

Toolbox on

DOMESTIC VIOLENCE & INTIMATE PARTNER HOMICIDE



**Targeted and
holistic approaches**



EUCPN
EUROPEAN CRIME PREVENTION NETWORK



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PORTUGAL.EU**

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This paper highlights two specific aspects to practitioners and policymakers working in the field of domestic violence. The first aspect is the need for targeted and tailored approaches. Domestic violence is often treated as a single phenomenon, yet we can identify different types. Secondly, we emphasise one of the targeted approaches that has received less attention within this field: perpetrator programmes.

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Author

Jorne Vanhee, Research Officer, EUCPN Secretariat

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PREFACE

This paper was written by the EUCPN Secretariat and discusses the main theme of the Portuguese Presidency: the prevention of intimate partner homicide. This paper can be used to guide and support practitioners working within the field of domestic violence.

The Portuguese Presidency explained its choice as follows:

“The problem of violence between intimate partners has raised concerns among governments and academia, worldwide. In fact, there are different approaches to the problem, which is nevertheless considered to have a multifactorial genesis, i.e., this pathological relationship is associated with multiple variables. All stages of violence are unacceptable and governments should define strategies to prevent, protect, mitigate and punish. When a dramatic event of this type, such as a murder, takes place, we may conclude that state policies and society were not sufficiently adequate to prevent this outcome. Criminal sanctions cannot be dismissed, even though they are admittedly insufficient and ineffective, but they must be the last resort. On the other hand, preventive measures increase awareness within society and allow intimate partner violence to be tackled by means of education. The murder of intimate partners is the epitome of violence, a clear disregard towards someone with whom one has, or has had, a particular emotional bond. While this definitive outcome has not yet occurred, it is still possible to prevent it, which will not only help potential victims, but potential offenders too. Once a murder has taken place, we can only punish the offender and mourn the tragedy. Recognising that a large part of the phenomenon remains hidden behind closed doors, there is a legitimate fear that the COVID-19 pandemic may have placed a blanket of silence over a reality that is still unknown. Each homicide or act of violence is a failure of the entire system. The Portuguese presidency will therefore focus on preventing intimate partner homicide.”

INTRODUCTION

Against the backdrop of the global COVID-19 pandemic, alarming reports also signalled a growing problem inside our European homes. While COVID-19 protection measures tried to lock out the virus, they also locked in many victims of domestic violence with their abusers. The lack of mobility and contact increased and/or worsened the various forms of domestic violence and made it difficult for victims to reach out to friends, family or support services.¹ While the measures were gradually being relaxed, the new dynamic gave rise to another set of risks. As a window of opportunity opened to leave the abusive relationship, the fear of losing control over the victim may have prompted perpetrators to reinstate their dominant grip – a violent and potentially fatal process.²

The Portuguese Presidency of the European Crime Prevention Network accurately recognised this aggravated situation and took it upon itself to focus on domestic violence and intimate partner homicides. This paper is one of the outcomes of the Network's efforts and presents its readers with important knowledge to further improve their preventive work. It does not cover specific policy initiatives, nor does it provide an overview of *all* activities within this field. Other agencies and institutions offer such work.³ Instead, this paper highlights two aspects that we consider important for practitioners and policymakers to understand and that they should apply in their work. The first aspect is to treat domestic violence, not as a unitary phenomenon but to look at the different forms that exist and how they necessitate targeted approaches. The second emphasises the need for truly comprehensive and holistic approaches. Some effective and preventive approaches, e.g. perpetrator programmes, currently receive less attention in this field. Tricky problems, however, require complex solutions and should make use of the entire toolbox of working mechanisms and activities.⁴

