



Effectiveness of existing intervention programmes to reduce violent re-offending in domestic abuse perpetrators: A Rapid Review of the Literature

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Role of the Scottish Violence Reduction Unit

A collaborative research placement is a piece of student research that is conducted in partnership with an external organisation. For this project, the main point of contact was Dr Kirsten Russell (Analyst Researcher within the Scottish Violence Reduction Unit). Kirsten was involved in defining the scope and methodology of the research presented (alongside Adriana and the division supervisor Dr Penny Woolnough) and provided brief feedback on the report. The views and conclusions expressed within the report are those of the student researcher and are independent of the Scottish Violence Reduction Unit. It is important to note that this report does not purport to provide an exhaustive and definitive account of the evidence in this area. Rather, it constitutes a collation of evidence that was identified and accessed during the time available. This report aims to be a foundation upon which new and existing research can be added as it becomes available or is identified in the future.

According to statistics, approximately 15% of people worldwide have experienced domestic abuse at some point in their life since the age of 16 (ONS, 2014; cited in Vigurus et al., 2016). Domestic abuse often specifically refers to physical assaults. However, it also encompasses other actions a partner or family member commits towards another that can be characterised as dominating, controlling, or threatening (McGuire et al., 2021). Among others, these actions include non-sexual partner abuse, non-sexual family abuse, sexual assault, and stalking that are carried out by a partner or family member (McGuire et al., 2021). Intimate partner violence (IPV) is one specific issue falling under domestic abuse and the topic of most treatment intervention research, and it is therefore the focus of this review. It entails actions of physical, sexual, psychological, or economic abuse, as well as coercive behaviours, committed against a former or current partner (Ogunsij & Clisdell, 2017; Travers et al., 2021; Stephen-Lewis, 2019; Tarzia et al., 2020). Researchers have found that certain factors can increase the prevalence of IPV. These include but are not limited to low education, exposure to and experience of violence during the childhood, substance abuse issues, unbalanced power dynamics within a relationship, mental illnesses, as well as accepting attitudes towards the use of violence and negative gender beliefs (WHO, 2019).

While female and male individuals have been shown to be both perpetrators and victims of intimate partner violence (IPV), research into the issue is heavily biased towards male perpetrators and female victims (Tazia et al., 2020). IPV is often rooted in the perpetrating individual's difficulties to manage emotions, their lack of effective communication and conflict management skills, as well as them showing positive attitudes towards violence (Bates et al., 2017). Due to the immense danger towards vulnerable members of society and the challenges they experience in separating from

their abusers, effective intervention programmes are needed to reduce recidivism rates and lower the damage done to household members of documented perpetrators (Travers et al., 2021; WHO, 2019). Theoretical frameworks and interventions are also needed as guidance for effective practices to prevent and reduce recidivism (Dixon & Graham-Kevan, 2011; Bates et al., 2017).

Duluth Model

One of the most popular intervention programmes is the Duluth Model. Established in 1981 in the USA (Minnesota) and emerging from the Duluth Domestic Abuse Intervention Project, which was developed within the battered women's movement, it is widely used (Pence & Paymar, 1993; cited in Bates et al., 2017; McGuire et al., 2021). The Duluth Model applies a combination of concepts from feminist and sociological frameworks and focuses on re-educating male individuals with abusive pasts, by specifically targeting and converting men's supposed need for power and control over women (Snead et al., 2018; Bates et al., 2017; Karakurt et al., 2020). Today, it is one of the most influential programmes, and used not only in the USA and Canada, but also the United Kingdom and Europe (Babcock et al., 2016; Graham-Kevan & Bates 2020). One of the main criticisms directed towards the model is the disregard of the important role that emotional dysregulation plays in abusive behaviours, since it has been shown that emotional regulation is essential for controlling impulsive behaviour, including abusiveness (Birkley & Eckhardt, 2015; cited in Bates et al., 2017; Lozano-Madrid et al., 2020). Despite its apparent popularity, the effectiveness of the Duluth model is rather minimal, and its implementation often yields mixed results (Karakurt et al., 2020). Studies investigating the Duluth Model have shown somewhat reduced violence rates generally. However, the effectiveness

has not fulfilled expectations, which seems particularly concerning, when considering the preferred use of the model compared to other approaches (Karakurt et al., 2020).

