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Rapid Evidence Assessment: What works with domestic abuse perpetrators?

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Executive Summary

This Rapid Evidence Assessment (REA) was carried out in the context of the implementation of the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Act (Wales) 2015 as well as other relevant Welsh Government and UK government legislation and policy. It specifically supports the achievement of Objective 3 of the Welsh Government's VAWDASV Strategy: 'Increased focus on holding perpetrators to account and providing opportunities to change their behaviour based around victim safety'. The REA outlines the published review findings to-date in relation to 'what works with domestic abuse perpetrators' in order to prevent such offending or reduce the risk of further offending and/ or harm. It highlights the issues inherent in much of the relevant research, including researcher bias, methodological/ design limitations and the challenges of validly and reliably evaluating domestic abuse perpetrator services.

The REA then provides an up-to-date synthesis of the latest available national and international evidence for the efficacy of domestic abuse perpetrator services, encompassing those involving education, treatment/ intervention (underpinned by a range of models of change), supervision, and/ or management. It provides a critique of the related research and reflects on how this impacts on the conclusions that can be drawn about the effectiveness of the perpetrators services concerned. The REA does not provide clear support for the efficacy of any one approach to domestic abuse perpetrator services over the others, but does identify those interventions which are more promising. It further demonstrates that a number of existing approaches are not clearly supported in the peer-reviewed literature. The REA considers the implications of these findings for commissioners, academics, practitioners and policy-makers involved in domestic abuse perpetrator services. It emphasizes the importance of ongoing independent and robust evaluation of existing perpetrator services, as well as the need for testing more innovative approaches (e.g. trauma-informed practices) to working with domestic abuse perpetrators across the 'offender journey'.

Table of contents

Executive Summary	1
List of tables.....	3
Glossary.....	4
1. Introduction/Background	7
2. Methodology.....	18
3. Findings.....	20
4. Conclusions.....	31
5. Recommendations	33
Reference section	Error! Bookmark not defined.
Annex A: Search Protocol.....	45
Annex B: Included Papers	47

List of tables

Table 1: Result of search and evaluation.....20

Glossary

Acronym/Key word	Definition
Acceptance and Commitment Therapy (ACT)	A psychological intervention that incorporates acceptance (e.g. of negative feelings) and mindfulness strategies to facilitate behavioural change.
Adverse Childhood Experiences (ACEs)	Stressful or traumatic life events during childhood that can impact negatively on adult functioning.
Cognitive Behavioural Therapy (CBT)	A psychosocial intervention that targets the unhelpful attitudes, beliefs and thoughts underlying poor coping and problematic behaviour in order to facilitate change.
Dialectical Behaviour Therapy (DBT)	A psychotherapeutic intervention to address unhelpful behaviour patterns and provide the skills to succeed through improved regulation.
Domestic Violence Perpetrator Programmes (DVPPs)	Interventions for people who have used violence and abuse in the context of an intimate relationship and/or against a former partner. These are usually delivered in a group context, but may also take place on an individual basis.
Duluth Model	An approach to working with domestic abuse perpetrators that originated in the US in the 1980s, underpinned by feminist theory and the premise that men abuse female partners as an expression of power and control.
Global Positioning System (GPS)	A satellite-based navigation system allowing the identification of the location of a target (e.g. a person wearing a transmission device).
Intimate Partner Violence (IPV)	Violence by a current/former spouse partner in an intimate relationship against the other partner. IPV can describe a range of abusive behaviours and the term is

	used interchangeably with 'domestic abuse' and 'domestic violence' in the related literature.
Mindfulness	A technique for focusing the attention on the present (including noticing thoughts, feelings and other sensations) without judgment.
Personality Disorder (PD)	A diagnosable mental disorder characterized by pervasive maladaptive patterns of behaviour, beliefs, and inner experience, evident across contexts and deviating from cultural norms. Associated patterns develop early, are rigid, and are associated with significant distress or disability.
PICO (Population, Intervention, Comparison, Outcome)	A mnemonic tool to aid the formulation of a research question and to inform terms for a literature search.
Psychodynamic therapy	A therapeutic approach focused on revealing and resolving the unconscious conflicts that are said to be driving the underlying symptoms.
Psycho-education	An educative approach to supporting and empowering individuals with a mental health condition to manage more effectively.
Randomized Control Trial (RCT)	A gold standard scientific experimental approach which minimises bias when testing an intervention. Trial participants are randomly allocated to either the intervention group or to a control group receiving 'treatment as usual' (or a placebo).
Rapid Evidence Assessment (REA)	An approach to conducting a structured and rigorous search and quality assessment of evidence.
Recidivism	The tendency to re-offend. The term is often used interchangeably with 're-offending' and 're-conviction' in the associated literature.

Restorative Justice	A means of responding to crime through the principles of repairing harm and making amends, bringing affected parties together to agree a means of reintegration into the community.
Violence Against Women, Domestic Abuse & Sexual Violence (VAWDASV; Wales) Act 2015	Legislation aiming to improve the Public Sector response in Wales to such abuse and violence.
Well-being of Future Generations (Wales) Act 2015	Legislation aiming to improve the social, economic, environmental and cultural well-being of Wales.

1. Introduction/Background

- 1.1 Domestic abuse is a significant problem for those it affects and challenging for the public agencies who respond to it. The ripple effects of domestic abuse are far reaching, impacting on the health and well-being of victims/survivors and their families. Children who witness domestic violence can experience long-term effects lasting into adulthood (Women's Aid, 2018).
- 1.2 The latest official figures (published by The Office for National Statistics; ONS, 2017a) for the year ending March 2017 demonstrate the extent of domestic abuse in England and Wales:
- An estimated 1.9 million adults aged 16 to 59 years experienced domestic abuse in the last year (1.2 million women, 713,000 men).
 - The majority of victims of domestic homicides recorded between April 2013 and March 2016 were females (70%).
 - A total of 83,136 high-risk cases were discussed at multi-agency risk assessment conferences in the year ending March 2017, equating to 36 cases per 10,000 adult females.
 - A significant proportion of adults who need safeguarding support do so because they are experiencing domestic abuse.
- 1.3 In the year ending 2017 there were 66,704 combined domestic abuse-related incidents and offences in Wales, with domestic-abuse related violence offences representing 34% of all violence-related offences (ONS, 2017b). In the same year in Wales, the Crown Prosecution Service reported 6,366 domestic abuse-related prosecutions and 4,832 domestic abuse-related convictions. Given issues of under-reporting and detection (as well as other limitations in associated data), these figures are likely to reflect only part of the domestic abuse problem in Wales.
- 1.4 The desire to prevent domestic abuse and provide support for victims and survivors has been the driving force behind a number of policy and legislative changes in Wales. In 2012, the Welsh Government began a consultation on legislation to end violence against women, domestic abuse and sexual violence. The introduction of the 'Gender-Based Violence, Domestic Abuse and Sexual Violence (Wales) Bill

2014 aimed to improve the arrangements for the protection of victims of gender-based violence, domestic abuse and sexual violence, as well as improved support for people affected by such abuse and violence.

- 1.5 The Bill provided the platform from which legislation was launched - The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. The Act addresses domestic abuse and sexual violence perpetrated against all people in Wales, irrespective of gender or sexual orientation. It also addresses violence perpetrated against a woman or a man arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation. The Act seeks to improve a collective public sector response, stronger leadership and a more consistent focus on the way we tackle these issues in Wales, help victims/survivors and work to prevent such offences. Objective 3 of the Welsh Government's arising national strategy aims to achieve an 'increased focus on holding perpetrators to account and providing opportunities to change their behaviour based around victim safety'.
- 1.6 The issue of domestic abuse is also incorporated into the spirit of legislation intended to develop a more joined up approach to create a Wales we all want to live in now and in the future. In 2015, the Well-being of Future Generations (Wales) Act was introduced. Its aim is to improve the social, economic, environmental and cultural well-being of Wales by requiring public bodies to think more about the long term and work better with people, communities and each other. The Act places a duty on all public bodies to carry out sustainable development by following the principles of: meeting the needs of the present, without compromising future generations; prevention; integration; collaboration and involvement. Consistent with this is the 'Prosperity for All' mission of the Welsh Government, reflecting the long-term aim to build a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected. The aligned Programme for the Welsh Government, *Taking Wales Forward*, sets out the headline commitments to be delivered up to 2021 (Welsh Government, 2016).
- 1.7 Research conducted by Public Health Wales in collaboration with Liverpool John Moore's University (Bellis et al., 2015), investigated the prevalence of Adverse

Childhood Experiences (ACEs) and the ensuing negative consequences. It concluded that a significant number of the Welsh population suffer abuse, neglect and other ACEs, such as being exposed to domestic abuse, alcohol and substance misuse during their childhood. The research considered specific profiles and identified that 47% experience at least one ACE category and 14% experience four or more linking to the development of health harming behaviours. Lack of exposure to ACEs reduced the likelihood of violence perpetration, with 2.9% of those with no exposure reporting violence perpetration, compared to 33% of those who were exposed to four or more ACE categories. The finding that 41% of the prison population have witnessed or experienced domestic abuse illustrates the wider social harms these crimes precede (Ending Violence against Women and Girls strategy 2016 – 2020). This long-standing impact of ACEs on the Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) perpetrator population clearly has implications for policy and practice.

- 1.8 In 2014, an independent review of Violence Against Women, Domestic Abuse and Sexual Violence Services in Wales was carried out (Berry, Stanley, Radford, McCarry & Larkins, 2014), identifying gaps in community based perpetrator services. In its recommendations the review referred to the developing evidence for perpetrator programmes and the need to test a range of approaches (underpinned by different models) in the Welsh context. The importance of robustly evaluating such interventions was emphasised.

