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**Evaluation of European domestic violence perpetrator programmes: Towards a model
for designing and reporting evaluations related to perpetrator treatment intervention**

Sarah-Jane Lilley-Walker, Marianne Hester & William Turner

Centre for Gender & Violence Research, School for Policy Studies, University of Bristol

Abstract

This article is based on a review of 60 evaluations (published and unpublished) relating to European domestic violence perpetrator programmes, involving 7,212 programme participants across 13 countries. The purpose of the review, part of the ‘IMPACT: Evaluation of European Perpetrator Programmes’ project funded by the European Commission (Daphne III Programme), was to provide detailed knowledge about the range of European evaluation studies with particular emphasis on the design, methods, input, output and outcome measures used in order to identify the possibilities and challenges of a multi-country, Europe-wide evaluation methodology that could be used to assess perpetrator programmes in the future. We provide a model to standardise the reporting of evaluation studies and to ensure attention is paid to what information is being collected at different time points so as to understand what and how behaviour and attitudes might change throughout the course of the programme.

Keywords: Domestic violence, perpetrator programmes, Europe, evaluation methods

Introduction

This paper looks at evaluation studies of perpetrator programmes carried out across Europe in order to explore the possibilities of providing a model that enables standard reporting and could be used to assess and compare perpetrator programmes in the future. Across Europe rehabilitative work with domestic violence perpetrators exists largely in the form of behavioural change ‘treatment’ interventions, based on the principle that men must take responsibility for their abusive behaviour and that such behaviour can be unlearned.

Domestic violence perpetrator programmes (DVPPs) in Europe are characterised by a wide range of approaches subscribing primarily to a cognitive behavioural or psycho-educational model or a combination of approaches, influenced by the Duluth model (one of the first to operationalise work with perpetrators advocating a victim-safety centred and co-ordinated community approach, holding perpetrators accountable while offering them an opportunity to change (Pence and Paymar, 1993)); by systemic or family therapy; and/or psychodynamic models of intervention (Geldschläger, Ginés, Nax and Ponce, 2014). The use and efficacy of programmes to tackle domestic violence perpetration remains a controversial issue with a series of published systematic reviews suggesting that, in the main, the evidence on ‘*what works*’ in reducing or stopping domestic violence remains inconsistent and inconclusive (e.g. MacMillan and Wathan, 2001; Babcock, Green and Robie, 2004; Feder, Hester, Williamson and Dunn, 2008; Smedslund, Dalsbø, Steiro, Winsvold and Clench-Aas, 2011; Akoensi, Koehler, Lösel and Humphreys, 2013; Arias, Arce and Vilarino, 2013). Evaluations of European DVPPs however do not feature heavily in the international debate about ‘*what works*’, which is largely based on evidence from North American studies. We found just four published reviews which included European studies ($k=15$) (Feder et al, 2008; Arias et al, 2013; Akoensi et al, 2013; NICE, 2014). Different perpetrator populations, legal frameworks and treatment approaches can have unique implications for the delivery of such programmes.

Thus as relatively little is known about how European DVPPs might compare to approaches used and studies conducted elsewhere, caution must be applied when attempting to generalise the existing evidence to a European context (Akoensi et al, 2013).

Existing evidence from Europe

Arias et al. (2013) examined 19 Spanish and English language studies measuring recidivism rates of programme completers and found that while perpetrator intervention can have a positive (but non-significant) effect on recidivism, some treatments may actually have considerably negative effects. Feder et al (2008) reviewed 31 experimental or quasi-experimental outcome studies and found no differences in effectiveness between Duluth based and other cognitive behavioural interventions, suggesting that such interventions had minimal impact beyond the effect of being arrested. Hence, evidence from reviews which include European evaluations supports the findings reported elsewhere i.e. that evaluations of domestic abuse perpetrator programmes are methodologically inconsistent and thus the evidence remains inconclusive. Focusing on only European evaluations, the recent review by Akoensi et al. (2013) suggests that while evaluations showed various positive changes (e.g. reductions in abusive behaviour and psychological improvements among perpetrators) the methodological quality of European studies was insufficient to develop strong conclusions or estimate an effect size, concluding that the evaluation of domestic violence perpetrator programmes in Europe must be improved.

Existing reviews and meta-analyses, also those involving European studies, mainly include only experimental or quasi-experimental studies measuring attitudinal and behavioural change (in particular recidivism related to physical abuse) (Feder, 2008, Arias, 2013 and Akoensi, 2013), and include mainly English language studies (Feder, 2008 and NICE, 2014) and evaluations published in peer review journals thus excluding studies that would be classed as ‘grey’ and/or other non-published material (Feder, 2008). Existing

reviews and meta-analyses have also left a number of questions unanswered, for example, what are the broader impacts of perpetrator interventions (for instance for women/victims and their children)? What are the motivations of completers and drop-outs and how does this affect behavioural and/or attitudinal change measured? What elements or type of intervention affect positive change or ‘success’? (E.g. Bowen and Gilchrist, 2004; Feder, 2008). Thus, in this study we started out by wondering what the published evidence base might be missing by ignoring the larger body of research relating to European DVPPs, often in the form of grey literature or not published in English, which used different designations to measure a wider range of potential outcomes.

The study

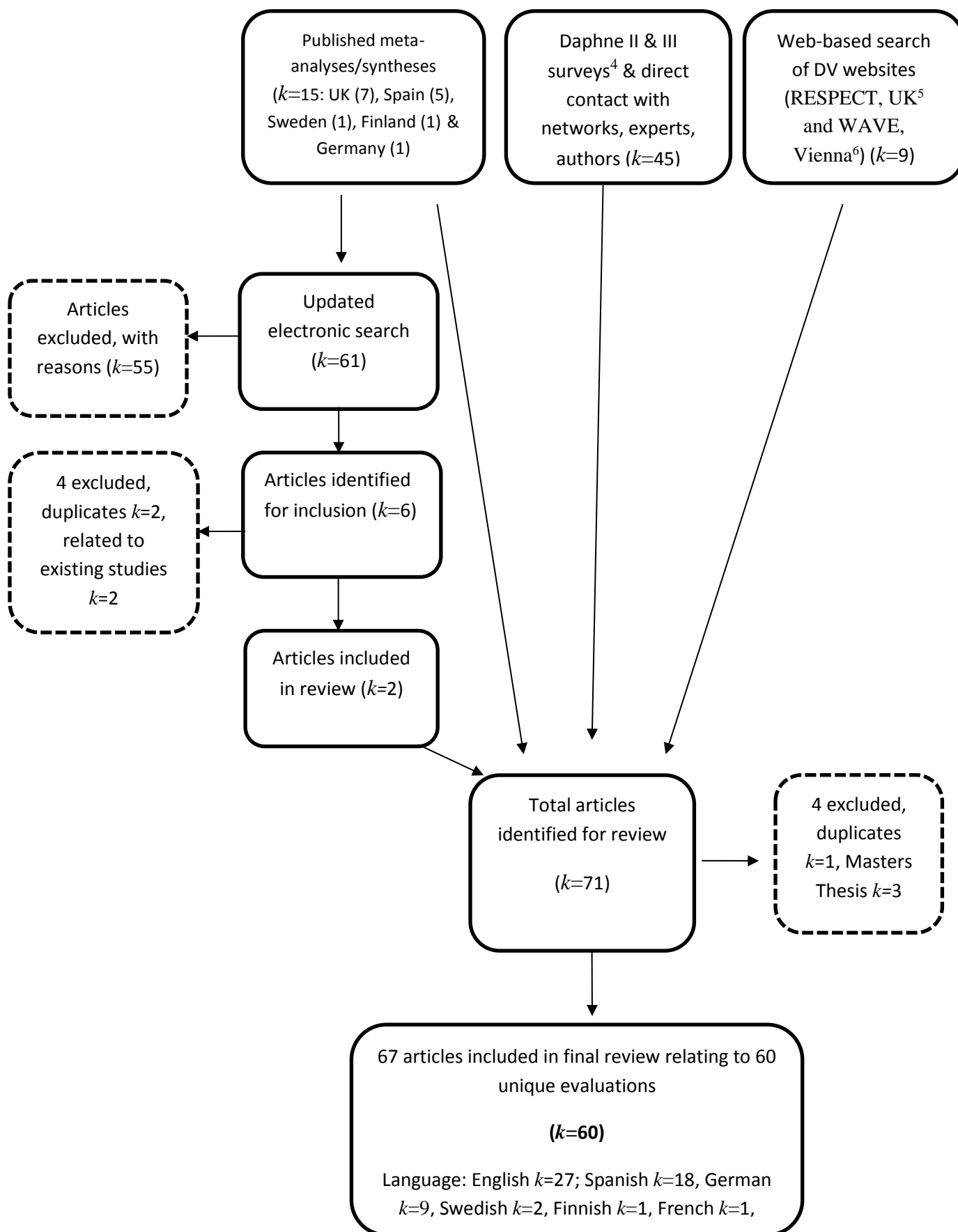
This article is based on the findings from the European Commission funded project ‘IMPACT: Evaluation of European Perpetrator Programmes’ (Daphne III Programme) which primarily aimed to fill the existing knowledge gap about the evaluation of European DVPPs with a view to identifying the possibilities and challenges of a harmonised, multi-country evaluation methodology that could be used by European perpetrator programmes in future. One of the main objectives of the project was to provide an overview and analysis of all evaluations relating to European DVPPs, examining the range of studies, with particular emphasis on the methods, inputs, outputs and outcome measures used.