In a systematic review conducted by Bates et al. (2017) the success rate of the application of Duluth Model based interventions was examined, reporting unsuccessful outcomes. The authors attributed this failure to the extensive disregard of many relevant aspects of abuse predictors, such as social, developmental, and biological factors. Researchers additionally stated that the model showed a lack of focus on influential emotional and psychological issues. Reported findings from several studies showed mixed results, rooted in evidence for which interpretation seemed to be largely dependent on ideological beliefs and a radical misunderstanding of feminist ideology that concludes in a gender biased outlook. Despite mixed evidence, the Duluth Model remains the dominant and most frequently used intervention technique within the USA and the United Kingdom. Bates and her colleagues (2017) recommended that the development of new treatment interventions should be focused on a base of strong empirical evidence and consider all risk factors shown to increase the probability of IPV. Furthermore, they suggest a therapeutic rather than an educational approach (Dixon et al., 2012; cited in Bates et al., 2017). At the moment the model reflects little awareness of female perpetrators and the verbal and physical aggression displayed by them, limiting the useful application of this approach in interventions to male aggressors, who fall under the narrow criteria it is based on (Graham-Kevan & Bates 2020).

Cognitive Behavioural Therapy

Another commonly used intervention is Cognitive Behavioural Therapy (CBT). CBT treatments have been found to be the most frequently used type of intervention in

European countries, especially in programmes directed at the rehabilitation of violent perpetrators (Hamilton et al., 2012; cited in Bates et al., 2017; Babcock, 2017). It is one of the most actively researched psychotherapies with an extensive empirical evidence base showing effectiveness in the treatment of mental health problems, this includes tackling the issue of emotional regulation (Nesset et al., 2019). In the treatment of aggressive behaviour and anger issues, CBT techniques utilize behavioural change strategies, cognitive development, and the evaluation of beliefs and strategies to prevent relapses and implement successful management strategies (Nesset et al., 2019). Bates and her colleagues (2017) reviewed CBT-based intervention programmes in group settings. The selected studies primarily focused on the use of CBT for heterosexual male perpetrators. Promising results showed decreased recidivism over a three-year follow up period for CBT treatment participants, compared to those of a Duluth intervention (Travers et al., 2021). Similar results were found by Cotti et al. (2019) who reported superior results of a CBT intervention over a Duluth intervention (cited in Travers et al., 2021). The superiority of CBT based interventions might be due to them directly addressing relevant triggers of the perpetrator and the implementation of behavioural change strategies (Karakurt et al., 2020).

Contrastingly, the systematic review carried out by Vigurus et al. (2016) found that both the Duluth Model and CBT showed passable recidivism reductions and no significant difference between the two approaches. Karakurt et al. (2020) found results in support of the equal efficacy. Based on the mixed findings in their review, Nesset et al. (2019) concluded that insufficient evidence to confirm the effectiveness of CBT in the treatment of IPV perpetrators has been provided. They included a total of six

studies, and three of these found a reduction in violent inclinations among participants, however the reported sample sizes were small, and data was based on self-reports only, which has been discussed as a controversial method that often displays biases. The largest study involved in the review was conducted by Alexander et al. (2010), which incorporated 528 male participants and only found slight differences in the efficacy of the tested treatments.

Risk-Need-Responsivity Model

Travers et al. (2021) conducted an analysis comparing different types of interventions based on the Risk-Need-Responsivity (RNR) Model, which entails perpetrators being assessed based on three principles: personal risk, personal needs, and the environment needed to reduce recidivism. The model has become immensely popular for rehabilitation purposes, and focuses on exploring the behavioural patterns of individuals, specifically their criminal behaviour to successfully reduce recidivism (Basanta et al., 2018). RNR is seen as a treatment framework rather than an intervention and as such requires, often multiple, interventions to target identified risk factors. The RNR model promotes primarily CBT style programmes as a favoured intervention based on superior results found in the past (Andrew & Bonta, 2010; cited in Travers et al., 2021). The analysis included a total of 31 studies and included multiple interventions, CBT, and Duluth style treatments among others. It was concluded that the RNR-treatments showed promising short-term effects. They report a significant pooled effect on recidivism for up to a year. However, based on the presented research findings, it is questionable whether the approach is appropriate for long-term recidivism reduction, due to the lack of evidence. High drop-out rates and the use of self-reported data was also outlined, the latter having been shown to be misleading and biased. The studies varied in the use and understanding of the term

violence, which leads to different interpretation of results. However, taking self-reported data into account has been shown to have positive implications. It might for example, assist in the personalization of treatment interventions towards perpetrators in the future (Bates et al., 2017).

