

SUMMARY of Respect briefing paper: evidence base for interventions with domestic violence perpetrators

JANUARY 2015

Respect's role in research

There is a plethora of interventions responding to domestic violence and much of it is comparatively new. There are gaps in knowledge and research about effectiveness as well as some helpful indicators and some contradictory findings.

Drawing firm conclusions about any intervention with domestic violence perpetrators is therefore challenging. The research is hotly debated and often contested between different approaches and ideas about what constitutes valid evidence. Respect has taken a proactive lead in developing and reviewing the evidence base.

1. We initiated the independent Mirabal multi-site evaluation of UK domestic violence perpetrator programmes, carried out by the Universities of Durham, London Metropolitan and the London School of Hygiene and Tropical Medicine, funded by the Economic and Social Research Council, Lankelly Chase Foundation and Northern Rock Foundation. Key findings include:
 - Respect accredited domestic violence perpetrator programmes are effective in enabling men to change and to become non-violent.
 - Most men who complete an accredited programmes stop using physical and sexual violence and reduce most other forms of abuse against their partner.
 - Most of their partners and ex-partners feel and are safer.
 - A wide range of men come to Respect programmes including men with a substantial criminal history and men who have had no contact with their ex-partner or children for several years
 - Programmes do much more than running a group
 - Programmes have gone through significant changes in funding, structure and referrals over the last five years.
 - Programmes make a significant and unique contribution to local coordinated community responses to domestic violence.



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*Source: The independent five year research project “Mirabal” which examined the outcomes of men’s participation in Respect accredited perpetrator programmes (Kelly, Westmarland et al, in press, 2015).

The full research report and executive summary can be downloaded from the [Mirabal project website](#).

2. We are working with the University of Manchester to develop evaluation tools to measure the impact of programmes working with women who use intimate partner violence and are testing these out with an evaluation of a pilot programme running in the North East of England.
3. We were partners in the [PROVIDE research programme](#) with the University of Bristol and other universities in research completed in 2014 on domestic violence and health, including responses to male victims and male perpetrators, mental health of male perpetrators and other related topics.
4. We are partners with the University of Bristol for the development of the RE-PROVIDE research which includes a clinical trial of a perpetrator programme based in health, building on the lessons learnt in other research.
5. We are also working with other universities and partners to develop the evidence base for work with same-sex perpetrators (University of Sunderland) and for work to respond to perpetrators who are abusing substances (Kings College London).

Practitioners, funders, researchers, commissioners and clients continue to debate the nature of the problem and the validity of evidence. As of January 2015 we now have clear evidence from the Mirabal research to show that well run programmes working within a coordinated community response to domestic violence reduce men’s violence and abuse and help women to feel and to be safer. We hope that this will now help to inform commissioners and others to make evidence-informed decisions about establishing interventions to hold abusive adults to account and provide a means of change. It will also inform future research, which, at the time of writing, does not yet include a Randomised Control or Clinical Trial (RCT) of programmes in the UK.

The challenges of RCT for research into DVPP outcomes are recognised by some but by no means all researchers in the field. The conclusions of those who do recognise them are sometimes not recognised by those who don’t and the cautions of the latter not recognised by the former. This division continues to limit

the ability of any practitioner, commissioner or funder to present findings one way or the other and have them accepted as valid for basing future decisions about the development of interventions.

Some research appears not to be familiar with the detail of what actually happens in DVPPs and for that matter other perpetrator interventions. This type of research asserts out of date or inaccurate descriptions of programme work, with criticisms of it that are therefore unhelpful at best. Emerging research with a closer understanding of the work as it is delivered will help to understand what works and what doesn't.

The mixing up of cause and effect in the research about attachment disorder and domestic violence has created an unnecessary divide between practitioners and researchers who want to promote attachment disorder treatment as a response to domestic violence (without very limited evidence about outcomes for treatment) and those who want to learn from research on attachment but are alienated by the insistence of those researchers pushing this intervention that this will be the best or only way to respond.

Culturally specific programmes appear to be a common-sense approach to engagement with men from specific cultural groups – yet the evidence from research is that this doesn't make much or any difference to outcomes.

Research about typologies appears to help practitioners who feel that “one size doesn't fit all” is axiomatic and want a framework on which to hang a justification for typology specific interventions – yet in practice there are too many sub categories for typology specific interventions to be offered at local level. There is barely enough funding for a one size fits all – and mixed results from research about the differences.

Couples counselling - great efforts have been made by responsible couples counsellors to ensure that where used it is as safe as possible. Yet again, however, the time and costs of doing this effectively present practitioners with valid questions about how much this form of intervention is worth it, given that the same perpetrators could just as easily benefit from group work at a fraction of the cost and unit time. Those for whom the research seems to show this type of intervention do well are the same people for whom the research appears to show will do well in group work – so the additional expense seems to be more effectively spent on increasing capacity for groups.

Shorter programmes - whilst there is no clear evidence for an ideal length of longer programmes, there is also no clear evidence that shorter programmes are better, just that they are shorter and of course, cheaper, at least for the initial outlay. Given the choice, it shouldn't surprise us that many commissioners and funders

would prefer to pay for shorter programmes and it shouldn't surprise us that individuals immersed in long-entrenched patterns of coercively controlling behaviour would prefer fewer sessions of discussion about that behaviour to more. However, that is not evidence of success and we should be cautious of saving in the short term, if the long term results are that perpetrators remain in long established patterns, as future abuse will continue to cost the public purse in health, criminal justice and other costs.

Risk assessment and management are helpful additions to all work with perpetrators and survivors, provided the tools used are based on well tested evidence and are used with rigour as well as caution – they don't necessarily aid behaviour change but they can give DVPPs the tools to provide additional benefits to coordinated community responses.

Motivational interview, restorative justice, solution focussed therapy, narrative therapy, anger management techniques and counselling skills also have limited evidence for success but appear to offer useful tools for practitioners working with domestic violence perpetrators to consider incorporating into their practice – as many appear to be doing, from the evidence of accreditation assessments in the UK.

Overall, it behoves all practitioners, researchers, policy makers and funders to be modest about their claims of success or otherwise of their own preferred approach or of other approaches. There is, as Gondolf has said, “weak evidence for batterer programme [DVPP] alternatives” as well as evidence that research cannot show conclusively that current programmes and batterer/perpetrator treatment do reduce domestic violence.

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