Understanding Perpetrators of Intimate Partner Violence (IPV)

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Executive Summary

This report summarises findings from a project funded by the Home Office Perpetrator fund, which explored the characteristics, needs, and outcomes of those engaging with Domestic Abuse Perpetrator Programmes (DAPPs) within England and Wales between 2018 and 2021.

Research suggests that the aetiology of domestic violence and abuse (DVA), including intimate partner violence (IPV), is complex, and that traditional feminist explanations of these behaviours may be inadequate in isolation. Moreover, whilst several DAPPs are available and accessible within England and Wales, current evaluative research suggests that their efficacy may be limited (potentially as a function of their construction around feminist, rather than vulnerability-based approaches).

The current project sought to utilise data from 1,060 DAPP service users to better understand their characteristics, needs, and outcomes, to help inform discourse around current efficacy of DAPPs within England and Wales. Analysis was conducted on three themes of variables: demographic characteristics/abuse context, programme characteristics, and outcomes.

Descriptive statistics revealed a client profile high in need, for example in relation to ACEs, mental health issues, and substance use. Several questions were also raised in relation to the type of data collected (for example, what was meant by ‘voluntary’ versus ‘mandatory’ attendance). Interestingly, both client and caseworker ratings indicated that, on average, programmes were also not hugely effective across several measures, and that few variables predicted strongly predicted outcomes. However, other meaningful relationships did emerge, for example between demographic/context variables (i.e., risk level and type of abuse).

Taken together, results suggest that DAPPs in England and Wales aren’t currently reaching maximum efficacy in helping to facilitate behavioural change in DVA perpetrators, and that the data currently gathered by such programmes may require revision. This is discussed in relation to the structure and theoretical approach of the programmes included in this dataset.

Literature Review

Domestic violence and abuse (DVA) is recognised as a worldwide public health issue (World Health Organisation, 2021). The England and Wales Domestic Abuse Act (2021) states that DVA behaviours include physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic, psychological, emotional, or other abuse, although DVA is not generally an explicit criminal offence. The exception is that in 2015, England and Wales became the first nation globally to criminalise controlling behaviour within intimate relationships, making coercive control punishable by up to five years in jail.

Intimate partner violence (IPV) falls under the umbrella term of DVA and describes the above behaviours specifically within the context of current or former intimate partners and is globally recognised as one of the most common forms of violence against women (World Health Organisation, 2012). However, it is important to note that, as represented within the legislative definitions above, that IPV and indeed DVA are not exclusively perpetrated towards women by men. This is despite the predominance of so-called 'gendered' approaches to understanding IPV, which posit that IPV is a problem of men's violence toward women; specifically, that their physical aggression is part of a wider pattern of control and domination that has its roots in gender inequality and male privilege (Felson, 2002). Indeed, data from England and Wales demonstrate that at least one in three victims of domestic abuse are men (ONS, 2020a), and research frequently reveals equal, or sometimes higher rates of perpetration for females (e.g., Capaldi et al., 2012; Esquivel-Santovena and Dixon, 2012), particularly in western nations (Archer, 2006). Additionally, men are 2.5 times less likely to disclose that they have been a victim of domestic abuse than women. It is argued that this is not because men are *not* negatively impacted by IPV, as evidenced by the finding that more men than women have considered taking their life due to partner abuse (11% and 7.2% respectively; ManKind Initiative, 2022). The disparity appears instead to be driven by the lack of awareness amongst men, law enforcement and the wider public that men can be and are victims of IPV. This lack of awareness creates real barriers to men receiving the help and support they need. It also likely contributes towards explaining the gender asymmetry often reported with regards to IPV

perpetration and victimisation, when using data that requires men (or those around them) to see their victimisation as IPV.

For the purposes of this review, we will therefore focus on literature as pertains to any and all perpetrators of IPV, be they male or female (or indeed non-binary individuals or those within same-sex relationships). We will also highlight where findings show demonstrable gender differences and include critical evaluation throughout as to how the approaches outlined above have shaped the literature available on IPV perpetration.

Aetiology of IPV

Distal factors

The experiences of IPV perpetrators across their life histories has been studied to analyse potential distal and societal factors as 'pathways' to perpetration (Capaldi et al., 2012; Costa et al., 2015; Davis et al., 2018). Many distal factors that have been found to be associated with IPV perpetration can be grouped under the heading of adverse childhood experiences (ACEs; Felitti et al., 1998). ACEs include (but are not limited to) exposure to childhood physical, sexual and/or emotional abuse, neglect, parental mental health, parental incarceration, and parental IPV. ACEs are associated with a cascade of negative short-term and long-term physical, psychological, interpersonal and behavioural effects resulting in high-risk behaviours in adulthood, including IPV perpetration (Canfield et al., 2019; Herrenkohl et al., 2022; Lourenço et al., 2013; Theobald & Farrington, 2012).

Exposure to parental violence is one such childhood experience that appears particularly salient to IPV perpetration. Fowler et al. (2016) found that within cohorts of IPV perpetrators, exposure to parental violence in childhood increased the risk threefold of being IPV perpetrators and violent to non-family victims, termed 'generally violent' by Holtzworth-Munroe and Stuart (1994) in their influential typology of IPV perpetration. Their generally violent type was the most physically violent, most controlling but also most likely to have suffered sexual abuse as a child and witnessed IPV amongst parental figures. Drawing on the Holtzworth-Munroe's typology, Fowler et al. (2016) found the odds of being generally violent was four times higher for those exposed to *and* subjected to violence, compared to those experiencing direct violence alone.

Consistent with this Davis et al. (2018) found that males who were both emotionally and physically maltreated as children perpetrated the highest rates of physical IPV compared to perpetrators who were subjected to lower levels of maltreatment, emotional and sexual maltreatment, or poly-victimised groups. This suggests that violence in the family of origin increases the risk of adult violence, but that this increased risk is sensitive to the types and chronicity of ACEs experienced. It is likely that direct victimisation at the hands of caregivers, interacts with other types of ACEs or may even act as a proxy measure. Consistent with the latter, intergenerational risk due to exposure to parental IPV disappeared once paternal employment problems were considered, suggesting vulnerabilities of IPV perpetration may go beyond that of the intergenerational risk from exposure to paternal IPV alone.

In their systematic review, Capaldi et al. (2012) found IPV exposure and childhood abuse or neglect were low to moderately associated with later IPV perpetration and victimisation. Similarly, Costa et al. (2015) identified exposure to parental violence as one of the most consistent predictors of perpetration (alongside childhood abuse, poor relationships with parents, and being raised by a single parent). In fact, research has suggested that exposure to parental violence is linked to experiencing a range of family-of-origin difficulties; McGavock and Spratt (2017) found that 86% of those reporting IPV as a child had experienced four or more ACEs. The consistency in associations between family of origin violence and IPV perpetration indicate that exposure to parental violence is an important distal factor in the pathway to IPV perpetration, and understanding its impact is therefore important in shaping interventions for perpetrators.

Other childhood experiences have also been found to be predictors of adult IPV; in the Cambridge longitudinal study, only 6.2% of boys with no individual or family risk factors became violent by the age of 32, compared with 63.4% of those with a combination of four risk factors (Theobald & Farrington, 2012). Within their analysis, the most important family of origin risk factors in predicting IPV perpetration were having a criminal father, disrupted family (exposure to IPV was not directly measured), poor parental supervision, large family size, low income and not getting on with family at age 18 years. Considered together, the research demonstrates a pattern of IPV perpetrators

having experienced a range of adversities in childhood suggesting that ACEs, rather than patriarchy, may be core factors to consider when seeking to intervene.

Proximal factors

Proximal risk factors are those that are closer temporally to IPV perpetration. Situational and psychosocial variables as proximal risk factors for IPV perpetration are widely studied within the literature, for example, substance misuse (Choenni et al., 2017), antisocial behaviour (Capaldi et al., 2012; Costa et al., 2015), poor employment (Theobald & Farrington, 2012), depressive symptoms (Canfield et al., 2019), and anger, hostility and negative emotions (Birkley & Eckhardt, 2015). Of relevance to this report especially, is the understanding of the mental health needs of perpetrators, particularly that of substance misuse and psychopathology.

Substance misuse

Several studies have considered the influence of alcohol and drug use in relation to IPV perpetration (Rivas-Rivero & Bonilla-Algovia, 2021; Canfield et al., 2019; Capaldi et al., 2012; Hester, 2013; Theobald & Farrington, 2012). Stuart et al. (2008) found overall drug use to be a stronger significant predictor of physical abuse in women and men, whilst alcohol significantly related to psychological abuse. Interestingly, there was a linear relationship between number and frequency of drug use and physical abuse for males, however this was not significant for female perpetrators, suggesting male substance misuse may have a more direct correlation with IPV perpetration than females' use. Consistent with this, Henning et al. (2003) found that significantly more male, than female, perpetrators had received prior treatment for substance abuse. A review of the literature found that overall, alcohol use is related to IPV, although there are other variables that influence this relationship, and that perpetration of IPV appears to also be related to the use of cannabis and cocaine (Choenni et al., 2017). In relationships where bidirectional violence occurred, compared to relationships with a sole perpetrator of violence, more couples were found to *both* be heavy drinkers (Hester, 2013) and at the highest risk of abusing illegal substances (Ulloa & Hammett, 2016). This suggests that substance misuse is a specific problem for both partners in relationships where bidirectional violence is present.

Taken together, the research literature identifies that there is a positive association between substance abuse and IPV perpetration. The association between ACEs and later substance misuse is clear (Halpern, et al., 2018; Santo, et al., 2021). However, it is unclear whether this is a causal association, i.e., is the substance misuse a trigger for IPV perpetration, or is the use of violence then a trigger for using substances or that both are driven by a shared risk factor such as ACEs. Having an understanding of the relationship between substance misuse and IPV perpetration would enable treatment sequencing so that primary need factors are addressed before secondary outcome behaviours to support to individuals to desist from IPV perpetration. For example, depression and intoxication have been found to mediate the relationship between ACEs and IPV perpetration (Mair et al., 2012). White and Widom (2003) found that for females neglected or abused in childhood, alcohol problems mediated the effect on adult IPV perpetration, however this effect was not found for males. For males convicted of IPV, the relationship between alcohol abuse and ACEs was stronger than that of drug use, and was predominantly related to parental substance abuse, psychological abuse, and leaving home due to family conflicts. Interestingly, factors related to family instability increased the risk of alcohol abuse more than the violence suffered in childhood (Rivas-Rivero & Bonilla-Algovia, 2021). The demonstrated association between substance misuse and IPV perpetration may therefore be rooted in the ACEs of the perpetrator. Thus, understanding how experiences of trauma and ACEs impact on the development of risky behaviours later in life is important for developing appropriate responses to IPV perpetration.

Psychopathology

Various aspects of mental health have been determined to be associated with IPV perpetration. In a longitudinal survey of males, depression and anxiety were found to be associated with a higher likelihood of adult IPV perpetration (Theobald & Farrington, 2012). Similarly, a systematic review found that for both men and women, the risk of perpetrating violence to a partner was increased with the presence of depression, generalised anxiety disorder or panic disorder, although this increase in risk was higher for men (Oram et al., 2014). Further reviews have also concluded a link between suicidal ideation and behaviour in male IPV perpetrators, with raised risk in the

lead up to court appearances or engagement with interventions (Sesar et al., 2018). Deprivation in childhood factors may underpin the relationship between depression and IPV perpetration, for example men experiencing food insecurity were found to subsequently experience depressive symptoms and engage in problem drinking, resulting in the perpetration of IPV (Hatcher et al., 2019). This identified association between substance misuse, psychiatric problems and violence is further supported by systematic reviews (e.g., Oram et al., 2014).

There is some suggestion that there may be gender differences in the types of mental health difficulties found to be associated with IPV perpetration. For example, evidence has been found for a stronger association of depressive symptoms and IPV perpetration for females (Capaldi et al., 2012) with female perpetrators being almost twice as likely to have been treated with psychotropic medication than males, as they were more likely to score in the clinical range for bipolar, thought, delusional and somatoform disorder and major depression (Henning et al., 2003). This may be a real effect driven by women's greater vulnerability to stress-induced hyperarousal and men's greater vulnerability to stress-induced attention deficits. Alternatively, it could be driven by sex-differences in acceptance of the 'medical model' of distress, potentially reinforced by more public acceptance of female patients than male patients (Bangasser et al., 2019).

Personality disorder has long been recognised as being associated with IPV perpetration (e.g., Holtzworth-Munroe & Stuart, 1994; Dutton, 1995), however, gendered differences are unclear. In systematic reviews, traits of borderline personality disorder (BPD) have been found to correlate with women's IPV perpetration in criminal justice samples (Mackay et al., 2018). However, no gender differences emerged when the diagnostic criterion for BPD was found to be positively associated with more severe IPV perpetration (Jackson et al., 2015), despite there seeming to be some gendered differences in mental health and its link to IPV perpetration.

Research has also considered the mediated relationships between psychopathology and IPV perpetration in an attempt to gain a more holistic understanding. For example, those that experienced emotional and physical maltreatment in childhood exhibited significantly higher rates of depression than those

in the low maltreatment group and were also found to perpetrate the highest rates of IPV in adulthood (Davis et al., 2018), demonstrating that mental health may have a mediating role between ACEs and IPV perpetration. Hughes et al. (2007) and Dutton (1995) also found BPD to be a mediating factor between abuse in the family of origin and using physical aggression in relationships.

Summary

A breadth of literature attempting to clarify the causes, drivers and aggravating factors predicting IPV perpetration provides evidence of a range of risk factors creating 'pathways' to perpetration. We now have increased awareness of the distal factors that drive an individual's vulnerability to perpetrating IPV, in terms of understanding of the breadth of childhood adversities that individuals may have been exposed to which led to the development of further proximal risk factors for IPV perpetration. Researchers have also begun to consider how these factors may mediate the relationship between early traumas and IPV perpetration. However, a common limitation across the literature is the temporality of the relationship between perpetration and so called 'risk factors', i.e., do these factors precede the perpetration or are they as a result (Mackay et al., 2018)? A holistic understanding of the relation between such factors will assist in gaining a comprehensive picture of IPV perpetration, and thus help inform the next generation of perpetrator interventions.