Study identification and selection

In order to overcome issues associated with publication bias, and to capture as many of the European evaluation studies as possible, we employed much wider inclusion criteria than used for existing reviews/ meta-analyses. Thus our review included all evaluations of perpetrator intervention in Europe, either published (formally issued or controlled by a commercial publisher) or ‘grey’ (reports not widely distributed or commonly used in abstracts or indexes, for example, reports produced or published by universities or academic

research units, Government reports, programme / funder reports and PhD studies) produced between 1999 and June 2014. The studies could be written in any European Union (EU) or EU accession country language, apply any outcome measures and be of any type and design (including process and/or implementation; experimental, quasi-experimental, non-experimental, quantitative and qualitative). Eligible studies were identified via the following: searches of existing published reviews/ meta-analyses; an updated systematic search to 2015 of the same electronic databases used in the review by Akoensi et al. (using the same search strings¹); two separate European wide surveys of perpetrator programmes carried out by the European ‘Work With Perpetrators’ Network in 2007/8 and by the IMPACT project in 2013 (Geldschläger et al, 2014); further direct contact with European perpetrator programme networks, study authors and experts; and additional searches of specialist domestic violence websites (see Figure 1 for details of the study identification process).

Figure 1 Study identification process



Data extraction and analysis

The evaluations were divided into five ‘regions’ of origin (Central, Eastern, Northern, Southern and Western Europe) so that searches, translation and data extraction could be conducted by a core review team from the IMPACT project (Hester, Lilley, Budde and O’Prey) aided by members of the wider (multi-country and multi-language) project team. Each study was assessed by at least two members of the team. The extraction process was systematized using a specifically designed template to capture detailed information from each of the studies (translated and recorded in English) including details of the intervention (e.g. theoretical paradigm, structure and the wider context within which it is set); the evaluation (e.g. type/ purpose, design, focus, limitations and results); and the sample profile at different stages of the evaluation process (e.g. what data was being collected, when, how and from who). Analysis explored a number of avenues, including relationships within and between studies of different designs, the extent to which ‘regionality’ was relevant, and the different ways that domestic violence (and therefore perpetrator intervention) was conceptualised across Europe as indicated by the evaluation design and primary focus.

Findings

In total we reviewed 67 articles relating to 60 ‘unique’ evaluation studies (outcome studies =32, both outcome and process =21, process=7) involving 7,212 programme participants. This included 45 studies not previously included in the aforementioned published meta-analyses. The 60 studies (published=34, grey =26) originated from 13 countries: Spain ($k=21$), UK ($k=19$), Germany ($k=6$), Switzerland ($k=3$), Finland ($k=2$), Sweden ($k=2$), Austria ($k=2$), Ireland ($k=1$), Denmark ($k=1$), Croatia ($k=1$), Netherlands ($k=1$) and Portugal ($k=1$). Sixty-five articles (97%) were published between 2000 and 2013. Table 1 presents a summary of all 60 evaluations.

Experimental / quasi-experimental studies

Only two of the 60 evaluations employed an RCT design, one conducted in a prison setting and one in a substance misuse clinic. The prison based RCT, originating from Spain and conducted by Rodríguez-Espartal et al (2013), randomly assigned 36 male prisoners convicted for domestic violence related crimes into two treatment groups: cognitive-behavioural therapy ($n = 11$), emotional therapy ($n = 13$) and a control group ($n = 12$). Self-reported change post intervention, collected via a battery of psychometrics, showed a greater decrease in distorted thoughts about women and the use of violence and an increase in the expectations about change in inmates who received emotional treatment (no change was found in other variables among those receiving treatment although there was an increase in negative results in the control group). However, no follow-up and no attrition was reported and the study excluded inmates with psychopathology or physical disability, those receiving treatment for alcohol /substance misuse or those with prison sentences shorter than 12 months.

The other RCT, an evaluation of the Dutch ‘Integrated treatment for substance abuse and partner violence’ (Kraanen, Vedel, Scholing and Emmelkamp, 2013) compared two individual treatments attended by patients at a substance misuse treatment clinic (as opposed to a specific perpetrator programme) who reported repeated intimate partner violence (IPV): the I-StoP (concurrently addressing substance misuse and IPV) and CBT-SUD+ (a manualised CBT treatment usually used for substance misuse in the Netherlands). Self-reported substance use and IPV perpetration measured pre, during and post treatment (completers and the intention-to-treat (ITT)) showed significant pre-post improvements in substance use and IPV perpetration. There were no differences in outcome between conditions. As completers of both treatments almost fully abstained from IPV in the eight weeks before the end of treatment, and as it is more cost and time effective to implement

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CBT-SUD+ than I-StoP the authors suggested IPV perpetrators should be treated in substance abuse treatment with CBT-SUD+. The study however suffered a high attrition rate, and results were largely based on self-reported perpetration amongst a small sample of completers (no follow-up or analysis of drop-outs was conducted).

Fourteen studies (outcome =13, process =1) employed various quasi-experimental designs, comparing intervention outcomes between either different sites (e.g. Quintas et al, 2012), different settings (e.g. Novo et al, 2012), different interventions (e.g. Boira et al, 2013) different cohorts of men (e.g. Bowen et al, 2005) or different offender populations (e.g. Echaury et al, 2013). These studies (10 of which originated from Spain) used a battery of psychometric instruments to measure pre-post changes in psychopathological and psychosocial characteristics, such as hostility, anger, depression, anxiety, self-esteem, persecutory ideas, attitudes towards women and the use of violence, and levels of maladjustment to assess the extent to which the participants current problems affects other areas of their life (.g. Echeburúa et al. 1997; Echaury, 2010; Novo et al.; 2012; Quintas et al, 2012). Providing some of the most statistically significant results, these studies suggest that domestic violence perpetration can be successfully ‘treated’, showing significant improvements in irrational beliefs about women and violence or significant decreases in psychopathological symptomology (e.g. Echeburúa et al., 2009; Echaury, 2013; Diranzo, 2012). However, their focus on obtaining men’s self-reports (in part as a result of Spanish evaluations not being permitted, by law, to validate any outcome measures with data from women/partners) and criminal justice data means they suffer from inherent biases including perpetrator denial, minimisation and desired responding (e.g. Gondolf, 2002; Gadd, 2004). Also, basing ‘success’ on levels of officially reported /recorded incidents of physical violence is problematic not only because police recorded incidents may actually increase in the immediate term as women/victims feel more empowered to report (Gondolf, 2002; Hester

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and Westmarland, 2005) but also because emotionally controlling behaviours of the perpetrator may continue- or even increase - alongside a reduction in physical violence (e.g. Dobash et al, 1999) and thus a reduction in physical violence is often insufficient for some victimised women to feel at ease and restore the freedom that living with coercive control involves (Kelly et al, 2015). These studies therefore have limitations in accurately reflecting changes in any controlling / coercive behaviours, repeat victimisation, or whether women/partners or their children feel safe / safer. Study samples tended to consist of participants mandated by the courts (n=2,892) with strict selection criteria excluding perpetrators presenting with more complex problems including mental health and substance misuse. This raises issues with generalisability of the results as it is suggested that men assigned to court-mandated programmes present with little or no motivation to change their abusive behaviour and 30-40% will just ‘go through the motions’ while on the programme (Eckhardt et al, 2008).

Non-experimental studies

The majority of studies identified ($k=31$) were of a non-experimental design (outcome =14, process=2, both outcome and process =15) involving 3,283 programme participants. Most employed a pre-post design ($k=25$) with only seven studies using a follow-up period of more than 12 months (Lila et al, 2013; Perez-Ramirez, 2010; Diranzo et al, 2012; Calvo et al, 2011; Power et al, *undated*; Gabriel et al, 2006 and Hofinger et al, 2008). Studies in this group tended to use a combination of quantitative and qualitative design with thirteen studies triangulating outcome measures using data from women/partners and/or their support workers and referring professionals. With regards to the source of data, ‘who says’ may be important for understanding how intervention ‘success’ (perpetrator change) is being determined and how victims/survivors may actually benefit from their abusive partner’s participation in treatment.

Studies (particularly those originating from the UK) also tended to employ a wider range of outcome measures than used in the experimental studies, collecting data from both within the programme and across the potential community response. This included data on social level changes in attitudes towards women and violence against women, levels of and resilience to repeat victimisation, quality of life (of both the perpetrator and the victim/partner), feelings of safety and well-being of women/partners (and their children) and levels of parenting stress. Evaluating the efficacy of the UK community-based ‘DVIP’ (Price et al 2008) measured recidivism, repeat victimisation and feelings of safety using police data, internal programme data and women/partner reports at three, six and 18 months follow-up (men’s self-reported levels of violence was not deemed robust to evidence a reduction in repeat victimisation). Results showed that perpetrators’ involvement with the programme led to 70% of women/partners reporting no further violence (and the remainder reporting less severe or less frequent violence), 65% felt safer or much safer, 69% reported that their children were safer and 93% reported an improvement in their quality of life. Another UK evaluation, of the community-based ‘Repair’ programme (ADVA, 2008), found a strong decrease in risk of re-abuse among programme completers (corroborated by women/partner reports) and significant psychological improvement amongst perpetrators and among women/partners and children. The combined results of this body of non-experimental research indicates the potential for largely positive outcomes for women/ partners and their children (improvements in well-being, quality of life and resilience to repeat victimisation) supporting the argument for a more nuanced definition of intervention ‘success’ (see also Westmarland, Kelly and Chalder-Mills, 2010; Kelly et al, 2015) and for the use of women/partner reports in evaluation, which has long been proposed as a valid and reliable measure of change or ‘success’ (e.g. Mullender and Burton, 2000; Gondolf, 2002). However, it is important to point out that women/partner accounts of outcomes can only be seen as

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reliable and/or valid if those women/partners asked are actually in a position to reliably assess change, that is, are still in a relationship or have regular contact with the perpetrator and Kelly et al (2015) suggest that, on balance, a combination and comparison of reports from both men and women/partners will yield new insights, including on how some men change and others do not. This group of studies did however lack the use of control groups and/or adequate follow-up and were generally based on small sample sizes, restricting wider application of their findings due to the associated issues of generalisability, validity and reliability.

