.007	.935	1.031	.493	2.157
IRS: Self-deprecation	.079	.302	.068	.794	1.082	.599	1.956

envy *Not Recovered*							
IRS: Dependency *Recovered*			.168	.920			
IRS: Dependency *Always Okay*	-.111	.298	.140	.709	.895	.499	1.603
IRS: Dependency *Not Recovered*	-.031	.238	.017	.898	.970	.608	1.547
IRS: Sexual possessiveness *Recovered*			.302	.860			
IRS: Sexual possessiveness *Always Okay*	-.009	.396	.001	.982	.991	.456	2.155
IRS: Sexual possessiveness *Not Recovered*	-.122	.326	.141	.708	.885	.468	1.675
IRS: Competition and			2.096	.351			

vindictiveness *Recovered*							
IRS: Competition and vindictiveness *Always Okay*	-.246	.422	.340	.560	.782	.342	1.788
IRS: Competition and vindictiveness *Not Recovered*	.076	.378	.041	.840	1.079	.515	2.263
IRS: Distrust *Recovered*			.278	.870			
IRS: Distrust *Always Okay*	.164	.439	.139	.710	1.178	.498	2.786
IRS: Distrust *Not Recovered*	.204	.405	.254	.614	1.227	.554	2.714
ARI: Need for Control *Recovered*			2.712	.258			

ARI: Need for Control *Always Okay*	-.591	.379	2.426	.119	.554	.264	1.165
ARI: Need for Control *Not Recovered*	-.412	.286	2.086	.149	.662	.378	1.159
Constant	-1.833	.824	4.945	.026	.160		

Next, a logistic regression analysis was performed to explore treatment change outcome ability to predict violent recidivism in addition to risk (OVP). The addition of the treatment change measures to the model containing only OVP failed to improve the model (χ^2 (20) = 21.141, p<.05). For none of the psychometric measures was treatment change outcome a significant predictor of violent recidivism.

Lastly, a logistic regression analysis was performed to explore treatment change outcome ability to predict DV recidivism in addition to risk (OVP). The addition of the treatment change measures to the model containing only OVP failed to improve the model (χ^2 (10) = 23.391, p<.05). For none of the psychometric measures was treatment change outcome a significant predictor of DV recidivism.

A summary of all the findings is presented in Table 6.12.

Table 6.12

Summary of findings

Measure	Discriminates between recidivists and non-recidivists pre programme	Discriminates between recidivists and non-recidivists post programme	% Recovered	Association between recidivism and treatment change category	Predictor of recidivism
RATOS	No	No	26.9%	No	No
IBWB	No	No	7.0%	No	Pre group score with Violent recidivism. *Always Okay* category with Any recidivism
LoC	No	Yes for Violent	1.6%	No	Post group score

						with both any and violent recidivism
IRS:	Threat to exclusive companionship	Yes for both violent and any for IDAP and Both	Yes for violent and any for both	8.5%	Yes with both and any recidivism	No
	Self-deprecation envy	No	No	6.5%	No	No
	Dependency	No	No	12.6%	No	Pre group score with any recidivism
	Sexual Possessiveness	No	No	5.5%	No	No
	Competition and vindictiveness	Yes with any recidivism for both and IDAP	No	4.8%	Yes with both any and violent recidivism	No

	Distrust	Yes for any and violent recidivism for Both and IDAP	Yes for any and violent recidivism for Both.	4.2%	No	Pre group score with both any and violent recidivism
ARI:	Rationales for hitting	No	No	0%	No	No
	Need for control	No	No	6.9%	No	No
	Legal entitlement	Yes for any for IDAP.	No	0%	No	Pre group score with both any and violent recidivism
	Batterers Myths	No	No	0%	No	Post group score with any recidivism

Discussion

The present study examined the relationship between clinically significant change and recidivism. Firstly, this study found that a number of the pre- and post-treatment psychometrics can discriminate recidivists from non-recidivists and hence partly supports hypothesis one that pre- and post-treatment psychometrics will discriminate between recidivists and non-recidivists in a sample of treatment completers. Both the pre- and post-treatment IRS: Threat to exclusive companionship scores discriminated between any recidivist and non-recidivists as well as violent recidivists and violent non-recidivists. Recidivists (both any and violent) were reporting being more threatened by their partners interactions with others than non-recidivists. When the two programmes were looked at individually however, only the pre IRS: Threat to exclusive companionship scores were found to discriminate between any recidivist and violent recidivist for IDAP participants only. The pre and post IRS: Distrust scores could also discriminate between any recidivist and non-recidivists as well as violent recidivists and violent non-recidivists. Recidivists (both any and violent) were reporting higher levels of distrust towards their partner than non-recidivists. This pattern was also found for IDAP participants for any reoffending but not for violence. This pattern was not found for CDVP. Additionally, the pre IRS: Competition and vindictiveness score could discriminate between any recidivist and non-recidivists. Recidivists reported higher levels of competitive and vindictive behaviours towards their partner than non-recidivists. This pattern was also found for IDAP participants but not for CDVP. Finally pre and post locus of control scores were found to discriminate between violent recidivists and violent non-recidivists. Violent recidivists had a greater external locus of control both before and after attending the programme than violent non-recidivists. That is, they were more likely to believe that their behaviour was the consequence of external factors and outside their control. It is not surprising therefore

that these offenders go on to reoffend with a violent offence as they are not taking personal responsibility for their behaviour. Indeed, Fisher, Beech & Browne (1998) found that internal locus of control was a predictor of treatment success with sexual offenders. This pattern was not found however when we looked at IDAP and CDVP individually. Additionally, the ARI: Legal Entitlement was found to discriminate between recidivists (any) and non-recidivists for IDAP participants only.

For all of these measures non-recidivists scored 'better', that is they scored closer to the functional range of scores than the recidivist groups. Therefore these findings suggest that psychometric variables can be useful indicators of recidivism. This finding is in contrast to that of Bowen, Gilchrist and Beech (2005) who found that reoffenders and non-reoffenders did not differ in their pre treatment levels of pro-offending attitudes, anger, locus of control and self reported abusive behaviours in a sample of domestic violence offenders in the United Kingdom. These findings highlight the fact that issues with jealousy within relationships and individuals taking responsibility for their own behaviour are important treatment targets for IPV programmes. None of the attitude measures successfully discriminated between recidivists and non-recidivists. Similar to Bowen et al. (2008) these findings bring in to question whether attitudes supportive of IPV are actually causes of the behaviour or post hoc justifications and consequently the relevance of them as treatment targets for interventions.

Next, we examined clinically significant change and treatment change outcome status categories (generated by combining reliable change and clinically significant change scores) for each participant. For most of the psychometric measures the greatest number of offenders fell into the *unchanged* group (45.6-90.1% depending on the measure), and the fewest in the *deteriorated* group across both groups. This is a similar finding to Wakeling, Beech and Freemantle's (2011) research with sex offenders.

However Bowen et al. (2008) found that overall 27.2% of their sample of DV offenders failed to demonstrate reliable change. The reason for this disparity is unclear. Bowen et al. (2008) were measuring some different constructs which may be the reason for these differences. Alternatively the findings could highlight issues with the measures used in this study or issues with the treatment targets of the programmes. For example the programme may be failing to address the specific treatment targets adequately due to problems with programme implementation and/or delivery (Gendreau, Goggin, & Smith, 1999). Further investigation is warranted.

Three of the measures (ARI: Rationales for hitting; ARI: Legal entitlement; and ARI: Batterers myths) utilised in this study failed to demonstrate clinically significant change for any participants. This may be due to a number of reasons. First, the measures themselves may not be a good capture of the particular construct they claim to measure. Second these constructs may not be relevant for the IPV programmes. Third, it may be that the programme has not adequately addressed that particular treatment target, or finally it could be that the participants may have responded in a socially desirable manner. Again it would be useful to unpick these potential explanations in future research.

