

## Perpetrators of Domestic Violence: Co-ordinating Responses to Complex Needs

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**Abstract:** The development of services for perpetrators and victims of domestic violence in Ireland has been an essential aspect of service provision for those whose lives are affected by domestic abuse and violence. Perpetrator programmes in Ireland are delivered through a combination of non-governmental bodies and the Probation Service. Since the 1980s, a network of perpetrator programmes aimed at changing the abusive behaviours of male perpetrators of such violence has developed around the country by voluntary self-governing bodies supported by a combination of charitable and voluntary contributions and State funding. Careful monitoring of both victims and perpetrators involved in these programmes ensures the safety of victims and their families. However, to date, there has been a dearth of evidence as to their effectiveness generally and a lack of information on their impact on different types of perpetrator with multifarious complex needs. Simply put, if programmes are not effective, violent recidivism will ensue. Ultimately understanding what interventions work best, and for whom, is vital to protecting victims of domestic violence and a key step to the cessation of such violence. Applying the main insights from leading international empirical research, this paper proposes that a range of criminogenic and non-criminogenic factors (e.g. substance use, mental health and personality attributes) may be hindering some perpetrators' engagement with current programmes. The capacity to provide a more co-ordinated and differentiated service to domestic violence perpetrators will be enhanced through co-operation and co-ordination with other complementary organisations. This is identified as a priority in the National Strategy for Domestic, Sexual and Gender-based Violence 2010–2014.

**Keywords:** Domestic violence, perpetrator programme, interagency co-ordination of services, differentiated and evidence-based approach.

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## Introduction

This article sets out key issues for consideration in the development of domestic violence (DV) perpetrator intervention programmes in Ireland. The context for this consideration is the implementation of the National Strategy on Domestic, Sexual and Gender-based Violence 2010–2014. This strategy, produced by Cosc,<sup>1</sup> is a statement of government policy and a strategic action plan setting out the commitments to be achieved by State bodies.

This paper is informed by two key sources of information. Firstly, Debbonaire (2008) and Debbonaire *et al.* (2004) provided an overview of the development of perpetrator programmes in Ireland including the basis of the programmes and the relationship between the programmes and organisations providing support to victims of DV.

The second key source is leading international research published on DV perpetrator programmes (for example, Holtzworth-Munroe *et al.*, 2003). This paper will not present a review of the international literature, but rather, based on the insights gained, seek to explore a persistent and widely recognised problem, the inconclusive evidence for the effectiveness of particular perpetrator programmes and the impact of this on service development. This article also includes an elaboration of the different needs of DV perpetrators and the implications for treatment.

In order to strengthen our understanding of how DV perpetrator programmes work, it will be necessary to generate information that is based on a more refined view of DV perpetrators and programmes designed to address their behaviour.

## National Strategy on Domestic, Sexual and Gender-based Violence 2010–2014

The National Strategy on Domestic, Sexual and Gender-based Violence 2010–2014 provides for DV perpetrator behaviour and interventions to reduce and eliminate recidivism involving Cosc, the Probation Service and other organisations. Several actions in the National Strategy address the offending behaviour of perpetrators of abuse, to implement risk management arrangements for DV perpetrators and to strengthen DV

<sup>1</sup> Cosc is an executive office of the Department of Justice and Equality. Following a Government decision, Cosc was established in June 2007 with the key responsibility to ensure the delivery of a well co-ordinated ‘whole of Government’ response to domestic, sexual and gender-based violence. See: [www.cosc.ie](http://www.cosc.ie)

perpetrator programmes to ensure their greater effectiveness. Other strategic actions aim to address the accountability of offenders and strengthen the protection of victims through review and any necessary improvement of legislation on DV.

In the development of the National Strategy many helpful submissions on this topic were received and were examined. A review of perpetrator programmes commissioned by Cosc set out the current position in Ireland. The issues presented in this paper and the conclusions suggested are intended to inform the strategic approach to developing DV programmes.

### **Interagency co-ordination in the Justice family of services**

At an early stage, Cosc established a Justice Committee comprising representatives from the Probation Service, An Garda Síochána, the Courts Service and other relevant State offices including divisions of the Department of Justice and Equality. This committee works to identify and resolve significant interagency issues and problems within the justice sector affecting the effective handling of domestic and sexual violence. The committee has made recommendations on reducing attrition in the prosecution of domestic and sexual violence cases.

