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What Works in Violence Risk Management: Theory, Research and Practice

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Intimate Partner Violence Perpetrator Programmes: Ideology or evidence-based practice?

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Introduction

The “what works” approach to evidence based practice has emphasised the need for systematic reviews and meta-analyses to explore the effectiveness of correctional interventions; indeed, the most effective interventions and programmes incorporate the risk, need, responsivity principles (Andrews & Bonta, 2010; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013) and this that do not may have no impact or even increase domestic violence (Welsh & Rocque, 2014). In this chapter we will explore current approaches to Intimate Partner Violence (IPV) perpetrator programmes and contrast these with the empirical evidence in terms of treatment need and treatment efficacy. Some alternative approaches will be explored and conclusions drawn as to the way forward.

Current Theoretical Models and Influences

Models derived from feminist and gendered perspectives on IPV (e.g. Dobash & Dobash, 1979; Schwartz & DeKeseredy, 2003) suggest it is a problem of men's violence towards women that has its roots in patriarchy. The premise being that men are motivated to control and dominate their female partner due to their expectations around male privilege (Pence & Paymar, 1993), hence IPV is caused by male gender and patriarchy. From this perspective, a psychoeducational program to re-educate men about their use of control and violence against women appears an appropriate choice. The Duluth Model was established in the United States in 1981 as an intervention derived from the Duluth Domestic Abuse Intervention Project (Pence & Paymar, 1993) in Duluth, Minnesota. This curriculum was developed by activists within the battered women's movement and five battered women (Pence & Paymar, 1993) who believed domestic violence was caused by men's patriarchal ideology. Within such programs the "Power and Control Wheel" is positioned centrally as a tool for men to understand their need for power and the behaviours they use to maintain control over women. Women's aggression within this model is either ignored or understood as self-defensive. As a model, it continues to be influential in current programs and interventions in the UK, US and Canada (Bates, Graham-Kevan, Bolam & Thornton, 2017) and in Europe (Graham-Kevan, 2007). This is in spite of a lack of supportive data for the theoretical assumptions (e.g., patriarchal beliefs; Smith, 1990; Sugarman & Frankel, 1996; coercive control as a male prerogative; Bates et al., 2014; Carney, & Barner, 2012; Graham-Kevan & Archer, 2009) or treatment components (e.g., Feder & Forde, 2000).

There is a wealth of research detailing empirical problems with this model (e.g. Bohall, Bautista & Musson, 2016; Dutton & Corvo, 2007; Dixon & Graham-Kevan, 2011; Stuart, 2005) to the extent that some authors present a coherent argument as to why referring to, or directly delivering Duluth type programmes may contravene professional ethics

(Corvo, Dutton & Chen, 2008) and be inconsistent with guidelines for working with clients (e.g., Pender, 2012; Association for Specialists in Group Work Best Practice Guidelines, 2008).

Programmes based on the Duluth model fail to address the lack of sex-differences in IPV in western nations (Archer, 2000; 2006), in young couples (e.g., Wincentak, Connolly & Card, 2017), women's propensity for verbal aggression (e.g., Stockdale, Tackett & Coyne, 2013), physical aggression (Archer, 2002; 2006; Bair-Merritt, Crowne, Thompson, Sibinga, Trent & Campbell, 2010) and control towards their male partners (e.g. Bates & Graham-Kevan, 2016; Graham-Kevan & Archer, 2009; Straus & Gozjolko, 2016), men's victimisation (e.g. Hines & Douglas, 2010; Hines, Brown & Dunning, 2007), IPV in same sex couples (e.g., Badenes-Ribera, Bonilla-Campos, Frias-Navarro, Pons-Salvado, & Monerde-i-Bort, 2016; Finneran & Stephenson, 2013), the prevalence of bi-direction violence (e.g. Langhinrichsen-Rohling et al., 2012), the overlap of IPV and other types of familial (e.g., Choenni, Hammink & van de Mheen, 2017) and non-familial (e.g., aggression (e.g. Bates, Graham-Kevan & Archer, 2014; Farrington, Gaffney & Ttofi, 2017), substance use (e.g., Birkley & Eckhardt, 2015; Cafferky, Mendez, Anderson & Stith, 2016) and the range of risk factors that are known to be predictive of IPV perpetration (e.g. Capaldi, Knoble, Shortt, & Kim, 2012; Spencer, Cafferky, & Stith, 2016; Thornton, Graham-Kevan & Archer, 2010, 2012).

