



What Works with Domestic Violence Offenders?

INTERNATIONAL EVIDENCE

Research has not yet clearly indicated which interventions for Domestic Violence (DV) are most effective in reducing reoffending. Unfortunately the research to date has used different methods and definitions, making it hard to draw any firm conclusions about what works. The proper evaluation of programme effectiveness requires a clear explanation of how domestic violence is defined, identified and measured; none of these is straightforward.

A review of 22 studies in 2004¹ evaluated the effectiveness of treatment for DV offenders comparing the two main approaches to DV treatment – the cognitive behavioural (CBT) and Duluth models – as well as other types of intervention. The review found no significant difference between Duluth-type and CBT programmes using either police records or victim reports as the measure of recidivism. Depending on the type of research design employed by the various studies, the authors found a 5% to 15% decrease in recidivism or reduction in violence between those who took part in an intervention and those who did not. The reviewers argued that even though this appears a modest effect, “DV treatment in all reported cases of domestic violence in the United States in 1996 (840,000) would equate to approximately 42,000 women per year no longer being battered”. The review concluded that, overall, DV programmes have a small but positive effect on abusive behaviour.

In 2005, a review of ten studies investigated the effectiveness of court-mandated DV interventions in the United States². When official reports of repeated DV were used, there was a modest benefit for those who received treatment compared to those who did not. When victim reports were the outcome, there was no difference between those who received the intervention and those who did not. Those who completed the intervention showed a significant benefit over

programme drop-outs when official reports were used as the outcome.

Another review of nine rigorous evaluations of DV treatment programmes³ in 2006 concluded that DV programmes “have yet to demonstrate reductions in recidivism”.

The results of a 2009 review of seven DV perpetrator treatment studies⁴ suggested that perpetrator interventions have limited effect on repeat violence, with most studies demonstrating minimal or no benefit above the no-treatment control group. Overall, approximately one in three cases, regardless of intervention, had a new episode of DV within 6 months, according to victim reports.

In the absence of a strong evidence base for DV interventions, NOMS policy is to design programmes which follow the general What Works principles. NOMS programmes are accredited by the Correctional Services Accreditation Panel and as such NOMS has some assurance that the DV programmes being delivered are as robust as possible given the current evidence.

WHAT RISK FACTORS SHOULD INTERVENTIONS ADDRESS?

Several risk factors related to domestic violence have been identified. These factors include history of violent behaviour, anti-social behaviours and attitudes, relationship instability, employment instability, mental health problems and personality disorder, an abusive childhood, low self-esteem, and hostile attitudes towards women.

Other factors which may increase risk of DV include distorted thinking about relationships and male and female roles within relationships; emotional mismanagement; social skills deficits; impulsiveness and alcohol. DV interventions should address all of these factors.

NOMS PROGRAMMES: THE EVIDENCE

Currently, three offending behaviour programmes for DV perpetrators have been accredited by the Correctional Services Accreditation Panel and are delivered in prisons and the community. These are the Integrated Domestic Abuse Programme (IDAP) and the Community Domestic Violence Programme (CDVP), both delivered in the community, and the Healthy Relationships Programme (HRP) delivered in custody. The IDAP is a Duluth-model programme, and CDVP and HRP are cognitive behavioural programmes. All the programmes include multi-agency risk assessment and management, victim contact with a Women's Safety Worker, proactive offender management and core group work.

NOMS introduced these programmes relatively recently, and research is planned to look at their impact on reoffending rates. One study⁵ examined the impact of completing a pre-accreditation UK community-based rehabilitation programme, the Domestic Violence Perpetrator Programme (DVPP), on the rate of DV re-offending and time to first re-offence. The offenders were followed up for 11 months. The DVPP did not significantly reduce the rate of alleged re-offending of programme completers (i.e. incidents reported by victims which did not result in a conviction), or the time to first post-treatment offence reported to the police. It is important to note that DVPP did not go through the accreditation process nor did the programme include the *statutory* multi-agency integrated approach to working with the offender and victim that is part of IDAP and CDVP. This

evaluation was not therefore of a programme designed or delivered to an accredited standard. Since introducing accredited programmes, NOMS has commissioned an independent study⁶ to report on the strengths and weakness of DV programme implementation in custody and the community. The researchers concluded that in the community programmes the groupwork element was delivered in the main both appropriately and responsively, but improvements were needed with consistency of targeting, risk management and offender management processes, and the involvement of Women Safety Workers. Practical and organisational constraints present a challenge in conforming to programme requirements. The prison programme also needed better to embed the role of the Women Safety Workers. The delivery of the group work sessions was consistent with the programme manuals and responsive to the individual offenders' needs.

CONCLUSION

The evidence base for DV programmes is still inconclusive both on the international front and in the UK. There is still much to learn about what programmes are effective in reducing domestic violence.

NOMS Reducing Reoffending Policy Group (RRPG) is planning a number of studies of DV programmes over the next few years. It is hoped that these evaluations will contribute to the evidence base for effective intervention with domestic violence offenders.

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