

Working with people who perpetrate domestic violence and abuse in families

Summary report

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1. Introduction

Domestic violence and abuse (DVA) is a global public health concern, a social justice issue and a human rights violation with significant implications for (physical and mental) health, wellbeing and social and economic participation (WHO, 2019). Statistics from the Office for National Statistics (ONS) indicate that 1.6 million women (aged 16 to 74), and 757,000 men (aged 16 to 74) reported experiencing some form of DVA during the year ending March 2020 in England and Wales (ONS, 2020). The Children’s Commissioner in England reported that 830,000 children experienced DVA in their own homes (Children’s Commissioner, 2020). Until relatively recently, greater emphasis has been understandably placed on victim-survivor intervention with less attention on addressing those that harm. This has diminished the accountability attributed to perpetrators of DVA and contributed to a tendency to victim-blame, which has become particularly pronounced in children’s social care and private law family court settings (Coy et al., 2015; Ministry of Justice, 2020; Neale, 2018; SafeLives & Domestic Abuse Commissioner, 2021).

Research documenting the benefits and importance of directly engaging people who perpetrate DVA in order to change their behaviour, as well as to prevent DVA, first emerged at least three decades ago (see for example, Dobash & Dobash, 2000; Gamache et al., 1988; Gondolf, 1987b, 1987a, 1997; Pence et al., 1993; Shepard, 1999; Shepard et al., 2002). But there remains a lack of consensus around perpetrator intervention efficacy (Akoensi et al., 2013; L. Hamilton et al., 2013; Kuskoff et al., 2021), particularly in terms of the outcomes for people – typically women and children, but not exclusively – who experience DVA (O’Connor et al., 2020). Differences in programme implementation and methodologies also make it difficult to conclusively talk about what works, and what does not, albeit there is evidence of promising practice using a range of models and approaches, which together underpin the Respect accredited perpetrator programmes delivered in the UK. A rapid review of existing research underscores the need to grow this existing evidence base, as well as to develop greater consistency in understanding across sector providers regarding what constitutes ‘success’ and efficacy when working with perpetrators of DVA.

The Domestic Abuse Act 2021

This report coincides with the new *Domestic Abuse Act 2021* in the UK, which occurs in a shifting policy landscape that increasingly incorporates a focus on people that harm, and is located within a growing body of literature which suggests that improved policy responses to perpetrators of abuse are necessary for DVA prevention (Kuskoff et al., 2021). The new Act sets out a statutory, gender-neutral definition of domestic abuse, which extends beyond physical violence. It makes provisions to hold perpetrators of abuse to account by strengthening legal measures including the new Domestic Abuse Protection Notice (DAPN) for the provision of immediate protection of victim-survivors, and the Domestic Abuse Protection Order (DAPO) for longer term protection; these replace previous injunctions. The DAPO imposes both prohibitions and requirements on perpetrators, including to engage with mental health support or attend a behaviour change programme (Home Office, 2021b).

The Act extends the offence of coercive and controlling behaviours, no longer requiring perpetrators and victims to be in a relationship or still co-habiting. It also recognises that children are directly affected by domestic abuse and should be recognised as victims in their own right. The Act places new duties on local authorities, including to establish a multi-agency domestic abuse local partnership board. The new legislation has introduced a statutory duty on the Secretary of State to publish a DVA perpetrator strategy, as part of the wider holistic domestic abuse strategy, due in late 2021 (Home Office, 2021a).

2. Purpose, aims and limitations of this report

The purpose of this report is to provide a summarised account of a rapid literature review of empirical research and ‘grey’ literature, published after 2008/9¹, on approaches and models for work with people who perpetrate DVA, particularly in the context of families. A key aim is to provide an overview of the existing evidence base as regards to perpetrator work. It also aims to support policy and practice change within children’s social care settings, to include and engage with responses focused on addressing perpetrators of DVA, where this facilitates improved outcomes for adults and children experiencing DVA. The report discusses various types of perpetrator interventions both in the UK as well as internationally, where they have wider applicability or learning relevant to the UK context in terms of children’s social care work with people who perpetrate DVA in families. It also identifies gaps and opportunities in this area of practice, with emphasis on the intersection with, or application to, children’s social care responses to perpetrators of DVA. It is based on a short, rapid literature review, therefore it does not provide an exhaustive or in-depth analysis, but rather a brief overview, with a detailed reference list for further reading.

3. Definitions of terms

Children’s social care (CSC): This term is used to refer to statutory children’s services only, and excludes the family court system.

Domestic violence and abuse (DVA): This term refers to violence and or abuse between people in intimate, family, or partner type relationships, aged 16 or over, of any sexuality, gender identity, culture, class or race. It refers to both physical and non-physical abuse and violent behaviour, including coercive control, economic abuse, harassment, physical abuse, psychological or emotional abuse, sexual abuse, and / or stalking. It refers to a single act, or a pattern of behaviours (Home Office, 2013). It is experienced in the majority of cases by women, and perpetrated by men in the majority of cases.

‘Perpetrator of DVA’ and ‘person that harms’: Both terms are used interchangeably here to describe people who perpetrate domestic violence and abuse, in all its forms. The use of both terms acknowledges that the current framing of domestic abuse can be challenging for some families experiencing it, particularly when involved with the child protection system (Ferguson et al., 2020), and or when from a minoritised community.

‘Victim-survivor’: The use of this term reflects the two categories usually used to describe people with lived experience of DVA. People who have experienced DVA may identify with one, both or neither term, therefore both are used in hyphenated form.

¹ Exceptions to this date cut-off have been made in a limited number of cases in order to include key foundational texts which continue to be relevant, or where they represent historical milestones in the evolution of, or foundations for, the current evidence base.

4. Acronyms

CAFCASS: Children and Family Court Advisory and Support Service

CCR: Coordinated community response

CSC: children's social care

DAPP: domestic abuse perpetrator programme

DHR: Domestic homicide review

DVA: domestic violence and or abuse

DVPP: domestic violence perpetrator programme

LGBTQ+: lesbian, gay, bisexual, transgender, queer/questioning

VAWG: violence against women and girls

5. Understanding DVA and the implications for intervention

How DVA is defined and understood strongly informs the ways in which practice responses and interventions for perpetrators of DVA are formulated and delivered (Liz Kelly & Westmarland, 2016). Historically, DVA has been conceptualised within a feminist framework of analysis, which laid the ground work for recognition, early research and sector-wide responses aimed at tackling DVA and violence against women and girls (VAWG). The feminist focus on power and control was, and remains, a defining characteristic of DVA and continues to be key in identifying who is most at risk, or for whom the 'space for action' is more limited (Liz Kelly & Westmarland, 2016). According to this theoretical framework DVA is understood as a specifically gendered issue which pivots on the enactment of dominance and control, experienced in the majority of cases by women, and perpetrated in most cases, by men, as the statistics indicate. Gender inequality is therefore regarded as a key driver for DVA. However, as discussed in forthcoming sections, a gendered analysis alone does not provide the whole picture. As such, gender intersects with other structural inequalities and systems of oppression based on race, class, (dis)ability and sexuality which fundamentally shape how victim-survivors experience and understand DVA as well as their ability to access support and justice (Day & Gill, 2020; Imkaan & Ascent, 2016).

Women (cisgender and transgender), non-binary people and men (cisgender and transgender) can all be victim-survivors of DVA. However, aligning with a feminist analysis, it remains the case that violence and abuse perpetrated against men does not usually stem from the same structural factors which foster the conditions for violence against women, nor is it rooted in patriarchal systems of oppression. Further, an examination of the more limited literature available regarding women perpetrators of DVA indicates that women do not typically create a context of fear and coercive control, in contrast to men perpetrators of DVA (Hester, 2013). Evidence indicates that the amount, severity and impact of DVA experienced by women is also substantially higher than that of men, and women are more likely to experience coercive controlling behaviours (Hester, 2013; Myhill, 2015, 2017), repeat victimisation and serious injury (Walby & Towers, 2017). Furthermore, the presenting needs of men victim-survivors are distinct to that of women and it is important to recognise this distinction and the implications it has for service provision (Respect, 2019).

Gender

Gender inequality and unequal gender dynamics are widely considered key to understanding DVA. There is a substantial body of academic scholarship which suggests some men perpetrators of DVA view their violence and abuse as a 'legitimate' performance of their masculinity or as part of the 'natural' (heteronormative) gender order (see, for example, Gibbs et al., 2015; Gottzén, 2019; Hoang et al., 2013; Oddone, 2020; Peralta et al., 2010; Turhan & Bernard, 2020).

Programmes for perpetrators of DVA frequently employ a gendered lens in the development and implementation of content. This framing acknowledges the gender asymmetry in the perpetration of DVA which continues to be substantiated in data (Hamby, 2014). It also responds to the unequal gender dynamics in operation, with specific emphasis on the role of power and control in the relationship (L. Hamilton et al., 2013). A focus on gender norms, roles and expectations is particularly important when challenging the use of coercive controlling behaviours (Downes et al., 2019), and remains highly salient to the development of perpetrator programmes more generally, including those working with men who perpetrate DVA in families.