Over half of the sample did not demonstrate a *Recovered* status on any of the 13 measures. It has been suggested that clinicians should not expect individuals to reach *Recovered* status, and perhaps it is more appropriate to expect participants to make important steps in acquiring the relevant skills to equip them to cease IPV perpetration and start the overall recovery process (Serin & Lloyd, 2009). Alternatively some individuals will not have completed the questionnaires accurately or carefully and hence their responses will not therefore reflect any change that may have occurred (Nunnally & Bernstein, 1994).

The findings partly support hypothesis two, that non- recidivists will evidence greater psychometric change (a higher proportion of participants showing clinical and reliable change on a wider range of measures) than recidivists, with significant associations found between treatment change status category and recidivism for a number of measures for the collapsed three group categories (*Recovered, Not Recovered* and *Always Okay)*.

However, an overall *treatment outcome status (Recovered on at least 1 measure* compared to *Did Not Recover on any measures*) was found to have no value in predicting recidivism. This finding suggests that *Recovered* status is not associated with recidivism and therefore brings in to question the utility of using this method in describing individual change.

Finally, in order to explore which of the psychometrics (if any) are able to demonstrate added value to risk alone in the prediction of recidivism a series of logistic regressions were performed to examine the ability of the pre, post and treatment change outcome scores in predicting any, violent and DV recidivism alongside standard risk tools. A number of the pre-treatment psychometric scores were found to be predictive of any recidivism alongside standard risk tools. These being: IRS: Dependency; IRS: Distrust; and ARI: Legal entitlement. Additionally, a number of pre-treatment scores were also found to be predictive of violent recidivism: Inventory of Beliefs about wife beating; IRS: Distrust and ARI: legal entitlement. No measures were found to be predictive of DV recidivism. The post-treatment ARI: Batterers myths score was also found to be predictive of any recidivism, and the post-treatment locus of control score was found to be predictive of both any and violent recidivism alongside standard risk. Additionally, the Inventory of Beliefs about Wife Beating *Always Okay* treatment change outcome score was found to be predictive of any recidivism alongside risk tool.

As with previous research, these findings provide support for pre-treatment psychometric scores' ability to predict recidivism (e.g. Beggs & Grace, 2011; Hanson & Wallace-Capretta, 2000; Wakeling, Beech, & Freemantle, 2011). Wakeling et al., (2011) argued that one possibility for the finding that pre-psychometric scores are better predictors of recidivism stems from the pre-scores being a more genuine reflection of an individual's propensity to reoffend than post-treatment scores. At the end of treatment, there will be variation in the degree and amount of change observed and therefore the post-treatment measures will be more 'noisy' and therefore less predictive of outcome. For example the post-treatment measures may be influenced by treatment elicited social desirable responding. The participants may want to present themselves in a certain light to demonstrate that they have changed during the course of treatment and don't need further work; or they may have a false impression of the nature of any changes they have undergone due to completing treatment (Barnett et al., 2011). However the present findings do not fully support this notion as a number of post-treatment psychometrics were also able to predict recidivism which suggests that post treatment measures have also demonstrated some predictive validity with this sample. These findings suggest therefore that psychometrics regardless of the stage (pre- or post-treatment) can be useful in providing added value to risk prediction from risk predictors alone. However the strength of the associations were modest with AUC's of 0.71 and 0.69 for any and violent recidivism respectively.

Bowen et al. (2008) did not find any association between the level of psychological change observed with a sample of IPV offenders and recidivism. They argue that this lack of association could indicate that these factors are not *criminogenic* needs but rather *clinical* needs of the individual, although these findings could be related to the poor validity of the tools they used. Serin, Lloyd, Derkzen, and Luong (2013) reviewed the literature on the link between intra-individual change and

recidivism and found that there was clear support for individual changes in antisocial attitudes, antisocial beliefs, antisocial personality patterns, social support, and substance misuse behaviour being linked to recidivism. They conclude that the literature supports the conceptualisation of these factors being both core risk factors and important dynamic targets for change. However little is known about which factors are the most productive targets for change and whether dynamic risk factors actually behave in a dynamic way to affect future recidivism (Serin et al., 2013). The current study found that treatment change status and overall treatment change status were not found to be significant predictors of either any or violent recidivism, with only the *Always Okay* category of the IBWB measures demonstrating predictive value, which could support this assumption. However as some pre and post psychometrics were found to be associated with reoffending it would appear that the current IPV programmes are addressing criminogenic rather than clinical needs and provides support for them being dynamic targets for change; more specifically that areas of jealousy within relationships and taking responsibility for their own behaviour (internal locus of control) are key criminogenic needs with IPV offenders. Additionally, the findings are telling us about the utility of the measures currently being used.

There is evidence from this study that IPV programmes are targeting the right constructs as both pre and post measurements were linked to recidivism. In addition, the findings support the notion that we are using some of the appropriate psychometrics in which to measure these constructs. While the absence of an association between positive change and recidivism is a frustration in understanding more fully the process of change this is not inconsistent with previous literature where therapeutic changes have not been found to necessarily lead to a reduction in offending (Serin et al., 2013). It may be that RCI/CS is not a helpful representation of change in this context and that

changes in dynamic risk factors are only part of the story of change and the intervention itself is only the beginning of the offenders' journey into a non-offending lifestyle.

However, it should be noted that no association was found between the measures and DV recidivism. While this study used a proxy measure for DV offending it may be the case that both IDAP and CDVP are not targeting the right criminogenic needs for men who are violent towards their partners and consequently it may be necessary to revisit the content of DV interventions in order to ensure that treatment is having an impact.

Limitations and Future research

Psychometrics can provide a proxy measure of an individual's change in attitudes and behaviour but they are not without limitations. Some of the limitations may include the individual having difficulty comprehending the language used within the tests. In addition, the individual taking the test may answer in a way they feel is beneficial to the administrator or they may feel that a particular answer is more socially acceptable (social desirability) and therefore respond in a manner that is not a true reflection of their actual attitudes and behaviour. This could particularly pose a problem when the individual repeats the test after an intervention (Nunnally & Bernstein, 1994). There will also be a margin of error encountered within the tests. For example there may be clerical errors with inputting the data in order to analyse the results.

While scores for social desirability were available for a proportion of the sample which indicated that there was no issue with social desirable responding with these participants, we were unable to ascertain this for the majority of the sample in the current study and therefore we cannot be certain that any changes observed are a true reflection of what is going on. It is possible that offenders will be more prone to social desirable responding after attending treatment as they are more familiar with what is

expected of them (Nunnally & Bernstein, 1994). However the fact that the most prevalent categorisation across the majority of measures was *Unchanged* suggests that maybe offenders are providing a relatively accurate account as we would expect to see a higher proportion of *Improved*, *Recovered*, and *Always Okay* than is evident here.

This study used a proxy measure for DV as there is currently no specific offence for IPV in legislation in England and Wales and therefore the results may not have captured all DV offences so the lack of association observed may be due to this rather than DV alone.

While the current study has provided some insight into individual level change and the link to recidivism it has not captured how other factors (such as the community in which the individual lives; lifestyle; social support) may have impacted on the individual's change. Additionally it has not captured programme factors (such as therapeutic alliance; staff characteristics; institutional culture) which will also have an impact on the change process (Bowen & Gilchrist, 2004; Bowen, 2011). Future research should investigate these factors in combination with measures of dynamic risk.

The present study used one method of calculating clinical change. Many alternatives have been proposed over recent years (Atkins, Bedics, McGlinchey, & Beauchaine, 2005) and there may be merit in exploring these for their utility in informing on the change observed over the course of programme participation. Additionally, the use of one standard deviation may be too harsh a criterion to detect change in the offender population. For example, Norman, Sloan and Wyrwich (2003) found that using a 0.5 standard deviation consistently detected reliable change in chronic medical patients. Further, those with temporary medical conditions with expectations of full recovery actually demonstrated a higher threshold for minimal

change than those with chronic conditions, supporting arguments for lessening this criterion (Wise, 2004).