Perpetrator interventions – approaches and evidence of effectiveness

- 1.9 When exploring the characteristics of Domestic Violence Perpetrator Programmes (DVPPs) in Europe, Hamilton, Koehler and Lösel (2012) identified that such interventions followed three broad modalities: Cognitive Behavioural Therapy (CBT), pro-feminist and psychodynamic, with interventions following one or more of these approaches. Researchers reflected on the lack of robust support for the effectiveness of programmes aiming to address Intimate Partner Violence (IPV), regardless of approach used.

- 1.10 When reflecting on possible reasons for this, Dutton (2012) considered that a gendered approach (for example, based on the Duluth 'power and control' model), making a clear distinction between perpetrator and victim (usually seen as male and female respectively) has led to a narrow focus in treatment responses. He argued for more consideration to be given to the high proportion of reciprocal violence in overall IPV, suggesting that interventions should seek to address such complexity rather than taking a stereotypical dichotomous approach. Dutton further argued for the potential efficacy of preventative (rather than reactive) interventions, given that later IPV can be predicted in adolescents, highlighting the intergenerational nature of violence and the powerful effects of social learning. He referred to positive evidence of the effectiveness of family-focused prevention programmes, with effect sizes exceeding those for 'after-the fact' approaches.
- 1.11 Consistent with this is Stover, Meadows and Kaufman's (2009) suggestion that the trauma histories, Personality Disorder traits and substance misuse histories common amongst IPV perpetrators should be taken into account in the design and delivery of effective interventions, yet featured rarely in programmes for perpetrators at that time. They also suggested that given the context of IPV, interventions should incorporate the perpetrator and their partner as well as their child(ren). At the time of their research, Duluth model approaches were considered the most common form of perpetrator intervention, yet had limited evidence for their effectiveness.
- 1.12 Langhinrichsen-Rohling and Capaldi (2012) went on to suggest that gendered approaches to tackling IPV tended to assume that such behaviour is instrumental in nature and that poor impulse control and poor emotional regulation do not play a role, despite evidence to the contrary. The authors further highlighted the need for interventions to address non-physical abusive behaviours. Focusing on US-based interventions, Babcock et al. (2016) added further support to this argument, citing empirical literature indicating that most perpetrators do not use violence and coercive control simply from a desire to exert their male privilege. The authors suggested that the exclusive application of gender-based models can omit the role that poor self-regulation often plays in this type of offending and proposed the potential value of Cognitive-Behavioural, Dialectical Behavioural and Acceptance

and Commitment Therapeutic approaches (CBT, DBT and ACT respectively), integrating mindfulness techniques for such perpetrators.

- 1.13 It is important to acknowledge that there is not a consensus regarding the need to move away from a gendered understanding of intimate partner violence and sexual violence. Hamby (2014) cautioned against using exclusively outdated self-report measures as a source of data and suggested that when other evidence is considered, gender asymmetry is clearly demonstrated, with males perpetrating more of virtually all forms of physical and sexual violence than females. The author argued for improvements in data collection and recording, with greater use of modern technologies for the accurate measurement of such violence, to in turn inform approaches to prevention and intervention.
- 1.14 In their report on 'Project Mirabal', Kelly and Westmarland (2015) sought to explore the effectiveness of UK-based Respect accredited domestic violence (male) perpetrator programmes (DVPPs) in changing individual behaviour and forming part of a Coordinated Community Response, as well as to consider how those without access to such services may still be held to account. They reflected on the development of research into DVPP effectiveness, with the move from a focus on further criminal justice sanctions and self-reported change to more experimental approaches, utilising control/comparison groups.
- 1.15 Velonis et al. (2016), queried the assumption that DVPPs can be evaluated independent of their wider community context. The authors reported that their findings supported a gendered understanding of domestic violence, suggesting that criticisms of this approach in the literature 'tend to draw on simplistic notions of gender' (p34). They went on to state that those perpetrators who used the opportunities on DVPPs to scrutinise the implicit notions of male privilege and its embedded sense of entitlement, were more likely to experience positive change, but did not specify the data used to draw this conclusion. Of particular interest to the current paper is the study's move towards considering alternative measures of success across a number of dimensions, and their finding that DVPPs, while not a panacea, have an important part to play in reducing domestic violence.

- 1.16 It is of note that Kelly and Westmarland's paper (which demonstrated support for Respect-accredited programmes) identified them as feminists and others have suggested (e.g. Bates et al., 2017) that researchers with particular ideological beliefs may have a tendency to speak more favourably about DVPP effectiveness. Specific to the Kelly and Westmarland (2015) study, Bates, et al. further highlighted the omission of a statistical analysis of change. They also noted that the sample almost halved from pre to post-programme stage and that the analysis did not give adequate consideration to the characteristics of those who failed to complete treatment. Bates, et al. concluded that because of these and other limitations, the study could not be considered to provide support for Respect-accredited programmes. It is of further note that the Respect accreditation requirements have since been revised in light of recent research and practice developments (Respect, 2017) and it could be considered too early to draw conclusions about the effectiveness of perpetrator services adhering to the new Standard.
- 1.17 In their survey of domestic abuse perpetrator programmes across the United States and Canada, Cannon, Hamel and Buttell (2016) highlighted the variation in approaches taken to content, with some adhering to empirically supported treatment targets more than others. Similar to Dutton (2012) they identified an over-focus on addressing gender-role beliefs and an assumption that men represent the perpetrators of violence in relationships, despite research to the contrary. Cannon, et al. suggested that programmes should be empirically informed not just in terms of the dynamic factors they aim to address, but in the mode through which they are delivered. They suggested, for example, that while providers tend to favour a group approach, there is emerging evidence for working with couples in the context of therapy. They did note the general move away from an exclusive feminist/Duluth-based model, with a growing willingness towards being more responsive. While 'power and control' remained the most common treatment target of the programmes reviewed, the majority also addressed conflict resolution, violence-supportive thoughts and irrational cognition. The authors further identified that a minority of the interventions delivered addressed bidirectional abuse and that this percentage needs to increase in order to address the situational violence which has been found to represent most IPV.

- 1.18 Ellsberg, et al. (2014) highlighted that despite extensive research there was still a lack of evidence for the effect of perpetrator interventions across a range of theoretical models. The authors identified the methodological limitations of many of the studies focusing on group work programmes for adult male perpetrators. However, they did identify positive evidence for the efficacy of school-based interventions in reducing incidences of 'dating violence'.
- 1.19 Velonis, Cheff, Finn, Davloor and O'Campo (2016) suggested that the focus on reduced re-offending (usually measured via official reconviction rates) as an indicator of effectiveness underpins the lack of clear evidence for the efficacy of perpetrator programmes. They proposed that asking more nuanced questions such as what works (and what does not), for whom and under what circumstances, may be more useful in informing ongoing policy and practice. The authors argued that programmes should not be considered in isolation, but in the broader environmental, community/society and judicial context. A homogenous approach to interventions may have yielded inconclusive results. This provides a case for differentiating (via assessment, treatment and supervision) between, for example, those perpetrators who conduct coercive-controlling forms of violence and those who engage in situational partner violence. In what they termed a 'realist review' they considered that increasing our understanding of the mechanism of change and focusing on proximal outcomes may be more beneficial in the longer-term development of effective responses to perpetrators of domestic abuse.
- 1.20 Eckhardt, Murphy, Whitaker Sprunger, Dykstra and Woodard (2013) considered the effectiveness of US-based interventions for perpetrators (and victims) of IPV, noting the inconclusive results of earlier such reviews. Of interest is their suggestion that while many DVPPs identify as Cognitive Behavioural Therapy (CBT) in orientation, within this category are interventions that adopt more traditional Duluth-like approaches, with others taking a more therapeutic orientation. Highlighting again the generally poor quality and inherent bias in much of the research in this area, Eckhardt, et al. did not find support for one type of intervention being more effective with perpetrators than any other, arguing that programme standards in turn should not prescribe any one specific model of change. They did, however, highlight

evidence for the importance of including motivational elements to working with perpetrators.

- 1.21 In a systematic review of European domestic violence perpetrator programmes by Akoensi, Koehler, Lösel and Humphreys (2013), despite identifying extensive relevant published studies (over 10,446), only 12 of these were considered to reflect a systematic evaluation of programme effectiveness. Again, methodological limitations were identified as an issue, meaning that definitive conclusions could not be drawn. In a discussion of the same studies Lösel, Koehler, Hamilton, Humphreys and Akoensi (2011) questioned the impact of selection effects and natural desistance on apparent findings supporting effectiveness, arguing for the inclusion of comparison groups in such evaluations as well as longer-term follow-ups and the application of multiple measures of outcomes. In a further study of existing evaluations of European perpetrator programmes, Lilley-Walker, Hester and Turner (2016) attempted to inform a future standardised approach to the evaluation of such interventions, emphasising the need to measure perpetrator outcomes throughout the duration of service involvement, using a range of qualitative and quantitative methods. They noted a particular limitation in how attrition is recorded, reported and followed-up, with non-completers tending to be discussed as a homogenous group. Until such data is collected consistently and reliably, they argued that we will remain unclear in terms of what and how attitudes, thinking and behaviours change (or do not) during an intervention.
- 1.22 In the third component of a series of reviews undertaken as part of the commissioned What Works programme to support the What Works in Crime Reduction initiative at the College of Policing, Vigurs, Schucan-Bird, Quay and Gough (2015) undertook a review of systematic reviews of international DVPPs, focusing on victim and criminal justice outcomes. They further investigated the theories of change underpinning effective DVPPs and explored the moderators associated with effectiveness in order to consider why interventions may be more effective for certain perpetrators than others. The approaches of the interventions subject to review were broadly characterised as pro-feminist/Duluth, cognitive behavioural or psychodynamic, with no single approach being found to be more effective in reducing re-offending. As reported by numerous authors, Vigurs et al.