01 DOMESTIC VIOLENCE IS NOT A UNITARY PHENOMENON

The COVID-19 pandemic has taught us many things and applying science to inform decision-making and practice is one of those. Within crime prevention this, among other things, entails understanding the problems that are associated with criminal acts; their nature, patterns, trends, causes, consequences, offenders, victims, etc.⁵ Once we know what we are dealing with, we can act accordingly. For this, we often turn to prevalence. These numbers teach us, for example, that partner violence is the most common form of violence that women experience.⁶ An EU-wide survey that was conducted in 2014 shows that 22% of women in the EU who are or have been in a relationship have experienced violence by an intimate partner. Two out of five women in the EU have experienced some form of psychological violence by either their current or a previous partner. This includes being belittled or humiliated in private (25%), being threatened with physical violence (14%), and being forbidden to leave the house (5%).⁷ Looking at intimate partner homicides, a global study from UNODC (2018) shows that one in five homicides is perpetrated by an intimate partner and in 82% of those cases, the victims are female.⁸ Other data from the UN reports that in 2017, 87,000 women were murdered, 58% of them being killed by their intimate partners or family members. This represents an increase when compared to 2014 (48%).⁹

Istanbul Convention

The Istanbul Convention (2011), or the 'Council of Europe Convention on preventing and combating violence against women and domestic violence', is the first legally binding, international and wide-reaching set of standards to combat violence against women in general and domestic violence in particular. It contains measures of policy, prevention, provision, protection and prosecution and also defines various types of violence.¹⁰ The Convention defines domestic violence as "all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim" (art.3).

All EU Member States have signed this international benchmark and 21 have ratified it as of June 2021.¹¹ The accession of the EU, as an institution, is one of the main priorities of the EU Gender Equality Strategy 2020-2025.¹²

For an overview of your country's specific situation, have a look at the country-specific evaluations done by GREVIO, the Istanbul Convention's monitoring body: <https://www.coe.int/en/web/istanbul-convention/country-monitoring-work>

There is a gender component to be noted from these staggering numbers. Women and girls are indeed the main victims of domestic violence and are affected more severely.¹³ There is, however, an ongoing debate within academia and practice about the gendered nature of domestic violence – a debate that has real repercussions on how this crime is approached and dealt with.¹⁴ Some target domestic violence in a gender-neutral way and, conversely, remain blind to some of the unequal power relations that can fuel domestic violence.¹⁵ Based on general population surveys, asking if you have ‘ever experienced domestic violence’ or ‘within the last year’, the numbers show a more gender symmetrical distribution. Men and women seem to be more or less equally victimised according to these general surveys.¹⁶ A recent prevalence study from the Netherlands, for example, shows that 9% of females have been victim of domestic violence during the last year, compared to 7% of men.¹⁷

The truth, however, may lie somewhere in between. Both arguments are right, yet they refer to different things. **Instead of focusing on gender or not, a comprehensive and holistic policy differentiates its approach based on the type of domestic violence and looks at the role gender plays within each of them.**¹⁸ Indeed, domestic violence is not a unitary phenomenon and we can distinguish different forms of domestic violence based on the level of (coercive) control that is present in the relationship. Here, we will highlight two of them. On the one hand, we can identify *situational couple violence* that arises from specific conflict situations and arguments, while on the other hand, *intimate terrorism* is embedded within a pattern of controlling behaviour.¹⁹ Each type necessitates a different response as they do not have the same causes or dynamics.²⁰ If we do not differentiate, there is a substantial risk of negative effects. If the initial contact in shelters, for example, focuses on patterns of control, the victim might not self-identify and decide to refrain from accessing the service. On the other hand, while couples therapy might work for situational couple violence, it is not advisable for intimate terrorism because of high safety risks for the victim.²¹ We will now examine these different types more closely and explore what works for each of them.

Situational couple violence

Situational couple violence is the more common form of domestic violence and mainly escalates from specific conflict situations and arguments. The pattern of control that dominates intimate terrorism is absent here as the violence arises instead from difficulties in other areas of life (such as housing, income and substance use).²² This built-up tension could erupt once or frequently and the violence might be minor or more severe. Homicides are unlikely but can still be one of the fatal consequences.

