

DOMESTIC ABUSE PERPETRATOR INTERVENTIONS

EXTENDED RAPID EVIDENCE ASSESSMENT

Final Report

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Executive Summary

This report presents the findings of an Extended Rapid Evidence Review (EREA) into the effectiveness of Domestic Abuse Perpetrator Interventions (DAPI) commissioned by the Nottingham City and Nottinghamshire Violence Reduction Unit (NNVRU). The original three-week REA identified 32 published peer review studies which predominantly utilised behavioural change techniques. The REA was subsequently extended to include: 12 additional grey literature reports (independently evaluated but not published or peer reviewed); and, 14 additional published studies that examined DAPIs which used mechanisms other than behavioural change.

This EREA includes 58 articles on DAPI effectiveness. A detailed discussion of the methodology is available in the Full Report. A relaxed methodological criterion was applied as only 13/58 studies (20%) reached the highest thresholds of methodological quality (systematic review/meta-analysis).

Key Findings

Evaluations of DAPIs are inconsistent and the ‘what works’ evidence base is inconclusive. An assessment of individual effectiveness of each the 58 DAPI studies included in this EREA are presented in the Full Report. Although some statistically significant impacts were found, the positive effects were moderate at best. The research evaluations frequently neglect important nuanced questions of intervention integrity. Studies tended to examine whether DAPIs work as a ‘whole package’, rather than the impact of individual components of the intervention, the implementation, and the mechanisms of change.

This EREA explores DAPIs using the EMMIE framework to identify the: **Effects** of the intervention, plausible **Mechanisms** of change, context and **Moderators** whereby it will more likely be effective; conditions for successful **Implementation**; and **Economic** costs.

An Overview of DAPIs

DAPI interventions have been classified into three groups as a result of this EREA:

1) Behavioural Change

Most DAPIs use behavioural change techniques underpinned by the following theoretical areas: cognitive behaviour change, psychodynamic therapy, psychoeducation, and pro-feminist approaches. In practice, at intervention level, it is difficult to draw a distinction between these, as elements of each are often combined within a DAPI. For example, the widely adapted pro-feminist Duluth model frequently draws from cognitive behavioural and or psychoeducational approaches. For the purposes of the EREA these behavioural change approaches are grouped into three sub-types

- I. **First generation behavioural change interventions** – based on pro-feminist theory influenced by the Duluth model. They advocate an approach that holds offenders to account and offers them opportunity to change. They are often combined with CBT, psychoeducational or psychodynamic approaches and focus primarily on the offender. The research evidence shows they have been widely implemented, predominantly in the USA; and, evidence for their effectiveness is mixed. They are classed as **widely used with a moderate positive impact**.
 - II. Second generation behavioural change interventions are more holistic and recognise the need to examine relationships and consider intimate partners, and local and societal influences. They are still focussed on offenders but aim to prioritise the needs of victims whilst simultaneously addressing the behaviour of perpetrators. The techniques tend to use pre-packaged interventions based on a ‘*one solution fits most*’ approach. They are more recent than first generation models
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and as a result have not been evaluated as extensively. They are classified as **more recently adopted with moderate positive impact**.

- III. Third generation or new psychological approaches combine: holistic approaches recognising the relationship between perpetrators, victims and close ties; with, bespoke tailored individual needs-based interventions for each offender. They recognise the range of risk factors for domestic abuse (See Full Report) that may include but are not exclusive to gender. These can be described as '*one solution does not fit all*' approaches and considered **promising but require further evaluation**.

2) Protection Orders

Protection Orders deliver short term risk management and the evidence shows significant positive effects with moderate effect sizes although evaluations only include one UK study - most of the evidence stems from the US with a different legal context. Domestic Violence Protection Notices (DVPN) and Protection Orders (DVPO) can be viewed as **effective short-term options when more time is required to consider mid to long term responses**. Caveats (see moderators) are they: should not be used in lieu of custodial sentences; there are recognised challenges with referral and in the enforcement of breaches; and they must be considered in conjunction with more long-term solutions.

3) Other Approaches

A range of additional measures can be identified as **potentially good practice** including restorative justice, parenting and fatherhood interventions, couples therapy, treatment for attachment disorder, dialectic behavioural therapy anger management and second response interventions.

Highly promising practices with **initial positive evaluation findings** include strength-based approaches such as Solution Focussed Brief Therapy (SFBT), trauma informed approaches, and motivational interviewing techniques.

Criminal sanctions have been found to be **ineffective**.

Mechanisms of change

Cognitive Behaviour Therapy (CBT) interventions adopt the stance that domestic abuse is a learned behaviour. To change this behaviour, it is necessary to modify this by re-framing cognitive learning and behaviour. The purpose is to identify the beliefs that precede domestic abuse and subsequently interrupt these chains of events through practical steps. **There is moderate evidence of their success.**

Pro-feminist approaches argue domestic abuse stems from patriarchal values about a women's role in society. They utilise a range of techniques to challenge this and reorient how men exert power and control over partners. The Duluth model is widely adopted, although this is often combined with CBT or psycho-educational approaches. **There is moderate support for their effectiveness.**

Psychodynamic models highlight the emotional characteristics of perpetrators and aims to educate perpetrators to acknowledge latent emotions that may trigger domestic abuse including unconscious drivers within a person. They can be considered a longer-term approach than CBT, and they examine past experiences in detail to support better self-understanding and empowerment. **There is moderate evidence of their success.**

Motivational interviewing techniques use behavioural change theory to consider readiness to change, the inference is that domestic abuse perpetrators may not be ready to change their behaviour at the time of referral. The focus is on advancing this readiness level. Techniques tend to be empathetic rather than confrontational, to support helping perpetrators recognise the impact of their actions and

decide that their behaviour is a problem that needs to change. They are **effective at increasing the likelihood of offenders completing a DAPI**.

Strength Based Approaches focus on protective factors viewed as a possible vehicle to provide positive feedback loops and drive change through positive reinforcement. They are different to approaches that identify cognitive deficits that require addressing, as they focus on positive inherent characteristics to support behavioural change. An example is SFBT which aims to increase self-efficacy, self-esteem, insight into problem behaviour, impact on others, emotion regulation skills, social problem-solving skills and taking responsibility for actions. This approach can be adapted to highly vulnerable groups, for example those with mental health issues, a history of substance abuse, those with disabilities, female offenders, and LBQT+ groups. The focus is on interventions based on individual offender need that can be delivered rapidly and inexpensively. Initial evaluations identify this approach as **promising practice**.

The mechanisms through which Protection Orders may work include increased risk of apprehension and punishment; increased effort required for perpetrators to reoffend; or removing excuses by setting clear rules for perpetrator-victim interactions. **They may be effective in the short term**.

Moderators:

There are several generic moderators for the effectiveness of DAPls including: differences in participant characteristics, whether participation is voluntary or mandatory, offence type, individual offender characteristics, and the intensity or length of the intervention. However, none of these moderators have been extensively tested due to inherent methodological challenges discussed below.

Pro-feminist approaches may not be appropriate for highly vulnerable groups, for example those with mental health issues, a history of substance abuse, those with disabilities, female offenders, or LBQT+ groups. Psycho-educational interventions may not be appropriate for offenders with high levels of emotional reliance on others, and those with anti-social personality traits. Motivational interviews are more effective for those offenders defined as hostile or treatment resistant and at an earlier stage of 'change readiness' for behavioural treatment. Question marks exist as to the appropriateness of SFBT when children are involved.

Protection orders are more effective when victims are employed and have a higher socio-economic status or are no longer in a relationship with the perpetrator. They are less effective where perpetrators have a prior history of stalking and mental health issues. Protection orders may be less effective in cases where the perpetrator and victim have children together.

Implementation and Cost Effectiveness

More detailed discussion of implementation is provided for each DAPI in the Full Report. Some generic issues include challenges arising in the referral process, the high attrition rates and dropouts of the interventions, and the lack of available data for measuring success of these interventions.

Whilst some studies have attempted to examine the cost of the interventions, only a limited number of these appear in the published peer review literature. The Home Office (2019) estimate for the Unit cost of domestic abuse in England and Wales (2016/2017) to be **£34,015** and studies tend to use this figure for cost-benefit analysis.

Limitations and Challenges for Evaluation

A range of explanations are presented in the literature for the identified moderate positive outcome from DAPls, and these can be classed as (i) theory failure, (ii) implementation failure, and (iii)

measurement failure. Future interventions should acknowledge the limitations of the current evidence base in identifying future interventions and programmes.

Recommendations

1. Interventions should be multi-agency and support multi-stranded programmes. Given the challenges in implementing these it is recommended experienced dedicated staff should be used to knit together the range of partners required for successful implementation.
 2. Interventions should adopt a holistic approach that recognises the needs of victims, offenders, and offender familial and close contacts as part of a suite of programmes.
 3. Debate exists as to whether a '*one solution fits most*' or '*one solution does not fit all*' approach will prove more successful. Therefore, ultimately, local context, available support mechanisms and available resources may dictate the approach taken.
 - 3.1. A '*one size does not fit all approach*' will require the necessary expertise and skills to assess perpetrator need, offer appropriate bespoke programmes, and, allow sufficient lead in time and resources to develop tailored interventions.
 - 3.2. If a '*one solution fits most approach*' is used, consideration should be given to enhancing this using strength-based approaches such as SFBT and or trauma informed approaches. Interventions underpinned by traditional CBT, pro-feminist, psychoeducation or psychodynamic approaches have shown only moderate positive impact to date. For example, strength-based approaches have been shown to be a possible mechanism for addressing pro-feminist patriarchal concerns in a non-confrontational manner, so these are not necessarily incompatible.
 4. There is a need for additional evaluations of the appropriateness of the risk assessment tools used to support DAPIs. This is relevant to perpetrator suitability for an intervention, before and after monitoring of perpetrator psychometric scores, or in selecting the most appropriate set of interventions for individual or a group of offenders.
 5. A key factor in success is programme completion, and identified challenges in the referral process, the high attrition rates and dropouts of the interventions have all been shown to be problematic, particularly for non-mandated referrals. Motivational interviewing techniques are recommended as an effective method for increasing programme completion, for those identified as hostile or treatment resistant and at an earlier stage of 'change readiness' for behavioural treatment.
 6. Protection Orders are appropriate for some victim groups and offence types as a short-term intervention (see moderators) when done concurrently with identification of long-term solutions
 7. Treatment should be adapted to include other populations in a more holistic approach (female on male violence, children and LGBTQ+). It is advisable that additional support for those experiencing substance abuse issues alongside DV offenses is considered. This may require medications alongside therapeutic responses.
 8. More consideration of individual needs should be afforded to highly vulnerable groups (e.g. substance misuse, mental health issues, disabilities, and LGBTQ+ groups) as traditional DAPIs may not be effective for these groups.
 9. The 10 Principles of RESPECT should be considered when adopting or revising programmes. These are: Do No Harm; Gender Matters; Safety First; Sustainable Change; Fulfilling Lives; The System Counts; Services for All; Respectful Communities; Competent Staff; and Measurably Effective Services.
 10. Future Interventions should be robustly evaluated to consider how they inform the 'what works' evidence base, address identified issues of poor-quality data, and clearly define measures of success. Evaluations should consider the integrity of the intervention, the acceptability of the intervention, and the mechanisms by which it will likely prove effective.
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1. Introduction

This report presents the findings of an Extended Rapid Evidence Assessment (EREA) of international evidence on the effectiveness of interventions designed to reduce the risk of domestic abuse reoffending. This was commissioned by Nottingham City and Nottinghamshire Violence Reduction Unit (NNVRU) and focussed on interventions that target perpetrators of domestic abuse. In this report the terms 'domestic abuse' and 'perpetrator' are not explicitly defined. Rather, studies are included where the authors have used the terms 'domestic abuse', 'domestic violence', 'perpetrator' or 'offender'. A full discussion is provided in the methodology (Section Two).

Due to original three-week time constraint the initial REA findings were limited to peer reviewed published research articles. A total of 32 peer reviewed journal articles were identified for inclusion and data extraction. The majority utilised a range of behavioural change techniques. At the request of the commissioner this review was extended to include additional grey literature (independent but non-peer reviewed evaluations). Additionally, upon reflection of the search criteria used in the original REA (see Section 2), it was evident that few non-behavioural change interventions were identified due to the original search terms. Therefore, the search terms were revised to broaden this beyond behavioural change for the EREA. An additional 26 studies were identified for further inclusion.

A detailed discussion of the methodology used for defining search terms, the inclusion and exclusion criteria, and data the extraction templates are provided in Section Two. It is important to stress that only **13 of the 58 papers (20%)** included in this EREA have been identified methodologically as presenting good or strong evidence (systematic review/meta-analysis) and a deliberately relaxed mythological rigour has been applied.

1.1. Aims and Objectives

The aims of this study - in line with the EMMIE framework (Johnson, Tilley and Bowers, 2015) as specified by the commissioning body were to:

- Consider the effectiveness of interventions in reducing risk of reoffending among low, medium and high-risk perpetrators of domestic abuse
- Identify how "effectiveness" is defined and assess the strength of the evidence in each case
- Outline how the interventions found to be effective work and in what circumstances and contexts they work best
- Outline any relevant conditions that should be considered when implementing interventions found to be effective
- Highlight extent to which victims and survivor views have been considered and whether interventions are accredited / aligned with the Respect Standard
- Highlight, where available, the costs related to effective interventions (direct and indirect) and any available evidence of the economic cost benefit
- Provide references for further reading in relation to interventions that have proved most successful where available

1.2. Context of EREA

Due to the short nature of this report the findings presented are descriptive, aligned with the EMMIE framework (Effect, Mechanism, Moderators, Implementation and Economic cost). This framework is based on detailed systematic reviews which usually take at least six months. Therefore, information collated against each subheading in this report are descriptive, rather than comprehensive detailed analyses.

2. Data Extraction Methodology

This section of the report outlines the procedures and methods used to conduct the EREA. Due to time constraints the methodology adopted used the following approach, adopted from Civic Service (2014), CEMBA (N.D) and Thomas, Newman and Sandy (2013).

- (i) Devising search terms; searching a limited number of databases; excluding unpublished research.
- (ii) Devising the inclusion/exclusion criteria
- (iii) Data Extraction of key data – as identified in the data extraction template
- (iv) Quality appraisal – this was limited to the appropriateness and quality of the methodology

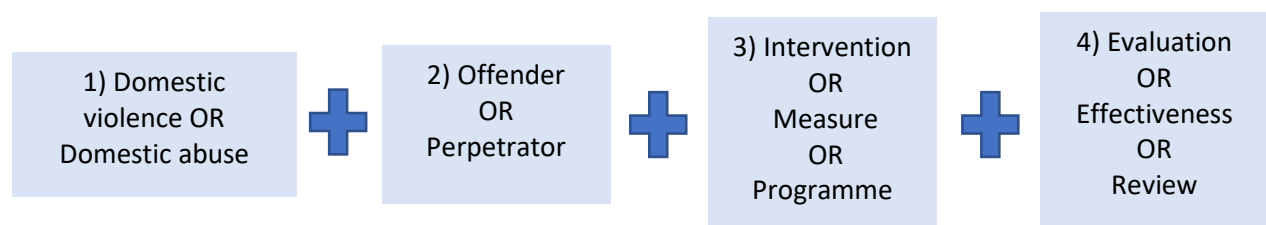
2.1. Search Terms

Step 1 (original REA)

An initial list of relevant databases was compiled (Appendix 5) and a range of initial search terms were tested iteratively (Appendix 6). This demonstrated a need to combine searches across all Four key search categories (see step 2 boxes) to ensure this was focussed and manageable within the three-week original REA.

Step 2 (original REA)

After extensive testing and refinement, the following key words were identified for the original (none extended) REA across 4 categories.