A committee was also established to examine and advise on development of a 'one-stop-shop' option for greater accessibility to services for victims of DV. A further initiative was the establishment of a training committee to develop understanding and recognition of domestic, sexual and gender-based violence across the justice sector. It analyses training needs of relevant justice sector organisations, including the identification of areas suitable for cross-sectoral training and to advise in relation to the development of training programmes. It will, for example, build on the experience of the Probation Service in interagency training and information provision in introducing the Spousal Assault Risk Assessment (SARA) instrument and the sex offender risk assessment instruments (Risk Matrix 2000 and the Stable and Acute 2007).

During the process of developing the National Strategy, the Probation Service revised its internal policy and procedures on DV in relation to the assessment and management of perpetrators of DV in the community. These protocols have the dual function of ensuring that perpetrators are held accountable and have the opportunity to change their

abusive/violent behaviours and that victims are safeguarded. In addition, the policy document increases the understanding and capacity of all probation staff to intervene appropriately when the issue of DV arises in all aspects of working with service users.

The Probation Service document *Domestic Violence: Probation Service Policy and Practice Guidelines 2009*<sup>2</sup> was launched in January 2010 and was also made available to the invitees to the launch of the National Strategy in March 2010.

### **Domestic violence perpetrator programmes in Ireland – issues arising**

Domestic abuse is complex. Programmes addressing the offending behaviour of perpetrators of DV must be carefully designed and implemented based on a solid awareness and understanding of domestic abuse and its impacts. Apart from the consequences for perpetrators, developing and improving these programmes also have extremely important consequences for the safety of victims of DV. These decisions are informed by a combination of verifiable evidence and expert opinion. Since the late 1980s there has been an increase in the UK of specialist DV groups set up to establish minimum standards and explore best practice in work with DV perpetrators (Respect, 2008). In recent years, there has been a move to standardise DV perpetrator interventions around certain programme approaches, to establish a specific set of uniform standards and practices and apply these consistently across different organisations (Debbonaire, 2004; Debbonaire et al., 2008). For example, one key area has been the formalisation of programme structure and length.

Meta-analyses of evaluation research suggest that DV perpetrator programmes may yield only a small effect (Babcock *et al.*, 2004; Levesque, 1999). One must be cautious, however, when interpreting the conclusions from these studies. If the average effect for all programme participants is small, this does not rule out a significantly large effect for some people. In practice, programmes rarely encounter a homogeneous group of perpetrators. In fact, practitioners have long recognised differences among perpetrators in terms of resistance to treatment. Yet there is very little evaluation work examining the effect of intervention

<sup>2</sup> Available at: [www.probation.ie](http://www.probation.ie)

efforts on different types of DV perpetrators, for example, the effects on individuals with different backgrounds (see Saunders, 1996) or on those who engage in different types of intimate partner abuse. An important starting point is to understand that DV is not a single phenomenon; rather, there are qualitatively different patterns of DV (Johnson, 1995) and these differences have implications for treatment effectiveness (Greene and Bogo, 2002).

Research outcomes suggest that certain perpetrators, with certain problems, fare better under some interventions than others (Holtzworth-Munroe *et al.*, 2003). This suggests the need for a more *differentiated approach* to programmes, where interventions are designed to help different types of perpetrator, reflecting differences among perpetrators' treatment needs. While it may be unrealistic to expect DV perpetrator programmes to differentiate their service by providing bespoke solutions to match individual perpetrator needs, it is very important to generate a better understanding of which perpetrators are benefiting from what elements of programmes and under which conditions.

There is a real need for further research and evidence on the effectiveness and value of these programmes to guide thinking on how and in what form DV programmes should be developed.

Another area meriting attention is co-ordination. There is clear support in the literature for the effectiveness of perpetrator programmes improved by a co-ordinated and integrated system<sup>3</sup> (Shepard *et al.*, 2002). In Ireland, intervention work with perpetrators of DV is part of a multi-agency approach to programme delivery. The capacity to provide a more co-ordinated and differentiated service to DV perpetrators will be enhanced through co-operation and co-ordination with other complementary organisations. This is identified as a priority in the National Strategy for Domestic, Sexual and Gender-based Violence 2010–2014 and is being implemented as outlined above under 'Interagency co-ordination in the Justice family of services'.

### **Domestic violence perpetrator programmes in Ireland – issues arising**

The development of services for perpetrators and victims of DV in Ireland has been an essential aspect of service provision for those whose

<sup>3</sup> For example the Duluth model. See Shepard and Pence (1999).

lives are affected by abuse and violence in the family home. Perpetrator programmes in Ireland are delivered through a combination of non-governmental bodies and the Probation Service. Since the 1980s, a network of perpetrator programmes has developed around the country by voluntary self-governing bodies supported by a combination of charitable and voluntary contributions and State funding. The main programmes are associated with the Men Overcoming Violence (MOVE) programme network (seven groups) and the South East Domestic Violence Intervention Programme network (SEDVIP) (four groups). The North East Domestic Violence Intervention Project (NEDVIP) (one group) is run with the support of the Probation Service and takes referrals only from Courts and the HSE.<sup>4</sup>

SEDVIP's group programme, which aims to help men to stop their violent/abusive behaviour, is referred to as 'Men Ending Domestic Abuse' (MEND) and, like MOVE, also provides a support service for the partners or ex-partners of the men on the programme. The integrated partner support service in each local programme does important work with victims of the perpetrators.