Typologies

Practitioners who work on the coal face with IPV victims and perpetrators and researchers in the field, are aware that there are several causes and drivers of the behaviour. However, to design services that work effectively with service users and the different ways in which they present, the sector has recognised that there are distinguishing features related to IPV perpetrators (Cavanaugh & Gelles, 2005; Fowler et al., 2016). Resultingly, numerous typologies have been proposed that group together characteristics of the perpetrator and violence to categorise individuals (Johnson, 2008; Holtzworth-Munroe & Stuart, 1994; Gottman et al., 1995).

In 2008, Johnson proposed four IPV typologies (see Table 1), that considered levels of violence, control, and relationship dynamics; an idea supported by other

researchers (Graham-Kevan & Archer, 2003a). The concept of these typologies is centred around control, underpinned by the Power and Control Wheel (Pence & Paymar, 1993; see Figure 1).

Typology	**Proposed Features**
Intimate terrorism	Centred on coercive control; Frequent and severe violence/abuse that escalates over time Predominantly perpetrated by men Violence triggered by victim disobeying rules
Violent resistance	Predominantly perpetrated by the victim of intimate terrorism Control not a feature Conceptualised as self-defence
Situational couple	No element of coercive control Violence arises from mismanaged conflict between partners Singular occurrences, followed by remorse; has potential to become persistent and/or severe
Mutual violent control	Both partner violent and controlling Both partners intimate terrorists Smallest proportion of perpetrators

Table 1: *Taken from Johnson (2008)*

Johnson (2008; 2006) suggests the researcher's perspective and samples used influence the typology studied and conclusions drawn. He suggests feminist theorists find intimate terrorists to almost exclusively be males, in contrast with family violence theorists who generally study situational couple violence and find gender symmetry (Johnson, 1995; 2008). Kelly and Johnson (2008) argued that general population samples are more likely to capture data from situational couple violence and hence view violence as a minor part of a general argument. They contrast this with samples drawn from help seeking cohorts where victims are more often experiencing intimate terrorism leading to higher level of injury. Graham-Kevan and Archer (2003a; 2003b) found support for Johnson's conceptualisation of types, and sex-differences in these types.

Figure 1. Power and Control Wheel (Pence & Paymar, 1993)

Beck et al.'s (2013) study suggests empirical support for Johnson's typology but not the gendered nature of the types. Beck et al., found instead that men and women were equally likely to be coercive and violent. This was also subsequently found by Graham-Kevan and Archer (2009), with their analysis suggesting that evolutionary principals better explain the use of coercion than patriarchal theory.

Exploring the different types, Graham-Kevan and Archer (2003a) found within their common couple violence group, in couples with a sole-perpetrator, females were overrepresented by three times compared to males. The problem for the allocation of other categories were the sampling procedures used. Graham-Kevan and Archer (2003a) and Johnson and colleagues and their supporters work relied on stratified sampling that systematically oversampled for highly victimised women and used their own self-reports and their reports of their partner's behaviour (Dobash & Dobash, 2004; Graham-Kevan & Archer, 2003a; Johnson, 1999) to categorise males, and/or sourced

their male sample from prisons (Graham-Kevan & Archer, 2003a; 2003b). The impact of this is profound, for example when Graham-Kevan and Archer (2003a) removed the women's shelter subsample, gender symmetry emerged. Similarly, when removing the shelter cohort from the violent resistant type, the ratio of females to males dropped from 9:1 to 2:1. This explicitly demonstrates assumptions about IPV and gender are not helpful and raises questions about why gender asymmetry is so strongly found in services for perpetrators and victims.

An alternative typology was previously proposed by Holtzworth-Munroe and Stuart (1994), who developed their typologies through a review of the literature taking into consideration both distal and proximal factors in the aetiology of male perpetration. The distal factors concerned included: genetic/prenatal influences, such as an inherited tendency for impulsivity; early childhood family experiences, such as witnessing parental violence; and peer experiences, such as involvement with delinquent peers. They suggest distal variables influence the materialisation of proximal variables; attachment, impulsivity, social skills, attitudes towards women and attitudes supporting violence. The authors identified three dimensions on which perpetrators can be classified: severity and frequency of violence, generality of violence beyond that of the intimate partner and the psychopathology of the offender (Holtzworth-Munroe & Stuart, 1994). This classification resulted in three categories: i) *Family only* perpetrators (violence only used within the family, little evidence of ACEs, few psychopathology/personality disorders, least severe IPV); ii) *Dysphoric/borderline* perpetrators (moderate to severe violence use, subject to neglect in childhood, violence perpetration may extend beyond the family but more typically this type has non-violent criminality, often present with borderline personality disorder, psychological distress and depression, likely to have substance misuse problems); and iii) *Generally violent and anti-social* perpetrators (most frequent, severe and violent abuse, most likely to have been physically and sexually abused in childhood, violence behaviour extends beyond the family, most likely to have substance misuse problems and antisocial personality disorder or psychopathy).

Whilst typologies have considered distinctions amongst IPV perpetrators, and thus go some way to assisting researchers in focusing empirical research into risk

factors, these theorised typologies take a gendered approach to IPV. The idea that IPV is perpetrated almost exclusively by males towards females is increasingly challenged and critiqued; theorists argue that typologies such as Johnson's (2008) minimise female perpetration as self-defence (Dutton et al., 2010; Dixon & Graham-Kevan, 2011) and consequently ignores men's experiences as victims of IPV and misinterprets women's IPV as defensible (Mackay et al., in press).

Summary

Research has found that there are different types of IPV perpetrators and hence there is a need to recognise that IPV perpetrators differ in their treatment needs. Recent research has found that categorising perpetrators on violence generality (for example, violent to partners only versus generally violent) has merit in terms of treatment allocation (Petersson & Strand, 2020). Therefore, it is important that perpetrators are allocated to intervention based on their risk and treatment need, in line with current empirical evidence (Camaranesi, 2021).

Perpetrator Interventions

Despite the large literature base exploring various distal and proximal risk factors associated with IPV perpetration, historically interventions have not been driven by trying to change or manage these factors. With the rise of second wave feminism in which IPV was positioned as a structural issue with patriarchal beliefs justifying men's control over women (e.g., Dobash & Dobash, 1979), IPV has been largely presented as a serious social issue in which men have power, women do not (Johnson, 1997). Whilst over the past five decades there has been a significant shift in our understanding of IPV, Domestic Abuse Perpetrator Programmes (DAPPs) are still largely influenced by feminist approaches, as evidenced by the accreditation body for England and Wales, Respect, requiring a 'gendered understanding of IPV' to be integral for an accreditation. The evolution of perpetrator programmes treatment targets should, however, be based on the most rigorous, and theoretically and empirically robust knowledge, so that interventions target the appropriate treatment need factors, based on our contemporary understanding of IPV perpetration. Currently, DAPPs can generally be separated into those that deliver from a feminist approach or CBT based approaches, although

additional models are beginning to be accepted (for example, a trauma-informed approach, as used in the Inner Strength programmes, Graham-Kevan & Wilks-Riley, 2012). IPV programmes are the subject of academic scrutiny (e.g., Graham-Kevan & Bates, 2020; Hamilton, Koehler & Lösel, 2012; Lilley-Walker, Hester & Turner, 2016), with debates polarised on the importance of holding perpetrators accountable compared to addressing treatment needs in a clinically responsive way. Regardless of theoretical debates, it is crucial to understand whether and how such programmes are changing perpetrator behaviour. Programmes must target the risk factors and criminogenic needs that IPV perpetrators present with and understanding whether interventions do this is vital for reducing IPV perpetration and thus protecting victims.

Feminist approaches

Interventions in most Western societies are based at least in part on feminist ideology in which men's use of violence against women is rooted in patriarchy (Pence & Paymer, 1993). Such programmes are based on the 'Duluth model' of IPV derived from the Duluth Domestic Abuse Intervention Project (Pence & Paymar, 1993). These programmes prioritise challenging men and 'holding men accountable' for their behaviours as well as (re)educating men in gender equality and raising consciousness related to gender stereotypes and patriarchal ideology (Bowen & Gilchrist, 2004; Eckhardt et al., 2006). Duluth programmes typically taught men that their use of violence is a means to control, and whilst they acknowledge the influence of other risk factors (such as, substance misuse or poor anger control), these are not identified as causes of violence (Bowen, 2011). Duluth programmes replaced an ad hoc approach to working with perpetrators that had previously existed, and today in the UK, this 'joined up' approach is overseen by Respect. Respect offers an accreditation for perpetrator programme services, based on similar principles to the Duluth model, that men's violence is a result of structural inequality between men and women (Respect, 2017).

Despite being the predominantly used approach in Western societies, there is a lack of empirical support for the efficacy of such programmes. For example, Corvo et al. (2008) have been less than optimistic about the efficacy of Duluth influenced programmes stating that such programmes are not based on rigorous evidence and are

characterised by "...*failure to utilize evidence-based practices or best practice protocols, inadequate assessment/diagnosis, failure to connect assessment to treatment, failure to develop individual treatment plans, and failure to provide treatment appropriate to the client's need*s" (pp. 323–324). Similarly, Babcock et al.'s (2004) widely cited meta-analysis in which 22 DAPPs were evaluated concluding that such interventions have a "*minimal impact on reducing recidivism beyond the effect of being arrested*" (p.1073). Likewise, Dutton (2006) asserts that there is a lack of evidence that such programmes work, and their continued use is preventing evidence-based treatment to prosper. Others have highlighted that pro-feminist programmes have a high dropout rate which makes it difficult to evaluate efficacy, and it is claimed that positive results are overstated, with manipulated data based on an ideological position rather than empirical evidence (e.g., Bates et al., 2017; Dutton & Nicholls, 2005; Dutton & Corvo, 2006; Dutton, 2012; Dixon et al., 2012; Straus, 2010). For example, Project Mirabel[1] is a comprehensive review of the efficacy of DAPPs (*N*=12), with analysis of self-reported data, control groups and comparison groups (Kelly & Westmarland, 2015). Project Mirabel provides a somewhat surprising positive review of the efficacy of DAPPs, given that they "...*largely found there to be no significant differences in reductions in violence and abuse*" (p. 8). The authors identify as feminists in the review (p. 46), which has led to others commenting about the impact of ideological beliefs on the presentation of DAPPs efficacy (see Bates et al., 2017; Yakely, 2021).

Feminist approaches to IPV perpetrator programmes have also been criticised for failing to recognise the individual psychological factors and early adverse experiences that are likely to have led to offending (Moran, 2013). The distal, early experiences of IPV perpetrators are clearly associated with IPV perpetration, as are more proximal risk factors (see Brown et al., 2015; Butler et al., 2020; Cprek et al., 2020; Eckhardt et al., 2013; Hoskins & Kunkel, 2020; Nikulina et al., 2017; Stith et al., 2004; Voith et al, 2018; Wagers & Radatz, 2020). Ignoring the part these factors may play in IPV perpetration means that perpetrator programmes will not be targeting the underlying causes, and thus will make little strides to change behaviour. Further, where programmes emphasise men's violence as control and a consequence of structural

[1] Project Mirabel was commissioned by Respect, a UK based organization that offers accreditation for DAPPs

inequality, the result is that these programmes will not be suitable for women perpetrators. In fact, there is a distinct paucity of perpetrator programmes for women and given that literature has highlighted women do not only use violence and aggression in self-defence (Bates & Graham-Kevan, 2016; Mackay et al., 2018), provision is neglecting a significant proportion of violence and therefore victims.

Duluth/CBT approaches

In a British context, as a response to the aforementioned criticisms, new programmes were introduced incorporating CBT approaches. For example, in criminal justice settings, Building Better Relationships (BBR) was implemented, with the intention of being a more inclusive and holistic approach to IPV intervention. The theoretical basis of BBR is the General Aggression Model (GAM; Anderson & Bushman, 2003), a CBT informed framework which posits that life experiences, attitudes to violence, dispositional and situational factors influence how individuals manage and respond to conflict. It is postulated that perpetrators of IPV lack impulse control and have multiple risk factors that require reshaping (Hughes, 2017). Thus, BBR attempts to work with perpetrators by increasing self-awareness of how past histories shape attitudes. Individuals are thus provided with techniques to control and manage their responses (for example, mindfulness, time out) whilst also making them accountable for their behaviour (Renehan, 2021a).

However, there is mixed evidence related to the efficacy of programmes that incorporate CBT and cognitive restructuring techniques. For example, systematic reviews (Nesset et al., 2019; Wilson et al., 2021) have concluded that there is insufficient evidence for the effectiveness of such programmes. Indeed, Fowler (2016) suggests that cognitive restructuring is inappropriate when dealing with traumatic past experiences. Interestingly, Hughes (2017) found that although BBR completers felt that facilitators were understanding of their life experiences and made less assumptions of them, resulting in self-reported higher engagement, facilitators of BBR who had previously been involved with Duluth-style interventions, reported feeling that perpetrators were not sufficiently challenged about their behaviours, attitudes and beliefs. Although this study used only a small sample size, it does raise concerns with

regards to the programme facilitators skills and qualifications. This is an issue that is currently under researched within the evaluation literature (See Holdsworth et al., 2016; Gannon and Ward, 2014; Renehan, 2021b). Similarly, others have highlighted a concern for the lack of skills and enthusiasm facilitators have when working with perpetrators of IPV (Hester et al., 2019; Hughes, 2017; Morran, 2008). Pender (2011) highlighted a lack of awareness of qualifications of facilitators and considering that perpetrators of IPV have a range of complex experiences such as attachment anxiety (Dutton, 2006), substance use (Cafferky et al. 2018), serious mental health issues (Slabber, 2012), poor attachments, neglect and abandonment (Moran, 2013) and ACEs (Eckhardt et al., 2013), this is curious. Given that men have been found to have particular difficulties engaging in a trusting therapeutic relationship (Johnson et al., 2012) and that gender norms impact both engagement and outcomes of treatment (Seidler et al., 2020), it is imperative that the role of the facilitator is considered in programme evaluations.

Whilst later programmes such as BBR outlined above may have adopted a more therapeutic approach than their predecessors, they are still arguably limited in providing an individualised approach to perpetrators due to their prescriptive nature. Moreover, such DAPPs still largely focus on IPV as being perpetrated by men, despite overwhelming evidence that IPV can be bidirectional (Bates, 2016), can be perpetrated by women towards men (Mackay et al., 2018; Esquivel-Santovena and Dixon, 2012) and can be perpetrated in same sex relationships (Badenes-Ribera & Bonilla-Campos, 2021). Thus, there are still many gaps in the provision for perpetrators of IPV (Bates et al., 2017; Armenti & Babcock, 2016).