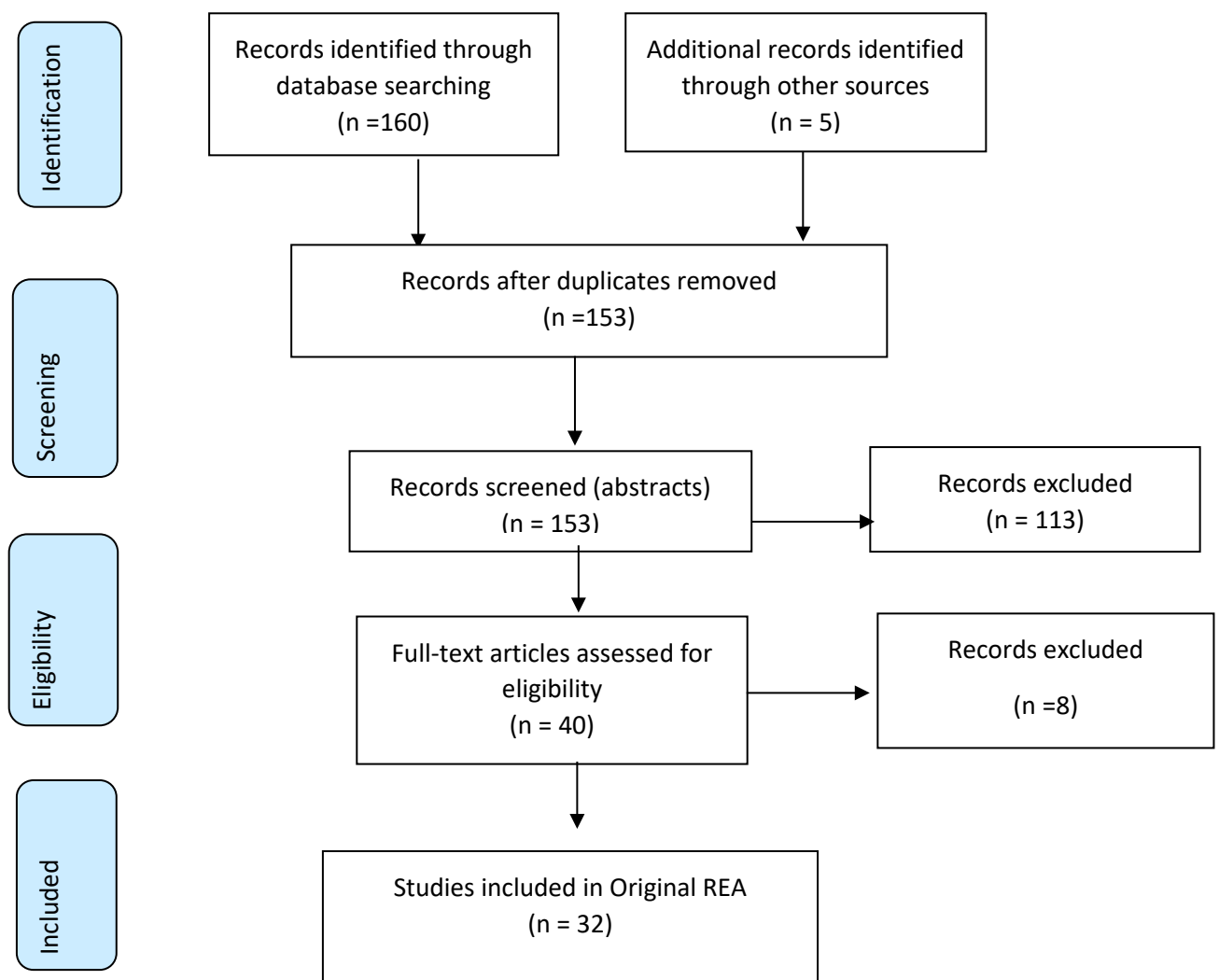


The First Search Term used in the REA (non-extended) was:

(Domestic violence OR Domestic Abuse) AND (Offend* OR Perpetrator) AND (Intervention OR Management OR Program*) AND (Evaluat* OR Effective* OR Review)

To make the search manageable within the original REA time frame it was necessary to use combined Boolean AND searches for ALL 4 identified categories (offence type/offender/intervention/and evaluation). Reducing these to only two or three of the search terms (see Appendix 6) broadened number of returns beyond what was manageable in the scope of the original REA. The results of the initial non extended REA search returned 165 articles, 153 after duplicates were removed. A search of abstracts (sift 1) reduced this to 40 articles, and a full read of the papers reduce the inclusion list to 32 papers. The decision to include/exclude articles for the original REA can be tracked using Figure 2.1

Figure 2.1: Flow Diagram of Literature Search and Inclusion Selection (Original Non-Extended REA)



EREA Search Terms

The original REA search terms (step 2 were refined) as the third category (programme or intervention or management) returned primarily behavioural change interventions. This was revised to the following (Protection Order or Restorative Justice or Caution or Sanction). Therefore, the Second Search Term used in the EREA was:

(Domestic violence OR Domestic Abuse) AND (Offend* OR Perpetrator) AND (Protection Order or Restorative Justice or Caution or Sanction) AND (Evaluat* OR Effective* OR Review)

This returned an additional 63 papers, once duplicates were removed 53 were identified for abstract reading and following this 20 for full text reading. An additional 14 were included in the EREA (studies 34-46 in Appendices 1 and 2). An additional 12 grey literature studies were included. These are studies 47-58 in Appendices 1 and 2.

2.2. Inclusion/Exclusion Criteria

The next stage was to define the inclusion criteria. The template for both the original (non-extended) REA and EREAs are provided in Table 2.1.

The key difference in the inclusion/exclusion criteria was the inclusion of the grey literature in the EREA.

Table 2.1: Inclusion and Exclusion Criteria for the original REA and EREA

Include	Exclude
Year: 2010 to 2020	Pre 2010
Language: English	Exclude: Non-English materials
Document Type: Original REA - Peer Review Only Extended REA - grey literature included	Original REA - exclude non-peer review EREA - included grey literature
Full Text: Available	Exclude Not Available
Databases: ProQuest, Scopus, Web of Science, Science Direct, PsychInfo, Criminal Justice Abstracts, Cochrane Library	Scholar, all other databases listed in Appendix 5
Focus: on perpetrator/offender of domestic abuse/violence	Exclude Focus on victim; Other crime types
Measure: Intervention with evaluation	Intervention with no evaluation component

2.3. Data Extraction Template

The following is a list of information extracted from the final included materials.

Table 2.2: Data Extraction Template

Data Extraction Template	
Title	Author details and paper title
Author and Year	Year of publication
Country	Where study conducted
Study Design	Methodology used
Sample/study characteristics	Details of sample
Methodological quality score	A relaxed methodological appraisal was adopted, detailed further in Appendix 3.
Methodological quality note	To include additional information on qualitative studies and literature-based reviews
Intervention Type	Intervention Category
Respect Accreditation	Is this accredited/discussed
Offender Type	High/Medium/Low/Unknown Risk
Effectiveness of Intervention	Related to EMMIE Framework
Mechanism	Related to EMMIE Framework
Moderators	Related to EMMIE Framework
Implementation	Related to EMMIE Framework
Cost Effectiveness	Related to EMMIE Framework

The results of the extraction for the 58 included studies is presented in Appendix 1a and 1b. A full list of papers is presented in Appendix 2. The methodological criteria/quality assessment is discussed in Appendix 3. The EMMIE framework (Figure 2.2) was used to frame the descriptive analysis of the included DAPIs.

Table 2.3 The EMMIE Framework

▪ Effect	Impact on crime	Whether the evidence suggests the intervention led to an increase, decrease or had no impact on crime.
▪ Mechanism	How it works	What is it about the intervention that could explain its effect?
▪ Moderators	Where it works	In what circumstances and contexts is the intervention likely to work / not work?
▪ Implementation	How to do it	What conditions should be considered when implementing an intervention locally?
▪ Economic cost	How much it costs	What direct or indirect costs are associated with the intervention and is there evidence of cost benefits?

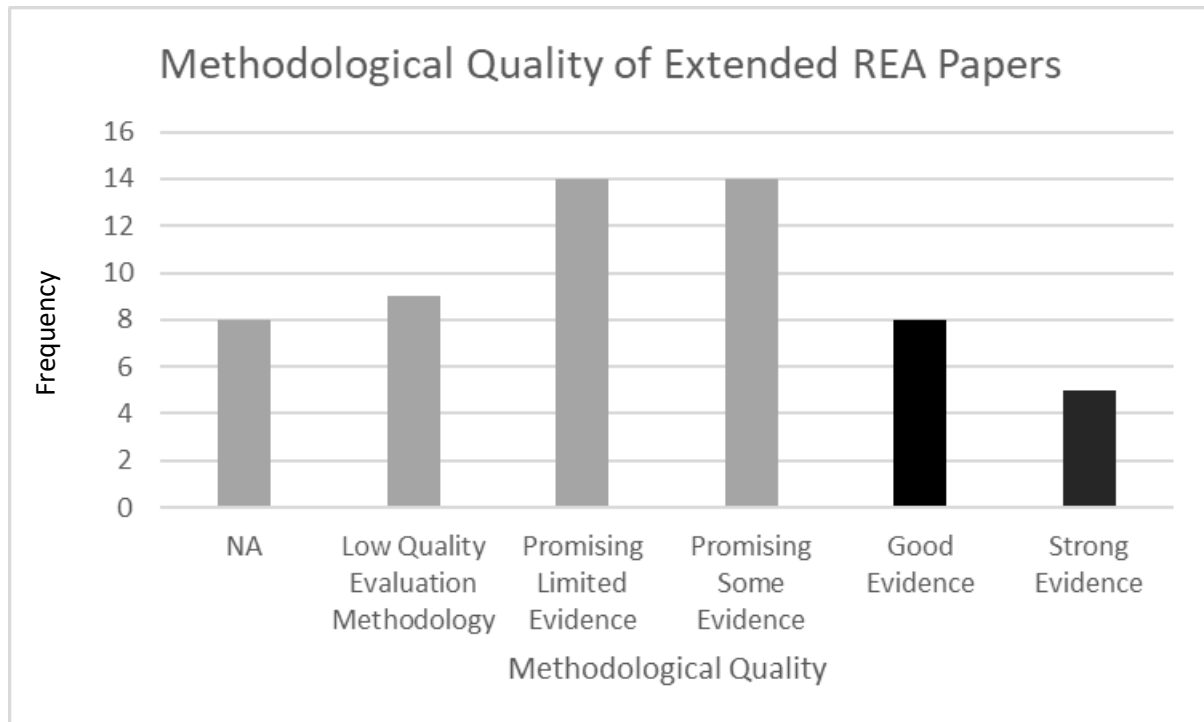
Source: <https://whatworks.college.police.uk/toolkit/About-the-Crime-Reduction-Toolkit/Pages/About.aspx>

2.4. Assessment of Methodological Quality

A relaxed criterion was deliberately applied to assessing the methodological quality of the DAPI interventions to maximise the number of studies to be reviewed. A summary of the methodological assessment of quality is presented in Figure 2.2. Only 13 of the 58 papers (20%) met the threshold for good (8 studies) or strong evidence (5 studies). This includes systematic reviews, meta-analysis and robust longitudinal studies. It was noticeable that many of the interventions did not collect robust outcome data. This should be considered as a caveat when using this EREA to make selections and decisions on future service provision locally.

In addition, a range of process evaluations and qualitative studies were included to support the extraction of data using the EMMIE framework. One of the limitations of RCT studies is they are useful at examining overall effectiveness of an intervention, but less useful when attempting to extract mechanisms of change, potential moderators and the acceptability of interventions by different user groups, for example victims of domestic abuse. Therefore, an additional note on methodological quality has been added to Appendix 1a. The justification for this approach is explained in Appendix 3b.

Figure 2.2. Number of papers assessed by their methodological quality.



3. Discussion of Extracted Literature

This section provides a summary of the 58 identified studies included in this Extended Rapid Evidence Assessment. Extracted data for each individual table can be found in Appendix 1a and 1b.

3.1. Intervention Classification and Type

This section considers if the included DAPIs were specifically designed for particular risk offenders. (see Appendix 1b for individual DAIP scores). A large proportion of papers (64%) did not explicitly specify offender risk categories. 20% of studies identified specifically with either high risk or medium to high risk. Where risk of offender acts as a moderator, this is specified in Appendix 1b and the more pertinent examples of this are discussed in Section 3.4.

Table 3.1: Risk Category

Risk Category	Frequency	Percentage (%)
High Risk	4	7
Medium to High Risk	7	12
Medium Risk	3	5
Low to Medium Risk	1	2
Low	2	3
Suitable for All	4	7
Unknown/Not Specified	27	64

A range of intervention approaches were identified in this study. These can be explored in Appendix 1b under the column intervention name/type. These include cognitive behaviour therapy (CBT), psychoeducation, the pro-feminist Duluth model, psychodynamic approaches, Solution Focussed Brief Therapy (SFBT), mentoring, Mind-Body Bridging (MBB) therapy, and Shame Transformative Treatment. Many of the initiatives used a combination of approaches. For a list of abbreviations see Section Five, which is particularly supportive when interpreting Appendix 1a and 1b. The next section of this EREA offers a summary of the effectiveness of the interventions reviewed against the EMMIE framework (Johnson, Tilley and Bowers, 2015).

3.2. Intervention Effects

Evaluations of DAPIs are inconsistent and the ‘*what works*’ evidence base inconclusive. The effectiveness of each of the 58 DAPI studies examined are highlighted in Appendix 1b. Overall, where statistically significant positive impacts have been identified, it is important to note that the effects were found to be moderate.

This is not to suggest the DAPIs should not be pursued, nor that they don’t work. There are a range of possible explanations for the moderate success of these interventions. These are primarily methodological challenges of evaluation as discussed in Section 3.7, although there is debate currently as to whether a “one size fits most” pre-packaged intervention should be adopted, or if a “one size does not fit all” is more appropriate – and that interventions should be based on individually assessed perpetrator needs. Given the limited effectiveness of DAPIs this section has been separated into traditional established (good) practice, recent (good) practice, and promising (good) practice. Note no DAPIs have been identified as best practice.

3.2.1. Established (good) practice

It is important to state that only 13 out of 58 papers were classified as good or strong evidence. The interventions demonstrated to be the most effective were those which applied multiple techniques within a suite of behavioural change interventions, adopting pro-feminist approaches, cognitive behavioural therapy (CBT), psychoeducational or psycho-dynamic approaches.

The Duluth model has been widely applied and a series of variants of it have been developed. There can perhaps be two generations of this model identified. The first tended to focus predominantly on offender interventions. Their aim was to hold offenders to account and offers them opportunity to change. These approaches argued that domestic abuse stems from patriarchal values about a women's role in society. They utilise a range of techniques to challenge this and reorient how men exert power and control over partners. As Morgan et al state (2019, study 5 in Appendix 2):

Given that the majority of domestic abuse survivors are women, the development and implementation of perpetrator programmes often take a gendered view by examining the role, and influence, of power and control within the relationship. Most domestic violence perpetrator programmes (DVPPs) are therefore embedded in an understanding of heterosexual relationships; apply cognitive behavioural, pro-feminist or psychodynamic treatments; whilst 50% reportedly use a combination of multiple treatment types. Over the years, DVPPs have developed through a process of critical reflection and engagement using the National Practitioners Network (NPN), as well as from listening and responding to perpetrators.

A series of meta-analyses and systematic reviews (carried out pre-2010) on predominantly USA based DAPIs developed from the Duluth model have demonstrated modest but not significant positive returns. Zarling et al (2019, p257) state (study 9) *"In practice, a combination of psychoeducation on power and control dynamics (i.e., Duluth Model) and cognitive-behavioral therapy (CBT) techniques are widely used but produce limited effects on recidivism"*.

A useful summary of the limitations of the Duluth model are provided by Bates (2017, P4) in article 10 (Appendices 1 and 2).

Research has been consistent that such approaches are not effective... This is probably due to the model ignoring treatment need factors such as emotional dysregulation and relationship dynamics such as bidirectional IPV a meta-analysis of 22 studies that evaluated such treatment program for domestically violent men...found minimal effects, concluding that the current interventions are inadequate in reducing recidivism much beyond the effect of arrest and other criminal justice sanctions.

As Pearson and Ford highlight (2019)

Whereas the Duluth model sees factors such as anger and substance misuse as disingenuous excuses for behaviour, a psychological approach views them as dynamic risk factors for recidivism in some subsets of offenders.... The traditional view of considering all offenders as a homogenous group of instrumentally controlling abusers overlooks relevant targets for change that may alter the probability of recidivism. This is therefore a key difference that may account for unconvincing results in evaluations of perpetrator programmes.

Some of the explanations for this are centred on the fact that this model does not account for a range of non-gender risk factors (social, developmental, biological for example) that impact on Domestic Abuse (see Appendix 4). There are also methodological challenges for the evaluation (see Section 3.7).

3.2.2. Recent (good) practice

The original Duluth model focused on offender interventions, but more recent Pro-Feminist models such as DAWSA, Project Mirabal, and IDAP have extended the Duluth model into a second-generation approach. Whilst the focus is on offender's recognition of patriarchal values and the need to reorient males over exertion of power and control, they also recognize the need for a more holistic approach that includes victims and offender familial and close contacts into the intervention. There is therefore a broader focus on developing a more holistic approach. These interventions use a "one size fits most" approach and proponents argue that risk factor sub-types are not as distinct as some argue. They also suggest that there are too many sub-categories for typology specific interventions to be offered at local level, and that there is insufficient funding for a one size fits all approach, yet alone bespoke interventions customised to individual needs. However, these 'second generation' approaches are still orientated towards male perpetrators and less adaptable for highly vulnerable groups such as those with substance misuse, mental health, disabilities, or those who identify as LGBTQ+.

Protection Orders deliver short term risk management and the evidence shows significant positive effects with moderate effect sizes although evaluations only include one UK study - most of the evidence stems from the US with a different legal context. Domestic Violence Protection Notices (DVPN) and Protection Orders (DVPO) can be viewed as effective short-term options when more time is required to consider mid to long term responses. Caveats (see moderators) are they: should not be used in lieu of custodial sentences; there are recognised challenges with referral and in the enforcement of breaches; and they must be considered in conjunction with longer term solutions

3.2.3. Promising (good) practice

There are a range of interventions that can be recognised as promising good practice. Preliminary evaluations of strength-based approaches, solution focussed brief therapy (SFBT), and motivational interviews have identified promising initial successes. Examples of projects that utilise these include Inner Strength and Project Drive. These third generation or new psychological approaches are like the second-generation Duluth based models in the sense that they recognise the need for holistic approaches and consider the relationship between perpetrators, victims and close familial and non-familial ties rather than treating offenders in isolation. However, the difference in these approaches is they argue that interventions should be bespoke tailored interventions based on an assessed individual need of the offender rather than a pre-packaged set of interventions. They recognise the range of risk factors for domestic abuse (See Appendix 4) that may include but are not exclusive to gender. These interventions can be described as a "one solution does not fit all" approach. There are several challenges inherent in identifying individual needs of domestic abuse perpetrators, and this is discussed in more detail in section 3.8.

A range of additional measures can be identified as potentially good practice including restorative justice, parenting and fatherhood interventions, couples therapy, treatment for attachment disorder, dialectic behavioural therapy anger management, Mind-Body Bridging (MBB) group therapy, and second response interventions. There is limited evidence currently as to their effectiveness, although

process evaluations, pilot studies and service user interviews have identified a range of positive views on these techniques.

It is important to stress that these promising interventions comprise a set of techniques which can and do enrich work with domestic abuse perpetrators, but there is no compelling evidence that they can form adequate sole responses to perpetrators and that they should be considered as part of a more established method. Some of these have been evaluated using before and after, and control and action groups in quasi experimental designs, but have only been tested with a single group/location. Others have only been evaluated using qualitative measures, or mixed methods but often using a single point in time or without control groups.