Comorbidity issues

A recent review conducted by Tarzia et al. (2020) explored the effectiveness of interventions for male IPV perpetrators in a health care setting. They analysed a total of ten interventions and found weak evidence for the effectiveness of the interventions used. The only treatments that seem encouraging according to their findings are IPV treatments in combination with others, such as alcohol treatments. However, the analysis was limited to a small clinical sample, which means the result might not be generalizable to the wider population. They emphasized that for future research larger sample sizes and control conditions are needed, as well as gathering evidence for exploring long-term effectiveness, since most interventions report short-term effectiveness only. The main outcome of this review is the identification of the gap in knowledge and reliability based around effective intervention programmes for male IPV perpetrators with additional problems, such as substance abuse issues. Karakurt et al. (2020) added to these findings, by concluding within their own work, that treatment approaches incorporating the targeting of substance abuse problems reported better results. This suggests an issue of comorbidity which needs to be considered when treating perpetrators. Specifically, the association of IPV with other disruptive behaviours, such as substance abuse issues.

A review on the effectiveness of IPV interventions for men who abuse substances was conducted by Stephens-Lewis et al. (2019). They found that cognitive behavioural and motivational interviewing therapies were the most commonly used interventions and results indicate short-term reductions in both substance abuse as well as IPV. They concluded that there is little evidence of treatments considering substance abuse in IPV perpetrators. Moreover, there is a lack of satisfactory trials utilizing these types of interventions. Furthermore, they emphasize the need for future research to explore the nature of IPV and substance abuse farther.

Additionally, interventions call for a more trauma-informed approach and require tailoring to the specific needs and issues of the offender. Implementing these suggestions would enable the successful application of future prevention strategies (Graham-Kevan & Bates, 2020).

Other approaches

There are numerous more promising intervention approaches that frequently do not receive adequate recognition or application. Increased utilization of these approaches might be helpful to reduce IPV recidivism. Some of these treatments are psychodynamic interventions, which focus specifically on psychological mental health and personality theories (Vigurus et al., 2016). The aim of these types of therapies is centred around the promotion of healthy dynamics in relationships, by targeting self-beliefs and fears. Additionally, they work on anger management, self-esteem, and impulse control (Vigurus et al., 2016). Psychodynamic interventions are similar to CBT interventions in nature and often incorporated in CBT-style therapies, but their implication could be increased to further the positive changes (Vigurus et al., 2016).

Acceptance and Commitment Therapy (ACT) treatments are more action focused, specifically targeting changing behaviours through addressing emotions such as avoidance and denial (Zarling et al., 2015; cited in Karakurt et al., 2020). There have been promising results, indicating significantly fewer charges against participants compared to those taking part in Duluth and CBT designs, as well as overall better success rates (Graham-Kevan & Bates, 2020). The Drive Programme is another example, which utilizes changes in the behaviour of domestic abuse perpetrators (Hester et al., 2019; cited in McGuire et al., 2021). The evaluation of the Drive programme by Hester et al. is at this time the biggest within the United Kingdom and showed a significant reduction in risk assessments concerning domestic abuse, stalking, and honour-based violence, indicating promising results. Some of the included programme deliveries have been short and showed high drop-out rates. This review was methodologically strong and the largest of its kind today, setting a promising example for future research.

Evidence from group therapies seem additionally encouraging and provide the opportunity for perpetrators to not only strengthen their social skills, but also experience positive peer influences (Karakurt et al., 2020). Furthermore, there are programmes that work specifically towards the improvement of relationships, such as the Healthy Relationship Programme (HRP) and the Building Better Relationships Programme (BBR) (Bates et al., 2017). These programmes target precarious tendencies such as communication issues, difficulties with self-regulation, as well as miscommunication. They build on the strengths and skills of perpetrators to be able to form better relationships in the future, ultimately aiming to prevent and reduce recidivism rates (Bates et al., 2017).

Generic issues

One of the most influential factors contributing to the success of recidivism reduction is the motivation of perpetrators to become better and to improve themselves, often for their families. One part of a programme study by Stanley et al. (2012; cited in Bates et al., 2017) was for the male perpetrators to recognize the effect their abuse had. They reported that those individuals who were involved with child protection services showed more engagement with the programme than those who were not. In addition, having successful preventive strategies in place, instead of a singular focus on rehabilitation of existing offenders, might be beneficial in reducing domestic abuse farther. Examples of these are strategies such as the strengthening of relationship skills, communication, conflict management and the empowerment of women, as well as promoting safe environments within schools, work, and public spaces (WHO, 2019). The World Health Organization (2019) pointed out that next to intervention programmes, more laws are needed that promote non-violence, gender equality and equality within relationships of all kinds, education, extended access to employment, as well as increased punishment of violence.