Regardless of the outcome of work with the perpetrator, help is provided to the partners or ex-partners to draw up safety plans, learn about the nature of domestic abuse and become more empowered to make important decisions regarding their own and their children's lives. If a partner leaves or completes a programme, the partner support continues for another three months at a minimum. A one-to-one service is provided by these programmes to a significant number of women, often facilitating them to stay in their homes and get on with their lives, supported by the risk management and safety planning undertaken as part of the work of the intervention programme. Significant time and resources are put into training, supervising and line-managing these partner support workers (Cosc, 2010).

Views about the content of programmes can vary between organisations, across groups and among facilitators of groups in Ireland (Debbonaire *et al.*, 2004). Since 2004, the programme content has developed and the number of programmes increased. The programmes at present in operation include the CHANGE programme (see Morran, 1996), the MOVE programme,<sup>5</sup> the Domestic Violence Intervention

<sup>4</sup> Health Service Executive: [www.hse.ie](http://www.hse.ie)

<sup>5</sup> See [www.moveireland.ie](http://www.moveireland.ie)

Project programme,<sup>6</sup> the Ahimsa programme<sup>7</sup> and the Men Overcoming Domestic Violence programme (Debonnaire *et al.*, 2004; Debonnaire, 2008). While some facilitators adhere to a specific programme, others select different elements from different programmes when, in their view, appropriate (Debonnaire, 2008). This variety in practice makes direct comparison, effectiveness research and evaluation difficult.

### **Standards in domestic violence programmes/interventions**

In the UK, Respect,<sup>8</sup> the national organisation of perpetrator programmes, has established minimum standards for DV perpetrator programmes to which members of Respect are expected to adhere (Debonnaire *et al.*, 2004). Respect core standards provide guidelines to organisations working with male perpetrators of DV and all integrated support services. These standards include the management of the organisation, the structure and process of service delivery, ensuring reach/access, working with children, risk management and partnership working (Respect, 2008). The quality control and best practice provided in such a model of operation ensure the best prospect of consistent, well-managed service delivery. In Ireland, we are still in the development stage and will benefit from international experience and learning.

### **Understanding the effectiveness of domestic violence interventions**

Over the past decade research has focused on the identification of a set of ‘universal’ practices that can be translated into standards of best practice on changing the behaviour of perpetrators of DV (Debonnaire, 2008). The experience among practitioners is that perpetrators of DV are not a homogeneous group, and increasingly these insights are reflected in the debate among researchers. Driving this debate has been the persistent lack of evidence – either anecdotal or scientific – to support the assumption that ‘one size fits all’ or its close relative, ‘one size fits most’ (Gondolf and White, 2001). Increasingly, research is faced with the need to develop an approach that reflects differences among DV perpetrators and that examines how programmes can respond to the issues arising.

<sup>6</sup> See [www.dvip.org](http://www.dvip.org)

<sup>7</sup> See [www.ahimsa.org.uk](http://www.ahimsa.org.uk)

<sup>8</sup> [www.respect.uk.net](http://www.respect.uk.net)

Comparisons made using data from community or general population surveys (e.g. Shepard *et al.*, 2002) on one hand and from clinical populations<sup>9</sup> on the other (e.g. Babcock *et al.*, 2004) consistently provide evidence of differences among perpetrator types. Consequently, much attention is given to specifying ‘types’, ‘typologies’ or subgroups of DV perpetrators. Partly arising from methodological differences, studies differ on the number of typologies identified and the interpretations provided. There are, however, certain key messages that are noteworthy.

DV perpetrators differ in terms of the seriousness and pattern of abusive behaviours they engage in (Holtzworth-Munroe and Stuart, 1994; Johnson, 1995; Kelly and Johnson, 2008). Contrary to some expectations, not all perpetrators escalate their violence. Those most severely violent initially are most likely to continue their violence over time (Feld and Straus, 1989; Holtzworth-Munroe *et al.*, 2003; Jacobson *et al.*, 1996; Quigley and Leonard, 1996). These more serious types also engage in a wider range of more violent behaviour as well as non-violent and controlling acts towards their partners (Holtzworth-Munroe and Stuart, 1994; Holtzworth-Munroe *et al.*, 2003; Johnson, 1995). Associated with different types of perpetrator are a range of personality and lifestyle characteristics that may complicate an individual’s potential to respond to treatment. A greater understanding of how these characteristics contribute to resistance to treatment and poor responsiveness to DV perpetrator programmes is needed in Ireland. Among these characteristics, substance use is very prominent in discussions. Substance abuse, in general, undermines an individual’s ability to pay attention, to extract relevant information, to reason and problem-solve, which disrupts the ability for planning and self-regulation (Pihl and Hoaken, 2002). The indications, in the US context, are that DV perpetrators who have substance abuse issues are less likely to complete DV treatment successfully (Bouffard and Muftić, 2007).