3.3. Intervention Mechanisms

This section summarises some of the mechanisms outlined for interventions outlined in the previous sections. It is important to consider these against the quality assessment of the methodology. The mechanisms relate to the plausible explanations for how the interventions may reduce domestic abuse, but these mechanisms have not been extensively tested as evaluations tend to test 'whole package' effects rather than the impact of each individual intervention.

Pro-feminist approaches argue domestic abuse stems from patriarchal values about a women's role in society. They utilise a range of techniques to challenge this and reorient how men exert power and control over partners. The Duluth model is widely adapted here, although this is often combined with CBT or psycho-educational approaches.

Cognitive Behaviour Therapy (CBT) interventions suggest domestic abuse is a learned behaviour, and to change this behaviour it is necessary to modify this by re-framing cognitive learning and behaviour. The purpose is to identify the beliefs that precede domestic abuse and subsequently interrupt these chains of events through practical steps. There is moderate evidence of their success.

Psychodynamic models highlight the emotional characteristics of perpetrators and aims to educate perpetrators to acknowledge latent emotions that may trigger domestic abuse including unconscious drivers within a person. They can be considered a longer-term approach than CBT, and they examine past experiences in detail to support better self-understanding and empowerment. There is moderate evidence of their success.

Psychoeducational programmes are focussed on treatments which aim to make male offenders take full responsibility for their abusive behaviour and acknowledge gender inequalities and are focussed on gender and power imbalances. It is important to acknowledge the limited effectiveness of these programmes identified in Section 3.2.

The mechanisms through which Protection Orders may work include increased risk of apprehension and punishment; increased effort required for perpetrators to reoffend; or removing excuses by setting clear rules for perpetrator-victim interactions. They may be effective in the short term.

Motivational interviews use behavioural change theory to consider readiness to change, the inference is that domestic abuse perpetrators may not be ready to change their behaviour at the time of referral. The focus is on advancing this readiness level. Techniques tend to be empathetic rather than confrontational, to support helping perpetrators recognise the impact of their actions and decide that their behaviour is a problem that needs to change. They are effective at increasing the likelihood of offenders completing a DAPI.

Strength Based Approaches focus on protective factors viewed as a possible vehicle to provide positive feedback loops and drive change through positive reinforcement. They are different to approaches that identify cognitive deficits that require addressing, as they focus on positive inherent characteristics to support behavioural change. Initial evaluations identify this as promising practice.

Solution Focuses Brief Therapy (SFBT) aims to increase self-efficacy, self-esteem, insight into problem behaviour, impact on others, emotion regulation skills, social problem-solving skills and taking responsibility for actions. This approach can be adapted to highly vulnerable groups (e.g. those with disabilities and LBQT*). The focus is on interventions based on individual offender need that can be delivered rapidly and inexpensively. Initial evaluations identify this approach as promising practice. They are also seen as less expensive than alternative programmes. For example, for EREA article 7 this was delivered as 10-week programme, participatory; using a group delivery mode: visual aids, and role play. It was delivered in a Forensic Community Learning Disabilities Team (FCLD) which is a further advantage of this approach in that it can be applied to highly vulnerable groups (disabilities, LBQT+) which traditional models are not designed for. In EREA article 1 the SFBT was group based; 10-90 minutes; with participation based on referral. It was embedded within a multi-agency IPVA programme. As Bowen, 2019 (page 501) suggests (REA paper 1).

Due to restrictions on the financial support available from central government to do this, local authorities are increasingly seeking interventions that are low cost and of short duration. It is well understood that the majority of domestic violence (DV) incidents do not result in police involvement, and British research highlights that when police are involved, only 4% of incidents result in conviction (Hester, 2006). Consequently, there is a need to develop interventions that are situated outside of the criminal justice context. Such approaches are deemed to be controversial and unsafe by some (e.g., Kelly & Westmarland, 2015), despite both a lack of clear evidence to support such claims and a lack of evidence that alternative approaches are superior (e.g., Babcock, Green, & Robie, 2004).

MBB programmes aim to improving mindfulness and aid in identifying destructive behaviours and recognising positive strategies to enable change. They have been classified as promising in this EREA.

Risk-Needs-Responsivity (RNR) principles seek to use a risk assessment approach, informed by the Spousal Assault Risk Assessment guide. The programme they adopted is considered a nested ecological model. They may suffer from some of the limitations of the Duluth model but require further evaluation.

3.4. Intervention Moderators

Due to the limitations of the methodological quality of the identified studies, it is difficult to place confidence in the moderators identified. Individual factors are highlighted in Appendix 1b.

There are several generic moderators for the effectiveness of DAPIs including: differences in participant characteristics, whether participation was voluntary or mandatory, offence type, individual offender characteristics, and the intensity or length of the intervention. However, none of these moderators have been extensively tested due to inherent methodological challenges discussed below.

Psychoeducation interventions may not be appropriate for offenders with high levels of emotional reliance on others, and those with anti-social personality traits. Pro-feminist approaches may not be appropriate for highly vulnerable groups, for example those with mental health issues, a history of substance abuse, those with disabilities, or LBQT+ groups.

The CBT and psycho educational approaches were found to be most effective when a qualified psychologist was consistently present (as opposed to not present or an unqualified person) and receiving supervision from other staff was also viewed as positive. Furthermore, carrying out the treatment at a consistent setting seemed to be more effective, rather than multiple locations.

Much of our understanding of DAPIs comes from US studies which are often court mandated. In England and Wales, some community-based interventions are accredited by Respect, and court mandated programmes are run by prisons and probation, for example Building Better Relationships. Both provide support and safety planning for victims and must fully embed multi-agency partnership working. In the USA, and in particular first-generation Duluth based DAPIs, often focus exclusively on offenders and don't consider wider context and setting of situation/system.

Motivational interviews are more effective for those offenders defined as hostile or treatment resistant and at an earlier stage of 'change readiness' than those at a later readiness stage.

Protection orders are more effective when victims are employed and have a higher socio-economic status or are no longer in a relationship with the perpetrator. They are less effective where perpetrators have a prior history of stalking and mental health issues. Protection orders may be less effective in cases where the offender and perpetrator have children together.

Some of the generic factors identified include; there are substantial challenges with the referral process for DAPI and it is important to recognise the motivational difference for perpetrators between mandated programmes and community voluntary programmes; the chance of success is higher when the user completes the programme although the majority of DAPIs in this EREA point to high dropout rates; most of the DAPIs have been more effective at reducing sexual and physical violence than at reducing coercive control.

The DAP models were found to be less effective with high risk offenders. Finally, there are question marks about the use of SBFT with children. Some of the interventions have been found to be effective in prison, and it is argued that solutions should be identified outside of the court/criminal justice setting – given that most domestic abuse incidents do not result in police involvement.

Several studies have identified similar factors for both males and females IPV (perpetrator and victim). Predictor variables across both genders include having experienced abuse, childhood and adolescent behaviour problems including being withdrawn, aggressive behaviours, conduct disorder, and adolescent alcohol and substance use. Unfortunately, the outcome literature regarding women's engagement in group interventions are extremely limited. Two evaluations outside the scope of this paper but highlighted in identified papers (Tutty, Babins- Wagner, & Rothery, 2006, 2009) include a comparison group and behavioural outcome data. They find significant improvements post intervention for females who partake in 15-week (30 hr) group-based psychoeducational and psychotherapeutic programmes. These combines cognitive behavioural content (e.g., cognitive restructuring, stress and relaxation techniques, communication skills building, and examining sex role socialization), with a therapeutic approach that allows the focus of sessions to be client-led to some extent rather than adhere to a strict manual.

3.5. Implementation

As with previous sections, as a result of the limitations of the methodological quality of identified studies, it is difficult to identify the pertinent conditions and contexts within which the schemes were implemented. Individual implementations are discussed in Appendix 1b. Some of the generic issues identified are discussed below.

Several studies identified challenges with the referral process, which impacts on the robustness of the evaluation methodology but also the appropriateness of the delivery. Future interventions should strongly consider a review of the relevant referral processes and ensure enough lead in time to iron out any issues across multiple organisations. For example, one study (Paper 55) identified sixteen referral pathways into a DAPI through site proformas, although were dominant: Children's Services (n=559), CAFCASS (n=300) and 341 categorised 'self-referral'. Also instructive were the tiny number of referrals from police, GPs and mental health services – a total of just two from each source across the eleven sites.

Beyond the referral process there were clear issues with dropouts and almost all studies experienced high or at least moderate attrition rates and dropouts. This resulted in smaller samples sizes and reduced the available data for measuring the success of these interventions. Motivational Interviews as identified in previous sections may alleviate some of these issues.

The length of interventions is highly varied. Psychodynamic approaches may require up to 2 years which is expensive, especially if run on a one to one basis. Project CARA however was an example of a brief treatment intervention with strong successes albeit to date only evaluated as a single RCT study. The length of involvement will also influence the likelihood of perpetrators completing programmes as longer time commitments are likely to result in higher dropout rates. Longer interventions are also more likely to increase costs. Therefore, a trade off may be needed between length of time needed for a sustainable impact/positive change in offender behaviour, and the risks of longer programmes in terms of increased costs and likelihood of greater drop-out rates.

There is evidence to support multi-stranded interventions as being more likely to be effective assuming appropriately designed and implemented, and multi-agency holistic approaches are identified as key. However, these can be challenging to deliver. Several studies used a case worker to support this, to knit together the range of partners required for successful implementation. Project Drive is a good example of this.

3.6. Intervention – Cost-Benefit

Whilst some studies have attempted to examine the cost of the interventions, only a limited number of these appear in the published peer review literature. The Home Office (2019) estimate for the Unit cost of domestic abuse in England and Wales (2016/2017) to be **£34,015** and studies tend to use this figure for cost-benefit analysis. Whilst it is recognised there are limitations with the methodology used to estimate this figure, and that this is now 4 years out of date, it is currently the most up to date estimated cost of a domestic abuse incident.

One of the challenges for interventions using this cost is that this needs to be balanced with two intervention costs. The first is the initial set up of the intervention which may require some considerable up-front costs for more complex interventions. The second is the maintenance and upkeep costs of the project. This makes forecasting economic benefits challenging and whilst several

more recent studies have attempted to do this, they tend to be found in the grey literature rather than published peer reviewed studies.

3.7. Limitations of Identified Evaluation Models

It is important to recognise the challenges faced in the evaluations of DAPIs. These can be considered in terms of (i) theory failure, (ii) implementation failure, and (iii) measurement failure. Indeed, what was often missing in assessing the interventions is collecting outcome focussed data – which should also consider moderating factors and contextual/implementation factors. As stated by Bates et al (2017, page 22 EREA article 10) who surveyed a range of providers: ‘The majority of the providers did collect data on their programs but this data was largely descriptive (61.9%) with less than half the providers (28.6%) collecting outcome data around recidivism rates’

Measurement Failure:

In general, identified RCTS use small samples with poor follow ups, and interventions have experienced high drop-out rates or significant participant over-ride of randomised allocation. Moreover, there is a lack clarity to assess their internal and external validity.

There are challenges in identifying ‘success’. Studies tend to focus on reduced reoffending but successful DAPIs may empower victims to report Domestic Abuse, thus increasing reporting. Alternatively, physical violence may reduce but there may be an increase or continuation of unreported emotionally controlling behaviour. RCTs rarely include acceptability measures of a DAPI to victims, and few longitudinal studies examine their long-term impact (beyond 12-24 months).

In EREA article 55, a range of alternative measures of success for DAPIs are identified. These include: (1) An improved relationship underpinned by respect and effective communication; (2) expanded ‘space for action’ for women which restores their voice and ability to make choices, whilst improving their well-being; (3) safety and freedom from violence and abuse for women and children; (4) safe, positive and shared parenting; (5) enhanced awareness of self and others for men, including an understanding of the impact that domestic abuse has had on their partner and children; and (6) for children, safer, healthier childhoods in which they feel heard and cared about. Whilst these are highly desirable, there are question marks about how best to benchmark and measure this. An alternative comprehensive Evaluation Framework is provided in EREA article 8.

An additional possibility is to monitor changes in psychometric measures (risk scores) over time, and as a minimum to measure pre and post changes in psychopathological and psychosocial characteristics, such as hostility, anger, depression, anxiety, self-esteem, persecutory ideas, attitudes toward women and the use of violence, and levels of maladjustment – however, given multitude of risk factors which are more important to ‘modify’. These should be triangulated with re-offending data, and questionnaire and or interview data on user experiences of future DAPIs.

Theory Failure:

The Duluth models and adoptions thereafter have been criticised for failing to recognise the broad spectrum of risk factors for domestic abuse which may include but are not exclusive to gender. There is currently a debate as to whether a ‘one size fits most’ packaged approach or ‘one size does not fit all’ customised bespoke approach to DAPI is more effective.

Implementation Failure:

Key challenges include difficulties with referrals, high dropout rates, difficulties in enforcing protection order breaches, limitations of risk assessment models (eg DASH) and failure to account for moderators.

3.8. Identifying Offender Risks and Needs

There exists a range of specialist risk assessment tools and risk management systems that are being used within DAPIs to reduce the risk of future domestic abuse. UK examples include CAADA's domestic abuse, the Risk Identification Tool (RIC) for domestic abuse, honour-based violence and stalking (DASH) and the adapted version of this created by Respect. CAADA recommends the implementation at local level of Multi Agency Risk Assessment Conferences (MARAC) which allow local agencies to pool knowledge about individual victims of domestic abuse and identify a safety and risk management plan, with a named individual to take the lead for implementing such a plan, in order to reduce and manage risk.

Project DAWSA used a similar Multi-Agency Tasking Co-ordinator (MATAC) to support its work. Inner Strengths and Project Drive both use individually assigned case workers to support multi-agency working. Inner Strengths used a range of tools including: screening by multiagency panels (police and social care) whereby perpetrators were excluded if they had a record of sex offences or current severe mental illness; prior to the intervention there was a 1 to 1 meeting with a practitioner (at home or quiet public place); with partner/children if possible. Functional Behavioural Assessment and Goal Setting (based on Good Lives Model) were completed with the practitioner and these were viewed as vital to understanding the needs and circumstances of offending.

For Baby's sake used the SARA-V3 (Spousal Assault Risk Assessment) tool to provide an appropriate framework and organised training for all teams on its use. SARA-V3 is a framework for identifying which risk factors are present and relevant in a particular case and conducting case formulation, including considering potential future risk scenarios, and creating tailored risk management plans.

The evaluation of DVPOs in the London Met (article 35) identified the use of DASH as a proactive approach of risk assessment to determine the level of risk the victim faces and make decisions on the use of DVPOs and DVPNs. However, a recent study (Turner, Medina and Brown, 2019) identified that

the risk assessment tool is underperforming. Each element of the DASH questionnaire is, at best, weakly predictive of revictimization. Officer risk predictions based on DASH are little better than random and a logistic regression model that predicts the same outcome using DASH only provides modest improvement in performance

Therefore, whether a one size fits most, or a one size doesn't fit all approach is adopted, there is a clear need for additional evaluations of the appropriateness of the risk assessment tools used to support DAPIs. This is relevant to perpetrator suitability for an intervention, before and after monitoring of perpetrator psychometric scores, or in selecting the most appropriate set of interventions for individual or a group of offenders.

3.9. Respect Accreditation

The Respect accreditation standard is a well-established and recognised national system of accreditation of domestic abuse perpetrator interventions and is particularly prominent although not exclusively used in the pro-feminist approaches. The accreditation standard covers work with men using intimate partner violence, including group work, individual work or a combination of the two. There is no prescribed model of work and the system can be applied to court mandated and non-court mandated work. More recently the guidance was updated to work with females' perpetrators. Make a Change is one example of a Respect accredited intervention.

The Respect accredited interventions are based on 10 principles that align with several the interventions identified in this study. These are:

1. Do no harm
2. Gender matters
3. Safety first
4. Sustainable change
5. Fulfilling lives
6. The system counts
7. Services for all
8. Respectful communities
9. Competent staff
10. Measurably effective services

All of these align with the mechanisms for change for the majority of DAPIs identified in this study. The challenge is around gender matters, as strength based and solution focussed interventions advocate an individual needs assessment of offenders that may or may not include gender. Nonetheless, it can be argued that a 'no solution fits all approach' could meet all the Respect principles. For example, the BBR intervention demonstrated patriarchal values can be challenged in a non-confrontational manner.

4 Conclusions and Recommendations

This report has identified some key issues. This includes the lack of robust programme outcomes captured for evaluation, and the limited studies identified as offering strong and good evidence. As a result of this a more pragmatic approach has been necessary for this EREA with a relaxed methodological inclusion criterion.

It is evident that there is a long-standing history of DAPI in the UK, which has strongly been underpinned by gender-based approaches. These models in the UK have initially borrowed strongly from the Duluth model. This was delivered in two ways, through self-referral and court-mandated approaches. The requirements for additional accountability and issues of noncompliance has shifted engagement towards probation and prisons which has led to the development of an Integrated Domestic Abuse Programme (IDAP). However, it is suggested there may be an over reliance on these gender-based models which have shown not to have only moderate impacts.

The DAPIs identified in this EREA have predominantly used a combination of pro-feminist, psychodynamic, psychoeducational, and CBT approaches. They have been found to be more effective when taking a holistic approach that includes victims and offenders. Debate exists as to whether the limited success of these interventions is due to implementation failure and or and measurement error, or incorrect theory specification. Moreover, they may not be appropriate for highly vulnerable groups and it is suggested that additional promising approaches could be adopted within these models. Examples of these include motivational interviews, strength-based approaches such as SFBT, and Trauma Informed Approaches.

