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Survivor perspectives on IPV perpetrator interventions: a systematic narrative review.

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Review

Survivor perspectives on IPV perpetrator interventions: a systematic narrative review.

Abstract

More effective work with perpetrators of intimate partner violence (IPV) can be built upon a better understanding of how and why they change their behaviour. This article presents a systematic narrative review of female IPV survivor perspectives on the changes brought about by IPV perpetrator programmes. Fourteen databases and web search engines were searched and sixteen articles reporting relevant qualitative findings were identified. Survivors often reported some level of positive change through their partner's engagement with a programme, but the sustainability of this change is unclear and there was also some negative feedback. From the survivors' perspective key barriers to perpetrator change include alcohol dependency, mental health challenges, relationship dynamics and their family of origin. Mechanisms by which perpetrators are held to account, namely survivor validation and judicial measures, were seen as central to the change process. Survivors perceived changes in perpetrator behaviour (the use of conflict interruption techniques and new communication skills) and changes in perpetrators' belief systems (adopting new perspectives). Changes in belief systems were associated with more complete desistance from violence, and would appear more difficult to effect. The review highlights the complexity in this field, which is discussed by the authors with reference to practice, policy and research.

Keywords: domestic violence, batterer, intervention/treatment, change processes, behaviour change.

Introduction

Intervention programmes for the perpetrators of Intimate Partner Violence (IPV) are a key part of western society's response to IPV. Three systematic reviews (J. C. Babcock, Green, & Robie, 2004; Feder, Wilson, & Austin, 2008; Smedslund, Dalsbø, Steiro, Winsvold, & Clench-Aas, 2012) have failed to find empirical evidence in support of these interventions; a 2004 UK Home Office crime survey found that 88% of people who had been in a violent relationship believed that violence stopped because the relationship ended (Walby, Allen, & Britain, 2004). Against this background, work with perpetrators continues. Duluth-informed interventions, underpinned by social learning theory and delivered through a range of adult education methods, remain the intervention of choice for policy-makers across much of Europe (WWP, 2008), Australia (Brown & Hampson, 2009) Canada and America (Corvo, Dutton, & Chen, 2009).

We can speculate on the enduring nature of this approach to IPV perpetrator intervention, despite a lack of efficacy evidence. The appropriateness of the outcome measures used in efficacy studies (recidivism data from police and partner report) has been questioned (R. E. Dobash & Dobash, 2000; Stover, 2005; Westmarland & Kelly, 2012). Commentators have also alluded to an impetus to "do something" (Feder et al., 2008; Jennings, 1987) with a client grouping who are cited as one of the primary threats to women's health worldwide (Krug, Mercy, Dahlberg, & Zwi, 2002) who are at the root of a significant portion of child protection work (Stanley, Borthwick, Graham-Kevan, & Chamberlain, 2012) and who sometimes, by their own volition, seek treatment.

We should also note that other approaches to work with IPV perpetrators have developed alongside the mainstream Duluth-informed formats, such as couples treatments (McCollum & Stith, 2008). The continued development of new approaches, alongside a proliferation of intervention process studies, suggest that work with IPV perpetrators continues in a state of re-development and a drive toward interventions which can bear the rigour of experimental evaluation continues.

The study of the intervention and change process for perpetrators has benefited from both qualitative and quantitative enquiry. Deductive correlational studies have investigated an increasingly complex array of variable relationships: for example perpetrator characteristics and partner-reported recidivism, or the relationship between treatment components and pre and post-test psychometric measures. These studies are complemented by a smaller but enlightening body of qualitative enquiry which has explored perspectives on barriers, facilitators and component processes of change with IPV perpetrators. The perpetrators' perspective on these has attracted significant interest among

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3 qualitative researchers, while survivor perspectives, practitioner perspectives and in particular
4 surviving children's perspectives on perpetrator change are under-researched; based on the authors'
5 completion of a related systematic literature search (McGinn, Taylor, McColgan, & McQuilkan,
6 2014).
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10 These studies, of IPV perpetrator change, are to be found across a disparate range of journals,
11 databases and disciplines (McGinn et al., 2014). If there is to be convergence, upon the way forward
12 in programme development, studies of the change process and related variables must be brought to
13 together in accessible formats. Scott and collaborators have offered in-depth narrative reviews of
14 some of the correlational evidence relating to perpetrator change (Katreena L Scott, 2004; Katreena L.
15 Scott & King, 2007). McMurrin (2009) has provided a systematic review of the motivational
16 interviewing efficacy with offenders, including IPV perpetrators. On the qualitative side, Sheehan,
17 Thakor, and Stewart (2012) have summarised perpetrator perspectives on change processes.
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21 The current review sits alongside Sheehan et al.'s (2012) paper, as a summary to date of part of the
22 service user perspective. Service user perspectives on social care interventions have attracted
23 increasing attention of late, hailed as a direction-setting guide for research into complex interventions
24 (Glasby & Beresford, 2006). The current review is also important as a balancing weight for the
25 perpetrator perspective. In the majority of cases survivors are still in contact with perpetrators
26 following the perpetration of abuse (Moe, 2009). They have first-hand experience of changes in
27 perpetrator behaviour; they have been shown to have a different perspective (Gondolf, 2000; Katreena
28 L Scott & Wolfe, 2003; Winstok, 2006) suggested, by some, to be a more objective perspective (R. E.
29 Dobash, Dobash, Cavanagh, & Lewis, 2000; Gerlock, 2001; Silvergleid & Mankowski, 2006).
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45 **Method**

46 **Literature Search**

47 The search was conducted according to established literature search methods, see McGinn et al.
48 (2014). Appendix A contains the search terms and search facilities employed. The search was also
49 designed to locate studies of perpetrators' perspectives (to facilitate a sister paper to the current
50 review) and it should be noted that some of the studies reported here investigated both perpetrator and
51 survivor perspectives. However, only data pertaining to the survivor perspective was included in this
52 review. Sixteen relevant articles were found in the search of 14 journal databases and web-search
53 engines.
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6 **Article Selection Criteria**

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- 8 • Study participants had to be, or had to have been partners of IPV perpetrators.
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- 10 • Studies which investigated both perpetrator and survivor perspectives were accepted as relevant
- 11 as long as some data pertaining to the survivor perspective was reported separately.
- 12
- 13 • Articles had to describe a study which captured data on the views of some aspect of a programme
- 14 of intervention for IPV perpetrators.
- 15
- 16 • ‘Gray literature’ such as research theses and government reports were accepted, as long as they
- 17 reported empirical research.
- 18
- 19 • Articles dating back to 1983 were included, this was the year that Pence and Paymar published an
- 20 introduction to the Duluth model of practice for work with IPV perpetrators.
- 21
- 22 • Non-English language articles were included (in the event only one non-English article was
- 23 found, Dubé, Rinfret-Raynor, and Drouin (2005); this was translated using translation software).
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26 While all sixteen articles included in this review satisfied the above criteria, five were identified as
27 particularly relevant, and these were used as the core primary data for the review, and designated as
28 more relevant studies (a similar rationale was employed by Fisher, Qureshi, Hardyman, &
29 Homewood, 2006). More relevant studies were those which exhibited a synchronicity of study aims
30 and objectives with that of this review: in terms of the centrality of the service user perspective and, in
31 making reference to IPV perpetrator change processes in particular.
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37 No studies were rejected on quality grounds but those identified as more relevant studies were
38 required to have been published in a peer-reviewed journal, as a minimum quality threshold. This
39 meant that gray literature was reviewed in light of findings from the synthesis of the more relevant
40 studies. In the event, two of the sixteen studies had not been reported in a peer-reviewed journal:
41 Newmark et al. (2007) - a study reported by the US Department of Justice; and Pollack and MacKay
42 (2003) - a study reported by the Woman Abuse Council of Toronto.
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46 **More Relevant Study profiles**

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51 **Less Relevant Studies**

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Synthesis

A number of methods for synthesising qualitative research have emerged over the past decade (Saini & Shlonsky, 2012). This review takes a critical realist approach (Houston, 2010). The synthesis, of primary study findings, therefore acknowledges multiple realities as offered by the multiple theoretical perspectives found in this area of research; family systems perspectives and contrasting feminist approaches for example. In addition, given that the primary studies used in this review employ a variety of qualitative methods, it follows that the method of synthesis was interpretive rather than aggregative (Fisher et al., 2006). Primary study findings were interpreted in light of each other, as opposed to the aggregation of study findings which have been procured in quite different contexts.

Insert Table 3

The method of synthesis needed to accommodate a degree of deduction as themes were considered in the context of common perpetrator programme treatment targets (see Table 3). We also envisaged the exploration of additional themes. J. Thomas and Harden (2008) have demonstrated ‘thematic synthesis’ as a means of translating concepts from differing contexts in light of each other, and as a means of completing both inductive and deductive analysis, as such it was deemed an appropriate approach for this review. In practical terms the process can be described as follows.

Descriptive coding of primary study themes

- Articles were imported into the qualitative analysis software application NVivo
- Coren and Fisher (2006) demonstrate how study findings and primary data (quotations from study participants) can be synthesised. Both of these elements were reviewed and given descriptive codes using NVivo
- Key study findings, as identified by the primary study author, were highlighted as such.

Analytic coding

- Beginning with the more relevant studies, memos were created for any insights into processes, barriers or facilitators of change.
- Apparent and potential relationships were noted, between codes, and between codes and memos
- Several visual models of these codes and relationships were produced
- The audit trail for this process was reviewed by the second author, and with discussion the key themes from the review data were agreed.

Findings

This review used systematic methods to find, select and synthesise studies which have captured aspects of survivor perspectives on IPV perpetrator intervention. We can report that, more often than not, survivors identified positive changes in their (ex-) partner, as a result of their taking part in an intervention programme. These changes manifested as changes in how safe survivors felt, changes in perpetrators' belief systems and changes in perpetrator behaviour. Survivors also offered some negative feedback on perpetrators programmes.

Changes in Feelings of Safety

Survivor references to feelings of safety offered a deep insight into programme effects, by-passing the need for survivors to evaluate the changes in their (ex-) partner,

"Like I was really scared of him and i was building that trust back up not to be afraid anymore. Yeah, so i felt safer because he wasn't screaming and yelling ... i trusted him, i felt safe;" a survivor interviewed by from Austin and Dankwort (1999).

Perceptions of positive changes in safety were quite common, although the majority of primary study authors qualified this perspective as being relative to survivors' previous experience, and not necessarily the same as that which society as a whole would accept as safe,

"... one woman explained, "I am not afraid of him. I have learned to handle myself, and I know not to hit his buttons. I feel perfectly safe around him." She had been to the emergency room three times in the last four years. She has facial scars, uncorrectable eye injury, and permanent neuro- logical damage;" a survivor interviewed by Jory, Anderson, and Greer (1997).

We reviewed the data for links between safety and particular change processes or intervention components. Some survivors reported feeling safer because their partner was being held to account, to some extent, while they attended a programme,

"In some cases, women experienced the program as an "external monitor:" that is, they felt safer as long as the men were in the program and were being observed by the counsellors;" Austin and Dankwort (1999).