Indeed IPV's association with a broad range of problematic behaviours such as smoking (e.g., Crane, Hawes & Weinberger, 2013), problem gambling (Dowling, et al., 2016); and substance use (Cafferky, Mendez, Anderson, & Stith, 2018) suggest problems with impulsivity (e.g., Leone, Crane, Parrott & Eckhardt, 2016) which may be best understood from a trauma informed approach. Such approaches recognise the impact of exposure to adverse childhood experiences (e.g., Smith-Marek, Cafferky, Dharnidharka, et

al., 2015) and the resulting neurocognitive changes such as dysregulated emotions (e.g., Gardner, Moore & Dettore, 2014; Harding, Morelen, Thomassin, Bradbury & Shaffer, 2013; Iverson, McLaughlin, Adair & Monson, 2014) which manifest in poor stress tolerance and high positive (e.g., Dir, Banks, Zapolski, et al., 2016) and negative urgency (e.g., Blake, Hopkins, Sprunger, et al., 2017). Therefore, psychoeducational approaches such as Duluth or Duluth/CBT hybrid may be unsuccessful as they fail to target core treatment needs such as emotion dysregulation (Birkley & Eckhardt, 2015).

Using a trauma informed approach allows a more gender inclusive approach (e.g. Dutton, 2010; Hamel, 2007) to research and intervention with IPV perpetrators, it leads to a focus on individual circumstances rather than preconceived gender attributions. This includes studying IPV alongside other forms of aggression, rather than seeing it as having a special aetiology (e.g. Felson, 2002) and considering it within other aggression models such as the General Aggression Model (Anderson & Bushman, 2002) or Finkel's I³ Theory (e.g. Finkel, 2007). By recognising the heterogeneous nature of IPV offenders as a group, it is possible to tailor interventions to make them more effective. For example, this may include recognising the importance of salient factors on the development of conflict resolution strategies in relationships such as adverse childhood experiences (e.g. Miller et al., 2013), as well as the current factors acting as barriers to effective management of conflict such as anger and hostility (e.g. Norlander & Eckardt, 2005), internalised negative emotions (e.g. Birkley & Eckhardt, 2015) and attachment anxiety (e.g. Dutton, 2006)

The Gate-keepers

Within the US and UK there are barriers to implementing alternative approaches to Duluth informed programmes. Within the UK, there is an organisation called "Respect" which

provides accreditation to programmes that meet their standards for working with IPV perpetrators and their victims. Respect (2012) indicates the accreditation standard applies to any organisations working with men who use violence towards their female partners and such accreditation is currently only available for programmes where it is a male using violence towards a female, thus excluding same-sex and female perpetrator programs. Programs that are accredited through this organisation must ‘hold men accountable for their violence which originates in their sense of entitlement and male privilege’; it is strictly against the accreditation criteria to discuss any motive or circumstance which could count as excusing the violence (e.g. alcohol or substance misuse) and at no point in their criteria is there any indication that women can be violent, or that relationships can contain mutual violence.

Within the UK, Respect is very influential in terms of lobbying the Government around IPV policy and practice. Respect’s continued belief in a feminist model of IPV may explain their current endorsement of their approach based on the findings of Project Mirabel which was evaluated by Kelly and Westmarland (2015). This study sought to address some of the issues previously seen with Duluth IPV perpetrators evaluations, by evaluating Respect’s accredited programs on large scale using a control group. They compared their treatment group with a matched control group and found “there to be no significant differences in reductions in violence and abuse” (p.8). This should have been the headline finding but unfortunately the authors (Kelly & Westmarland, 2015) and Respect chose to ignore their own research findings and instead claim “most men completing Respect accredited programmes stop using physical and sexual violence and reduce most other forms of abuse” (Respect <http://respect.uk.net/highlights-mirabal-research-findings-respect-accredited-domestic-violence-perpetrator-programmes-work/>). Their ‘evidence’ for this (and many other claims within the report) comes from comparing all those surveyed at baseline to only those still engaged and prepared to take part in the research 12 months later. So for physical aggression their data