Although the relationship is complex, there are clear indications that alcohol use, particularly heavy and binge drinking, not only complicates the extent and nature of DV among intimate partners (Brecklin, 2002; Brookhoff *et al.*, 1997; Brown *et al.*, 1998; Feinerman, 2000; Schafer and Fals-Stewart, 1997) but also increases the likelihood of re-assault (Gondolf and White, 2001; Hamberger and Hastings, 1990; Jones and

<sup>9</sup> Data obtained from individuals in court-mandated treatment programmes, recorded in police reports and emergency rooms and associated with victims in refuges/shelters.

Gondolf, 2001) and reduces the likelihood of completing treatment (Bouffard and Muftić, 2007).

Psychopathic tendencies and personality attributes are other complicating factors reported in the literature. Borderline, avoidant, antisocial, impulsive and self-defeating attributes (Dutton *et al.*, 1997; Gondolf and White, 2001) as well as mental health problems such as depression and anxiety disorders impede the response to treatment (Andrews and Bonta, 2003; Ogloff and Davis, 2004; Wong, 2000).

Consistent with numerous international studies on attrition, Bowen and Gilchrist (2006) report a link between the individual's response to DV programmes and lifestyle characteristics. These characteristics are indicative of a way of life marked by frequent life changes (e.g. jobs, residence) as well as personality characteristics associated with irresponsibility and impulsivity.

There are increasing reports that those who have problems committing to DV interventions are young (Cadsky *et al.*, 1996), poorly educated (Babcock and Steiner, 1999) unemployed (Daly and Pelowski, 2000) and unmarried (Cadsky *et al.*, 1996). The interpretation of these findings is that those who fail to complete treatment do so because of high levels of lifestyle instability and a low stake in conformity. It is this group of perpetrators that, in not seeking or not completing treatment, poses the highest risk in the escalation of problems. Those who are more seriously violent initially are most likely to escalate their violence and to go on to inflict the most serious injuries (Johnson, 1995; Johnson and Ferraro, 2000; Holtzworth-Munroe *et al.*, 2000, 2003; Holtzworth-Munroe and Meehan, 2004). Furthermore, in the US context, this group does not fare well in perpetrator programmes (Gondolf, 1997; Bouffard and Muftić, 2007).

With multiple problems and complex needs, some DV perpetrators have a greater breadth (range of need) and/or depth (severity of need) to their problems than others. These multiple problems complicate their ability to respond to interventions and/or their motivation to change (Scott *et al.*, 2004). Struggling and negotiating with many issues will no doubt compromise the effectiveness of programmes, particularly programmes that are not developed specifically for addressing these issues. It is essential, therefore, that we develop our understanding of the profile of those needing and availing of DV perpetrator programmes in Ireland.

Issues to be addressed currently include:

1. clarifying what types of perpetrator are accessing DV perpetrator programmes in Ireland
2. identifying who is benefiting from the different programmes and groups currently available in Ireland
3. examining whether and which approaches work better for particular perpetrators and in what ways
4. with particular attention on the severely violent/abusive perpetrators, identifying specific problems that impede the impact of interventions on their abusive behaviours
5. identifying and addressing gaps in service provision.

### **Priority areas for attention**

A consistent finding in the literature is that individuals who drop out of perpetrator programmes are at greater risk of post-programme recidivism (Bouffard and Muftić, 2007), whether due to pre-existing factors, low motivation for change, a lack of treatment, or a combination of these. High levels of non-completion of perpetrator programmes are generally a persistent problem regardless of context (Daly and Pelowski, 2000). A direct consequence of this is that perpetrators who are most in need of these interventions are not getting necessary interventions, and victims most in need of protection are being failed.

To address these failings, two actions are proposed. The first is to explore the development of a comprehensive response to perpetrators and their families through enhanced inter-group and inter-organisational co-ordination. The second is to gather information to develop a greater understanding of the outcomes of responses to DV perpetrators in programmes in Ireland.