Most IPV perpetrator programmes offer contact and support to the partners of the men they work with, and some survivors felt safer because of the changes they had made within themselves, through the support they had received, for example,

"I have increased feelings of safety. I am definitely more comfortable with him, but that could be because of me;" a survivor interviewed by Hayward et al (2007).

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5 Or because of new understandings of the supports available to them, for example

6 “in the past I was afraid when the police left because they would just talk to him and leave
7 him home with me there, now I feel safe because they will take him away ... something had
8 to be done to make him responsible for his actions;” a survivor interviewed by Sirles, Lipchik,
9 and Kowalski (1993).
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13 Finally, on perceptions of safety, it should be noted that in studies in which degrees of safety were
14 discussed, feelings of complete safety were not dominant. Gregory and Erez (2002) stated

15 “Despite some observed positive changes in their partners, most women remained cautious
16 and did not completely rule out future abusive outbursts,”
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20 21 22 **Changes in Underlying Beliefs.**

23 We have made a distinction between explicit changes in behaviour, such as a reduction in physical
24 violence, and the less explicit changes in perpetrators’ beliefs which some survivors perceived. The
25 theory that there are two separate types of change within perpetrators has been inferred to help make
26 sense of a persistent contradiction across the data. As an example: Gregory and Erez (2002) reported
27 that many survivors did not think that the perpetrator’s “negative attitude toward women had shifted,”
28 (p.222) but in general they believed that treatment had benefits: “respondents who were living with
29 their abusers during and after the treatment reported that incidents of violence appeared to be
30 substantially reduced” (p.221). Similar contradictions are evident in findings in the Austin and
31 Dankwort (1999); Gondolf (2000); Hayward, Steiner, and Sproule (2007); Sirles et al. (1993); and
32 Todahl, Linville, Tuttle Shamblin, and Ball (2012) studies, namely that there can be changes in
33 perpetrators’ behaviour without identifiable changes in underlying belief systems.
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42 Changes in perpetrators’ belief systems are also of particular interest because of their perceived links,
43 among primary study authors, with deeper or more long-term changes (Bonham & Vetere, 2012; R. E.
44 Dobash et al., 2000; Gondolf, 2000; Gregory & Erez, 2002; Jory et al., 1997; Madoc-Jones & Roscoe,
45 2010). We analysed the data for particular change processes which could be linked to belief change.
46 In various terms, survivors referred to what could be described as a broadening of the perpetrators’
47 perspective. For example,
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51 “... he is more likely to discuss a situation”

52 “... he thinks about things first and he listens to what i have to say”

53 “... made him see things from my point of view”

54 “... talks to me about how he feels;” survivors interviewed by R. P. Dobash, Dobash,
55 Cavanagh, and Lewis (1999).
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Linked to the broadening of perspective, is the assimilation of new knowledge about what constitutes abuse. Survivors in four studies suggested that accepting this new knowledge was a key step in the change process for their (ex-) partner, for example

“He realizes that even though I might start a fight with him by asking him to help me with stuff around the house when he’s tired ... he knows that even though I don’t always act the way he wants me to, it isn’t right to push me around and stuff;” a survivor interviewed by Hayward et al. (2007)

The acceptance of responsibility for past abuse could also be seen as a component process in belief change. However, more often than not, this issue was discussed as a disappointment for survivors. Four out of the five more relevant studies referred to survivors’ experiences of being blamed or accepting blame for their partners’ behaviour during or after treatment. Most of the survivors in Hayward et al’s (2007) study believed their partner still blamed them for past violence, even after the intervention programme,

“He still thinks it’s my fault. He believes that if I wouldn’t have acted in a certain way [pause] we don’t even try to talk about stuff like that” a survivor interviewed by Hayward et al. (2007).

Changes in Perpetrator Behaviour

Many survivors perceived changes in how perpetrators communicated. Hayward et al. (2007) found that the majority of study participants described positive changes in communication skills, which appeared to hinge upon a new-found ability to express feelings. Survivors interviewed by Todahl et al. (2012) and by Dobash et al. (2000) provided examples of this

“Female participants in particular shared that their partners are more likely to think before reacting and more likely to talk and have discussions rather than resorting to violence;” a survivor interviewed by Todahl et al.

“He is less violent and more likely to discuss a situation.”

“He has learned to open up and talk instead of just lashing out ... talks to me about how he feels.”

“He drinks less and he thinks about things first and he listens to what i have to say;” a survivor interviewed by Dobash et al.

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3 Another dominant theme under the heading of behaviour change was a new-found ability to interrupt
4 high-risk interactions. For example,

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6 “He made a decision to avoid situations where he may become violent because he walks away
7 when we fight. He will come back the next day or the next night;” a survivor interviewed by
8 Gregory and Erez (2002)
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12 Todahl et al. (2012, p.161) relates how one couple adopted a buzzword, “time-out”, which both
13 parties had agreed to use and act upon when arguments escalated. Hayward et al. (2007, p.81) refers
14 to ‘diversion techniques’ and reports that seven out of eight women interviewed referred to their
15 benefits. Interruption behaviours adopted by perpetrators included going for a drive, doing something
16 outdoors or in another part of the house. The benefit of interruption techniques was reported as a
17 significant finding in Gondolf’s (2000) and Sirles et al.’s (1993) studies, and was also referred to by
18 Dube et al. (2005). Reductions in physical abuse and alcohol consumption were also cited as
19 examples of the changes in behaviour experienced by survivors.
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25 **Negative Changes**

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27 Nine out of the sixteen primary study authors referred to minorities of survivors who had provided
28 negative feedback on IPV perpetrator intervention. Negative views from survivors offer particularly
29 good insights into the barriers of change, and highlight how misplaced efforts to facilitate the process
30 of change can actually add to the problem. For example, as an additional source of stress in the
31 family,
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34 “It was just one more thing he resented doing;”

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36 “It did not help. It was just something he had to do a couple hours on Saturday;” survivors
37 interviewed by Gregory and Erez (2002).
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40 Or a means by which perpetrators can become further skilled in their abuse,

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42 “You just taught him new manipulative tactics. You made him angry at us;” a survivor
43 interviewed by Gregory and Erez (2002).
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46 “He was using the IDAP to get at me ... coming home and saying I know what you’re doing
47 to try and wind me up;” a survivor interviewed by Madoc-Jones and Roscoe (2010).
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50 “Some men told women that they were being ‘verbally and psychologically’ abusive ... (as
51 one survivor stated) ‘he had learned this kind of psychology and how he would go back then,
52 and it almost became like a new book he had written;” a survivor interviewed by Pollack and
53 MacKay (2003).
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57 Or as a mechanism by which survivor vulnerability can be increased
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3 “It is disconcerting that some women appeared to feel safer largely because their
4 partners were attending a BIP (Batterers’ Improvement Programme). Women could
5 potentially become more vulnerable to abuse if they believe their partner’s attendance,
6 per se, means the violence will cease” (Austin & Dankwort, 1999).
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10 11 12 13 14 **Barriers to Change**

15 16 17 18 **Alcohol or substance misuse.**

19 Gregory and Erez (2002); Hayward et al. (2007); Madoc-Jones and Roscoe (2010); Sirles et al. (1993)
20 all cite alcohol as a key theme in their data. Alcohol or substance abuse can also be described as a
21 sub-theme in findings discussed by R. P. Dobash et al. (1999); Dubé et al. (2005); Hayward et al.
22 (2007); Newmark et al. (2007); and Pollack and MacKay (2003). Survivors saw alcohol and substance
23 misuse by perpetrators as a barrier to feeling safe, and a key barrier of change processes.
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28 29 **Mental health challenges.**

30 Gregory and Erez’s (2002) study participants cited psychological problems as a key barrier to change:
31 “he needed more than the group could offer”
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33 “his mental problems were too severe for just group counselling”.

34 They suggest that traditional IPV treatments are not appropriate in these circumstances. Pollack and
35 MacKay (2003) make the same point and provide the following survivor insight,

36 “... besides the group, he needs psychotherapy because there’s a lot of issues to deal with in
37 his life. As far as coming from an alcoholic background ... and he knows being put up for
38 adoption.”
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42 Sirles et al. (1993), Hayward et al. (2007), Todahl et al. (2012) and Bonham and Vetere (2012) also
43 comment on the role of mental health challenges, issues relating to insecure attachment being the
44 strongest sub-theme.
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48 49 **Family of origin.**

50 Madoc-Jones and Roscoe (2010) and Bonham and Vetere (2012) refer to survivors’ who talked about
51 childhood trauma as a driver of their partner’s abuse. Gregory and Erez (2002) quote a survivor on
52 this issue,
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54 “it takes a long time to change ... should look into where the person came from. Their
55 childhood abuse has something to do with how they are now”.
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3 Hayward et al. (2007) describes how all of the survivors' partners (n = 8) in their study were found to
4 have a history of domestic violence in their family of origin.
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7 **Relationship dynamics between perpetrator and survivor**

8 Relationship dynamics is the term adopted here to describe those concepts which are explicitly
9 interactional and address issues relating to how two personalities interact. Consider the following
10 statements by survivors interviewed by Bonham and Vetere (2012)
11

12 "I perhaps emotionally control Sebastian ... I'm not sure ... I think for me he probably feels
13 really pent up and gets frustrated because he is not sure how I am doing it and I'm not sure
14 how to do something about it."
15

16 "Although he had a temper before me, being someone like me has not helped because I have
17 created a scenario which is very similar to the one I had when I was growing up, frightened of
18 my parents but loving my parents."
19

20 These survivors believe that the relationship dynamic, in which they feel themselves to be an active
21 agent, is in some way contributing to their (ex-) partner's violence. It follows that such relationships
22 can make the process of change for an IPV perpetrator more difficult.
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28 Consider also how this survivor believes that their personality has contributed to relationship
29 problems.
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31 "I am very forgiving, I am very generous, I'm very patient. These are good qualities, but in
32 the extreme, it hurts me" Dubé et al. (2005)
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34 This survivor suggests that there is a vulnerability in her character which has made her more
35 susceptible to abuse. While acknowledging that it is always a perpetrator's choice to abuse their
36 partner, and that an unhealthy relationship dynamic cannot be cited as an excuse for IPV perpetration,
37 the suggestion remains, some relationship dynamics may provide a context in which abuse becomes
38 more easily perpetrated, and in which abusive behaviour is more difficult to change. Pollack and
39 MacKay (2003) point out how one of their study participants recognised this, she "... recognised her
40 own need to get therapy and look at her life patterns with alcohol and relationships" (p.12).
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46 **Patriarchal culture.**

47 Three primary study reports included references to the role of patriarchy. Patriarchal culture in general
48 (Gondolf, 2000; Pollack & MacKay, 2003) and its amplification in particular ethnicities such as the
49 Israeli-Palestinian culture (Eisikovits, Buchbinder, & Bshara, 2008) were cited as barriers of change.
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55 **Facilitators of Change**

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Survivor validation.

Arguably, the strongest findings of all related to the changes which happened within survivors during the perpetrator programmes. We were able to identify three ways in which this happened.

- (i) As their partner went through a perpetrator programme, some survivors simply felt validated as a survivor of abuse

“I know how valuable I am. What I am angry about is that it took so God damn long to find out;” a survivor interviewed by Pollack and MacKay (2003).