Trauma-informed approaches

As argued previously, trauma-informed approaches focusing on early childhood experiences and emotional dysregulation may be better suited to perpetrators of IPV. However, currently few programmes exist in the UK following this approach, likely due to the cultural narrative that men use violence to exert power over women and that risk factors should not be used as excuses or a focus for treatment (Mackay, in press). Some examples of such programmes do however exist, such as The Ahimsa Project

(formerly Everyman) based in Plymouth. It is considered to be a psychodynamic intervention, with a three-week, in-depth screening process and sessions that can last up to 12 months (Bell, 2005). Individuals work with a qualified therapist for 12 weeks in which their violent behaviours are explored and challenged in light of their own personal experiences, following this they then complete a 32-week group programme. There is unfortunately no known evaluation of this intervention. Inner Strength (Graham-Kevan and Wilks-Riley, 2011) is a trauma-informed and DBT based perpetrator programme, for both men and women who have perpetrated IPV. Perpetrators are allocated to one of two programmes based on the assessment of their treatment needs. This is done using the Partner Abuse Risk and Treatment Need Screen (PARTNRs, Graham-Kevan, 2022; PARTNR, Wilks-Riley & Graham-Kevan, 2016) allocation assessment which was developed from the known treatment need factors of IPV perpetrators. This programme has been evaluated, and it was found that following programme completion, there was reduction in police convictions for IPV-related offending and a reduction in children with looked after status or on child protection plans (Schrader-McMillan & Rayns, 2021).

It is suggested that creating a therapeutic alliance and dealing with deep rooted issues leads to a longer-term change as opposed to cognitive restructuring techniques that teach individuals to keep anger on a “tightened leash” (Garfield, 2007, p. 327). Whilst researchers have highlighted that therapists must ensure they are careful to remain impartial and do not collude with service users to excuse their violent behaviours (Newman & Iwi, 2015; Rasanen et al. 2012), it is also equally important that a holistic understanding of what has led the perpetrator to that point is considered. Indeed Lawson (2012) highlighted that most men who are perpetrators of IPV will present feelings of shame and self-doubt and are fearful that others are ‘out to get them’ and Harned (2001) highlights how female perpetrators of IPV are motivated by fear of abandonment and feelings of jealousy. It would therefore be an oversight for researchers and practitioners alike to dismiss how attachments and childhood trauma shape adult behaviours and the link between ACEs and IPV, and for men in perpetrator programmes to have these experiences dismissed.

Whilst it is currently difficult to say ‘what works’ with perpetrators of IPV, Butters et al. (2021) systematic review highlighted a need to move towards more individualised

treatments, that take into account pertinent demographic factors, typologies, motivation to change and comorbidity with for example, substance misuse or mental health issues. This aligns with the work of Mackay (2020) who undertook a detailed analysis of the pathways to IPV perpetration in men and women. This revealed that IPV perpetration was rooted in complex histories, littered with trauma, instability, difficulties across relationships and problems with managing 'self'. Thus, Mackay (2020) argued for personalised, trauma-focused interventions that are gender responsive but not influenced solely by gender to address the current disparity between academic research and intervention philosophy. Developing programmes using the empirical and clinical evidence base, is critical to reducing IPV and the intergeneration trauma associated with it.

Conclusion

Knowledge around IPV perpetration has grown rapidly since the first studies in the previous millennium (e.g., Dobash and Dobash, 1979; Johson, 1995; Pence & Paymar, 1994; Straus, 1979) however the debates continue in spite of the fact that the rigorous systematic reviews and longitudinal cohort studies clearly support a psychologically informed approach. Although there are evaluations of UK perpetrator programmes, generally little is known about the pathways into and out of these programmes. Similarly, there is a lack of understanding of the types of risk and need factors routinely assessed at intake and exit, and how these interact with perpetrator and facilitator assessments of risk, need and added benefit.

Aims, Objectives and Outcomes

Aims

1. To provide insight into antecedents of DVA perpetration
2. To give insight into the efficacy of DAPPs in England and Wales

Objectives

1. Produce a comprehensive overview of the demographic characteristics, needs, and vulnerabilities of DAPP clients
2. Fit Gaussian Graphical Networks (GGNs) to patterns of association between demographic/contextual, programme, and outcomes of approximately 1060 perpetrators who have engaged with DAPPs within England and Wales
3. Analyse and interpret the predictive relationship between factors

Outcomes

1. Improved understanding of offender profile and context
2. Improved understanding of offending trajectory and factors predictive of perpetration
3. Increased insight into perpetrator programme effectiveness, and perpetrator needs upon presentation and exit from programmes
4. Improved understanding of the association between DVA and mental health issues
5. Significant improvement in the evidence base on DVA perpetrators

Methods

Origin of Data Set

The data for the present study was provided by the charity[2] SafeLives; an organisation which designs and helps to deliver multiagency responses to DVA, including IPV, through their close work with other agencies, development and implementation of interventions, and research. This charity gathers data on DVA from other non-governmental organisations, charities and other organisations across the UK through a dedicated portal, collected by caseworkers from victims and perpetrators upon engagement with, and exit from, frontline DVA services, including perpetrator programmes.

Data for the present study comes from six services located within England and Wales. Greater detail on the specific types of services is hard to provide due to the anonymised nature of the data, the variety of services that contribute to data collection processes, and the acknowledgement that services change or adapt their practice over time. However, the following information is available. Three organisations were specialist domestic abuse services, one was a national charity supporting victims of crime, one was a national children's charity, and one was a multi-agency partnership including a local council. Most of the programmes are accredited by either SafeLives, or Respect[3], and were delivered via group or 1:1 intervention (or both).

It was practice for client information to be gathered from every client seen by a caseworker, though there are some rare exceptions (e.g., if the client refuses consent to research monitoring, or if they only engage with a service briefly). In this sense, the sample presented here will be representative of the vast majority of individuals who engaged with perpetrator programmes run by the services outlined above across the time span covered in this study (2018-2021). The information gathered was determined through a combination of direct reporting from the client, and professional judgement, depending on the question. For example, client's level of risk was determined by their

[2] In the UK, The Charities Act says that a 'charity' is an institution which is a) established for charitable purposes only, and b) subject to the control of the High Court's charity law jurisdiction

[3] For more information on Respect's Accreditation Standards, please see here: https://www.respect.uk.net/pages/109-respect-accredited-members

responses to standardised questionnaires, such as the Domestic Abuse, Stalking and Honour-Based Violence (DASH) checklist. For other variables, such as mental health issues, a combination of professional assessment and specific reporting by the client was utilised to make a judgement as to whether the client is suffering from issues in this area (formal mental health assessment tools were not routinely utilised). Forms were completed by perpetrator caseworkers (sometimes known as client managers).

Preparation of Data Set & Sample

Some questions invited a categorical, binary response, which remained as such. Other questions allowed clients to provide multiple selections (additional vulnerability and employment status) or were simple multiple-choice questions (i.e., with more than just a yes/no option). For these variables, additional dummy variables (1 = yes, 0 = no) were created for each selectable option to allow for inferential analysis (and options such as ‘Not Disclosed’, ‘Don’t Know’, and ‘Not Applicable’ recoded as missing data). This sometimes involved grouping the data into more a more manageable number of categories (i.e., transforming 25 individual options into 5 grouped categories), which were then dummy coded, as above.

The majority of clients in this dataset were attending programmes for perpetration of intimate partner violence (IPV) on either a voluntary or mandatory basis. As these clients were the focus of this project, those reporting abusive behaviour towards others (such as family members), were removed (n = 87). This left a total sample of 973 clients for analysis.

Results

Descriptive statistics

Descriptive statistics summarizing the demographic and abuse context, programme characteristics, and programme outcome data for SafeLives service users are reported below. For some variables a high proportion of missing data is present. This is reported in the summaries only where data are absent for 5% or more of cases. In addition, summaries of continuous variables such as age are necessarily only available for complete cases and for some summaries missing data are excluded (and this is noted explicitly where more than 5% of cases are missing). The majority of analyses were conducted in R (R Core Team, 2022) with some additional analyses in SPSS (IBM Corp, 2020).

Demographic/Context Variables

The sample is predominately white, male cisgender though there are reasons to believe this may reflect biases in referral to DAPPs rather than underlying prevalence. The majority of service users identified as heterosexual (with 86 missing or preferring not to say) with 13 identifying as bisexual (5), gay (6) or lesbian (2). This was considered insufficient for further analysis based on sexuality. This also suggests that there is an underrepresentation of perpetrators in LGBT+ relationships. The same under-representation is apparent for ethnic minority perpetrators who make up just 7% of the total.

Birth Gender	n
Male	915
Female	57
Intersex	1

Gender identity	n
Male	872
Female	53
Missing	48

Gender identity (recode)	n
Cisgender	911
Missing	48
Transgender	14

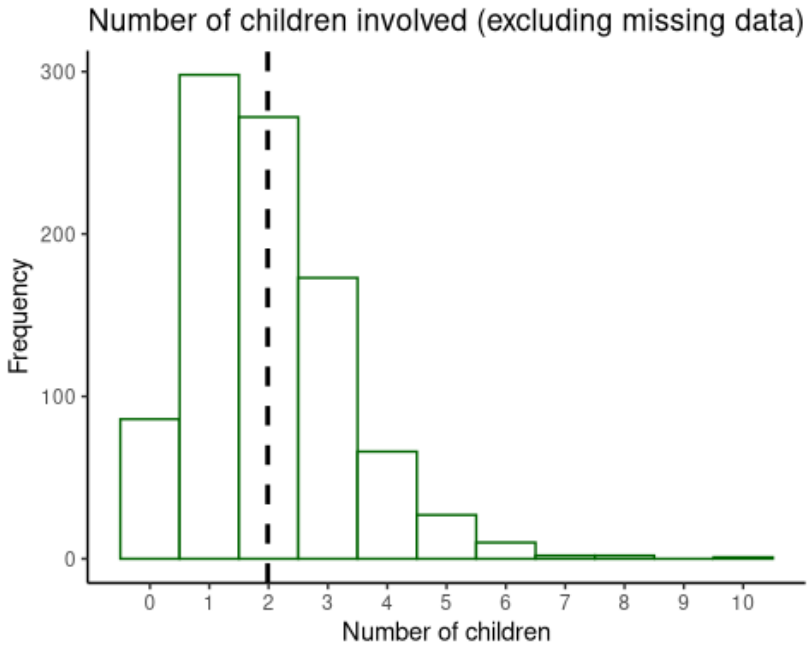
Ethnicity	n
White	721
Missing	199
Asian	31
Other	11
Mixed	8
Black	3

Sexual orientation	n
Heterosexual	884
Missing	79
Other	10

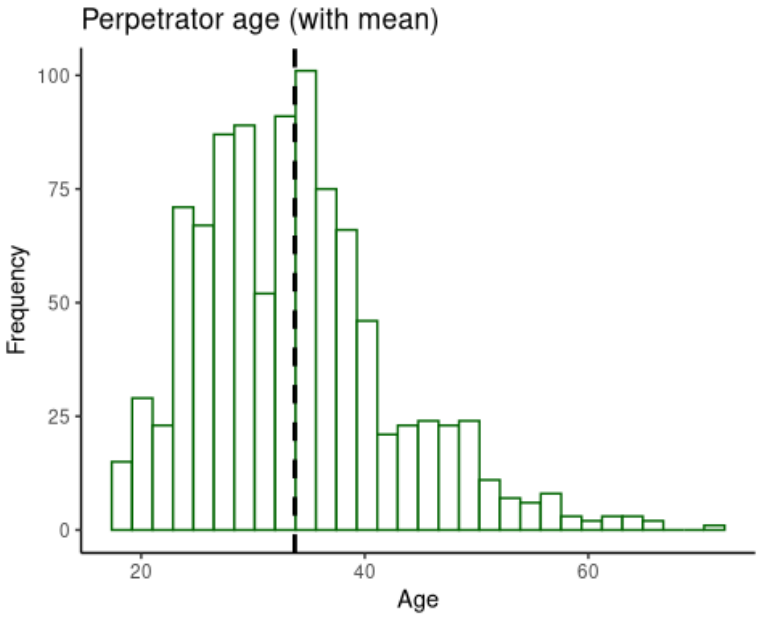
Primary victims were generally male for female perpetrators and female for male perpetrators again reflecting the low prevalence of lesbian, gay and bisexual individuals in the sample.

Primary Victim Gender		
	Male victim	Female victim
Male	27	796
Female	34	10

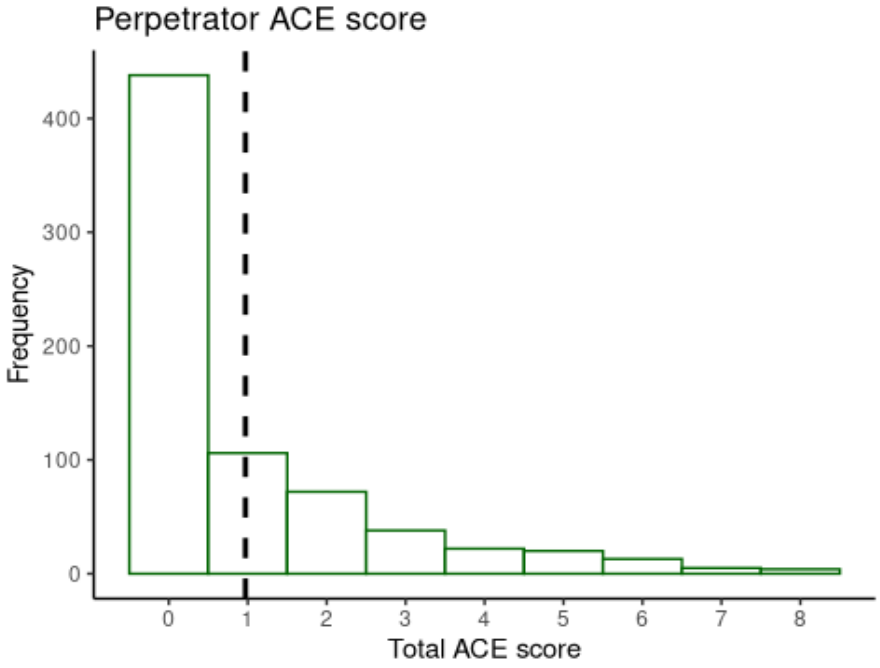
The number of children involved in the case varied considerably with the median number being two (mean = 1.99) and relatively few cases (86) involving no children.