### **Action 1: Co-ordinating responses**

Currently in Ireland, individuals involved in and affected by DV access the various services they need from a wide range of largely disconnected organisations including the Probation Service. There are real and practical reasons for addressing the disjoint in the current system. A disjointed system does not provide adequate protection to the victim nor does it properly confront and deal with the perpetrator. A disjointed system contributes to duplication and gaps in action, lack of confidence in the system and lack of confidence between

organisations. Furthermore, it lessens the impact of the work of individual organisations (Cosc, 2010). Studies suggest that under the right conditions, a co-ordinated community response can be enormously beneficial, leading to perpetrators of DV having significantly lower rates of recidivism (Murphy *et al.*, 1998; Shepard and Pence, 1999; Shepard *et al.*, 2002).

Hague and Malos (1998) discuss the advantages of the flow of information, the development of common understandings and the value of complementary approaches. If the currently fragmented service providers in Ireland were to deliver their service provision in a co-ordinated way, sharing resources and information and working closely together, the capacity for the system to respond to needs including high-risk offenders, and the consequent safety of victims, would be greatly improved. For example, by developing shared working agreements, specialist organisations would greatly improve the fit between service provision and perpetrators'/victims' needs.

The importance of links between DV perpetrator programmes and DV victim services is well recognised in the literature as a key step to increasing the safety of victims whose partners or ex-partners are on DV perpetrator programmes. Many such programmes in Ireland currently work closely with women's organisations involved in running the partner contact service (Debonnaire, 2008). This core work in co-ordinating the facilitation of DV perpetrator programmes and partner contact and support is an essential action to be developed.

Shared understandings, enhanced communication and common goals would improve conditions for the success of the various interventions involved. For example, if practitioners in one part of the services know responsibilities and limitations imposed on a perpetrator by another part of the services, both are better able to hold the perpetrator accountable and to intervene effectively (Shepard *et al.*, 2002).

In Ireland, three areas of interagency work particularly require attention, as follows.

1. Currently, those working with perpetrators in Ireland are trained in one area, for example specialising in either DV or substance use. While the specialised services need to develop further, the mutual understanding and integration of practice is essential. The effectiveness of practice with perpetrators with multiple problems within existing perpetrator programmes must be strengthened

through inter-group and inter-organisational co-ordination, collaboration and/or co-operation arrangements.

2. The motivation and support of DV perpetrators to participate in and complete programmes, particularly high-risk DV perpetrators, needs urgent attention and action. This is most important with perpetrators who are severely abusive/violent in the family context, those who show high levels of resistance to changing abusive behaviour and/or perpetrators who are susceptible to programme drop-out or non-completion. One part of the action, where focusing on court-mandated perpetrators, would be the development of working agreements between the Courts Service, Probation Service and others on information sharing, motivational work and information on enforcement of Orders including consequences of non-attendance, non-compliance and further incidents of violence.
3. Perpetrator programmes' engagement with partner contact services and other related services must reflect the need for a differentiated approach in perpetrator programmes and consistent co-ordinated practice.

## **Action 2: Information collection**

Over the past decade the development of a set of principles or guidelines around DV perpetrator programmes, commonly known as the 'what works' or evidence-based approach, has been important (Andrews and Bonta, 2003). The principles of evidence-based practice for DV have been developed in a set of guidelines used increasingly to accredit DV perpetrator programmes (e.g. Respect, 2008).

A review of the empirical studies undertaken and guided by the 'what works' approach indicates that the evidence of many perpetrator programme outcomes is inconclusive (Babcock *et al.*, 2004; Rosenfeld, 1992). This is most unsatisfactory, as clear supporting evidence is vital to inform decision-making on DV programme content and development is needed to inform whether programmes can be effective and how best to strengthen and support the programmes to achieve positive outcomes.

Resolving this gap will require refined questions and relevant data gathering. The central questions must examine *what* DV perpetrator programmes/interventions work best, *who* they work best for and *how* we can implement that learning for best outcomes for all stakeholders: victims, perpetrators and the community. To do this, information on

programme-level factors in the operation and implementation of the various programmes in Ireland will be required. Information on the most salient aspects of DV perpetrator risk profiles<sup>10</sup> needs to be developed and used to examine the DV perpetrator programmes/interventions in operation. These steps will help to identify those who benefit most from existing programmes.

Equally important will be the development of an understanding of the issues involved for those who benefit less from these programmes. Finally, in order to detect changes over time, these same outcome measures should be taken after an appropriate post-programme completion period.<sup>11</sup>

The approach to data gathering should be guided by three aims:

1. to monitor and review perpetrator programmes/interventions and their outcomes, tracking developments over the long term
2. to develop evaluation research on perpetrator programmes/interventions in Ireland to distinguish which perpetrator programmes/interventions are effective and in what circumstances
3. to develop an understanding of how perpetrator programmes impact on the behaviours of different types of perpetrator.