"I know i've changed quite a lot. I've had to rely on me .. and i think i'm stronger than i've ever, ever had to be. ... And i trust myself more. And i believe that coming through this – I believe i can do anything;" a survivor interviewed by Austin and Dankwort (1999).
- (ii) Most IPV programmes are ‘integrated’, that is to say, they incorporate safety work with survivors. Through this work survivors became more assertive and formed part of the mechanism by which perpetrators are held to account. For example, by setting parameters for their partners such as consistently hanging up the phone when their partner becomes abusive. They felt supported in making these changes,

"It was important for me to know that (partner could call the men's programme anytime) because i could say (to partner), 'You know, if this is really bothering you, talk to your (programme) counsellor.'" ... I had some options (because of this). I didn't have to be the one to listen to him;" a survivor interviewed by Austin and Dankwort (1999).
- (iii) Through the respite from abuse which some survivors experienced while their (ex-) partner was on a perpetrator programme

“A few women reported that even a temporary respite from fear (which often occurred while their partners were in the program) was a welcome relief, helping them to make plans about their lives;” a survivor interviewed by Austin and Dankwort (1999).

“experiencing the absence of physical abuse and the increase in feelings of safety gave women the space to re-value their circumstances” a survivor interviewed by Pollack and MacKay (2003).

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3 Where criminal sanctions are not forthcoming, and a perpetrator is not responding to intervention,
4 empowerment of the abuse survivor may be the only route to safety. In the words of one woman
5 interviewed by Austin and Dankwort (1999)

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7 "the programme saved my life. I would have taken him back, and taken him back, and
8 eventually, i would have been killed".
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12 The role that survivor validation plays in encouraging perpetrators to change was also referred to by
13 Gregory and Erez (2002); Sirls et al. (1993); and Todahl et al. (2012).
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16 17 18 **Peer interaction and group facilitator effects.**

19 Some survivors cited peer interaction in group treatment as a means by which perpetrator perspectives
20 were broadened. Survivors interviewed by Sandra M. Stith, Rosen, and McCollum (2002) reported
21 that they valued group members challenging each other in conjoint group treatment: "One of the
22 benefits of group was that her husband could hear a suggestion in a different way if it came from a
23 group member instead of coming from her" (p.22). Gregory and Erez (2002) used the following
24 survivor's words to describe the effect
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28 "it changed his attitude made him talk in class, admit his behaviour. He didn't like to talk, but
29 if he didn't he would never have changed".
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31 The power of group processes for perpetrators was also identified by Todahl et al. (2012) and
32 Newmark et al. (2007).
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36 Jory et al. (1997) and Rosenberg (2003) also made reference to the importance of the therapeutic
37 alliance between group facilitators and perpetrators. But some of the survivors that Todahl et al.
38 (2012) interviewed were not impressed with the ability of programme counsellors to connect with
39 their (ex-) partners. Gregory and Erez (2002) also recognised this issue, a survivor explained
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42 "he said the (one-to-one) counsellors couldn't relate, they don't know what it's like. He got
43 more out of the group sessions than anything".
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46 47 48 **Motivation and judicial mandates**

49 Gregory and Erez (2002) suggested that the involvement of the judiciary may have been the most
50 important driver of change: "it was difficult to determine what actually impacted the offender, and
51 they (survivors) speculated whether it was the treatment or the threat of jail" (p.224). While Pollack
52 and MacKay (2003) were in no doubt as to the impact of the judiciary on perpetrators, "... the fact
53 that these partners knew that if they used violence again that they would be charged and given a
54 sentence, was unanimously reported to be a significant deterrent" (p.15). A survivor interviewed by
55 R.P.Dobash et al. (1999) explained the effect of court mandates:
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3 "he needs a reminder now and again that he can't do things like that;"

4 "I suppose it would make him worse if he's getting off with it all the time. He'll get worse and
5 worse because he knows he's going to get off with it".
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7 Some survivors also made references to the importance of perpetrators wanting to change and linked
8 perpetrators' motivation to change with fatherhood and the threat of losing their family (Gondolf,
9 2000, and Gregory and Erez, 2002).
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12 13 14 15 **Discussion**

16 The purpose of this review is to help facilitate a better understanding of how and why IPV
17 perpetrators change. The synthesis presented above highlights three separate but interlinked types of
18 change which survivors and primary study authors have discussed. We have been able to associate
19 several component processes with these changes, and we have identified a number of barriers to the
20 overall process, as well as some facilitating factors. As discussed at the outset of this review, the
21 survivor perspective on perpetrator change is one part of a jig-saw, which includes perpetrators'
22 perspectives and the large body of quantitative evidence pertaining to the correlates of change and
23 treatment effects. The discussion which follows will draw on these to discuss three over-arching
24 themes from this synthesis of survivors' perspectives:
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- 30 • The importance of accountability in perpetrator change;
- 31 • The difficulties in achieving sustained change;
- 32 • And the challenges posed by the complexity in this field.
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39 **Accountability**

40 Perpetrator motivation has been established as a key driver of successful treatment outcomes in
41 several quantitative investigations (see Katreena L. Scott and King (2007) for a narrative review of
42 these). Studies of perpetrator perspectives (Sheehan et al. (2012) have highlighted how IPV
43 perpetrators believe that they themselves experienced 'turning points' and went on to drive the change
44 to violence-free relationships. It is interesting that survivors have not echoed this sentiment; in
45 contrast, they suggested that their empowerment and refusal to accept abuse was a key factor in the
46 improvement of their situation. While perpetrators speak of taking responsibility, survivors speak
47 about holding them to account. This review turns a spotlight on to both internal and external
48 mechanisms of accountability.
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55 Judicial measures, such the threat of jail or further police involvement, were perceived by survivors to
56 be drivers of perpetrator change. These would appear to be a logical way to hold to perpetrators to
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3 account however correlational analyses of the relationships between judicial measures and outcomes
4 are not unanimous. Miller (2003) found that arrest can be associated with a reduced possibility of re-
5 assault, and Lewis (2004) found that survivor safety and quality of life improve following conviction
6 of their violent partner. However Kingsnorth (2006) found no relationship between different judicial
7 sanctions and recidivism; jail-time or mandatory perpetrator programme attendance did not produce
8 better outcomes than case rejection. Similarly, Frantzen, San Miguel, and Kwak (2011) found that
9 being charged with a protection order violation did not reduce subsequent recidivism. We would
10 suggest that this is a sub-topic which warrants a systematic or in-depth narrative review, positioned
11 amidst advances in the wider context of criminology.
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18 Other barriers and facilitators discussed in the findings are less explicit mechanisms of accountability,
19 such as accountability to group peers and programme facilitators. We can imagine the change in
20 dynamic experienced by IPV perpetrators when they must meet weekly with a group to discuss their
21 progress towards violence free relationships. C.T. Taft, Murphy, King, Musser, and DeDeyn (2003)
22 found that ratings of group cohesion were positively related to reductions in abusive behaviour, and a
23 number of process-variable studies have attached a high importance to therapeutic alliance ratings (a
24 measure of the quality of relationship between perpetrators and their programme facilitator). Good
25 relationships with facilitators and group peers are therefore important; considering survivors'
26 perspectives we would suggest that this is partly because they enhance the monitoring effect of the
27 programme.
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35 Accountability can also be brought to bear by the prevailing culture, for example the Eisikovits et al.
36 (2008) study showed how the Israeli-Palestinian culture was less likely to hold IPV perpetrators to
37 account. However, we should recognise that patriarchal attitudes were not cited as a barrier across the
38 primary studies as a whole. Practice-based research into the relationship between changes in
39 patriarchal attitudes and recidivism have not been conclusive however studies have shown a
40 relationship between gender equality and IPV perpetration at a regional level (Katreena L Scott,
41 2004). Based on these findings we would suggest that the lack of accountability for IPV perpetration
42 in society is perhaps not as pronounced as it once was, and may be better understood as a problem
43 peculiar to particular cultural contexts. Amidst a variety of prospective treatment targets, the
44 prominence it currently enjoys in main-stream perpetrator programmes (Dixon, Archer, & Graham-
45 Kevan, 2012) may not be warranted.
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53 While survivors did not refer to the internal triggers and organic determination which perpetrators
54 themselves believed were at the core of their change process (Sheehan et al., 2012) they did describe a
55 broadening of perspective, within perpetrators, and more explicit understanding of what they were
56 doing to their family. In these ways, perpetrators may begin to hold themselves to account. It can be
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3 seen, with reference to the summary of common treatment targets above (Table 3) that these are
4 internal processes which are accommodated and encouraged in main-stream programmes.
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8 Reflecting on our findings as a whole, we would suggest that ‘accountability’, in various forms, seems
9 to play a key role in the process of change for this population. The value in this insight is that if it is a
10 necessary component of the perpetrator change process, then there are a variety of ways in which it
11 can be brought about: through the judiciary, through (ex-) partners, through relationships with
12 programme group peers and facilitators and through programme content. In addition, with regards to
13 the assessment of risk in IPV work, the absence of any of these mechanisms of accountability in a
14 perpetrator’s world suggests a high risk of recidivism.
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23 **Sustainability**

24 Russell and Frohberg (1995) surmised that changes reported by survivors are predominantly
25 behavioural, driven by factors external to the perpetrator and are therefore unlikely to be sustained.
26 Following a secondary analysis of outcome data, from the only large scale RCT to find a significant
27 positive effect from IPV perpetrator programmes (the Brooklyn experiment) Maxwell, Davis, and
28 Taylor (2010) conclude that the programme effect did not last. They comment that the measureable
29 positive effects of these programmes may have “a suppression/supervision explanation rather than a
30 therapeutic outcome explanation” (p.475).
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37 Some of the key barriers of change, and it is suggested here, those that can be associated with long-
38 term change in particular, are missing from the list of treatment targets in Table 3. Reviewing this list,
39 we can see that cultural attitudes which facilitate IPV are likely be confronted, perpetrators will learn
40 about forms of abuse, interruption techniques, communication skills and it can be seen how they are
41 likely to be challenged to take responsibility for the abuse they perpetrate. These are all issues which
42 have been highlighted by survivors, however, the deep-rooted barriers to change which survivors
43 spoke about (those relating to family of origin, mental health challenges and alcohol dependency) are
44 not a focus of main-stream programmes. In addition they are unlikely to be compatible with the
45 manual-based group treatment formats favoured both within and without the main-stream approach to
46 perpetrator intervention.
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54 We would point out however that, while long-term sustained change appears to be an overly
55 ambitious aim for main-stream programme formats; short-term change of a more superficial nature
56 appears to be an achievable and appropriate aim. Some useful change appears to happen in behaviour
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3 without in-depth changes of beliefs. This dislocation between behaviour and beliefs was also
4 suggested in a study by Henning and Holdford's (2006); they found no link between denial ratings
5 and recidivism among a sample of 2824 convicted IPV perpetrators. From the survivors' perspective,
6 the short-term positive effects of treatments are of value. Survivors have suggested that programmes
7 can have a monitoring effect, which would suggest that some form of change can be forced upon
8 **them**. Survivors also spoke about perpetrator programmes as a validation of their position, a form of
9 support for them and a form of respite. Westmarland and Kelly (2012) make a similar point following
10 interviews with perpetrators, survivors, practitioners and programme commissioners.
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17 Our analysis also suggests that survivors can perceive some positive changes in perpetrator behaviour,
18 even when they continued to be blamed by the perpetrator for his use of violence; we found
19 improvements in communication skills and the adoption of interruption techniques to be prominent
20 examples. However, quantitative investigation of the value in pursuing these as treatment targets is
21 inconclusive. Katreena L Scott (2004) cites a number of studies which found no clear benefits from
22 communication skills work with perpetrators, while in a laboratory experimental setting Julia C
23 Babcock, Graham, Canady, and Ross (2011) found clear benefits of communication skills training but
24 no benefits from the instigation of a conflict interruption.
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30 In relation to the sustainability of change, this review offers some insight into the challenge of
31 achieving sustained change with current treatment formats, but there are also insights here as to the
32 value of more superficial short-term change which main-stream programme can be associated with.
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40 **Complexity**