The RCI approach is also not without limitations. The original description of the approach recommends two distributions in establishing clinical significance. However this could "alter the rate of false negatives, and result in unrealistic expectations of the intervention to effect test score change" (O'Neill, 2010 p. 849). O'Neill (2010) states that when RCI and clinical significance methodology have been applied within forensic psychology research a number of shortcomings have been evident. He argues that RCI and clinical significance need to be utilised appropriately in order to fully exploit its potential. Therefore it is essential that its use is founded on clear and justified arguments. The present study attempted to explore the utility of this approach with IPV offenders. It may be the case that alternative approaches and methodologies would be more appropriate and further exploration is needed to establish this. For example, non offender norms were not available for all the measures utilised in the current study and as such the calculations are comparing the sample to other offenders. This brings in to questions the definition of the *functional* range used in the calculations. The results are likely to be different if being compared to the general (non offender) population.

This research could be complimented with research exploring offenders and victim's personal perceptions about any changes in the offenders' behaviour and attitudes to establish whether any treatment change observed through psychometric measures translates into practice.

Conclusion

The present study found that a number of pre and post treatment psychometric scores can be useful in discriminating recidivists from non-recidivists and for adding benefit to the prediction of recidivism in addition to standard risk tools. The results also

confirm the constructs of some of the measures as criminogenic needs. However it failed to demonstrate that treatment change status was predictive of recidivism. Overall, the results suggest that psychometric variables may be useful indicators of recidivism for the IPV population undergoing treatment in the community.

DISCUSSION AND CONCLUSIONS

SUMMARY OF FINDINGS AND GENERAL DISCUSSION

The Thesis had two aims. Firstly to investigate the aetiology and types of IPV perpetrators and secondly to conduct an evaluation of current DV treatment programmes in England and Wales.

The findings from Chapter One showed that whilst men and women who perpetrate IPV differ in the areas of emotional well-being, thinking and attitudes, there were also similarities observed. These findings provide a starting point for the design of interventions for female perpetrators, an area that is currently limited as well as assessment processes and tools that could be developed. In addition, the findings provide the starting point to develop bespoke assessment tools for both genders to ensure appropriate treatment and management plans are devised for everyone.

Carney et al, (2007) explored the causes and consequences of IPV for male and female perpetrators and stated that women were more similar to men than previously expected. For example, women were similar in terms of their use of severe violence, inflicting several injuries on their partners, use of violence against non-intimates and usage of alcohol and/or drugs at the time of arrest. In addition they commented that attachment style in women who are violent against their partner and excessive dependency could be an important target for treatment. A number of these issues were identified in part one and therefore suggest that it may not be necessary to have bespoke interventions for each gender, rather an individualised, responsive approach to treatment that addresses the specific needs of the individual while underpinned by consistent theory around IPV.

When exploring men and women's own experiences of IPV perpetration in chapters Two and Three, it was evident that the drivers and triggers for their aggressive acts were linked to a combination of both personal and social or environmental factors which interact to produce the violent and aggressive act specific to each individual. Interestingly, while the findings of Chapter One indicate that men and women differ on areas of emotional well-being, a key theme derived from Chapters Two and Three was trauma. This finding indicates that gender stereotypes may exist in the field of IPV (Brown, 2007). Additionally, whereas women were assessed as having more mental health issues than men in Chapter Three, a number of men in chapter Two did have mental health issues. While direct comparisons cannot be made, it brings into question why there may be a disparity. Could it be linked to men being less open to disclose their difficulties with coping and mental health issues than women?

The findings from Part One of this thesis could assist in assessment and treatment planning of IPV perpetrators. The findings provide a good starting point in understanding the experiences of both men and women who perpetrate IPV and has highlighted similarities and differences between the sexes. While further research is needed in order to empirically test the findings from Part One, the findings highlight the importance of case formulation when assessing IPV and formulating risk management plans. While risk factors such as jealousy, anger and self-esteem issues seem to be key drivers and triggers for IPV acts, the situations around the event taking place and other external situation factors such as work and other family stress situations interact and manifest in various ways. It is really important when assessing and working with IPV perpetrators to explore not only the risk factors that the individuals present but the way in which these factors interact alongside the environment or specific situation. Specifically, treatment could be tailored to specific need areas identified and assessment

approaches could explore the contextual factors relevant to each individual to ensure that they are referred to interventions that meet their needs.

In addition, Part One highlights the usefulness of the already well established Nested Ecological (Dutton, 1995) and General Aggression Models (Anderson & Bushman 2002) as a means of understanding IPV perpetration across both sexes. Integrating the two models into the INEMGAM provides a theoretical framework in which to capture both personal and situation factors, explore the way in which these interact and the thought and decision processes involved for the individual leading up to the event itself. Treatment programmes can be designed around this model to enable perpetrators to identify ways in which to deal with situations in a pro-social way. This model can underpin any treatment curriculum as it allows for the individualised approach to treatment. While the findings from Part One are not generalisable due to the methodologies used, the findings suggest that IPV is a complex and multi-determined behaviour. The INEMGAM provides the means in which to explore the factors relevant to an individual while future research could empirically test the findings from Part One.

Part Two of the thesis evaluated the effectiveness of both the IDAP and CDVP programmes. This was the first study in the UK to adopt propensity score matching in the evaluation of DV programmes. The findings indicate that IDAP and CDVP produce a small significant effect in reducing different types of offending. Additionally, a number of pre and post treatment psychometric scores were found to be useful in discriminating recidivists from non-recidivists and for adding benefit to the prediction of recidivism in addition to standard risk tools.

It was not possible within Part Two of the thesis to explore which aspects of the programmes worked best and for whom. As such it is unclear whether there are particular aspects of the programmes that are not needed or do not work well. Additionally, it was

not possible to ascertain whether participants were ready to engage in treatment and therefore get the most benefit. All the participants had been court mandated to attend treatment in the community. As such, they may have just been attending to tick a box rather than properly engaging with the process. Measuring treatment readiness as well as level of engagement within treatment is critical in order to establish how effective treatment programmes are. Future research could explore this in order to obtain a clearer picture of when to engage someone into treatment and what particular benefit there is for the individual.IPV perpetrators who were dependant on drugs and alcohol were excluded from the treatment programmes as well as those with learning difficulties. This means that a proportion of IPV perpetrators do not receive a group based treatment programme. While currently DV treatment programmes can be seen as experimental due to the lack of international evidence, it does appear from Part Two that in the UK they are having a positive impact. Therefore, it is important to explore what can be offered to those with these issues, especially as the likelihood is that they will still be either living with their partner or in close proximity and therefore a potential danger to the victim and future victims.

POLICY IMPLICATIONS FOR ASSESSMENT AND TREATMENT

The findings of the collective studies demonstrates that while there are similarities and differences between men and women who perpetrated IPV, the best way forward is to ensure a thorough individualised assessment and treatment approach. Risk assessment in the area of IPV is still in its infancy (Andrews and Bonta, 2003). The most robust tool available currently is the Spousal Assault Risk Assessment Guide (SARA; Kropp et al, 1995). The latest version of the SARA can be used with both men and women. This version takes into account the victims factors and safety planning. It also provides the

opportunity to scenario plan which allows the assessor to identify specific areas of need, develop a treatment plan and allocate appropriate treatment options. This is crucial when making risk strategies and managing risk of both men and women.

Additionally, it would be useful with individual offenders to make an assessment of the context of the violence, whether the violence is bi-directional (i.e. existence of perpetrator and victim issues), psychopathology, trauma symptomology, attachment, evidence of non-consensual sex, emotional control, which would aid intervention planning. This will allow robust decisions to be made about the nature of the relationship and appropriate interventions to plan in order to address the specific needs of the perpetrator.

Herman (2015) states "People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility and thereby serves the twin imperatives of truth-telling and secrecy. When the truth is finally recognized, survivors can begin their recovery" (p.1).

What often happens is individuals try to bury or hide what has happened to them from others and the story of the traumatic event manifests as a symptom rather than as a narrative (Herman, 2015). This is why it is important to explore any history of traumatic events with offenders to establish whether the offending behaviour act is itself a symptom of their history or specific events/experiences to ensure that we are treating them correctly. In the case of female IPV perpetrators this is generally the case as looking at their past and whether they have been in abusive relationships is explored and analysed. There appears to be bias to do this as the default approach which is helpful in determining how to manage and treat them. With men it is harder as they may not be open to discussing traumatic events and more likely to be secretive about things due to how it may be perceived. In the case of the men in chapter three who were

suffering from PTSD, they discussed how they didn't want to ask for help due to how other people would view them. We need to be mindful of this when assessing individuals and treatment planning.