The limitations of this work should also be considered. First, there will be a limit on the number of specific areas that can be covered by information gathering from DV programmes. Second, to ensure that the needs of main stakeholders are reflected in the outcomes of this work, input from each will be relevant in their development of data gathering and any conflicting interests must be resolved. It is essential, therefore, that key priorities be established in the planning stage and decisions made.

It is important to consider and measure what happens in effective rehabilitation that helps DV perpetrators to change their behaviours. It is likely that some perpetrators may be more responsive to certain

<sup>10</sup> Preliminary work would need to be done to identify those attributes that are most likely to moderate treatment outcomes. These attributes and the mechanisms involved would need to be specified *ex ante*.

<sup>11</sup> We do not yet fully understand how perpetrator interventions might impact DV perpetrators' behaviour in the long run. It is important that follow-up be undertaken with as many participants as practicably possible. A six-month follow-up period is applied by many studies and research indicates that the majority of re-assaults may occur within the first six months (Gondolf, 2000).

approaches in rehabilitation than others (Stalans and Seng, 2007). Failing to distinguish between types of DV perpetrator would mean that important positive effects would be missed. More specifically, where the risk profile is not measured and controlled for appropriately in the data collection and analyses, little or no therapeutic or rehabilitative effect may be forthcoming in data outcomes.

## Summary and conclusions

There has been concern regarding the lack of concise evidence to support the effectiveness of perpetrator programmes (Babcock *et al.*, 2004). Increasingly this has raised the question: if there is no evidence of benefit, is the funding wasted and should the funding be better spent elsewhere?

There is also a fear that perpetrator programmes are being funded at the expense of services needed for victims (Chung and Zannettino, 2005). In light of this, attention needs to be given to the strength of the evidence base and the degree to which programmes/interventions delivered are based on sound foundations. Data collection and programme/intervention delivery need to be sensitive to the diversity in the population of DV perpetrators.

Asking the questions from leading international empirical research, this paper identifies the need to understand whether and how criminogenic and non-criminogenic factors (e.g. substance use, mental health and personality attributes) may be hindering perpetrators' engagement with current programmes/interventions – particularly those not designed for this purpose – and asks if there may be benefit, based on data gathering in the Irish context, for a more *differentiated* and *evidence-based* approach in addressing DV.

Two interrelated steps or focus areas are suggested, as follows.

There should be data gathering and research on DV programme/intervention effectiveness and a consequent evidence-based development of service provision and programme/intervention delivery. Ultimately, understanding what interventions work best and for whom, is vital to protecting victims of DV and a key step to the cessation of violence in the family home.

DV perpetrator programme providers should work in partnership and co-operatively with State and non-State organisations in order to provide most effective, 'joined-up' and complementary intervention.

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## References

- Andrews, D. A. and Bonta J. (2003), *The Psychology of Criminal Conduct* (3rd ed.), Cincinnati, OH: Anderson
- Babcock, J. C. and Steiner, R. (1999), 'The Relationship between Treatment, Incarceration and Recidivism of Battering: A Program Evaluation of Seattle's Coordinated Community Response to Domestic Violence', *Journal of Family Psychology*, vol. 1, no. 3, pp. 46–59
- Babcock, J. C., Green, C. E. and Robie, C. (2004), 'Does Batterers' Treatment Work? A Meta-analytic Review of Domestic Violence Treatment', *Clinical Psychology Review*, vol. 23, pp. 1023–1053
- Bouffard, J. A. and Muftić, L. R. (2007), 'An Examination of the Outcomes of Various Components of a Coordinated Community Response to Domestic Violence by Male Offenders', *Journal of Family Violence*, vol. 22, 353–366
- Bowen, E. and Gilchrist, E. (2006), 'Predicting Dropout of Court-Mandated Treatment in a British Sample of Domestic Violence Offenders', *Psychology, Crime and Law*, vol. 12, no. 5, 573–587
- Brecklin, L. (2002), 'The Role of Perpetrator Alcohol Use in the Injury Outcomes of Intimate Assaults', *Journal of Family Violence*, vol. 17, no. 3, pp. 185–196
- Brookhoff, D., O'Brien, K., Cook, C., Thompson, T. and Williams, C. (1997), 'Characteristics of Participants in Domestic Violence', *Journal of the American Medical Association*, vol. 277, pp. 1369–1373
- Brown, T., Werk, A., Caplan, T., Shields, N. and Seraganian, P. (1998), 'The Incidence and Characteristics of Violent Men in Substance Abuse Treatment', *Addictive Behaviours*, vol. 23, pp. 573–586
- Cadsky, O., Hanson, R. K., Crawford, M. and Lalonde C. (1996), 'Attrition from a Male Batterer Treatment Program: Client–Treatment Congruence and Lifestyle Instability', *Violence and Victims*, vol. 11, pp. 51–74
- Chung, D. and Zannettino, L. (2005), 'Feminists Researching Domestic Violence Perpetrator Programs: Improving Women's and Children's Safety or Misplaced Effort?', *Women Against Violence*, vol. 18, pp. 37–45
- Cosc (2010), *The National Strategy on Domestic, Sexual and Gender-based Violence 2010–2014*, Dublin: Cosc
- Daly, J. E. and Pelowski, S. (2000), 'Predictors of Dropout among Men Who Batter: A Review of Studies with Implications for Research And Practice', *Violence and Victims*, vol. 15, pp. 137–160
- Debonnaire, T. (2008), *Mapping of and Strategy Development for Domestic Violence Intervention Programmes in Ireland Who Work with Men Who Use Violence against Their Intimate Partners*, unpublished draft information document, submitted in connection with work commissioned by Cosc