(2015) found numerous design and methodological flaws in approach, limiting the conclusions that can be drawn. It is noted, however, that those interventions with a motivational element, were associated with higher completion rates and reduced re-offending relative to others.

- 1.23 This is somewhat consistent with the findings of Scott, King, McGinn and Hosseini (2011) who considered the efficacy of a motivational intervention on domestic abuse perpetrators who were resistant to offending behaviour treatment. They found that such a programme was associated with higher rates of completion of a follow-up 'batterer intervention', but was not associated with differences in facilitator ratings of treatment target attainment (compared with those not subject to additional motivational input). Finally, Vigurs, et al. urged caution when applying the findings to a UK context as most of the studies subject to the review were based on US populations.
- 1.24 A study which focused on reviewing DVPPs in the UK was carried out by Bates, Graham-Kevan, Bolam and Thornton (2017), whose primary aim was to identify the characteristics of such interventions. Employing a questionnaire methodology, they highlighted the ongoing influence of a feminist approach to DVPPs in the UK, with examples of services acknowledging the need to be responsive to individual perpetrators, thus avoiding a 'one size fits all' assumption. Bates, et al. reflected on the history of the development of Duluth-based approaches, which (according to them) neglect to address individual treatment needs nor the developmental factors correlated with IPV perpetration, and do not offer an adequate explanation for mutual intimate partner violence. They attributed this narrow focus to the consistent finding that Duluth-based treatment programmes are largely ineffective, arguing that rather than be informed by ideology, interventions should be based on sound unbiased evidence. They further stated that related policy continues to be enforced by 'activists' as opposed to objective experts.
- 1.25 Bates, et al. suggested that DVPPs should be informed by the wider aggression literature, with the efficacy of treatment targets related to (for example) dysfunctional attachment needing to be explored. They added that an individual's

treatment should be informed by a functional assessment rather than a general application of 'gendered analysis and feminist models' (p27).

- 1.26 When considering the evidence, it is apparent that interventions targeting Intimate Partner Violence (IPV) suffer from a lack of robust evaluation. This affects our overall understanding of what is effective in addressing such behaviour. While Kelly and Westmarland questioned the ethics of a randomized approach to studying perpetrator programmes, Feder, Niolon, Campbell, Wallinder, Nelson and Larrouy (2011), advocated for this. They referred to recommendations for Randomized Control Trial (RCTs; considered the 'gold standard' approach to empirical research) studies of violence against women interventions being made in the 1990s, but remaining rarely applied in the field. They implemented such an approach to test a prevention-based programme.
- 1.27 Feder, et al. argued that (similar to the medical field), RCTs can be conducted safely and ethically to test the efficacy of programmes, and in situations where they may not be feasible or appropriate, a robust experimental approach to evaluation should still be applied. Treasury (2011), for example described an example of an RCT being adapted to measure the effectiveness of a prison offending behaviour programme. By using a 'waiting list' sample as the control group, the evaluators were able to compare them to a treated group, with all participants ultimately receiving the intervention. This therefore addressed the concerns associated with RCTs preventing a control group from benefiting from treatment. RCTs have continued to be advocated as the most effective approach to testing whether policy is effective and have been argued to be more straightforward and less costly than is sometimes assumed (Haynes, Service, Goldacre & Torgerson, 2012).
- 1.28 Of interest is a study exploring what does *not* work in terms of domestic violence intervention systems. Using focus groups (including relevant staff, perpetrators and victims/survivors), Wallpe (2010) found that factors which limit such effectiveness include: attempts to 'simultaneously punish and rehabilitate perpetrators', applying a 'one size fits all' approach, failure of the system (and its parts) to be accountable for the management of perpetrators, victim blaming, insufficient collaborative working with inconsistencies in practice, and a failure to apply sufficient preventative and

early intervention approaches. The move towards such offending being viewed as a public health issue should support the development of more rigorous studies to aid our understanding of 'what works'. Similar to Feder et al.'s (2011) endorsement of collaborative approaches to evaluation, bringing academics and practitioners together, Murray, et al. (2015) further argued for the integration of research and practice, identifying current gaps between these two areas of expertise. As well as the value of collaboration, these authors identified the need for research to ask and answer practice-relevant questions and for research findings to be effectively disseminated to practitioners in a way which positively influences their work.

2. Methodology

- 2.1 This review considered a number of areas in which intervention may support the reduction of risk presented by individuals engaged in domestic violence. The Rapid Evidence Assessment (REA) approach was used to ensure the available evidence was sourced and considered in a reasonable period. To support a broad consideration of the intervention options available a wide selection of search terms were included in the search protocol (See Annex A). These search terms were refined throughout the process and used to search Scopus, OVID and Medline databases. These searches were cross-referenced with general internet searches, searches of Google Scholar, searches of specific authors and the search of government websites.
- 2.2 This inclusive approach increased the number of papers requiring review and therefore the time taken to complete the task. Some limitations restrict confidence in the findings to some extent. Unpublished and non-English language papers were not included; publication bias may therefore affect the findings. The search was focused post 2012 as previous reviews had considered the research papers available prior to this date. This may have biased the findings towards recent trends in research.
- 2.3 Studies were screened and considered only if they related directly to the impact question: what works with domestic abuse perpetrators to prevent or reduce risk of domestic abuse offending? They were screened out at this stage if they were focused on victims/survivors rather than perpetrators. The criteria (based on the PICO approach, considering Population, Intervention, Comparison, Outcome) for final inclusion was:
- Population: potential or actual male and female adult and/or child perpetrators (convicted and un-convicted) of domestic abuse/violence;
 - Intervention: perpetrator focused services including education, treatment/intervention, supervision, and/or management;

- Comparison: between subject research which compared treated perpetrators to un-treated or differently treated controls as well as within subject research comparing perpetrators on measures taken before and after the intervention;
- Outcome: prevented or reduced domestic abuse/violence offending/re-offending.

3. Findings

3.1 In total, the search and evaluation resulted in the inclusion of 155 potentially relevant papers. During the review of papers, it became evident that the interventions naturally fell into specific categories. Of the 155 papers 42 met the inclusion criteria. The results of the search and evaluation of the resulting papers in order to determine inclusion/exclusion are summarised in Table 1.

Table 1: Result of search and evaluation

<u>Approach</u>	<u>Total papers</u>	<u>Included papers</u>
Specific therapy interventions	64	18
Family interventions	14	3
Community & bystander interventions	47	11
Specific communities	14	3
<u>External management</u>	<u>16</u>	<u>8</u>

The included papers are detailed in Annex B.

Specific Therapy Interventions

Cognitive Behavioural Therapy

3.2 Bloomfield and Dixon (2015) analysed the data across cognitive-behavioural domestic violence programmes delivered by the National Probation Service and looked at two-year re-conviction rates for over 4000 participants in the treatment group and over 2000 in the control group. They found small but positive significant effects for the treatment group on reconviction rates and survival rates. The authors suggested that while this was found to be the case, most perpetrators still go on to re-offend and more effort needs to be put into the way interventions are delivered to maximise the positive effects.

3.3 Blatch et al (2016) used a propensity matched control group to consider re-offending rates for 953 domestic violence offenders subject to a 20 session CBT programme. The design was robust and the findings showed re-offending rates of

15% lower for the programme group. Survival rates to first overall reconviction were better for the programme group by 15%, and 27% to first violent re-conviction. Smaller studies identified in this REA also supported these outcomes (e.g. Cunha & Goncalves, 2015). However, some studies did not achieve significant results for effectiveness of these programmes (e.g. Haggard, Danielsson, Wenander & Langstrom, 2017).

- 3.4 Boots, Wareham, Bartula and Canas (2015) explored whether perpetrator interventions of this type were more effective in reducing re-offending compared to other court sanctions made for lower level incidence of domestic violence in family court. This study suggested that diversion to treatment at this stage is more effective than imprisonment. This finding is supported by other studies (e.g. Ramirez, Gimenez-Salinas & de Juan Espinosa, 2013). McClure (2013) supported this approach with low risk offenders when the diversion is led by the perpetrator rather than when the court dictates treatment.
- 3.5 Hasisi et al (2016), expressed concern about the small gains from CBT programmes and considered a more integrated approach to perpetrator intervention in prisons, finding that incorporating CBT into a therapeutic community approach increased the efficacy of the programme. Waller (2016) stated that these interventions account for patriarchy but they do not account for other factors such as systemic racism with minority groups and that a strengths-based approach may enhance delivery. Furthermore, Sygel, Kristiansson, Furberg and Fors (2014) suggested that adding emotional recognition skills training would improve the efficacy of the programme.
- 3.6 Consistent with the review papers discussed in the introductory section, the current REA supported the mixed support for the efficacy of CBT approaches to perpetrator interventions. This may reflect the variation in approaches to CBT for this cohort (with some integrating CBT with other modalities, and certain CBT programmes being underpinned by Duluth Model principles, while others are not), as well as the need to consider the effectiveness of a perpetrator intervention in the broader context in which it is delivered.

Restorative Justice Programmes

- 3.7 Mills, Barocas and Ariel (2013) compared the effectiveness of a group-based intervention for court-mandated domestic violence perpetrators to a restorative justice-based programme. Employing a randomized design, and using re-arrest as an outcome measure, they found no statistically significant differences between the two treatment approaches. The authors suggested that these findings should encourage courts and practitioners to reflect on the tendency to avoid use of restorative justice in domestic abuse cases.
- 3.8 Given that there was only one identified study supporting the effectiveness of restorative approaches to working with domestic violence perpetrators, and that there was no specific evidence to support them in the review papers discussed in the introduction, this REA does not allow for any firm conclusions to be drawn about their efficacy with this client group. Further robust evidence would be required to support their use in the context of domestic abuse.