6. Differentiated understandings of intimate partner violence: typologies

In recent years there has been a shift away from earlier feminist conceptualisations of DVA as a singular phenomenon, in favour of a reading of intimate partner violence (IPV) as varied and therefore requiring careful distinction in order to understand how best to respond to it (Donovan & Barnes, 2019a; M. P. Johnson, 2017; Myhill, 2017; Wangmann, 2013). Work on differentiation is broad and complex, and acknowledges differentiation in experiences and perpetration of IPV. Further, people who perpetrate IPV are not a homogenous group, including in terms of their motives for the use of violence or abuse (Donovan & Barnes, 2019b; Gadd & Corr, 2017). Numerous typologies have consequently been identified, some based on individual characteristics of the perpetrator, some on the nature and characteristics of the violence, as well as a combination of these (Ali et al., 2016; Radatz & Wright, 2016; Tomison et al., 2015). A full analysis of all of these is beyond the scope of this report. However, some of the more widely recognised typologies include that of Gondolf (1988), Holtzworth-Munroe and Stuart (1994), Holtzworth-Munroe et al., (2000), Gottman and colleagues, Cavangaugh and Gelles, Johnson.

The designation of typologies acknowledges the multifaceted nature of IPV which can, according to some authors, facilitate the development of more appropriate and targeted interventions as well as better identification, more sophisticated screening and assessment of perpetrators of DVA, which together could increase protection for victim-survivors (Cavanaugh & Gelles, 2005; Donovan & Barnes, 2019a; Jaffe et al., 2008; J. B. Kelly & Johnson, 2008; Myhill, 2017; Stark, 2012). Others also argue that the identification of typologies has potential for developing more nuanced measurement of outcomes associated with interventions (Ali et al., 2016).

Johnson's typologies

Johnson's five typologies are arguably the most well known, particularly within social work discourse, and are underpinned by the premise that if data were to be synthesised from national surveys and community samples, the following broad types could be determined: intimate terrorism, violent resistance, situational couple violence, separation-instigated violence, and mutual violent control (M. P. Johnson, 2008; J. B. Kelly & Johnson, 2008). Situational couple violence tends to be gender symmetrical and is typically reported in representative sample surveys in the general population (Love et al., 2020). In contrast, violence used in the context of control over one's partner, takes the form of intimate terrorism, violent resistance or mutual violent control (M. P. Johnson, 2008). These forms are more severe in nature, and are typically gender asymmetrical. They also correspond more closely with feminist or 'archetypal' definitions of DVA, as set out earlier (Hester, 2013). Intimate terrorism is typically perpetrated by men and is the most antithetical to the advancement of gender equality (J. B. Kelly & Johnson, 2008). Research further suggests that women may be more likely to use violent resistance against men partners, thereby suggesting women's perpetration of violence in relationships is often, but not exclusively, defensive or retaliatory (Hester, 2012, 2013).

Johnson's typologies are increasingly being used to inform (social work) practice with perpetrators of DVA (Butters et al., 2020; European Network for the Work with Perpetrators of Domestic Violence, 2019; Spencer et al., 2020; Tomison et al., 2015; Whiting et al., 2020), including those from the LGBTQ+ community (Donovan et al., 2014). Examples of programmes where Johnson's typologies have been incorporated include the HELP healthy relationships (non-accredited) programme for people on probation (Woolford & Wardhaugh, 2019), Newham's NewDay programme (Langdon-Shreeve et al., 2020) and Doncaster's Growing Futures model (Boxford, King, et al., 2020), discussed later. Independent evaluation of programmes such as these has emphasised the value of ensuring that any new or enhanced intervention reflects different typologies of domestic abuse (Boxford, Nickson, et al., 2020).

Thinking beyond typologies

The use of typologies as a mechanism for working with perpetrators of DVA (and victim-survivors) is an area of ongoing debate, in part because of the substantive challenges associated with how the articulation of typologies might be translated into practice settings (Tomison et al., 2015; Wangmann, 2013). There are also challenges associated with the recognition or identification of coercive control, particularly in the absence of adequate practitioner learning and development in this complex area of practice (Wangmann, 2013). Johnson's typologies have also been refuted by some on conceptual grounds, including by Walby and Towers (2017), who argue that what Johnson describes is instead an escalation of violence, such that all violence could potentially escalate to coercively controlling intimate terrorism, if the victim-survivor does not have the (financial) resources to leave. This arguably deploys an overly narrow framing of DVA which inadvertently responsabilises victim-survivors for preventing escalation, rather than the perpetrator of abuse, and has therefore also attracted criticism (Donovan & Barnes, 2019a). While Myhill (2015) recognises the importance of the distinctions made by Johnson, he also emphasises the methodological challenges typologies may have for measuring prevalence and understandings of DVA more generally. Gadd and Corr (2017) similarly caution against an over reliance on typologies, to the detriment of 'missing' the specific meanings attributed to violence by perpetrators of DVA. This does not, however, obviate the use of typologies all together as they can foreground aspects of DVA which might otherwise be overlooked, providing it occurs within the context of an approach which recognises and responds to the diversity of people's experience.

This position aligns with Mennicke's (2019) argument for the need to engage with the understandings of the family members involved, rather than deploying 'top-down' deductive approaches when working with them to address DVA. There is also a need to validate the categories used to describe intimate partner violence according to the language used by them. Mennicke also argues for the expansion of Johnson's typologies, attending to the specificity and function of the control deployed within a relationship. Control Resistance constitutes the third control-related category of intimate partner violence identified by Mennicke, and is defined as a circumstance in which one partner is violent and controlling, while the other partner is controlling but not violent. Conversely, according to Johnson's typology, these patterns would be categorised as intimate terrorism. Drawing a further distinction between the two may therefore function to avoid erroneous conclusions regarding the dynamics and prevalence of intimate terrorism.

Key messages

- > How domestic violence and abuse is defined and understood informs how it is responded to, and the methods used to intervene in the behaviours of perpetrators of abuse.
- > A review of the literature substantiates the valuing of retaining a range of approaches and programmes to respond to perpetrators of DVA, in order to improve outcomes for adult and child victim-survivors.
- > A typology-informed understanding of the perpetration of DVA may, in some cases, enable a more nuanced perpetrator intervention, at different degrees and scales.
- > An analysis of how men perpetrators view or understand notions of masculinities and gender can play an important role in the development of effective behaviour change interventions.

7. An overview of programmes and interventions for perpetrators of DVA

Perpetrator interventions may differ in terms of method, objectives and scope, but they generally share the common goals of stopping the violence or abuse, increasing the safety of adult and child victim-survivors, and holding the perpetrator of abuse to account (Callaghan et al., 2020; Pallatino et al., 2019), including to their children (Alderson et al., 2013). Various localised and national perpetrator initiatives have emerged over the last three decades or so (Bates et al., 2017; P. Davies, 2018), primarily aimed at heterosexual, cisgender men who perpetrate DVA. Respect has led this work for many years, and provides perpetrator programme accreditation in the UK. The Respect Standard 3rd edition sets out requirements for safe and effective practice with perpetrators of DVA, which includes the provision of integrated services for (ex)partners of men on the programme (Respect, 2017).

Types of programmes now include targeted prevention and intervention, early intervention, interventions for high-harm, high-risk perpetrators, and those with complex or multiple needs. Alongside these are couple, family and parenting-based interventions, as well as interventions which incorporate substance use or mental health interventions. Programmes for people in same-gender relationships as well as women perpetrators of DVA (see, for example, T. Walker, 2013) have been developed but are far fewer in number and there is less documented research regarding these.

The Duluth model

First originating in the USA, Pence and Paymar's (1993) Duluth coordinated community response (CCR) model is possibly the most well known, and historically dominant model for perpetrator intervention both in the UK and North America (Bohall et al., 2016). Many perpetrator programmes, particularly earlier ones, have their foundational roots in the Duluth CCR (Lilley-Walker et al., 2018). It is a multi-agency, systemic response which mobilises a gendered analysis of domestic abuse and addresses the ways in which patriarchal privilege manifests in the perpetration of violence against women and girls (Pence & Paymar, 2011). The CCR simultaneously addresses the needs of victim-survivors (Phillips et al., 2013) in order to ensure the safety of victim-survivors during the course of the perpetrator programme (McGinn et al., 2016) as well as to develop and maintain perpetrator accountability (White & Sienkiewicz, 2018). Typically, the Duluth model operates in tandem with cognitive behavioural informed therapeutic approaches which integrate group-work methods, in order to re-educate men who perpetrate violence (Bates et al., 2017).

In the UK context, the CCR approach has been pioneered by the charity Standing Together for the last two decades. The CCR 'enables a whole system approach to a whole person' and shifts responsibility for safety away from individual victim-survivors and onto communities and services (Standing Together, 2020, p.6). It encompasses a broad response to DVA by addressing prevention, early intervention, crisis, changing levels of risk, and longer-term recovery. Made up of 12 key components, it brings services including social care, housing, health, criminal justice, and communities together in order to ensure local systems keep victim-survivors safe and hold perpetrators to account, as well to prevent DVA. Standing Together guidance was reviewed in 2020 to ensure local areas were prepared to respond to the new duties and changes brought in by the *Domestic Abuse Act 2021*, including statutory duties associated with Tier 1 and 2 Boards (Standing Together, 2020).