- Debonnaire, T., Debonnaire, E. and Walton, K. (2004). *An Evaluation of Intervention Programmes in Ireland Working with Abusive Men and Their Partners and Ex-partners*, Dublin: Department of Justice, Equality and Law Reform
- Dutton, D. G., Bodnarchuk, M., Kropp, R., Hart, S. D. and Ogloff, J. P. (1997), 'Client Personality Disorders Affecting Wife Assault Post-Treatment Recidivism', *Violence and Victims*, vol. 12, pp. 37–50
- Feinerman, M. (2000), 'Substance Abuse and Men Who Batter', *Violence Against Women*, vol. 9, no. 5, 558–575
- Feld, L. S. and Straus, M. (1989), 'Escalation and Desistance of Wife Assault in Marriage', *Criminology*, vol. 27, no. 1, 141–161
- Gondolf, E. W. (1997), 'Patterns of Re-assault In Batterer Programs', *Violence and Victims*, vol. 12, pp. 373–387
- Gondolf, E. W. (2000), 'Re-assault at 30-months after Batterer Programme Intake', *International Journal of Offender Therapy and Comparative Criminology*, vol. 44, pp. 111–128
- Gondolf, E. W. and White, R. J. (2001), 'Batterer Program Participants Who Repeatedly Reassault: Psychopathic Tendencies and Other Disorders', *Journal of Interpersonal Violence*, vol. 16, no. 4, pp. 361–380
- Greene, K. and Bogo, M. (2002), 'The Different Faces of Intimate Violence: Implications for Assessment and Treatment', *Journal of Marital and Family Therapy*, vol. 28, pp. 455–466
- Hague, G. and Malos, E. (1998), 'Inter-agency Approaches to Domestic Violence and the Role of Social Services', *British Journal of Social Work*, vol. 28, pp. 369–386
- Hamberger, L. K. and Hastings, J. E. (1990), 'Recidivism Following Spouse Abuse Abatement Counseling: Treatment Program Implications', *Violence and Victims*, vol. 5, no. 3, pp. 157–170
- Holtzworth-Munroe, A. and Meehan, J. C. (2004), 'Typologies of Men Who Are Maritally Violent: Scientific and Clinical Implications', *Journal of Interpersonal Violence*, vol. 19, no. 12, pp. 1369–1389
- Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U. and Stuart, G. L. (2000), 'Testing the Holtzworth-Munroe and Stuart (1994) Batterer Typology', *Journal of Consulting and Clinical Psychology*, vol. 68, pp. 1000–1019
- Holtzworth-Munroe, A., Meehan, J. C. and Stuart, G. (2003), 'Do Subtypes of Maritally Violent Men Continue to Differ Over Time?', *Journal of Consulting and Clinical Psychology*, vol. 71, no. 4, pp. 728–740
- Holtzworth-Munroe, A., Rehman, U. and Herron, K. (2000), 'General and Spouse-Specific Anger and Hostility in Subtypes of Maritally Violent Men and Non-violent Men', *Behavior Therapy*, vol. 31, 613–630
- Holtzworth-Munroe, A. and Stuart, G. (1994), 'Typologies of Male Batterers: Three Subtypes and the Differences among Them', *Psychological Bulletin*, vol. 116, no. 3, pp. 476–497
- Jacobson, N., Gottman, J., Gortner, E., Berns, S. and Wu Shortt, J. (1996), 'Psychological Factors in the Longitudinal Course of Battering: When Do the Couples Split Up? When Does the Abuse Decrease?' *Violence and Victims*, vol. 11, no. 4, pp. 371–392