Therefore, the following recommendations are made:

1. Interventions should be multi-agency and support multi-stranded programmes. Given the challenges in implementing these it is recommended experienced individual case workers or similar dedicated staff should be used to knit together the range of partners required for successful implementation.
2. Interventions should adopt a holistic approach that recognises the needs of victims, offenders, and offender familial and close contacts as part of a suite of programmes.
3. Debate exists as to whether a 'one solution fits most' or 'one solution does not fit all' approach will prove more successful. Therefore, ultimately, local context, available support mechanisms and available resources may dictate the approach taken.
 - 3.1. A bespoke one size fits all approach will require the necessary expertise and skills to assess needs, tailor programmes accordingly, and allow sufficient lead in time and resources to develop appropriate interventions.
 - 3.2. If a 'one solution fits most approach' is used, consideration should be given to enhancing this using strength-based approaches such as SFBT and or trauma informed approaches. Interventions underpinned by traditional CBT, pro-feminist, psychoeducation or psychodynamic approaches have shown only moderate positive impact to date. For example, strength-based approaches have been shown to be a possible mechanism for addressing pro-feminist patriarchal concerns in a non-confrontational manner, so these are not necessarily incompatible.

4. There is a need for additional evaluations of the appropriateness of the risk assessment tools used to support DAPIs. This is relevant to perpetrator suitability for an intervention, before and after monitoring of perpetrator psychometric scores, or in selecting the most appropriate set of interventions for individual or a group of offenders.
5. A key factor in success is programme completion and high dropout rates have been shown to be problematic, particularly for non-mandated referrals. Motivational interviewing techniques are recommended as an effective method for increasing programme completion, for those identified as hostile or treatment resistant and at an earlier stage of 'change readiness' for behavioural treatment.
6. Protection Orders are appropriate for some victim groups and offence types as a short-term intervention (see moderators) when done concurrently with identification of long-term solutions
7. Treatment should be adapted to include other populations in a more holistic approach (female on male violence, children and LGBTQ+). It is advisable that additional support for those experiencing substance abuse issues alongside DV offenses is considered. This may require medications alongside therapeutic responses.
8. More consideration of individual needs should be afforded to highly vulnerable groups (e.g. substance misuse, mental health issues, disabilities, and LGBTQ+ groups) as traditional DAPIs may not be effective for these groups.
9. The 10 Principles of RESPECT should be adhered to when adopting or revising programmes. These are Do No Harm; Gender Matters; Safety First; Sustainable Change; Fulfilling Lives; The System Counts; Services for All; Respectful Communities; Competent Staff; and Measurably Effective Services.
10. Future Interventions should be robustly evaluated to consider how they inform the 'what works' evidence base. Future evaluations should address identified issues of poor-quality data; and measures of success should be clearly defined. Evaluations should not only establish what works, but also consider the integrity of the intervention, the acceptability of the intervention, and the mechanisms by which it will likely prove effective. This ensures a more nuanced realistic assessment of mechanisms of change and implementation, rather than overall assessment of the 'whole package' intervention effectiveness.

5. List of Abbreviations

ACTV - Achieving Change Through Values-Based behaviour

ASGW - Association for Specialists in Group Work

BIP - Batterer Intervention Programme

BEP - Batterer Education programme

BBR - Building Better Relationships

CBT – Cognitive Behaviour Therapy

CBTGR Cognitive Behaviour Therapy Gender-Re-education Approach

CDVP - Community Domestic Violence Programme

DAP - Domestic Abuse Programme

DAPI – Domestic Abuse Perpetrator Intervention

DAPP - Domestic Abuse Prevention Partnership

DVPP – Domestic Violence Perpetrator Programme

EMMIE (Effect, Mechanism, Moderators, Implementation and Economic cost) – A framework for evaluating the effectiveness of crime prevention interventions.

EREA- Extended Rapid Evidence Assessment

HRP- Healthy Relationship Programme

IDAP - Integrated Domestic Abuse Programme

IPV – Intimate Partner Violence

MBC - Men's behaviour change

NNVRU – Nottingham City and Nottinghamshire Violence Reduction Unit

NK – Not Known: NA – Not Applicable

NTV - No to Violence model

PIPV - Perpetrator of Intimate Partner Violence programme

Mind-Body-Bridging (MBB) Group therapy.

NDVIA (National Domestic Violence Intervention Agency)

REA- Rapid Evidence Assessment

RCIP- Resolution Counselling Intervention Programme

RNR Risk-Needs-Responsivity

RJ – Restorative Justice

SOCMI Stage of Change motivational interviewing

SFBT – Solution Focussed Brief Therapy

6. References

CEBMA (ND) Guideline for Rapid Evidence Assessments in Management and Organizations,. Available online [<https://www.cebma.org/wp-content/uploads/CEBMA-REA-Guideline.pdf>] accessed 1/5/2020

Civil Service (ND). How to do a REA. Available Online [<https://webarchive.nationalarchives.gov.uk/20140402164155/http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment>] Accessed 1/5/2020

Johnson, S.D., Tilley, N. & Bowers, K.J. (2015) Introducing EMMIE: an evidence rating scale to encourage mixed-method crime prevention synthesis reviews. *J Exp Criminol* 11, 459–473
<https://doi.org/10.1007/s11292-015-9238->

Turner,E., Medina, J. and Brown, G. (2019) Dashing Hopes? the Predictive Accuracy of Domestic Abuse Risk Assessment by Police, *The British Journal of Criminology*, 59 (5), 1013–1034,
<https://doi.org/10.1093/bjc/azy074>

Thomas, J., Newman, M; and Sandy, OO. (2013) Rapid evidence assessments of research to inform social policy: taking stock and moving forward. *Evidence & Policy: A Journal of Research, Debate and Practice*, Volume 9, Number 1, January 2013, pp. 5-27(23) DOI:
<https://doi.org/10.1332/174426413X662572>

7. Appendices

Appendix 1a: Results of EREA Extraction Part 1 (Quality Assessment)

Article Number	Title/Author	Author and Year of Publication	Region/Country	Study/Design	Sample Size	Method quality score	Methodological Note/Judgement
01	Applying a Strengths Based Psychoeducational Model of Rehabilitation to the Treatment of Intimate Partner Violence: Program Theory and Logic Model	Bowen et al, 2019	UK	Literature Based	NA	NA	Comparative
02	'It's a work in progress': men's accounts of gender and change in their use of coercive control	Downes et al, 2019	UK	Qualitative Interviews, process	n=64	1	Process Focussed
03	Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness	Gannon et al, 2019	International	Meta-analysis	(n> 55,000) across 70 studies	4	Meta-analysis - affected by confounding moderator effects. Focus on other types of violence as well as DV

04	Metacognition: A potential mechanism of change in the psychotherapy of perpetrators of domestic violence	Misso et al, 2019	Australia	Qualitative Case Study	n=1	1	Single case study
05	Baseline characteristics and outcomes of the main perpetrator programme within the Hampshire Domestic Abuse Prevention Partnership, UK: A mixed methods study	Morgan et al, 2019	UK	Mixed Methods: Cross Sectional Questionnaire; Crime Data, Qualitative Evaluation	n = 228 (questionnaire); police crime data (n=57); focus groups n=12 (2* focus groups); interviews n= 8	2	Mixed methods, before and after, no control. Outcome data limited to n=34
06	Evaluation of Acceptance and Commitment Therapy for Domestic Violence Offenders	Zarling et al, 2019	USA	Quasi Experimental - Outcomes	n= 3,474 males.	2	Quasi-experimental, before after, three treatment groups, no control
07	The adaptation of a solution focused brief therapy domestic violence perpetrator programme: A case study with a client with a learning disability	Banting et al, 2018	U.K.	Quantitative Case Study with outcome measures	n=1	1	Single case study, no control
08	Evaluation of European Domestic Violence Perpetrator Programmes: Toward a Model for Designing and Reporting Evaluations Related to	Lilley-Walker et al, 2018	Europe	Proposed alternative systematic review/meta-analysis	n= 7212 across 60 studies	NA	Creating a framework to improve the evaluation of future DVPP's. Requires mixed methods, varied participant samples, some form of control group, and more outcome measures

	Perpetrator Treatment Interventions						
09	Design of the "Up2U" domestic abuse perpetrator programme	Pearson and Ford, 2018	UK	Proposed RCT	NA	NA	Prospective - Outlines methods for RCT evaluation
10	A Review of Domestic Violence Perpetrator Programs in the United Kingdom	Bates et al, 2017	UK	Cross Sectional Questionnaire	n=21 (organisations)	1	Cross sectional, no control, no before or after
11	Domestic violence perpetrator programmes in Ireland - Intervention required!	Crowley, 2017	Ireland	Literature Based	NA	NA	Comparative
12	Effectiveness of the IDAP Treatment Program for Male Perpetrators of Intimate Partner Violence: a Controlled Study of Criminal Recidivism	Haggård et al, 2017	Sweden	Quasi Experimental - Outcomes	n=792	3	quasi-experimental, before after, one control group
13	The effectiveness of perpetrator programmes in promoting positive gender relations and preventing domestic violence: A case study of NICRO'S PIPV programme	Maphosa and Rasool, 2017	South Africa	Qualitative Interviews, process	n=8	1	Qualitative study, no control

14	Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse	Stanley and Humphreys, 2017	UK	Qualitative Interviews, process	n=90	1	Qualitative study, no control
15	Evaluation of an Australian domestic abuse program for offending males	Blatch et 2016	New South Wales, Australia	Quasi Experimental - Outcomes	n= 953	2	quasi-experimental, before after, one control group, propensity matching
16	The "care package," prison domestic violence programs and recidivism: A quasi-experimental study	Hasisi et al, 2016	Israel	Quasi Experimental - Outcomes	n=556	4	quasi-experimental, before after, one control group, longitudinal repeated years 1-4
17	Domestic Violence Intervention Programs for Perpetrators in Latin America and the Caribbean	Santoveña & da Silva, 2016	USA	Cross Sectional Questionnaire	n=11 (organisations)	1	Literature review
18	New pathways in the evaluation of programmes for men who perpetrate violence against their female partners	Wojnickaa et al, 2016	International	Proposed Evaluation Framework	NA	NA	Evaluation, literature review
19	Breaking the Mold: Evaluating a Non-Punitive Domestic Violence Intervention Program	Crockett et al 2015	USA	Cross Sectional Questionnaire	149	2	Cross sectional, before and after, no control

20	Researching collaborative processes in domestic violence perpetrator programs: Benchmarking for situation improvement	Diemer et al 2015.	Victoria, Australia	Cross Sectional Questionnaire, process, 2 time periods	n=23 (organisations)	1	Cross sectional, repeated once, organisational and process focussed
21	A Mind-Body Bridging Treatment Program for Domestic Violence Offenders: Program Overview and Evaluation Results	Tollefson & Phillips, 2015	USA	Quasi Experimental - Outcomes	n=90	3	quasi-experimental, before after, one control group
22	Mentoring serial and high-risk perpetrators of intimate partner violence in the community: Engagement and initiating change	Walker & Bowen, 2015	UK	Qualitative Interviews, process	n=16	1	Qualitative study, no control, process focussed
23	Effectiveness of Risk-Needs-Responsivity-Based Family Violence Programs with Male Offenders	Stewart et al, 2014	Canada	Cross sectional, pre and post, no control	n=572	2	Cross sectional, before and after, no control
24	Group Therapy for Intimate Partner Violence (IPV). Reviews 2 papers - The second is perpetrator focussed (Alexander, P., Morris, E., Tracy, A., & Frye, A.	Lothstein, 2013	Spain	Quasi Experimental - Outcomes	n=528	2	Not RCT - compared two interventions, no control

	(2010). Stages of change and the group treatment of batterers: A randomized control trial. Violence and Victims, 25, 571–587						
25	Applying effective corrections principles (RNR) to partner abuse interventions	Stewart et al, 2013	Canada	Literature Based	NA	NA	Literature review
26	Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence	Akoensi et al, 2012	Europe	Systematic Review	n=1586 across 12 studies	4	Systematic review (reduced threshold papers)
27	Distant relations: limits to relational contracting in domestic violence programmes	Carson et al, 2012	Australia	Realist evaluation (mixed), Questionnaires and Repeated Interviews (3 years).	4 NGOs (n not specified)	2	Mixed methods, no control
28	But she's violent, too!: Holding domestic violence offenders accountable within a systemic approach to batterer intervention	Hamel, 2012	USA	Clinical Experience, Case Based	NA	NA	Literature review
29	ASGW best practice guidelines: An evaluation of the Duluth Model	Pender, 2012	International	Compare Duluth Model to Group Code of Ethics/Principles	NA	NA	Comparative

30	Complex Behavioral Patterns and Trajectories of Domestic Violence Offenders	Jones et al, 2010	Multi-site	Longitudinal	n=305	4	Longitudinal
31	Evaluating Shame Transformation in Group Treatment of Domestic Violence Offenders	Loeffler et al, 2010	Colorado, USA	Quasi Experimental - Outcomes	n=115	3	Quasi-experimental, before after, one control group
32	The impact of length of domestic violence treatment on the patterns of subsequent intimate partner violence	Maxwell et al, 2010	USA (N.Y)	RCT (-re analysis)	n=376	3	Quasi-experimental, before after, one control group
33	Protection orders for domestic violence: A systematic review	Christopher Dowling, Anthony Morgan, Shann Hulme, Matthew Manning and Gabriel Wong, 2018	International	Systematic Review. Meta-Analysis of 4 identified studies	n=313+246+1473+149=2181	5	Systematic Review and Meta-Analysis of 4 papers identified as meeting inclusion criteria for meta-analysis - 3 US studies and 1 UK
34	No longer a civil matter? The design and use of protection orders for domestic violence in England and Wales	Lis Bates & Marianne Hester (2020)	England and Wales	mixed methods: Interviews and analysis of police crime data	400 incidents, 65 interviews	2	Cross sectional, no before or after
35	A critical reflection on the use and effectiveness of DVPNs and DVPOs	Kate Blackburn & Sofia Graca, 2020	London (Met)	Cross sectional analysis of 2016-2017 case files	Analysis of 263 DVPO and DVPNs out of 363 cases.	2	descriptive quantitative analysis, no before or after
36	The Effectiveness of Protection Orders in Reducing Recidivism in	Reinie Cordier, Donna Chung, Sarah Wilkes-Gillan and Renee Speyer, 2019	International	Systematic Review. Meta-Analysis of re-offending	n=31586 across 25 studies. 21 identified for SR. All USA studies except 1 Swedish.	5	SR and meta-analysis

	Domestic Violence: A Systematic Review and Meta-Analysis						
37	A Call for Evaluation of Restorative Justice Programs	Daye Gang, Bebe Loff, Bronwyn Naylor, and Maggie Kirkman, 2019	International	Systematic Review	Identified only 1 eligible study of RJ and sexual and family violence	5	Only one paper satisfied the eligibility criteria; it reported an evaluation of the Arizona program Project RESTORE, based on 22 cases (Koss, 2014). SR no meta-analysis
38	Using restorative justice approaches to police domestic violence and abuse	Nicole Westmarland, Clare McGlynn, Clarissa Humphreys, 2018		qualitative analysis of 62 cases in single E+W police force (anonymised)	62 case files	2	qualitative assessment: no before/after
39	'Cognitive behavioural therapy for men who physically abuse their female partner',	Smedslund, G., Dalsbø, T. K., Steiro, A., Winsvold, A. and Clench-Aas J. (2011)	International	Systematic Review	Six trials, all from the USA, involving 2343 participants	5	SR and meta-analysis
40	'The Crime Control Effects of Criminal Sanctions for Intimate Partner Violence', Final Report	Garner, J. H. and Maxwell, C. D. (2010)	International	Systematic Review of 31 studies		4	SR, no meta-analysis
41	Effects of Second Responder Programs On Repeat Incidents Of Family Abuse',	Davis, R., Weisburd, D. and Taylor, B. (2008)	International	Meta-Analysis	The average sample size is just over 400, ranging from 107 cases to 907 cases	5	SR and meta-analysis
42	A Systematic Review of Motivational Approaches As A Pre-Treatment Intervention For Domestic Violence Perpetrator Programmes	Carol Vigurs, Karen Schucan-Bird, Katie Quay, David Gough	International	Systematic Review	16 papers, 2349 participants	4	SR, no meta-analysis

43	Time Out": A Strategy for Reducing Men's Violence Against Women in Relationships?	Richard Wistow, Liz Kelly, and Nicole Westmarland, 2017	UK	Qualitative Analysis of semi-structured interviews	Analysis of 71 semi-structured interviews (44 males, 27 females) as part of Project Mirabal	2	qualitative assessment: no before/after
44	Lessons from the Integrated Domestic Abuse Programme, for the implementation of Building Better Relationships	Will Hughes, 2017	UK	Observational study/ethnographic study over 24 BBR sessions	10 males (6 completed BBR), interviews with 4 males	2	qualitative assessment: no before/after
45	'Making Safe': A Coordinated Community Response to Empowering Victims and Tackling Perpetrators of Domestic Violence	Alan Clarke and Sarah Wydall, 2013	North Yorkshire	multi-method research design. This employed both qualitative and quantitative data collection methods, including questionnaires, interviews, police-recorded data and non-participant observation of a MS key workers	81 questionnaires, 22 interviews, and analysis of 47 family cases	3	mixed methods, no before/after or control
46	Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment	Heather Strang, Lawrence Sherman, Barak Ariel, Scott Chilton, Robert Braddock, Tony Rowlinson, Nicky Cornelius, Robin Jarman and Cristobal Weinborn, 2017	Hampshire	RCT	293 (154 experimental, 139 control)	4	single RCT

Articles 47-58 are grey literature (independent evaluations but not published/peer reviewed)