compare pre-program responses from 99 participants to the responses from the 52 remaining participants post program. Such a comparison is fundamentally flawed empirically; research has demonstrated that treatment dropouts and completers are significantly different on a number of variables including drug use, criminal history and previous domestic violence offences (Jewell & Wormith, 2010). The authors are either extremely naive in terms of research understanding, which is inconsistent with the design of the pilot which was good, or deliberately chose to present findings in such a manner to imply a success they did not find. Additionally, this report is not peer reviewed and therefore does not adhere to What Works principles. Unfortunately, some advocacy groups appear more wedded to their ideology than evidence, using “false facts” (Gelles, 2007) or manipulating figures (Graham-Kevan, 2007; Straus 2007) to control the narrative.

Similar problems exist in the US and Europe, where lobbyists are allowed to dictate policy, creating a stifling effect at best, but often a chilling effect on innovation due to fear of being seen as not ‘pro women/victim’. This effect may explain why the evidence presented below has failed to significantly shift policy or practice.

Partner Abuse Review of Domestic Violence Perpetrator Programs

Recently, there have been a number of reviews commissioned to explore current domestic violence perpetrator provision in several areas of the world. Within recent issues of the journal *Partner Abuse* there have been reviews published from the UK (Bates, et al., 2017), US and Canada (Cannon, Hamel, Buttell & Ferreria, 2016), Sub-Saharan Africa (McCloskey, Boonzier, Steinbrenner & Hunter, 2016), Latin American and the Caribbean (Santoveñada & da Silva, 2016), and South Asian and Middle Eastern countries (Niaz, Hassan & Tariq, 2017).

Bates, et al. (2017) reviewed provision within the UK by surveying providers (e.g. prisons, probation services, private providers). The response rate to their survey was very low (only 10%) and one of their main discussion points in their results was about the lack of willingness to engage by those they had contacted. With such ideological debate and political controversy, providers and those working in the area had viewed such a review with suspicion around motives, funding and how the results would be used. Within the responses that were received, the majority of provision was still aimed at men who had abused their female partners. There was evidence of continuing dominant influence of the Duluth/feminist model, which is often mixed with some CBT approaches. The authors concluded that the Duluth model is still very influential within practice in the UK and that it is something that is significantly impeding practice moving forward in terms of reducing IPV offending. UK researchers have called for more evidence based practice within the area and an end to the “immunity” from the requirement to evidence efficacy that the model seems to enjoy (e.g., Dixon & Graham-Kevan, 2011; Dixon et al., 2012). Researchers from Canada (Corvo, Dutton & Chen, 2008) have made similar calls. US researchers have literally been calling for this for over 25 years (e.g., Straus, 1992; Winstok & Straus, 2016).

As with the UK, the US provision is regulated and accredited but again is not grounded in evidence-based practice (Hamel, 2016). The majority of services and intervention policies focus of women as victims and target men as perpetrators utilising psychoeducational programs (e.g. Shernock & Russell, 2012). There is little tailoring of interventions to meet the needs of the perpetrators (Maiuro & Eberle, 2008). Cannon et al. (2016) reviewed the provision within the US. Almost half the treatment providers reported believing that patriarchy was an important causal factor in IPV perpetration with a much lower proportion considering personality and reciprocal aggression being important. This discrepancy indicated that those providing treatment may not be aware of current research in

the area. Cannon et al. (2016) concluded that such an insufficient knowledge of important risk factors in IPV perpetration is a significant issue and one that needs to be considered by those working in policy and practice.

Although the US and UK reviews shared many similar issues and findings with significant overlap in the current models and practice, the other reviews raised different matters for consideration. In their review of Latin America and the Caribbean, Santoveñada and da Silva (2016) found there was a strong focus on victim services for IPV with only relatively recent discussion about the need for effective interventions to include both victim and perpetrator services. They found effectiveness of the programs varied with some reporting over 90% rates of reoffending. In Latin America, there is currently no policy or practice in place to assess the efficacy of programs being used, which is a concern. Participants reported feeling that standards/criteria were inadequate for current provision and discussed the heterogeneity of perpetrators that required tailored interventions. The authors concluded there was also a need to ensure inclusivity and that ethnic minorities are considered within programs so they may be adapted to indigenous populations. They further concluded there was a need to tailor interventions towards younger people as the relationship dynamics may differ in important ways.