Traumatic experiences, whether these be experiencing past physical violence or some other violence such as military combat were important factors for a number of the participants. These events seemed to shape their view of the world and ability to interact within it. These stress the importance of learning from past experiences and how these shape future experiences and expectations. These findings indicate the usefulness if the INEMGAM in aiding practitioners and perpetrators themselves to understand their own behaviour and formulate treatment options, plan for the future and prepare to behave differently in similar situations in the future.

The role that trauma plays within how we respond to situations has largely been ignored within the original interventions for perpetrators of IPV. Generally trauma-informed treatment has been used when working with female offenders but neglected in the treatment programmes provided to male offenders. This has now changed with the development of trauma-informed treatment programmes for male offenders and particularly male IPV perpetrators. The thesis provides support for this changing view as men are just as likely as women to suffer with traumatic experiences in their life that contribute to the manifestation of their offending behaviours.

Feeling a loss of control was apparent for a number of the men and women. Historically, controlling and coercive behaviour has been seen as a gendered phenomenon with men exerting their control over their female partners (Bowen, 2011). However, this view has changed and it is now considered across both genders. The findings from the participants in this research are that being in control or at least feeling

that they are not in control of a situation are drivers for IPV perpetration across both genders. This suggests that treatment approaches could be similar for both.

Johnson's (1995; 2006; 2011) fourfold typology proposed that controlling behaviours and intimate terrorism in particular was a gendered phenomenon. However, empirical testing of Johnson's typologies with community samples of both men and women have shown that women are also likely to be intimate terrorists and that there is a high proportion of bidirectional intimate terrorism (Bogaerts, Van der Veen, & Van der Knaap, 2011; Laroche, 2005; Straus & Gozolka, 2014). While it was not possible to empirically establish whether the participants in Part One of the thesis were intimate terrorists or other types of IPV perpetrator, it was possible to theorise. At least two of the men in Chapter Two appeared to be intimate terrorists. While all of the women in Chapter Three had experienced violence at the hands of an intimate partner, at least one of the women showed characteristics of intimate terrorism. This is to be expected due to the nature of the crimes committed as the women are serving custodial sentences. However this does also suggest that even within criminal justice samples, women can also be classified within this typology. Future research should explore this further and empirically test the types of men and women in the English and Welsh Criminal Justice System in order to assist with assessment and treatment planning.

While not explicitly explored in Part One, it was apparent that attachment was an issue for a number of the men and women. With some of the women, they had experienced abuse and it appeared that this may have impacted on their attachment with their partner and culminated in their violent behaviour. Similarly, the men showed clear signs of jealousy. This can be closely linked to fear of separation and anxiety around being abandoned by a partner (Dutton, 2006). Attachment can be linked to various forms of abusive behaviour and this certainly seemed to be the case with the men and women in Part One. Attachment theory suggests that an individual's violent outbursts,

whether these are physical or verbal, can be linked to the individual acting out against their attachment figure (intimate partner) caused by perceived threats of separation or abandonment and anxiety (Dutton, 2006). In the case of the men there seemed to be a clear fear of abandonment and anxiety playing a key role leading up to their offence. For the women, they seemed more detached from the situation and acting out. However it appears that there were insecure attachment across all the participants. Future research could explore attachment styles of those serving sentences for IPV in detail to test how these may impact on the abusive behaviour. It would be beneficial to explore attachment styles within the assessment process and during treatment as this will aid the individual to identify how they respond to the relationships they are in and develop healthy coping mechanisms to deal with these issues.

Social Learning theory suggests that IPV perpetrators have poor coping strategies for stress. They use violence and abuse as a means to alleviate stress or circumstances that caused the stress and once they have done this the behaviour is reinforced and is then repeated in the future (Chiffriller, Hennessy, & Zappone, 2006). In one way or another, all the men and women had used violence and abuse as a coping mechanism. Some of the participants couldn't explicitly identify this but it was clear from their own narratives that they were responding to situations that they couldn't deal with appropriately whether this was fear of being left alone, being re-deployed or general day to day issues. A such it would appear that a critical treatment target for IPV is developing appropriate coping strategies for every day stressors in order to combat IPV.

It was apparent from a number of the participants that they had violent scripts that they lived by. They didn't always have the insight to understand that they typically used violence as the means to deal with the situations they were presented with which suggests that these scripts had been learned and reinforced over the years. Some of the

women only knew violence throughout their lives and consequently expected it and would themselves respond in violent ways as this behaviour had been learned. For some of the men, violence was embedded in their life whether this was through their day job within the military or how they had been brought up either culturally or experiencing family members be abusive. What is apparent is that any assessment process and treatment programmes need to explore what is considered normal practice and behaviour to IPV perpetrators so that alternatives can be developed within treatment.

While positive effects were found for IDAP and CDVP in reducing reoffending, there were a number of men who did go on to reoffend which suggests we can do better. Since the implementation of IDAP and CDVP, new approaches and techniques have been developed. Day et al. (2009) argue that the components of interventions for IPV require development to incorporate the new knowledge that has emerged since their conception. It is essential that these new approaches such as strengths-based and trauma-informed models (Lehmann & Simmons, 2009) are adopted within interventions to ensure we are using an evidence based approach to treatment. By doing so, more positive outcomes could be achieved as well as lower levels of attrition. As there is still no clear evidence base regarding what works with IPV treatment programmes, it is a good opportunity to test new approaches to hopefully yield better outcomes. Additionally, as we have found that the aetiology for male and female IPV perpetrators are very similar it should be possible to apply similar treatment approaches to both genders.

The evaluation of DV treatment programmes are notoriously difficult to achieve. They are confounded by a myriad of issues and obstacles (Bowen, 2011; Gondolf, 2002; Gondolf, 2004). These problems are far from being resolved. There is currently no domestic violence or IPV offence that allows researchers to determine whether a subsequent offence has been perpetrated. Similarly, it is difficult to establish from police

records and national databases whether emotional or coercive controlling behaviours are being used. Therefore any evaluation of DV interventions currently conducted needs to rely on either police reports of victim self-report. Both have limitations. Going forward, having a clear and consistent measure of DV and IPV that all researchers use as well as consideration to joint up working in order to triangulate data from both police records and victim reports could broaden our capability to achieve an evidence base for treatment programmes. Investment into high quality approaches and methodologies in this area will reap rewards in the long run, especially with eradicating this extremely harmful behaviour on society. We currently have mixed evidence regarding treatment programmes, therefore it would seem an opportune time to explore randomisation techniques with new approaches.

LIMITATIONS AND FUTURE RESEARCH

While, the findings of part one were useful and add to our understanding of IPV, these studies were exploratory in nature and need to be viewed as such. All the participants were involved in the criminal justice system. Therefore the findings may not be generalisable to community samples. Future research could expand on the findings of part one by empirically testing whether the INEMGAM is an appropriate model to explain IPV offending across both genders and whether the similarities and difference identified are replicated in subsequent samples.

Another limitation was the inability to identify the types of IPV men who had attended the DV treatment programme on this occasion and therefore it was not possible to ascertain whether IDAP and CDVP worked for specific types of IPV perpetrator. Future research could strive to develop our understanding around treatment effects for different typologies of offenders to comprehend the nuances of this group of men and

the opportunity to better generalize pro-social skills learned to other types of violent crime and to maximize resources. Additionally, outcomes from treatment programmers for women could adopt the same methodological approaches.