Motivational Enhancement

- 3.9 Crane and Eckhardt (2013) found that a single session of motivational interviewing increased treatment compliance for this group and other research has suggested readiness to change is important (Zalmanowitz, Babins-Wagner, Rodger, Corbett & Leschied, 2013). The findings lend support to the recommendation that offending behaviour programmes for intimate partner violence perpetrators should include a motivational element to enhance treatment compliance, but do not in themselves lead to reductions in re-offending.
- 3.10 Strang et al. (2017) provided further evidence for motivational interviewing. They offered perpetrators facing conviction for the first time the option to attend two five-hour group workshops on consecutive weekends that used a motivational interviewing approach. Their findings suggest that over a one year follow up the perpetrators who engaged in the workshop group were subject to a lower arrest rate for less serious crimes. This suggests the approach can be effective from a harm reduction perspective. This is supported by most of the evidence discussed in the

introductory section of this REA, which emphasised the value of perpetrators engaging in motivational enhancement work as part of their offending behaviour intervention.

Mind-Body

- 3.11 Described as an approach focusing on how emotional, psychological, social, spiritual and behavioural factors impact on health (mental and physical), mind-body treatment is grounded in the importance of self-awareness and self-care. Mind-body interventions therefore seek to develop such qualities, for example, through mindfulness and somatic exercise. Drawing on literature identifying the link between emotional dysregulation and domestic violence, it has been considered as a potential treatment modality for the perpetrators of interest in this review. Tollefson and Phillips (2015) found that such intervention adapted to this population was associated with lower attrition rates (compared to other treatment approaches), reduced re-offending, and improvements across measures of mindfulness, physical and mental health. The authors acknowledged that further research is required to determine any impact of mind-body treatment on the behaviour of previously domestically violent men within their relationships. This is further supported by the lack of any specific findings in the introductory section of this REA that demonstrate the efficacy of such approaches with this client group.

Alcohol

- 3.12 Several studies arising from this review related to the relationship between alcohol misuse (and its treatment) and domestic abuse, noting that they often co-occur and share a number of risk factors. Brasfield et al. (2016), for example, examined the relationship between alcohol use, alcohol expectancies (i.e. beliefs about the effects of alcohol) and partner abuse among men mandated to attend a 'batterer intervention programme'. Their findings were complex, but indicated that alcohol expectancies (as well as alcohol use itself) can play a role in partner abuse, suggesting that for some perpetrators of domestic abuse, alcohol treatment

(addressing alcohol expectancies) should be an adjunct to any intervention targeting offending behaviour.

- 3.13 In a further study considering the relationship between alcohol use and violence, Stuart et al. (2016) noted the role of cumulative genetic risk in predicting intimate partner violence and alcohol use treatment outcomes. Employing a Randomized Control Trial (RCT) approach, they found that men scoring higher on markers of genetic risk had better IPV and alcohol use outcomes. However, the lack of genetic information regarding perpetrators of intimate partner violence means that the proposed prioritization of cases for treatment based on such data is unlikely to take place in the foreseeable future. Nevertheless, there is support in the literature that a public health approach to alcohol policy should also serve to address sexual violence outcomes (Lippy & DeGue, 2016). This is consistent with Stover et al.'s suggestion (discussed in the introduction) that the substance misuse needs should be addressed when targeting the criminogenic needs (i.e. the changeable factors underlying offending behaviour) of domestic abuse perpetrators (2009).

Family Interventions

- 3.14 There is limited robust research related to family interventions reducing family violence. However, those studies that are available provide potential for developing preventative approaches. Feinberg et al. (2016), found that a transition to parenting programme had a significant effect on parent reports of family violence when conducted with high risk couples compared to a control group with a similar risk level. These real world approaches working with affected families show promise. A randomized control trial engaged mothers who had experienced domestic abuse in delivering a dating abuse prevention programme to their teenage daughters. The results showed not only reduced victimisation but a decrease in perpetration of psychological and cyber abuse by those teenage girls who had been exposed to high levels of domestic abuse (Foshee et al. 2016).
- 3.15 An interesting study in Ecuador explored the effect of cash and food transfers to families (Buller, Hidrobo, Peterman & Heise, 2016). They found that this led to reductions in IPV as it reduced couples' conflict and stress, improved household

well-being and increased female partners' decision making, self-confidence and freedom of movement. While this suggests economic interventions have a direct effect on the reduction of violence in relationships, the intervention was very well controlled and the transfers were made to the female partner, which had very specific effects on the relational dynamics. Such findings are consistent with research discussed in the introduction of this paper (e.g. Dutton, 2012), which proposed that family-based interventions that do not seek to simply take a dichotomous approach (i.e. victim or perpetrator) to identification and treatment are likely to be most effective.

Community/bystander interventions

- 3.16 Bystander intervention programmes tend to train participants to challenge perpetrators, support victims and diffuse potentially harmful situations. A number of community-based/bystander intervention studies have taken place in school and college/university environments, perhaps reflecting their high-risk for sexual and relationship violence. Moynihan et al. (2015) specifically studied the long-term effects of students attending such a programme and found that positive behavioural changes were maintained one year following participation (and to a greater degree than a control group receiving only a social marketing campaign). Nevertheless, the authors acknowledged the complexities associated with bystander interventions (and their evaluation), with factors such as gender and relationship with the target person (i.e. stranger vs. friend) influencing programme effectiveness.
- 3.17 In testing a 'dating violence prevention' programme in the United States, Jaime et al. (2016), specifically considered the effect of an advocate rather than a coach delivering the intervention on participant (athletes) attitudes and behaviour. While no significant differences were found, the researchers suggested that this was a positive result as it facilitated the scalability and therefore reach of such programmes. Sosa-Rubi et al. (2017) also studied the effectiveness of a 16-week dating violence reduction programme. Based in Mexico, their research found support for a significant reduction in the psychological violence both perpetrated

and experienced by males exposed to the full programme, which covered gender roles, dating violence, sexual rights, coping strategies, etc. Both male and female participants showed a reduction in beliefs and attitudes associated with sexism and dating violence.

- 3.18 In their systematic review of the literature on the effectiveness of bystander intervention programmes, Storer, Casey and Herrenkohl (2015) found general support for the impact of such training on participants' willingness to intervene in a potential 'dating abuse' situation, as well as their confidence to do so. However, there was less consistent support for their influence on actual intervening behaviour. The authors suggested that further research was required in order to identify the specific components of bystander training that result in behavioural intervention during a witnessed abuse situation.
- 3.19 Elias-Lambert and Black (2016) examined the effects of a bystander intervention on college males who they categorised as low vs. high risk for perpetrating sexually coercive behaviours. While they found the programme had a positive impact on attitudes related to sexual violence (such as rape myth acceptance), there was less of an effect on those participants identified as high risk. There was, however, a decrease in self-reported sexually coercive behaviours amongst the high risk participants. The authors did acknowledge the relatively short follow-up period and stated that they did not know if these effects would be maintained over time. Of interest if that the research did not find any significant changes on any of the specific bystander measures (of attitudes and behaviours), particularly as this was the primary aim of the intervention.
- 3.20 In an attempt to compare the efficacy of bystander interventions to traditional psycho-education approaches, Reed, Hines, Armstrong and Cameron (2015) compared the subsequent behaviours of participants who had engaged with either of these. While they found no differences between these groups on subsequent relevant measures of attitudes (with both groups demonstrating associated improvements), they did find slightly increased bystander efficacy in those who had attended the bystander programme.

- 3.21 Salazar, Vivolo-Kantor, Hardin and Berkowitz (2014) explored the efficacy of a web-based bystander intervention programme for male college students, highlighting the increased reach that such training could have in comparison to face-to-face programmes. Utilizing a Randomized Control Trial (RCT) they found that participants attending the training were significantly less likely to commit sexual violence themselves as well as being more likely to pro-socially intervene in a bystander capacity, when compared to controls. Using a video (administered via counsellors) as a means to encourage positive bystander behaviours amongst school children, Sargent, Jouriles, Rosenfield and McDonald (2017) found the desired effect at three-month follow up compared to control participants. Like Salazar et al.'s (2015) web-based approach, they also noted the potential cost-savings and extended reach of such an intervention.
- 3.22 In their study of the effectiveness of a 15-week programme (incorporating elements such as empathy, anger management, etc.) on the subsequent behaviour of middle school children, Espelage, Low, Polanin and Brown (2013) found that while the trained group were significantly less likely to engage in physical aggression, there was no difference between these participants and the control group in relation to subsequent levels of other types of aggression, including sexual violence and verbal bullying. Miller et al. (2015) found positive effects (although not across all variables) of an education and counselling-based programme (delivered via school health centres) on subsequent adolescent relationship abuse. Devries et al. (2017) investigated whether a toolkit delivered over an 18-month period in primary schools in Uganda reduced emotional violence, physical violence and sexual violence, both from teachers to school children and between peers. The toolkit had the desired effect, although this seemed to be greater in boys than girls.

Specific communities

- 3.23 Hossain et al. (2014) specifically studied the effects of working with perpetrators of intimate partner violence in conflict (i.e. war) affected environments, noting the increased levels of such offending in these settings. Drawing on self-report as well as that of partners, the researchers found positive effects of the intervention on

subsequent levels of physical and/or sexual intimate partner violence, suggesting that such interventions should form part of the community response at times of conflict.

- 3.24 Focusing on a Ugandan sample, Abramsky et al (2016) employed an RCT to examine the effects of an intervention to prevent/reduce intimate partner violence. Their exploration of pathways and factors identified the importance of addressing community, relationship and individual variables. The study highlighted the importance of working with both men and women in addressing intimate partner violence, as well as the need to address pervasive cultural norms supportive of violence, not just those experienced at an individual level.
- 3.25 Baker, Naai, Mitchell and Trecker (2014) explored the effectiveness of a 'train the trainer' model for delivering a culturally responsive school-based sexual violence prevention curriculum in Hawaii. Findings indicated that students receiving the intervention significantly increased their sexual violence knowledge, decreased their victim-blaming, and increased their bystander efficacy compared to those in a control school.