In their review of IPV in Sub-Saharan Africa, McCloskey et al (2016) describe the high prevalence of IPV within these nations with it being known to affect 36% of the population. The authors found that community based interventions and engagement were much more strongly emphasised in Africa than in the US and Europe. They concluded that there was some programs in their regions showing promise, with the evidence was suggesting behavioural.

Across all the reviews, Hamel (2016) commented that despite much of the empirical research detailing high levels of female perpetrated IPV, nearly all programs within this review were directed towards male perpetrators. He goes on to argue that too often training programs for working with perpetrators are not grounded in up-to-date, rigorous research, although he also acknowledged that interest in evidence based practice in this area is growing.

Reviews of the Effectiveness of Programs

Whilst the *Partner Abuse* reviews aimed to explore the current IPV programs found across the world, there have been other reviews that have explored more specifically the effectiveness of this current provision. For example, Babcock et al. (2004) performed a meta-analysis (N = 22 studies) that evaluated treatment programmes for domestically violent men, and found minimal effects, concluding that the current interventions are inadequate in reducing recidivism much beyond the effect of arrest and other criminal justice sanctions. Feder, Wilson and Austin (2008) performed a systematic review to assess efforts of court mandated interventions. When utilising official reports there was a modest effect seen in terms of effectiveness but this disappeared when using victim reports; the authors attributed this to high attrition of victims within the studies they reviewed. For quasi-experimental designs that used a no-intervention/treatment comparison there was inconsistent findings that suggested there was actually a harmful effect. Psychological treatments that cause harm are often difficult to identify due to methodological difficulties including client drop out, increases in variance, longer-term deterioration and independent replication (Lilienfeld, 2007). The authors concluded there are doubts about the effectiveness of these current programs in reducing reoffending.

Eckhardt et al. (2013) explored and reviewed all studies published since 1990 that used either a randomised control trial or a quasi-experimental design, where they compared an intervention to a relevant comparison group. This resulted in a review of 20 studies of “traditional” programs, 10 further studies that looked at alternative programmes and also some programs for victims. The review concluded that there continued to be an inability to draw firm conclusions about the effectiveness of the programmes due to the ambiguous results and serious methodological problems with the evaluations. Within the studies reviewed, there were mixed results with around half of the results demonstrating the traditional (Duluth informed) programs were more effective than the controls; however when the more seriously methodologically flawed studies are removed this positive effect became less substantial. There was little evidence favouring one intervention over any of the others in terms of the traditional treatment models. The review did find some hope in the shape of alternative programs that utilise work around motivation and readiness to change.

Vigurs, Schucan-Bird, Quay and Gough (2016) performed a review of reviews in line with the What Works literature for the UK’s College of Policing. The review focused on programs delivered and accredited by the Criminal Justice System in the country of origin. The authors once again concluded that there was insufficient evidence to be able to identify the clear impact of programs on perpetrators or other outcomes. Furthermore, there was no evidence from the reviews that could lead them to conclude that one type of programme or curriculum was more effective than another. None of the programmes within the reviews were tailored or adapted in anyway. There was little evidence of the need to recognise and accommodate the heterogeneity of perpetrators and their relationship dynamics, despite this responsivity being a key part of the Risk Needs Responsivity principles. There appeared instead to be an assumption that the development of an effective program would be sufficient to address all perpetrators of IPV.

Duluth/CBT hybrids

Due to Cognitive Behavioural Therapy (CBT) programmes generally being the treatment of choice for non-IPV programmes, psychologists attempted to improve the efficacy of Duluth based group outcomes with the addition of CBT. CBT is proven to be effective to some extent in treating anger (Del Vecchio & O'Leary, 2004; Saini, 2009) and substance abuse (Hoffman et al., 2012; Wexler, 2013). Unfortunately, rather than CBT enhancing Duluth programmes, it appears that Duluth programmes appeared to remove any CBT effect and this left Duluth/CBT hybrids with similarly disappointing outcomes to the pure Duluth model men's groups (Babcock et al., 2004; Eckhardt et al., 2013; Feder & Wilson, 2005). It highlights the effect of treatment delivery having minimal effect when the ideological basis of the program is flawed. Therefore, as there is no evidence that any current programmes are effective at reducing IPV (e.g., Eckhardt et al., 2013; Feder & Wilson, 2005) there is an urgent need to explore alternative approaches.