- Johnson M. P. (1995) 'Patriarchal Terrorism and Common Couple Violence: Two Forms of Violence against Women', *Journal of Marriage and Family*, vol. 57, pp. 283–294
- Johnson, M. P. and Ferraro, K. J. (2000), 'Research on Domestic Violence in the 1990s: Making Distinctions', *Journal of Marriage and the Family*, vol. 62, pp. 948–963
- Jones, A. S. and Gondolf, E. W. (2001), 'Time-Varying Risk Factors for Reassault among Batterer Program Participants', *Journal of Family Violence*, vol. 16, no. 4, pp. 345–359
- Kelly, J. B. and Johnson, M. P. (2008), 'Differentiation among Types of Intimate Partner Violence: Research Update and Implications for Interventions', *Family Court Review*, vol. 46, no. 3, pp. 476–499
- Levesque, D. (1999). *Violence desistance among battering men: Existing intervention and the application of the transtheoretical model for change*, unpublished doctoral dissertation, University of Rhode Island, Kingston
- Morran, D. (1996), 'Working in the CHANGE Programme: Probation-Based Groupwork with Male Domestic Violence Offenders', in T. Newburn and G. Mair (eds.), *Working with Men* (pp. 108–122), Lyme Regis, UK: Russell House
- Murphy, C. M., Musser, P. H. and Maton, K. I. (1998), 'Coordinated Community Intervention for Domestic Abusers: Intervention System Involvement and Criminal Recidivism', *Journal of Family Violence*, vol. 13, no. 3, pp. 263–284
- Ogloff, J. R. P and Davis, M. (2004), 'Advances in Offender Assessment and Rehabilitation: Contributions of the Risk–Needs–Responsivity Approach', *Psychology, Crime and Law*, vol. 10, no. 3, pp. 220–242
- Pihl, R. O. and Hoaken, P. N. S. (2002), 'Biological Bases to Addiction and Aggression in Close Relationships', in C. Werkerle and A. M. Wall (eds.), *The Violence and Addiction Equation: Theoretical and Clinical Issues in Substance Abuse and Relationship Violence*, Philadelphia, PA: Bruner/Mazel, pp. 25–43
- Probation Service (2010), *Domestic Violence – Probation Service: Policy and Practice Guidelines 2009*, Dublin, Probation Service
- Quigley, B. M. and Leonard, K. E. (1996), 'Desistance of Husband Aggression in the Early Years of Marriage', *Violence and Victims*, vol. 11, no. 4, pp. 355–370
- Respect (June 2008), *Respect Accreditation Standard: Full Version*, available at [www.respect.uk.net](http://www.respect.uk.net)
- Rosenfeld, B. D. (1992), 'Court Ordered Treatment of Spouse Abuse', *Clinical Psychology Review*, vol. 12, pp. 205–226
- Saunders, D. (1996), 'Feminist–Cognitive–Behavioral and Process–Psychodynamic Treatments for Men Who Batter: Interaction of Abuser Traits and Treatment Models', *Violence and Families*, vol. 11, no. 4, pp. 393–414
- Schafer, J. and Fals-Stewart, W. (1997), 'Spousal Violence and Cognitive Functioning among Men Recovering from Multiple Substance Abuse', *Addictive Behaviors*, vol. 22, pp. 127–130
- Scott, M., McKie, L., Morton, S., Seddon, E. and Wasoff, F. (2004), *Older Women and Domestic Violence in Scotland: "... And for 39 Years I Got on with It"*, produced for Health in Scotland by the Centre for Research on Families and Relationships, Edinburgh: Health Scotland

- Shepard, M. F., Falk, D. R. and Elliott, B. A. (2002), 'Enhancing Coordinated Community Responses to Reduce Recidivism in Cases of Domestic Violence', *Journal of Interpersonal Violence*, vol. 17, no. 5, pp. 551–569
- Shepard, M. F. and Pence, E. L. (1999), 'An Introduction: Developing a Coordinated Community Response', in M. F. Shepard and E. L. Pence (eds.), *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*, London: Sage
- Stalans, L. J. and Seng, M. (2007), 'Identifying Subgroups at High Risk of Dropping out of Domestic Batterer Treatment: The Buffering Effects of a High School Education', *International Journal of Offender Therapy and Comparative Criminology*, vol. 51, no. 2, pp. 151–169
- Wong, S. (2000), 'Psychopathic Offenders', in S. Hodgins and R. Muller-Isberner (eds.), *Violence, Crime and Mentally Disordered Officers: Concepts and Methods for Effective Treatment and Prevention*, Chichester, UK: Wiley, pp. 87–112