Qualitative studies

Twelve of the 60 evaluations employed an entirely qualitative design (outcome =2, process=4, both outcome and process=6) involving 411 programme participants. Two of these 12 studies focussed on investigating the therapeutic process and role of facilitation as effective vehicles for change. Recognising that producing and facilitating change is a complex therapeutic task, evaluation of the Jyväskylä Model for Male Batterers (Holma et al, 2006) took a constructionist and narrative approach to investigating treatment outcomes and what counted as 'success'. This addressed the different therapeutic strategies used to deal with perpetrators' construction of violence, the discourses used by perpetrators within group therapy to explain or justify their abusive behaviour, and how both therapists and perpetrator participants deal with or negotiate over issues of violence in the context of therapeutic intervention. Measuring facilitator-participant interaction, design and use of different therapeutic strategies, evaluators found that participants often constructed themselves as a victim and thus a central area of conversation between therapist and perpetrator was negotiating the issue of victimhood. Results suggested a need for different narratives to emerge within the therapeutic process to increase responsibility assumption while, at the same time, enabling a sense of agency amongst perpetrators and the possibility of acting non-

violently. The UK study by Garfield (2005) investigated the therapeutic process across three perpetrator intervention groups each with differing approaches, to explore the impact of programme length, duration and facilitation quality on therapy outcomes. Results suggested that the quality of therapeutic alliance, whether or not deliberately facilitated, and the maintenance of that alliance in terms of group health and duration of the group, were together predictive of integration of learning from group work into participants' lives. Combined, these two studies by Holme et al. and Garfield suggest that the role and quality of facilitation is a 'powerful catalyst' for positive change amongst participants. These findings are supported by the recent multi-site evaluation of DVPPs in the UK by Kelly and Westmarland (2015) which found it was the input from facilitators that made the group context one that was conducive to change. Despite lacking the strengths of experimental evaluation methodology, and while largely excluded from published systematic evidence reviews, the qualitative studies we reviewed indicate the potential for therapeutic intervention to create positive change. They, highlight the importance of facilitation quality in programme success (Garfield, 2005) and illustrate how therapists must consider new or different therapeutic discourses regarding masculinities in order to help perpetrators think about how they behave, and thus facilitate change by encouraging men to take responsibility for their violence whilst sensitively introducing the possibility of learning new identities (Holma et al, 2006; Partanen, 2008). A focus on the role and quality of programme facilitation would thus contribute to a deeper and more meaningful understanding of how DVPPs work in terms of creating change.

Who is participating?

Existing evidence suggests that men who are resistant to change tend to make up the majority of programme clients (Eckhardt et al, 2008) and treatment non-compliance is associated with recidivism (Bennett and Williams, 2001). But domestically violent men will enter intervention programmes with different motivations, or at different stages of change and are

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thus not uniform in their readiness to change (e.g. Daniels and Murphy, 2007; Murphy and Maiuro, 2008; Eckhardt et al, 2008; Kelly et al, 2015). When evaluating DVPPs, attention therefore must be paid to motivation and what stage of change the participants under investigation are at. Socio-demographics, mental health and substance misuse may also play a role (e.g. Aldarando and Sugarman, 1996). Of the 60 European evaluations we reviewed, only 1 in 10 had a particular focus on investigating what sub-groups of men might have higher success in changing their behaviour (based on motivation and their socio-economic and other characteristics) and ten of the 60 studies reported some level of comparative analysis of completers and non-completers. Evaluation of a (both voluntary and mandated) community-based DVPP in Austria (Kraus, 2013) identified four different sub-groups of participants, comparing programme ‘completers’ with those ‘not-admitted’, ‘drop-outs’ and those ‘excluded’. The evaluation compared men who continued their violent behaviour with those who ceased, and compared men with clinically significant personality profiles against those presenting with "normal" personality profiles (with regards to violent behaviour). Overall, programme completers had the lowest rates of recidivism - and tended to be court-referred, and socially more adapted with ‘normal’ psychological profiles compared to men who dropped out -. A pre-post reduction in violence and increase in quality of life was reported by men and their women/partners. Those who continued their violent behaviour were more likely to be married and to have experienced childhood violence at the hands of their parents. Results were based on a mix of self-report, official data and female/partner reports, although the study reported high attrition of female partners by the end of the treatment period. In a Spanish evaluation, Lila et al. (2013) used a battery of psychometric instruments to measure pre-post change amongst 212 male domestic violence offenders court-ordered to attend a CBT programme. Self-reported data showed those most likely to experience change in recidivism risk, perceived severity and responsibility assumption for

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their abusive behaviour were younger, had lower alcohol consumption, shorter sentences, lower impulsivity, and a higher degree of life satisfaction, community participation and self-esteem. The study reported no attrition.

Subirana-Malaret and Andres-Pueyo (2013) conducted an ex post facto analysis of motivations and perceptions of men attending a voluntary, community-based programme in Spain between January 2001 and April 2008. Case files and interviews with participants explored a range of issues with regard to motivation and desire to continue treatment across 6 time points during the intervention. Results suggested that pro-active measures improved retention and delayed drop-out, but all observations were statistically insignificant. The authors concluded that socio-economic factors were not a good predictor of adherence, and participants with ‘external’ motivation i.e. with court or other mandate were most likely to drop out of intervention. However, these findings contradict other studies, that suggest that criminal justice sanctions can act as a lever or ‘incentive’ to participate and positively affect adherence and longer-term change in motivation (Dobash et al. 1999; Kavemann and Hagemann-White, 2004) or that found no difference in outcomes between those with ‘internal’ and ‘external’ motivation (e.g. Barz et al 2006). Without data on motivation or stage of change it is difficult to understand these contradictions (Hester et al, 2006; Sheehan, Thakor and Stewart, 2013).

While the studies outlined above provide crucial information regarding who is actually participating / receiving treatment and who is not, who is completing and who may be more ‘treatment resistant’, they tell us more about adherence to treatment than the actual situational factors underlying behavioural/attitudinal change, and as such, do not contribute directly to the evidence base about which *elements or types* of treatment are more successful at creating change, which is obviously also key to understanding programme effectiveness.

Limitations and challenges of European evaluations

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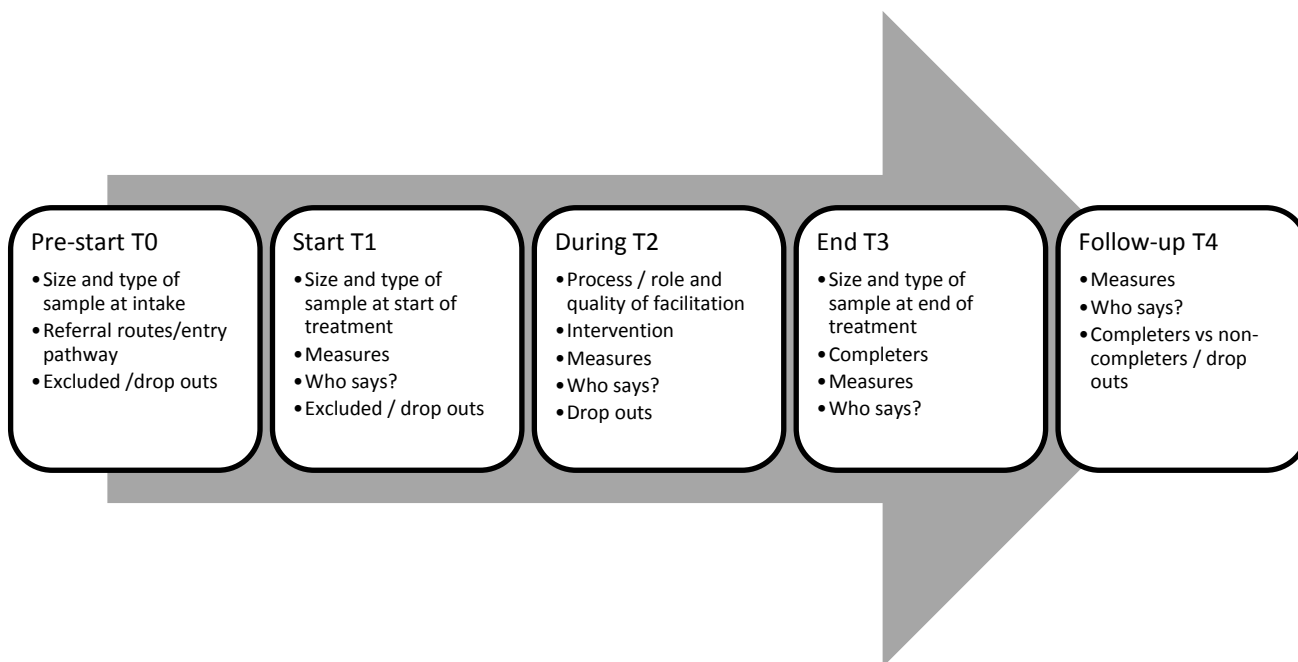
Our review of all European evaluations of DVPPs highlighted a number of methodological issues that transcended the different studies. In addition to design limitations (e.g. the general lack of control group design) other key problems were found relating to the reporting of information about the sample, attrition and points of time used to collect data. In terms of reporting who the participants were and referral pathways, again the type of information collected and/or reported varied greatly across the studies. Socio-demographic data and referral route was collected/ reported at intake or programme start in 24 and 20 studies respectively with only four studies reporting the same information for those who completed (Kavemann et al, 2004; Power and Clarke, *undated*; Bowen et al, 2008; Lorenz and Bigler, 2013). Who dropped out and why was reported in only 1 in 10 studies ($k=6$) (e.g. Echeburúa et al, 2006; Milner and Singleton, 2008; Tejerina and Martínez, 2011). Accurate reporting of attrition is important to enable inferences about statistical power and the ability to generalise findings to wider populations. However, across the European evaluations attrition rates were often unclear, or it was unclear as to which point in the evaluation process attrition occurred. Information on sample size and attrition at *every* stage of the intervention process was missing in most cases, and only two studies reported information about the sample size throughout the intervention - at intake, during intervention, upon completion and at follow-up (e.g. Echeburúa et al, 2009; Dobash et al, 1999). Where attrition was reported it was most likely to occur in the transition stage between pre-treatment/ individual sessions and the 'core' intervention group sessions but such attrition was rarely investigated further as it was often not within the scope of the evaluation to do so (e.g. ADVA, 2008). We also found a general lack of clarity or consistency as to whether the attrition reported was from the programme itself or from the evaluation (if they were different).