41 The findings presented in this review relate to diverse issues, and, as noted at the outset, this is only
42 one perspective on perpetrator programmes and the process of change. It can seem that every attempt
43 to forward understanding in this field is scuppered by the breadth of issues involved and the
44 complexity of their interaction. For example, the previous section describes the value of IPV
45 programmes as a monitor of behaviour. But findings reported in this review have also highlighted
46 how survivors can be placed in a worse situation when their partner has been forced to attend
47 treatment, as they can bear the brunt of his resentments. A fundamental defect in the main-stream
48 approach to work with IPV perpetrators is its lack of provision for this complexity. The inherent
49 complexity of the themes highlighted by survivors is considered here, alongside the provisions of
50 main-stream treatment.
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3 The evidence suggesting that IPV perpetrator population carries a higher incidence of mental health
4 challenges is hard to dispute. Studies have shown significant correlations with: post-traumatic stress
5 disorder (Casey T Taft, Walling, Howard, & Monson, 2010); traumatic brain injury (Farrer, Frost, &
6 Hedges, 2012); borderline personality disorder (Dutton & Starzomski, 1993); psychopathic traits
7 (Rock, Sellbom, Ben-Porath, & Salekin, 2012); and adult attachment challenges (Holtzworth-Munroe,
8 Stuart, & Hutchinson, 1997). That IPV perpetrators present with unhelpful and embedded cognitive
9 biases, is underlined by a series of studies describing how they might be treated (Dempsey & Day,
10 2011; Loeffler, Prelog, Unnithan, & Pogrebin, 2010; Sippel & Marshall, 2011). Survivors' views lend
11 weight to this evidence and we would have to agree with previous commentators (Corvo et al., 2009;
12 Lipsky, Caetano, & Roy-Byrne, 2011; Winick, Wiener, Castro, Emmert, & Georges, 2010) who
13 question the appropriateness of applying education-type treatment in this context. We would add that
14 manualised group-treatment is also inappropriate given the prevalence of disparate mental health
15 issues in this population.
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24 Primary study authors Todahl et al. (2012) put forward the idea that the majority of intimate partner
25 violence is situational, driven by interactional factors between partners. This is the foundational
26 premise upon which couple therapy, for IPV perpetrators, is built. Quantitative research has evidenced
27 the predictive value of relationship equity for treatment outcomes (Gerlock, 2001) and how some
28 relationship factors have been clearly established as risk factors in IPV perpetration, such as low
29 marital satisfaction (Sandra M Stith, Smith, Penn, Ward, & Tritt, 2004). Relationship dynamics are
30 clearly a potential barrier of perpetrator change; but it should be noted that the emphasis given to
31 relationship dynamics here, on a par with a range of other issues, reflects the emphasis which
32 survivors placed upon the issue. This synthesis of qualitative enquiry with abuse survivors has not
33 indicated that the majority of IPV is situational or driven by the dynamic between partners.
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41 Rosenbaum and Leisring (2003) refer to the "well-established relationship between growing up in a
42 violent home and future perpetration" (p.7). It is interesting that survivors cited in this review refer to
43 childhood trauma, rather than their partners' having learned violent behaviours from observing their
44 parents. Rosenbaum and Leisring's study provides evidence of a link between defects in the parent-
45 child bond and the development of intimate partner violence; "batterers received significantly less
46 love, and more punishment from their mothers, and less attention from their fathers, than did men in a
47 general population comparison group" (p.7). This aligns with the references from primary study
48 authors to adult attachment issues. The current review authors would suggest that these difficult
49 childhood environments are a valid explanation of the link with adult abuse perpetration, and should
50 be considered alongside the social learning explanation of IPV perpetration which underpins main
51 stream programmes (Bowen & Gilchrist, 2004; Weldon & Gilchrist, 2012). It follows, that as the
52 array of theory to understand IPV broadens in this way so must the intervention approach.
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4 Alcohol misuse is arguably the best evidenced correlate of the IPV perpetration to date (for a meta-
5 analytic review on the topic see Foran and O'Leary (2008). However it does not feature in the list of
6 common programme treatment targets (Table 3). In the review authors' experience, main-stream
7 perpetrator intervention providers adopt one of two positions on alcohol-dependency: they accept
8 alcohol dependent perpetrators onto their programme but side-line the alcohol issue because (a) abuse
9 is usually perpetrated before alcohol becomes an issue in the relationship (b) the perpetrator chooses
10 to abuse their partner, not others, while inebriated (c) alcohol-dependency is used as an excuse by the
11 perpetrator. Alternatively, alcohol-dependent perpetrators are simply not accepted onto the
12 programme. If we accept that the odds against successful intervention with IPV perpetrators are high
13 then the latter of these positions would seem prudent, in a resource-limited context. But, as with
14 family of origin issues, we would argue that there is a shirking, of the complexity of IPV perpetration,
15 in approaches which do not tackle alcohol misuse as a barrier to change. Some providers do work
16 with IPV perpetration and alcohol-dependency simultaneously (see Thomas and Bennett, 2009, for an
17 overview) and the incorporation of a pharmacological treatment to this dual-treatment approach
18 (George et al., 2011) has shown promising results.

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28 The complexity issue has implications for the safety of IPV perpetrator programmes. There are side
29 effects to IPV perpetrator treatment. As described in our findings, they can add stress to the family,
30 they can provide new skills which can be used in the wrong way, they can introduce the perpetrator to
31 new forms of abusive behaviour, and they can lull survivors into a sense of security which may have
32 no grounds. These are not stand-alone findings. Findings of increased harm are by no means dominant
33 among efficacy studies, but they have been acknowledged: an overall small harmful effect was found
34 across one group of studies reviewed in Feder et al.'s (2008) systematic review of perpetrator
35 programme efficacies. At a policy level, recognition of the complexity of work with IPV perpetrators
36 might mean better accommodation of the known heterogeneities in this client grouping. At a practice
37 level, our evidence of the complex interactions between perpetrators and treatment highlight the
38 importance of accurate assessment of perpetrators' capacity to benefit from treatment, and the
39 importance of monitoring programme effects on the perpetrators' families.
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Developing Interventions for IPV Perpetrators

Campbell et al. (2007) and (Craig et al., 2008) refer to “complex interventions”. These are interventions for complex health and social care problems. They are “built up from a number of components, which may act both independently and interdependently” (Campbell et al. p.455). If we consider the range of treatment targets and range of delivery mechanisms used in most IPV perpetrator programmes they would appear to satisfy this definition. This is interesting because there is quite a difference between the way in which most perpetrator programmes have been developed and the way they should be developed according to frameworks for the development of complex interventions. Campbell et al., and Craig et al., propose that a complex intervention should be developed in a systematic way. Considering their frameworks the process for developing a complex intervention for IPV perpetrators might include:

- recognising internal processes which lead to desistence from violence use;
- considering the mechanisms (“the active ingredients” Craig et al., p.456) by which we can encourage these processes;
- recognising barriers to intervention mechanisms, for example alcohol dependency and mental health challenges. Barriers may then become treatment targets in themselves or an understanding of barrier effects will be used to inform the recruitment process on to the programme;
- refine the target group to that which is most likely to respond to the intervention;
- pilot combinations of intervention components and intensities.

The greatest obstacle to such an approach is probably the lack of convergence upon perpetrator sub-groups, using large and rigorous studies of typology e.g. Panchanadeswaran et al. (2010). If the characteristics of perpetrators were more clearly assessed, change process components could be identified more precisely, facilitating the first step listed above.

Outside any particular consensus on the use of such a framework, the testing of potential intervention components continues. We argue that the use of such a framework, ideally agreed across international boundaries and vested disciplines, would make such studies exponentially more useful. As an illustration, consider the contribution of the study by Babcock, Graham, Canady and Ross (2011) reviewed above. This was an experimental study of the deployment of a form of communication skills training with perpetrators. Babcock et al were able to report that the training led to a decrease in men's aggressive affect during the experiment. Had that study been completed in the context of a complex intervention design and evaluation framework, it would be extended to an empirical setting, with an extended range of process and evaluation measures, but most importantly we would know a lot more about the cohort of IPV perpetrators that this type of communication skills training works for. The

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3 study sample would be defined beyond demographics and the conflict tactics scale (Straus, Hamby,
4 Boney-McCoy, & Sugarman, 1996) to provide information about a broad range of potential barriers
5 and facilitators of change in the client grouping.
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9 One way to respond to complexity, therefore, is to increase the sophistication of perpetrator
10 programmes, in a systematic way. Another response would be to adopt a case based approach.
11 Murphy and Eckhardt (2005) describe individualised CBT work with IPV perpetrators which nullifies
12 much of the challenge of complexity we have described here. However, acknowledging the
13 accountability issues highlighted above and the widely recognised need for survivor contact, the case
14 in ‘case-based’ must be the family as opposed to the individual perpetrator. In addition Murphy and
15 Eckhardt’s focus on the functional nature of IPV, and CBT as the core response, may be limiting. In
16 the long run there is likely to be no way of avoiding the need for the lengthy process of systematically
17 modelling, remodelling and empirical testing of change processes, with well-defined perpetrator
18 cohorts. If the delivery of intervention can be done in an individualised way, clinicians still need the
19 tested framework to work within, not least because of the potential to do harm, highlighted above.
20 We would add that efforts to reduce interventions down, to that which can be delivered by a wide
21 range of practitioners, should be put aside in favour of the development of inter-disciplinary
22 approaches. High levels of psychological assessment expertise are needed together with social work
23 and therapeutic skills, which can be extended to the family unit where necessary. While this may
24 seem resource heavy, in terms of value for money, it has little competition going by existing efficacy
25 research findings.
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37 **Limitations**