Given the Duluth model's prominence and longevity, perpetrator programmes which employ it (or variations of it) have been widely evaluated both in the UK and abroad (Akoensi et al., 2013; Bates et al., 2017; Crowley, 2017; L. Hamilton et al., 2013; Harvie & Manzi, 2011; Lilley-Walker et al., 2018; Westmarland & Kelly, 2015; Wojnicka, 2015), far more so than smaller less integrated interventions (Corvo et al., 2009; Miles & De Claire, 2018), as well as alternative interventions, for which there is a more limited evidence base (Gondolf, 2011). A large portion of the research related to programmes which deploy Duluth's more 'traditional' power and control model has come from North America, therefore is not always transferable to a UK context, particularly given fewer programmes in the USA offer integrated support for (ex)partners of men on the programme (Westmarland & Kelly, 2015).

Limitations

Notwithstanding the challenges associated with a fragmented evidence base discussed in forthcoming sections, the variable training backgrounds and inconsistent qualifications of trainers on some Duluth-informed programmes have been seen by some as limitations and a potential threat to programme integrity (Hamel, 2020; LeBlanc & Mong, 2021; P. K. Morrison et al., 2017; Pender, 2012). But unlike in the USA, the Respect standard 3rd edition (2017) provides clear mechanisms for the standardisation of safe and effective practice with perpetrators of abuse (across a range of programme types and approaches), thereby mitigating these concerns to some extent in the UK context. However, a mapping of perpetrator programmes by the Drive Partnership in 2019 identified fewer than one in three DA perpetrator programmes holds Respect accreditation so the quality of the remaining programmes cannot be known.

There are debates regarding the use of group work methodologies in work with perpetrators of DVA (McGinn et al., 2016, 2020; Murphy et al., 2020). The Duluth model is deemed by some as ineffectual for responding to women perpetrators of abuse and to DVA within same-gender couples (Hamel, 2020). Others have argued Duluth lacks robust strategies to respond to needs arising from racial, religious or cultural background (Waller, 2016), or to address experiences of racism or discrimination associated with insecure citizenship status (Turhan, 2020).

A number of evaluations and meta-analyses across a range of country settings have shown that perpetrator programmes that deploy the earlier discussed historically dominant methods for intervention can be associated with higher rates of recidivism (Aaron & Beaulaurier, 2017; O. Brooks et al., 2014; Butters et al., 2020; College of Policing, 2015; Liel, 2017; Vigurs et al., 2016), and in some cases, have small or limited effects in deterring further abuse (Akoensi et al., 2013; Arce et al., 2020; Butters et al., 2020; Zarling et al., 2019).

Attrition or 'drop-out' represents another key challenge for both programme success and evaluation (Berry et al., 2014). Attrition is a concern for intervention providers because people who do not complete programmes are arguably at higher risk of recidivism (Jewell & Wormith, 2010). Various studies suggest that perpetrator intervention programmes can have high rates of participant attrition (Richards et al., 2019). However, there are numerous variables which make it difficult to adequately compare or assess data on attrition, including extant variations in the definition of 'attrition', programme theoretical basis and content, programme length, and in the measurements of attrition at different stages of programming including pre- and in-programme (Jewell & Wormith, 2010; Richards et al., 2019). Together, these points underscore the need for greater standardisation of measures in evaluations in this field (Lilley-Walker et al., 2018).

More recently, some Duluth-informed perpetrator programmes have been deemed inadequate for responding to the increasingly prominent issue of technology facilitated abuse or digital coercive control, both in the UK and North America (Harris & Woodlock Delanie, 2019; Havard & Lefevre, 2020). This is, however, more likely to reflect a gap in the application to practice of a relatively small but growing body of research as regards to this rapidly evolving area of concern (Dragiewicz et al., 2018; Henry et al., 2020; Patel & Roesch, 2020; Snaychuk & O'Neill, 2020).

Opportunities

Fundamental components of the Duluth model continue to be recognised as good practice for perpetrator intervention, both in the UK and internationally. This includes its gendered focus, as well as the CCR, with the requisite provision of an integrated service for (ex)partners of men on the programme (Brown & Hampson, 2009; Cleaver et al., 2019; European Network for the Work with Perpetrators of Domestic Violence, 2019; Liz Kelly & Westmarland, 2015; Lilley-Walker et al., 2018; SafeLives, 2020b; Westmarland, 2011), which evidence suggests can increase women's feelings of safety (Westwood et al., 2020).

The emphasis on victim-survivor experience espoused in the Duluth CCR model remains crucially important, and is bolstered by the model's inherent feminist theoretical framing. It facilitates an analysis of power in the behaviours exhibited by abusive men, which itself coheres with a feminist analysis of unequal gender dynamics and gender socialisation (Gondolf, 2010). Together these factors function to critically re-focus attention onto the person causing harm and increase accountability within the constellation of services involved in the person's support and intervention (Gondolf, 2007).

The Power and Control wheel, developed from women's lived experiences of DVA, sets out the dynamics of a relationship with an abusive person and its various impacts. It is another key component of the model which provides dialogical mechanisms to confront men's abusive behaviour and support the development of alternative behaviours and beliefs, within the therapeutic process towards behaviour change (Gondolf, 2010). It has now been widely adapted and licensed to accommodate different people's experiences including those in same-gender relationships and LGBTQ+ people. There are also religiously and culturally specific versions (Chavis & Hill, 2008; Rankine et al., 2017), and one for technology-facilitated power coercively controlling behaviours (Havard & Lefevre, 2020). Together these factors challenge assertions that the Duluth model is unable to adapt or respond to a diverse range of needs or identities among perpetrators of DVA.

Research conducted with victim-survivors involved in integrated programmes indicate that they can also play a key role in the monitoring of perpetrator behaviour, in addition to providing advocacy and validation of victim-survivor experience (McGinn et al., 2016; Westmarland & Kelly, 2015; Westwood et al., 2020). There is also evidence to suggest that integrated programmes may reach victim-survivors who otherwise may not have accessed support or come to the attention of services (McGinn et al., 2019). There are a number of examples of programmes in the UK, discussed in forthcoming sections which are embedded as local adaptations of a CCR. Evidence from these programmes demonstrate a range of positive outcomes including perpetrator behaviour change and a reduction in the incidence of violence.

These are in addition to outcomes which extend beyond the cessation of violence including increased feelings of safety among victim-survivors, and improved relationships and parenting practices. These are discussed in the context of specific programmes and approaches in the next section, as well as in the sections on Measuring outcomes and Whole family approaches.

Domestic violence perpetrator programmes within Coordinated Community Responses

The most commonly seen intervention in the UK is the domestic violence perpetrator programme (DVPP)², and there is evidence of these programmes being successfully co-located within children's social care settings (Phillips, 2012). DVPPs are generally divided into criminal justice or community-based/non-criminal justice programmes, with evidence suggesting that community programmes are increasingly receiving referrals from social work child protection and family courts (Liz Kelly & Westmarland, 2015, p. 184).

DVPPs aim to reduce the incidence of DVA by altering the attitudes, belief systems and behaviours of the person causing the harm. They are informed by research regarding the nature of DVA and typically deploy cognitive behavioural, (pro)feminist, psychodynamic and / or psychoeducational models of intervention in a group setting (Akoensi et al., 2013; Phillips et al., 2013). Early programmes were strongly informed by the Duluth model (Lilley-Walker et al., 2018), but often in conjunction with other therapeutic frameworks (Westmarland & Kelly, 2015). Counselling and therapeutic-based approaches are increasingly being used (Miles & De Claire, 2018), along with programmes that implement a multi-treatment or multi-method approach (S. A. Morgan et al., 2019). Many are motivation based and or recovery focused, and informed by individual need (Butters et al., 2020; Vigurs et al., 2016).

The Mirabal evaluation of DVPPs

The Mirabal evaluation of Respect-accredited UK-based DVPPs for men examined programmes across 11 sites (Westmarland & Kelly, 2015). The evaluation utilised control groups and assessed outcomes for women and children victim-survivors. It set out six outcome measures with authors expanding what constitutes programme 'success' beyond the cessation of physical violence (Westmarland et al., 2010). The introduction of these measures therefore account for the possibility that the physical violence may stop, but that women and children continue to live in a coercively controlling or threatening environment.

The evaluation suggested that DVPPs not only achieve behaviour change among participants, but also function as an important mechanism for coordinated decision-making and a key reference point for the various agencies working to intervene in DVA, including children's services and CAFCASS, thereby underscoring the substantial value of the CCR discussed earlier. The evaluation also underscored the importance of programme or service integrity, noting it is best achieved through robust monitoring processes, case and practice management, clinical supervision and reflection. Authors asserted that the Respect standard (Respect, 2017) substantially contributes to achieving service integrity, while noting the added pressures posed by ongoing cuts to resources and budgets (Westmarland & Kelly, 2015).

2 Known as Batterer Intervention Programmes (BIPs) in Canada and the United States, and Men's Behaviour Change Programmes (MBCPs) in Australia and elsewhere outside of the UK (O'Connor et al., 2020).

8. Community-based responses to perpetrators of DVA

Community-based programmes and interventions for perpetrators of DVA, as part of a coordinated response, are wide ranging, and there are a number being run across the UK and elsewhere at any given time. This includes a range of **Respect Accredited programmes**; several are documented in research and independently evaluated, though others are not. Sector leaders assert that interventions for perpetrators of DVA should be underpinned by support for victim-survivors as discussed above, and should include broad referral pathways and information sharing, good governance, culturally appropriate practice, discussed later, as well as, quality assurance (Respect et al., 2021).