Towards a model for conducting and reporting evaluations of DVPPs

Accurate and robust sample profiling is important in order to fully understand the effectiveness of DVPPs. In addition to information regarding the nature of the intervention approach, we need to understand who is participating and why; who is dropping out, when and why; who is completing; and who is changing, when, why and how? Our review of all European evaluations highlighted that evaluation research did indeed address these questions/aspects, but not all of these within any one evaluation. Different constituents were addressed by different evaluations, using different methods, based on different participant samples. Thus, if we are to better understand how perpetrator programmes may work to create positive change, and be able to compare programmes, the information gathered during the evaluation process needs to be harmonised / standardised to address the methodological challenges highlighted by previous research but also the additional areas highlighted in this paper.

We propose a model that should be used and promoted in this field for a common understanding, concerning points of time of observation in evaluation studies (see Figure 2).

Figure 2



The model presented in Figure 2 divides evaluation into five time points (which should be clearly defined/ reported), at which specific information should be collected and reported.

The purpose is to guide evaluations so that reports are clearer about what data was collected, about who and at what stage (i.e. at intake/pre-intervention; start of intervention; during intervention; at the end of intervention and during follow-up); about who dropped out/ was excluded and why; and the source of the outcome data at each point. This will help reviewers to understand exactly who is participating /receiving ‘treatment’ and - perhaps more importantly- who is not (e.g. those not admitted, excluded or dropping out because of more complex issues such as substance misuse or mental health problems) and why; and who exactly is defining ‘success’.

Conclusion

Further investigation regarding the extent to which domestic violence perpetrator programmes contribute to the safety of women and children victims/ survivors in Europe remains essential for both policy makers and for practitioners (Geldschläger et al, 2014). Based on our extensive overview of European programme evaluations we conclude that

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standardising studies to enable comparisons will entail all of the following: quantitative and qualitative methodologies, larger and more varied participant samples, some form of control group design, a wider range of potential outcome measures (including perpetration of controlling and coercive behaviours as well as all other types of domestic abuse) assessed over a longer period post-intervention, and outcome data triangulation (e.g. using data from women/partners). But importantly, studies also needs to specify who exactly is participating, completing and dropping out, at what point, and their reasons /motivations for doing so. At the same time, attention needs to be paid to what information is being collected at different time points in order to understand what and how behaviour and attitudes might change throughout the course of the programme.

Table 1 Evaluations of European perpetrator programmes (k=60)

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
EXPERIMENTAL & QUASI-EXPERIMENTAL STUDIES (k=17)				
Rodríguez-Espartal, N & Lopez-Zafra, E (2013) <i>Emotional programme for inmates imprisoned for gender violence (PREMOVIGE): Effectiveness in cognitive and behavioural variables.</i> Psychosocial Intervention, 22, 115-23.	CBT; Emotional therapy Voluntary, prison-based. Spain	n=36 men	Self-reported data incl. distorted thoughts about women/ use of violence captured via a battery of validated instruments, pre & post treatment.	Greater decrease in distorted thoughts about women & the use of violence & an increase in the expectations about change in those who received emotional treatment. No other change found among those receiving treatment.
RCT				
Kraanen, F., Vedel, E., Scholing, A., & Emmelkamp, P. (2013) <i>The comparative effectiveness of Integrated treatment for substance abuse and partner violence (I-StoP) and substance abuse treatment alone: a randomised controlled trial.</i> BMC Psychiatry 2013, 13: 189.	I-StoP ; CBT-SUD+ Voluntary; community-based. Netherlands	n= 52 (36 men & 16 women in treatment grp) Completers =37% n=69 (analysis based on 19 completers plus 50 ITT).	Self-reported data on repeat perpetration, substance use, general psychopathology, marital satisfaction & treatment satisfaction measured via battery of validated instruments pre, during & post treatment.	Significant improvement re substance use & IPV perpetration at post treatment compared to pre-treatment. No differences in outcome between conditions. Completers in both conditions almost fully abstained from IPV in the 8 weeks before the end of treatment. Concludes IPV perpetrators should be treated using substance abuse treatment with CBT-SUD+.
RCT				
Rodriguez, N (2012) <i>Efficacy of a psychological treatment programme for DV perpetrators.</i> Unpublished PhD Thesis.Universidad Complutense De Madrid, Facultad De Psicología.	Duluth model; CBT Court-mandated. Spain	n=310 men (266 treatment group & 44 control group who completed post-test)	Police recorded recidivism & self-reported data on various psychological variables captured via a battery of validated instruments, administered pre, post & 6 months follow-up.	High risk participants observed higher improvements in self-reported scores against a range of measures. The low-risk group displayed much smaller improvements, sometimes faring worse than the control. No variation was found in recidivism rates between the groups.
Echauri J, Fernández-Montalvo J, Martínez M and Azkarate J (2013) <i>Effectiveness of a treatment programme for immigrants who committed gender-based violence against their partners.</i> Psicothema, 25, 49-54.	CBT Voluntary & court-mandated Spain	n=300 men	Self-reported data on various psychological variables; official (police) recidivism & practitioners reports on participant's response to treatment captured pre, post & 12 months follow-up.	14% recidivism post-intervention & 13% at 12 month follow-up. Both groups reported statistically significant improvements in all psychopathological variables, increasing further between completion & 12-month follow-up. Non-statistical observations & improvements were similar across the two groups.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Boira, S, López del Hoyo, Y, Tomás-Aragonés, L & Gaspar, A (2013) <i>Efficacy of different treatment modalities in men convicted of intimate partner violence</i> . <i>Anales de Psicología</i> , 29, 19-28.	CBT Voluntary, community-based Spain	n = 62 men	Self-reported data on psychological variables; treatment satisfaction & expectations captured at intake & immediately after completion. Self-reported & police recorded recidivism also collected 18 months after intervention.	Across the three treatments, improvements were observed across many psychopathological measures. Differences between treatment effects were small and insignificant. Based on police records, recidivism rates were reported at 6.4%. Self-reported reoffending rates were 0%.
Subirana-Malaret M & Andres-Pueyo A (2013) <i>Proactive retention and therapeutic adherence in programs for male perpetrators of intimate partner violence</i> . <i>Psychosocial Intervention</i> , 22: pp95-104.	CBT Voluntary, community based Spain	n=142 men. Overall, 50% of proactive group dropped out, & 62.3% of the non-proactive group dropped out.	Case files and interviews with participants explore a range of issues with regard to motivation and attendance. Self-reported motivation & the desire to continue treatment was asked across 6 time points during the intervention.	Results were inconclusive as to whether police supervision and pro-active retention techniques improved attendance and motivation for change. Pro-active measures improved retention and delayed drop-out, however all observations were statistically insignificant.
Perez Ramírez M, Giménez-Salinas Framís A y de Juan Espinosa M (2013) 'Evaluación de la eficacia del programa de tratamiento con agresores de pareja (PRIA) en la comunidad' in <i>Psychosocial Intervention</i> , 22, 105-14	CBT Court-mandated Spain	Pre n=770 men Post n=492 Pre-post n=598 (analysed for baseline differences).	Self-reported data on recidivism & various psychological variables captured via a battery of validated instruments pre & post treatment & at 6-18 months follow up.	Recidivism rate: 4.6%. A number of improvements were observed between pre and post treatment, incl. self-reported reductions in sexism, pathologies, negotiation & psychological & emotional abuse. Statistically significant reductions were greater than observed in the control.
Quintas J, Fonseca E, Sousa H & Serra A (2012) <i>Programa para agressores de violencia domestica: Avaliacao do impacto da aplicacao experimental (2010-2011)</i> . <i>Revista de Reinsecao Social e Prova</i> 12: 9-26.	CBT Court-mandated, prison based Portugal	n=55 men	Self-reported data on substance misuse; perceptions of violence, risk of repeat perpetration captured via a battery of validated instruments, pre, during & 12 & 24 months post intervention.	Modest pre-post improvements against a range of measures, incl. risk of violence, maladjustment, lower drug and alcohol problems. Results from other time points not reported.
Novo M, Fariña F, Seijo M & Arce R (2012) <i>Assessment of a community rehabilitation programme in convicted male intimate-partner violence offenders</i> . <i>International Journal of Clinical and Health Psychology</i> , 12, 219-234.	CBT Court mandated, community & prison-setting Spain	n=210 men (130 in community setting, 80 in prison setting)	Self-reported psychological change captured via a battery of validated instruments incl. SCL-90-R (Derogatis, 1977) which measures 9 domains incl. somatisation, obsessive compulsiveness etc.	Community intervention was more effective against every measure showing statistically significant, positive and moderate effects for reducing depressive symptoms, anxiety, hostility, and persecutory ideas. Concludes that effective treatment involves the control of the underlying internal mechanisms linked to persistent IPV reoffenders.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Garcia M, Ramirez M & Capdevila J (2008) <i>Evaluation of a Domestic Violence Perpetrator Programme. Official report, Ambit Social I Criminologic: Barcelona.</i>	CBT Court-mandated, prison-based Spain	n=62 men	Self-reported psychological variables captured via battery of validated instruments post intervention only. Demographics & criminal history captured via admin data & official CJS reports.	Significant differences found between groups from aggregate scores across three domains: Gendered Thoughts Inventory (Echeburúa and Montalbo-Fernandez, 2000), Inventory of Distorted Thoughts About Violence (Echeburúa and Fernandez-Montalbo, 2000), Interpersonal Reactivity Index (Davis, 1980)
Bowen, E., Gilchrist, E & Beech, A.R (2005) <i>An examination of the impact of community-based rehabilitation on the offending behaviour of male domestic violence offenders and the characteristics associated with recidivism.</i> Legal and Criminological Psychology (2005), 10, 189-209.	Duluth model; CBT Court-mandated, community-based UK	n=86 men	Police recorded recidivism & self-reported change in psychological variables incl. pro-domestic violence attitudes & sympathy for battered women, captured via validated instruments 11 months post intervention.	21% recidivism. When controlling for pre-treatment social desirability, found no significant pre & post treatment differences. Re-offending is not associated with achieving psychological change. While the programme did not significantly reduce the rate of alleged reoffending among programme completers, or the time to first post-treatment offence reported to the police, the results suggest that those offenders who were alleged to have reoffended may represent a distinct offender subgroup.
Dobash, R.P., Dobash, R.E., Cavanagh, K. and Lewis, R (1999) <i>A Research Evaluation of British Programmes for Violent Men.</i> Journal of Social Policy, 28, pp205-233.	Duluth; CBT ‘CHANGE’ & Lothian Domestic Violence Perpetrator Programme (LDVPP) Court-mandated UK	n= 256 (treatment group = 51 men & 47 women. Comparison group = 71 men & 87 women). In all, 47% male & 40% of female drop-out in treatment group, 51% male & 42% female drop-out in comparison group.	Repeat perpetration (violence, aggressive & controlling behaviours); relationship issues & perceptions of intervention captured via men’s self -report & women/partners report & official recidivism / reconviction via court records. Follow-up: 3& 12 months	7% recidivism in treatment group, 10% in comparison group; partner reports showed reductions in violence at 3 months (30% in treatment grp vs 62% in comparison grp) & at 12 months (33% vs 75%). Improvements in treatment groups men's controlling behaviours & women's well-being, compared to comparison group.
Kraus, H. (2013) <i>Training program to stop violence in couple relationships.</i> Internal evaluation (1999-2012).	Duluth model, CBT Voluntary & mandated	n=532 men Completers=24.4% Non-admitted =33.1% Drop-outs=18.6%	Abusive behaviour (physical, sexual, psychological); threats; risk; quality of life; alcohol abuse; psychological variables; parental behaviour (perpetrator’s parents) and trauma captured via validated	An increase in quality of life & reduction in physical violence was reported by men & women/partners, less for emotional violence (but still a reduction was observed). Recidivism = 27% (pre to post)& 12% (pre to follow-up) (for completers, compared to,