CONCLUSION

Overall, the findings from the collective studies in the thesis have added to the evidence base and contributed to our understanding of the aetiology and treatment of perpetrators of IPV. It is apparent that there are distinct similarities between men and women's experiences of IPV and the risk factors relevant to their offending. The findings from Part one suggest that the aetiology of men and women's perpetration of IPV are similar, even though the contextual factors involved in the behaviour can be very different. Assessment and treatment processes should be tailored to the individual by taking into account both individual and situational factors. The INEMGAM could be a useful model to adopt in both assessment and treatment practice to explore the specific issues relevant to the perpetrators irrespective of gender going forward. Additionally, promising findings were obtained regarding the effectiveness of DV treatment programmes delivered in England and Wales. These findings suggest that we are on the right track but there is still more to achieve. Incorporating new techniques and approaches to treatment and a move away from the one size fits all approach would be instrumental in building on these outcomes in the future.

APPENDICES

APPENDIX A. *CODING DICTIONARY*

Demographic Items

Age

The age of the offender at the time the OASys assessment was completed

Ethnicity

The offender's ethnicity

Living with partner

The offender lives with their partner at the time of the OASys assessment

Violence against the person offence category

Violence against the person offences were grouped into three groups: offences causing death (murder or manslaughter), contact violent offences and non contact violent offences.

Education/Employment status

The offender is in full or part time employment or education or unemployed.

Perpetrator only

Offender is classified as a perpetrator only if only the 'perpetrator' box is checked on item 6.7 of OASys assessment (see Evidence of domestic violence/partner abuse (6.7)

Perpetrator and Victim

Offender is classified as a perpetrator and victim if both the 'perpetrator' and the 'victim' boxes are checked on item 6.7 of OASys assessment (see Evidence of domestic violence/partner abuse (6.7)

Static and criminogenic need risk items

Any violence or threat of violence or coercion (2.2b)

The index offence involved violence or a threat of violence.

Excessive use of violence or sadistic violence (2.2c)

The index offence involves excessive violence, for example, beating a victim who is offering no resistance, repeatedly stabbing and wounding.

Repeat victimisation of the same person (2.3e)

There is evidence of more than one offence against the same person on separate occasions.

Literacy problems (4.7)

There is evidence the offender has severe problems in this area; or there is evidence of moderate problems with reading, writing or numeracy.

Has learning difficulties (4.8)

There is evidence that the offender has severe learning difficulties or the assessor considers the offender has mild learning difficulties.

Financial situation (5.2)

The offender is financially unstable or has some debts that cannot immediately be met.

Experience of childhood (6.3)

There is evidence that the offender did not have a stable childhood (this can include permanent or long-term separations from parents/guardians; suffering from inconsistent care, neglect of abuse) or if the offender experienced some problems as a child but less severe and/or of a temporary nature.

Evidence of domestic violence/partner abuse (6.7)

The offender admits to causing physical or emotional harm to their partner, or there is evidence that they have previously, or are presently causing, physical or emotional harm, or indicates they have been the victim of domestic violence in this or previous relationships. There are separate options for perpetrator and victim. Where an offender has been both, the assessor can check both boxes.

Manipulative/predatory lifestyle (7.4)

The offender has committed an offence involving fraudulent representation (conning) and manipulation of others or preying on vulnerable victims, has a clear history of manipulative behaviour; or the offender may not have any offences that have involved this type of behaviour and may not show a pattern of fraudulent representation (conning) throughout their lives, but there are likely to be incidences when they have deliberately misled others.

Reckless/risk-taking behaviour (7.5)

The offender shows a history or describes risk-taking behaviours.

Drugs ever misused (8.1)

The offender admits to ever having used drugs or there is any evidence from the files that the offender has ever taken drugs.

Violent behaviour related to drug use (8.7)

There is any evidence from the case file, third party reports, or the offender that taking drugs has contributed to any violent outburst.

Current alcohol use a problem? (9.1)

The offender considers they have a problem with alcohol consumption or there is evidence to suggest they are prone to excessive consumption on a regular basis; or the offender drinks regularly and excessively but to a lesser degree.

Binge drinking (9.2)

The offender admits to or there is evidence that they binge drink that has had a detrimental effect on all areas of their life. Or the offender has a pattern of drinking which could be described as binges but has not yet resulted in serious problems.

Violent behaviour related to alcohol use at any time (9.4)

There is any evidence from either the case file or the offender that alcohol has contributed to their violent behaviour.

Difficulties coping (10.1)

The offender describes themselves as not being able to cope which either severely impact on their life or moderately impact on their life.

Current psychological problems/depression (10.2)

The offender has suffered psychological problems that are severe and documented over a prolonged period of time, or the offender has diagnosed and documented psychological problems, but their duration is not known or there is no immediate link to offending.

Social isolation (10.3)

The offender is socially isolated either through choice or an inability to form friendships or keep friends; or the offender does interact with others but has not formed any close relationships with others.

Offender's attitude to themselves (10.4)

The offender has a very poor self-image and is very unhappy and discontented with themselves as individuals which has led to problems or they have an unrealistic view of themselves; or the offender has aspects about themselves that they do not like and would like to change.

History of self-harm, attempted suicide, suicidal thoughts or feelings (10.5)

The offender has at any time attempted suicide or self-harmed themselves in some way.

Current psychiatric problems (10.6)

The offender has psychiatric problems at the present time that are severe and well-documented over prolonged periods of time; or the offender is known from file sources or themselves to have psychiatric but the duration is not known and it is not certain whether treatment is current, and there is no immediate link to offending.

Level of interpersonal skills (11.1)

There are major deficits in this area or if there are some difficulties but not as severe.

Impulsivity (11.2)

The offender claims they ‘just react’; is unable to explain their actions and gets into trouble because they do not think things through and craves excitement; or if the offender complains they become bored easily, has a short attention span, equates acting quickly with being decisive and positive and seeks immediate gratification, which often leads to offending; they may well regret many of their actions later.

Aggressive/controlling behaviour (11.3)

The offender has a history of aggressive behaviour towards others, or if the offender does not show a consistent pattern of using aggression in their offences and lifestyle, but does have one or more examples of using violence, or threats of violence, to gain compliance.

Temper control (11.4)

The offender has a history of regular outbreaks of anger, admits to losing their temper easily.

Ability to recognise problems (11.5)

The offender denies that they have any problems, or the offender recognises that they have problems but is inconsistent in what they regard as problematic and in recognizing their own contribution.

Problem-solving skills (11.6)

The offender does not deal with their problems directly, distracts themselves and avoids issues, blames others for their predicament, is unable to recognise the need to take steps to solve problems themselves; or the offender recognises that they have problems and the need to do something about them, generates a limited number of alternative strategies in most situations, but is not able to define clearly the steps they need to take to put these into practice.

Awareness of consequences (11.7)

The offender does not consider the consequences of their actions. Or the offender considers some of the consequences of their actions, but not all and tends to concentrate on short-term solutions and quick fixes.

Achieves goals (11.8)

The offender tends to live day-to-day, has no goals, has entirely unrealistic goals, or the offender is very vague about their goals, has realistic long-term goals.

Understands other people's views (11.9)

The offender appears socially inadequate or isolated, is incapable of distinguishing between their own feelings and the way others might view the situation, often misinterprets the actions and intentions of others. Or the offender is able to perceive and take account of others' views to some extent, but has difficulty in dealing with authority and interprets any instruction or criticism as a personal slight.

Concrete/abstract thinking (11.10)

The offender is a rigid thinker. They are dogmatic in their views. Or the offender tends to trust their own 'gut feelings' and direct experience. They may stereotype others and jump to conclusions.

Pro-criminal attitudes (12.1)

The offender expresses views favouring and excusing criminal behaviour regularly and with conviction.

Discriminatory attitudes/behaviours (12.2)

The offender openly expresses discriminatory attitudes.

Does the offender understand their motivation for offending (12.6)

The offender does not recognise the factors that contributed to their offending or understand the reasons for their behaviour. Or the offender has some understanding of their motivations but will not be able to recognise all of the factors that contributed.

Risk Tools

OGRS3

A predictor of re-offending based on static risk factors of age, gender and criminal history. It's a two-year prediction of re-offending. Scores range from 1-100 and bandings can be classified as Low (1-49), Medium (50-74) and High (75). For the analysis the score between 1-100 was used.