Bates et al.'s (2017) review further found that there was only a small proportion of their sample (23.8%) involved external evaluators or agencies, and 57.1% did not collect any data, or have any awareness of whether program completers went on to reoffend. Whereas, Eckhardt et al. (2013) in their review, found that research design impacted on how favourable the results were from the traditional programs. Those using randomised control trials found no significant effectiveness where as those using quasi-experimental methods were more likely to show favourable results compared to no-treatment control groups. Similar to that found in Babcock et al.'s (2004) meta-analysis, as the research design improves and becomes more rigorous, the likelihood of finding significance in effectiveness declines. Eckhardt et al. (2013) further highlighted the serious limitations with current research and evaluation

exploring effectiveness in this area. Methodologically speaking, they are mostly US based and have small sample sizes and suffer from similar issues to studies in other Criminal Justice topics.

Research has also demonstrated or discussed issues with high rates of offender attrition (e.g. Jewell & Wormith, 2010) which conflates the comparison when pre- post comparisons are made, as well as not being clear about penalties for non-compliance (e.g. Vigurs et al., 2016), and findings of current studies often represent group effects rather than individual effects which is an issue when IPV offenders and perpetrators are such a heterogeneous group (Eckhardt et al., 2013). Feder et al. (2008) highlight four concerns with studies in their review: lack of generalisability due to small, restricted samples; reliance on official reports of recidivism; low victim reports and the validity of using a treatment drop-out group as a comparison. It seems that as programs have become more in demand, the influence of research in practice that is valued in other areas (e.g. in developing therapies for mental health issues) has never been seen as critical or integral to the development of IPV interventions (Birley & Eckhardt, 2015; Eckhardt et al., 2013).

Alternative models of intervention

By applying empirically grounded theory and evidence-based practice to the design and delivery of new types of intervention it is possible to preserve the dignity of those receiving the intervention (Ortega & Busch-Armendariz, 2014), work within professional guidelines and ethical practice, enhance victim safety, and be pro-science.

There is emerging evidence for interventions that utilise new approaches that are more consistent with current clinical approaches to behaviour change. Zarling, Bannon and Berta

(2017) explored the impact of an Acceptance and Commitment Therapy (ACT)-based program (Achieving Change Through Values-Based Behaviour [ACTV]; Lawrence, Langer Zarling, & Orengo-Aguayo, 2014) on post programme recidivism. They compared data on a sample of 3,474 men who, following their arrest for IPV were court-mandated to an intervention programme (nonrandomized either ACTV or Duluth/CBT). Comparing incidence and frequency of new criminal charges 12 months post intervention for the entire intent-to-treat sample and treatment completers only they found that ACTV participants had significantly fewer charges on average than Duluth/CBT participants. Although, ACTV had higher drop-out than Duluth/CBT groups the higher success rate of ACTV emerged for both treatment completers and non-completers.

Similarly, an unpublished evaluation of a trauma-informed programme that utilised Dialectical Behaviour Therapy (DBT) approaches and piloted in a male prison in the UK, Inner Strength, found that in their sample of released programme completers (18 men) there was no evidence of any IPV (or other offences) related charges, cautions or call-outs approximately 12 months post release. Although there was no control group, the author of the report (Graham-Kevan, 2015) used the Offender Group Reconviction Scale (OGRs) scores which allowed a comparison of actual reconviction rates to the expected reconviction rates. The mean OGRs score for the cohort was 71 which predicts that 35% of the cohort would have another offence within six months. Therefore, the programme appears to have been successful in preventing reoffending (both domestic violence related and non-domestic violence) within the first 12 months post release. A longer term evaluation is currently being conducted by Oxford University. Another positive feature of this programme, unlike the ACTV, was that it had very lower attrition (98.5% completion based on a sample of 68 men).

Working with one member of a couple dyad may hinder long-term behaviour change therefore the use of couples programmes are a viable option (Karakurt, Whiting, Esch, Bolen,

& Calabrese, 2016). Armenti, and Babcock. (2016) conducted a systematic review of research on couples/conjoint treatment. The use of couples therapy is worthy of investigation with some caution; agencies must carefully screen for couples where both partners wish to stay together, neither partner is afraid of the other, and the violence within the relationship is the result of escalating conflict rather than a systematic attempt to exert coercive control over the other. They concluded that conjoint approaches for IPV are empirically promising. They comment that although "... the political barriers are steep, perhaps in no other field will finding an effective intervention have a greater impact on changing public policy and the safety of women and families" (p. 120).