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
	Austria	Alternative total: n=266 men (who started program) Completers=48.9% Drop-outs =37.2%	questionnaires & structured/ semi-structured interviews with men and their partners. Official (police) recidivism captured up to 24 months post intervention.	30% for drop-outs and 44% for those excluded). Completers were socially more adapted, many were court-referred and had "normal" psychological profiles compared to drop-outs. Men who continued violent behaviour, were more likely to be married to the victims & to have experienced more frequent violence by their parents in their childhood.
Bächli-Biétry, J. (2006) <i>Learning programs as a new form of intervention in criminal justice.</i>	CBT Court-mandated; prison based	n=15 men Follow-up: 9 & 12 months after last session	Self-reported demographics, expectations & life satisfaction captured via questionnaires pre-post. Recidivism captured via self-reports & official crime records. Cooperation & learning outcomes captured via trainer's assessment.	Recidivism = 7% at 12 months follow-up compared to 15% in control group (difference is not significant). DV perpetrators showed a worse assessment of their quality of life than the other offenders and had lower expectations regarding effectiveness of group work pre intervention.
Society for Psychological Assistance - SPA (undated).	Switzerland Duluth model; CBT Court-mandated	n=198 men (98 treatment completers & 100 offenders in non-treatment group)	Police recidivism post treatment (repeated charges of GBV); health of relationship & treatment 'success' measured via self-reports & partner/family member (at least 6 months after treatment ended).	Official recidivism rate was significantly lower in the treatment group compared to the non-treatment group.
Echauri Tijeras, J. (2010) Efficacy of psychological treatment for domestic violent men: Psychopathological characteristics and therapeutic results (Unpublished PhD dissertation). Departamento de Psicología y Pedagogía, Universidad Pública de Navarra, Pamplona-Iruña,	Croatia CBT Voluntary Spain.	n=31 men Drop-outs=48%	Psychological and psychometric assessment instruments, administered at pre & post-treatment and 1 & 3 month follow-up.	Promising change in various psychological variables, incl. anxiety, self-esteem, depression, & anger.
NON-EXPERIMENTAL STUDIES (k=33)				
Calvo I, Lecumberri M and Burset F (2011) <i>Analysis of Recidivism in Perpetrators of Domestic Violence,</i>	Not reported Court-mandated, prison-based	n=100 men (recidivism data analysed for n=40,	Self-reported data captured via validated instruments incl. distorted thoughts about women & use of violence and official	Those receiving treatment were much less likely to reoffend (9.4%) than those that did not receive treatment (50% reoffended).