47	Brighter Futures Domestic Violence Perpetrator Programme: Final Report of a Mixed Methods Evaluation	Bandyopadhyay, S., Woodhams, J., Dixon, L. Guru, S and Garcia-Ramo, A. (2017)	Sandwell, England	Mixed methods Quant (pre-post measures): self-report DV incidents, police data Quant (quasi-experimental): matched control group used for post treatment comparison Qual: interviews with service users and facilitators Economic analysis	Quant: 95 services users (24 groups, 10 1-1), 28% drop out rate; 6 females, 89 males Qual: three service users, three facilitators	3	Data collected at 5 time points - before programme, last day of programme, 3, 6, 12 months later
48	DIAP Domestic Abuse Perpetrator Intervention Project, Northern Rock Foundation	Donovan, C., Griffiths, S, and Groves, N. (2010)	Cumbria (Carlisle and Eden) and Gateshead (Tyne and Wear)	Mixed methods - process and impact (victim/survivors, their children and perpetrators); questionnaires and interviews; outputs using police and CPS data; 4 sample time periods over 3 years.	16 offenders from 59 referrals.	3	Focus of evaluation on victims and children. Whilst offenders were key component there was limited uptake and engagement of this group was problematic. Highlighted number of problems for evaluation due to database and linkages between datasets available. Extensive manual trawling of police and CPS data
49	Domestic Abuse: A Whole System Approach (DAWSA)	Cordis Bright Limited (Confidential Report)	Northumbria, Cleveland, Durham, Humberside, North Yorkshire and West Yorkshire	Mixed methods - documentation review of key performance metrics; key stakeholder survey; DV awareness survey, interviews with victims; consultation with partnerships	Stakeholder survey (442); Interviews with 31 victims; consultation with 45 DVCSA partnerships, 44 DACJS workers, 33 programme stakeholders; observation of 6 scrutiny panels, 6 MATAC sessions and 2 MASH visits; interviews with 10 perpetrators	3	Multi-site multi-time point evaluation

				((DVSA and DACJS); review of DV scrutiny panel feedback; observation of MATAAC; MASH site visits.			
50	Drive Project	Marianne Hester (PI), Nathan Eisenstadt, Ana Ortega-Avila, Karen Morgan, Sarah-Jane Walker & Juliet Bell	Essex, West Sussex and South Wales: Essex, South Wales and West Sussex) from April 2016 to October 2019	RCT including range of qualitative and quantitative data	506	4	Randomisation, control groups, longitudinal comparison of perpetrator behaviour, consideration of victim and children's safety and 'space for action,' and an analysis of impacts on and effects of the wider system of agencies Single RCT
51	For Baby's Sake: Final evaluation report	Trevillion, K., Domoney, J., Ocloo, J., Heslin, M., Ling, X- X., Stanley, N., MacMillan, H., Ramchandani, P., Bick, D., Byford, S. & Howard, LM. (2020)	Hertfordshire and London Three Boroughs, England	Mixed method design	101 families in Hertfordshire 62 families in London Three Boroughs For quant evaluation: at baseline, 40 individuals from 28 families; at 1-yr follow-up, 27 individuals (19 mothers, 8 fathers); at 2-yr follow-up, 18 individuals (12 mothers, 6 fathers)	3	71% of referred families did not engage with the programme Many outcome measures were not able to be compared at different time points or results were not shown (largely due to very small sample sizes) Drop out at each of the time points - 70% retention at 1-yr follow up, 50% at 2-yr follow up
52	Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP)	Sinead Bloomfield & Louise Dixon, 2015	National via Probation	Quasi experimental - propensity score matching with control group.	6,695 offenders referred to either IDAP or CDVP between January 2002 and April 2007	3	Integrated Domestic Abuse Programme (IDAP, delivered between 2004 and 2013); and Community Domestic Violence Programme (CDVP; delivered between 2005 and 2013).
53	Inner Strength Perpetrator Programme (ISPP) Evaluation,	Schrader-McMillian, A & Rayns, G. (2020)	Blackpool, England	Mixed method design Quant (pre-post measures): police data gathered on reconvictions,	34 people (31 men, three women) 10 interviewed for qual aspect (8 men, 2 women)	3	Data gathered at Time point 1 is two years before completing programme Partners not interviewed because of potential raised risk Those who reoffended were not interviewed as difficult to get hold of (so these

				cautions, PVP reports; social care data gathered on number and age of LACs or on CP plans Qual (interviews): data gathered from service users			mechanisms not understood) Themes identified from qual data presented at focus groups of ISPP practitioners to discuss findings Only trends of costs presented, not a full cost-benefit analysis
54	Evaluation of mentoring programme for serial and high risk IPV offenders: Executive Summary	Walker, K (n.d.)	West Midlands, England	Qualitative evaluation - utilising interviews, reviews of narrative reports and collation of offending histories	Interviews with: Six service users Two mentors Four professionals (from DVA perpetrator Case management forum) File notes of 16 offenders	2	No formal outcome measurements, however, noted that case files from a range of different professional bodies was used to make a judgement about perpetrators progress.
55	Project Mirabel	Kelly, L. and Westmarland, N. (2015)	11 research sites	Mixed methods. Secondary analysis of NOM and Redamos data, longitudinal interviews, longitudinal surveys, programme staff interviews and a 6-month ethnographic study	70 longitudinal interviews, longitudinal surveys with 162 women	3	Project Mirabel seeks to move on from academic debate between 'no effect' findings of experimental studies and increased safety for women from system-based studies. Identified 6 measures of success: 1 An improved relationship underpinned by respect and effective communication. 2. Expanded 'space for action' for women which restores their voice and ability to make choices, whilst improving their well-being. 3. Safety and freedom from violence and abuse for women and children. 4. Safe, positive and shared parenting. 5. Enhanced awareness of self and others for men, including an understanding of the impact that domestic violence has had on their partner and children. 6. For children, safer, healthier childhoods in which they feel heard and cared about.
56	Steps to Safety	Nicola McConnell, Anita Schrader-McMillan, Paula Telford, Jane Barlow and	Delivered from three NSPCC centres	Mixed methods - interviews and surveys	It is difficult to draw conclusions about the acceptability of S2S as recruitment to the feasibility study was hampered by	2	70 referred parents, 18 completed assessment. Assessment sessions represented nearly two-thirds of the sessions recorded in the survey. This is because a larger proportion of

		Gwynne Rayns (2020)			the difficulty in identifying suitable families		families were either assessed as unsuitable or dropped out,
57	Caring Dads Safer Children: Families' Perspectives on an Intervention for Maltreating Fathers	McConnell, N., Barnard, M. & Taylor, J. (2017)	5 sites in England, Northern Ireland and Wales	Mixed methods Quant - pre- and post- measures from fathers who completed; comparison to a matched control group Three time points - before programme, immediately after programme, 6 month follow up	Time 1 - 334 fathers Time 2 - 185 fathers Follow up - 49 fathers Partners completing standardized measures: Time 1 - 132 Time 2 - 71 Time 3 - 21 Children completing standardized measures Time 1 - 38 Time 2 - 22 Time 3 - 9	3	Previous studies examining impact of this programme demonstrated little impact on father's behaviour. Thus, this study has examined impact on children to try and find different outcome measures. Likely that those who completed follow up measures were more likely to not be suffering as much abuse as those who dropped out of study
58	Make a Change	Jane Callaghan, David Morran, Joanne Alexander, Laura Bellussi, Tanya Beetham and Jade Hooper (July 2020)	Lincolnshire and East Sussex	mixed methods: combined quantitative outcomes data, interviews with people who used the service, qualitative focus groups with key stakeholders, interviews with project staff and implementation managers, action learning sets and a training impact evaluation	78	3	Focussed on qualitative findings and also uptake from referral and completion of programme. No impact evaluation

Appendix 1b: Results of EREA Data Extraction Part 2 (EMMIE Effectiveness Review)

Article Number	Intervention Type	Offender Risk (High/Low/Medium/Not Known (NK))	Respect Accreditation (Yes/No/Not Known (NK))	Intervention Name/ Description	Effect/Impact	Mechanism of change	Moderators	Implementation	Economic Cost (cost benefit)
01	SFBT+ CBT	Medium	NK	IPVA (Brighter Futures)	NK	Based on SFBT integrated with CBT	interventions situated outside criminal justice context. Must be embedded within context of multi-agency response to IPVA	Group based; 10-90 minutes; participation based on referral. Embedded within a multi-agency IPVA programme	NK
02	DVPP	High	Y	DVPP (Project Mirabal)	Evidence of Impact at changing behaviour - not necessarily reoffending levels (published elsewhere, not peer reviewed)	DVPPS should aim to explore how to reduce aspects of coercive control	DVPPS more successful at reducing physical and sexual violence than reducing coercive control	Not discussed in this paper - see Project Mirabal review	NK
03	Multiple	NK	N/A	CBT, Duluth, psycho-education, behavioural	An absolute decrease in recidivism of 8.7% and relative decrease of 36.0%. Duluth positive impact; Other CBT no impact. Psycho-educational have reduction in recidivism	Behavioural (multiple)	Most effective when qualified psychologist consistently present' receiving supervision from other staff also positive	Group format	NK

04	Psycho-educational	NK	NK	Metacognition - Psychotherapy	NK	Meta-cognitive informed responses improve understanding of inner experiences, and this improves outcome behaviours and reduces DV	NK	20 sessions over 3 year period	NK
05	DAPP	NK	N	(DAPP) Domestic Abuse Prevention Partnership	evidence suggest men changed behaviours following programme, reoffending data suggests minority individuals re-offend (1 in 5)	Changes in (a) emotional (b) physical and (c) sexual behaviour score - viewed as positive compared to other programmes attended	Provides voluntary programme (i.e. not court-mandated) for perpetrators and ensures that survivors are offered support at the same time	Engage with a 20-week /ADAPT programme - modular group work (awareness raising, relationship dynamics, children and domestic abuse and parenting).	NK
06	BIP - ACT (Acceptance and Commitment Therapy)	NK	NK	ACTV (Achieving Change Through Values-Based behaviour) /cognitive-behavioural therapy (CBT)	Compared with Duluth/CBT participants, significantly fewer ACTV participants acquired any new charges, domestic assault charges, or violent charges	Focuses on experiential learning; teaching techniques so behaviour is values consistent. More flexible than Duluth/CBT	NK- require further testing	Both ACTV and Duluth/CBT entail 24 weekly sessions (1.5–2h each). Participants required to pay average \$25 per session. Both commonly led by one female and one male facilitator	NK
07	SFBT	NK	N	Solution Focused Brief Therapy	Increased self-esteem after 6 and 9 sessions and 3 months post programme.	Aim to increasing self-efficacy, self-esteem, insight into the problem behaviour, the impact on others, emotion regulation skills, social problem-solving skills and taking responsibility	Applicable for general population and people with learning disability. Not recommended when children involved	10-week programme, participation; delivery modes: groups, visual aids, role play. Delivered in a Forensic Community Learning Disabilities Team (FCLD).	NK
08	N/A	NK	N/A	Mix: 60 Interventions Reviewed	Highlights lack of outcome variables. Only 2/60 RCTs	Range of measures discussed	Proposed Future Framework for Evaluation	Proposed Future Framework for Evaluation	N/A

09	N/A	LR, MR, HR	N/A	Up2U:	One to one risk and needs-led programme. Treatment pathway informed by needs assessment	self-responsibility, anger management, anti-social attitudes, socially desirable responses	Programme implementation and evaluation facilitated through researcher-practitioner partnership.	Treatment pathway informed by individual needs assessment.	N/A
10	N/A	MR, HR	Y	Included Review of IDAP, BBR, CDVP, HRP, DVPP, and Respect Accreditation	IPV	Pro- feminist approach most often used in IPV programmes. UK is similar to the US and operates under the Duluth model. Some organisations refused to take part in the research due to being suspicious of the researchers' intent.	. Lack of service provisions for other populations Does not address all populations. One size fits all does not work for LGBT	Multiple interventions Adaptation of the programme to fit the needs of the group: Most programmes primarily address heterosexual males	N/A
11	Review of DVPP impact in UK	NK	NK	Various. NDVIA (National Domestic Violence Intervention Agency)	N/A	N/A	N/A	N/A	N/A
12	Psycho-educational	MR/HR	NK	IPV/IDAP (Integrated Domestic Abuse Programme)	Identify marginally positive, non-significant impact on criminal reconvictions	The main goals of treatment are to make male offenders take full responsibility for their abusive behaviour and acknowledge gender inequalities	Programme fidelity is key to effectiveness	27 offender group sessions organized into nine modules + 8 or more individual sessions	N/A
13	Psycho-educational	NK	NK	Perpetrator of Intimate Partner Violence programme (PIPV)	Improved and strengthened relationships between perp and victim following the programme. No re-offending within 12 months (n=4)	Change of attitudes/beliefs so men no longer feel entitlement over women	Not specified	not specified	NK

14	Whole family approaches	NK	N	Growing Futures (whole family). Also advocates 'Health Relationships, Healthy Baby'	The intervention beneficial in promoting perpetrators' engagement with social care services. Specialist perpetrator workers are more likely to engage better with perpetrators	Whole family DVA prevention approach	Not specified	Participants were court mandated to a DAP, or required to attend as a component of their Community Corrections case management plan	NK
15	Psycho-educational with Duluth (CBT)	MR/HR Tailor risk to meet needs	NK	Domestic Abuse Programme (DAP)	DAP enrolment associated with significant improvements	Combines both CBT approach and psycho-educational Duluth-style material	Group facilitators in the present study were intensively trained, closely supervised and worked inmate/; Found the DAP less effective for the higher risk offenders,	A structured 20 session (40-50 hour) group programme, typically delivered over ten weeks. Facilitated by 1 male and female staff. corrections case management plan.	NK
16	Multiple	MR	NK	House of Hope DV programme	General reincarceration: likelihood of reincarceration reduces from 61% after 1 year to 39.7% after 4 years.	Integrative domestic violence programme with a therapeutic package based on different models: CBT, psychodynamic or psycho-educational	Prison setting	12 months intensive and continuous routines	NK
17	Multiple	LR/MR	NK	Range of hybrid measures across 11 organisations	NA	N/A	N/A	NA	NK
18	Evaluation Framework	NK	NK	Developing a framework for future evaluations.	N/A	N/A	N/A	Current studies too heterogenous for meta-analysis	NK

19	Psycho-educational	NK	NK	Resolution Counselling Intervention Programme (RCIP), a psychoeducational treatment programme	*highlights limits of Duluth the programme, found: reduced self-reported psychologically and physically violent behaviours and created positive changes in associated constructs.	multi-method- difficult to extract	reliance on self-reports from the violent offenders	same-gendered participants met once per week for two-hour sessions. The programme duration was either 21 or 30 weeks,	NK
20	Psycho-educational	NK	NK	Men's behaviour change (MBC) programme	N/A. Results show that multi-agency collaboration still at an early stage of development. Outcome measures not included	Programme services delivered at community level. No to Violence (NTV) model (analogous to UK accreditation model); informed by feminist perspectives	NK	range across organisations	NK
21	MBB	NK	NK	Mind-Body-Bridging (MBB) Group therapy.	Participants experienced significant pre/post treatment improvement on measures of mindfulness and physical and mental health.	Improving mindfulness aids in identifying destructive behaviours and enables change	Shorter time frame.	(16 60 -minute group sessions involving 4-8 participants per group. MBB was facilitated by a licensed clinical social worker.)	NK
22	Mentoring	HR	N	Mentoring	NK	Rapport building; Relationship management; Conflict resolution; Behavioural influencing'; Solution and outcome focused	NK	Targeted for young offenders	NK
23	RNR	MR: Tailor risk to meet needs	NK	Family violence prevention programme based on Risk-Needs-Responsivity (RNR) principles	Programme completion led to significant reduction in spousal violence and general violent recidivism. Programme did not have impact on nonviolent crimes.	Risk-Needs-Responsivity (RNR) principles. Risk assessment informed by the Spousal Assault Risk Assessment guide. Programme adopted nested ecological model.	none stated	Authors suggest that programmes based on the RNR principles maybe effective in reducing partner violence.	NK

24	CBTGR / SOCMI	NK	NK	Group therapy	Partners of perpetrators exposed to CBTGR based therapy reported experiencing physical aggression more than those exposed to the SOCMI based therapy.	1. Cognitive-behavioural therapy gender-re-education approach (CBTGR) for behavioural change techniques or 2. Stage of Change motivational interviewing (SOCMI) approach for behavioural change process	none stated	96% mandated to participate through court order	NK
25	RNR	MR/HR Tailor risk to meet needs	NK	Risk-needs-responsivity	Recommended that relapse prevention be added to all DV programmes. Interventions need to be more widely available and include the partner within the programme.	Implementation of motivational interviewing techniques as demonstrated by the Transtheoretical model	N/A	none stated	NK
26	Multiple	NK	NK	Multiple	Overall, methodological quality insufficient to derive firm conclusions and estimate effect size	all used mixed approach: cognitive-behavioural, educational, and pro-feminist techniques	NA	N/A	NK
27	Contracted Out Programmes (Evaluation)	NK	NK	Multiple-contracted DV perpetrators programmes	highlights considerable variation in how programmes managed and delivered despite standardised service delivery contracts	NA - multiple interventions	NA	NA	NK
28	NA	NK	NK	Batterer Intervention Programmes (BIP) Psychoeducational counselling groups	NA	NA	NA	NA	N/A