38 It can be seen from Table 1 that rigour in study method was limited in the majority of primary studies,
39 and some primary study sample sizes were particularly small. Scientific rigour is arguably more
40 necessary in this field than others because of the political contentions involved. Theoretical
41 standpoints on the causes and remedies of IPV include therapeutic psychological positions, family
42 systems positions and the feminist perspective. The debate between these positions is lively, and there
43 is every likelihood that the interpretation of primary data has been affected by “bias toward
44 verification ... a tendency to confirm the researcher’s preconceived notions”(Silverman, 2011, p.
45 386). We would welcome further qualitative enquiry into the survivor perspective on perpetrator
46 programmes and change processes, reported with explicit evidence of rigour in method.
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54 Survivor perspectives on programme outcomes would appear to be more positive than the picture
55 painted by the systematic reviews of treatment efficacy discussed in the introduction to this review.
56 This contradiction is best understood in terms of the differing purposes of quantitative studies efficacy
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3 outcomes and qualitative studies of intervention and change processes. Qualitative studies designed to
4 explore aspects of change in perpetrators will inadvertently involve one or more of a range of
5 potential biases; for example, the sampling strategies employed in the primary studies of this review
6 (see Table 1) are a clear source of potential bias in relation to evaluating programme outcomes.
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8 Systematic reviews, employing meta-analytic methods remain the best measure of treatment success
9 in this field.
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13 Some readers will balk at the lumping together of 16 qualitative enquiries, each based on a separate
14 perpetrator programme. The review authors recognise that practitioners apply a variety of practices
15 with this client grouping, and that many will argue that their work falls outside of the Duluth-
16 informed bracket referred to as the main-stream approach here. One may contest the terms used to
17 describe various perpetrator programmes, we believe it to be a moot point. The survivor perspective
18 on IPV perpetration confirms that perpetrators are a highly heterogeneous population, who come to
19 treatment with an array of recidivism risk factors and treatment needs: if a programme is manualised,
20 and group-based, it is difficult to see how it can respond to the challenges of sustainability and
21 complexity cited above. This review acknowledges the benefits of group work, and the
22 appropriateness of many of the treatment targets which underpin main-stream approaches, but we
23 must also acknowledge the negative feedback from some survivors and position this type of
24 intervention realistically, for the survivors who place their hopes upon it and for those who use
25 mandated treatment as a judicial response to IPV.
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36 **Conclusion**

37 This review can provide further understanding of the change process for IPV perpetrators, and how it
38 can be encouraged. The survivor perspective suggests different types of perpetrator change. It has
39 provided insights into component processes of change and the barriers and facilitators of change.
40 Accountability emerged as a key issue for survivors, the sustainability of change emerged as a key
41 question for researchers and the challenge of responding to the complexity in this field is highlighted
42 to policy-makers and practitioners. It highlights some limitations of manualised, group-based IPV
43 perpetrator interventions, amidst the benefits experienced by survivors from this approach. It has
44 prompted the authors to call for a more systematic approach to the development of perpetrator
45 interventions.
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51 **Insert Table 4**

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For Peer Review

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3 **Appendix A – Search Terms, Search Formula and Search Facilities**
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<u>Search No.</u>	<u>Search Terms</u>
6	1 IPV or “ partner abuse ” or “ intimate partner violence ” or “ domestic violence ”
7	2 "family violence"
8	3 "intimate partner homicide"
9	4 ((domestic* or partner or marital* or marriage or relationship or wife or wives) adj3 (maltreatment or conflict or violen* or abus* or assault*)) not (working conditions or family work relationship or work-family or youth)
10	5 partner-violent.
11	6 batterer.
12	7 "who batter".
13	8 1 or 2 or 3 or 4 or 5 or 6 or 7
14	9
15	10 intervention
16	11 judici* not judicious*
17	12 treatment*
18	13 program* not (program?ing or program?ed)
19	14 therap*
20	15 diversion*
21	16 sanction*
22	17 Duluth
23	18 prosecut*
24	19 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18
25	20 “ attitude change ” or “ response to intervention ”
26	21 perception*
27	22 view*
28	23 Thoughts
29	24 perspective*
30	25 reaction*
31	26 opinion*
32	27 belief*
33	28 qualitative
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47 Note: bolded items were suggested by database indexing tools.
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Search Facilities

<i>Database</i>	<i>Total hits retrieved</i>
<i>SSA (Social Services Abstracts)</i>	373
<i>PsycINFO</i>	912
<i>ASSIA (Applied Social Science Index and Abstracts)</i>	335
<i>Sociological Abstracts</i>	481
<i>CINAHL (Cumulative Index to Nursing and Applied Health)</i>	749
<i>National Criminal Justice Research Service</i>	299
<i>SCOPUS</i>	299
<i>EMBASE</i>	918
<i>International Bibliography of the Social Sciences (IBSS)</i>	297
<i>Proquest Health and Medical Complete</i>	383
<i>Social Care Online, previously CareData</i>	385
<i>Web Of Science (incorporating SSCI)</i>	1336
<i>MEDLINE</i>	1438
<i>Google Scholar (Advanced function)</i>	100
Total	8305

References

- Austin, J. B., & Dankwort, J. (1999). The impact of a batterers' program on battered women. *Violence against women, 5*(1), 25-42.
- Babcock, J. C., Graham, K., Canady, B., & Ross, J. M. (2011). A proximal change experiment testing two communication exercises with intimate partner violent men. *Behavior Therapy, 42*(2), 336-347.
- Babcock, J. C., Green, C. E., & Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. *Clinical Psychology Review, 23*(8), 1023-1053.
- Bonham, E., & Vetere, A. L. (2012). A qualitative study using a systemic perspective exploring the remediation of abusive interactions in intimate heterosexual couples. *Journal of Interpersonal Violence, 27*(5), 916-929.
- Bowen, E., & Gilchrist, E. (2004). Comprehensive evaluation: a holistic approach to evaluating domestic violence offender programmes. *International Journal of Offender Therapy and Comparative Criminology, 48*(2), 215-234. doi: 10.1177/0306624X03259471
- Brown, T., & Hampson, R. (2009). *An evaluation of interventions with domestic violence perpetrators*. Victoria, Australia: Department of Social Work, Monash University.
- Campbell, N. C., Murray, E., Darbyshire, J., Emery, J., Farmer, A., Griffiths, F., . . . Kinmonth, A. L. (2007). Designing and Evaluating Complex Interventions to Improve Health Care, 455.
- Coren, E., & Fisher, M. (2006). *The conduct of systematic research reviews for SCIE knowledge reviews: SCIE*.

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3 Corvo, K., Dutton, D., & Chen, W.-Y. (2009). Do Duluth model interventions with perpetrators of
4 domestic violence violate mental health professional ethics? *Ethics & Behavior*, *19*(4), 323-
5 340.
- 6 Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and
7 evaluating complex interventions: the new Medical Research Council guidance. *BMJ*, *337*.
- 8 Dempsey, B., & Day, A. (2011). The identification of implicit theories in domestic violence
9 perpetrators. *International Journal of Offender Therapy and Comparative Criminology*,
10 *55*(3), 416-429.
- 11 Dixon, L., Archer, J., & Graham-Kevan, N. (2012). Perpetrator programmes for partner violence:
12 Are they based on ideology or evidence? *Legal & Criminological Psychology*, *17*(2), 196-
13 215. doi: 10.1111/j.2044-8333.2011.02029.x
- 14 Dobash, R. E., & Dobash, R. P. (2000). Evaluating criminal justice interventions for domestic
15 violence. *Crime & Delinquency*, *46*, 252-270.
- 16 Dobash, R. E., Dobash, R. P., Cavanagh, K., & Lewis, R. (2000). *Changing violent men*: Sage London.
- 17 Dobash, R. P., Dobash, R. E., Cavanagh, K., & Lewis, R. (1999). A research evaluation of British
18 programmes for violent men. *Journal of Social Policy*, *28*(2), 205-233.
- 19 Dubé, M., Rinfret-Raynor, M., & Drouin, C. (2005). An exploratory study of the point of view of
20 women and men on the services used concerning conjugal violence [French]. *Santé*
21 *Mentale au Québec*, *30*(2), 301-320.
- 22 Dutton, D. G., & Starzomski, A. J. (1993). Borderline personality in perpetrators of psychological
23 and physical abuse. *Violence and Victims*, *8*(4), 327-337.
- 24 Eisikovits, Z., Buchbinder, E., & Bshara, A. (2008). Between the person and the culture: Israeli Arab
25 couple's perceptions of police intervention in intimate partner violence. *Journal of Ethnic*
26 *& Cultural Diversity in Social Work: Innovation in Theory, Research & Practice*, *17*(2), 108-
27 129.
- 28 Farrer, T. J., Frost, R. B., & Hedges, D. W. (2012). Prevalence of traumatic brain injury in intimate
29 partner violence offenders compared to the general population: a meta-analysis. *Trauma*
30 *Violence Abuse*, *13*(2), 77-82. doi: 10.1177/1524838012440338
- 31 Feder, L., Wilson, D. B., & Austin, S. (2008). Court-mandated interventions for individuals
32 convicted of domestic violence. *Campbell Systematic Reviews*, *12*.
- 33 Fisher, M., Qureshi, H., Hardyman, W., & Homewood, J. (2006). Using qualitative research in
34 systematic reviews: Older people's views of hospital discharge. *London: Social Care*
35 *Institute for Excellence*.
- 36 Foran, H. M., & O'Leary, K. D. (2008). Alcohol and intimate partner violence: A meta-analytic
37 review. *Clinical Psychology Review*, *28*(7), 1222-1234. doi:
38 <http://dx.doi.org/10.1016/j.cpr.2008.05.001>
- 39 Frantzen, D. D., San Miguel, C. C., & Kwak, D.-H. D. H. (2011). Predicting case conviction and
40 domestic violence recidivism: measuring the deterrent effects of conviction and protection
41 order violations. *Violence and Victims*, *26*(4), 395-395-409.
- 42 George, D. T. D. T., Phillips, M. J. M. J., Lifshitz, M. M., Lionetti, T. A. T. A., Spero, D. E. D. E.,
43 Ghassemzede, N. N., . . . Rawlings, R. R. R. R. (2011). Fluoxetine treatment of alcoholic
44 perpetrators of domestic violence: a 12-week, double-blind, randomized, placebo-
45 controlled intervention study. *The Journal of clinical psychiatry*, *72*(1), 60-60-65.
- 46 Gerlock, A. A. (2001). Relationship Mutuality: Why Is It Important in Batterers' Rehabilitation?
47 *Journal of Interpersonal Violence*, *16*(8), 768-768-783.
- 48 Glasby, J., & Beresford, P. (2006). Commentary and Issues: Who knows best? Evidence-based
49 practice and the service user contribution. *Critical Social Policy*, *26*(1), 268-284.
- 50 Gondolf, E. W. (2000). How batterer program participants avoid reassault. *Violence against*
51 *women*, *6*(11), 1204-1222.
- 52 Gregory, C., & Erez, E. (2002). The effects of batterer intervention programs: the battered women's
53 perspectives. *Violence against women*, *8*(2), 206-232.
- 54
55
56
57
58
59
60