This type of domestic violence is indeed more gender-balanced in terms of prevalence and the violence is often mutual as well: both partners might be using violence within conflict situations (physical, psychological or sexual).²³ However, gender still plays a role. Underneath the gender balance in victim-perpetrator profiles lies a dynamic that is not easily captured in general surveys. When it comes to the nature of violence, the injuries inflicted, the frequency, and the production of fear, research shows that men are again more represented as perpetrators in the serious cases. So although men and women use the same types of violence, the impact and severity are much higher for female victims.²⁴ How victims can deal with those consequences and manage their own safety also differs across gendered positions of power. Hegemonic masculinity and the gendered norms that cut through societies' institutions affect the number of resources partners can draw upon to shape, cope or escape from the violent situation. Also, men are more able to actively remove themselves from the situation or use force, whereas women often have to negotiate safety by giving in to the demands of their violent partners.²⁵

Given that this type of violence stems from built-up tension in several different life domains, prevention approaches should target these. Some relationships will be at higher risk due to financial problems, others because of mental health issues of one or both partners. Prevention activities could seek to identify new working opportunities for the former, and psychological support for the latter.²⁶ If alcohol or substance use is an issue, brief counselling interventions, self-help groups or other treatment options could be beneficial.²⁷ Some relationships might need a combined effort, working on financial health, mental health, and substance use at the same time. Overall, we need targeted and client-centred approaches based on the identified underlying tensions and risk factors.²⁸

Multi-agency approaches and Family Justice Centers

Focusing on one risk factor in isolation will not be successful and conversely, one service's focus will likely not be enough. What is required is a multidisciplinary approach that enables targeted and client-centred responses and works on different factors and at different levels.²⁹ Family Justice Centers are a strong and working example of this approach, where public and private agencies second staff members to provide their services from one location. As a result, they provide a one-stop shop for victims' needs.³⁰

Looking for more information on Family Justice Centers?

Visit: <https://www.efjca.eu/>

Other effective approaches in the case of situational couple violence target internal relationship dynamics. Happiness in the relationship is one of those dynamics that can be addressed, together with the ability to resolve conflicts in a non-violent way.³¹ Relationship satisfaction, communication skills, coping skills and conflict resolutions skills have been identified by research as important protective factors, suggesting the importance of couple therapy and the teaching of those skills. This, however, is not advisable when working with intimate terrorism. The dominant and controlling perpetrator might try to violently reinstate his power once challenged.³²

Bearing all this in mind, you still need to succeed in reaching this target group. Given the *situational* nature of this type of domestic violence, victims might only reach out at times of crisis or escalation. They also might be referred from other agencies dealing with the different life domains, as they can identify and signal the violence. Due to the highly psychological, intimate and private nature of domestic

violence, victims are unlikely to seek help, but when they do seek help or accept the referral from other agencies, it is crucial to react appropriately and to take the victim seriously.³³ Efforts could also be made to lower the barrier to seeking help. Awareness-raising campaigns – only if embedded in a larger approach³⁴ – can be a useful tool, in addition to having known and accessible services.³⁵

Intimate terrorism

The second form of domestic violence could be labelled as ‘intimate terrorism’. Here, the violence is embedded within a general pattern of coercive control, in which one partner dominates the other and has full authority over the relationship. To achieve this level of control, the perpetrator deploys various forms of physical, psychological or sexual violence (see figure 1).³⁶ Some types of violence and consequences might be the same as for situational couple violence, but the amount, scale and duration are much higher. Victims of intimate terrorism are attacked more frequently, experience violence that is less likely to stop, are more likely to be injured or killed, and are more likely to exhibit PTSD symptoms.³⁷

Intimate terrorism is what is typically referred to when talking about domestic violence, as is also shown in standard depictions in popular TV shows or movies. It is, however, less common than situational couple violence and less likely to show up in surveys.³⁸ Given the highly violent nature of these relationships, victims *and* perpetrators are less likely to participate in surveys. Victims fear retribution from their partners, while perpetrators are scared of self-implication.³⁹ This leads to a significant underreporting of intimate terrorism.

When it comes to seeking help, the controlling behaviour makes it even more difficult for victims of intimate terrorism than for victims of situational couple violence. Some might not even be allowed to leave the house on their own or are too ashamed or afraid to reach out.⁴⁰ Again: when victims do reach out, especially for this group, services should never ignore their call for help. These victims have been living under gruesome circumstances and have been building up the courage to find support over a long period. When they finally establish contact, neglecting their cry for help would constitute a serious risk to safety. The violent partner might find out about this ‘betrayal’ and punish the victim to reaffirm his control. In addition, the rare moment of opportunity to help these victims might never return.⁴¹