External Management

- 3.26 A number of interventions have sought to reduce domestic abuse risk through imposing sanctions and/or external management strategies on the alleged/proven perpetrators. Sloan, Platt, Chepke and Blevins (2013) studied the deterrent effects of court penalties for domestic violence offences. Hypothesising that knowledge of arrest and subsequent punishment are considered in the thinking processes preceding such offending, the authors did not actually find this to be supported in their study. They concluded that sanctions alone are not sufficient to prevent further domestic violence offending. In their later research, Broidy, Albright and Denman (2016) compared different types of domestic violence interventions; arrest, civil protection orders and a combination of the two). They found no differences in relation to subsequent reoffending. Factors that were found to be associated with increased risk of re-offending included perpetrator related static variables (age, offence history, etc.).

- 3.27 Grommon, Rydberg and Carter (2017) examined the effect of GPS (Global Positioning System) tracking on the behaviour of alleged intimate partner violence perpetrators awaiting trial. They found GPS to be just as effective as traditional supervision in reducing re-arrest or failure to appear at court. However, GPS was associated with increased likelihood of attending supervision appointments, which the researchers suggested highlighted the potential benefits of GPS to probation management.
- 3.28 Georgiou (2014) considered the impact of different levels of supervision on re-offending amongst post-release offenders covering a spectrum of offence types. Focusing on a Washington-based programme which provided levels of supervision according to levels of risk, the author did not find that increased supervision reduced re-offending, highlighting implications for wide-ranging policy in the United States, which assumes that increased supervision will be effective in managing high risk offenders in the community.
- 3.29 Specific domestic violence courts (DVCs) also appear to have mixed outcomes. Based on a New York sample, Cissner, Labriola and Rempel (2015) examined the impact of criminal DVCs on re-offending and other case outcomes. They found a small positive effect of DVCs for convicted offenders but not those who were unconvicted. The level of imprisonment imposed by DVCs was not significantly different to that imposed by traditional courts, however, DVCs were found to be more efficient, decreasing significantly the time from arrest to disposition. The researchers suggested that victim safety practices and perpetrator rehabilitation were more effective than court-based processes in reducing re-offending.
- 3.30 In their UK-based evaluation of the pilot of Domestic Violence Protection Orders (DVPOs), Kelly et al. (2013) examined their effectiveness in providing immediate protection for victims following a domestic violence incident in cases where no other restrictions were available. DVPOs were designed to provide victims with a 14-28-day period in which the perpetrator has restricted access to them/their home so that they can determine a course of action. Of note is that not a single DVPO resulted in a perpetrator accessing a behavioural change programme. Nevertheless, DVPOs were associated with reduced levels of domestic abuse, although the authors

acknowledged that this may not be attributable to the DVPOs. They were associated with a particular reduction in domestic violence for those cases considered 'chronic' or repeat offenders.

- 3.31 An economic analysis indicated that DVPOs resulted in a net cost saving, with this saving being projected to increase as DVPOs become embedded in practice. In a study of no-contact orders (NCOs) and their impact on perpetrator behaviour and victim safety in domestic violence cases, Brame, Kaukinen, Gover and Lattimore (2015) found that while 'no contact' orders increased the victim's awareness of the issues and increased their contact with services, they did not reduce perpetration or increase safety.
- 3.32 Pinchevsky (2017) explored the relationship between court dispositions and re-offending in two specialist domestic violence courts in the United States. Amongst other findings, the study revealed a heavy reliance on 'batterer programmes', but did not support a clear relationship between disposition and reoffending. The authors suggested that qualitative studies of court processes are needed to make sense of associated quantitative data as the findings are open to multiple interpretations.
- 3.33 Overall, while the results are mixed, this literature seems to be in line with general literature suggesting that criminal sanctions have little effect on re-offending and for domestic violence this was the finding of Sloan, Platt, Chepke and Blevins (2013) who concluded that penalties do not deter future arrests.

4. Conclusions

- 4.1 Despite considerable efforts by researchers and practitioners there is still ambiguity around 'what works' with perpetrators of domestic abuse when attempting to prevent such offending or reduce re-offending. This finding is largely reflective of the heterogeneity of approaches to both the design and delivery of perpetrator services as well as the means by which they are evaluated, both in terms of quality, methodology and objectivity. However, it also provides support for the view that interventions cannot be evaluated independent of their wider community context (Velonis, 2016).
- 4.2 While this paper is focused specifically on perpetrator approaches, this very finding may also suggest that there is no definitive approach and a problem that has many elements to its development and maintenance is likely to require a range of interventions addressing different needs at an individual, family and community level. This then supports the approach of the Welsh Government in trying to co-ordinate services and incorporate a response to domestic abuse (and violence against women, domestic abuse and sexual violence more broadly) across agencies and public bodies.
- 4.3 In summary, the evidence for cognitive behavioural approaches to treatment of the cohort continues to be mixed, with interventions tending to be combined with other models and modalities, yielding variation in the treatment delivered. The evidence does suggest that these interventions are more effective than custody especially for low risk offenders who wish to engage in treatment. The way in which these programmes are delivered is likely to be important and incorporating motivational enhancement has some support in the studies reviewed, especially as an early intervention. There is tentative support for the efficacy of restorative justice and mind-body approaches to such treatment, but these require further robust evaluation in order to make any conclusions regarding effectiveness.
- 4.4 The REA lends further support to the notion that substance misuse should be treated (where relevant) as part of the wider intervention suite for domestic abuse perpetrators. There is also support for the potential effectiveness of family-focussed interventions, particularly as a preventative/early intervention approach to tackling

domestic abuse within high risk families. Support for the role of bystander interventions is mixed as is that for external management strategies, suggesting that such approaches used in isolation will not prevent or reduce the risk of domestic abuse perpetration. The finding that interventions need to be responsive to the cultural context in which they are delivered lends support to the call for a whole system approach to tackling domestic abuse, in which domestic violence perpetrator services do not operate in isolation and reflect the broader community in which individuals and their families live.

- 4.5 It is of concern that no studies were identified that met the criteria for this REA, which served to test the effectiveness of trauma-based or Personality Disorder-responsive approaches to the treatment of domestic violence perpetrator programmes. This is unfortunate given the current emphasis of ACE and trauma-informed means of preventing and intervening in criminal behaviour. This is an area that would benefit from exploration, development and evaluation. The potential value of intervening earlier from both a victim and perpetrator perspective also fits with this area of concern and suggests the need to explore school-based programmes that develop relationship strengths and protective factors, with a view to preventing later domestic abuse.

5. Recommendations

- 5.1 The findings of this REA have important implications for policy, particularly those that inform the achievement of Objective 3 of the Welsh Government's VAWDASV Strategy: 'Increased focus on holding perpetrators to account and providing opportunities to change their behaviour based around victim safety'. When advising/prescribing approaches to addressing risk in perpetrators, policy makers should acknowledge the associated research limitations in terms of the methodological shortcomings and/or inherent bias in much of the related research. Decisions regarding resource allocation and intervention selection should be based not just on the risks and need of the relevant perpetrator population, but on those programmes that are most likely to be safe and effective.
- 5.2 Reviewing what is available in Wales and developing evaluation strategies that consider the context in which interventions sit, along with identifying additional outcomes is likely to be key in ensuring that the best intervention options are adopted and adapted as new evidence emerges. That said, any new interventions should also ensure they sit in the wider 'what works' evidence base, involve individual formulation, a strengths-based approach and consideration of how they are delivered (Bates, et al., 2017). Given the lack of specific evidence of what works with domestic abuse perpetrators, such interventions should also be introduced in a small-scale experimental manner with robust evaluation of their effectiveness embedded, before they are rolled out more widely (if demonstrated to work).
- 5.3 Those domestic abuse perpetrator service providers who are awarded accreditation by organisations that reflect the latest objective research evidence in their requirements and standards should be recognised as being more likely to provide safe and effective interventions. Services should not be required to adopt a single specific model of change (as according to current evidence no single model is more effective), but should be able to demonstrate the theoretical support for their chosen approach.
- 5.4 Commissioners should be clear on the degree of 'unknown' effectiveness and should be cautious of programmes/organisations claiming to deliver effective interventions with perpetrators of domestic abuse. Statistical evidence of

effectiveness should be scrutinised by suitably qualified professionals to ensure that it is being objectively interpreted. Decisions may need to be made regarding the withdrawal of support for interventions that have little/no support in terms of effectiveness, if not supporting providers to develop/improve interventions based on the best available evidence.

- 5.5 Opportunities for intervening with perpetrators should continue to be explored across the ‘offender journey’, from the preventative stage during childhood, to early intervention with ‘first-time’ offenders, and working with the highest risk repeat perpetrators who continue to offend beyond punishment and rehabilitative efforts. This may involve innovative ways of working that move beyond the traditional approaches of punishment and intervention, particularly given that there is no single identified means of intervening that works better than any others. That said, particularly while it remains unclear what is effective when developing and delivering perpetrator services, investment must be made in ongoing robust evaluation.
- 5.6 Intervention approaches that have been suggested but have not yet been empirically tested in the peer reviewed literature should be trialled for their potential effectiveness. This may include, for example, perpetrator programmes that take a trauma-informed approach and are consistent with the ACEs agenda. Given the identified importance of family, community and cultural context, such interventions should be tested as part of a wider whole system approach to addressing domestic abuse.
- 5.7 Evaluation needs to consider a range of valid and reliable outcome measures beyond re-arrest/re-offending, given the inherent limitations of relying on such variables. Where feasible, partner/victim/survivor-related outcomes for perpetrator services should be evaluated along with broader indicators of success, such as shifts in perpetrator beliefs/attitudes, changes in other risky behaviours, increase in strengths/protective factors, etc. Evaluation should also incorporate economic analysis to demonstrate another strand of cost/benefit to intervention and reflect the wider societal impact of increased/reduced re-offending. While the research indicates that practice and research in this area should operate collaboratively, it is

important that a degree of separation is maintained in order to ensure that evaluation remains objective. Systems should therefore be developed to support strong relationships between academics and practitioners in the field, ensuring related research has practical relevance while remaining independent. Such systems should also include links to government officials to ensure that developments in domestic abuse research and practice are reflected in relevant policy (and vice versa). This will in turn strengthen work towards the shared goal of reducing violence against women, domestic abuse and sexual violence.