- 1
2
3 Hayward, K. S., Steiner, S., & Sproule, K. (2007). Women's perceptions of the impact of a domestic
4 violence treatment program for male perpetrators. *Journal of Forensic Nursing, 3*(2), 77-
5 83.
- 6 Henning, K., & Holdford, R. (2006). Minimization, Denial, and Victim Blaming by Batterers: How
7 Much Does the Truth Matter? *Criminal Justice and Behavior, 33*(1), 110-130.
- 8 Holtzworth-Munroe, A., Stuart, G. L., & Hutchinson, G. (1997). Violent versus nonviolent husbands:
9 Differences in attachment patterns, dependency, and jealousy. *Journal of Family*
10 *Psychology, 11*(3), 314.
- 11 Houston, S. (2010). Prising Open the Black Box Critical Realism, Action Research and Social Work.
12 *Qualitative Social Work, 9*(1), 73-91.
- 13 Jennings, J. L. (1987). History and issues in the treatment of battering men: A case for unstructured
14 group therapy. *Journal of Family Violence, 2*(3), 193-213.
- 15 Jory, B., Anderson, D., & Greer, C. (1997). Intimate justice: confronting issues of accountability,
16 respect, and freedom in treatment for abuse and violence. *Journal of Marital and Family*
17 *Therapy, 23*(4), 399-419.
- 18 Kingsnorth, R. (2006). Intimate Partner Violence: Predictors of Recidivism in a Sample of Arrestees.
19 *Violence against women, 12*(10), 917-917-935.
- 20 Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and
21 health. *The Lancet, 360*(9339), 1083-1088.
- 22 Lewis, R. (2004). Making justice work: effective legal interventions for domestic violence. *British*
23 *Journal of Criminology, 44*(2), 204-224.
- 24 Lipsky, S., Caetano, R., & Roy-Byrne, P. (2011). Triple jeopardy: impact of partner violence
25 perpetration, mental health and substance use on perceived unmet need for mental
26 health care among men. *Social Psychiatry and Psychiatric Epidemiology, 46*(9), 843-852.
- 27 Loeffler, C. H., Prelog, A. J., Unnithan, N. P., & Pogrebin, M. R. (2010). Evaluating shame
28 transformation in group treatment of domestic violence offenders. *International Journal*
29 *of Offender Therapy and Comparative Criminology, 54*(4), 517-536.
- 30 Madoc-Jones, I., & Roscoe, K. (2010). Women's safety service within the Integrated Domestic
31 Abuse Programme: perceptions of service users. *Child & Family Social Work, 15*(2), 155-
32 164. doi: 10.1111/j.1365-2206.2009.00647.x
- 33 Maxwell, C. D., Davis, R. C., & Taylor, B. G. (2010). The impact of length of domestic violence
34 treatment on the patterns of subsequent intimate partner violence. *Journal of*
35 *Experimental Criminology, 6*(4), 475-497.
- 36 McCollum, E. E., & Stith, S. M. (2008). Couples treatment for interpersonal violence: A review of
37 outcome research literature and current clinical practices. *Violence and Victims, 23*(2),
38 187-201.
- 39 McGinn, T., Taylor, B., McColgan, M., & McQuilkan, J. (2014). Social Work Literature Searching:
40 Current Issues With Databases and Online Search Engines. *Research on Social Work*
41 *Practice, Advance online publication.*
42 <http://rsw.sagepub.com/content/early/2014/09/17/1049731514549423.abstract>
43 doi:10.1177/1049731514549423
- 44 McMurran, M. (2009). Motivational interviewing with offenders: A systematic review. *Legal and*
45 *Criminological Psychology, 14*(1), 83-100. doi: 10.1348/135532508x278326
- 46 Miller, J. (2003). An arresting experiment: Domestic violence victim experiences and perceptions.
47 *Journal of Interpersonal Violence, 18*(7), 695-716.
- 48 Moe, A. M. (2009). Battered women, children, and the end of abusive relationships. *Affilia, 24*(3),
49 244-256.
- 50 Murphy, C. M., & Eckhardt, C. I. (2005). *Treating the abusive partner: An individualized cognitive-*
51 *behavioral approach*: Guilford Press.
- 52
53
54
55
56
57
58
59
60

- 1
2
3 Newmark, L., Depies DeStefano, C., Harrell, A., Zweig, J., Brooks, L., & Schaffer, M. (2007). Final
4 Report on the Evaluation of the Judicial Oversight Demonstration Volume 3: Findings from
5 Focus Groups with JOD Victims and Offenders (pp. 99-99). United States.
- 6 Panchanadeswaran, S., Ting, L., Burke, J. G., O'Campo, P., McDonnell, K. A., & Gielen, A. C. (2010).
7 Profiling abusive men based on women's self-reports: findings from a sample of urban
8 low-income minority women. *Violence against women, 16*(3), 313-327. doi:
9 10.1177/1077801209360854
- 10 Pence, E., & Paymar, M. (1983). *Education groups for men who batter: The Duluth Model*. New
11 York: Springer.
- 12 Pollack, S., & MacKay, L. (2003). Report of the women's safety project pilot study: Evaluation of
13 batterers' programs: Centre for Research on Violence Against Women and Children.
- 14 Rock, R. C., Sellbom, M., Ben-Porath, Y. S., & Salekin, R. T. (2012). Concurrent and Predictive
15 Validity of Psychopathy in a Batterers' Intervention Sample. *Law and Human Behavior, 37*,
16 145-154.
- 17 Rosenbaum, A., & Leisring, P. A. (2003). Beyond Power and Control: Towards an Understanding of
18 Partner AbusiveMen. *Journal of Comparative Family Studies, 34*(1), 7-22.
- 19 Rosenberg, M. S. (2003). Voices from the group: Domestic violence offenders' experience of
20 intervention. *Journal of Aggression, Maltreatment & Trauma, 7*(1-2), 305-317.
- 21 Russell, M. N., & Frohberg, J. (1995). *Confronting abusive beliefs: Group treatment for abusive*
22 *men*: Sage Publications Thousand Oaks, CA.
- 23 Saini, M., & Shlonsky, A. (2012). *Systematic synthesis of qualitative research*: Oxford University
24 Press.
- 25 Saunders, D. G. (2008). Group Interventions for Men Who Batter: A Summary of Program
26 Descriptions and Research. *Violence and Victims, 23*(2), 156-172.
- 27 Scott, K. L. (2004). Predictors of Change among Male Batterers Application of Theories and Review
28 of Empirical Findings. *Trauma, Violence, & Abuse, 5*(3), 260-284.
- 29 Scott, K. L., & King, C. B. (2007). Resistance, Reluctance, and Readiness in Perpetrators of Abuse
30 Against Women and Children. *Trauma, Violence, & Abuse, vol. 8, no. 4, pp. 401 - 417,*
31 *October 2007, 8*(4), 17-17.
- 32 Scott, K. L., & Wolfe, D. A. (2003). Readiness to change as a predictor of outcome in batterer
33 treatment. *Journal of Consulting and Clinical Psychology, 71*(5), 879.
- 34 Sheehan, K. A., Thakor, S., & Stewart, D. E. (2012). Turning Points for Perpetrators of Intimate
35 Partner Violence. *Trauma, Violence & Abuse, 13*(1), 30-40. doi:
36 <http://dx.doi.org/10.1177/1524838011426016>
- 37 Silvergleid, C. S., & Mankowski, E. S. (2006). How batterer intervention programs work: participant
38 and facilitator accounts of processes of change. *Journal of Interpersonal Violence, 21*(1),
39 139-159.
- 40 Silverman, D. (2011). *Interpreting qualitative data*: Sage.
- 41 Sippel, L. M., & Marshall, A. D. (2011). Posttraumatic stress disorder symptoms, intimate partner
42 violence perpetration, and the mediating role of shame processing bias. *Journal of Anxiety*
43 *Disorders, 25*(7), 903-910. doi: 10.1016/j.janxdis.2011.05.002
- 44 Sirles, E. A., Lipchik, E., & Kowalski, K. (1993). A consumer's perspective on domestic violence
45 interventions. *Journal of Family Violence, 8*(3), 267-276.
- 46 Smedslund, G., Dalsbø, T. K., Steiro, A. K., Winsvold, A., & Clench-Aas, J. (2012). Cognitive
47 behavioural therapy for men who physically abuse their female. *Cochrane Systematic*
48 *Reviews, 1*.
- 49 Stanley, N., Borthwick, R., Graham-Kevan, N., & Chamberlain, R. (2012). An evaluation of a new
50 initiative for male perpetrators of domestic violence. Lancashire: University of Central
51 Lancashire.
- 52 Stith, S. M., Rosen, K. H., & McCollum, E. E. (2002). DEVELOPING A MANUALIZED COUPLES
53 TREATMENT FOR DOMESTIC VIOLENCE: OVERCOMING CHALLENGES. *Journal of Marital*
54
55
56
57
58
59
60

- 1
2
3 *and Family Therapy*, 28(1), 21-25. doi: <http://dx.doi.org/10.1111/j.1752-0606.2002.tb01168.x>
- 4
5 Stith, S. M., Smith, D. B., Penn, C. E., Ward, D. B., & Tritt, D. (2004). Intimate partner physical
6 abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and*
7 *violent behavior*, 10(1), 65-98.
- 8 Stover, C. S. (2005). Domestic violence research: What have we learned and where do we go
9
10 from here? *Journal of Interpersonal Violence*, 20, 448-454.
- 11 Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics
12 Scales (CTS2) development and preliminary psychometric data. *Journal of Family Issues*,
13 17(3), 283-316.
- 14 Taft, C. T., Murphy, C. M., King, D. W., Musser, P. H., & DeDeyn, J. M. (2003). Process and
15 treatment adherence factors in group cognitive-behavioral therapy for partner violent
16 men. *Journal of Consulting and Clinical Psychology*, 71(4), 812.
- 17 Taft, C. T., Walling, S. M., Howard, J. M., & Monson, C. (2010). Trauma, PTSD, and partner violence
18 in military families. *Risk and Resilience in US Military Families*, 195.
- 19 Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in
20 systematic reviews. *BMC Medical Research Methodology*, 8(1), 45.
- 21 Thomas, M. D., & Bennett, L. (2009). The Co-Occurrence of Substance Abuse and Domestic
22 Violence: A Comparison of Dual-Problem Men in Substance Abuse Treatment and in a
23 Court-Ordered Batterer Program. *Journal of Social Work Practice in the Addictions*, 9(3),
24 299-299-317. doi: 10.1080/15332560903084457
- 25
26 Todahl, Linville, Tuttle Shamblin, & Ball. (2012). Client Narratives About Experiences With a
27 Multicouple Treatment Program for Intimate Partner Violence. *Journal of Marital and*
28 *Family Therapy*, 38(supplement 1), 150-167. doi: <http://dx.doi.org/10.1111/j.1752-0606.2011.00273.x>
- 29
30
31 Walby, S., Allen, J., & Britain, G. (2004). *Domestic violence, sexual assault and stalking: Findings*
32 *from the British Crime Survey*. (276). Home Office Research, Development and Statistics
33 Directorate London Retrieved from
34 <http://www.avaproject.org.uk/media/28384/hors276.pdf>.
- 35 Weldon, S., & Gilchrist, E. (2012). Implicit Theories in Intimate Partner Violence Offenders. *Journal*
36 *of Family Violence*, 27(8), 761-772.
- 37 Westmarland, N., & Kelly, L. (2012). Why Extending Measurements of 'Success' in Domestic
38 Violence Perpetrator Programmes Matters for Social Work. *British Journal of Social Work*.
- 39 Winick, B. J. B. J., Wiener, R. R., Castro, A. A., Emmert, A. A., & Georges, L. S. L. S. (2010). Dealing
40 with mentally ill domestic violence perpetrators: A therapeutic jurisprudence judicial
41 model. *International Journal of Law and Psychiatry*, 33(5-6), 428-428-439.
- 42 Winstok, Z. (2006). The why and what of intimate conflict: Effect of the partners' divergent
43 perceptions on verbal aggression. *Journal of Family Violence*, 21(7), 461-468.
- 44 WWP. (2008). Work with Perpetrators of Domestic Violence in Europe (Project Daphne).
45 Retrieved 7.7.2013, 2013, from <http://www.work-with-perpetrators.eu/en/index.php>
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5 **Tables**
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7 Table 1.
8