Types of intervention to respond to perpetrators of DVA can include:

- > Behaviour change structured group work programmes
- > Intensive one-to-one case management
- > Early intervention
- > Coordinated multi-agency response and disruption
- > Specialist group or one-to-one behaviour change interventions for specific groups such as LGBTQ+ and women perpetrators of DVA, or those with disabilities
- > Prevention through education and awareness with behaviour change intervention
- > Statutory provision via policing, courts and the criminal justice system (Respect et al., 2021).

Forthcoming sections provide some examples of community-based interventions, but this is not an exhaustive nor comprehensive list. Some engage with men who are fathers, but others do not. However, they have been included where the programming or model in question may hold some broader applicability for work with men in families with children, in children's social care settings. The examples also include parenting programmes which work with perpetrators of DVA who are fathers. It is, however, important to acknowledge the differing aims of violence prevention programmes and those of parenting programmes. While they do frequently overlap, and are advantageous when combined, such as in the case of DVIP discussed below, they are not the same, and do not function as a substitute for one another (Respect, 2013, p.10).

Caring Dads: Safer Children programme

The Caring Dads programme was first developed in Canada by Scott and Crooks in 2004 and is a group parenting intervention for men who have been identified as being at risk of abusing or neglecting their children or of exposing children to DVA. The intervention entails contact with the child(ren)'s mother and coordinated case management in order to reduce risk posed to family members. The programme promotes child-centred fathering and focuses on enhancing men's motivation and ability to engage in respectful, non-abusive co-parenting practices with the child(ren)'s mother. It has been integrated into other wider-ranging programmes such as Newham's NewDAY programme (Langdon-Shreeve et al., 2020).

A UK evaluation (McConnell et al, 2017) of the programme found ‘promising’ evidence that it contributes to reducing risks to children, as well as indicating there was behaviour change and improved parenting practices among some participants of the programme. Data also suggested that the improvements to fathers’ behaviour also contributed to increased feelings of safety and wellbeing among members of the men’s families. These findings are further corroborated in an Australian evaluation (Diemer et al., 2020) which assessed behaviour change against six indicators including recognition of harmful behaviour among themselves and other men on the programme and embedding positive fathering practices. A Canadian study (K. Scott et al., 2021) examined child protection outcomes over two years, for families in which the father was enrolled on the Caring Dads programme. It found significant benefits including greater engagement of fathers in child protection case management and lower rates of abuse perpetrated by the fathers.

Make a Change (MAC) and Change that Lasts Wales

Make a change (MAC) is an integrated model that addresses both organisational and community level responses to DVA, supports behaviour change among perpetrators of abuse, and provides support to (ex) partners. It aims to engage people who are concerned about their behaviour at an earlier stage than more typical perpetrator programme interventions. The intervention is designed to take place before behaviour escalates to the point where intervention is court-mandated or required by child protection orders (Callaghan et al., 2020, p. 2). The MAC model permits referrals from any source and does not require a disclosure of abuse during the first phase of the model, prior to the intervention taking place. The removal of this requirement is understood as central to the programme. Like other programmes, the needs and safety of victim-survivors are prioritised.

Other examples of intervention at an earlier stage include *Change that lasts Wales* which is a community-based model first developed by Welsh Women’s Aid in partnership with Women’s Aid Federation. It uses a whole systems approach, and includes work with perpetrators of DVA or those who are at risk of perpetrating DVA (Women’s Aid, 2017).

Healthy relationships programming

Community-based programmes such as healthy relationship interventions seek to address the needs of perpetrators of abuse using methods by which people are provided opportunities to develop alternative relationship strategies, such as the Men in Healthy Relationships 20-week programme in Canada (Wong & Bouchard, 2020). Others such as the Building Better Relationships (BBR) programme, are delivered by the probation service in the UK (Bloomfield & Dixon, 2015; K. Walker et al., 2016; Woolford & Wardhaugh, 2019) as well as in Sweden (Haggård et al., 2017). BBR represents one of 14 HMPPS (Her Majesty’s Prison and Probation Service) accredited perpetrator programmes for delivery in the community (Ministry of Justice, 2021).

The *Up2u* programme (Pearson & Ford, 2018), evaluated in 2018, is another healthy relationships based intervention which mobilises a risk and needs-led approach which aims to respond to perpetrators’ criminogenic needs in a manner that is alert to their individual learning style and at an intensity that coheres with their presenting risk. Unlike several of the other programmes discussed here, and representing a deviation from established practice using Duluth type models, it does not engage with a gendered approach in order to effect behaviour change (Pearson & Ford, 2018).

Jacana parenting service

This service was piloted in Hackney, London and was developed and delivered in partnership with the nia project and the local domestic violence intervention project (DVIP), a Respect-accredited member operating in several London Boroughs. Its primary aim was to support parents affected by DVA, and offered separate interventions to mother victim-survivors, and fathers who perpetrated DVA, using individual and group work. The programme's work with men sought to extend existing perpetrator programme models by elaborating the content on fathering in order to respond to a 'gap' in provision which failed to respond to perpetrators of DVA who are fathers. An evaluation was conducted in 2011, and identified success indicators associated with increased adult and child victim-survivor safety, and enhanced relationships between mothers and children, and fathers and children (Coy et al., 2011).

Strength to Change

No longer in operation, this was a voluntary programme for men perpetrators of DVA in the North East of England. A range of therapeutic approaches were used during the initial ten individual sessions offered to the men, followed by a group work programme lasting up to one year. A parallel service was offered to partners of the men on an individual or one-to-one basis. An evaluation between 2009 and 2011 indicated that the majority of the participants were fathers, and that participation on the programme promoted an understanding of the impacts of DVA on children, and that understanding their roles as fathers served as a key motivation for behaviour change (Stanley et al., 2012).

It is important to note that several of these interventions are no longer in operation, owing to short-term or insecure funding, which can impede longer-term practice development and systems and culture change in this area of practice, particularly within children's social care settings. Please see the Strategic Briefing for further discussion.

Coordinated multi-agency and disruption responses to perpetrators of DVA

Responses which mobilise a targeted perpetrator-focused strategy across a range of agencies, in order to disrupt and intervene in perpetrator offender behaviour, typically focus on high-risk, high-harm perpetrators of DVA, and through perpetrator panels. Examples include:

Drive Project Intervention

The Drive Project intervention, launched in April 2016, is another model of collaborative intervention and disruption, which mobilises a whole systems, whole family approach. It focuses on high-harm, high-risk perpetrators, including those considered serial³ perpetrators (Hester et al., 2017), with the key aim of reducing numbers of child and adult victim-survivors through the deterrence of perpetrator behaviour. It has been piloted in three areas across England and Wales from 2016 to 2019. An evaluation of the Drive Project intervention by the University of Bristol suggests that it was successful in reducing abusive behaviour, and led to increased safety for victim-survivors, and a reduction of risk in three quarters of the cases over the period of the intervention. It also created increased opportunities for victim-survivor decision-making and, in some cases, leave-seeking where this outcome was sought by the victim-survivor.

3 Serial perpetrators are understood as those that abuse multiple people, in contrast to repeat perpetrators who abuse the same person multiple times.

Drive was piloted in three areas across England and Wales from 2016 to 2019. Findings were generated via a randomised control trial, which synthesised data from a range of qualitative and quantitative data sources. The evaluation assessed outcomes following the 10-month delivery and the 12 months thereafter, to assess whether change was sustained. Findings from the evaluation indicated the intervention was successful across various outcome measures, including in reducing abusive behaviour, increased safety for victim-survivors, and a reduction of risk in three quarters of the cases over the period of the intervention. It also created increased opportunities for victim-survivor decision-making and, in some cases, leave-seeking where this outcome was sought by the victim-survivor.

MATAC

The multi-agency tasking and coordinated approach (MATAC) aims to intervene earlier in the behaviour of serial (Robinson, 2017) or high-harm perpetrators of abuse (P. Davies, 2018; P. A. Davies & Biddle, 2018). They are grounded in research from across a range of country settings which, authors argue, indicate that according to police data, the most harmful, prolific DVA is perpetrated by a relatively small minority of offenders (Bland & Ariel, 2015; Robinson & Clancy, 2020; Sherman et al., 2016). This does not, however, account for those perpetrators of DVA who do not come to the attention of police (or other agencies).

Methodological tools such as the Priority Perpetrator Identification Tool (PPIT) have also been developed to manage high-risk offenders within the context of a criminal justice multi-agency partnership strategy (Robinson & Clancy, 2020). There are examples of these being implemented in Australia (G. Hamilton et al., 2019) and in North America (Juodis et al., 2014). Though not currently widely used in the UK, three pilots have been conducted in three police force areas in England and Wales. An evaluation indicated improved organisational practices across a range of relevant agencies working to hold perpetrators of DVA to account within the context of a more collaborative systemic response (Robinson & Clancy, 2020).

Key messages

- > Perpetrator interventions should prioritise outcomes for adult and child victim-survivors.
- > Safe and effective interventions for perpetrators of DVA should be provided within the context of an integrated or coordinated community response, which includes the requisite support provision for victim-survivors, as set out in the Respect Standard (3rd edition 2017).
- > Evidence from evaluated programmes, discussed here, together suggest interventions and programmes which respond to perpetrators of DVA require:
 - A multi-agency, multi-sector response across a range of different settings
 - A combination of different types of engagement including one-to-one and group work
 - Broad and varied referral pathways
 - Information sharing across the services and providers involved in supporting families
 - Robust risk assessment and management
 - Good governance.