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
2011. Official report, Ambit Social I Criminologic: Barcelona.	Spain	32= treatment, 8= non treatment)	recorded recidivism, collected pre, post & at 15 months (average) post treatment.	Found no statistically significant differences between groups across the range of measures.
Arrigoni F, Jimenez J, Navarro J and Mendoza P (2013) <i>An applied therapeutic program for men convicted of gender violence</i> . Anuario de Psicología Jurídica 2013 23 (2013) 3-9.	CBT Court-mandated, community-based: Spain	n=38 men	Self-reported data captured pre-post via validated instruments incl. distorted thoughts about women & use of violence.	Significant reductions in distorted thoughts of women and the use of violence. 65% of participants reduced their cognitive distortions about women.
Diranzo R, Murillo M & Minana A (2012) <i>Psychosocial changes in an intervention program with intimate partner violence offenders</i> . Revista de Psicología, 21, 159 -186), 28	Based on Ecological Model (Bronfenbrenner, 1979) Court-mandated, lab-based: Spain	n=109 men (n= 73 completed pre-post)	Self-reported data captured pre-post via battery of validated instruments measuring attitudes & perceptions across a range of psychological, DV and contextual domains.	Slight statistically significant pre-post change incl decrease in tolerance of domestic violence & victim blaming, & in depressive symptoms, plus increase in community participation. All other comparisons produced statistically insignificant results.
Tejerina B & Martínez M (2011) <i>Evaluation of the implementation of re-education interventions for perpetrators of gender based violence</i> . Leioa, Spain: Centro de Estudios sobre la Identidad Colectiva, Universidad Pais Vasco	CBT (significant regional variation in content and scope) Court-mandated, community-based Spain	n=410 men Drop-outs =10.7%	Validated instruments used to capture self-reported pre-post change in aggression, anger & sexism. Risk assessment reported by practitioners and admin data collected re socio-demographics & attendance etc	Self-reported pre-post data suggests marginal improvements to scores against physical aggression, hostility & anger. Improvements were also reported against sexism scales. There was no reported change on trait anger, & verbal aggression increased after the intervention.
Echeburúa, E., Fernández-Montalvo, J & Amor, P (2006) <i>Psychological Treatment of Men Convicted of Gender Violence: A Pilot Study in Spanish Prisons</i> . International Journal of Offender Therapy and Comparative Criminology Volume 50. Number 1. February 2006 57-70. Sage	CBT Voluntary, prison-based Spain	n=70 men Excluded = 26% Refusal = 17% Drop-outs = 8%	Self-reported data on various psychological & other variables incl. distorted thoughts, maladjustment and expectation of change captured pre & post via a battery of psychometric instruments.	Statistically significant pre-post decrease in cognitive bias about women & use of violence. Anger & hostility also decreased. The Expectation of Change Scale predicted completion or drop-out in 77% of cases. Suggests differences in emotional stability between those who commit homicides & those who commit minor offences.
Echeburúa, E., Sarasua, B. Zubizarreta, I. & de Corral, P (2009) <i>Evaluation of a cognitive-behavioural treatment for partner violent men in a community setting: a 10 year</i>	CBT Voluntary, community-based	n=196 men (completers=108)	Self-reported change in psychological variables captured via a battery of validated instruments, administered pre &	Self-reported data suggest pre-post improvements in distorted thoughts about women, distorted thoughts about violence, & in levels of empathy, anger, depression & self-esteem.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
<i>experience (1997-2007)</i> . International Journal of Clinical and Health Psychology 2009, Vol. 9, Nº 2, pp. 199-217.	Spain		post treatment & at 1, 3, 6 & 12 month follow-up.	
Echeburúa E, Belén Sarasua, Irene Zubizarreta, Pedro J. Amor & Paz de Corral (2010) <i>Variables predicting drop-out and therapeutic failure in partner violent men psychologically treated in a community setting</i> . International Journal of Clinical and Health Psychology, 10, pp 403 -420.	CBT Voluntary, community-based: Spain	<i>n</i> =196 men Completers= <i>n</i> =108)	Demographic & psychological factors that predict drop-out were explored via self-reported data collected at baseline, drawing on 10 validated instruments.	Participants were most likely to reject treatment if they were immigrants, unemployed, or were not receiving an integrated approach that included victims/partners in some form of treatment.
Echeburúa E & Fernández-Montalvo J (2009) <i>Evaluation of a prison treatment programme for men convicted of severe partner violence</i> . International Journal of Clinical and Health Psychology, 9, 5 -20).	CBT Voluntary, prison-based Spain	<i>n</i> =148 men Completers = 68.2%	Self-reported data on various psychological variables incl. distorted thoughts about women & the use of violence captured via a battery of validated instruments pre & post treatment.	Statistically significant improvements across 5 domains; reductions in distorted thoughts about women, reduced impulsiveness, improvements in self-esteem, between pre & post-test. No statistically significant improvements were observed against empathy and interpersonal reactivity scales.
Lila, M., Oliver, A., Galiana, L & Gracia, E (2013) <i>Predicting Success Indicators of an Intervention Programme For Convicted Intimate-Partner Violence Offenders: The Contexto Programme</i> . The European Journal of Psychology Applied to Legal Context, 2013, 5(1): 73-95	CBT Court mandated Spain	<i>n</i> =212 men	Self-reported data on various psychological variables captured via a battery of validated psychometric tests pre & post treatment and 18 months follow-up.	Participants with largest gains in recidivism risk had lower levels of alcohol consumption, shorter sentences, lower impulsivity & higher life satisfaction; in perceived severity were younger, with shorter sentences, lower alcohol consumption, higher life satisfaction /self-esteem; & in responsibility assumption were older, had higher intimate support/ anxiety/ sexism/ depression/ impulsivity/ self-esteem & lower anger control
Perez Ramirez M & Garcia M (2010) <i>Recidivism rates of perpetrators of domestic violence serving community training sentences</i> . Official report, Ambit Social I Criminologic: Barcelona.	CBT Court mandated, prison based; group Spain	<i>n</i> =53 men	Police recorded recidivism, & self-reported data drawn from telephone interviews exploring a range of factors incl. satisfaction with programme, substance misuse, quality of relationships, contact with the police, and	Police reported rate of recidivism was 8.8%.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
de los Galanes M & Taberero C (2013) <i>The impact of cognitive-behavioural training. An exploratory study with perpetrators of gender violence.</i> Anuario de Psicología Jurídica 23: pp11-19.	CBT Court mandated, community based Spain	n=10 men	assumption of responsibility. 12 months follow-up. Self-reported measures of behavioural change (pre-contemplation, contemplation, action and maintenance) captured via various validated instruments, pre & post programme.	Measuring change across 4 measures of behaviour change: pre-contemplation, contemplation, action and maintenance over the 4 time points during the treatment, individuals increased their expressed wish to change, however were not acting on those wishes. These observations were not statistically significant.
Williamson, E and Hester, M (2009) <i>Evaluation of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) 2006-2008.</i> Final Report. Bristol. University of Bristol.	Duluth model; CBT Voluntary, community-based UK	n=36 men (where police data available) n=21 men (interviews with men: Phase 1 n=18 ; Phase 2 n=3) Over 2 yr period n=166 men made contact with programme of which: Completed = 4%	Men's progress / change in abusive behaviour measured by self-report & women/partner's report (incl levels of controlling behaviours) collected pre & post via inventory of controlling behaviours and practitioners assessment data. Post intervention recidivism measured via police incident & arrest data, & implementation/process measured through documentary analysis.	Men were generally positive about their experience of the programme. 32 men had police recorded DV incidents before the programme which fell to 12 men after enrolment. 26 men had police recorded arrests prior to enrolment compared to 6 after enrolment. Police data for 5 of the 7 programme completers reflected decrease in police recorded incidents (only 1 of the men had further arrest recorded after enrolling on programme). Multi-agency cooperation during initial phase was 'impressive' & the programme works holistically addressing issues impacting on successful engagement; lack of commitment from partner orgs affected funding and staffing.
ADVA (Against Domestic Violence and Abuse in Devon) and Sue Penna Associates (2009) <i>REPAIR (Resolve to End the Perpetration of Abuse in Relationships): A Community- and Whole-family-based Intervention Programme Targeting Perpetrators of Domestic Violence and Abuse in Devon. An evaluation of a three-year Invest to Save (ISB) PROJECT.</i> Exeter: Devon County Council	Duluth model; CBT Voluntary, community-based UK	n=157 men Drop-outs = 63%	Psychological variables (eg. self-esteem, locus of control); risk of repeat perpetration & abusive incidents captured from men & women/partners plus practitioner assessment of women's safety & resilience to repeat victimisation, measured throughout treatment over rolling period of 30 months. Cost – benefit analysis also conducted.	Significant reduction in incidents reported by men over time, indicating that the longer men are on programme the less likely they are to be involved in dv incidents. Significant psychological improvement amongst participants, women/partners & children.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Leicester-Liverpool Evaluation Group (2005)	Duluth model; CBT Court-mandated UK	n= 262 men Drop-outs = 45.1%	Behavioural & psychometric variables measured via self-report of men & women/partners. Official re-conviction rates captured 8 months post treatment.	50.4% of the sample were reconvicted, of which: completers = 29.2%; drop-outs = 70.5%; did not start programme = 55.1%
Power, M and Clarke, S (undated) <i>Domestic Violence: the men and their treatment, support to women partners and the outcome.</i> Centre for Social Policy. Dartington	CBT Voluntary, community-based UK	n=238 men Completers=40%, n=95)	Quality of life & reduction in violence measured through men's self-report at start, during & end of treatment, couple assessment & partner report (women's service records), postal & face-to-face follow-up with completers 14-27 months after programme.	Study concludes that the service can change attitudes & behaviour of some very violent men and support some of their partners. Considerable group treatment is needed to produce success for a minority of all those referred.
Stanley, N et al (2011) <i>Strength to Change: Report of the evaluation of a new initiative for perpetrators of domestic violence.</i> University of Central Lancashire.	CBT Voluntary, community-based; individual & group therapy UK	n=32 men Drop-outs = 53.1%	Self & partner reported repeat perpetration captured via partner abuse scale & parenting abuse scale (developed by Calvin Bell, AHSIMSA Safer Families). Official (police) recidivism compared 24 months pre-treatment compared to time during treatment.	Reduction in DV incidents & other offences while men were on the programme compared to 24 months pre programme. Police data indicated that following completion, men were involved in substantially fewer DV call outs than pre involvement (66% reductions in call outs for those who have finished involvement with the scheme, and a 76% reduction for men who are still involved in treatment.
Price, P et al (2008) <i>Domestic Violence Intervention Project - Improving Women and Children's Safety: Report and evaluation of the East London domestic violence service. January 2007-September 2008</i>	CBT; social learning theory/ psychodrama/ psychotherapeutic Voluntary, community-based UK	n=76 men Drop-outs= 21.6% (results based on n= 47 completers)	Repeat victimisation measured using police data (pre-assessment baseline) & programme documentation (men's self-reported violence not used to evidence a reduction in repeat victimisation). Impact on women/partners measured via women's self-reports @ 3,6 and 18 months. Impact on process (e.g. referral options for Children's Services) measured via social workers questionnaire	70% women/partners reported no further violence since participants involvement with programme with remainder reporting less severe or frequent violence; 78% reported reduced / no further abuse; 65% reported feeling safer / much safer, 69% reported their children were safer and 93% reported an improvement in their quality of life. Also showed a reduction in repeat victimisation (87.5%-89.3%); take-up by child protection services & closer working relationships with partner agencies (such as social services).