Reference section

- Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Musuya, T., Kiss, L., Watts, C. (2016). Ecological pathways to prevention: How does the SASA! Community mobilisation model work to prevent physical intimate partner violence against women. [*BMC Public Health*, 16\(1\), 15–17](#)
- 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](#).
- Babcock, J., Armenti, N., Cannon, C., Lauve-Moon, K., Buttell, F., Ferreira, R., Solano, I. (2016). Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States. *Partner Abuse*. [*Partner Abuse*, 7\(4\)](#).
- Baker, C. K., Naai, R., Mitchell, J., & Trecker, C. (2014). Utilizing a train-the-trainer model for sexual violence in prevention: Findings from a pilot study with high school students of Asian and Pacific Islander descent in Hawai'i. [*Asian American Journal of Psychology*, 5\(2\), 106–115](#).
- Bates, E. A., Graham-Kevan, N., Bolam, L. T., & Thornton, A. J. V. (2017). A Review of Domestic Violence Perpetrator Programs in the United Kingdom. [*Partner Abuse*, 8\(1\)](#).
- Bellis, M. A., Ashton, K., Hughes, K., Ford, K., Bishop, J., & Paranjothy, S. (2015). [*Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population: Alcohol Use, Drug Use, Violence, Sexual Behaviour, Incarceration, Smoking and Poor Diet*. Public Health Wales](#).
- Berry, V., Stanley, N., Radford, L., Mccarry, M., & Larkins, C. (2014). *Building Effective Responses: An Independent Review of Violence against Women, Domestic Abuse and Sexual Violence Services in Wales*. Welsh Government Social Research.
- 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*, 8\(1\), 4–20](#).

- Bloomfield, S., & Dixon, L. (2015). 2015 An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP).
- Boots, D. P., Wareham, J., Bartula, A., & Canas, R. (2016). A Comparison of the Batterer Intervention and Prevention Program with Alternative Court Dispositions on 12-Month Recidivism. [*Violence Against Women*](#), 22(9), 1134–1157.
- Brame, R., Kaukinen, C., Gover, A. R., & Lattimore, P. K. (2015). No-Contact Orders, Victim Safety, and Offender Recidivism in Cases of Misdemeanor Criminal Domestic Violence: A Randomized Experiment. [*American Journal of Criminal Justice*](#), 40(2), 225–249.
- Brasfield, H., Morean, M. E., Febres, J., Shorey, R. C., Moore, T. M., Zapor, H. (Zuckosky), Stuart, G. L. (2016). Alcohol use, alcohol-related outcome expectancies, and partner aggression among males court-mandated to batterer intervention programs: A brief report. [*Journal of Interpersonal Violence*](#), 31(2), 245–256.
- Broidy, L., Albright, D., & Denman, K. (2016). Deterring Future Incidents of Intimate Partner Violence: Does Type of Formal Intervention Matter? [*Violence Against Women*](#), 22(9), 1113–1133.
- Brown, J. (2012). Male Perpetrators, the Gender Symmetry Debate, and the Rejection-Abuse Cycle: Implications for Treatment. [*American Journal of Men's Health*](#), 6(4), 331–343.
- Buller, A. M., Hidrobo, M., Peterman, A., & Heise, L. (2016). The way to a man's heart is through his stomach?: A mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence. [*BMC Public Health*](#), 16(1), 1–13.
- Cannon, C., Hamel, J., Buttell, F., & Ferreira, R. J. (2016). A survey of domestic violence perpetrator programs in the United States and Canada: Findings and implications for policy and intervention. [*Partner Abuse*](#), 7(3), 226–276.
- Cissner, A. B., Labriola, M., & Rempel, M. (2015). Domestic Violence Courts: A Multisite Test of Whether and How They Change Offender Outcomes. [*Violence Against Women*](#), 21(9), 1102–1122.

- Crane, C. A., & Eckhardt, C. I. (2013). Evaluation of a single-session brief motivational enhancement intervention for partner abusive men. [*Journal of Counseling Psychology*](#), *60*(2), 180–187.
- Cunha, O. S., & Gonçalves, R. A. (2015). Efficacy Assessment of an Intervention Program With Batterers. [*Small Group Research*](#), *46*(4).
- Devries, K. M., Knight, L., Allen, E., Parkes, J., Kyegombe, N., & Naker, D. (2017). Does the Good Schools Toolkit Reduce Physical, Sexual and Emotional Violence, and Injuries, in Girls and Boys equally? A Cluster-Randomised Controlled Trial. [*Prevention Science*](#), *18*(7), 839–853.
- Dutton, D. G. (2012). The Prevention of Intimate Partner Violence. [*Prevention Science*](#), *13*(4), 395–397.
- Eckhardt, C. I., Murphy, C. M., Whitaker, D. J., Sprunger, J., Dykstra, R., & Woodard, K. (2013). The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence. [*Partner Abuse*](#), *4*(2).
- Elias-Lambert, N., & Black, B. M. (2016). Bystander Sexual Violence Prevention Program: Outcomes for High- and Low-Risk University Men. [*Journal of Interpersonal Violence*](#), *31*(19), 3211–3235.
- Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? [*The Lancet*](#), *385*(9977), 1555–1566.
- Espelage, D. L., Low, S., Polanin, J. R., & Brown, E. C. (2013). The impact of a middle school program to reduce aggression, victimization, and sexual violence. [*Journal of Adolescent Health*](#), *53*(2), 180–186.
- Feder, L., Niolon, P. H., Campbell, J., Wallinder, J., Nelson, R., & Larrouy, H. (2011). The need for experimental methodology in intimate partner violence: Finding programs that effectively prevent IPV. [*Violence Against Women*](#), *17*(3), 340–358.
- Feinberg, M. E., Jones, D. E., Hostetler, M. L., Roettger, M. E., Paul, I. M., & Ehrenthal, D. B. (2016). Couple-Focused Prevention at the Transition to Parenthood, a Randomized Trial: Effects on Coparenting, Parenting, Family Violence, and Parent and Child Adjustment. [*Prevention Science*](#), *17*(6), 751–764.

- Foshee, V.A., Benefield, T., Chen, M.S., Reyes, L.M., Dixon, K.S., Ennett, S.T., Moracco, K.E. & Bowling, J.M. (2016) The Effects of the Moms and Teens for Safe Dates Program on Dating Abuse: a Conditional Process Analysis. *Prevention Science*, 17 (3), 357-366.
- Georgiou, G. (2014). Does increased post-release supervision of criminal offenders reduce recidivism? Evidence from a statewide quasi-experiment. [*International Review of Law and Economics*](#), 37, 221–243.
- Grommon, E., Rydberg, J., & Carter, J. G. (2017). Does GPS supervision of intimate partner violence defendants reduce pretrial misconduct? Evidence from a quasi-experimental study. [*Journal of Experimental Criminology*](#), 1–22.
- 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.
- Hamby, S. (2014). Intimate Partner and Sexual Violence Research: Scientific Progress, Scientific Challenges, and Gender. Trauma, [*Violence and Abuse*](#), 15(3), 149–158.
- Hamilton, L., Koehler, J. A., & Lösel, F. A. (2013). Domestic Violence Perpetrator Programs in Europe, Part I. [*International Journal of Offender Therapy and Comparative Criminology*](#), 57(10).
- 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.
- Haynes, L., Goldacre, B., & Torgerson, D. (2012). Test, Learn, Adapt: Developing Public Policy with Randomised Controlled Trials| Cabinet Office.
- H. M. Government (2016). [Ending Violence Against Women and Girls Strategy, 2016-2020.](#)
- Hossain, M., Zimmerman, C., Kiss, L.,Abramsky, T. Kone, D., Bakayoko-Topolska, M., Annan, J., Lehmann, H. & Watts, C. (2014). Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Cote d'Ivoire. [*BMC Public Health*](#), 14, 339.

- Jaime, M. C. D., Stocking, M., Freire, K., Perkinson, L., Ciaravino, S., & Miller, E. (2016). Using a domestic and sexual violence prevention advocate to implement a dating violence prevention program with athletes. [*Health Education Research*](#), 31(6), 679–696.
- Kelly, L., Adler, J. R., Horvath, M. A., Lovett, J., Coulson, M., Kernohan, D., & Gray, M. (2013). *Evaluation of the pilot of domestic violence protection orders*.
- Kelly, L., & Westmarland, N. (2015). *Domestic violence perpetrator programmes: Steps towards change: Project Mirabal final report*. Durham University.
- Langhinrichsen-Rohling, J., & Capaldi, D. M. (2012). Clearly, We've Only Just Begun: Developing Effective Prevention Programs for Intimate Partner Violence. [*Prevention Science*](#), 13(4), 410–414.
- Lilley-Walker, S.-J., Hester, M., & Turner, W. (n.d.). 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).
- Lippy, C., & DeGue, S. (2016). Exploring Alcohol Policy Approaches to Prevent Sexual Violence Perpetration. [*Trauma, Violence & Abuse*](#), 17(1), 26–42.
- Lösel, F. A., Koehler, J. A., Hamilton, L., Humphreys, D. K., & Akoensi, T. D. (2011). [*Strengthening Transnational Approaches to Reducing Reoffending Final Report, 1–158*](#).
- Lussier, P., & Gress, C. L. Z. (2014). Community re-entry and the path toward desistance: A quasi-experimental longitudinal study of dynamic factors and community risk management of adult sex offenders. [*Journal of Criminal Justice*](#), 42(2), 111–122.
- McClure JD MS, T. E. (2013). A Comparison of Domestic Violence Recidivism Rates of Defendant-Initiated Diversion and Court-Mandated Treatment. [*Partner Abuse*](#), 4(4), 444–462.
- Miller, E., Goldstein, S., McCauley, H. L., Jones, K. A., Dick, R. N., Jetton, J., ... Tancredi, D. J. (2015). A School Health Center Intervention for Abusive Adolescent Relationships: A Cluster RCT. [*Pediatrics*](#), 135(1), 76–85.