Risk of harm

An offender's risk of committing serious (future) harm. Offenders are assessed as: Low – no significant current indicators of risk of serious harm; Medium – there are identifiable indicators of risk of serious harm (the offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances); High – there are identifiable indicators of risk of serious harm; and very high – there is an imminent risk of serious harm.

Criminogenic need profile items

Accommodation criminogenic need

Accommodation is assessed as a criminogenic need for the offender. This is assessed using items from section three of the OASys assessment

Education, training and Employability Criminogenic need

Education, training and Employability is assessed as a criminogenic need for the offender. This is assessed using items from section four of the OASys assessment

Financial management and income criminogenic need

Financial management is assessed as a criminogenic need for the offender. This is assessed using items from section five of the OASys assessment

Relationships criminogenic need

Relationships is assessed as a criminogenic need for the offender. This is assessed using items from section six of the OASys assessment

Lifestyle and associates criminogenic need

Lifestyle and associates is assessed as a criminogenic need for the offender. This is assessed using items from section seven of the OASys assessment

Drug misuse criminogenic need

Drug misuse is assessed as a criminogenic need for the offender. This is assessed using items from section eight of the OASys assessment

Alcohol misuse criminogenic need

Alcohol misuse is assessed as a criminogenic need for the offender. This is assessed using items from section nine of the OASys assessment

Emotional well-being criminogenic need

Emotional well-being is assessed as a criminogenic need for the offender. This is assessed using items from section ten of the OASys assessment

Thinking and behaviour criminogenic need

Thinking and behaviour is assessed as a criminogenic need for the offender. This is assessed using items from section eleven of the OASys assessment

Attitudes criminogenic need

Attitudes is assessed as a criminogenic need for the offender. This is assessed using items from section twelve of the OASys assessment

Total number of criminogenic needs

The total number of criminogenic needs the offender is assessed as having based on sections three to twelve of the OASys. This can range from one to ten in total.

APPENDIX B.

Information Sheet

Offenders' journey of Intimate Partner Violence (Pathways in and cessation of violence)

What is the research about?

You are invited to take part in a piece of research for the NOMS Operational Services and Interventions Group (OSIG) and the University of Birmingham. OSIG are responsible for the evaluation and development of NOMS offending behaviour programmes. The research aims to gather the views of individual's experiences of their offending behaviour and involvement with prison and/or probation including any DV group work programme they have attended during their sentence.

Why is the research being done?

We want to understand the reasons for people's offending behaviour and to identify any experiences that have helped to change their behaviour.

Do I have to take part?

Participation in the research is voluntary, and you are free to refuse to take part. There will be no negative consequences as a result of any decision not to take part in this research. We say this because, although it would be helpful if you agreed to participate, we really want to make sure that you don't feel pressured into taking part. If you do agree to take part, you can withdraw your consent at any time and any information you have given us during the time you have participated will be destroyed up until the completion of the final report.

What will I be asked to do?

If you agree to participate you will be asked to attend an interview which will last for between one and two hours. You will be interviewed by Sinead Bloomfield who is a member of the OSIG Research and Evaluation team and also a forensic psychology research student at the University of Birmingham. You will be asked to discuss your experiences of your offending behaviour, your experiences with prison/probation and how these may have impacted on your relationships and lifestyle. You do not have to answer any questions that make you feel uncomfortable.

What will happen afterwards?

The interview will be recorded by Dictaphone. Following the interview the recording will be sent to an approved professional transcription service so that the interview can be transcribed ready for analysis. At all times the interview recording will be kept in accordance with the Data Protection Act in a secure environment and kept private. Any information about you will have a number on it instead of your name. Only the researcher will know who the number corresponds with. The data will be anonymous and the consent forms will be kept separately from the interview transcripts. The data will be kept for 10 years and stored safely by NOMS under lock and key.

Is the information I provide kept confidential?

If you choose to participate, the personal information you disclose will be strictly confidential and will not be made publicly available or given to any other person. However, all NOMS staff have a duty to disclose any behaviour that is against prison/probation rules, as well as any illegal acts. They also have a duty of care, and have to report any intent disclosed to harm yourself or others, so if this happens, the researcher will have to report this. If this situation occurs the researcher will discuss it with you first.

What happens with the research?

Once the research project has been completed research staff at OSIG will have access to the finished report as well as staff in the psychology department at the University of Birmingham. The results may also be communicated to Offender Managers and programme staff. No reference will be made in oral or written reports which could identify you to the study. The final report may be submitted for publication in an academic psychological journal, so that other interested people may learn from the research. It will also form part of Sinead Bloomfield's doctoral thesis in forensic psychology. No reference will be made in any reports which could link you to the study.

Who do I contact?

The people managing this piece of research are Sinead Bloomfield from the OSIG Research and Evaluation Team and University of Birmingham and Louise Dixon from the University of Birmingham. If you have any questions about the research project or would like any more information please contact a member of the research team through your Offender Manager on the contact details below. If you are interested in taking part in this project and give your consent to be interviewed please inform your Offender Manager who will then correspond with a member of the research team. Shortly after this you will be contacted through your Offender Manager with further details.

Thank you for your time,

Sinead Bloomfield

Research and Evaluation Team

Operational Services and Interventions Group / University of Birmingham

Louise Dixon

School of Psychology

University of Birmingham

APPENDIX C

Statement of Consent

Please feel free to ask any questions about taking part in the study. By signing the below form you are showing that you understand and agree to the following:

- I understand that I am being asked to participate in a research project being carried out by Sinead Bloomfield as part of her doctoral thesis in forensic psychology in association with Operational Services and Interventions group (OSIG) and the University of Birmingham.

- I have been informed in writing of the nature and purpose of the study and have had the opportunity to discuss these in person with the researcher.

- I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw from the study at any time (including up to 1 month after completing the interview) and ask for my data to be destroyed without explaining my decision and at no consequence to me.

- I understand that taking part in this study (or withdrawing from the study) will not affect the care or treatment I receive in the prison/probation.

- My name will not be shown on any published work relating to this study.

- I understand that all details I provide will be treated as confidential as far as possible. Confidentiality will be limited if I provide information which suggests there is a threat to the security of the prison and/or the safety of myself or any other person, or if significant details relating to crimes that I have committed but not been convicted of are disclosed.

I have read the above information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to

be a participant in this research and understand that I have the right to withdraw from the research at any time prior to the completion of the final report without this affecting me in anyway.

Name:……

Signature:……

Date:…….

APPENDIX D

DEBRIEF SHEET

Thank you for your taking part in this study.

The aim of this study was to gather the views of individual's experiences of their offending behaviour and involvement with prison and/or probation including any DV group work programme they have attended during their sentence.

If you wish to withdraw your consent for the interview information to be used in the study please do so before …… using the contact details below. If you have any queries, questions or concerns regarding the study, please do not hesitate to contact me on the below contact details at any time.

Contact details:

Name: Sinead Bloomfield

Address: School of Psychology,

University of Birmingham

The list below contains contact details of confidential organisations that offer individuals free advice and support over the phone or via the Internet. If you should wish to contact them for further information or support in the future please do so.

Important phone numbers/websites

Samaritans 08457 909090 www.samaritans.org.uk

Samaritans provides confidential emotional support, 24 hours a day.

For serving prisoners please contact your local Listener

APPENDIX E: ETHICAL AND NRC APPROVALS

Application for Ethical Review ERN_12-0963 - Message (HTML)

File Edit View Insert Format Tools Actions Help

Reply | Reply to All | Forward

From: [redacted] Sent: Thu 04/10/2012 13:44

To: 'Louise Dixon'

Cc: Bloomfield, Sinead

Subject: Application for Ethical Review ERN_12-0963

Dear Dr Dixon

Re: "Offenders' journey of intimate partner violence (pathways in and cessation of violence) and interventions"
Application for Ethical Review ERN_12-0963

Thank you for your application for ethical review for the above project, which was reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee. The study was granted conditional ethical approval on 26th September 2012.