Risk assessment tools

When services are confronted with a case of domestic violence, risk assessment tools allow them to gauge the situation and help services allocate the correct resources in function of the identified risk. A classic example is a list of known behavioural markers, that services can use to detect domestic violence in a relationship. Based on that risk assessment, they are better equipped to determine the type and quantity of resources they need to allocate to the victim and what response is appropriate for the perpetrator.⁴²

Risk assessment tools are therefore a valuable instrument to guide responses to situations of domestic violence and could be used to diversify responses to situational couple violence and intimate terrorism.⁴³ However, an emphasis on the number of identified risk factors might remain blind to some (of the interactions between) factors that are particularly important. For example, recent separation or an escalation of control or a mixture of these will elevate the risk many times. Especially with regard to managing intimate terrorism and potential intimate partner homicides correctly, risk assessment tools should be able to capture this dynamic process instead of merely ticking static boxes.⁴⁴

This is especially dangerous since the violence within these relationships is more likely to result in intimate partner homicides.⁴⁵ In contrast to popular beliefs, these homicides are part of the process of control and are rarely the outcome of a spontaneous incident. The idea that intimate partner homicides are crimes of passion is a myth that precludes preventive action.⁴⁶ Instead, intimate partner homicides should be seen as a journey, in which the motivation to abuse and motivation to kill are linked as a result of coercive control. The motivation for



Figure 1 Power and control wheel. Source: Domestic Abuse Intervention Programs.

More information? Go to: <https://www.theduluthmodel.org/>

intimate terrorism centres on the need for control, whereas the motivation to kill derives from a loss of, or a threat to control.⁴⁷ The breakdown from one to the other can be preceded by a broad spectrum of triggers, such as separation, financial issues, mental or physical health crisis. When this breakdown is combined with a shift in mindset, in which the perpetrator believes there is no way back, the risk of potential homicide escalates.⁴⁸

An eight-stage progression to intimate partner homicide

Examining the sequence by which intimate partner homicides come about, a recent study identified eight stages that were present in previous cases. This sequence suggests that the motivation to kill is central to understanding and assessing the risk of homicides and provides important knowledge that can help track an escalation. Here, we provide a summary of these stages⁴⁹



STAGE 1 Pre relationship history

There is nearly always a (criminal) history of previous domestic violence and acts of coercive control by the perpetrator. Victims are often aware of these reports and of warnings from former partners but do not always believe these.



STAGE 2 Early relationship

The relationship starts with early declarations of love and progresses quickly into possessive and jealous behaviour. The perpetrator aims to establish an early and firm commitment from the victim.



STAGE 3 Relationship

The commitment translates into self-claimed rights of control by the perpetrator, rooted in gendered norms. The relationship and the victim are now dominated by the perpetrator through various types of behaviour (see figure 1). This stage can last 3 to 6 weeks or even a lifetime when the man remains in control or does not want to end the relationship.



STAGE 4 Trigger/s

The tight grip of the perpetrator is challenged by a specific event. In many cases, this trigger is the (threat of) separation but can also be physical or mental illness or financial problems.



STAGE 5 Escalation

In an attempt to reinstate control, there is an increase in frequency and/or severity of control tactics. Stalking the victim, as a way to track and monitor her behaviour but also to instil fear, is a common practice. Sometimes perpetrators threaten to commit suicide. The length of this stage varies and advancing to the next stage is not unpreventable. Interventions might counter gendered beliefs that a man deserves to be in control and its accompanying status.



STAGE 6 Change in thinking/decision

At the end of an escalation stage, the perpetrator might feel that the loss of control is permanent and starts believing that he cannot regain it. He believes that he is the real victim and that his partner is to blame and deserves all the violent behaviour. Homicide appears as an alternative.



STAGE 7 Planning

In many cases, there is a significant stage of planning. This may include browsing the Internet for methods to kill, purchasing weapons, identifying opportunities for the actual killing and planning how to deal with the body and the financial and administrative aftermath.



STAGE 8 Homicide

The fatal and final stage concerns the actual homicide. It may involve extreme violence, even including the children. There might be cases where the perpetrator stages suspicious deaths, for example dressing up the victim hinting at a sex game in the case of strangulation.