Clients were typically aged in their mid-thirties (M = 33.74, SD = 8.69), with female service users tending to be slightly older (M = 35.06, SD = 10.50) than male service users (M = 33.5, SD = 8.57); the age of female clients was also somewhat more variable (*SD* = 10.5) than males (*SD* = 8.7).



Service users were asked if they had adverse childhood experiences (ACEs). This was coded for analysis in two ways. First any individual who did not respond “none” or for whom data was missing was coded as “yes” for the presence of ACEs. Second a mean score for all ACE categories recorded (Verbal abuse, Direct physical abuse, Sexual abuse, Parental separation, Domestic abuse (exposure), Mental illness, Alcohol abuse, Drug abuse, Incarceration of adults within household) was obtained (ignoring 255 missing responses). These questions were optional, with 297 service users responding “none” and therefore 421 (58.6%) report some form of ACE (which may include experiences other than the nine categories directly queried). Of those who responded to the specific categories most (438; 61%) had a total ACE score of zero, though many service users had multiple ACEs and the overall mean for those who opted to respond was approaching 1 (*M* = 0.97, SD = 1.62). The discrepancy between the two scores suggests around 20% of service users experienced ACEs other than the nine categories recorded.

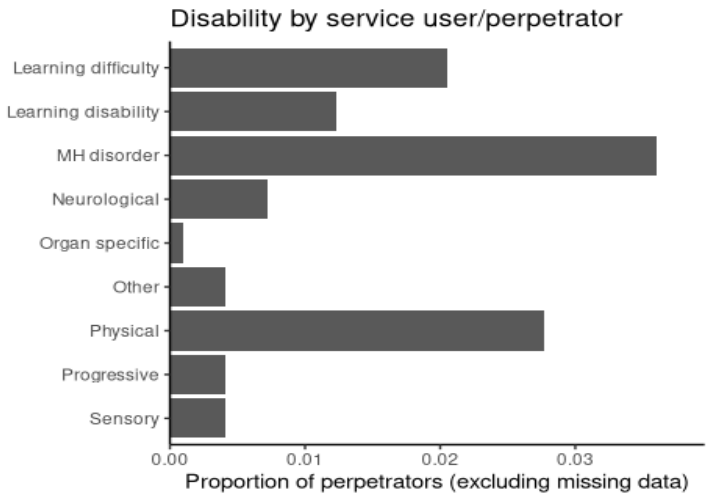


A significant proportion of the sample explicitly stated they had mental health needs when engaging with their programme (46%), and approximately 11% indicated a disability of some kind (specific types of disability shown below).

Mental health needs	n
No	470
Yes	414
Missing	89

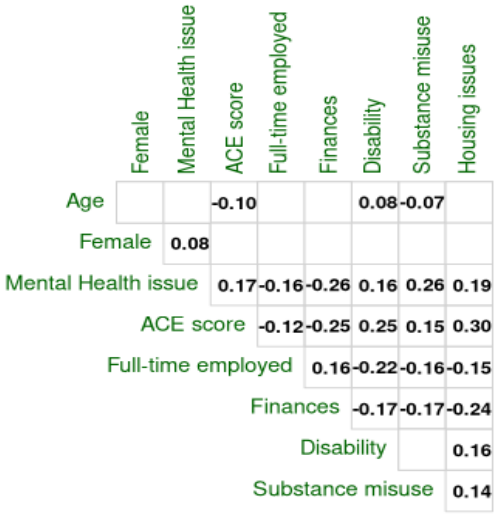
Disability	n
No	752
Missing	131

Disability	n
Yes	90



Correlations between key demographic variables

The figure below summarizes the simple (bivariate) correlations between the selected demographic variables in the data (using complete pairwise cases when missing data are present). Only correlations statistically significant at the $p < .05$ threshold are shown. Associations between demographics were generally weak to moderate with patterns broadly as expected - for example with ACE scores related to poorer employment and financial situations and greater risk of substance abuse, mental health or housing issues.



Programme Variables

Group programmes were the most common type of programme, although a substantial proportion of service users were also supported by direct or indirect one-to-one work (which may be instead of or in addition to group work). Most participants were new to the service (84.8%) with fewer repeat referrals (13.5%) and continuing service users (1.7%). The majority of referrals were coded as voluntary, and most were assessed as low or medium risk - with broadly similar risk profiles for mandatory and voluntary referral. However, voluntary referrals were less likely to have an identified mental health need on intake than mandatory referrals. In addition, nearly half (45.8%) had either a civil or criminal order in place.

Referral status	n
New service user	825
Repeat to service	131
Continuing service user	17

Type of Programme	n
Group programme	543
Direct 1-1 work	266
Both group and 1-1	99
Indirect 1-1 work	57
Other	8

Reason for accessing service	n
Voluntary	682
Mandatory	291

Reason for accessing service	No mental health need	Mental health need	% No	% Yes
Voluntary	348	273	0.56	0.44
Mandatory	122	141	0.46	0.54

Risk level	n
Low	492
Medium	326
Missing	83
High	72

Reason For Accessing Service	Low	Medium	High	% Low	% Medium	% High
Voluntary	324	230	51	0.54	0.38	0.08
Mandatory	168	96	21	0.59	0.34	0.07

Criminal or civil order in place	n
No	527
Yes	446

Referrals could arise from a range of differing routes with (after excluding the 59 cases with no recorded referral route) CYPS services (52%) the most common, followed by self-referral (22%) and police (17%).

Referral route	n
CYPS services	474
Self	201
Police	152
Missing	59
DVA/SV services	38
Other	15
Health	12
Marac	11
Other services	10
Housing	1

The referral route varied considerably between voluntary and mandatory referrals. However, it is noteworthy that CYPS referrals are largely classified as voluntary, though in practice this may not be perceived as voluntary by service users. For this reason, some later analyses include CYPS referrals as a separate category.

Referral route	Voluntary	Mandatory	% Voluntary	% Mandatory
Police	13	139	8.55	91.45
Marac	11		100.00	
Self	181	20	90.05	9.95
Health	11	1	91.67	8.33
DVA/SV services	31	7	81.58	18.42
Housing	1		100.00	
CYPS services	373	101	78.69	21.31
Other services	8	2	80.00	20.00
Other	10	5	66.67	33.33

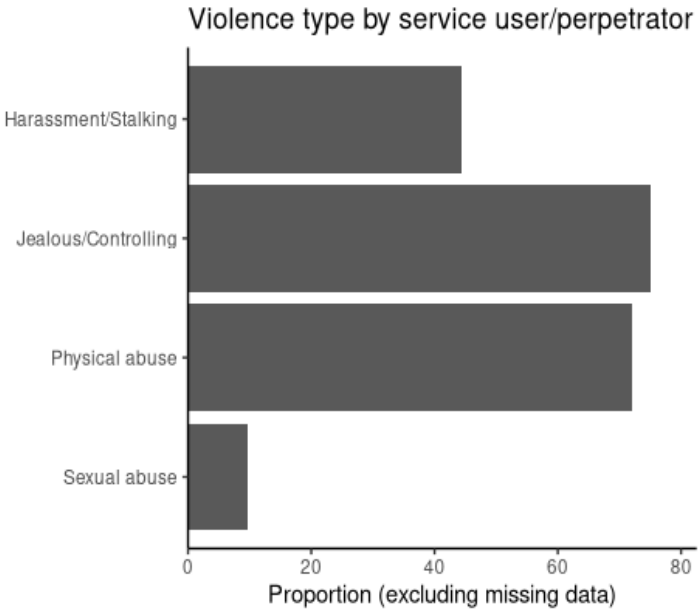
Service user needs at intake varied considerably and there was a high proportion with mental health needs (42.5% with a further 9.1% missing) and relatively high levels of substance abuse (24.5% drug abuse and 21.7% alcohol abuse with a further 10-11% missing). Nearly a third (32%) experienced symptoms of depression and approximately a quarter (24%) symptoms of anxiety on intake.

Needs on entry	n	Percentage
Drug misuse: No	630	72.6%
Drug misuse: Yes	238	27.4%
Drug misuse: Missing	105	-
Alcohol misuse: No	665	75.9%
Alcohol misuse: Yes	211	24.1%
Alcohol misuse: Missing	97	-
Housing issues: No	762	90.2%
Housing issues: Yes	83	9.8%
Housing issues: Missing	128	-
Physical health: No	802	94.8%
Physical health: Yes	44	5.2%
Physical health: Missing	127	-

Needs on entry	n	Percentage
Employment, education & training: No	753	90.6%
Employment, education & training: Yes	78	9.4%
Employment, education & training: Missing	142	-
Social issues: No	775	93.6%
Social issues: Yes	53	6.4%
Social issues: Missing	145	-
Mental health: No	470	53.2%
Mental health: Yes	414	46.8%
Mental health: Missing	89	-

Experiencing (on entry)	n	%
Depression	310	31.86
Anxiety	233	23.95
Self-harm	33	3.39
Suicidal thoughts	90	9.25
Suicidal behaviour	56	5.76
Emotional instability	69	7.09
Trouble sleeping	28	2.88
Problems with eating	3	0.31
Flashbacks	21	2.16
Other	33	3.39

Service users' violence towards their victim were classified as harassment/stalking, jealous/controlling, physical or sexual (and could fall into more than one of these classifications). Of these jealous/controlling (75.0%) and physical abuse (72.2%) were the most common, though harassment/stalking was also frequent (44.5%) and sexual abuse the least common (9.6%).

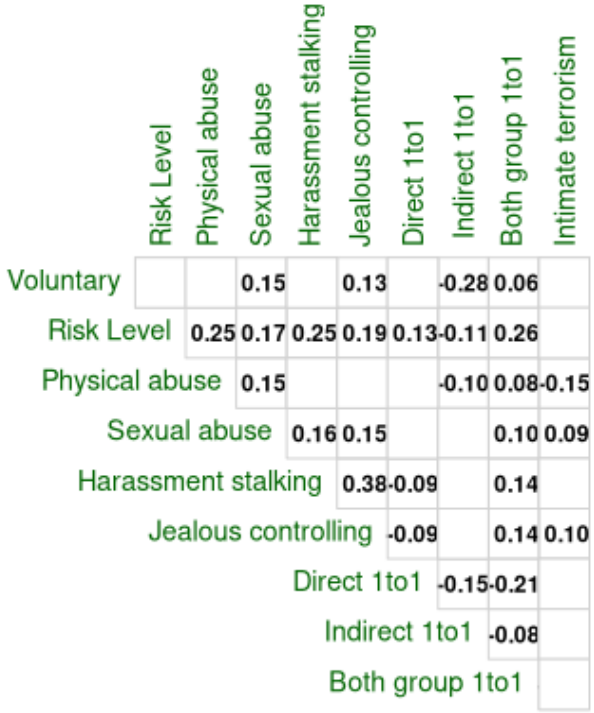


The perceived abuse typology was also recorded at intake. After excluding missing data for 338 service users, intimate terrorism was most common (63.5%), followed by situational couple violence (31.5%), with violent resistance (0.9%) and mutual couple (4.1%) relatively rare. This may reflect the under-representation of female and non-heterosexual perpetrators.

Perceived abuse typology	n
Intimate Terrorism	403
Missing	338
Situational couple	200
Mutual couple	26
Violent resistance	6

Correlations between key programme variables

Simple (bivariate) correlations between the selected programme variables are summarized below (using complete pairwise cases when missing data are present). Only correlations statistically significant at the $p < .05$ threshold are shown. Overall, associations between programme variables are generally weak. However, there is a moderately strong relationship between jealous/controlling and harassment/stalking violence towards victims. There is also a moderate relationship between mandatory referral and indirect 1-1 work with service users. Risk level is weakly associated with voluntary referral and sexual abuse towards victims.

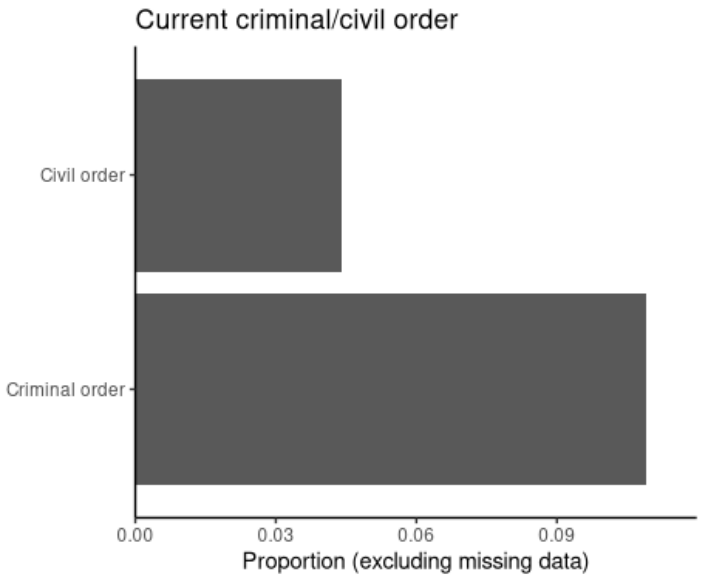


Programme outcomes

A range of programme outcomes are summarized below. These include the case exit status (planned or unplanned) and the reason for unplanned closure. Unplanned closure is overwhelmingly (86%) because of service user disengagement.