29	Duluth	NK	NK	Evaluation of how the Duluth Model adheres to the Association for Specialists in Group Work (ASGW) Best Practice Guidelines: U.S. specific	The Duluth model does not adhere well to principles of ASGW. It does not outline how the processing takes place during or after the group and does not provide any training to the facilitators	NA	NA	NA	NA
30	CBP	NK	NK	N/A	Realized patterns of abusive behaviour are clearly more complex and dynamic than those currently used in evaluating programme effectiveness	N/A	N/A	N/A	NA
31	Correctional Treatment and RJ	NK	NK	Shame transformative treatment (Combines correctional treatment and restorative justice approach)	Shame transformation treatment has significant effect on self-esteem and empathy. No significant effect on locus of control, perspective taking and personal distress.	Restorative justice	Clinical setting - less ecological value	Delivered using restorative dialogue techniques. Targeted at involuntary often resistant offenders	NA
32	BEP + Duluth	NK	NK	Batterer education programme (BEP) ATV programme	Batterers who have not accepted a need to change tend to re-offend. The treatment is effective during the programme but a lack of change to cognitive behavioural understand limits its power.	Potential for self-fulfilling prophecy during treatment but due to lack of support following these changes cannot be enforced.	Likely to work short term	Dropout rates, lack of follow up from treatment increases recidivism rates	N/A

33	Protection Order	not known	not known	Meta-analysis of 4 Protection Orders (3 USA and 1 UK - Home Office 2013)	The overall results of the meta-analysis show that victims who received a protection order were significantly less likely to experience re-victimisation than victims who did not (OR=0.59; CI=0.47–0.73;) p<0.001). The magnitude of the effect that protection orders have on domestic violence re-victimisation are small.	1) Protection orders may deter perpetrators from reoffending by increasing the risk of apprehension and punishment; 2) protection orders may increase the effort required for perpetrators to reoffend; 3) protection orders may serve to remove excuses for further domestic violence by setting clear rules for perpetrator-victim interactions.	more effective for more severe forms of violence; ineffective in preventing less violent breaches of involving digital contact and stalking; more effective for victims who are employed/ have a higher socio-economic status; no longer in a relationship or cohabitating with perpetrator; less effective where perpetrators have a prior history of stalking, criminal and/or domestic violence offending, and mental health issues; protection orders less effective in cases involving perpetrators and victims with children together	Majority of protection order applications are granted by the courts (internationally). The likelihood that an application will be approved increased when submitted by or with the assistance of the police. The integrity of protection orders contingent on police responding appropriately to breaches. Barriers include - lack of reporting of breaches; insufficient evidence for prosecution; complexities associated with co-parenting; and the number and volume of active orders within a jurisdiction.	Home Office (2013) evaluation of a short-term (14 to 28 days) DVPO 15-month pilot in UK indicates negative return of 23p for every £1.00 spent. Projection analysis estimates long-term savings as a return of £1.59 for every £1.00 spent over a period of 10 years
34	Protection Order	not known	not known	Analysis of RO, NMO, and DVPOs	DVPOs less used than other protection orders. At time no central database. Concerns that they are used as a preferred alternative to criminal charges - that they are not intended for this. Identified enforcement of RO and NMO challenging - poor data, lack of evidence; and that breach of RO more likely to be impacted on than NMO.	More focus on RO and NMO - therefore discussion of use in court and challenges and obstacles. Additional data on challenges of enforcement. Limited discussion of effectiveness (descriptive quantitative data)	not discussed in detail	not discussed in detail	not discussed

35	Protection Order	not known	not known	DVPO and DVPN	50% CPS did not proceed with case, 90% intimate partners; 90% recorded history of DV, 68% completed DASH (66% standard; 25% medium; 8% high)'. 58% did not have secondary risk assessment. Of those pursued 90% success rate in court. Identified 19 DVPO breaches and 8 DVPN breaches reported. Enforcement most commonly for physical violence.	DVPOs should give victims the time and space to extricate themselves from abusive situations. They should also enforce offenders to comply with these orders through court. Both increase risk and increase effort in short term.	How appropriate and accurate are the risk assessment tools used. Considering the data on the lack of cooperation with the DASH process and in reporting breaches, this may be of limited use.	short-term measures may act as emergency orders, issued by the police to a suspected perpetrator before the application for longer-term solutions. A DVPN has to be authorised by an officer of at least superintendent rank. DVPN sets out conditions that perpetrator must adhere to; breach of these conditions may result in arrest (s24-26 CSA). Once DVPN issued police have 48 hours to apply to a Magistrates' Court for a DVPO, which can last between 14 and 28 days (s27 CSA).	not discussed
36	Protection Order	not known	not known	Protection Order	reported individual violation rates of between 20.5% (police reports) and 65.3% (victim reports). POs significantly reduced negative outcomes (20 studies). meta-analysis findings indicated that when data from multiple studies are combined, the issuance of POs and simultaneous arrest for the offense produced a significantly lower re-offense rate	For POs to be effective, there must be a law enforcement response to a reported violation and consequence to the perpetrator. Enforcement of PO violations, including follow-up by police and arrest, is postulated to contribute to variation in rates of PO violations. Police enforcement of a violation relies on victims first reporting the violation and the report being recorded by authorities	POs are likely to be less effective in where the perpetrator has a history of arrests and violent behaviour. Limited effectiveness for stalking	Varied across 20 studies. USA based so less relevant to UK law. A combination of law enforcement strategies may be more effective in deterring re-offending. POs were most effective when used in combination with arrests (23.4%).	not discussed

37	RJ	not known	No	RJ: Project Restore	91% resulted in a completed conference; Two thirds of felony and 91% of misdemeanour responsible persons fulfilled all re-dress plans and supervision requirements and exited RESTORE successfully	The emphasis is on opportunities for victims to make decisions about how their case proceeds, to express how the wrongdoing affected them, to experience acknowledgment of the wrongful act imposed on them, and to individualize the accountability that is imposed. RJ also facilitate community affirmation of the norm violation and condemnation of the wrongdoers' acts.	Community based programme; USA, focus on sexual offences; pilot study only.	Project RESTORE received referrals only from prosecutors; self-referrals were not allowed. RESTORE conferences included voluntary enrolment, preparation, and a face-to-face meeting where primary and secondary victims voice impacts, and responsible persons acknowledge their acts	not discussed
38	RJ	not known	No	RJ	Not measured, qualitative analysis of use of RJ. Majority of police RJ responses Level 1 (50%) often involving street level financial settlement. Police often identified as using Domestic Abuse RJ interventions inappropriately...	Facilitate a face-to-face meeting between offender, victim and supporters, facilitated by a trained practitioner, NPCC guidance states restorative justice requires: (1) the offender to take responsibility; (2) the involvement of the victim ; (3) a structured process that establishes what has occurred and what the impact has been; and (4) an outcome that seeks to put right the harm that has been caused	More nuanced conversations are needed on specific forms of domestic abuse and specific restorative approaches. Domestic abuse and restorative justice practitioners need to work more closely together to move debates and practice forward in a safe manner	This operates on 3 levels: Level 1: Refers to an instant or on-street disposal; Level 2: Refers to measures such as restorative justice conference; and level; and Level 3: Refers to resolutions that take place in addition to criminal justice proceedings, mainly post-sentence	not discussed
39	CBT for DV	not known	No	CBT for DV	The relative risk of violence was 0.86 (favouring the intervention group) with a 95% confidence interval (CI) of 0.54 to 1.38. This is a small effect size, and the width of the CI suggests no clear evidence for an effect. offenders receiving CBT had a 14% lower chance of reoffending than those in the control group.	CBT work by identifying thoughts and beliefs that precede violent behaviour and challenging the ways that perpetrators justify their violence after the event. The aim is to interrupt the chain of events leading to physical abuse by changing the way that perpetrators think about violence and the circumstances leading to violence	Possible moderators include differences in participant characteristics, whether participation was voluntary or mandatory, and the intensity or length of the programme. However, none of these moderators have been tested.	CBT can be delivered individually, as a couple or can be group based. It can also be implemented in a number of settings, including correctional facilities and the offender's home or workplace. Within the sessions, group leaders teach a variety of skills to try to eliminate further.	not discussed

40	Criminal Sanctions	not known	No	Criminal Sanctions	<p>There is some evidence that the intervention has either increased or reduced crime, but no evidence overall the intervention had a statistically significant effect on crime, since no meta-analysis was conducted.</p> <p>Individual studies found both statistically significant positive and negative effects on crime.</p>	1) specific deterrence, where the (increased) fear of future sanctions inhibits reoffending; 2) victim empowerment, where victims feel empowered by the opportunity to mobilise the power of the law, and therefore are more willing to do so - neither has been empirically tested due to data available	not identifiable from available data	not discussed in review	not discussed in review
41	Second Visit	not known	No	Second Visit	<p>There is some evidence that second responder programmes have reduced self-reported victimisation, but overall, they have not had a statistically significant impact on crime. Overall, studies with experimental designs found that second responder programmes resulted in a slight increase in reports of abuse to the police.</p>	Second responders work with victims to help them to understand the cyclical nature of family violence, with the hope that increasing their knowledge may reduce the likelihood of new offences. They also work to establish greater independence for victims through initiatives like counselling, job training, public assistance or social service referrals, which can provide accommodation relocation.	May or may not include offenders as part of second visit	Second responder programmes typically involve a 'second response' visit to victims of domestic abuse at home sometime between 24 hours and 14 days after the initial police response. The victims, and sometimes offenders, were offered a range of services and support, including information on legal options for victims and warnings to perpetrators about the potential legal consequences of their actions	not discussed in review
42	Motivational Interviewing	not known	No	Motivational Interviewing	<p>Overall, evidence suggests Motivational Interviewing/Motivational Enhancement Therapy has reduced rates of victim-reported reoffending.</p> <p>The effect size within the review, from 3 studies, showed that lower levels</p>	MI/MET draws on a theory of behaviour change that suggests domestic violence offenders may not be in a ready to change their behaviour when they are referred by the criminal justice system for treatment to standard perpetrator programmes. Therefore, MI/MET tries to move	MI/ MET effective for offenders who were defined as hostile or treatment-resistant and were at an earlier stage of change. On average, offenders that were at a later stage of change, and were delayed in seeking	Motivational Interviewing (MI) or Motivational Enhancement Therapy (MET) is a non-judgemental, empathic and optimistic counselling style that has been used with offenders who have been	not discussed

					of reoffending were reported by victims of offenders who received MI/MET and attended a standard domestic violence perpetrator programme than by victims where the offender did not receive MI/MET.	offenders from the earlier to later stages of change, which focus more on taking action and maintaining the new, non-violent behaviour.	action by attending the MI/MET, did not benefit from the standard domestic violence perpetrator programme as much as those in the control group.	ordered by a court to attend a standard domestic violence perpetrator programme.	
43	DVPP - specific focus on time out strategy	not known	Yes	Time Out	Some suggested impact, both appropriate uses but also instances were used as coercion/control technique - i.e. Misappropriation of use	The time-out technique involves removing oneself for a period of time from a situation. It is viewed in DVPPs as a temporary interruption technique which allows space for respectful communication, or reflection and analysis if needs be. Creates a space free from violence.	May be male or female instigated and need to consider inappropriate male use for control/coercion	Used as either a rule-based method - what a perpetrator can and can't do; or developed experientially over time. Identified that experientially preferential to rule based where feasible. Note this was examined within the context of Project Mirabal	not discussed
44	Behavioural Change - non confrontational	not known	Yes	Building Better Relationships (BBR)	Limited quantitative evaluations to date. Draw from process evaluation. Suggest positive experiences of those involved.	Challenges assumption of homogeneity of DV - embraced a more individualistic programme to suit individual need. Uses strength-based approach. essentially an ecological 'person in context'. Uses General Aggression Mode (GMA) assessment and embraces diversity and need to be responsive to individual needs of perpetrator participating	Uncertainty as to appropriate risk assessments to identify bespoke needs.	The BBR programme consists of four core modules. (1) introduces overarching concepts, such as the 'General Aggression Model'. (2) explores role of thoughts, (3) looks at emotions, and 4) looks more directly at aggression in relationships.	not discussed
45	Behavioural change	not known	not known	Making Safe	positive experiences, no impact evaluation	Rehousing perpetrator enables dedicated time and space for recovery work and ensured home is kept safe for others; seeks to address power imbalance, offenders are provided with key workers for multi-agency support;	Rehousing likely to be challenging if close social networks maintained between offender and victim	Not discussed in detail	not discussed

46	Conditional Cautioning and Relationship Abuse - workshop attendance	low risk	No	Project CARA	the workshop treatment group members were arrested for new domestic abuse crimes with 27% less crime harm index severity than the control group. The effect size of CARA's benefits was much higher in the first half of the experiment (first 5 months) than in the second half (Second five months)	Caution used as deterrent to re-offending, and motivational interviewing used to support this through recognising they have a problem they need to address	1)) low risk offenders; 2) The exploration looked for locally available resources for supporting men to desist from domestic violence , especially for intimate partners; 3) requires special permission to use these cautions from UK Home Office and Director or Public Prosecutions as use of simple cautions for DV no longer permitted after 2010	The conditional caution required the offender not have repeat offence in the next 4 months. If failed to satisfy offenders told would be prosecuted in court for both current and new offence. The workshop treatment group had to sign the same confessions and agreements, and agree to attend, with four to seven other cautioned offenders, 5-hour workshop 4 weeks apart, held in an upscale (but not lavish) local hotel. Treatment used motivational interviews.	not discussed but treatment identified as less than £100 per perpetrator
Articles 47-58 are grey literature (independent evaluations but not published/peer reviewed)									
47	Group based intervention based on solution focused brief therapy; can be one-to-one depending circumstances (e.g. female offender, same-sex relationship)	Not known	No	Brighter Futures	Before programme, 86% psychological DV, 54% physical DV; during programme, 16% psychological 3% physical (significant difference) Significant difference for clients who complete programme between number of incidents before programme and after programme.	Motivation of clients (harnessed within first three weeks by goal-setting nature of intervention); Overcoming worries and apprehensions about the intervention; Positive, solution-focused approach of intervention; collaborative approach; non-judgemental; not focused on offence/incident; non-statutory; use of scenarios; aftercare; responsive and flexible delivery		Group based intervention based on solution focused brief therapy; can be one-to-one depending circumstances (e.g. female offender, same-sex relationship); Offered outside of office hours 10 group sessions, 1.5 hours each	Cost of the programme - £270k Total cost savings associated with the programme - £535,692 Difference and thus cost-benefit - £265,692

48	Range of interventions. Not clear regarding offenders what implemented.	Medium to High	No	DIAP Northern Rock	Limited evaluation of perpetrator programme due to low uptake and engagement. Identified number of challenges;	Multiple interventions	Voluntary perpetrator programmes with low take up relied on skills of practitioners to identify DV; and identify relevant support. There was concern over solution based approaches by other support services	All agencies within the CJS, police, CPS and probation identified their remit was to work with/investigate offenders. All other agencies did not see working with perpetrators as part of their remit - eg Victim support focus on victims; midwives support mothers and children health visitors support families but in practice mother and child;	Some modelling of Domestic Violence costs (based on Home Office 2000 report) but no analysis of cost of perpetrator interventions.
49	Multiple Interventions:	Low to High	Yes	DAWSA: Domestic Abuse: A Whole System Approach	Positive evaluation but small number of perpetrators Difficult to ascertain impact and effectiveness of each of individual components (across 3 themes and 13 interventions in 6 forces). MATAC meetings (evaluated elsewhere) identified as key tool to facilitate this	difficult to state with confidence the exact mechanisms of change - given the complex nature of this, the range of interventions introduced, and the number of forces included. The evaluation was mixed methods but did not include RCT or quasi-experimental study.	Need to involve range of multi-agency victim support and offender management agencies in planning phase. a longer "lead-in" period may be beneficial for similar programmes,	MATAC tools and meetings (or modified IOM arrangements) are in place in all six force areas and are supporting identification and multi-agency discussion of the response to the most harmful and serial perpetrators of domestic abuse; Training packages have been developed for perpetrator behaviour training for MATAC attendees; MASH development work has been undertaken	Difficult to identify cost benefits of individual components. Financial monitoring data shows that a total of £3,152,248 was spent on theme 3 activities across the region, over 2016-2019. In addition, a total of £1,134,443 was spent on project management costs, spanning theme 3 and the other two themes.
50	Drive's direct contact one-on-one work bespoke intervention. Combines disruption, diversionary support and behaviour	high		Project DRIVE	the use of high-risk: physical abuse reduced by 82%; sexual abuse reduced by 88%, harassment and stalking behaviours reduced by 75%; jealous and controlling behaviours reduced by 73%. Drive service users appeared	The Drive Pilot Project focuses on priority high-risk, high-harm perpetrators, as this group carries the greatest risk of serious harm and engagement with available services is low. Uses a bespoke set of interventions including direct and non-direct intervention;	Drive is a multifaceted and complex intervention and relies on case managers and IDVAs that are highly skilled. Multi-agency working, in which Drive is an integrated part, is essential and	Drive implements whole-system approach using intensive case management and one-to-one interventions alongside a coordinated multi-agency response,	The cost per case of delivering Drive, at the time of this analysis, is £2,400

	change interventions alongside the crucial protective work of victims' services				at MARAC less often (mean= 2.7 times) than perpetrators in the control group (mean= 3.3 times). This difference was statistically significant. Serial perpetrators who were allocated to Drive appeared at MARAC less often (mean=0.8 times) than serial perpetrators in the control group (mean=1.5 times). This difference statistically significant.	combining disruption, diversionary support and behaviour change interventions alongside the crucial protective work of victims' services. Note given RCT difficult to identify exact casual mechanisms of change. Replication should consider all of key applicable components of Drive. Note high risk offenders, and us of case management within multi-partnership ecosystem cited as key.	is improving, amplifying the benefits the intervention can achieve on its own. However, challenges persist in areas such as mental health where capacity and suitability of provision is difficult. Drive is most effective when embedded in fully funded well-functioning multi-agency ecosystems.	(victim services, the police, probation, children's social services, housing, substance misuse and mental health teams). Developed to knit together existing services, using assigned case managers. Combination of direct and indirect approaches used.	
51	Psychological approaches base on attachment theory, trauma theory.	Not known	No	For Baby's Sake: Structured programme, based on modules. Aimed at expectant mothers and fathers who intend to co-parent (as a couple or separately);.	<p>Preliminary findings (not indented as outcome evaluation) Reduction in babies with social care contact (1+2 year follow up)</p> <p>Reduction in DV experiences based on Composite Abuse Scale</p> <p>Reduction in Mental Health outcomes for both parents</p> <p>Reductions in social support - Social Provisions Scale</p>	Strengths-Based approach, considers ACEs, attachment theory; Dyadic approach to delivery - both partners worked with and stringent safety measures in place; sessions take place separately for mother and father with different practitioners; Detailed training for practitioners Designed to address emotional dysregulation, stress reduction, improve life skills, help maintain healthy relationships, parenting behaviour to develop secure attachments Uses approaches of mindfulness, Cognitive Behaviour Therapy, Transactional Analysis, Gestalt techniques, systemic practice in Motivational Interviewing	Recruitment of practitioners with a range of professional backgrounds to promote multiagency working System of timely and effective information sharing between practitioners needed to ensure therapeutic relationship AND boundaries kept with clients/service users The programme is aimed at those who are pregnant - it will therefore not be suitable for every case of DV Requires detailed training for staff; regular clinical supervision for staff Very resource intensive as work is completed one-to-one and over a two-year period	Extensive assessment period prior to beginning of programme; uses SARA-V3 to complete risk assessment Delivered in programme offices, LA offices or parents' home (if safe); for up to 2.5 years 1-1 sessions (average 1hr 10 mins duration) but mothers and fathers worked with separately; some group sessions also (assuming mothers and fathers separate again, but not clear) Requires detailed training for staff; regular clinical supervision for staff Very resource intensive as work is completed one-to-one and over a two-year period	<p>Economic benefits calculated for mothers, due to small sample sizes.</p> <p>Cost of For Baby's Sake for one mother = £8,159.52 Total mean cost of the programme, use of adult services, and DV = £30626.03</p> <p>"The cost in the For Baby's Sake group was £30,981 compared to £45,810 in the hypothetical comparison group.</p> <p>Not published</p>