9. Interventions in health settings

Mental health and substance use treatment

Recent research lends support to incorporating mental health and or substance use treatment in interventions for perpetrators of DVA (where relevant). This is bolstered by evidence highlighting the limited engagement with mental health issues in some perpetrator programmes, with the mental health needs of people who perpetrate DVA often left unmet. Much earlier research from Jones, Gondolf and colleagues has also highlighted that mental health is a factor for perpetrator programme drop-out and re-assault.

The need to attend to substance use or mental health need among perpetrators of DVA are substantiated in the evaluation of Drive Project intervention for high-harm perpetrators of DVA. They are also reflected in an evaluation of perpetrator programme efficacy which reasserted the need to take account of substance use or mental health need in assessment and support, thereby requiring support either as part of the programme, or via appropriate sign-posting.

Analysis of domestic homicide reviews (DHRs) in England and Wales indicated that 49% of perpetrators of domestic homicide had a mental health diagnosis. This study is preceded by an earlier study also conducted in England and Wales which illustrated a similar picture. Analysis of DHRs involving people aged 60 and over also strongly corroborates these data, while a recent study with fathers who have experienced repeat care proceedings showed fathers commonly present with poor mental health.

These studies suggest that mental health services provide an important setting in which to engage people who perpetrate DVA, as well as to discuss the issue of DVA, in order to facilitate disclosure and much earlier intervention. Data also suggests there is a higher concentration of mental health need among people who perpetrate DVA, in comparison to the general population. This does not imply a causal link, but recognising these factors could create more opportunities for risk reduction and improved safety outcomes for victim-survivors, by encouraging people with mental health needs to access services, as well as increase inter-agency working across providers such as mental health, police, social services, and DVA services. Writing in relation to the North American context, Gondolf highlighted the challenges of achieving collaboration across mental health (and substance use) services and perpetrator programme delivery, as part of a broader CCR.

Draft statutory guidance issued in line with the Domestic Abuse Bill (2020) reasserted the importance of increasing awareness of DVA across all health provision. Emphasis is placed on routine enquiry as regards to DVA within mental health settings, as well as to address the complex needs of people who perpetrate DVA, including those associated with trauma and substance use.

General medical practice

A survey of men attending UK primary health clinics found that a large minority of men presenting to general practice (GP) had either experienced or perpetrated DVA. Similar findings have emerged from the USA. Men who perpetrate or experience DVA typically regard general practice as their primary source of help; a point further substantiated in a survey with men attending UK DVPPs (Tarzia et al., 2020; Williamson et al., 2015). Some authors have also found that men do not tend to object to being asked about negative behaviours in the context of mental health or other associated problems.

Evidence suggests that healthcare practitioners do not routinely ask men about DVA, despite prior research supporting this approach (see, for example, Westmarland et al., 2004). Some scholars assert that if men's perpetration or experience of DVA is not identified by clinicians, the management of associated mental health concerns may also remain inadequate, linking into the points made earlier. Together, these findings provide a compelling case for an improved healthcare response to people who perpetrate DVA, including better screening for DVA in general medical practice (De Puy et al., 2017; K. Morgan et al., 2014; Portnoy et al., 2020; Tarzia et al., 2020).

Examples from practice: REPROVIDE and ADVANCE

REPROVIDE is now a multisite randomised controlled trial with mixed methods evaluation to assess perpetrator programme efficacy. It previously piloted training and support interventions for general practice settings in order to improve responses to men who perpetrate or experience DVA, as well as to children exposed to DVA. No longer in operation, it expanded on the earlier, now well-established IRIS integrated domestic violence training for general practice model, for victim-survivors of DVA. ADVANCE offers an example of a programme which addresses substance use as part of an integrated, needs-led approach.

Key messages

- Evidence suggests that health settings represent key locations for DVA screening and early intervention, within a coordinated multi-agency response.
- Research points to the value of incorporating DVA as part of routine enquiry in healthcare settings so that intervention with people engaging in harmful behaviours can take place at an earlier stage.
- Earlier intervention in health settings could enable any co-occurring or complex needs of people who perpetrate DVA, including those associated with trauma and or substance use, to be identified and responded to.
- Multi-agency and cross-sector working between children's social care and health care providers, may offer opportunities to work with, and intervene in, the behaviours of people involved with children's social care who perpetrate DVA.

10. Motivation for engagement and behaviour change

Understanding why and how perpetrators of abuse change their behaviour is crucial to the development of both policy and practice in this area, as is an analysis of why people may remain on, or 'drop out' from programmes. These factors are also key to increasing the efficacy of perpetrator behaviour change programmes, particularly as regards to achieving and sustaining the cessation of violence in the longer term, as well as to achieve other broader outcomes (discussed in Measuring Outcomes section).

Studies which have interrogated what might drive change among perpetrators of DVA foreground the substantive challenges and complexities of seeking to engage men who use violence before they reach 'crisis point', or prior to criminal justice measures. Systematic reviews in this area reveal a range of levels and types of motivation which variously impact on the change process. Identifying motivation for behaviour change often focuses on an analysis of critical 'turning points', set out in one Canadian study as: identifying key incidents that precede change, learning new skills, development of relationships within and outside of the change programme, and taking responsibility for past behaviour. The latter featured most consistently across the studies reviewed, a point further substantiated by research from Sweden.

An Australian study investigated the factors which contribute to men's continued engagement on a behaviour change programme, using the theory of planned behaviour. Emphasis here was placed on the identification of a 'trigger' or 'turning point' which coheres with other work in this area, which sought to investigate perpetrator motivation for change. Findings underscore that some men may not ever be motivated to change, but many are, and it is this potential for change, which authors argue should be harnessed in the design and implementation of early intervention programmes in particular. Gadd and Corr reassert this claim in relation to work with perpetrators of DVA within social work settings. A point echoed by others, particularly when set within an intersectional framework of intervention for responding to men from diverse backgrounds.

Fatherhood as a potential motivator for change

Following research with fathers enrolled on perpetrator programmes, some authors suggest that fatherhood may offer a viable opportunity to motivate their engagement in interventions geared towards addressing gendered forms of DVA. Other studies identify the extent to which new fatherhood is a motivator for change, underscoring the advantages of intervention in the perinatal period and of including a focus on parenting, which together may facilitate engagement in violence reduction initiatives. Further, evidence from programmes, such as the Strength to Change programme referred to earlier, suggests that cultivating men's involvement with children's social services and fathering roles, can promote motivation to engage with a process of change. Some authors also argue that children can provide a powerful context through which the impact of violent behaviour can be challenged and addressed, as well as occupying a key role in violence prevention efforts.

But, the leveraging of fatherhood as motivation within this frame is not without complex challenges, and there is a risk that this construction of fatherhood could inadvertently feed into a harmful ‘fathers’ rights’ discourse. The challenges are brought into sharp focus when considered in view of the potential harm posed to children (and their mothers) who continue to have contact with fathers who are abusive, which, as the evidence indicates, can often outweigh any possible benefits. Evidence documenting the ways in which abusive fathers continue to use coercive controlling behaviours to harm mothers and children in post-separation contexts (discussed further in the section on Children’s Social Care responses) also further strengthens these concerns – concerns which are strongly substantiated in research with children themselves.

Key messages

- Understanding why and how perpetrators of abuse change their behaviour is crucial to the development of both policy and practice in this area.
- Findings underscore that while some men may not be motivated to change, many are, and it is this potential for change that should be harnessed in the design and implementation of interventions; both adults’ and children’s social care play a key role in being a conduit for this.
- An analysis of ‘turning points’ may offer useful insights as regards to motivating and sustaining change among this cohort of men.
- It is beneficial to both acknowledge and cultivate men’s potential for change when designing and implementing early intervention programmes.

11. DVA perpetrator work through an intersectional lens

Intersectional thought is rooted in Black feminist scholarship. Coined by Crenshaw, intersectionality was first elaborated as a metaphor for understanding Black African and Caribbean women's experience of violence, as fundamentally shaped by interlocking gendered, racialised and classed inequalities. An intersectional analysis of DVA accounts for the ways in which minoritised people must navigate a system of structural oppression. In this, gender interacts with other structural oppressions and inequalities of race, ethnicity, class, age, sexuality, economic status and or (dis)ability, which together fundamentally shape experiences of DVA, both for victim-survivors and perpetrators of DVA.

An intersectional analysis can therefore provide opportunities for a more nuanced formulation of prevention approaches and programmes, which better attend to the diversity of perpetrator identities and broader family complexities, and in turn potentially expand the possibilities for improved outcomes for adult and child victim-survivors. An intersectional analysis could also better equip providers to respond to guidance from sector leaders which asserts that interventions for perpetrators should be underpinned by culturally appropriate practice.

Intersectionality can also offer a valuable lens with which to better understand the intersections with multiple adversities as well as socioeconomic status – lived experiences of both affluence and poverty – and how these operate in the lives of families who come to the attention of children's social care. This is particularly relevant in the case of fathers (and mothers) who are involved in children's social care, including those who experience recurrent⁴ care proceedings.