Case exit status	n
Planned closure	368
Missing	326
Unplanned closure	279

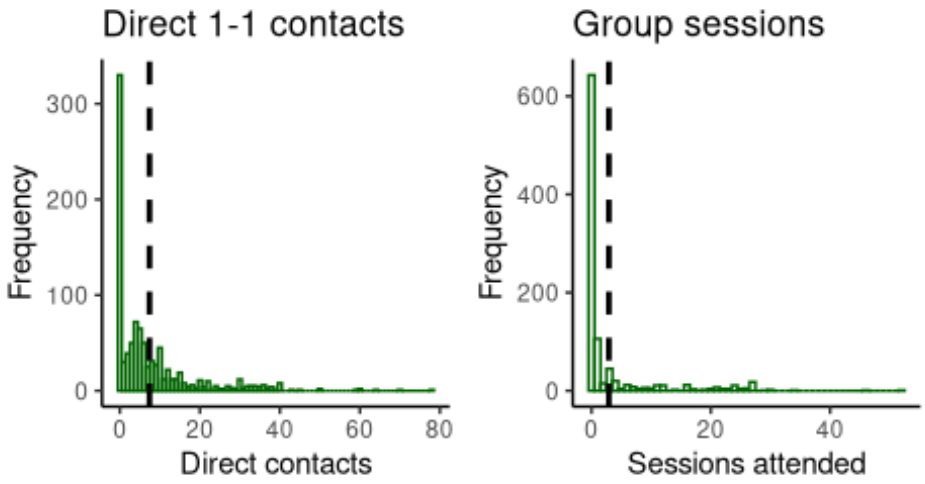
Reason for unplanned closure	n
Service user disengaged	239
Other	20
Service user in prison	10
Service user moved	5
Service user under mental health care	4
Missing	1



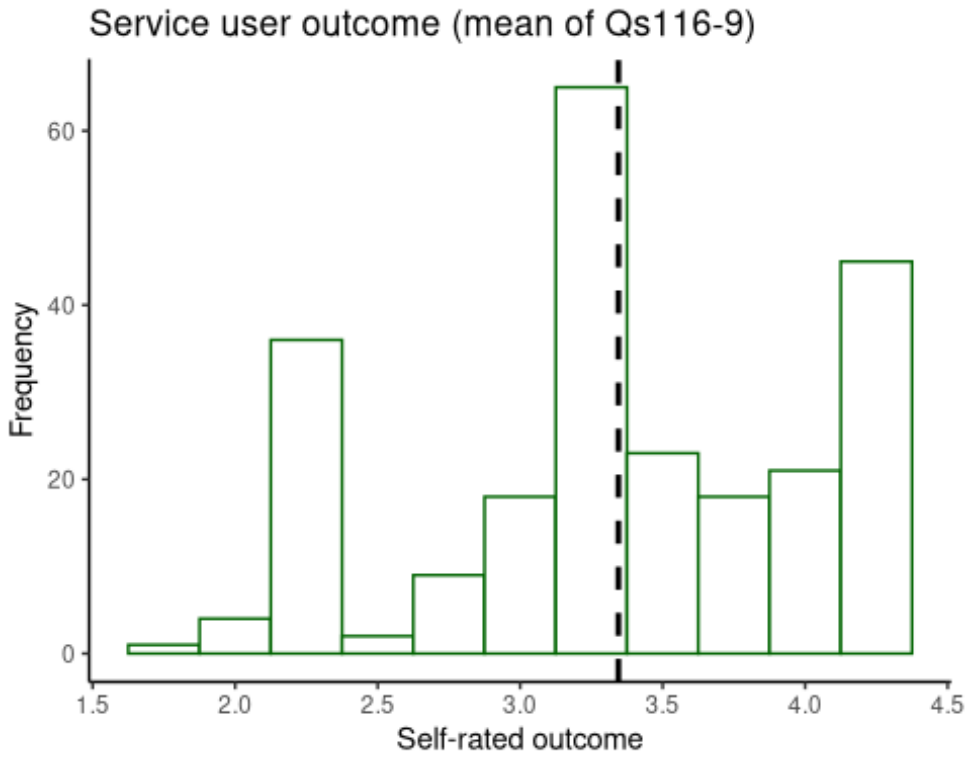
Living together	n
Missing	426
Not living together	333
Living together	186
Intermittent	28

Ongoing contact	n
Missing	474
Yes	332
No	167

Contacts with service users are recorded as direct contacts or attendance at group sessions. As many service users had either group or direct 1-1 work, for later analyses we also calculated total contacts (including both direct and group sessions).

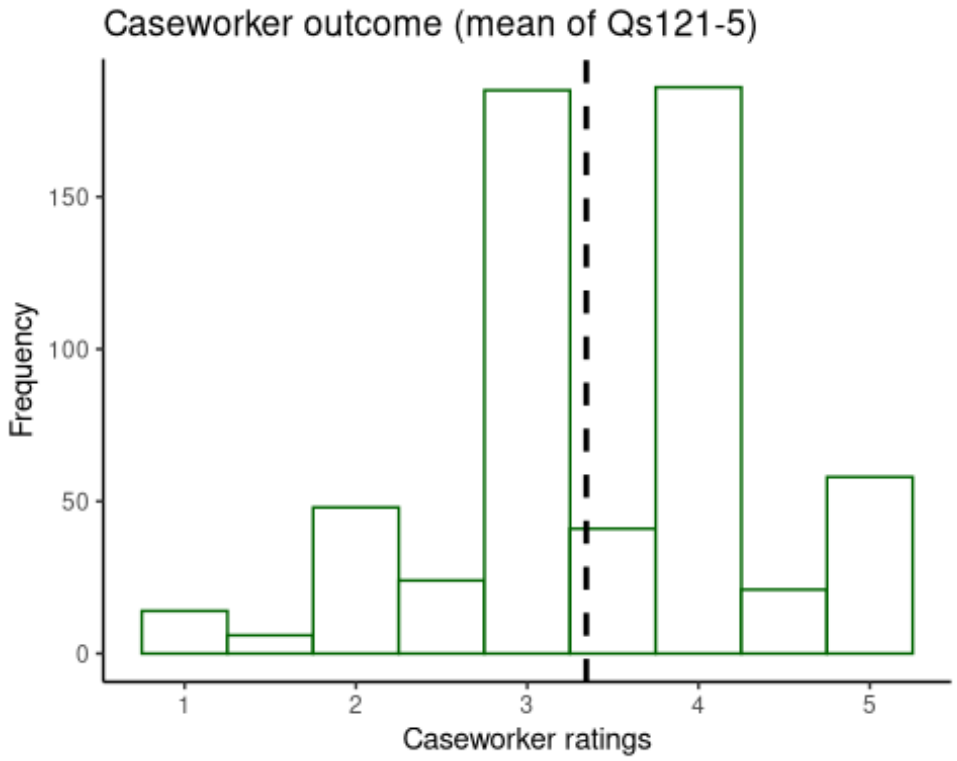


Caseworkers and service users rated programme outcomes on a range of factors. For service users we summarize the mean ratings for each of the six questions below. A mean rating score for the first four questions (“I feel that my relationship with my ex/partner has improved”, “I feel that my relationship/s with my child/ren has improved”, “I feel that my quality of life has improved”, “I feel I have a better understanding of how abusive behaviour impacts on others”) was also calculated. Caseworkers provided a further five ratings and summaries for each question as well as the overall mean rating are shown below. All ratings were on a 1 to 5 scale with anchor points: 1 ‘Disagree strongly’, 2 ‘Disagree’, 3 ‘Not certain’, 4 ‘Agree’ and 5 ‘Strongly agree’.



The mean self-rated outcome of the first four outcomes (used in the majority of later analyses) was 3.34. This mean rating was relatively variable (*SD* = 0.68) with noticeable peaks in the distribution just over 2, just below 3.5 and around just below 4.5. Ratings are noticeably lower for understanding how their abuse behaviour impacts others and in relation to their case manager respecting and understanding their background and culture.

	Mean	SD	Median
I feel that my relationship with my ex/partner has improved	3.97	0.86	4
I feel that my relationship/s with my child/ren has improved	3.03	0.77	3
I feel that my quality of life has improved	4.04	0.79	4
I feel I have a better understanding of how abusive behaviour impacts on others	2.28	0.70	2
I feel that my abusive, violent and/or controlling behaviour has reduced	4.22	0.81	4
My case manager respected and understood my background/culture	2.32	0.69	2



The overall mean caseworker ratings are slightly higher (M = 3.44) and slightly more variable than the service user self-ratings (*SD* = 0.91). Individual ratings are relatively consistent in terms of mean and *SD*. Although the overall mean rating is very variable – there are clear peaks at 3 and 4 with smaller peaks at 5 and 2. Caseworkers may therefore be basing ratings on an overall impression of progress and may find it difficult to differentiate scores on the different questions. Using the overall mean in subsequent analyses is also likely to be a reasonable approach.

	Mean	SD	Median
Service user is aware of the harmful impact of their abusive behaviour	3.49	0.96	4
Service user understands that their behaviour is unacceptable	3.52	0.96	4
Service user is willing to make important changes in order to end their abusive behaviour	3.39	0.98	3
Service user is able to control their abusive behaviour toward their victim(s)	3.40	0.92	3
Service user takes responsibility for their abusive behaviour	3.40	1.01	3

Correlations between key outcome variables

Among outcome and outcome-related variables caseworker mean ratings are strongly correlated with service user mean ratings (r = .67). For this reason, we focus on the caseworker overall mean ratings rather than the service-user ratings in some later analyses. Unplanned exit from the programme (typically through disengagement) is moderately associated with lower mean caseworker and service user outcome ratings and greater likelihood of a current order being in place. It is also likely to be associated with fewer support needs and absence of safety measures being in place (though it should be noted that it may not be possible to put these in place for service users who have disengaged).

Partial correlation networks

Partial correlation networks (also known as Gaussian graphical models) are exploratory techniques for data sets with many correlated variables. They are useful, as here, when it can be difficult to tease apart associations between variables as well as providing a graphical summary of these relationships. For the analysis of partial correlations between key variables we used the R Bayesian Gaussian Graphical Network package BGGM (Williams & Mulder, 2020). These depict the relationships between many intercorrelated variables by considering each potential bivariate association whilst partialling out the effects of all other variables in the network (Epskamp & Fried, 2018). This provides the unique association between the variables that cannot be accounted for simply by other correlations in the network. Such networks provide insight into patterns of association among variables. These approaches are particularly useful for informing future data collection including measures to include, focusing questions in qualitative research or suggesting potential mediators for future (e.g., longitudinal) research.

Nevertheless, the resulting network is potentially very complex with large number of variables (e.g., just 15 variables would involve 105 bivariate relationships). This can be simplified somewhat by omitting negligible associations below a certain threshold in terms of the partial correlation coefficient or *p* value. Here we omit all partial correlations with a 95% posterior probability interval that includes zero (approximately equivalent to a *p* value threshold of alpha = .05). In addition, to aid visualization and interpretation we first present separate networks for demographic, programme and outcome variables.

Guided by previous theoretical work these exploratory networks were then used to aid selection of a subset of key demographic and programme variables to include in a network model for key outcome variables: the caseworker mean outcome rating, unplanned exit from the programme and whether a current (civil or criminal) order was in place. Separate models were also run for male and female identifying service users but there were insufficient cases for the partial correlation network models to converge for female service users. Gender was therefore included as a variable in the demographic model and initial outcome models, though overall there is little evidence that outcomes differ by gender. Note: Green lines

indicate positive and orange lines negative partial correlations, with thicker lines indicate stronger associations.

Partial correlation network for key demographic variables

The demographic variables largely show patterns consistent with the existing literature. Female service users are more likely to have identified mental health issues and are more likely to be transgender than male service users. Being transgender is associated with disability, but not other demographics (after partialing out other variables). Mental health has unique associations with housing issues, a more precarious financial situation and drug misuse. Full time employment is associated with lower prevalence of disability and drug misuse. Drug misuse is very strongly associated with alcohol misuse and more likely among younger service users.

Severity of adverse childhood experience (ACE) score are uniquely associated with housing issues and disability. However, this network also includes a binary 'yes/no' variable reporting for ACEs (which is strongly correlated with the ACE score). From the simple (bivariate) correlations we know that the ACE score is associated with a worse mental health, worse finances, substance misuse and other negative circumstances. This can make the interpretation of the network challenging when considered in isolation. For example, the binary ACE score has a weak unique association in the network with lower drug misuse. This likely arises because the impact of the overall ACE score is partialed out and thus reflects the relationship between ACEs and drug misuse after removing the influence of service users with high ACE scores. For this reason (given the high correlation between the two ACE variables) subsequent analyses include only the overall ACE score.

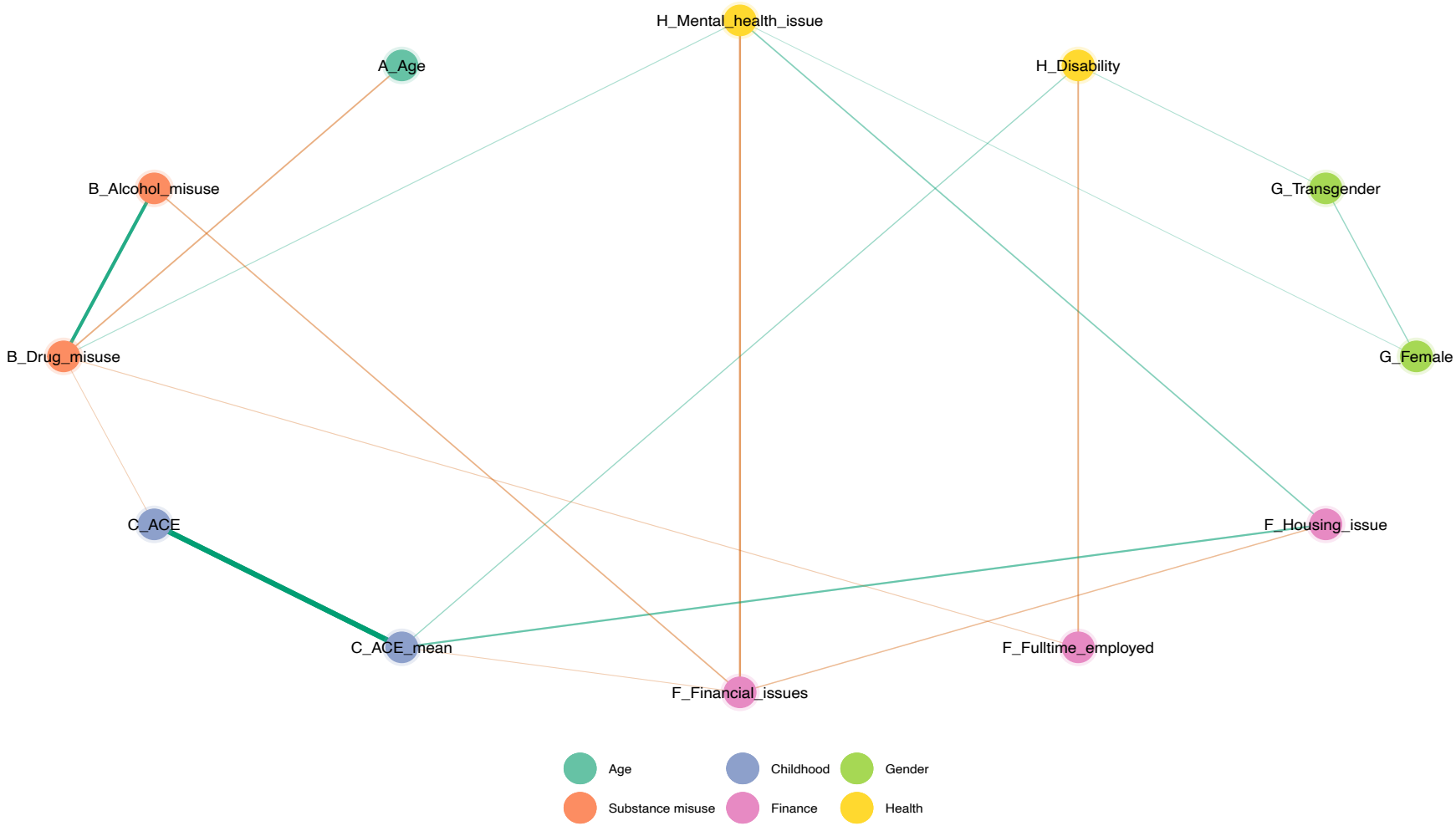


Figure 2. Relationship Model for Demographic/Context Variables

Partial correlation network for key programme variables

Programme variables included in this partial correlation network reflect information about the type of programme, referral routes and the number of contacts (which could be group sessions or direct contacts) as well as perpetrator characteristics identified on entry. The latter include the type of violence involved (e.g., presence of physical or sexual violence) and the typology of abuse. For the latter the typologies are mutually exclusive and therefore the partial associations for the three typologies included in the network are relative to the fourth typology (situation couple violence). The typologies of abuse are therefore also necessarily negatively associated with each other.