There are increasing calls for programmes to address IPV in same sex relationships, particularly as research suggests that is as common as IPV in heterosexual relationships (Langhinrichsen-Rohling, Selwyn & Rohling, 2012). Longobardi and Badenes-Ribera (2017) reviewed the literature and found that research suggests that same sex IPV appears in many aspects similar to heterosexual IPV in terms of the range of abusive behaviours used (physical, psychological, sexual) and the common pattern of bidirectional violence (Langhinrichsen-Rohling et al., 2012). Additional risks include the role of internalised homophobia, experiences of discriminations and whether the individuals are 'out' in terms of their sexuality. Longobardi and Badenes-Ribera called for the integration of heterosexual and same sex treatment need factors into programmes for those experiencing IPV in same sex relationships.

Conclusion

The Duluth Model as a basis for understanding treatment need for IPV perpetrators (male, female or both members of the dyad) is flawed. Reducing any complex human behaviour to simplistic explanatory models is unlikely to lead to understanding and in areas were

complexity is a given, such as relationship behaviours, it is utterly futile. The assertion of the Duluth's authors (Pence & Paymar, 2003) that intimate partner violence is a socialised act taught to men due to patriarchal societal norms, encouraging or even expecting them to use power and control within their relationships with women, rather than from underlying psychological problems or intergenerational patterns of violence lacks empirical support in western nations. Using such a model is no longer defensible, as Corvo, Dutton, and Chen (2009) argue when they stated “[Duluth informed models suffer from a [... failure to consider research evidence, failure to utilize evidence based practices or best practice protocols, inadequate assessment diagnosis, failure to connect assessment to treatment, failure to develop individual treatment plans, and failure to provide treatment appropriate to the client's needs” (pp. 323–324). Professionals have a duty of care to their clients as well as the client's family and community. The use of interventions with no proven efficacy is inherently unethical. Theoretical frameworks are critical in guiding practitioners and professionals in their practice (Dixon & Graham-Kevan, 2011) so it is imperative that practice is informed by rigorous evidence. There have been calls for “urgent” additional research with rigorous designs for over a decade (e.g. Wathan & MacMillan, 2003), but with still being relatively little progress in this area. .

The politics that exist within the area of IPV research and intervention, may be the issue that is preventing evidence-based practice (Bates, 2016) and delaying the progression of effective programs. Whilst the Duluth model, and its proponents, still hold such power and influence within the area, significant advances in interventions are hindered and so reductions in IPV prevalence rates unlikely. The Duluth model seems to have experienced an “immunity” from needing external empirical evaluation; the political concerns here appear more important than rigorous scientific practice (Corvo, et al., 2008; p.112). Whilst the lack of effectiveness is known in academia (e.g., Echhart et al., 2013) and within the Criminal

Justice system (e.g., Vignes et al., 2015), individual clinicians and practitioners are unlikely to be aware of this. Coupled with this, the ability of a practitioner to recognise when an intervention is not working is not strong (Chapman et al., 2012; Hannan et al., 2005). Therefore, the internally consistent and intuitive nature of the Duluth model is likely to be appealing to those conscientious, well-meaning and sincere practitioners and clinicians who deliver it. This will be largely due to a general lack of understanding in regards to the merits of evidence based practice and lack of practitioner engagement in such research (Green, 2008).

Service providers and practitioners could build on those approaches that have shown promise with domestic abuse perpetrators such as motivational interviewing (Vignes, Quay, Schucan-Bird & Gough, 2015). As many domestic abuse perpetrators are comorbid with common issues including serious mental illness, personality disorders and substance abuse (Slabber, 2012) professionals should also seek to utilise best practice from interventions outside of the IPV sphere such as DBT (Dixon et al., 2012). Additionally, as offenders in general, including domestic violence perpetrators, are likely to have experienced adverse childhood experiences then interventions that are trauma informed should be explored (Eckhardt et al., 2015; Slabber, 2012).

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