Ethnically and racially minoritised communities

There is limited research regarding minoritised communities' experiences of DVA both in terms of victimhood and perpetration, with noticeable gaps in understanding relating to community-specific understandings and perceptions of intimate partner violence and abuse. This includes a lack of understanding of the different meanings and mechanisms through which 'justice' is understood, sought, accessed and experienced by Black African and Caribbean people as well as Asian and other minoritised communities.

The intersection of individual experiences of DVA with the experiences of state-perpetrated violence, institutional racism, insecure immigration status, hate crime, and the limitations of an overly criminalised response to domestic abuse, are further emphasised in this context. One study which foregrounds the experiences of Black African and Caribbean heritage people indicates that the language typically used to describe those that harm through DVA, such as 'perpetrator', while accepted by the majority, may be regarded as reinforcing negative cultural stereotypes about race and criminality by some, and could function as a barrier to some men's engagement on behaviour change programmes. This emphasises the need to further examine the nuance and complexities associated with the dominant framing and language used in relation to DVA, as well as in relation to child protection work more generally.

⁴ 'Recurrent' care proceedings refer to birth mothers and fathers who appear as respondents in care proceedings, who have had children removed from their care in previous proceedings.

Advocates of culturally sensitive or responsive perpetrator provision argue that they enable perpetrators of DVA to be held accountable in culturally appropriate ways, while also recognising the dual impacts of structural racism and discrimination in the lives of minoritised perpetrators of DVA. Proponents also argue that cultural competency in services for minoritised populations may improve perpetrator programme efficacy, and, when combined with integrative, therapeutic strengths-based practices, could promote behaviour change among these cohorts of men. Leaders in the sector also assert that interventions should be informed by culturally appropriate practices.

There is some research regarding the use of regionally, racially and or culturally-specific interventions for minoritised groups of men perpetrators, albeit limited in the UK. This is arguably a product of the extant 'diversity gap' in perpetrator research. Early US-based evaluations suggest that culturally and racially specific programming could promote programme completion among men with 'high cultural identification' or 'high racial identification', while also taking into account socio-economic status of those enrolled on programmes. These claims are accompanied by the author's own caveat that the evidence is inconclusive for minoritised men *in general*, thereby underscoring the need for further research in this area, particularly for the UK context. These studies do, however, cohere with more recent research, which emphasises the value of addressing issues of diversity or marginalisation within perpetrator programmes and services, along with acknowledging the role of cultural identification, including within probation settings.

Examples of specialist intersectional provision

Examples⁵ of evaluated specialist services, programmes or interventions which have strategically deployed an intersectional analysis in programme development and delivery, include culturally responsive provision such as Al-Aman in London, the Arabic-speaking project of the Domestic Violence Intervention Project (DVIP). Others include interventions for men perpetrators located in poorer, more marginalised rural communities and for those of Aboriginal heritage in Australia. There are also several examples from North America of evaluated perpetrator programmes, including one for men from migrant communities; a spiritually and culturally based programme for Latino Men within a local Parish; a Spanish version of the Duluth curriculum for Latino immigrant men; and services for African-American men who use alcohol in economically deprived communities.

This is not an exhaustive nor comprehensive list; it merely provides a very brief 'snapshot' of the types of provision that are possible when an intersectional lens is strategically applied. Studies mapping the outcomes of these programmes underscore the key roles culture, religion, and / or socioeconomic status can occupy in the formulation of intervention content and method of delivery.

⁵ There are also a number of programmes and services currently running in the UK, which similarly utilise an intersectional lens in the formulation of content, approach and / or service delivery. But they have not been evaluated or there is not any available literature regarding them, therefore they are not included here. It is also important to highlight that some of these programmes work with men who have children, but others do not.

Sexuality and gender minorities

Dominant discourse until more recently has constructed DVA as a social problem primarily of physical violence within the context of heterosexual relationships. This framing has informed the service response in the UK. While the reality of non-physical abuse and coercive control is now more readily understood, there is less recognition of DVA among sexuality and gender diverse people. Transgender people's experiences of DVA, both as victim-survivors and perpetrators, are especially under acknowledged.

Using an intersectional lens can be useful for challenging the heteronormativity and cisnormativity of dominant DVA discourse. A typology reading of DVA could better account for DVA within non-binary and LGBTQ+ communities, as practitioners are encouraged to think beyond typical framings of gender in work to address DVA perpetration among these cohorts of people. Scholars in this area reassert the need to better address the realities of homo, bi and transphobia in the lives of LGBTQ+ perpetrators, as well as for the different ways in which gender and power operate within and across relationships in these communities.

Key messages

- People's experiences of DVA, in terms of both victimhood and perpetration, are shaped by their intersectional identities. As such, there is value in recognising the roles race, culture, religion, ethnicity, class, (dis)ability, sexuality, gender-identity, poverty and or socioeconomic status may occupy in the lives of perpetrators of DVA and their families, and the ways these interact with responses to perpetrators of DVA.
- There is some evidence to suggest there is value in developing interventions which take account of intersectional inequalities in the lives of minoritised people who perpetrate DVA; there is a need to explore and expand this evidence base further.
- Research with families who have experienced (recurrent) care proceedings indicates the need to consider the role multiple adversities and / or the economic status of families occupy, and how these may shape their ability to engage with (children's social care) support.
- When delivering perpetrator interventions, it is important to be alert to the intersections of institutionalised racism and or trans/bi/homophobia.
- Dominant understandings and responses to DVA are often too limited and therefore obscure the experiences of non-binary, lesbian, gay and bisexual people who both experience and perpetrate DVA; transgender people's experiences are especially underrepresented within this frame.

12. Children's social care responses to people who perpetrate DVA in families

There is a growing body of literature on work with men who perpetrate DVA in the context of families, when they come to the attention of children's social care services. Hester's 'three planets' model provides a useful framework for analysis when thinking about the complexities associated with this area of practice. Each 'planet' encompasses contrasting policies, practices and principles, including regarding work with fathers who perpetrate DVA. Examination of typical child protection practices points to a tendency to minimise the reality that some fathers are also perpetrators of DVA, and as such, 'everyday practices within statutory services collude with this disconnection' by implementing inadequate measures to hold men who perpetrate DVA to account both for their abuse, as well as for failing to protect their children. Dominant practices in child protection work in circumstances of DVA subsequently produce the routine and systematic responsabilisation of the mother victim-survivor which undermines risk management, and embeds the comparative absence of the father.

This tendency to focus on the victim-survivor as 'the only solution', with far too little attention on the perpetrator of abuse, combined with the disproportionate allocation of responsibility to the mother, was identified as a clear practice pattern, during a Joint Targeted Area Inspection. As such, mothers are held accountable for ensuring the perpetrator of DVA stops the abuse, and for the fact that she and her children are in that situation. Children's social care assessment and intervention practices have been shown to contribute to a 'stop-start pattern' of social work that is inconsistent with building the trust and engagement necessary to adequately respond to men who perpetrate DVA in families. This has significant implications for management of perpetrator risk.

Case file analysis as well as accounts from mothers evidence the extent to which fathers are not routinely contacted, remain undocumented in case file notes, are often absent during assessments, and not regularly included in intervention processes. This creates a strained and distrustful relationship between mothers and social care services (or individual social workers), particularly when DVA is viewed by practitioners as something to be 'overcome' rather than a trauma to be supported. It can also lead to a reluctance among mothers to disclose abuse and can impede help-seeking, due to legitimate concerns that it may lead to children's social care proceedings and potentially the removal of children.

Social work with people who perpetrate DVA in families

Fathers who perpetrate DVA often continue to have access to their children in some capacity, and they may also go on to establish new relationships after separating from their current partner, potentially with other children. Together these factors strengthen the argument for engaging this cohort of men within the context of social work practice. The engagement of fathers in children's social care ranges from locating and contacting them, documenting them in case files, and or directly working with them in the context of safety planning for women and children and crucially, holding them to account through child protection measures typically reserved for mothers. Approaches which take forward these actions within the context of prevention and (early) intervention have been slow to materialise.

How fathers are worked with in children's social care settings is an area of debate, often characterised by an assessment of fathers as 'risk' and / or 'resource' in the lives of children in the family. The problems of this framing are elaborated in a number of serious case reviews. A 'both-and' approach is instead proposed by some commentators, which accommodates the dual identity of fathers who perpetrate DVA, to better enable practitioners to assess, manage and minimise the risk to children. It also provides increased opportunities to engage with fathers to change their harmful behaviours, particularly considering they may continue their abusive behaviours in any new relationships. The parenting knowledge and capabilities of fathers who are abusive are also typically underdeveloped thereby further substantiating the need for greater focus on men in families.

Social worker barriers and challenges when working with people who perpetrate DVA

Social workers are uniquely situated to hold people who perpetrate DVA in families to account within the context of their child protection work. However, they report encountering a range of barriers and challenges when working with this group of people. These challenges are complex, and can occur at systemic, organisation and or individual levels. A substantial barrier to working with people for harm in families which is replete in the literature, rests with the fact that many social workers, particularly women, regard it as a highly uncertain and fear-inducing area of practice. This is primarily due to the risks associated with engaging violent perpetrators of abuse, both for themselves as workers, as well as for the adult and child victim-survivors they are supporting. These concerns coalesce with workers' anxieties regarding their ability to ensure the safety of all family members, fears that engagement with the person causing harm might present an obstacle to engagement with victim-survivors, as well as, concerns rooted in workers' own experiences of violence or abuse in some cases.