For referral route, voluntary referral is strongly related to CYPS referral (as noted earlier). It is also uniquely associated with greater jealous/controlling behaviour but less likely to be associated with mutual couple violence and intimate terrorism (relative to situational couple violence). It is also associated with jealous/controlling and sexual abuse of victims. Voluntary referrals are also less likely to be associated with direct or indirect 1-to-1 work (and therefore more likely to be associated with group work). Interestingly, after accounting for other programme-related variables, it isn't associated with risk level. CYPS referral in contrast is uniquely associated with the mutual couple typology as well as a lower risk level. CYPS referrals are also less likely to be involved in direct 1-to-1 support (after partialing out other factors).

Risk level has its strongest unique association in the network with physical abuse, but also associated with jealous/controlling and harassment/stalking behaviours (but not uniquely with sexual abuse). Risk level is also linked to a greater number of total contacts (either direct or in group sessions) and direct 1-to-1 and combined group and 1-to-1 sessions (relative to the reference category of group sessions only).

Of the remaining abuse typologies violent resistance is somewhat isolated in the network (though its low prevalence means that it will be harder to detect any associations with other variables), however it does have a weak negative association with jealous/controlling behaviour. Mutual couple violence is also low prevalence (though is associated with referral route as noted above). Intimate terrorism is uniquely associated with jealous/controlling behaviour, sexual abuse, but lower physical violence. However, harassment/stalking is relatively strongly associated

with jealous/controlling behaviour. Thus jealous/controlling behaviour is a potential mediator between intimate terrorism and harassment/stalking. Intimate terrorism is also associated with a greater total contacts and a lower risk level (after accounting for other programme-related factors in the network).

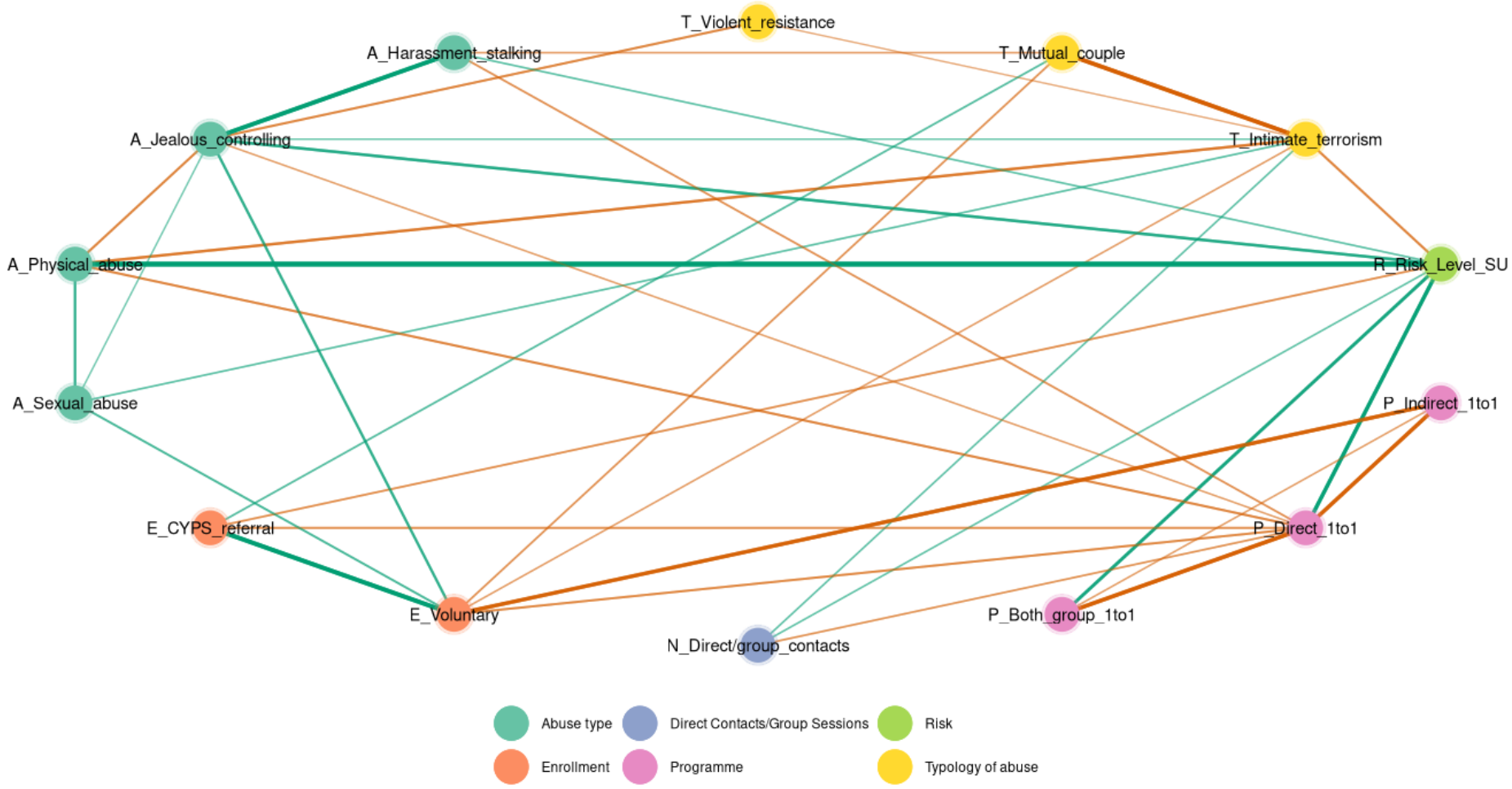


Figure 3. Relationship Model for Programme Variables

Partial correlation network for outcome-related variables

As outcomes are likely to be highly inter-connected, we decided to first break down the analysis of outcome data into an overall network look at these inter-relationships. This will then inform a series of network models for the several major outcome variables and their relationship with key programme and demographic factors.

Several striking patterns emerge. First, the caseworker ratings form a network of relatively highly correlated nodes - supporting the utility of using the mean of the caseworker ratings in bivariate correlations and subsequent analyses below. It was noted earlier that the mean caseworker and service user ratings are relatively strongly associated but on the individual rating level the caseworker's assessment of the control of their behaviour and (to a lesser extent) taking responsibility have unique associations with the service user's own quality of life rating. Awareness of the harmful impact (as assessed by caseworkers) is also associated with their own understanding of their impact. Caseworker ratings of whether the service user understands the harmful impact of their behaviour has a weak but negative unique association with the service user's own assessment of their relationship (perhaps suggesting a degree of misperception of their relationship). Service user self-ratings are also positively correlated with each other and with casework ratings as described above. A particularly interesting finding is the unique association between unplanned exit from the programme (which is usually through disengagement) and whether the service user feels their background or culture are respected.

Variables related to civil and criminal orders are also correlated (generally positively but there is a negative unique association between number of civil and criminal orders which suggests a decision process that is at least sometimes exclusive in terms of selecting a civil or criminal approach). Criminal cases are linked to caseworker ratings of low control over behaviour and (more weakly) civil orders are linked to lower ratings of responsibility for their behaviour. Criminal cases and current orders being in place are positively associated with service user ratings of quality of life after accounting for other outcome-related variables. This is somewhat puzzling but tentatively might be linked to positive resolution, acceptance, or growth. For instance, it may be that uncertainty and anxiety over the outcome of a possible

case might have a greater impact on quality of life than the actual outcome (though there insufficient information in the data to confirm this).

Support needs are linked to presence of a criminal case, safety measures being in place and caseworker rated lack of understanding of that their behaviour is unacceptable. This perhaps suggests that identification of support needs may be more focused on a subset of service users linked to low acceptance of their behaviour and more serious levels of violence.

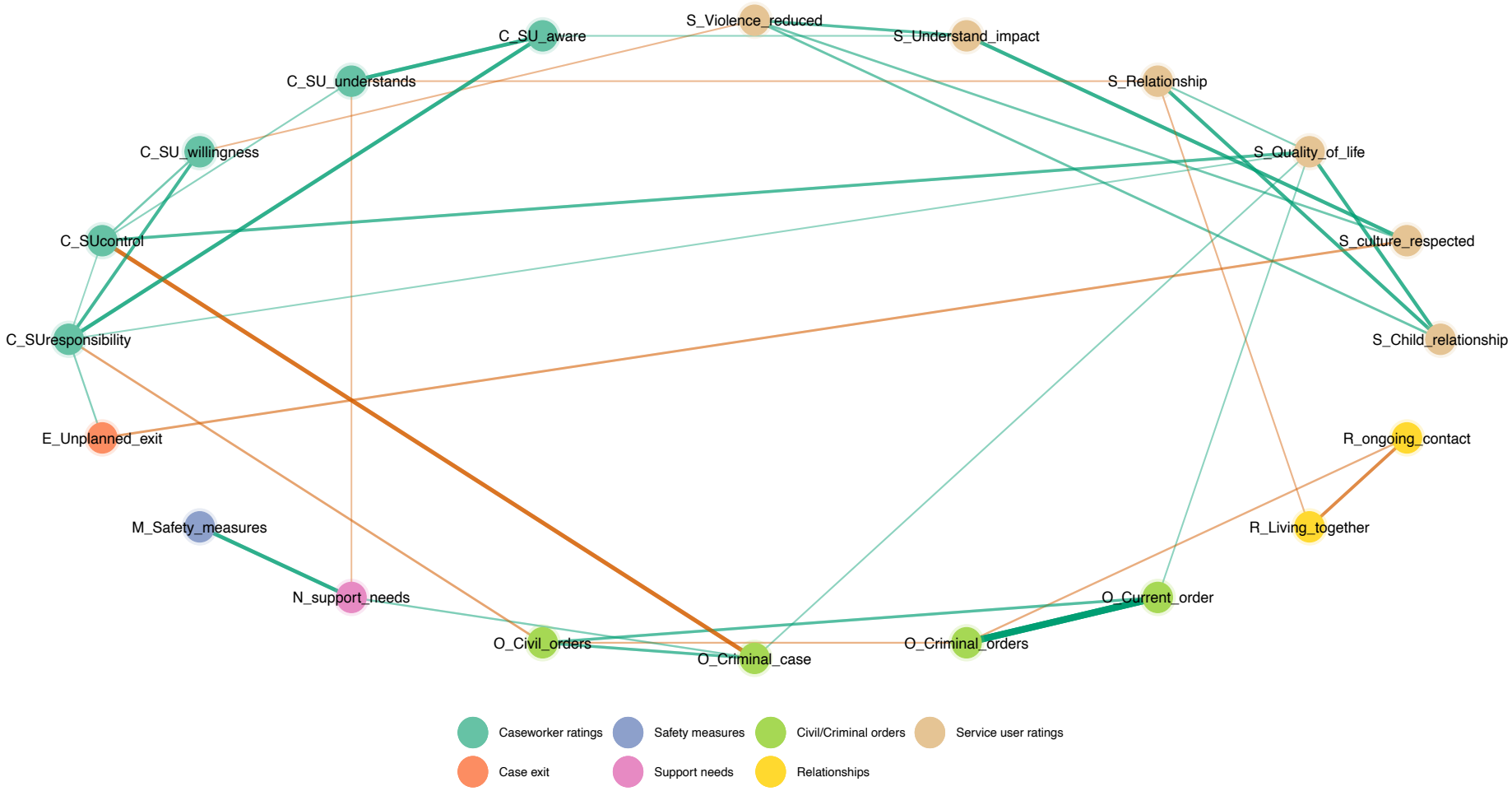


Figure 4. Relationship Model for All Outcome Variables

Partial correlation network for caseworker mean outcome rating

This model looks at selected demographic and programme variables and their unique association with the caseworker mean outcome rating. The initial model also included gender, age and violent resistant abuse typology. However, as these were largely isolated within the network they are omitted in the network reported here. Among the remaining variables only jealous/controlling and harassment/stalking behaviour were uniquely associated with caseworker mean ratings. Outcome ratings were higher for jealous/controlling and lower for harassment/stalking (after partialing out other programme and demographic factors).