Most of the research evidence exploring the effectiveness of intervention practices has been based in North America, not much had been published until recently about the way interventions are assessed and provided within Europe and the United Kingdom (Bates et al., 2017). Treatment programmes, such as the Duluth Model or CBT practices, need to be accredited by an organization called Respect within the UK, which is a government funded charity, and the purpose of that organization is to provide frameworks for working with perpetrators that set government recognized standards (Bates et al., 2017). The aim of a Respect accreditation includes safety for

victims, assessing and managing risks, providing diverse services, being accessible and accountable, promoting respectful relationships, as well as the support of political change (Respect, 2012; cited in Bates et al., 2017), but their accreditation in the past has been flawed (Graham-Kevan & Bates 2020). Graham-Kevan and Bates (2020) pointed out that Respect, specifically for the accreditation of programmes, chose to ignore their own findings. In the published work of Respect, no significant differences in the reduction of violence or abuse have been found. However, it was reported that participants completing the accredited programmes stopped using physical and sexual violence and reduced most other forms of abuse, which is not supported by other research (Kelly & Wetsermarland, 2015; cited in Graham-Kevan & Bates, 2020). Therefore, the standards and work of Respect need to improve to present efficient treatment options, as well as labelling them as such, to foster the effective reduction and prevention of domestic abuse and the improvement of treatment interventions.

Generally, issues with intervention programmes that are popular today often include small sample sizes, high drop-out rates, short-term effectiveness, lack of control groups, and bias issues (Vigurus et al., 2016; Bates et al., 2017; Karakurt et al., 2020). Not a single programme has been clearly outlined to be the most effective (Vigurus et al., 2017). Reported findings indicate that some programmes possibly work for certain people, but are ineffective for others, which suggests a need to specifically tailor them to the characteristics, needs and motivation of perpetrators in the future, rather than assessing them with a “one size fits all” mentality (Vigurus et al., 2017). Intervention approaches are often limited by available funds and hindered by the wide range of issues that need to be addressed (Karakurt et al., 2020). Another problem that arises from the reviews evaluating the effectiveness of treatment interventions are that most

of the evidence is focused on male perpetrators and female victims, which shows a lack of appropriate representation (Tarzia et al., 2020). This is likely due to research showing that women are most likely to be the victims of domestic abuse. Specifically young women, transwomen, women from ethnic minorities, and women with disabilities have been shown to be more vulnerable to abuse (WHO, 2019).

However, reported numbers for male domestic abuse victims indicate that approximately 5% of men in Australia, 10% in the UK, and 9% in the United States are estimated to have experienced some type of violence from a partner (Tarzia et al., 2020). There is little service available for the treatment of female perpetrators and a scarcity of research on the ways in which violence and aggression affect women (Bates et al., 2017). Another issue is that the IPV is often researched and investigated within heterosexual relationships, disregarding LGTBQ+ relationships (Stephens-Lewis et al., 2019). Research shows that only 14% of programmes included LGTBQ+ services (Bates et al., 2017). Due to this, interventions are overwhelmingly focused on protecting women (Rivas et al., 2015, cited in Stephens-Lewis et al., 2019). This perspective only reflects a minute aspect within a larger more complex matter that repeatedly results in inevitable short-term success (Stephens-Lewis et al., 2019). Furthermore, the COVID-19 pandemic had widely spread negative emotional consequences, additionally resulting in job insecurities, anxiety, and frustrations and these have led to an overall dramatically increased risk of aggression and violence. (Idriss-Wheeler et al., 2021). Therefore, domestic abuse numbers have escalated, and safety restrictions have made it increasingly difficult to receive help, since social distancing and travel restrictions often minimizes contact to other people, especially health care professionals (Idriss-Wheeler et al., 2021).

Conclusion

Overall, domestic abuse, specifically intimate partner violence, is a global problem that affects victims and perpetrators of all genders. Therefore, effective theoretical frameworks and interventions are needed to successfully reduce and prevent recidivism. There are a large number of different established treatment interventions that show immense potential, but the majority lack appropriate long-term evidence. Many of the established frameworks are underdeveloped and are methodologically flawed, including small sample sizes, high drop-out rates, and personal biases, as well as the disregard of the issue of comorbidity and the focus on a standardised mentality. While the majority have small to moderate effects in regard to the reduction of reoffending. Going forward more effective programmes and evidence-based approaches are needed. Furthermore, the process of programme accreditation within the UK needs to be improved, so that programmes are already established on an effectiveness basis. Another issue that arises in current perpetrator interventions that needs to be addressed includes the large focus of programmes on heterosexual relationships, specifically concentrating on male individuals as the perpetrators and female individuals being the victims, disregarding the issue of male victims and LGBTQ+ relationships. Additionally, most interventions are conducted in the USA, many lacking empirical investigation within the United Kingdom. However, there is increased research being published on how to improve the effectiveness of existing approaches, as well as the establishment of new and improved programmes that specifically target the needs of offenders.

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