9 *Profiles of 'More Relevant' Studies*
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	Austin and Dankwort (1999)	(Gregory & Erez, 2002)	Hayward et al. (2007)	Sirles et al. (1993)	Bonham and Vetere (2012)
Location	Canada	Ohio, US	Idaho, US	Milwaukee, US	UK
The Intervention	Duluth-informed, 8 week programme	Duluth-informed Between 6 and 32 weeks	Duluth-informed 52 weeks	A version of solution focused brief therapy	Duluth-informed
Stated Study Aim	To explore partner's experiences of an IPV perpetrator programme.	To present perspectives of partners of men who have completed a perpetrator programme	To examine partners' perceptions of an IPV perpetrator programme	To explore what causes IPV and views on intervention	To provide insight into why violence ceased.
Method	In-depth interviews Followed the principles of 'naturalistic enquiry' Themes were developed by analysing data inductively and iteratively.	In-depth interviews (in person and via telephone when necessary). Data appears to have been organised thematically and is presented in aggregate or percentage terms.	In-depth interviews. Authors refer to elements of grounded theory: data saturation and constant comparative analysis. Data was classified into themes.	Interviews completed over the phone using a structured questionnaire. No reference to a particular qualitative methodology. Findings are presented in a narrative format without the use of exemplars from the	In-depth interviews. Interpretive Phenomenological Analysis was employed in data collection and themes were identified through a form of thematic analysis.

	Austin and Dankwort (1999)	(Gregory & Erez, 2002)	Hayward et al. (2007)	Sirles et al. (1993)	Bonham and Vetere (2012)
				data.	
Sample Size	25	33	8	20	12
Sampling Strategy	The sampling frame comprised of 117 partners. Random samples were drawn by researchers until a cohort of 25 consenting study participants was established.	Study participants were identified through police reports in a given time period. The study sample comprises of those women who agreed to be interviewed from 150 identified as (ex-) partners of men referred to treatment.	Purposive sampling was employed: a total of 48 potential participants, identified through police and IPV programme records were contacted.	Sampling frame consisted of couples referred to a family therapy centre by the local judiciary. Only perpetrators thought to have a good chance of learning to become non-violent were referred to this programme .	Men were recruited from a voluntary treatment group for anger management. The men's partners were then also recruited.
Sample Characteristics	Twenty-two were partners of non-mandated men. Age – 'mid-thirties' Sixteen of the women were still in a relationship with the IPV perpetrator.	Partners of men mandated to attend an IPV programme Average age – 36.5 years. Three quarters of the women reported that their partner/spouse completed the program,	Partners of men mandated to attend an IPV programme Average age – 32 years. Study participants were all (ex-) partners of men who had completed their IPV programme.	Eighty per cent of the partners in this study were partners of mandated men. Average age – 31 years Five of the women were not partners of an IPV perpetrator who had been through the programme in question, but they were survivors of IPV.	Men were voluntary participants of an anger management group. No further details are supplied.
	Most of the women had been clients with	Half of study participants were still	Six out of eight study participants were still		

	Austin and Dankwort (1999)	(Gregory & Erez, 2002)	Hayward et al. (2007)	Sirles et al. (1993)	Bonham and Vetere (2012)
	the women’s refuge that ran the IPV programme in question.	in a relationship with the IPV perpetrator. Partners of perpetrators who might be described as ‘generally violent’, many having previous arrests	in a relationship with the IPV perpetrator. Of the eight participants, six were employed and two were students.	One third were employed.	
Rigour in Method	The study is presented in a peer-reviewed journal. The authors make no reference to mechanisms of qualitative rigour.	The study is presented in a peer-reviewed journal. The authors make no reference to mechanisms of qualitative rigour.	The study is presented in a peer-reviewed journal. One co-author performed an ‘inquiry audit’ of the data to help establish ‘dependability and confirmability’ of findings Member checks were conducted with three participants.	The study is presented in a peer-reviewed journal. The authors make no reference to mechanisms of qualitative rigour.	The study is presented in a peer-reviewed journal. Coding was reviewed by an ‘independent auditor’.

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Table 2
Supplementary studies (less relevant studies, theses and government reported research)

Authors	Location	Stated Aim
R. P. Dobash et al. (1999) also reported in R. E. Dobash et al. (2000);	UK	To investigate the effectiveness of a perpetrator programme, the sustainability of change and the mechanisms of change.
Dubé et al. (2005)	Canada	To explore female survivors' views of interventions received, including perpetrator interventions.
Eisikovits et al. (2008)	Israel	To present an in-depth analysis of outcomes of complaints to police as perceived by Israeli Arab survivors and their partners.
Gondolf (2000)	USA	To investigate how men avoid re-assault following treatment.
Jory et al. (1997)	USA	To demonstrate how therapists can utilize 'intimate justice theory' (incorporating a qualitative study that investigated the experiences of 30 couples).
Madoc-Jones and Roscoe (2010)	UK	Examines women's perceptions of the services provided to them whilst their abusers attended the Integrated Domestic Violence Programme (IDAP).
Newmark et al. (2007)	USA	To report service user feedback on a Government IPV intervention initiative.
Pollack and MacKay (2003)	Canada	To include survivor's perspectives in a process evaluation of an IPV perpetrator intervention.
Rosenberg (2003)	USA	Presents experiential reactions of domestic violence perpetrators one year after intervention (survivors were also interviewed).
Sandra M. Stith et al. (2002)	USA	To describe challenges faced in a four-year project to develop a manualised couples' treatment for domestic violence (includes findings from interviews with survivors involved in the programme).
Todahl et al. (2012)	USA	To better understand couple perspectives on a conjoint IPV couple treatment.

Table 3
Common treatment targets of main-stream UK programmes¹

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- denial, minimization and blame
 - attitudes supporting domestic violence
 - thinking errors supporting domestic violence
 - reduction in anger
 - reduction in hostility
 - management of anxiety
 - management of depression
 - conflict resolution
 - assertive communication
 - emotion management
 - positive parenting
 - victim perspective taking
 - motivation to change
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¹ Taken from Bowen (2011, p.99). These are similar to those presented in Saunders's (2008) overview of US programmes.

Table 4
Implications of Review for Practice, Policy, and Future Research

Implications for practice

- Broadly speaking, survivors report benefits from perpetrators' use of interruption techniques, and new communication skills. Initial short-term gains may be had by working with perpetrators on these treatment targets. Also, in relation to short-term work (such as social work safety planning) it should be noted that some survivors experienced positive change in their partners without their taking responsibility for previous abuse.
- Survivor safety work, which goes hand-in-hand with perpetrator programmes can be very important for survivors and should continue to be an integral part of IPV perpetrator intervention.
- Mechanisms of accountability are an important component of the perpetrator change process. There are a number of ways in which practitioners can help introduce accountability into the perpetrator's life. Through programme content they can help perpetrators hold themselves to account, through supporting survivors in their efforts to hold perpetrators to account, through the monitoring effect of a good working relationship with group peers and facilitators and through the integration of their work with judicial measures.
- Alongside an appreciation of the potential benefits to IPV survivors, be aware that IPV perpetrator programmes can affect survivors in a number of negative ways: by adding stress to the family, by providing new skills which can be used in the wrong way, and by lulling survivors into a sense of security which may have no grounds.
- High quality pre-programme assessment is one way of limiting negative outcomes for survivors. Appropriately trained and experienced practitioners, who can draw upon a wide range of assessment tools, in longer assessments which can extend into preliminary work with perpetrators and survivors, could help ensure that perpetrators are assigned to appropriate treatment.
- Patriarchal attitudes are by no means a universal concern among survivors; we would suggest that they are now more of an ethnicity-related barrier to change. Practitioners might consider assessing patriarchal attitudes before applying resources indiscriminately to their correction.
- Changes in perpetrators' belief systems appear to be harder to bring about than changes in behaviour; mechanisms of belief system change might include a broadening of perspectives, acceptance of responsibility and developing new understandings of what abuse is.
- Make survivors' feelings of safety more central to the measurement of perpetrator change, and consider partner feedback on the changes they report as relative to their previous experiences.

Implications for policy

- This review has confirmed, that IPV perpetrators are a highly heterogeneous population. Re-consider the appropriateness of manualised, group-based treatments in this context.
- Where resource permits, or at the cost of perpetrator programme provision, enhance the level of assessment of IPV perpetrators, to ensure higher levels of safety for survivors, and better outcomes through informed treatment-matching.
- Survivors have underlined the inter-generational nature of IPV perpetration. Policy-makers should direct resources toward preventative intervention with children and adolescents, particularly since there are established predictive tools for identifying those at risk.
- Survivors have added their weight to doubts about the depth and sustainability of IPV perpetrator change which has been brought about through main-stream perpetrator programmes. Policy makers should consider follow-up work with perpetrators after programme completion, and the treatment of more deep-rooted barriers to sustained perpetrator change

Implications for future research

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- Continue to investigate ways to empower survivors. Survivor validation has been confirmed here as a key mechanism by which perpetrator change can be encouraged.
 - Investigate the anomaly which suggests that perpetrators can make some changes in their behaviour without actually taking responsibility for their perpetration of abuse in the past.
 - The broadening of perspectives has emerged as a possible mechanism of changing perpetrator belief systems, the utility of established clinical approaches to expanding world views should be investigated with IPV perpetrators.
 - Dividends may be had from investigating the mechanisms by which perpetrators encourage change in each other, and enquiries into when and for whom group work works.
 - Survivors have suggested that judicial sanctions can be an important driver of change, some survivors have also pointed out how forcing perpetrators to attend treatment can worsen their situation. Mechanisms by which the judiciary can influence perpetrator change is an area which warrants systematic review, positioned in the wider context of criminology.
 - Practitioner perspectives on IPV perpetrator change processes should also be reviewed. Studies of children's experiences of IPV perpetrator change are also likely to increase our understanding.
 - Continue with efforts to break the IPV perpetrator population into a clinically useful typology.
 - Through wider collaboration, begin the process of building a model of change processes for this client grouping.
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Figures