Social workers also describe the difficulties of working in a system in which dominant policy and practice paradigms emphasise the role of the mother as 'primary protector'. Gendered discourses of parenting further embed this construction of the mother, with research conducted with social work practitioners corroborating the need for a gender-sensitive approach which incorporates a recognition of the contrasting expectations, sanctions, constraints and opportunities available to, and placed on, women and men as regards to their parenting. Other studies signal that a lack of adequate resource (including longer-term capacity building across the workforce) in order to implement and sustain meaningful organisational culture or practice change means that workers tend to revert back to holding mothers to account for managing DVA in the family.

Together these challenges strongly underscore the need for more specialist learning and development opportunities, as well as confidence building, for social workers in this area of practice. In addition to better equipping workers to engage with people who perpetrate DVA in families, evidence also suggests that when social work practitioners are adequately supported and trained to 'hear' perpetrators of DVA in the context of child protection work, it can create opportunities for them to validate and foreground women's experience of DVA. There are examples of training being delivered in this context, such as the SafeLives cultural change programme for those working in social care.

An evaluation of the programme evidenced the substantial impact the training had in the way social care practitioners think and act as regards to DVA. The Make a Change (MAC) intervention, discussed earlier, offers the ‘Recognise, Respond, Refer (RRR)’ training to improve domestic abuse awareness among practitioners in public, voluntary and private sector organisations. An evaluation of the training indicated significant improvements in attendees’ confidence in terms of their understanding of DVA, as well as in their ability to raise concerns regarding abusive behaviours.

The Safe & Together institute, discussed in a forthcoming section, also provides a suite of tools and strategies which can be utilised by both statutory and non-statutory practitioners engaging in child protection work with families where DVA is an issue of concern. Humphreys and colleagues worked with professionals in Communities of Practice, supported by the Safe & Together institute, to map the support social care practitioners require from their organisations, in order to develop and enhance their practice with people perpetrate DVA in families, particularly considering the lack of clear guidance in this area of practice. The authors emphasise that the tasks of shifting attention onto perpetrators of DVA, and of partnering *with* victim-survivors, requires substantial organisational change. It also requires robust leadership, support and advocacy from senior management, who occupy a critical role in creating and mobilising the ‘levers for practice change’ in this context.

Key messages

- Mothers are disproportionality held to account for DVA in families, with far too little focus placed on addressing the perpetrator of DVA and his behaviours, in child protection social work.
- Research provides compelling justification for working with men who perpetrate DVA in families in children’s social care settings, not only to improve safety outcomes for mother and child victim-survivors, but also to hold perpetrators of DVA to account for their abuse.
- Fathers are often absent in children’s social care proceedings, and are not routinely contacted or engaged during proceedings. This further embeds the responsibility assigned to victim-survivors, and reasserts a harmful victim-blaming narrative in circumstances of DVA.
- Social workers encounter a range of barriers and challenges when working with people who perpetrate DVA in families. It can be an uncertain or fear-inducing area of practice and the workforce are often ill-equipped to respond appropriately to families in which there is a perpetrator of DVA.
- There is a need for more nuanced, specialised and comprehensive opportunities for learning and development for the social care workforce, coupled with the senior management leadership and organisational support necessary to facilitate change by refocusing attention away from victim-survivors and onto perpetrators of DVA in families.
- Changing the way families in which there is a perpetrator of DVA are supported requires a fundamental shift in the ways in which DVA is understood by practitioners, as well as in relation to the impact it has upon all members of the family – including the perpetrator. Safe & Together and SafeLives’ Culture Change Programme both offer key points of learning in this area.

13. Whole family practice approaches for work with people who perpetrate DV

Whole family interventions have emerged over the last decade or so, particularly in the UK, Australia and the United States. They share the common goal of engaging all family members, including those that harm, in families in which there is a perpetrator of DVA. The introduction of whole family approaches more generally in the UK has coincided with the earlier ‘troubled families’ agenda, which precipitated renewed service initiatives and policy focus on families with higher levels of need. The ‘troubled families’ programme (now named ‘Supporting Families’) was expanded in 2014 to include families in which DVA was a feature.

The move towards whole family interventions has caused some concern, with opponents arguing that they fail to address or account for the gendered nature of DVA, as well as the power dynamics among differently positioned members of the family. However, whole family approaches seek to redress the imbalance regarding the management of risk in families, which is typically placed on the non-abusing parent, as well as to hold perpetrators of abuse to account. There are also several examples of whole family approaches which explicitly engage with a gendered framing of DVA; the two are not necessarily antithetical, as some of the forthcoming examples illustrate.

One such example is the SafeLives whole picture strategy, which locates a whole family response within a risk-led model which incorporates work to address the needs, and rebuild the wellbeing, of every member of the family, including those that are perpetrating the abuse. This approach underscores the need for effective risk assessment for each member of the family, in individual circumstances, and tailoring responses to meet their needs, in line with that risk. There is an emphasis on seeing the whole person, as well as supporting people earlier and in more suitable, sustainable ways, and taking into account the contextual and systemic issues, such as those discussed earlier.

Recent independent evaluation of three whole family programmes in England suggests that there is a growing need and demand for whole family approaches to address DVA, which considers the needs of the whole family, in the wider context in which the DVA occurs. Authors assert that the success of whole family intervention is likely to rely upon an approach that is multi-layered in so far as it works with families, couples and individuals, is multi-disciplinary, multi-agency and one that operates across a range of settings including within homes, schools and healthcare settings.

Examples of whole family practice approaches and models

There is a diverse and growing range of practice models which fit into the ‘whole family’ category of intervention, including the following examples:

Family Safeguarding Model

The Family Safeguarding model represents a whole-systems reform of dominant local authority child protection approaches. It brings together all the professionals working with a family in one multi-disciplinary team (MDT) including specialist adult workers with expertise in substance use, mental health and DVA. The model was first delivered in Hertfordshire, and has since been implemented in four other local authorities across England. It uses motivational, strengths-based practice approaches to address compounding issues of DVA, parental substance use and parental mental health. The model facilitates an approach to DVA which focuses on supporting both adult and child victim-survivors, as well as offer interventions to support perpetrators of DVA to change behaviours.

Evidence following independent evaluation indicates that it is effective in preventing children from being looked after and for reducing the numbers on child protection plans. These findings coincide with a reduction in police call-outs and in frequency of mental health crisis contacts. Evaluation data also indicated an ongoing demand for perpetrator support and intervention.

For baby’s sake

For baby’s sake whole family perinatal early intervention works with parents from pregnancy to two years postpartum, with the dual aim of disrupting cycles of DVA and enabling better outcomes for children. Infant mental health is a central focus. It was first launched in 2015 in two English community settings. The programme combines DVA trauma-informed intervention, mental health and attachment-focused parenting support for both parents. It utilises a strengths-based model which responds to adverse childhood experiences and trauma among parents, and aims to promote emotional self-regulation. Evaluations of the programme highlight the associations between mental health and experiences of domestic abuse and substantiate the benefits of an individualised approach specific to each family.

Growing Futures

Doncaster’s *Growing Futures* mobilises a whole family approach, as well as a typology-based conceptualisation of DVA. The programme convenes multiple agencies across the community and a key component of the model is the Domestic Abuse Navigator (DAN) role. The programme uses a partnership approach informed by Hester’s ‘three planet’ model to address historically disjointed, poorly collaborated practice, across services working to respond to victim-survivors, perpetrators of abuse and children and young people in Doncaster.

An initial evaluation was conducted from 2015 to 2016 and assessed the impact on services and families of the Growing Futures’ domestic abuse navigators (DANs). It found that the DANs facilitated a more trusting relationship between families and professionals and improved multi-agency working in the context of a whole family approach. A second longitudinal follow-up evaluation assessed the longer-term outcomes associated with the model. It found it had a sustained impact on the services received by children and families, while the whole family approach it espouses was sustained and impacted positively on family members.

Newham NewDAy programme

Following a typology informed understanding and analysis of DVA, Newham *NewDAy* is non-statutory service available to families in which there is situational violence not connected with controlling behaviour. The multi-disciplinary, collaborative programme was developed in response to high levels of domestic abuse in children's social care cases in the local authority, and which required specialist intervention. The programme uses a model that is non-judgmental and consent based thereby departing from statutory or court mandated responses. It consists of four key elements including: short-term intervention for all members of the family including children, victim-survivor and perpetrator; the Caring Dads programme for the perpetrator of DVA; systemic sessions with both parents; and school-focused support for children and young people. An evaluation of the programme indicated positive impact on outcomes for children and young people with a reduction in risk of harm, as well as positive outcomes for victim-survivors. It also indicated increased confidence among social care practitioners, as well as a change in culture among professionals working with families in which there was a perpetrator of DVA.

Opening Closed Doors

Barnardo's Opening Closed Doors programme was established in 2019 in five Welsh local authorities, in order to support children and families experiencing DVA, with an emphasis on helping to recover and build sustainable change. It takes a holistic approach to working with families, incorporating three strands of intervention: integrated women's support, Safety Trust and Respect programme for children and young people, and a Domestic abuse perpetrator programme. Cohering with findings from other studies, an evaluation of *Opening Closed Doors* cited the whole family approach as crucial to tailoring interventions to the needs of each family member, without losing sight of the whole family picture.