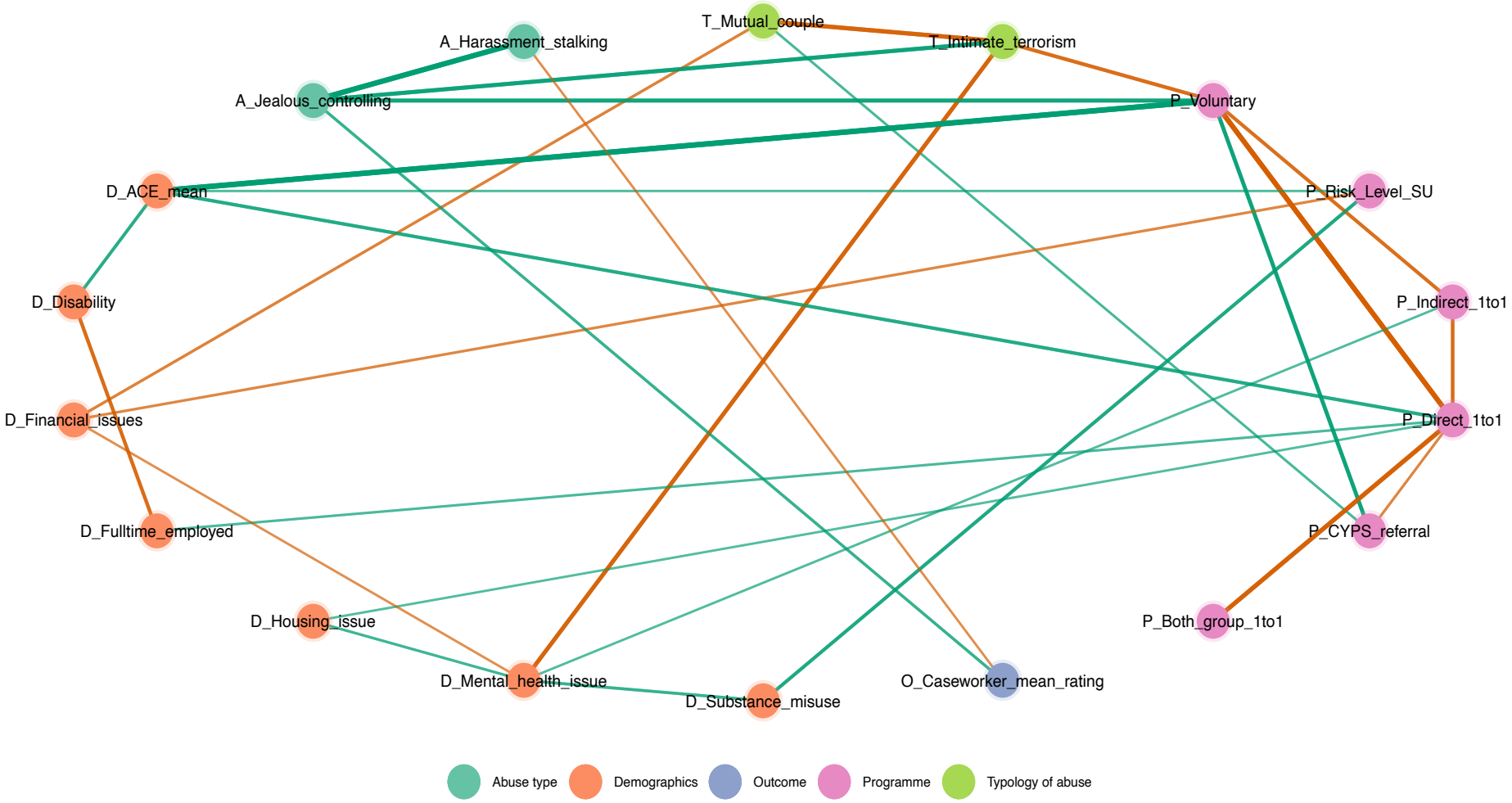


Figure 5. Relationship Model for Caseworker Mean Rating

Partial correlation network for unplanned exit from the programme

This model looks at selected demographic and programme variables and their unique association with unplanned exit from the programme. The initial model also included gender, age, substance misuse, harassment/stalking and violent resistant abuse typology. However, as these were largely isolated within the network, they are omitted in the network reported here.

Among the remaining variables only jealous/controlling, mental health and direct 1-to-1 work were uniquely associated with caseworker mean ratings. Unplanned exit was less likely for service users exhibiting jealous/controlling behaviour and more likely if there was a mental health issue identified on entry (after partialing out other programme and demographic factors). Direct 1-to-1 work was also associated with greater likelihood of an unplanned exit. This could reflect the relative effectiveness of group work but there might also be confounding if direct 1-to-1 work is assigned based on case characteristics. Although it should be noted that risk level and several other factors are accounted for in this relationship it may be that the relevant risk factors are not adequately captured by the variables included in the network.

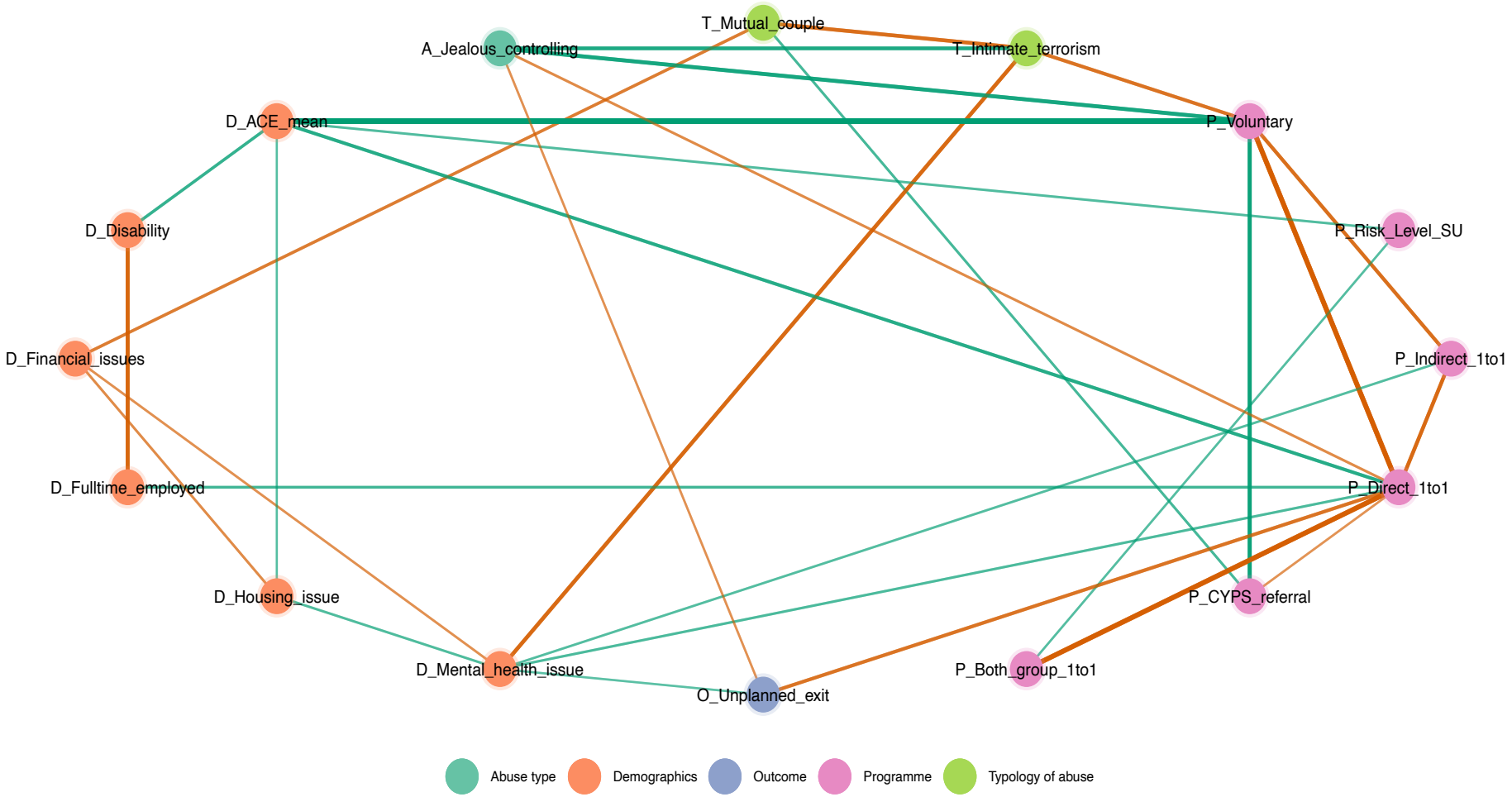


Figure 6. Relationship Model for Unplanned Exit

Partial correlation network for current civil or criminal order

This model looks at selected demographic and programme variables and their unique association with whether a current criminal or civil order is in place.

After partialing out other programme and demographic factors only two variables were uniquely associated with whether a current order was in place: voluntary entry and ACE score. Reporting a greater number of ACEs was associated with increased likelihood of a current civil or criminal order, while voluntary entry was associated with a lower risk of a current order. It should be noted that CYPS referral did not uniquely predict presence of a current order (and though CYPS referral is voluntary its influence it is partialed out of voluntary entry). This is broadly consistent with CYPS referral being perceived closer to mandatory programme entry in practice by service users.

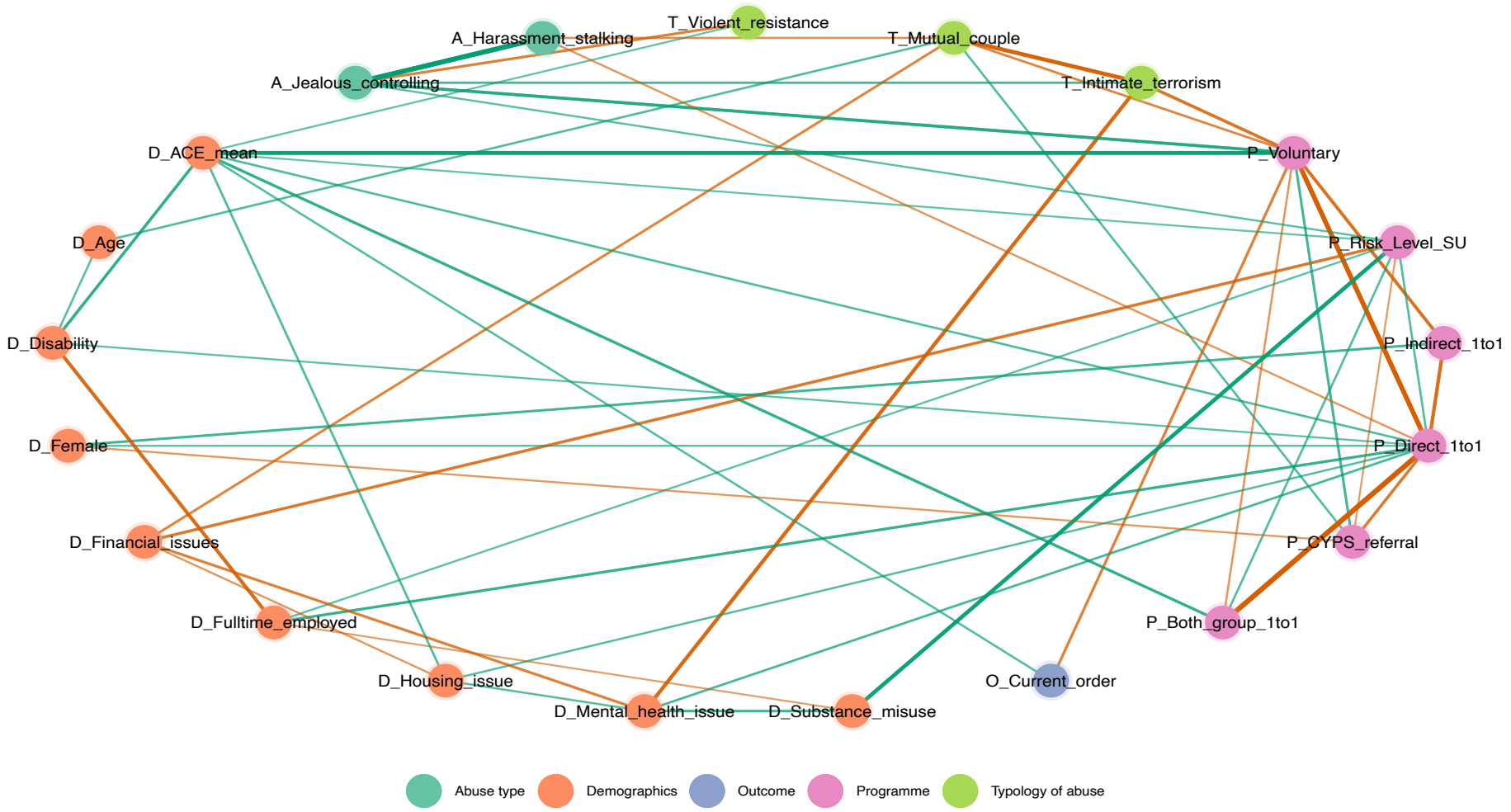


Figure 7. Relationship Model for Civil or Criminal Order

Discussion

The present study sought to provide the most comprehensive insight into the demographic characteristics, needs, and outcomes of those engaging with Domestic Abuse Perpetrator Programmes (DAPPs) within England and Wales to date. In analysing nearly 1,000 individuals engaging with DAPPs between 2018 and 2021, we were able to provide a clear exploration of not only the requirements of clients upon engagement with programmes, but on the efficacy of said programmes themselves.

Demographic Variables

The sample was comprised of predominately male perpetrators which, though consistent with the UK government's VAWG strategy, is inconsistent with the empirical literature that finds similar rates of perpetration and victimisation for men and women (e.g., Archer, 2000; Archer, 2002; Archer 2006; Desmarais et al., 2012a; 2012b). Similarly, the sample was largely White, heterosexual, and cisgendered, which is inconsistent with findings that IPV is as prevalent in non-heterosexual relationships as it is in heterosexual ones and is similarly prevalent amongst ethnic minority populations (West, 2012; ONS, 2020b). This suggests that the services providing data to SafeLives are seemingly failing to reach a large proportion of the UK population of perpetrators. Indeed, as is outlined in the Methods section of this report, many of these services are specifically structured around feminist approaches, and thus cater for male perpetrators (assumed to be abusive as a function of patriarchal structures). In this sense, it is acknowledged that the services contributing data to this study are reaching their intended client base, but also highlighted that this base is clearly limited. Therefore, more needs to be done to encourage non-white, LGBT+, and female perpetrators to present to services, perhaps through greater use of coordinated campaigning designed to raise the visibility of these perpetrators and their victims so that agencies can identify and intervene. Finally, although women perpetrators were slightly older than male perpetrators, generally perpetrators appear to be in their thirties when they access support to address their IPV. Research finds that IPV is not limited to any age group and there is a necessity to increase awareness of family violence across the lifespan

by connecting the wealth of research to governmental policy and services on the ground (Herrenkohl et al., 2022).