- Mills, L. G., Barocas, B., & Ariel, B. (2013). The next generation of court-mandated domestic violence treatment: A comparison study of batterer intervention and restorative justice programs. *Journal of Experimental Criminology* 9(1), 65–90.
- Moynihan, M. M., Banyard, V. L., Cares, A. C., Potter, S. J., Williams, L. M., & Stapleton, J. G. (2015). Encouraging Responses in Sexual and Relationship Violence Prevention: What Program Effects Remain 1 Year Later? *Journal of Interpersonal Violence*, 30(1), 110–132.
- Murray, C., Ong, I., Smith, P. H., Foreman, T., Akers, W., Flasch, P. & Dooley, R. (2015). Linking research and practice to address domestic and sexual violence: lessons learned from a statewide conference with researchers and practitioners. *Journal of Aggression, Conflict and Peace Research*, 7(2), 76–87.
- Office for National Statistics (2017a, November 23). *Statistical bulletin: Domestic abuse in England and Wales: year ending March 2017*. Retrieved from <http://www.ons.gov.uk>.
- Office for National Statistics (2017b, November 23). *Dataset: Domestic abuse in England and Wales - Data Tool*. Retrieved from <http://www.ons.gov.uk>.
- Pinchevsky, G. M. (2017). Exploring the Effects of Court Dispositions on Future Domestic Violence Offending: An Analysis of Two Specialized Domestic Violence Courts. *Journal of Interpersonal Violence* , 32(4), 558–580.
- Ramírez, M. P., Giménez-Salinas Framís, A., & de Juan Espinosa, M. (2013). Evaluación de la eficacia del programa de tratamiento con agresores de pareja (PRIA) en la comunidad. *Psychosocial Intervention*, 22(2), 105–114.
- Reed, K. M. P., Hines, D. A., Armstrong, J. L., & Cameron, A. Y. (2014). Experimental evaluation of a bystander prevention program for sexual assault and dating violence. *Psychology of Violence*, 5(1), 95–102.
- Respect (2017). [The Respect Standard: Third Edition](#).
- Robinson, A. L. (2017). Serial Domestic Abuse in Wales: An Exploratory Study Into its Definition, Prevalence, Correlates, and Management. *Victims and Offenders*, 12(5), 643–662.

- Salazar, L. F., Vivolo-Kantor, A., Hardin, J., & Berkowitz, A. (2014). A web-based sexual violence bystander intervention for male college students: Randomized controlled trial. *Journal of Medical Internet Research*, 16(9).
- Sargent, K. S., Jouriles, E. N., Rosenfield, D., & McDonald, R. (2017). A High School-Based Evaluation of TakeCARE, a Video Bystander Program to Prevent Adolescent Relationship Violence. [*Journal of Youth and Adolescence*](#), 46(3), 633–643.
- Scott, K., King, C., McGinn, H., & Hosseini, N. (2011). Effects of Motivational Enhancement on Immediate Outcomes of Batterer Intervention. [*Journal of Family Violence*](#), 26(2), 139–149.
- Sloan, F. A., Platt, A. C., Chepke, L. M., & Blevins, C. E. (2013). Deterring domestic violence: Do criminal sanctions reduce repeat offenses? [*Journal of Risk and Uncertainty*](#), 46(1), 51–80.
- Sosa-Rubi, S. G., Saavedra-Avendano, B., Piras, C., Van Buren, S. J., & Bautista-Arredondo, S. (2017). True Love: Effectiveness of a School-Based Program to Reduce Dating Violence Among Adolescents in Mexico City. [*Prevention Science*](#), 18(7), 804–817.
- Storer, H. L., Casey, E., & Herrenkohl, T. (2015). Efficacy of bystander programs to prevent dating abuse among youth and young adults: A review of the literature. [*Trauma, Violence and Abuse*](#), 17(3), 256–269.
- Stover, C. S., Meadows, A. L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. [*Professional Psychology: Research and Practice*](#), 40(3), 223–233.
- Strang, H., Sherman, L., Ariel, B., Chilton, S., Braddock, R., Rowlinson, T., Cornelius, N., Jarman, R. & Weinborn, C. (2016) Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment. *Cambridge Journal of Evidence-Based Policing*, 160-173.
- Stuart, G. L., McGeary, J., Shorey, R. C., & Knopik, V. S. (2016). Genetics Moderate Alcohol and Intimate Partner Violence Treatment Outcomes in a Randomized Controlled Trial of Hazardous Drinking Men in Batterer Intervention Programs: A

- Preliminary Investigation. [*Journal of Consulting and Clinical Psychology*](#), 84(7), 592–598.
- Sygel, K., Kristiansson, M., Furberg, R., & Fors, U. (2014). Reactions on Display/Intimate Partner Violence (RoD/IPV)—A Study of a New Interactive Computer Simulation Program for the Treatment of Men Convicted of Intimate Partner Violence. [*International Journal of Forensic Mental Health*](#), 13(4), 369–380.
- 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.
- Treasury, H. M. S. (2011). Magenta book.
- Velonis, A. J., Cheff, R., Finn, D., Davloor, W., & O'Campo, P. (2016). Searching for the mechanisms of change: A protocol for a realist review of batterer treatment programmes. [*BMJ Open*](#), 6(4), 1–9.
- Vigurs, C., Schucan-Bird, K., Quy, K., & Gough, D. (2015). What Works: Crime Reduction Systematic Review Series No 5. The impact of domestic violence perpetrator programmes on victim and criminal justice outcomes: A systematic review of reviews of research evidence.
- Walby, S. (2009). *Globalization and inequalities: Complexity and contested modernities*. London: Sage.
- Waller, B. (2016). Broken fixes: A systematic analysis of the effectiveness of modern and postmodern interventions utilized to decrease IPV perpetration among Black males remanded to treatment. [*Aggression and Violent Behavior*](#), 27, 42–49.
- Wallpe, C. S. (2011). Engaging a systems approach to evaluate domestic violence intervention with abusive men: Reassessing the role of community. Retrieved from [*Dissertation Abstracts International: Section B: The Sciences and Engineering*](#), 71(10–B), 6492.
- Welsh Government (2016). [*Taking Wales Forward 2016-2021*](#).
- Women's Aid (2018) *Survival and Beyond: The Domestic Abuse Report 2017*. Bristol: Women's Aid.

Zalmanowitz, S. J., Babins-Wagner, R., Rodger, S., Corbett, B. A., & Leschied, A. (2013).
The Association of Readiness to Change and Motivational Interviewing with
Treatment Outcomes in Males involved in Domestic Violence Group Therapy.
[*Journal of Interpersonal Violence*](#), 28(5), 956–974.

Annex A: Search Protocol

Search terms for Scopus

Subject (1st line)

Block 1

“domestic violence” OR “domestic abuse” OR Batterer OR *famil* violence OR “spousal abuse” OR “interpartner violence” OR “gender based violence”

Block 2

“sexual violence” OR “honour-based violence” OR “forced marriage” OR “female genital mutilation”

Block 3

Duluth OR VAWG OR VAWDASV

Programme (2nd line)

Block 1

Program* OR treat* OR intervention OR therapy OR counsel* OR rehab*OR domestic violence perpetrator program* OR psycho*

Block 2

Court decisions OR mandated court decisions

Block 3

Probation OR voluntary OR “within prison”

Outcome and Method (3rd line)

Block 1

Effect* OR outcome*

Block 2

Eval* OR experiment OR RCT OR quasi experiment* OR trial OR empirical

Block 3

Recidiv* OR Re-offen* OR re-arrest OR Recon*

Search terms for OVID

Subject (1st line)

Block 1

Domestic violence/ OR domestic abuse/ OR Batterer OR famil* violence/ OR spousal abuse/ OR interpartner violence/ OR gender violence/

Block 2

Sexual violence/ OR honour-based violence/ OR forced marriage/ OR female-genital mutilation/

Programme (2nd line)

Block 1

Program OR treat OR intervention OR therapy OR counsel OR rehab OR perpetrator program

Block 2

Probation OR voluntary OR within prison/

Outcome and Method (3rd line)

Block 1

Effect OR outcome

Block 2

Evaluation OR experiment OR RCT OR quasi experiment OR trial OR empirical

Block 3

Recidivism OR Re-offence OR re-arrest OR Reconviction

Annex B: Included Papers

Specific Therapy Interventions

- 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*](#), 8(1), 4–20.
- Bloomfield, S., & Dixon, L. (2015). 2015 An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP).
- Boots, D. P., Wareham, J., Bartula, A., & Canas, R. (2016). A Comparison of the Batterer Intervention and Prevention Program with Alternative Court Dispositions on 12-Month Recidivism. [*Violence Against Women*](#), 22(9), 1134–1157.
- Brasfield, H., Morean, M. E., Febres, J., Shorey, R. C., Moore, T. M., Zapor, H. (Zuckosky), Stuart, G. L. (2016). Alcohol use, alcohol-related outcome expectancies, and partner aggression among males court-mandated to batterer intervention programs: A brief report. [*Journal of Interpersonal Violence*](#), 31(2), 245–256.
- Crane, C. A., & Eckhardt, C. I. (2013). Evaluation of a single-session brief motivational enhancement intervention for partner abusive men. [*Journal of Counseling Psychology*](#), 60(2), 180–187.
- Cunha, O. S., & Gonçalves, R. A. (2015). Efficacy Assessment of an Intervention Program With Batterers. [*Small Group Research*](#), 46(4).
- 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.