Oranje Huis

Oranje Huis (Orange House) from the Netherlands offers an alternative whole family approach, situated within the refuge sector. The Orange House model involves the provision of support within an 'open' setting at a closed location, in contrast to the typical refuge set-up which operates a strict secrecy policy. It also involves the whole family, wherever possible. This includes working therapeutically with the perpetrator of abuse, and facilitating contact between fathers who perpetrate abuse, and their children. Cohering with other whole family models of working, Orange House, places a strong emphasis on parenting and the needs of the child. It also offers an integrated model of support with a range of services to support women and children experiencing DVA, all under one roof.

Safe & Together™

An increasingly prominent whole family approach is the *Safe & Together™* model which has now been implemented across various locations in the UK. The model exemplifies a perpetrator pattern-based approach, and was first developed in North America, as part of the Greenbook Initiative. It frames domestic abuse as a negative parenting choice and challenges the 'failure to protect' paradigm referred to earlier. Using a strengths-based approach, it promotes an alliance with the non-abusive parent, and recognises the strategies implemented by the non-abusive parent to manage risk and safety in the context of DVA. It also responds to intersectional considerations such as race, class and sexuality, and the ways these inform notions of vulnerability and power. It also attends to the intersections with substance use and mental health.

A range of sources evidence outcomes associated with the Safe & together approach in practice. These include improved assessment practices among child protection and specialist domestic abuse services in Australia. Evaluations of the model implemented in multiple US states indicated various outcomes in relation to workforce practices, including; attitudinal change and a reduction in victim-blame, better screening and assessment of coercive control, better partnering with adult victim-survivors, increased attention on perpetrator engagement, and improved assessment and recording of the impact of perpetrator behaviour on children.

Steps to Safety

Steps to Safety is a whole family early intervention developed by the NSPCC in conjunction with the University of Oxford and the University of South Florida. Delivered by NSPCC social workers, it aims to respond holistically to families, while recognising multiple adversities. It is designed to stop 'reactive violence' among both same-gender and heterosexual couples who are expecting a child, or those with a child aged under five. The model applies to couples in which one or both partners are using violence in the context of escalating conflict, and in circumstances where there is no evidence of coercive control. It requires some evidence of a desire to change. This is a requirement in other whole family interventions, prior to any work commencing with the family. *Steps to Safety*, like other whole family intervention, emphasises robust assessment and screening processes which are attuned to the complex risks associated with couples interventions in circumstances of domestic abuse.

14. Measuring outcomes

There are notable and ongoing challenges with the evaluation of perpetrator interventions and the measurement of outcomes for domestic violence perpetrator programmes is somewhat fragmented therefore making it difficult to conclusively assert ‘what works’ and what does not. This lack of consensus primarily arises from variations in methodological and analytical approach, the interpretation of data, and a lack of agreement around what constitutes ‘success’. Studies relating to perpetrator work are also often conducted with smaller samples, reflecting low prosecution rates and underreporting, thereby making it difficult to generalise findings, or to ascertain impact on specific population groups.

Lilley-Walker and colleagues assert, following an extensive evaluation of European programmes, that in order to better understand how far perpetrator programmes lead to positive change, and in order to make comparisons across different programme approaches and populations, the data gathered during evaluation processes must be more standardised. This study coheres with other research which cements the need for the development of perpetrator interventions which are evidence-informed and empirically tested.

Outcomes for adult and child victim-survivors

There is evidence of positive outcomes for victim-survivors following a (ex)partner’s completion of a DVPP or other perpetrator intervention, documented in studies conducted in the UK and elsewhere. One of the most important and robust evaluations foregrounding the views and experiences of victim-survivors is Project Mirabal. It suggests significant and wide-ranging outcomes for victim-survivor children and adults across various key indicators, with authors emphasising that the success of the programmes evaluated was bolstered by the fact that they were targeted, and delivered in a manner that retained service integrity.

Following the Mirabal evaluation, Westmarland and colleagues argue for a more expansive understanding of what constitutes ‘success’ which extends beyond the cessation of violence, particularly considering the (continued) presence of coercive control, including in the lives of children. The six indicators they identified were as follows:

1. A better relationship between men on programmes and their (ex)partners, in which there was more effective communication and respect.
2. (Ex)partners had more ‘space for action’, which enabled them to have their voices heard as well as make choices, while also improving their wellbeing.
3. Women and children were safer and had more freedom from violence and abuse.
4. Safe, positive and shared parenting.
5. Men on programmes developed an awareness of self and others, which included understanding the impact DVA had on their partner and children.
6. Children had healthier childhoods in which they felt heard and cared about.

This research from Westmarland and colleagues, as well as subsequent studies which map outcomes achieved for (ex)partners of people on programmes, strongly underscores the imperative of incorporating data from victim-survivors, including those of children, in the design and evaluation of the efficacy of perpetrator interventions. Incorporation of views from these groups can not only inform form and content, but can also harness vital information regarding women's perceptions of risk in order to inform future safety measures. Incorporating these voices also has the potential to create opportunities for victim-survivor 'feedback loops' regarding individual perpetrators of DVA, and for the development of tailored perpetrator interventions.

While the task of meaningfully incorporating the voices of adult and child victim-survivors entails additional layers of complexity and substantial ethical considerations, it yields invaluable benefit. It does, however, remain an underdeveloped area of research. Furthermore, there is added value in triangulating this data with broader outcomes monitoring data, as well as with data produced with people enrolled on perpetrator programmes, thereby underscoring the concomitant need to incorporate multiple measures and sources for the robust evaluation of perpetrator approaches and programming.

Key messages

- What constitutes 'success' or 'effective' practice with perpetrators of DVA is fragmented, underscoring the need for greater consistency in understanding regarding what constitutes efficacy, across the full range of services working to address perpetrators of DVA.
- It is imperative to measure outcomes and to evaluate services using methods that capture the views and lived experiences of adult and child victim-survivors, particularly of children and (ex) partners of people on perpetrator programmes. There is also substantial value in incorporating these views in the design and formulation of perpetrator intervention content, wherever possible. This is an underdeveloped area, demanding further research.
- There is a need to incorporate the views of people from marginalised or minoritised communities in particular, in line with the intersectional approach discussed elsewhere in this rapid review.
- Limited or fragmented evidence does not equate to evidence of ineffectiveness, and there are a number of existing approaches and emerging developments bearing significant promise, as set out in this rapid review.
- There is a collective and shared responsibility across multiple agencies, policy and commissioning arenas to work towards expanding the evidence base in a manner that foregrounds the perspectives and voices of adult and child victim-survivors.

15. Conclusion

A review of the literature from across a range of disciplines substantiates the need to retain a range of approaches and programmes to address the behaviours and needs of perpetrators of DVA, in order to improve outcomes for adult and child victim-survivors. There is a clear case to be made for approaches which rely upon multi-sectoral engagement and collaboration, particularly when it comes to work with families in which there are children. In practice this means ensuring that there is cross-agency working across adult and children's social care, mental health services, police, probation, housing services and substance use provision (where applicable), with interventions undertaken with perpetrators of abuse occurring in tandem with those of victim-survivor support provision. It is also beneficial to retain a focus on Respect (2017) accreditation, as well as upon safe, effective and victim-survivor focused practice.

The available evidence strongly points to the value of a coordinated, community-based, needs-led approach which informs how families are supported, and which extends to all members of the family. The associations (*not* causal links) between mental health, substance use and domestic abuse perpetration are strongly indicated in the data, underscoring the need to diversify and improve the response to people who perpetrate DVA, and to mobilise opportunities for earlier intervention within the context of general practice, mental health and substance use treatment settings, as well as to foster better links between these providers and adults' and children's social care.

Research evidence strongly underscores the need to reform current children's social work practice paradigms so that the responsibility and onus for protecting children and reducing harm is situated with the person causing harm in families, rather than on victim-survivors. Work with fathers who perpetrate abuse has key implications for policy and practice within the domains of child protection, so that greater efforts are made to hold fathers who perpetrate DVA to account for their behaviour. Social workers are uniquely placed to hold perpetrators of abuse to account, but research suggests this is best undertaken as part of a multi-agency coordinated approach, and with appropriate learning and development opportunities for the social care workforce. This is particularly important given the substantial challenges and barriers encountered by social workers in this complex area of practice.

The literature points to a lack of consensus regarding 'what works' as well as heterogeneity in programmes, approaches, and in the monitoring and evaluation of perpetrator services. There is therefore a case to further develop research in this area, with a specific emphasis on the design and delivery of perpetrator programmes which are evidence-informed, empirically tested, and which routinely incorporate and foreground the voices and perspectives of victim-survivor adults and children, particularly (ex)partners of men on programmes. There is valuable learning from the current research base, and the fragmentation or absence of evidence relating to some aspects of perpetrator intervention does not equate to negative outcomes. Indeed, there are a number of well-established and long-standing approaches and programmes, in addition to new and emerging initiatives, bearing significant promise, as discussed throughout this review. Several of these are applicable for work with families who come to the attention of children's social care. Many indicate positive outcomes for adult and child victim-survivors, as well as substantive behaviour change among perpetrators of DVA. There remains a shared responsibility across services, commissioners, funders, policy-makers and the academic community to improve and expand this evolving and dynamic evidence base in a manner that continues to centre the needs and perspectives of victim-survivors.

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