On behalf of the Committee, I can confirm the conditions of approval for the study have now been met and this study now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly bought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at [redacted]

Kind regards

[redacted]

Web: https://intranet.birmingham.ac.uk/finance/accounting/research-support-group/Research-Ethics

Notice of Confidentiality:
The contents of this email may be privileged and are confidential. It may not be disclosed to or used by anyone other than the addressee, nor copied in any way. If received in error please notify the sender and then delete it from your system. Should you communicate with me by email, you consent to the University of Birmingham monitoring and reading any such correspondence.

This email was received from the INTERNET and scanned by the Government Secure Intranet anti-virus service supplied by Cable&Wireless Worldwide in partnership with MessageLabs. (CCTM

start | Inbox - Microsoft Out... | Application for Ethical... | Thesis | Ethics | Thesis - Microsoft Word | 11:09

Miss Sinead Bloomfield
Research Officer
NOMS

National Offender Management Service
National Research Committee
Email: National.Research@noms.gsi.gov.uk

[redacted]

:

21 November 2012

APPROVAL – NOMS RESEARCH – PRISONS & PROBATION

Dear Sinead

Title: 213-12

Reference: Offenders' journey of intimate partner violence

Further to your research application to the NOMS National Research Committee (NRC) the Committee is pleased to grant approval in principle for your research. Please contact Joseph Hillier Senior Research Officer Home Office (Tel [redacted] Email [redacted]) to discuss this research further. Also attached for reference are further comments from Home Office on this study.

Before the research can commence you must agree formally by email to the NRC (National.research@noms.gsi.gov.uk), confirming that you will comply with the terms and conditions outlined below and the expectations set out in the NOMS Research Instruction

http://www.justice.gov.uk/downloads/offenders/psipso/psi-2012/psi-13-2012-research-applications.doc

If prison establishments/probation trusts are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. *(Please note that NRC approval does not guarantee access to establishments/trusts; access is at the discretion of the Governor/Chief Executive and subject to local operational factors and pressures). This is subject to clearance of vetting procedures for each establishment/trust.)*

Once the research is completed, and received by the NRC Co-ordinator, it will be lodged at the Prison Service College Library.

Yours sincerely

National Research Committee

Cc Adam Carter

National Research Committee - Terms and Conditions

All research

- **Changes to study -** Informing and updating the NRC promptly of any changes made to the planned methodology.
- **Dissemination of research** The researcher should prepare a research summary for NOMS (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for NOMS decision-makers. It should be submitted to the NRC alongside the NRC project review form (which covers lessons learnt and asks for ratings on key questions). Provision of the research summary and project review form is essential if the research is to be of real use to NOMS. The report should use language that an educated, but not research-trained person, would understand. It should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. Further guidance on the format of the report is available on request.
- **Publications -** The NRC (National.research@noms.gsi.gov.uk) receiving an electronic copy of any papers submitted for publication based on this research at the time of submission and at least one month in advance of the publication.
- **Data protection** - Compliance with the requirements of the Data Protection Act 1998 and the Offender Management Act 2007-
    - http://www.legislation.gov.uk/ukpga/2007/21/contents
    - http://www.legislation.gov.uk/ukpga/1998/29/contents

  Researchers should store all data securely and ensure that information is coded in a way that maintains the confidentiality and anonymity of research participants. The researchers should abide by any data sharing conditions stipulated by the relevant data controllers.

- **Research participants -** Consent must be given freely. It will be made clear to participants verbally and in writing that they may withdraw from the research at any point and that this will not have adverse impact on them. If research is undertaken with vulnerable people – such as young offenders, offenders with learning difficulties or those who are vulnerable due to psychological, mental disorder or medical

circumstances - then researchers should put special precautions in place to ensure that the participants understand the scope of their research and the role that they are being asked to undertake. Consent will usually be required from a parent or other responsible adult for children to take part in the research.

- **Termination** - NOMS reserves the right to halt research at any time. It will not always be possible to provide an explanation, but NOMS will undertake where possible to provide the research institution/sponsor with a covering statement to clarify that the decision to stop the research does not reflect on their capability or behaviour.

Research requiring access to prison establishments and/or probation trusts

- **Access -** Approval from the Governor of each establishment / Chief Executive of the probation trust you wish to research in. (Please note that NRC approval does not guarantee access to establishments/trusts; access is at the discretion of the Governor/Chief Executive and subject to local operational factors and pressures). This is subject to clearance of vetting procedures for each establishment/trust.
- **Security** - Compliance with all security requirements.
- **Prison Service -** Researchers are under a duty to disclose certain information to the Prison Service. This includes behaviour that is against prison rules and can be adjudicated against (see Section 51 of the Prison Rules 1999), illegal acts, and behaviour that is harmful to the research participant (e.g. intention to self-harm or complete suicide). Researchers should make research participants aware of this requirement. The Prison Rules can be accessed here and should be reviewed: http://www.justice.gov.uk/downloads/guidance/prison-probation-and-rehabilitation/psipso/PSO_0100_the_prison_rules_1999.doc

- **Probation Trusts -** Researchers are under a duty to disclose to probation trusts if an individual discloses information that either indicates a risk of harm to themselves or others or refers to a new crime that they have committed or plan to commit. Researchers should make research participants aware of this requirement.

_____
From: Gemma Williams (Research Support Group)
Sent: 06 October 2011 10:34
To: 'Bloomfield, Sinead'
Cc: Louise Dixon
Subject: RE: application for review - ERN_11-0671

Dear Sinead

Thank you for your response and all the additional information that you've provided.

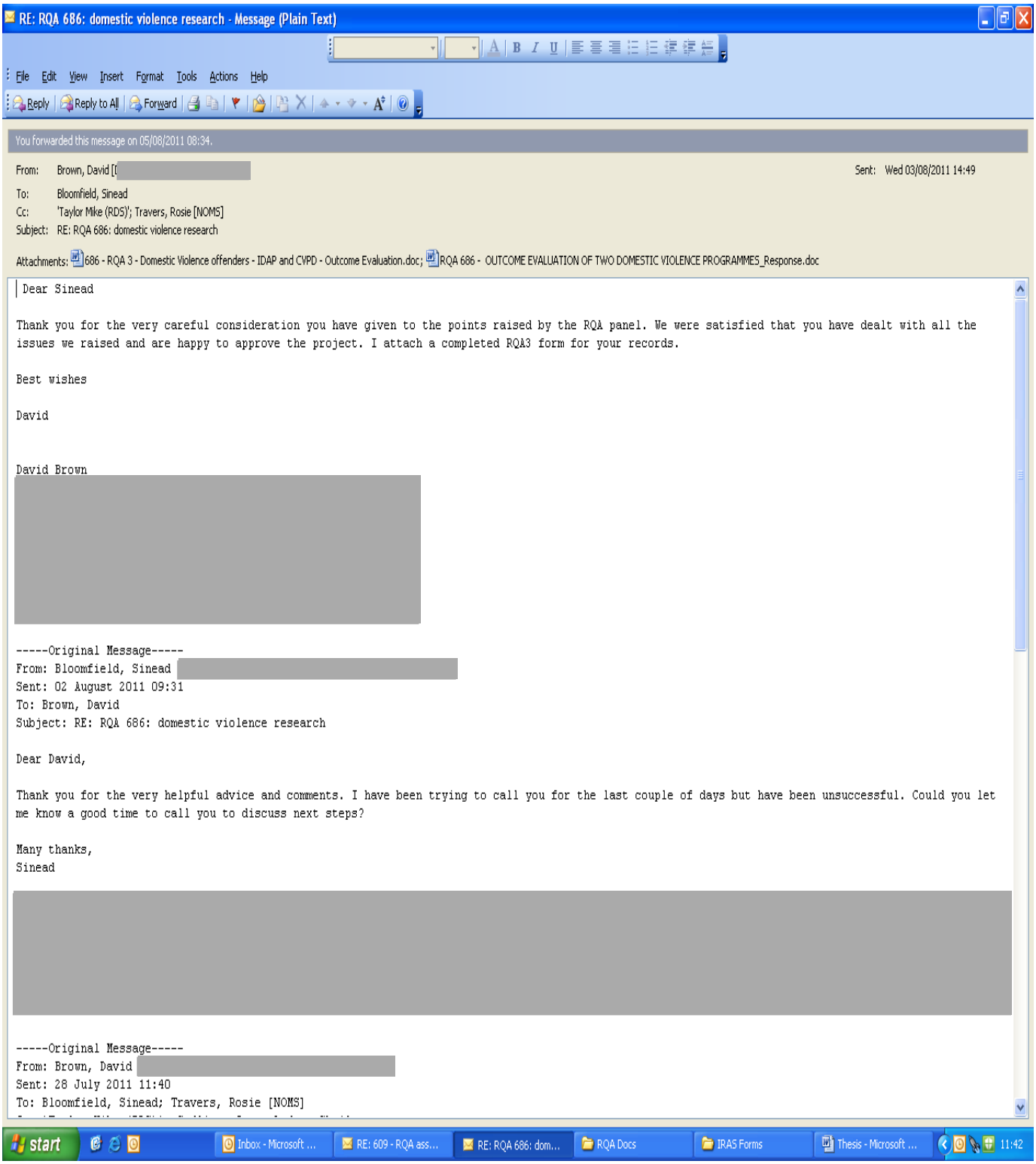
On behalf of the Committee, I am pleased to confirm that your study has now been granted ethical approval.