Abuse Context

It was heartening to see that many services were asking perpetrators about their exposure to nine common ACEs (verbal abuse, direct physical abuse, sexual abuse, parental separation, domestic abuse exposure, mental illness, alcohol abuse, drug abuse and incarceration of adults within household) although a third of the cohort were missing this data. Of those whom data was present for, almost two thirds reported at least one exposure and approximately 10% reported four or more ACEs. In terms of treatment targets, peer-reviewed research suggests there is no justification for adopting a gender-role based approach (Stephens-Lewis et al., 2021), but instead treatment should acknowledge the overwhelming evidence for the role of adverse childhood experiences in the lives of IPV perpetrators (Cascardi & Jouriles, 2018; Clare et al., 2021; Costa et al., 2015; Godbout et al., 2019: Holtzworth-Munroe and Stuart, 1994; Karakurt et al., 2019; Mackay et al., 2018; Ruddle et al., 2017; Stith, et al., 2004) and therefore should take a trauma-informed approach (Karakurt et al., 2019). The data from this study strongly supports such conclusions. There were also high levels of treatment need identified across the sample, including mental health and substance misuse – both of which are consistently found to be associated with IPV (Cafferky et al., 2018; Oram et al., 2014; Spencer et al., 2019). Consistent with the literature, GGN analysis revealed that ACE scores were also significantly associated with deprivation in adulthood (Bunting et al., 2018). This is likely a continuation of early life deprivation and/or a result of the impact of the early-life psychosocial stress creating biological dysregulations (Misiak et al., 2022) and emotional dysregulation. This dysregulated emotion is a robust predictor of risk to offspring (Lavi et al., 2019; Lavi et al., 2021) and hence an important treatment target as the vast majority of those in the current dataset are parents. Fifteen percent of clients were also identified as having a disability, with the three most common being mental health disorder, followed by physical disabilities and learning disabilities, again consistent with a cohort from low SES. However, in the current dataset it is not clear how any of these needs/vulnerabilities were accommodated in the programmes themselves, if at all.

The referral route to treatment varied considerably between voluntary and mandatory referrals. More than half of all referrals came through CYPS, and although this was classed as 'voluntary', this is unlikely to be experienced as a free choice by clients; clients may have had their children taken into care, and perhaps feel powerless to refuse intervention (Dumbrill, 2006). In practice, referral may not be perceived as voluntary by service users, as "…the definition of what constitutes 'voluntary' is problematic…results from considerable pressure from family or from the courts" (p.138, Rittner, & Dozier, 2000). Therefore, the distinction between voluntary and mandatory referral may be unreliable and so for this reason, some later analyses we conducted include CYPS referrals as a separate category. Those who were mandated to attend were more likely to have mental health needs, but these were common across referral route as were substance use difficulties. Although mandatory referrals were more likely to have mental health needs, in terms of overall risk they did not appear to differ significantly from voluntary referrals. Neither did male and female perpetrators differ on risk level. Taken together, results suggest that further evaluation of referral routes are required to establish how clients enter DAPPs.

Programme Variables

Not surprisingly, group work was the predominant type of intervention offered to perpetrators. Group delivery maximises cost effectiveness and is generally believed to be helpful for violent perpetrators, allowing group members the opportunity to learn from others. Service users will frequently share similar backgrounds and have similar concerns, and therefore group work allows them to develop their interpersonal skills and obtain feedback from their peers on the group (Gerhart et al., 2015). There is, however, still a lack of evidence that cognitive behavioural group therapy for IPV perpetrators produces positive outcomes (Nesset et al., 2019), and programmes should look to prioritise evidence-based efficacy over cost saving wherever possible (though this is often extremely difficult within the context of statutory funding pressures). Although most referrals were new, 14% were returning clients, suggesting a substantial level of recidivism.

Service users' violence towards their victim was classified as jealous/controlling and/or physical in three quarters of cases, which was consistent with the classification of the relationships being most likely to be intimate terrorism

and the high frequency of harassment/stalking (just under half of the cohort). Sexual abuse was recorded for less than 10%. The predominance of intimate terrorism is consistent with Johnson's (1995) theoretical prediction of samples drawn from perpetrators in treatment, and empirical analysis finds that intimate terrorism is common in these types of samples (e.g., Graham-Kevan &Archer, 2003a). However, this classification is likely an overestimation or misunderstanding of the typology; there was not significant association between intimate terrorism and coercive control, which would be expected with the presence of high levels of coercion in the sample, and this being the defining feature of Johnson's intimate terrorism typology. It is also unclear how abuse typologies were categorised as there appeared to be no data on the client's partners behaviour which is essential to this process. Indeed, it appears that the classification was based on the agency's staff's appraisal of their clients' relationship, suggesting that they did not understand the process of typology allocation sufficiently. Indeed, the classification may actually reflect caseworkers' general beliefs about male, cisgender perpetrators (Ferguson & Negy, 2004; Hamilton & Worthen, 2011; Seelau, Seelau & Poorman, 2003) and would perhaps differ substantially if the service was for female perpetrators or non-heteronormative clients.

GGN analysis revealed a multitude of relationships, outlined in the results section above. From these, it is worth highlighting that risk levels are strongly predictive of some variables (i.e., engagement in more direct 1-1 work) suggesting that these classifications aid in allocating clients to appropriate intervention types. However, the lower risk associated with intimate terrorism is counter intuitive as it is conceptualised as having the greatest negative impact on the victim. This suggests that risk assessments may not be sufficiently sensitive to the impact of intimate terrorists on their victim's wellbeing and associated children (Guo et al., 2019; Jouriles & McDonald, 2015). Research suggests that coercive control is common in the lives of UK men and women (ibblaw, 2020), and also common in same-sex relationships (Frankland & Brown, 2014), prevalent in family law cases (Rossi et al., 2020) and that mutual violent control is present in approximately one to five separating couples (Rossi et al., 2020).

Outcome Variables

Drop-out was high at 41% and this was recorded as overwhelmingly due to client disengagement. This is unfortunately unsurprising, as research finds high drop-out is normative in domestic abuse programmes (e.g., Donovan & Griffiths, 2015) that are based on traditional models of gender-based violence assumptions. Previous research suggests that completers were more likely court-monitored and have lower levels of stress and posttraumatic stress than drop-outs (Gerlock, 2001). Drop-outs in contrast were those that had unstable lifestyles (e.g., substance abuse problems, criminal history, unemployment) and perpetrated more severe abuse (Rooney & Hanson, 2001). The current study found the mean number of sessions attended by those engaging was approximately four sessions for group members and slightly better at approximately five sessions for one-to-one. Typically, IPV perpetrator programmes are 20 sessions plus and from the distribution it appears group sessions extended to approximately 28 sessions but the numbers taking part in more than five appear in single figures. This should be a great concern to programme leads, commissioners, and policy makers. A meta-analytic review found that overall attrition rates (not including pre-programme attrition) are typically around 30% across all programmes and nearly 40% across IPV programmes (Olver et al., 2011) suggesting the approach to intervening with these perpetrators is a cause of higher attrition. Predictors of attrition in this review were younger age, criminal history, personality variables, learning and attitudes towards treatment. Further, the meta-analysis indicated that treatment non-completers were higher risk offenders and attrition from programmes predicted recidivism. As the authors of this review argued "…clients who stand to benefit the most from treatment (i.e., high-risk, high needs) are the least likely to complete it. Offender treatment attrition can be managed, and clients can be retained through an awareness of, and attention to, key predictors of attrition and adherence to responsivity considerations" (p.6, Olver et al., 2011). These factors are likely to be similar for male and female perpetrators (Buttell et al., 2012). Thus, the high drop-out rate in the current sample is a considerable cause for concern, as it suggests that the risks, needs, and vulnerabilities prevalent in clients are not being acknowledged or targeted as part of attempts to reduce recidivism.

The risk–need–responsivity (RNR) model (Bonta & Andrews, 2017) is based upon three foundational principles that programmes should adhere to: the individual's level of risk, the individual's treatment needs, and responsivity issues that garner engagement. IPV programmes and case management has tended to focus on the risk of a perpetrator but largely ignore the treatment needs and responsivity factors. To attend to the need principal, it is critical to understand the behaviour from a psychological perspective – one that is trauma-informed and based on the wealth of rigorous empirical research currently available. This allows the perpetrators criminogenic needs to be identified which then should guide intervention content. Possibly the least attended to aspect however is responsivity principles. Currently, UK programmes have stated outcomes with regard to 'challenging' perpetrators. However, NICE guidelines for working with individuals where there are child safeguarding concerns (most of the current cohort), suggest adopting a supportive approach, as this is more effective than a punitive one. The guidelines also suggest building good working relationships with the parents to encourage their engagement and continued participation, be able to retain a degree of control, and be involved in planning, identifying goals and targets which would lead to improvements (NICE, 2018). In terms of NICE guidelines on working with IPV perpetrators they state that a "person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people … perpetrating domestic violence and abuse" and that interventions should be delivered by "evidence-based specialist services" (NICE, 2016). Current accreditation standards by the UK organisation Respect requires providers to "…work in a way that is gender informed, recognising the gender asymmetry that exists in the degree, frequency and impact of domestic violence and abuse. [Providers] understand that men's violence against women and girls is an effect of the structural inequality between men and women and that its consequences are amplified by this. A gender analysis includes violence and abuse perpetrated by women against men and abuse in same-sex relationships, and these also require a gender informed response" (Respect 2017). This founding principal is not evidenced based (Dixon et al., 2012; Archer et al., 2012) and is also at odds with NICE guidelines.

The potential failure of the programmes contributing to this dataset to adhere to NICE guidelines and RNR principals is likely the main reason for such high

attrition and poor outcome measures where neither the case workers nor perpetrators perceived any noticeable real improvements. Although the self-report measure of reduced abusive behaviour was slightly more positive than negative, it is clearly a response any person suspected of IPV would give (especially as, for many of the sample, to say otherwise is to potentially lose one's children). Consistent with this suspicion is that neither clients nor agency staff reported positive enhancement of understanding of the why the abuse occurred or its impact on children which is particularly concerning as most were parents.

It appears that caseworker assessment of client progress is positively associated with client ratings with the exception of understanding the impact of their abuse which was weakly negatively associated. This suggests a general shared understanding between caseworkers and their clients which is helpful. Consistent with this is that premature disengagement is associated with the client believing their background or culture is not respected. The need for cultural sensitivity when working professionally with families has been recognised for over a decade (O'Hagan, 1999). Tools such as the Declarative Procedural Reflective model may be helpful if applied to facilitators skills in working with both ethnic minorities (Churchard, 2022) and with individuals from lower SES backgrounds (Borges & Goodman, 2020). It is likely that facilitators would require training on addressing power dynamics, managing boundaries, and understanding both the reality of living in poverty and the psychology of these clients in terms of perceptions of professionals and 'working class' beliefs and values. As Beck argues (2016) that must develop and deepen their knowledge of these communities in terms of how to engage, how to explore cultural differences, and hence how to formulate, intervene and measure outcomes that are culturally appropriate and personally meaningful to the client.

Critically, very few variables predicted client or caseworker outcomes, suggesting problems with measurement, the intervention itself, or both. For example, in relation to measurement, there may simply be too much data collected by DAPPs, which then becomes overwhelming to disentangle/assess within predictive modelling. It may also be that services are gathering the wrong information or rather the right information in an incorrect way (i.e., discussion above around typology classifications). Alternatively, DAPPs could be examining the right information but just not responding dynamically to identified needs (i.e., discussion above around

ACEs and other identified needs). Put simply, if a programme was accommodating/addressing identified ACEs, one would expect to see a predictive relationship between identification of ACEs and programme outcome (as well as a more positive outcome overall). Perhaps instead a much more focussed, evidence-based approach to data gathering would inform programmes as to the factors predictive of successful intervention. Alternatively, perhaps programmes must recognise and utilise the information already available, including from this study, on the identified needs and vulnerabilities of clients, and shape intervention in a way which is responsive to those needs. Both would undoubtably improve what appear to be worryingly low completion rates and outcome ratings (by both caseworkers and clients).

Recommendations

Resultingly, this report provides two central recommendations for DAPPs within England and Wales:

1. Review data collection processes to ensure that data is being gathered in an informative, economical, and advantageous manner. This includes:
    a. abuse typologies being recorded based on information on the behaviour of both parties
    b. voluntary versus mandatory attendance more accurately reflecting these terms, and/or the nuance around the involvement by CYPS
2. Review the philosophy and structure of programmes to ensure that client needs and vulnerabilities are supported. This includes:
    a. Conducting evidence-based reviews of programme principals, including feminist constructions of abuse dynamics and aetiology
    b. Considering how programmes can adopt 'trauma-informed approaches' within intervention structure and ethos, for example, through the Risk-Need-Responsivity (RNR) model
    c. Bringing current provision in line with relevant (i.e., NICE) guidelines

Recommendations for future research directions include, but are not limited to:

1. Examining reasons for disengagement/drop-out within service user populations
2. Trialling and evaluating trauma informed DAPPs
3. Examining intersectional perpetrator needs and intervention efficacy (i.e., with female or LGBT perpetrators)

Conclusions

The current project provides hugely valuable insight into the demographic characteristics and needs of clients referred to DAPPs in England and Wales. It has illuminated the hugely rich and complicated arrays of needs that referred individuals present. Disappointingly, it has also highlighted generally poor outcomes for clients, both in terms of alarmingly high levels of attrition and average ratings of improvement by both clients and caseworkers. It is argued that a drastic rethink of DAPPs in England and Wales is required to appropriately support individuals referred for intervention, and in ways that will a) increase engagement, b) reduce attrition, c) reduce recidivism, and d) improve caseworker and client outcome ratings.

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First, to the Home Office for funding this project, and allowing us the opportunity to explore, in greater detail, the profile and needs of perpetrators seeking support in England and Wales.

Second, to *SafeLives* for providing such rich and insightful data to work with on behalf of perpetrator programmes.

Third, to the programmes who have and continue to agree to share their data with *SafeLives*, so that we and others may continue to evaluate and investigate.

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Fifth, to all of those involved in bringing this report to fruition, including both named collaborators and other critical friends.

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