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
McCracken, N & Deave, T (2012) <i>Evaluation of the Caring Dads Cymru Programme</i> . Welsh Assesmbly Government Social Research 18/2012.	Duluth model; based on Canadian 'Caring Dads' model Voluntary UK	n=9 men (completed pre-post measures) Drop-outs = 65%	Process & programme delivery measured via interviews with stakeholders. Perceptions of & changes in abusive behaviour, attitudes towards parenting, parenting stress & motivations/ expectations measured via interviews with men & programme facilitators using a number of validated instruments	Main impact was that men were able to identify the impact of their behaviour on their children. Completers demonstrated improvements in aggressive behaviour towards people (incl, but not always, women). Statistically significant pre-post reductions in controlling behaviours, Parent-Child Dysfunctional Interaction & 'difficult child' scale. Non-significant reductions in overall Parenting Stress Index scores & Parental Distress scores.
McConnell, N et al (2014) <i>Caring Dads Safer Children. Interim Evaluation Report</i> . NSPCC. January 2014	Duluth model; based on Canadian 'Caring Dads' model Voluntary UK	Pre n=298 (204 men, 72 partners & 22 children); Post n=147 (102 men, 32 partners, 13 children) Drop-outs (men) = 51%	Men's self-reported awareness & responsibility for abusive behaviour, improved family relationships & parenting stress; and women/partner & children's reports of risk of repeat victimisation; feelings of safety & well-being & child-parent relationship captured via a battery of validated instruments before & after the programme	Study found evidence of change among some fathers who completed the programme, based on measurements of their parenting stress & behaviour towards children and partners. Authors suggest that this is likely to contribute to increased feelings of safety & wellbeing amongst participant's children & partners.
Kavemann, S. and Hagemann-White, C. (2004) <i>Working with offenders in the context of intervention projects against domestic violence</i>	CBT Voluntary & court-mandated; group therapy Germany	n=322 men (213 or 66% started the programme) Completers=42.5%	Change in attitudes & behaviours; completion rates; 'success' measured via self-reports of participants and women/partners, practitioner reports & programme documentation.	Recidivism: 16%. Variables positively correlating with program completion were higher education; currently employed and had been court referred. Professionals and partners had the impression of positive changes with the men; however, the authors say that the results must be considered with caution and preliminary.
Barz, M. and Helfferich, C. (2006) <i>Ending domestic violence. Behavioural change of perpetrators as a focus</i> .	CBT Voluntary & court-mandated Germany	n=203 men Completers = 65%	Change in motivation, responsibility & repeat perpetration measured via interviews with men. Completion rates, adherence, change in motivation & responsibility captured via	Recidivism= 20%. In general there was a good completion rate, the results show that clients who come to the programme with an 'external' motivation, have just as good results as the self-referred clients. Also clients with poor socioeconomic background have a lower completion rate.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Kratky, N., Youssef, N.A. and Küken, H. (2011) <i>Change of partnership variables by ambulant support for victims and work with perpetrators after incidents of domestic violence.</i>	CBT Voluntary & court-mandated	n= 20 men	interviews with practitioners & programme documentation. Various validated instruments used to measure pre-post change in communication variables & abusive behaviours (frequency & type) as reported by men & women/partners.	Men’s self-reported data showed non-statistically significant decrease in physical and psychological violence & sexual violence remained at a low level.
Gloor, D. and Meier, H. (2003) <i>Evaluation of the second pilot year 2002 Social training programme for men who use violence.</i>	Duluth model; CBT Court-mandated & voluntary Switzerland	n=27 (14 men & 13 women/partners)	Official recidivism data and self-reports of men & women/partners regarding contact; life situation; repeat perpetration (incl threats, injuries, controlling behaviour); safety and well-being; assessment of partner's change and of future behaviour, captured pre, post & at 3 months follow-up.	Official recidivism=22% pre to post (n=4, all drop-outs); 33% post to follow-up (n=6, 3 completers, 3 drop-outs); 33% pre to follow up (n=4 completers); 50% drop-outs (n=3, drop-outs committed more severe violent offences, compared to completers). Couples reported recidivism: 80% pre-post; 50% pre-follow-up (no differences between completers and drop-outs observed). Re psychological violence at least one incident between pre-treatment & follow-up is reported for all but 1 completer & all drop-outs.
Bullinger, H. & Väth, E. (2005) <i>Wissenschaftliche Begleitung und Evaluation einer Täterberatungsstelle.</i>	CBT; psychodynamic Voluntary & court-mandated Germany	n=15 men Completers = 47%	Self-reported data on behavioural and psychological measures (incl. self-awareness e.g. own needs, own role as a partner & development of social competence) captured pre & post intervention	
Gabriel, G. & von Wolfersdorff, C. (2006) <i>‘It just happened’. Domestic Violence and work with perpetrators.</i> University of Leipzig, Faculty of Educational Sciences, Chair for Social Pedagogy.	CBT Voluntary & court-mandated; community-based Germany	n=48 (42 male, 6 female perpetrators)	Range of data incl. socio-demographics, relationship status, experiences of violence, current life conditions (social, familial, job-related), counselling process captured pre, post & at 12 months follow-up	50% of the perpetrators had already been evicted by the police after incidents of violence; 81% of the clients reported being victims of violence themselves, with 79% having experienced violence in their childhood; n=7 clients say that they have witnessed violence between their parents;

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Hofinger, V & Neumann, A. (2008) <i>Legal biographies of clients of NEUSTART. Legal probation after the restorative justice interventions: settlement, charitable work, and probation.</i>	3 restorative justice interventions: 'ATA' (direct settlement between victim & perpetrator); 'VGL' (community work); 'BWH' (probation, social work with offenders)	n=214 men	Officially recorded recidivism /reconviction captured pre, post and between 36-42 months follow-up.	Two patterns of violence identified "possession-power-control" and "lack of power-helplessness-lack of alternatives". Qualitative data showed a positive assessment and an optimistic prognosis was given for 5 of 6 cases analysed. Recidivism= 14% for completers & 32% for drop-outs. Re-conviction rate= 11% (n=26) for those attending "ATA" (an offense within a partnership conflict). The authors compare this re-conviction rate to that of "situational conflicts" (i.e. when perpetrator and victim hadn't known each other before. For situational conflicts, the re-conviction rate in 2008 was higher (22%, i.e. n=87 re-convictions from a total of N=391 cases).
Törmä, S., and Tuokkola, K. (2009). <i>Jussi-työ: Miesten perhe-ja lähisuhdeväkivaltatyön ulkoinen arviointi</i> [Jussi-work: Men in family and domestic violence work, the external evaluation]. Unpublished report.	Court-mandated; community-based Austria Psychodynamic	n=137 men	Change in levels of re-offending and feelings of well-being captured via validated questionnaires with men and feelings of safety & well-being via interviews with women/partners, pre and post intervention.	Pre: 15 % reported physical violence several times, 56% some times and 9% only once. Post: 71% reported that they have not been violent after the programme and 19% reported one violent incident. Pre: 53% reported that they used psychological abuse frequently, 8% continuously and 31% very seldom. Post: 47% reported that after programme they had not used psychological abuse and 44% had seldom used psychological abuse. Levels of violence dropped in short term, mental health and the perception of life coherence increased, use of drugs and alcohol decreased. No significant differences
Socialstyrelsen (2010): <i>Behandling av män som utövar våld i nära relationer – en utvärdering</i> . Society for Psychological Assistance (undated)	Duluth; CBT (based on 'ATV' model)	n=188 men (140 completed the post questionnaire)	Physical & psychological behaviours plus satisfaction & experience of therapy captured via validated instruments with men and	Levels of violence dropped in short term, mental health and the perception of life coherence increased, use of drugs and alcohol decreased. No significant differences

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Treatment program for perpetrators of domestic violence. Evaluation report	Voluntary, community-based Sweden		women/partners at the start and 12 months after completion.	between the results of the three different programmes.
Stevenson, G., Stenager, K. and Barlach, L. (2011) <i>Treatment of men who use violence.</i>	CBT Voluntary Denmark	n=336 men Completers= 78% (n=261)	Change in re-offending (incl. controlling behaviours) captured via validated questionnaire with men and women/partners pre-post. Men's change in behaviour & responsibility assumption measured via practitioners reports.	Results indicate a positive effect of the programmes, on changes in violent behaviour and that participation was perceived as helpful.
Donovan, C., Griffiths, S., Groves, N. with Johnson, H. & Douglass, J. (2010) <i>Making Connections Count: Evaluation of Early Intervention Models for Change in Domestic Violence: Northern Rock Foundation Domestic Abuse Intervention Project, 2004-2009.</i> Northern Rock Foundation. 2010. AND	Duluth model Voluntary, community-based UK	n=24 men n=31 women/partners	Implementation & delivery of two multi-agency holistic interventions explored via 289 interviews with senior management & front-line practitioners over 4 yr. Engagement & impact for women/partners captured via programme data & interviews with women/partners.	Early intervention specialist service model was effective in reducing risk for women/partners however engaging perpetrators to participate requires extra work promoting skills confidence & safety in practitioners who may not perceive this work as with in their remit.
Liel, C. (2013) <i>Relapse risks of perpetrators of partnership violence. Pilot study to test an evaluation instrument for perpetrator programs 2013.</i> Deutsches Jugendinstitut (German Institute on Youth)	CBT Voluntary & court-mandated; Germany	n=46 men (83% started the programme) Completers = 67%	Range of psychological & socio-demographic variables captured via instruments (also tested for practicality & usefulness, sensitivity and validity) administered by practitioners, pre & post intervention.	Findings suggest completers more likely to split / live separated from the victim compared to drop-offs; no significant differences between partners of completers & drop-outs (re safety & risk). Results for completers showed decrease in denial of responsibility; increase in ability to avoid violent relapse; & increase in empathy.
Leite, I., Sjölander, O., Sandberg, A & Andersson, J. (2008) <i>En studie av mäns möte med Kriscentrum för män i Malmö och sammanställning av verksamheten.</i>	Integrative Voluntary Sweden	n=32 men	Self-reported repeat perpetration & experience of contact with intervention collected post intervention only.	The vast majority of participants regarded the contact with the service as positive, and most of the men claimed not to have used violence after treatment.
QUALITATIVE STUDIES (k=12) Boira S, López del Hoyo Y, Tomás-Aragonés L & Gaspar A (2010) <i>Qualitative assessment of a programme</i>	CBT	n=12 practitioners	Selection & evaluation of participants, therapeutic programming & programme format	Therapeutic strategies should be improved to enhance motivation, & to strengthen the therapeutic alliance & ensure that men adhere