52	Probation Services – IDAP (drew heavily from Duluth) and CDVP (CBT based) Both delivered nationally by probation and accredited by CSAAP	Medium to high	NK IDAP	IDAP and CDVP	Both IDAP and CDVP were effective in producing significant small effect sizes in reducing DV and any reoffending. To a lesser degree, IDAP also produced significant small effects in reducing core violence reoffending. Although the results are promising, many men undergoing treatment went onto reoffend.	Due to black box matching evaluation it is difficult to identify mechanisms of change and isolate impact of range of interventions included across the 27- and 25-week programmes.	IDAP was a CBT targeted at heterosexual male DV offenders with a medium to high risk of harm towards their partner. CDVP was a cognitive-behavioural programme targeted at convicted heterosexual male DV offenders where there was medium to high risk of harm towards their partner.	IDAP was modular and consisted of 27 group work sessions which last two hours, and 13 individual sessions. Both IDAP and CDVP included inter-agency risk assessment and management, victim contact, proactive offender management and core 'group-work'.	Not considered.
53	Group based programme based on attachment and trauma theory, teaches skills of emotional regulation, stress management and conflict resolution.	Medium to High	No	Inner Strength Perpetrator Programme (ISPP): Group based programme (some element of 1-1 work), delivered to max 6 individuals; 26 sessions (1.5 hours, flexible with breaks), twice a week for 3 months 1 male and 1 female tutor	82% reduction in total number of convictions for any form of offending; 85% reduction in DVA related offences (assault, battery, ABH, GBH and harassment/threats); 70% reduction for general offending PVP report (Protecting Vulnerable People): Time 1 vs Time 2, reduction of 123% Social care data: LAC Time 1 vs Time 2 reduction of 53% CP plans Time 1 vs Time 2 reduction of 58% Social care cases open Time 1 vs Time 2 reduction of 56%	Strong theoretical basis addressing the emotional roots of violence and recognises importance of neurobiology, attachment, emotional/affect regulation, communication, development of reflective functioning and safety planning. Intervention addresses risk factors of emotional dysregulation, poor coping, low resilience, ineffective conflict resolution skills. Therapist relationship mirrors a secure attachment - participants described therapeutic bond with practitioners. ISPP grounded in attachment and trauma theory and is based on individual functioning and the dyadic interaction	Screening: done by multiagency panel (Police and social care); excluded if record of sex offences or current severe mental illness Prior to intervention: Meeting 1-1 with practitioner (at home or quiet public place); with partner/children if possible; Functional Behavioural Assessment and Goal Setting (based on Good Lives Model) completed with practitioner - vital to understanding needs and circumstances of offending	Delivered in children's centres in day or evening depending on what worked best for participant. Many come for 6pm start after work, so hot food offered before session Delivered by a three person team, two employed by police, one by care Programme chosen by police and social care after it was piloted at HMP Forest Bank for medium risk offenders	Economic, social and psychological costs: "estimated reduction of costs to people who have been victimised is estimated to be approx. £960,335" based on Home Office costs of DV to an individual based on a three-year relationship, but heterogeneity in this particular sample.

54	One-to-one mentoring scheme	Serial and/or High risk	No	Mentoring West Midlands - NOTE: Mentoring West Midlands is a CIC	13/16 offenders engaged with mentoring process and attended regular sessions 10/13 of those engaged committed no further offending, including no further IPV offences Behavioural changes (measured through self-report, police reports, feedback from MARAC and DVA Perpetrator Case Management Forum) included: better anger management, taking responsibility for actions, addressing stress/strain in lifestyle, focus on accessing children and employment	Targeted, individual work that focusses on criminogenic need. Underlying principles of the service: rapport building; relationship management; conflict resolution; behavioural influencing; strengths-based; solution and outcome focused Individuals identified at multiagency level (at MARACs), and transition to mentor is encouraged to be as smooth as possible. 'Hooks' used to engage the men - e.g. children, employment, criminal sanctions Therapeutic alliance key to engaging with the men, with three elements: bond, goals and task	Aimed at individuals who are deemed difficult to engage and experience a chaotic lifestyle, which includes: prolific offending histories; disordered lifestyles; dysfunctional relationships, psychological and mental health issues - the latter three domains are those targeted by the mentor Tenacity of mentor deemed as important for the relationship to work	Mentoring of offenders, usually 'difficult to engage'; matched with mentors and individual criminogenic needs Multiagency working crucial to support of individual - done through DVA perpetrator case management forum generally weekly meetings initially (more if required), time varies for meetings although usually about an hour, narratives completed after each meeting	Not considered.
55	Behavioural Change multi-strand	Not known	Yes	Project Mirabel -	<i>Sixteen referral pathways identified three predominated: Children's Services (n=559), CAFCASS (n=300) and 341 categorised 'self-referral'.</i> Improvements in respectful communication; expanded space for action; reduction in physical and sexual violence; some improvements in shared parenting; improvements in self-awareness; improvements in child safety and wellbeing -	Group work part of what enables men to change - involved seeing themselves through others, being challenged by peers, requires skilled facilitators. Requires consideration, time and reflection to understand, unpick and change embedded patterns of behaviour and habits. Argue the length and depth of this work makes it possible to go beyond simple behaviour disruption to deeper changes.	Small number of referrals from police, GPs and mental health services Use techniques to support self-reflection and question gendered assumptions about masculinity in relationships and parenting Gender argued key to some of the abusive practices but needs to be understood using nuanced theoretical frameworks.	Multi-site study • Similar programme types • Independent • Significant qualitative element • Critical incident analysis/everyday incident analysis • High levels of disclosures • Not just does it work, but how and why? • Located within CCR • Broader measures of 'success' grounded in stakeholder views • Openness of research tools • Feminist perspective	Not considered.

56	Couple-based interventions for those with child under 5 or expecting child.	Not known	No	Steps to safety. An attachment and trauma-informed model	Feasibility study Process evaluation of domestic abuse for families with young children (under 5) or expecting child. Lack of participants limits effectiveness measures.	Informed by attachment and trauma theory. the main foci are aspects of individual functioning (emotional regulation, reflective functioning, mentalisation) and aspects of the couple relationship that mediate the likelihood of violence Early feedback from practitioners was that the assessment process was not sufficiently engaging. Therefore, a decision was made to test dynamic assessment during the second half of the study	Steps to Safety (S2S), is a home-based intervention designed for both heterosexual and same-sex couples who (1) are expecting a child, or have a child under the age of five years old (2) are in relationships with damaging parental conflict and/or abuse but assessment indicates aggression not reached a critical threshold or escalating risk; (3) who wish to co-parent at the outset of the programme	Programme materials were designed to encourage referrals from different types of families, e.g. photos of same-sex parents with their baby. Other materials were adapted as different circumstances were encountered during the study. screening measures needed to accommodate; couples who want to stay together; couples who want to safely separate.; different living arrangements	Not considered.
57	Group based programme (with two 1-1 sessions) based on specific target treatments (see mechanism of change)	Not known	Don't think so	Caring Dads	Significant improvements in fathers' reported parental distress; parent-child dysfunctional interaction; perceptions of their child being difficult; overall parenting stress score (improvement sustained at Time 3, but with only 27% of sample providing data) Significant reduction on hostility and aggression scales at post-programme time point Significant reduction in the average number of incidents of fathers' controlling behaviour	Motivational Interviewing technique used to engage participants Programme has four clear goals: 1) to develop sufficient trust and motivation to engage men in the process of examining their fathering; 2) to increase men's awareness of child-centered fathering; 3) to increase men's awareness of, and responsibility for, abusive and neglectful fathering; 4) to consolidate learning, rebuild trust, and plan for the future Being in a group with men and thus seeing their own attitudes/behaviours reflected in others seemed to be important for the men	Only for dads with some level of contact with their children Programme delivery is aligned with local child protection and domestic abuse services, family courts, and criminal justice systems - helps maintain safety for partners/children	Group session, 2hrs, weekly for 17 weeks; two 1-1 sessions One male and one female practitioner delivering the programme Having contact with families and a multiagency approach vital for safety, as some partners of participants reported abuse is ongoing. This programme was also delivered in two prisons, but data not clear from the report.	Not considered.

58	Early intervention, holistic community service, multiple referral strands (including the partners and ex-partners of the perpetrators, the perpetrators themselves, and any front-line professionals).	NK	NK	<p>Make a Change (MAC)</p> <p>Multi-strand behavioural change.</p>	<p>MAC constitutes a promising intervention, providing an innovative early response to domestic abuse. The integrated model of service delivery and the capacity of the project to respond to self-referrals presents an important intervention in domestic abuse services that warrants investment and further evaluation.</p> <p>Tools should be developed to capture the experiences of those who are not yet disclosing Domestic Abuse and who are therefore more compatible with an early response</p>	<p>The MAC model has four components: (1) a group-based intervention for people worried about their behaviour and/or have used abusive behaviours; (2) integrated one-to-one support for partners / ex-partners; (3) Recognise, Respond, Refer training to improve domestic abuse awareness of practitioners in public, voluntary and private sector organisations; and (4) a community strand that aims to raise awareness of domestic abuse, to address the barriers faced by those seeking help, and to change the social context that enables it to go unchallenged.</p> <p>In particular, its provision of an early response to abuse is consistent with policy frameworks that emphasise prevention of the harms associated with domestic abuse and goes towards reducing the social costs incurred by intervening at a later point.</p>	<p>Expert support for people who have used abusive behaviours in their intimate relationships, or who are concerned that they might have; Integrated support services for the partners and ex-partners of those accessing expert support;</p> <p>The community aspect of the intervention was largely attained through the availability of posters in community locations, and through the training activities of the project team. This work is important in challenging the conditions that produce and maintain abuse and is key to changing some of the barriers that those using, and experiencing abuse face in seeking support.</p>	<p>MAC's expert support strand features a 26-week group-work intervention divided into three phases: Phase One (10 sessions) focuses on identifying domestic abuse and controlling behaviour, and exploring their personal and societal supports; Phase Two (10 sessions) requires participants to discuss specific episodes of abuse and to learn and implement alternative, non-abusive ways of relating to intimate partners; Phase Three (6 sessions) focuses on the impact of domestic abuse on children, and non-abusive, child-centered ways of parenting and post-separation parenting.</p>	<p>The cost of the Make a Change Intervention per individual who uses abusive behaviours is £2970.</p> <p>Delivery of a perpetrator programme alone: £222,300</p> <p>A whole system, whole community approach, including a perpetrator programme: £283,019</p> <p>Ongoing Delivery of a perpetrator programme alone: £190,493</p> <p>A whole system, whole community approach, including a perpetrator programme: £256,837</p>
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Appendix 2: List of Included Studies:

Included Papers (numbers correspond with Appendix 1a and 1b)

1. Bowen, E., Walker, K., & Holdsworth, E. (2019). Applying a Strengths-Based Psychoeducational Model of Rehabilitation to the Treatment of Intimate Partner Violence: Program Theory and Logic Model. *International Journal of Offender Therapy and Comparative Criminology*, 63(3), 500–517. <https://doi.org/10.1177/0306624X18798223>
2. Downes, J., Kelly, L. and Westmarland, N. (2019) 'It's a work in progress': men's accounts of gender and change in their use of coercive control, *Journal of Gender-Based Violence*, vol 3, no 3, 267–282, DOI: 10.1332/239868019X15627570242850
3. Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical psychology review*, 101752.
4. Misso, D., Schweitzer, R. D., & Dimaggio, G. (2019). Metacognition: A potential mechanism of change in the psychotherapy of perpetrators of domestic violence. *Journal of Psychotherapy Integration*, 29(3), 248.
5. Morgan, S. A., McCausland, B. M. S., & Parkes, J. (2019). Baseline characteristics and outcomes of the main perpetrator programme within the Hampshire Domestic Abuse Prevention Partnership, UK: A Mixed Methods Study. *PloS one*, 14(7), e0218408
6. Zarling, A., Bannon, S., & Berta, M. (2019). Evaluation of acceptance and commitment therapy for domestic violence offenders. *Psychology of violence*, 9(3), 257.
7. Banting, R., Butler, C., & Swift, C. (2018). The adaptation of a Solution Focused Brief Therapy domestic violence perpetrator programme: a case study with a client with a learning disability. *Journal of Family Therapy*, 40(4), 489-502.
8. Lilley-Walker, S. J., Hester, M., & Turner, W. (2018). Evaluation of European domestic violence perpetrator programmes: toward a model for designing and reporting evaluations related to perpetrator treatment interventions. *International journal of offender therapy and comparative criminology*, 62(4), 868-884.
9. Pearson, D., & Ford, A. (2018). Design of the 'Up2U' domestic abuse perpetrator programme. *Journal of Aggression, Conflict and Peace Research*, 10(3), 189-201.
10. Bates, E. A., Graham-Kevan, N., Bolam, L. T., & Thornton, A. J. (2017). A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8(1), 3-46.
11. Crowley, L. (2017). Domestic Violence Perpetrator Programmes in Ireland—Intervention Required!. *International Journal of Law, Policy and the Family*, 31(3), 291-310.

12. Haggård, U., Freij, I., Danielsson, M., Wenander, D., & Långström, N. (2017). Effectiveness of the IDAP treatment program for male perpetrators of intimate partner violence: A controlled study of criminal recidivism. *Journal of interpersonal violence, 32*(7), 1027-1043.
13. Maphosa, N., & Rasool, S. (2017). The effectiveness of perpetrator programmes in promoting positive gender relations and preventing domestic violence: a case study of NICRO'S PIPV programme. *Gender and Behaviour, 15*(2), 9100-9107.
14. Stanley, N., & Humphreys, C. (2017). Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse. *Journal of gender-based violence, 1*(1), 99-115.
15. Blatch, C., O'Sullivan, K., Delaney, J. J., van Doorn, G., & Sweller, T. (2016). Evaluation of an Australian domestic abuse program for offending males. *Journal of Aggression, Conflict and Peace Research.*
16. Hasisi, B., Shoham, E., Weisburd, D., Haviv, N., & Zelig, A. (2016). The “care package,” prison domestic violence programs and recidivism: A quasi-experimental study. *Journal of Experimental Criminology, 12*(4), 563-586.
17. Santoveña, E. E. E., & da Silva, T. (2016). Domestic violence intervention programs for perpetrators in Latin America and the Caribbean. *Partner abuse, 7*(3), 316-352.
18. Wojnicka, K., Scambor, C., & Kraus, H. (2016). New pathways in the evaluation of programmes for men who perpetrate violence against their female partners. *Evaluation and program planning, 57*, 39-47.
19. Crockett, E. E., Keneski, E., Yeager, K., & Loving, T. J. (2015). Breaking the mold: Evaluating a non-punitive domestic violence intervention program. *Journal of Family Violence, 30*(4), 489-499.
20. Diemer, K., Humphreys, C., Laming, C., & Smith, J. (2015). Researching collaborative processes in domestic violence perpetrator programs: Benchmarking for situation improvement. *Journal of social work, 15*(1), 65-86.
21. Tollefson, D. R., & Phillips, I. (2015). A mind-body bridging treatment program for domestic violence offenders: Program overview and evaluation results. *Journal of family violence, 30*(6), 783-794.
22. Walker, K., and Bowen, E. (2015) Mentoring serial and high-risk perpetrators of intimate partner violence in the community: Engagement and initiating change. *Crim Behav Ment Health, 25*: 299– 313. doi: 10.1002/cbm.1964.