This process explains why there is a higher risk of homicides as COVID-19 measures are gradually relaxed. Fear of separation is one of the potential triggers to this shift in mindset and in general a high-risk factor for intimate partner homicides.⁵⁰ With renewed and increased mobility, victims might now be in a position to leave the relationship. This breakdown in control can shift the mindset of perpetrators to a motivation to kill, in a final act to re-establish control: 'if I can't have her, no-one can'.

The drive for control is what perpetuates the cycle of violence within intimate terrorism. The perpetrator profile in this case is *not* gender-balanced, rather the opposite. For this type, there is a strong gender asymmetry and the power balance typically favours male domination.⁵¹ For example, a man's threat is more credible to be damaging and a man is likely to have more experience with and more 'positive' attitudes towards violence (due to sports, fantasy play, real-life conflicts, etc.) making those threats more likely as well.⁵² Most importantly, gendered norms explain why some men use their position to establish control over their female partners. Norms related to male authority, an acceptance of 'wife-beating' and female obedience are strong risk factors.⁵³ Hostile and traditional attitudes towards women, combined with the hegemony of a certain type of masculinity, lead these men to establish control over their relationships by violent means.⁵⁴ These perpetrators have typically been exposed to abuse as a child themselves, either in the form of severe corporal punishments and strict parenting tactics or by witnessing parental domestic violence.⁵⁵ Mental health issues, for example, unresolved traumas, are also strong risk factors.⁵⁶

The causes and dynamics driving intimate terrorism and situational couple violence are different and should therefore be approached differently in prevention. There is no one-size-fits-all approach, instead, targeted approaches should consider what works for whom and tailor their activities to these different target groups.

Conclusion

Domestic violence is not a unitary phenomenon. We can distinguish different forms of domestic violence based on the level of (coercive) control that is present in the relationship. The causes and dynamics driving intimate terrorism and situational couple violence are different and should therefore be approached differently in prevention. There is no one-size-fits-all approach, as domestic violence is complex.⁵⁷ Instead, targeted approaches should consider what works for whom and tailor their activities to these different target groups.⁵⁸ We will now turn to a preventive approach that is targeted at intimate terrorism, but one that has received less attention than other services: perpetrator programmes.

02 WORKING WITH VIOLENT PARTNERS: PERPETRATOR PROGRAMMES

“ We need to stop asking
‘why doesn’t she leave’
and start asking ‘why
doesn’t he stop’

Drive Project⁵⁹

”

Within the field of domestic violence, policy efforts and interventions mostly focus on supporting women and children, securing their safety by removing them from harm. Far less attention has been given to working with perpetrators, despite the fact that research shows that many repeat their violence in (future) relationships. When perpetrators are targeted, it is mainly through the criminal justice system, yet there is minimal evidence that convictions and incarcerations are effective in changing men's practice. On the contrary and despite the harsh rhetoric, evidence even suggests that incarceration leads to more instead of less violence against partners!⁶⁰ Perpetrator programmes, on the other hand, provide a valid and working alternative and should be an important element within an integrated and comprehensive approach to domestic violence.⁶¹ While the focus on victim support should certainly not be decreased, the work on perpetrators deserves to be expanded.⁶²

Support and disrupt

Perpetrator programmes are primarily aimed at raising men's sense of responsibility and accountability for their actions and at unlearning this violent behaviour. In other words, these men learn to take responsibility for their behaviour by understanding and recognising their active role.

Istanbul Convention: article 16

The Istanbul Convention requires its parties to set up perpetrator programmes, while always ensuring the victims' safety and rights and in close cooperation with specialised victim support services. The implementation and practice of these programmes, however, does not always meet all standards nor does it always receive sufficient attention.⁶³

Art.16, paragraph 1: "Parties shall take the necessary legislative or other measures to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns."⁶⁴

Programmes then aspire to increase empathy, accountability and motivation to change. They also challenge gender stereotypes and hostile attitudes towards women, together with addressing emotional and cognitive issues.⁶⁵ These factors are clearly linked to what drives intimate terrorism and targeting them supports behavioural change, which can lead to less violent behaviour in the long term. All perpetrator programmes, however, should immediately benefit the victims' safety as well. In addition to *support*, programmes also aim to *disrupt* the violent behaviour here and now. A temporary restraining order could, for example, impede the perpetrator from seeing the victim, effectively disrupting the possibility of violence.⁶⁶