- 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.
- Lippy, C., & DeGue, S. (2016). Exploring Alcohol Policy Approaches to Prevent Sexual Violence Perpetration. [Trauma, Violence & Abuse](#), 17(1), 26–42.
- McClure JD MS, T. E. (2013). A Comparison of Domestic Violence Recidivism Rates of Defendant-Initiated Diversion and Court-Mandated Treatment. [Partner Abuse](#), 4(4), 444–462.
- Mills, L. G., Barocas, B., & Ariel, B. (2013). The next generation of court-mandated domestic violence treatment: A comparison study of batterer intervention and restorative justice programs. [Journal of Experimental Criminology](#) 9(1), 65–90.
- Ramírez, M. P., Giménez-Salinas Framís, A., & de Juan Espinosa, M. (2013). Evaluación de la eficacia del programa de tratamiento con agresores de pareja (PRIA) en la comunidad. [Psychosocial Intervention](#), 22(2), 105–114.
- Strang, H., Sherman, L., Ariel, B., Chilton, S., Braddock, R., Rowlinson, T., Cornelius, N., Jarman, R. & Weinborn, C. (2016) Reducing the Harm of Intimate Partner Violence: Randomized Controlled Trial of the Hampshire Constabulary CARA Experiment. *Cambridge Journal of Evidence-Based Policing*, 160-173.
- Stuart, G. L., McGeary, J., Shorey, R. C., & Knopik, V. S. (2016). Genetics Moderate Alcohol and Intimate Partner Violence Treatment Outcomes in a Randomized Controlled Trial of Hazardous Drinking Men in Batterer Intervention Programs: A Preliminary Investigation. [Journal of Consulting and Clinical](#)

[*Psychology*](#), 84(7), 592–598.

Sygel, K., Kristiansson, M., Furberg, R., & Fors, U. (2014). Reactions on Display/Intimate Partner Violence (RoD/IPV)—A Study of a New Interactive Computer Simulation Program for the Treatment of Men Convicted of Intimate Partner Violence. [*International Journal of Forensic Mental Health*](#), 13(4), 369–380.

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.

Waller, B. (2016). Broken fixes: A systematic analysis of the effectiveness of modern and postmodern interventions utilized to decrease IPV perpetration among Black males remanded to treatment. [*Aggression and Violent Behavior*](#), 27, 42–49.

Zalmanowitz, S. J., Babins-Wagner, R., Rodger, S., Corbett, B. A., & Leschied, A. (2013). The Association of Readiness to Change and Motivational Interviewing with Treatment Outcomes in Males involved in Domestic Violence Group Therapy. [*Journal of Interpersonal Violence*](#), 28(5), 956–974.

Family Interventions Buller, A. M., Hidrobo, M., Peterman, A., & Heise, L. (2016). The way to a man's heart is through his stomach?: A mixed methods study on causal mechanisms through which cash and in-kind food transfers decreased intimate partner violence. [*BMC Public Health*](#), 16(1), 1–13.

Feinberg, M. E., Jones, D. E., Hostetler, M. L., Roettger, M. E., Paul, I. M., & Ehrenthal, D. B. (2016). Couple-Focused Prevention at the Transition to Parenthood, a Randomized Trial: Effects on Coparenting, Parenting, Family Violence, and Parent and

Child Adjustment. [*Prevention Science*](#), 17(6), 751–764.

Foshee, V.A., Benefield, T., Chen, M.S., Reyes, L.M., Dixon, K.S., Ennett, S.T., Moracco, K.E. & Bowling, J.M. (2016) The Effects of the Moms and Teens for Safe Dates Program on Dating Abuse: a Conditional Process Analysis. *Prevention Science*, 17 (3), 357-366.

Bystander Interventions

Devries, K. M., Knight, L., Allen, E., Parkes, J., Kyegombe, N., & Naker, D. (2017). Does the Good Schools Toolkit Reduce Physical, Sexual and Emotional Violence, and Injuries, in Girls and Boys equally? A Cluster-Randomised Controlled Trial. [*Prevention Science*](#), 18(7), 839–853.

Elias-Lambert, N., & Black, B. M. (2016). Bystander Sexual Violence Prevention Program: Outcomes for High- and Low-Risk University Men. [*Journal of Interpersonal Violence*](#), 31(19), 3211–3235.

Espelage, D. L., Low, S., Polanin, J. R., & Brown, E. C. (2013). The impact of a middle school program to reduce aggression, victimization, and sexual violence. [*Journal of Adolescent Health*](#), 53(2), 180–186.

Jaime, M. C. D., Stocking, M., Freire, K., Perkinson, L., Ciaravino, S., & Miller, E. (2016). Using a domestic and sexual violence prevention advocate to implement a dating violence prevention program with athletes. [*Health Education Research*](#), 31(6), 679–696.

Miller, E., Goldstein, S., McCauley, H. L., Jones, K. A., Dick, R. N., Jetton, J., Tancredi, D. J. (2015). A School Health Center Intervention for Abusive Adolescent Relationships: A Cluster RCT. [*Pediatrics*](#), 135(1), 76–85.

- Moynihan, M. M., Banyard, V. L., Cares, A. C., Potter, S. J., Williams, L. M., & Stapleton, J. G. (2015). Encouraging Responses in Sexual and Relationship Violence Prevention: What Program Effects Remain 1 Year Later? [*Journal of Interpersonal Violence*](#), *30*(1), 110–132.
- Reed, K. M. P., Hines, D. A., Armstrong, J. L., & Cameron, A. Y. (2014). Experimental evaluation of a bystander prevention program for sexual assault and dating violence. [*Psychology of Violence*](#), *5*(1), 95–102.
- Salazar, Laura F, Vivolo-Kantor, Alana, Hardin, James, Berkowitz, Alan, (2014) A Web-Based Sexual Violence Bystander Intervention for Male College Students: Randomized Controlled Trial. *Journal of Medical Internet Research* Vol. 16, Issue 9
- Sargent, K. S., Jouriles, E. N., Rosenfield, D., & McDonald, R. (2017). A High School-Based Evaluation of TakeCARE, a Video Bystander Program to Prevent Adolescent Relationship Violence. [*Journal of Youth and Adolescence*](#), *46*(3), 633–643.
- Sosa-Rubi, S. G., Saavedra-Avendano, B., Piras, C., Van Buren, S. J., & Bautista-Arredondo, S. (2017). True Love: Effectiveness of a School-Based Program to Reduce Dating Violence Among Adolescents in Mexico City. [*Prevention Science*](#), *18*(7), 804–817.
- Storer, H. L., Casey, E., & Herrenkohl, T. (2015). Efficacy of bystander programs to prevent dating abuse among youth and young adults: A review of the literature. [*Trauma, Violence and Abuse*](#), *17*(3), 256–269.

**Specific
communities**

- Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Musuya, T., Kiss, L., Watts, C. (2016). Ecological pathways to prevention: How does the SASA! Community mobilisation model work to prevent physical intimate partner violence against women. [*BMC Public Health*, 16\(1\), 15–17](#)
- Baker, C. K., Naai, R., Mitchell, J., & Trecker, C. (2014). Utilizing a train-the-trainer model for sexual violence in prevention: Findings from a pilot study with high school students of Asian and Pacific Islander descent in Hawai'i. [*Asian American Journal of Psychology*, 5\(2\), 106–115.](#)
- Hossain, M., Zimmerman, C., Kiss, L., Abramsky, T. Kone, D., Bakayoko-Topolska, M., Annan, J., Lehmann, H. & Watts, C. (2014). Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Cote d'Ivoire. [*BMC Public Health*, 14, 339.](#)

**External
management**

- Brame, R., Kaukinen, C., Gover, A. R., & Lattimore, P. K. (2015). No-Contact Orders, Victim Safety, and Offender Recidivism in Cases of Misdemeanor Criminal Domestic Violence: A Randomized Experiment. [*American Journal of Criminal Justice*, 40\(2\), 225–249.](#)
- Broidy, L., Albright, D., & Denman, K. (2016). Deterring Future Incidents of Intimate Partner Violence: Does Type of Formal Intervention Matter? [*Violence Against Women*, 22\(9\), 1113–1133.](#)
- Cissner, A. B., Labriola, M., & Rempel, M. (2015). Domestic Violence Courts: A Multisite Test of Whether and How They Change Offender Outcomes. [*Violence Against Women*, 21\(9\), 1102–](#)

1122.

- Georgiou, G. (2014). Does increased post-release supervision of criminal offenders reduce recidivism? Evidence from a statewide quasi-experiment. [*International Review of Law and Economics*](#), 37, 221–243.
- Grommon, E., Rydberg, J., & Carter, J. G. (2017). Does GPS supervision of intimate partner violence defendants reduce pretrial misconduct? Evidence from a quasi-experimental study. [*Journal of Experimental Criminology*](#), 1–22.
- Kelly, L., Adler, J. R., Horvath, M. A., Lovett, J., Coulson, M., Kernohan, D., & Gray, M. (2013). *Evaluation of the pilot of domestic violence protection orders*.
- Pinchevsky, G. M. (2017). Exploring the Effects of Court Dispositions on Future Domestic Violence Offending: An Analysis of Two Specialized Domestic Violence Courts. [*Journal of Interpersonal Violence*](#) , 32(4), 558–580.
- Sloan, F. A., Platt, A. C., Chepke, L. M., & Blevins, C. E. (2013). Deterring domestic violence: Do criminal sanctions reduce repeat offenses? [*Journal of Risk and Uncertainty*](#), 46(1), 51–80.