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
<i>for psychological intervention with men that abuse their partners. Acciones e Investigaciones Sociales, 28: pp135-156.</i>	Court-mandated, community-based;		analysed using narrative analysis of two focus group discussions (group or individual format).	to treatment. Assessment strategies must be broadened to enable an overall impact assessment to be made of the treatment and risk to the victim.
Annabel Jackson Associates Ltd (July 2013) <i>Turnaround Evaluation: Report to Splitz.</i>	Spain Duluth model; CBT Voluntary, community-based	n=43 men (Completers only).	Range of psychological variables captured via programme documentary analysis, men's self-reports; observations & feedback sessions by facilitators; feedback from women's safety workers & staff & stakeholder surveys	The report suggests that internal case files show clear evidence of the development of empathy and responsibility overtime.
Smith, M.E (2011) <i>A qualitative review of perception of change for male perpetrators of domestic abuse following abuser schema therapy (AST). Counselling and Psychotherapy Research: Linking research with practice. Volume 11, Issue 2, 2011.</i>	UK Abuser Schema Therapy (AST) Voluntary, community-based;	n= 18 men (completers only)	Interviews with participants upon programme completion to capture data on 17 pre-coded variables related to change in behaviour (adapted from Scott and Wolfe, 2000).	Overall, the study found that men expressed positive changes in regards to reduced anger, increased ability to communicate, reduced negative reactions and increased personal responsibility, following involvement in Abuser Schema Therapy (AST).
Garfield, S (2005) <i>Psychotherapeutic Process in Domestic Abuse Intervention Groups.</i> London: South Bank University	UK 3 CBT based therapeutic interventions Voluntary, community-based	n=20 men Completers= 80%	Self-reported progress & change in behaviour, awareness & attitudes assessed via analysis of interviews with men 4-11 months after involvement with the programme ended.	Facilitation quality is a powerful catalyst for men's change, & the relationship with the facilitators, the programme and the group needs to be of sufficient duration to enable change to integrate effectively. Better efficacy measures are required by programmes generally.
Milner, J and Singleton, T (2008) <i>Domestic violence: solution-focused practice with men and women who are violent.</i> Journal of Family Therapy (2008) 30: 29–53. Oxford. Blackwell Publishing.	UK Solution -focused therapy ('signs of safety' approach) Voluntary, community-based UK	n= 68 (52 men and 16 women) Completers=73.5%	'Satisfactory programme completion' measured via self-reported change in behaviour, validated using data from women/partners, police & referring professionals. Longer-term follow-up information provided by local Domestic Violence Team.	None of those who 'successfully completed' the programme had re-offended (time lapse not specified). Authors offer a number of caveats but suggest that the findings are encouraging and that a brief solution focused therapy, such as the 'signs of safety' approach, may be effective in reducing partner violence.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Bullock, K., Sarre, S., Tarling, R., Wilkinson, M (2010) <i>The delivery of domestic abuse programmes. An implementation study of the delivery of domestic abuse programmes in probation areas and Her Majesty's Prison Service.</i> Ministry of Justice Research Series 15/10 July 2010. London. Ministry of Justice.	IDAP (based on Duluth); CDVP & HRP (family violence initiative within Correctional Service of Canada) Court-mandated, community & prison-based: UK	n= 81 (26 men & 55 practitioners)	Process, implementation and delivery measured via interviews with practitioners (incl. programme managers, facilitators, offender managers & women's safety workers (across 10 probation areas & 2 prisons). Self-reported experiences & perceived impacts captured via interviews with men.	The number of women engaging with the programme is variable, but generally low; despite its importance role of women's safety worker sometimes appears to exist on the margins of the overall risk management framework; there needs to be more proactive relationship/info exchange between the offender manager, programme & the women's safety worker.
Bilby, C & Hatcher, R (2004) <i>Early stages in the development of the Integrated Domestic Abuse Programme (IDAP): implementing the Duluth Domestic Violence pathfinder.</i> Home Office Online Report 29/04. London. Home Office.	Duluth model; CBT Court-mandated; UK	n=30 (practitioners)	Interviews to establish impact of staffing issues, training processes, communication models, programme delivery (e.g. referral mechanisms), implementation issues (e.g. whether needs of offenders being met).	Amongst the findings, the research team identified key areas for action; acceptable staffing responsibilities and levels; appropriate communication and information sharing channels between and within agencies; programme management issues, and data monitoring and collection.
Taylor, B (2005) <i>One Year On. Pilot Phase Report. Living Without Violence: Men's Perpetrator Programme.</i> Brighton. eb4U Domestic Violence Project.	Duluth model; CBT Voluntary, community-based UK	n=70 men	Demographics, referral routes, reasons for drop-out, substance misuse, child contact, involvement with CJS, exposure to violence in childhood & significant separations in early childhood collected via men's self-reports, referring agencies, police and women/partners plus profile of women/partners (incl service take up).	Preliminary findings suggest that the programme has much to offer, even with the limited resources for perpetrator work. Social Services (& family court) are more likely to provide consequences for perpetrators who have children. Good inter-agency working is essential for accurate appraisal of risk & more comprehensive, integrated service for all involved (Social Services particularly important re safety for children).
Phillips, R (2013) <i>DVIP's Co-Location in Hackney Children's Services: A process evaluation.</i> Child and Woman Abuse Studies Unit. London. London Metropolitan University	CBT; social learning theory/ psychodrama/ psychotherapeutic Voluntary, community-based UK	Number of practitioners included in training evaluations and observations of meetings not specified in report.	Practitioner data on challenges, issues & progress measured through observation of practice development, service review & strategic review meetings. Impact of training on confidence, knowledge and skills of social workers in dealing with dv perps measured through evaluation of training workshops using pre & post questionnaires; impact of case	The embedding process within Children's Services was 'highly productive' with evidence that knowledge & skills bought by DVIP was being applied in different areas & cases making inroads to cultural change within the org (increasing likelihood that DV perps could become routinely visible & held accountable in child protection cases). Project has created opportunities for both organisations to alter their processes & procedures & adjust perceptions of each other

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Debonnaire, T & Walton, K (2004) <i>An evaluation of intervention programmes in Ireland working with abusive men and their partners and ex-partners.</i> Bristol. DVR.	Duluth model; CBT Voluntary &/or various mandates UK	n= 157 (72 men, 26 women /partners, 59 practitioners)	consultation process between social workers & DVIP workers measured through evaluation of recorded case consultations using brief structured interviews (over 6 months). Self-reported changes in attitudes, behaviour & involvement with criminal & civil law captured via interviews, questionnaires and checklists of abusive behaviours (incl. coercion & controlling behaviours); Interviews with women/ partner's (incl. quality of life inventories and self-reported use of criminal & civil protection measures); Interviews with professionals re impact on women /partners. Process data collected via professional's reports & documentary analysis and observation.	i.e. facilitated closer working relations between two culturally different organisations (with different priorities), therefore starting to address some of the challenges inherent in the multi-agency response to DV. Some change can occur partly as a result of group work with men but neither self-reports or facilitators' reports are sufficient to verify this. Systematic, focused and regular contact with women is essential to form an assessment of whether or not men have changed or are likely to in the future. When a man applies to attend a program the victim/ partner often receives advice & support for 1st time, & may use this to make informed choices about protection which could lead to increased safety (even if man drops out). Some women get such high levels of support improving their lives even if they feel their abusive partner did not change as a result of attending. With effective standards, training, monitoring, enhanced services for women, links between programmes and the CJS, such programmes can improve their ability to help make more women and children safer.
Lorenz, S & Bigler, P (2013) 'Responsabilisation et dévoilement: le rôle d'un programme pour hommes auteurs de violences au sein du couple'. <i>Pensée plurielle</i> , 2013/1 n° 32, p. 115-127. And Lorenz, S & Anglada, C (undated) 'Favoriser le changement chez des auteurs de violence dans le couple: le role du travail de groupe' in <i>Journal Europeen de l'Education sociale</i> p. 73-89.	CBT Voluntary Switzerland	n=41 men Completers = 44% (analysis based on 41 case files, 3 video sessions & interviews with 14 programme completers)	Case files, observation & men's self-reports used to capture how men's discourses had changed as a result of their participation in the programme; communication within family & risk/repeat perpetration.	Most participants aimed to reduce the use of violence (although verbal abuse continued) and felt more able to identify the triggers of violent episodes. Some men also felt more connected to their family as they had become better at communicating their needs. The results are based on data from the 14 completers only.

Author(s)	Intervention(s)	Sample size	Outcome measures	Results
Holma, J., Partanen, T., Wahlstrom, J., Laitila, A. and Seikkula, J (2006) <i>Narratives and Discourses in Groups for Male Batterers</i> in Lipshitz, M (ed) (2006) <i>Domestic Violence Reverberations</i> (pp59-83). Nova Science Publishers, Inc.	CBT (Pro-feminist, psycho-educational) Voluntary Finland	n=53 men Completers=77% Follow-up: 12 months	Interaction & use of different therapeutic strategies measured via discourse & narrative analysis (between participants in the multi-person conversational format of group therapy sessions).	Therapists have to learn new therapeutic discourses in order to be able to make perpetrators take responsibility for their violence whilst sensitively introducing understanding & possibility of changing / learning new identities. Follow-ups indicated that a new way of life is possible to learn.

NOTES

1. Domestic violence or Domestic assault or Batterer or Family violence or Physical abuse or Spousal abuse or Interfamily violence or Intimate partner violence or Duluth AND Program* or Treat* or Intervention* or Therapy Counsel* or Rehab* or Court decisions or Mandated court decisions or prison* AND Effect* or Outcome* or Eval* or Experiment* or Randomi*ed controlled trials or Quasi experiment* or Trial or Empirical or Recidiv*.
2. Data from female partners did not appear in the Spanish studies identified for review. Programmes within the criminal justice system in Spain do not incorporate, by law, data from victims/partners and these programmes tend to be evaluated more often than community-based programmes.

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Sarah-Jane Lilley (MSc) Senior Research Associate

Marianne Hester (MA, PhD) Professor of Gender, Violence and International Policy

William Turner (MSc, PhD) Senior Lecturer

Centre for Gender and Violence Research, University of Bristol, United Kingdom