This two-tiered approach shows that the priority of perpetrator programmes is still the safety of women and children, but that there is a strong emphasis on preventing future violence at the same time.⁶⁷ It also highlights the need for and the importance of partnerships and a co-ordinated community response.⁶⁸ Perpetrator programmes can only work under the right circumstances. They should never work in isolation but should connect with other relevant services such as women's support services, shelters, law enforcement agencies, the judiciary, probation services, child protection and welfare services. They should all be working towards the same goal. Especially the cooperation with victim support services is crucial. A perpetrator programme cannot be run safely unless it is linked with victim support services.⁶⁹

Children: always the victim

Perpetrator programmes must invariably consider the relationship and well-being of the child(ren) in the family. Children living in these situations are always in some way affected by this violence.⁷⁰ Programmes should enable perpetrators to extend the accountability and responsibility for that impact as well and enable them to talk with their children about the steps that they are taking to end this behaviour.⁷¹

The ins and outs of a perpetrator programme

A typical perpetrator programme involves three distinct phases. First, there is an **intake** phase where several individual sessions are held with the perpetrator to assess his level of risk, to see if he meets the intake criteria, to inform him about the programme, his requirements and obligations, talk about safety issues regarding the victim, and to motivate him to participate. During the **treatment phase**, which can extend from four months to over a year, the following topics are typically addressed: recognising one's own violent behaviours and consequences, identifying high-risk situations, exploring tools for enhancing emotional self-regulation and behavioural self-control, working on empathy, increasing parenting skills, reducing victim-blaming patterns, understanding the role of masculinity and gender roles, conflict resolution skills, and improving communication skills. The third phase concerns **programme completion**: final feedback, reporting to the referring authority, and evaluation.⁷² We will now explore each of these phases more in-depth.

Intake

Perpetrator programmes can be delivered in prison, can form part of probation or be community-based. This last group mainly consists of not-for-profit organisations that may or may not be linked to the criminal justice system.⁷³ Highly violent perpetrators will likely enter programmes through the criminal justice system and be mandated to do so. Low to moderately violent men will mainly access a programme as a result of referrals from family, other services or may even present themselves voluntarily.⁷⁴ Risk assessment tools are an important tool here, as they identify individual psychosocial factors linked to perpetration. These factors, for example specific mental health issues, can be used to tailor the programme's activities and to develop specific protection measures for the victim(s). These risk factors should not only be assessed during the intake phase but also be closely monitored throughout the programme.⁷⁵ Again: the victims' safety should always remain the priority and perpetrator programmes have a critical position in gauging this situation.

The entry process also influences the potential effectiveness of a programme. Voluntary entries to perpetrator programmes are likely to manifest a greater motivation to change. These offenders have an intrinsic motivation, which is more conducive to behavioural change. This is less frequently the case when perpetrators enter the programme on a mandatory basis, where the threat of sanctions, for example, might be the only motivation to enter a programme.⁷⁶ In this case, the effectiveness of the programme is highly dependent on its ability to activate intrinsic motivation. This could be achieved by adding some extra individual sessions during the intake phase, where external goals are translated into internal goals. For example, the perpetrator might want to see his child(ren). A short and supervised visit could then be used as a reward for completing the first period of the programme.⁷⁷

The Duluth approach

The Duluth approach is a highly influential perpetrator programme, with many programmes being modelled after it. It was designed in the United States during the mid-1980s and is one of the longest existing programmes in the field. Its objective is to help men stop their violent behaviour and it aims to do so by following a curriculum (about six months) which is based on eight themes. Each of these themes is explored over three weeks and represents an aspect of non-violent and respectful relationships.⁷⁸ These aspects are highlighted in the following figure.