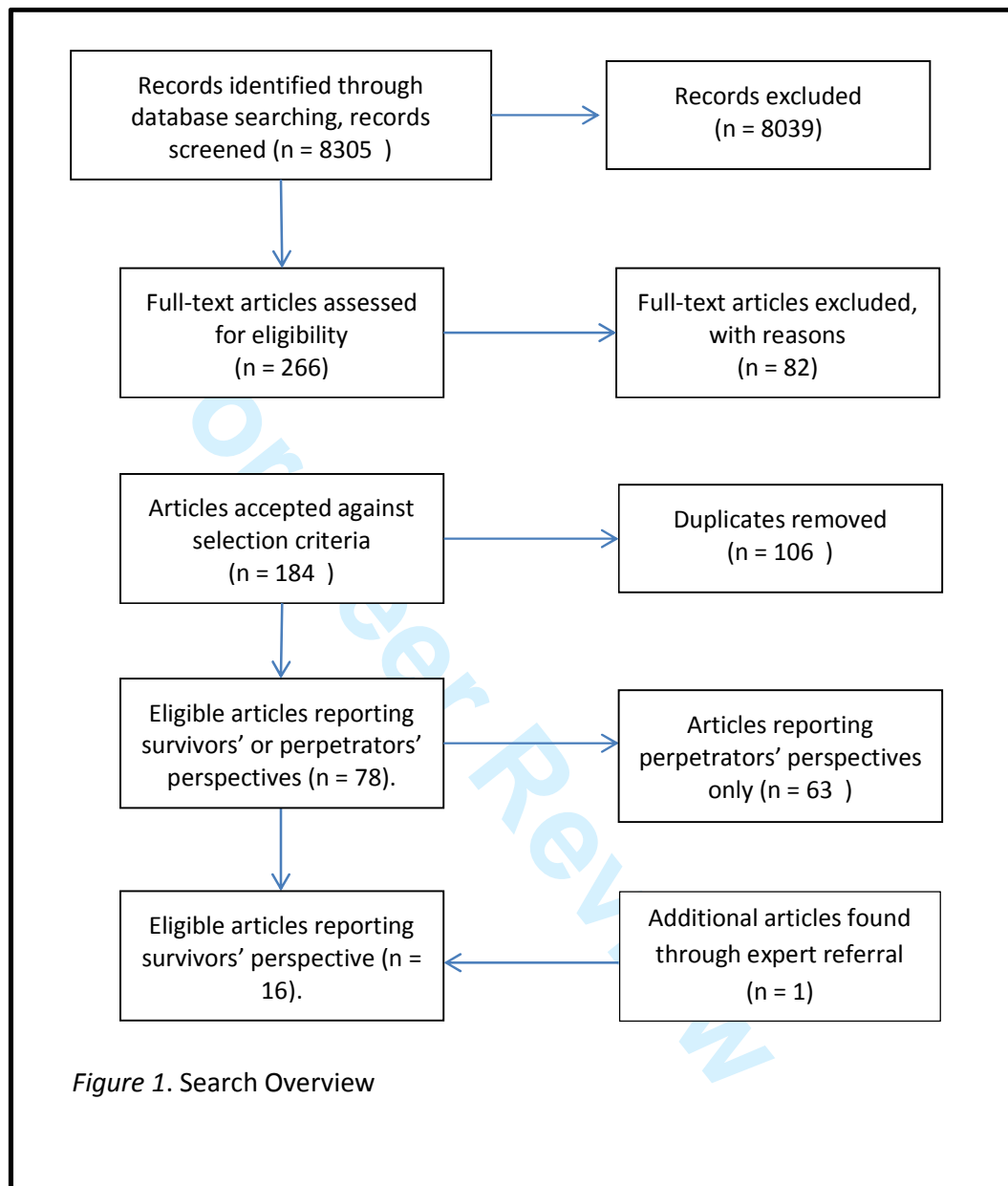


Table 4
Implications of Review for Practice, Policy, and Future Research

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 - Investigate the anomaly which suggests that perpetrators can make some changes in their behaviour without actually taking responsibility for their perpetration of abuse in the past.
 - The broadening of perspectives has emerged as a possible mechanism of changing perpetrator belief systems, the utility of established clinical approaches to expanding world views should be investigated with IPV perpetrators.
 - Dividends may be had from investigating the mechanisms by which perpetrators encourage change in each other, and enquiries into when and for whom group work works.
 - Survivors have suggested that judicial sanctions can be an important driver of change, some survivors have also pointed out how forcing perpetrators to attend treatment can worsen their situation. Mechanisms by which the judiciary can influence perpetrator change is an area which warrants systematic review, positioned in the wider context of criminology.
 - Practitioner perspectives on IPV perpetrator change processes should also be reviewed. Studies of children's experiences of IPV perpetrator change are also likely to increase our understanding.
 - Continue with efforts to break the IPV perpetrator population into a clinically useful typology.
 - Through wider collaboration, begin the process of building a model of change processes for this client grouping.
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3 Authors' response to Reviewer: 1 □ We appreciate your time and patience
4 with this manuscript, and the detailed review you provided. You mentioned
5 that it was an 'ambitious' review, and reflecting on your feedback we think it
6 might have been too ambitious. The current draft has been simplified to
7 emphasise just three issues which arose from our findings, the role of
8 accountability in perpetrator programmes and change processes, the
9 question of change sustainability and the overall complexity which emerged.
10 □□□ Comments to the Author □ - This is an ambitious review of the
11 literature on survivors' views of the effectiveness of IPV treatment programs.
12 The overall organization of the paper, however, is frequently unclear. For
13 example, research regarding survivor perspectives and quantitative analyses
14 of outcome are intermingled to the point of confusion. □ The references to
15 quantitative studies to help position the current review findings throughout
16 the paper was a response to comments from Reviewer 2 in the previous peer
17 review. On reflection we would agree, this format does not work, it is
18 confusing. Findings have been separated from the discussion. □□□ - In your
19 introduction, as a counterpoint to the failure to find empirical evidence of IPV
20 treatment effectiveness, see Alexander, Morris, Tracey, & Frye (2010).
21 □ Thank you for this. This is an interesting paper which we were not aware
22 of. We would agree that a counterpoint is needed here – we have opted for a
23 review paper from McCollum and Stith (2008) which highlights promising
24 results from quasi-experimental studies. □□□ - On p. 4, you state that
25 survivor perspectives are "in some cases . . . a more objective perspective on
26 behavior change than the perpetrators." Please provide a reference for this.
27 □ References are now provided for this point. □□□ - On p. 8, you refer to
28 the differing purposes of outcome efficacy studies and qualitative studies of
29 process – are you referring to the 3 mixed methods studies described in the
30 paragraph above? □ No, this is in reference to the largely positive findings
31 reported by qualitative studies in our review (and the positive findings
32 reported by the three mixed methods studies) in comparison to the neutral
33 findings of the systematic reviews of efficacy reported by three systematic
34 reviews, as outlined in the introduction section. The inclusion of this piece on
35 the quantitative findings of the primary mixed method studies was made in
36 response to a comment from Reviewer 2. On reflection we think it adds
37 confusion, the review set out to synthesise qualitative findings and we think
38 it should stick to that. We have removed any reporting of quantitative
39 findings. □□□ - Also on p. 8, what do you mean by the statement "With
40 reference to the positive survey findings from three primary studies, these
41 could be taken as evidence of "well-managed" programmes or shortcomings
42 in methodological rigour?" □ As above. □□□□ - Did your studies describe
43 the connection between changes in underlying beliefs and changes in
44 behavior? □ On page 7 we explain how there appears to be a contradiction in
45 the data: evidence of a lack of belief change, alongside evidence of behaviour
46 change. We discuss this in relation to other studies at the bottom of p16.
47 □□□ - You refer in several places (e.g., p. 13, p. 23) to survivor references
48 to increased feelings of safety and respite as something powerful and
49 positive. Would you care to also consider the possibility that these positive
50 feelings may at times be misplaced (as you acknowledge on p. 23) and may
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3 actually increase the risk to a woman of remaining in a dangerous
4 relationship? □The increased risk involved in this is one of our findings (top
5 of page 10) and discussed in the discussion section. □□□- At least one topic
6 included under the heading of barriers and facilitators to perpetrator change
7 (survivor validation) appears to refer to the survivor rather than to the
8 perpetrator. □Survivor validation presented as a key facilitator of perpetrator
9 change. Survivors who were able to refuse to accept abusive behaviour
10 encouraged changes in their partner (page 12). It is a factor which is
11 external to the perpetrator, but causes change within the perpetrator; and
12 survivors have cited it so we see it as a valid part of the synthesis. □□□- I
13 find that the dismissal of relationship issues (one paragraph at the bottom of
14 p. 19) ... □The topic of relationship issues is treated as a significant issue on
15 a par with other barriers and facilitators of change identified in the review
16 (page 11). The extent of the discussion accurately reflects the prominence of
17 the topic across the data (beginning paragraph 2, p18). □□□- ... by stating
18 that "any attempt to reduce treatment to work predominantly on the
19 dynamic within the couple is . . . folly" undermines the credibility of your
20 paper. Just as none of your other references would undoubtedly suggest that
21 only their perspective (e.g., motivational approaches) should be used to the
22 exclusion of other perspectives, this stance would not be taken by
23 researchers that also look at relationship dynamics. □Agreed. On reflection
24 this reads as though we believe primary study authors Todahl et al. (2012)
25 to have taken a reductionist standpoint, which is undoubtedly unfair to their
26 study report. This wording has been changed (see paragraph 2, page 18).
27 □□□- ... If the purpose of this paper is to truly review the relevant
28 literature, the lack of inclusion of this topic and the failure to consider well-
29 regarded research such as that conducted by Sandra Stith and her colleagues
30 as well as some of Dan O'Leary's work is short-sighted in the extreme. For
31 example, reviewing the literature on alcohol abuse and trauma in the family
32 of origin without considering the role of these factors in women's
33 vulnerability is misguided. □The purpose of the paper is indeed to review the
34 relevant literature – but it has to be literature which is relevant to the review
35 title: "Survivor perspectives on IPV perpetrator interventions ..." After
36 synthesising findings from the primary studies we could see that women
37 believed alcohol abuse and the perpetrators family of origin to be key
38 barriers to change for their (ex)-partner, we described these findings, and
39 then positioned them in relation to the quantitative findings available on
40 these topics. A discussion of the role of alcohol and 'family of origin' in
41 women's vulnerability, as you suggest, is surely for a different review, a
42 review of IPV survivor typologies, or risk factors for victimisation. □Your
43 comments here highlight the need for us to be clear about the limitations of
44 this review, and we have re-drafted extensively in light of this. Your
45 comments also highlight the need to draw upon the pivotal published papers
46 as we position our findings in relation to each topic area; since we only have
47 room to cite a few quantitative studies we are minded to ensure that we
48 choose the most important ones. We are familiar with Dan O Leary's work,
49 he is cited on page 19. Alan Rosenbaum a sometime collaborator with Dan O
50 Leary is cited regarding the family of origin issue on page 18. Regarding
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3 Sandra Stith's work, one of Sandra's studies is included as a primary study in
4 this review. In light of your comments we also reviewed Sandra's list of
5 publications and the importance of the couples treatment which she has
6 proposed is cited on page 2. □□□- Please edit more carefully for sentence
7 fragments. □We have done this, and found several examples of sentences
8 which were too long. □Thanks again for your direction with this work, we
9 believe the manuscript has benefited significantly from it.
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For Peer Review