23. Stewart, L. A., Gabora, N., Kropp, P. R., & Lee, Z. (2014). Effectiveness of risk-needs-responsivity-based family violence programs with male offenders. *Journal of Family Violence*, 29(2), 151-164.
24. Lothstein, L. M. (2013). Group therapy for intimate partner violence (IPV). *International journal of group psychotherapy*, 63(3), 449-452.
25. Stewart, L. A., Flight, J., & Slavin-Stewart, C. (2013). Applying effective corrections principles (RNR) to partner abuse interventions. *Partner Abuse*, 4(4), 494-534.
26. Akoensi, T. D., Koehler, J. A., Lösel, F., & Humphreys, D. K. (2013). Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence. *International Journal of Offender Therapy and Comparative Criminology*, 57(10), 1206-1225
27. Carson, E., Chung, D., & Day, A. (2012). Distant relations: limits to relational contracting in domestic violence programmes. *International Journal of Public Sector Management*.
28. Hamel, J. (2012). "But she's violent, too!": Holding domestic violence offenders accountable within a systemic approach to batterer intervention. *Journal of Aggression, Conflict and Peace Research*.
29. Pender, R. L. (2012). ASGW best practice guidelines: An evaluation of the Duluth model. *The Journal for Specialists in Group Work*, 37(3), 218-231.
30. Jones, A. S., Heckert, D. A., Gondolf, E. D., Zhang, Q., & Ip, E. H. (2010). Complex behavioral patterns and trajectories of domestic violence offenders. *Violence and Victims*, 25(1), 3-17.
31. Loeffler, C. H., Prelog, A. J., Prabha Unnithan, N., & Pogrebin, M. R. (2010). Evaluating shame transformation in group treatment of domestic violence offenders. *International journal of offender therapy and comparative criminology*, 54(4), 517-536.
32. Maxwell, C. D., Davis, R. C., & Taylor, B. G. (2010). The impact of length of domestic violence treatment on the patterns of subsequent intimate partner violence. *Journal of Experimental Criminology*, 6(4), 475-497.
33. Christopher Dowling, Anthony Morgan, Shann Hulme, Matthew Manning and Gabriel Wong, (2018). Protection orders for domestic violence: A systematic review. Trends & issues in crime and criminal justice no. 551. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi551>
34. Lis Bates & Marianne Hester (2020). No longer a civil matter? The design and use of protection orders for domestic violence in England and Wales. *Journal of Social Welfare and Family Law* 133-153

35. Kate Blackburn & Sofia Graca, (2020). A critical reflection on the use and effectiveness of DVPNs and DVPOs. *Police Practice and Research. An International Journal*. DOI: 10.1080/15614263.2020.1759059
36. Reinie Cordier, Donna Chung, Sarah Wilkes-Gillan and Renee Speyer, (2019). The Effectiveness of Protection Orders in Reducing Recidivism in Domestic Violence: A Systematic Review and Meta-Analysis. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838019882361>
37. Daye Gang, Bebe Loff, Bronwyn Naylor, and Maggie Kirkman, (2019). A Call for Evaluation of Restorative Justice Programs. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838019833003>
38. Nicole Westmarland, Clare McGlynn, Clarissa Humphreys, (2018). Using restorative justice approaches to police domestic violence and abuse. *Journal of Gender-Based Violence*, Volume 2,(2) pp. 339-358
39. Smedslund, G., Dalsbø, T. K., Steiro, A., Winsvold, A. and Clench-Aas J. (2011). 'Cognitive behavioural therapy for men who physically abuse their female partner', *Cochrane Database Systematic Review* doi: 10.1002/14651858.CD006048.pub2.
40. Garner, J. H. and Maxwell, C. D. (2010). 'The Crime Control Effects of Criminal Sanctions for Intimate Partner Violence', Final Report. National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/236959.pdf>
41. Davis, R., Weisburd, D. and Taylor, B. (2008). 'Effects of Second Responder Programs On Repeat Incidents Of Family Abuse', *Campbell Systematic Reviews* Volume 4 (1). <https://doi.org/10.4073/csr.2008.15>
42. Carol Vigurs, Karen Schucan-Bird, Katie Quy, David Gough (2016) A Systematic Review of Motivational Approaches as a Pre-Treatment Intervention for Domestic Violence Perpetrator Programmes. https://www.college.police.uk/News/College-news/Documents/Motivational_interviewing.pdf
43. Richard Wistow, Liz Kelly, and Nicole Westmarland, (2017). Time Out”: A Strategy for Reducing Men’s Violence Against Women in Relationships? *Violence Against Women*, 23(6), 730–748. <https://doi.org/10.1177/1077801216647944>
44. Hughes, W. (2017). Lessons from the Integrated Domestic Abuse Programme, for the implementation of Building Better Relationships. *Probation Journal*, 64(2), 129–145. <https://doi.org/10.1177/0264550517701199>
45. Alan Clarke and Sarah Wydall, (2013). ‘Making Safe’: A Coordinated Community Response

to Empowering Victims and Tackling Perpetrators of Domestic Violence. Social Policy and Society. DOI: <https://doi.org/10.1017/S147474641200070X>

46. Heather Strang, Lawrence Sherman, Barak Ariel, Scott Chilton, Robert Braddock, Tony Rowlinson, Nicky Cornelius, Robin Jarman and Cristobal Weinborn, (2017). Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment. *Camb J Evid Based Polic* 1, 160–173 (2017). <https://doi.org/10.1007/s41887-017-0007-x>
47. Kate Walker (ND) Brighter Futures Evaluation Report. Unpublished Report. Coventry University.
48. Donovan, C., Griffiths, S, and Groves, N. (2010). DIAP Domestic Abuse Perpetrator Intervention Project, Northern Rock Foundation. University of Sunderland. Unpublished Report. <https://www.nr-foundation.org.uk/downloads/DAI-full-evaluation-report.pdf>
49. Independent Evaluation of Domestic Abuse: A Whole System Approach (DAWSA) (2020). Cordis Bright, Unpublished Report
50. Marianne Hester (PI), Nathan Eisenstadt, Ana Ortega-Avila, Karen Morgan, Sarah-Jane Walker & Juliet Bell (2019). Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse. Unpublished Report. <http://driveproject.org.uk/wp-content/uploads/2020/01/Drive-Evaluation-Report-Final.pdf>
51. Trevillion, K., Domoney, J., Ocloo, J., Heslin, M., Ling, X- X., Stanley, N., MacMillan, H., Ramchandani, P., Bick, D., Byford, S. & Howard, LM. (2020) For Baby's Sake: Final evaluation report. Unpublished Report. <https://www.stefanoufoundation.org/about-for-babys-sake>
52. Sinead Bloomfield & Louise Dixon, (2015). An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP) (2015). The National Offender Management Service. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449008/outcome-evaluation-idap-cdvp.pdf
53. Schrader-McMillian, A & Rayns, G. (2020). Inner Strength Perpetrator Programme (ISPP) Evaluation, Blackpool 2016-2020. Unpublished Report. Blackpool Social Care and Lancashire Constabulary
54. Kate Walker (ND) Evaluation of Mentoring Programme for Serial and High-Risk IPV Offenders: Executive Summary. Unpublished Report. The University of Coventry
55. Kelly, L. and Westmarland, N. (2015). Domestic Violence Perpetrator Programmes Steps Towards Change. Unpublished Report. https://www.nr-foundation.org.uk/downloads/Project_Mirabal-Final_report.pdf

56. Nicola McConnell, Anita Schrader-McMillan, Paula Telford, Jane Barlow and Gwynne Rayns (2019). Steps to Safety: Report on the Feasibility Study. NSPCC and the University of Oxford.
<https://learning.nspcc.org.uk/media/1900/steps-to-safety-report-on-the-feasibility-study.pdf>
57. McConnell, N., Barnard, M., Holdsworth, T, and & Taylor, J. (2016). Caring Dads: Safer Children Evaluation Report. NSPCC.
<https://www.nspcc.org.uk/globalassets/documents/evaluation-of-services/caring-dads-safer-children-evaluation-report.pdf>
58. Jane Callaghan, David Morran, Joanne Alexander, Laura Bellussi, Tanya Beetham and Jade Hooper (July 2020). Make a Change. An evaluation of the implementation of an early response intervention for those who have used abusive behaviours in their intimate relationships, Unpublished Report. The University of Sterling.

Appendix 3: Methodological Scoring Frame

The methodological framework for this paper adopts a combination of the following two models. An overall hierarchy of policy evidence/quantitative score is attached to the data extraction template (Appendix 1a) on a score of 1-5. Additionally, a second column has been included to accommodate more qualitative studies considering the nature of qualitative work.

Appendix 3a Quantitative Evidence Score – For quantitative studies

A hierarchy of policy evidence			jratcliffe.net
5*	Systematic review/meta-analysis of quality studies	Reproducible methodology and assessment of multiple studies in one research area.	What works in the given context
5	Randomized controlled experiments	May include block randomization. Key is evidence of the absence of systematic bias or contamination.	
4	Before/after across multiple sites, regression discontinuity, or quality longitudinal analysis	Instrument variables and controls important, but no randomization.	What's promising and definitely worth looking at with more rigorous studies
3	Before/after with one site and a control site/group	Should demonstrate that control group is comparable.	
2	Cross-sectional comparison of treatment and control, or before/after of treatment group	Control group without demonstrated comparability to the treatment group.	What's interesting and maybe worth looking at further with better studies
1	Cross-sectional studies of treatment group	Correlation between a crime prevention program and a crime measure.	
0	Commercial or internal non-peer reviewed research and reports	Questions likely to be raised about impartiality.	What's suspect if presented as the only source of evidence
0	Expert opinion, anecdotes, case studies	These could be used to illustrate research data, but not in lieu of it.	

Source: <https://www.reducingcrime.com/post/evidence-hierarchy>

Appendix 3b Assessing the qualitative nature of the study.

Table 1 An example of a typology of evidence (example refers to social interventions in children) (adapted from Muir Gray ²⁴)								
Research question	Qualitative research	Survey	Case-control studies	Cohort studies	RCTs	Quasi-experimental studies	Non experimental evaluations	Systematic reviews
Effectiveness Does this work? Does doing this work better than doing that?				+	++	+		+++
Process of service delivery How does it work?	++	+					+	+++
Salience Does it matter?	++	++						+++
Safety Will it do more good than harm?	+		+	+	++	+	+	+++
Acceptability Will children/parents be willing to or want to take up the service offered?	++	+			+	+	+	+++
Cost effectiveness Is it worth buying this service?					++			+++
Appropriateness Is this the right service for these children?	++	++						++
Satisfaction with the service Are users, providers, and other stakeholders satisfied with the service?	++	++	+	+				+

Source: Petticrew, M. & Roberts, H. (2003). Evidence, hierarchies, and typologies: horses for courses. /Journal of Epidemiology and Community Health, 57/, 527-529.

Appendix 4: Identified Risk Factors for Domestic Abuse

The following risk factors can be identified from 3 meta-analyses for intimate partner violence. They demonstrate the range of possible risk factors and the challenges in both identifying appropriate risks to target for individuals, and the range of factors beyond gender that may influence domestic abuse

Paper	Risk factors/markers found to be associated
Capaldi et al., 2012 228 studies (95 unique samples)	<p><u>Demographics:</u> Younger age (peak late adolescence and young adulthood) Deprivation (including unemployment and low income) Minority group membership (mediation by income) Acculturation stress Financial stress Work related stress (NB no clear factors emerging at the community level)</p> <p><u>Family of origin:</u> Exposure to violence between parents (low to mod association) Experience of child abuse (low to mod)</p> <p><u>Social and Behavioural:</u> Involvement with aggressive peers (higher friendship quality as a protective factor) Social support as a protective factor (so social isolation potentially a risk)</p> <p><u>Psychopathology:</u> Conduct problems or antisocial behaviour (and often a mediator for earlier risk factors such as harsh parental treatment) Depressive symptoms (but not robust association in multivariate analyses) Substance use (drugs more so than alcohol)</p> <p><u>Relationship:</u> Married individuals at lowest risk, separated women at highest risk Low relationship satisfaction High discord/conflict</p> <p><u>Gender differences:</u> Men and women perpetrators more similar than different Internalising behaviours risk factors for women but not men – depressive symptoms and low self-esteem Alcohol use greater risk for women than men</p> <p>“Prevention and intervention programs should work on amelioration of proven risk factors (particularly malleable factors) – as identified in this review – rather than untested or less robust factors, to prevent and reduce IPV” (pp.28)</p>
Costa et al., 2015 25 longitudinal studies	<p><u>Early experiences:</u> Early abuse experiences – physical abuse, neglect Poor relationships with parents Being raised by single parent Witnessing parental violence</p> <p><u>Behavioural risks in childhood/adolescence:</u> Behaviour problems/conduct problems Aggressive behaviour Alcohol/drug use</p> <p><u>Adolescent peers:</u> Poor quality adolescent peer networks – friendship quality, conflict, violent peers</p> <p><u>Sociodemographic risks:</u> Low SES in family of origin</p>
Spencer et al., 2016 580 papers in original meta-analysis	<p><u>Mental health and individual factors:</u> Depression Anxiety Anger issues Social support Stress Trauma</p>

	<p> Self-esteem PTSD Antisocial personality disorder Borderline personality disorder General mental health Substance misuse Physical health History of spousal abuse Physical violence towards own children Internal locus of control Financial stress Approval of violence Religiosity Coping skills Impulsivity Belief in male privilege Violence towards others outside of family Prior arrest <u>Family of origin:</u> Witnessing parental DV Witnessing mother hitting father Witnessing father hitting mother Child abuse (by one or other parent) <u>Relationship:</u> Separation Relational satisfaction Relational distress Communication Conflict resolution Insecure attachment style Verbal arguments Demand/withdraw communication patters Approval of violence Previous victimisation Power in relationship Self-blame </p>
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Appendix 5: Databases considered for EREA

Google scholar

Academic Search Complete

ASSIA (Applied Social Sciences Index and Abstracts)

Campbell Collaboration

College of Police What Works

CJA (Criminal Justice Abstracts)

IBSS (International Bibliography of the Social Sciences)

JSTOR

ProQuest Central

PsycARTICLES

PsycINFO

Science Direct

Scopus

Sociological Abstracts

UK Data Archive

Web of Science

Appendix 6: Original REA Search Terms Summary

Search 1

Search terms	Google Scholar	Pro Quest
Domestic violence perpetrators	237,000	103,075
Domestic abuse perpetrators	131,000	71,012
Partner violence	2,210,000	1,031,806
Partner abuse	1,890,000	946,305
Domestic violence	2,670,000	1,930,681
Domestic abuse	2,120,000	984,306
Partner violence perpetrators	133,000	74,466
Partner abuse perpetrators	101,000	59,486
Domestic abusers	65,100	105,081
Partner abusers	68,400	77,401
Integrated offender management	84,000	33,052
Offender management	384,000	239,527
Domestic violence perpetrators interventions	126,000	34,074
offender interventions	160,000	131,812
Perpetrators interventions	142,000	87,348
5 OR 14	686,000	2,031,683
3 AND 12	99,100	24, 534
Perpetrator management	123,000	97,663
Domestic violence AND intervention* AND evaluation*	1,230,000	72,721
Repeat offenders	174,000	274,111
Repeat perpetrators	78,500	40,134
Domestic violence/intervention/evaluation	26	0
offender interventions AND effectiveness	180,000	35,362
Domestic violence AND intervention AND effectiveness	1,200,000	55,066
Perpetrators interventions AND evaluation	127,000	29,230
Perpetrators interventions AND evaluation*AND effectiveness*	76,900	35
Partner violence AND interventions AND evaluation*	526,000	82,841
Offenders management accreditation	22,500	5,676
Domestic violence offenders	252,000	130,501
Domestic violence AND offenders management AND evaluation	124,000	14,543
High risk offenders	1,020,000	264,882
Reoffending	37,600	54,410
Domestic violence AND recidivism	47,600	12,810
Anger management	1,250,000	511,699
domestic violence perpetrators AND anger management	79,600	10,291
Integrated offender management AND recidivism	36,000	5,638

Search 2

Search term	Scholar Since 2010	Pro Qu
Domestic Violence/Domestic Abuse Offender/Perpetrator	11	15
Domestic violence offender AND Intervention	18,500	52
Domestic violence perpetrator AND Intervention	17,700	7,149
Intervention/Offender Management/Integrated Offender Management		3,182
Domestic Violence Offender AND Offender Management AND Effectiveness	17,200	1,608
Domestic Abuse Perpetrator AND intervention AND Evaluation	17,500	2,921
Domestic Violence Perpetrator AND Offender Management AND Integrated offender management	18,500	34
Domestic Violence Offender AND Intervention AND Effectiveness	18,700	1,958
Offender management AND Evaluation	27,200	9,012
1 AND 4		
Offender management AND Effectiveness	34,400	61
Intervention OR Offender Management OR Integrated Offender Management	20,600	334,012
Intervention OR Offender Management OR Integrated Offender Management *AND Evaluation*	17,300	334,012
1 and 13	10	753
Integrated offender management AND Evaluation	557	5
Integrated offender management AND Effectiveness	14,500	4

Search term	ProQuest	Scopus	Web of Science (Title only)	Campbell Collaboration	Google Scholar	Science Direct	PsychInfo	CJA	Cochrane Library
(Domestic violence OR Domestic Abuse) AND (Offend* OR Perpetrator) AND (Intervention OR Management OR Program*) AND (Evaluat* OR Effective* OR Review) NOT victim	24	12	161	0	18,200	9	36	3	30
(Domestic violence OR Domestic Abuse) AND (Offend* OR Perpetrator) AND (Intervention OR Management OR Program* OR Treatment OR Therapy*) AND (Evaluat* OR Effective* OR Review) NOT victim	31	21	206	0	17,900	13	44	3	34
(Domestic violence OR Domestic Abuse) AND (Offend* OR Perpetrator) AND (Intervention OR Management OR Program*) AND (Evaluat* OR Effective* OR Review) Management OR Program*) AND (Evaluat* OR Effective* OR Review)	51	146	310	0	17,700	9	98		30