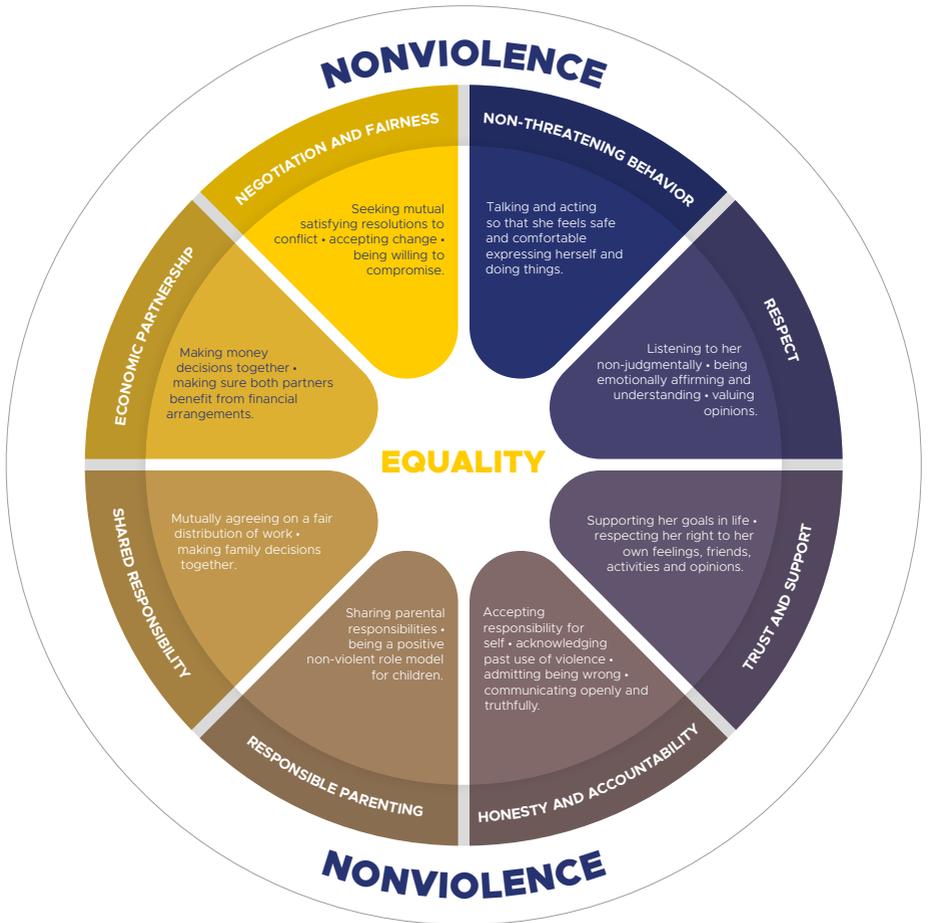


Figure 2 Equality wheel. Source: Domestic Abuse Intervention Programs.

More information? Go to: <https://www.theduluthmodel.org/>

Treatment

Focusing on motivation will improve the chances of effective behavioural change, as this maximises the completion of programmes. The longer people engage with a programme, the more likely they will experience a change in motivation, which is crucial to achieving behavioural change. The different sources of motivation should therefore be taken into account while planning, designing and executing these programmes.⁷⁹ Motivation alone, however, does not lead to behavioural change. This process of change takes place over a longer period and happens very differently for each individual.⁸⁰ In other words, the treatment phase has to be tailored to the individual risk assessment. To influence how a perpetrator can start taking responsibility for his violence and to unlearn this behaviour, it is key to focus on the factors that drive it. Especially since there is no single factor causing the violent behaviour but rather an interplay of factors across different levels.⁸¹

The majority of programmes adopt a cognitive behavioural or psycho-educational model while working with perpetrators.⁸² These models can help to recognise one's own violent behaviours and consequences, explore tools for enhancing emotional self-regulation and behavioural self-control, and work on empathy, ... Of course, this requires skilled staff who are trained in psychology and the nature of domestic violence. They also need the right skills to establish relationships that are conducive to behavioural change.⁸³ Sometimes, the composition of the staff itself can be an agent of behavioural change. Group sessions that are facilitated by a co-gendered team, with male and female staff, can recreate a dynamic of cooperation that reflects gender equality. This actively challenges traditional gender stereotypes. Imagine the male staff member serving coffee and making sure everyone is comfortable – taking a caring position. Convinced that this is a female position, the perpetrator is almost therapeutically exposed to a gender-balanced context.⁸⁴