Thank you,

Gemma Williams

[redacted]

Web: http://www.rcs.bham.ac.uk/ethics/index.shtml



RE: RQA 686: domestic violence research - Message (Plain Text)

File Edit View Insert Format Tools Actions Help

Reply Reply to All Forward

You forwarded this message on 05/08/2011 08:34.

From: Brown, David [Sent: Wed 03/08/2011 14:49

To: Bloomfield, Sinead

Cc: 'Taylor Mike (RDS)'; Travers, Rosie [NOMS]

Subject: RE: RQA 686: domestic violence research

Attachments: 686 - RQA 3 - Domestic Violence offenders - IDAP and CVPD - Outcome Evaluation.doc; RQA 686 - OUTCOME EVALUATION OF TWO DOMESTIC VIOLENCE PROGRAMMES_Response.doc

Dear Sinead

Thank you for the very careful consideration you have given to the points raised by the RQA panel. We were satisfied that you have dealt with all the issues we raised and are happy to approve the project. I attach a completed RQA3 form for your records.

Best wishes

David

David Brown

[redacted]

-----Original Message-----
From: Bloomfield, Sinead [redacted]
Sent: 02 August 2011 09:31
To: Brown, David
Subject: RE: RQA 686: domestic violence research

Dear David,

Thank you for the very helpful advice and comments. I have been trying to call you for the last couple of days but have been unsuccessful. Could you let me know a good time to call you to discuss next steps?

Many thanks,
Sinead

[redacted]

-----Original Message-----
From: Brown, David [redacted]
Sent: 28 July 2011 11:40
To: Bloomfield, Sinead; Travers, Rosie [NOMS]

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Application for Ethical Review ERN_09-771 - Message (HTML)

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Reply | Reply to All | Forward

You replied on 07/10/2009 08:24.

From: Susan Cottam [redacted] Sent: Tue 06/10/2009 12:02

To: Louise Dixon

Cc: Bloomfield, Sinead

Subject: Application for Ethical Review ERN_09-771

Dear Dr Dixon

Re: "Investigating typologies of IPV perpetrators in England and Wales"
Application for Ethical Review ERN_09-771

Thank you for your application for ethical review for the above project, which has now been reviewed by the Life and Health Sciences Ethical Review Committee.

The Committee has reached a decision on the basis of your application and supporting documentation. The Committee agrees that the main ethical issues have been covered, and discussed the following issues in relation to your application.

It was noted that all Ministry of Justice requirements regarding the use and security of this data should be met, and all necessary approvals (including RQA approval) should be obtained prior to the commencement of the research.

The Committee also requested confirmation that the data will be treated confidentially and stored securely, and that it will be anonymised in the outputs of the research.

On behalf of the Committee, I can therefore confirm a favourable ethical opinion for your research project subject to a satisfactory response to the following conditions:

- Please confirm that all necessary approvals required to gain access to this data will be obtained prior to the commencement of the research, and provide copies of these approvals as soon as available.
- Ensure compliance with any Ministry of Justice requirements regarding the use and security of this data.

I would be grateful if you could confirm in writing that these conditions will be met, and also provide the requested information and documentation in writing prior to the commencement of the study.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly bought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please confirm receipt by return email. A hard copy of this correspondence will be forwarded to you via internal mail.

Kind regards

Susan Cottam

[redacted]

start | Inbox - Micros... | RE: 609 - RQA... | RE: RQA 686: ... | Application for ... | Ethics | IRAS Forms | Thesis - Micros... | 11:50

APPENDIX F

Interview schedule for 'Offenders' journey of intimate partner violence (Pathways in and cessation of violence) and interventions'

1. Introductions, explanation of research and consent

Introduce myself, go through the information sheet with the participant and answer any questions. Get participant to sign the consent form.

- I'm interested in talking to you today because I've noted that your index offence involved you being violent towards your partner. Are you happy to talk to me about this?
- How long were you with your partner?
- Did you live together?
- Do you have children together? Step children?
- What was your relationship like?
- How were you getting on with your partner around the time of your index offence? (The week before the incident happened? The day before the incident happened?)

2. *Offending Journey*

- Did anything stand out the week the incident took place? Did anything happen at work/at home/with friends etc?

- Thinking about your index offence can you talk me through what happened that day?

[Want the participant to provide their own account of this particular incident of IPV but need to ensure that the following areas are addressed through this discussion]

- Did anything happen that day that stands out to you?
- What happened 1 hour before the incident took place?
  - What were you thinking at this time?
  - What were you feeling at this time?
  - What were you doing to cope with these emotions?
  - What did you do?
  - Did you drink any alcohol? Take any drugs?
  - What did your partner do?
  - What do you think your partner was thinking and feeling?
- What happened 30 minutes before the incident took place?
  - What were you thinking at this time?
  - What were you feeling at this time?
  - What were you doing to cope with these emotions?

    - What did you do?
    - Did you drink any alcohol? Take any drugs?
    - What did your partner do?
    - What do you think your partner was thinking and feeling?
- What happened directly before the incident took place?
    - What were you thinking at this time?
    - What were you feeling at this time?
    - What were you doing to cope with these emotions?
    - What did you do?
    - Did you drink any alcohol? Take any drugs?
    - What did your partner do?
    - What do you think your partner was thinking and feeling?
- What happened during the incident?
    - What were you thinking at this time?
    - What were you feeling at this time?
    - What were you doing to cope with these emotions?
    - What did you do?
    - Did you drink any alcohol? Take any drugs?
    - What did your partner do?
    - What do you think your partner was thinking and feeling?
- What happened directly after the incident took place?
    - What were you thinking at this time?
    - What were you feeling at this time?
    - What were you doing to cope with these emotions?
    - What did you do?
    - Did you drink any alcohol? Take any drugs?
    - What did your partner do?
    - What do you think your partner was thinking and feeling?
- What happened the day after the incident took place?
    - What were you thinking at this time?
    - What were you feeling at this time?
    - What were you doing to cope with these emotions?
    - What did you do?
    - Did you drink any alcohol? Take any drugs?
    - What did your partner do?
    - What do you think your partner was thinking and feeling?

- What do you think actually caused you to (hurt, hit, strangle punch, kick etc) your partner?
- Have there been other incidents where you have been violent towards your partner? If so was this a typical incident of violence between you and your partner?

3. Interventions

- Can you remember when you attended a programme?
- Who were your facilitators?
- How did you get on with your facilitators?
- How did you feel about attending the programme at the beginning?

- How did you feel in your first session?
- Was there anything you liked about the programme?
- Was there anything you didn't like about the programme?
- Did anything stand out for you?
- Was there anything you found particularly helpful?
- Will you use anything you learned on the programme in the future?
- Have you noticed any changes in the way you think about things?
- Do you believe that the programme will help/has helped you to change your behaviour? For example has the programme helped you to respond in a different way to similar situations to the index offence?
- If you were in a similar situation to the index offence in the future, how would you respond now?

3. Thank you and debrief

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