Group interaction is another active mechanism. Within these groups (6-10) of low to moderately violent men, existing beliefs can be challenged, pro-social skills can be built and the overall approach promotes reflection and debate as peers hold each other accountable.⁸⁵ Perpetrators will, for example, often blame the victim for their violent behaviour.⁸⁶ Other perpetrators are in the best position to expose these defence mechanisms and to counter them.⁸⁷ Also, opening up about one's own actions and emotions and feeling vulnerable within a group again challenges traditional ideas of being a man.⁸⁸

Group sessions are however not advisable for high harm perpetrators. Individual sessions are a better approach to keep them coming to the programme or to monitor them closely. Sometimes, programmes do not even see the perpetrator, but they can take measures to disrupt his violent behaviour. When there is a substantial risk that the perpetrator will try to murder his wife, all attention should be directed towards disruption and towards preventing that risk. Changing his behaviour will take much longer, and the victim needs to be secured *now*. To achieve this, programmes working with this target group need to be in much closer contact with other relevant services and agencies and must tighten the safety net for the victim.⁸⁹

Drive project

The Drive Project is a perpetrator programme, running in the UK, working with high-risk, high-harm perpetrators to reduce harm and increase the safety of victims. The project works with this target group since they carry the greatest risk of serious harm and their engagement with services is low. A randomised control trial showed positive effects following completion of the programme, as physical abuse reduced by 82%, sexual abuse by 88%, harassment and stalking by 75% and jealous and controlling behaviour by 73%. Victims also felt safer and were more likely to be free from abuse; had more space to make their own decisions.⁹⁰

The project champions a 'whole system' approach, combining intensive case management and one-on-one interventions with a coordinated multi-agency response. A combination of measures of disruption based on risk assessments and diversionary support is delivered to perpetrators. At the same time, victim support services are always working to protect the victim.⁹¹

More information on the project and its evaluation?

Visit <http://driveproject.org.uk/>

Programme completion

After the treatment phase, the programme is completed but the support should not stop. Follow-up sessions could be planned every month, every three months, every year,... This makes sense, as behavioural change takes time and the initiated change must be sustained after the programme.⁹² A further recommendation is to assess the impact of the programme on the individual: 'Did this man change his behaviour'?⁹³ By repeating this evaluation during the follow-up stage, you will also learn about the long-term effects of the programme. In addition, the victims should also be questioned to make sure their safety and quality of life have improved and to cross-check the perpetrator's answers.⁹⁴

The European Network for the Work with Perpetrators of Domestic Violence and the IMPACT evaluation toolkit

The European Network for the Work with Perpetrators of Domestic Violence (WWP EN) promotes effective perpetrator approaches. This umbrella organisation unites over 60 member organisations throughout Europe, including perpetrator programmes, victim services and academia.⁹⁵ Throughout their website, you can find critical information about perpetrator programmes, such as guidelines for standards, and we invite all readers to follow their influential work.

One of their goals is to boost the accumulation of robust evidence on perpetrator programmes.⁹⁶ To reach that goal, they are promoting the Impact toolkit that was developed as part of an EU-funded project. The toolkit provides a standardized method to evaluate perpetrator programmes, and allows practitioners to gather evidence on the impact of their programmes. Data is collected at five different time points, with a specific questionnaire for each point in time for both victims and perpetrators.⁹⁷

Get in touch with this network: <https://www.work-with-perpetrators.eu/>

In general, perpetrator programmes have shown promising results in terms of reducing the severity and/or frequency of violence, indicating that increasing the number of perpetrators who complete such treatment can reduce overall offending.⁹⁸ Yet programmes should aim to do much more than just ending the violence. A recent review⁹⁹ shows that they have positive effects on

- respectful communication & positive conflict resolution skills;
- expanded space of action for the victim, for example, more space to visit friends or family;
- safety and freedom from violence and abuse for women and children;
- safe, positive and shared parenting;
- awareness of self and others, with positive changes in understanding the impact of violence on their partner and children;
- healthier and safer childhoods.

Conclusion

Perpetrator programmes should be an important element within an integrated and comprehensive approach to domestic violence. These targeted programmes can achieve sustained behavioural change, especially in the case of perpetrators of intimate terrorism. Given their promising results and in the light of the fact that many perpetrators repeat their violence in (future) relationships, they are a critical asset in the toolbox that we use to combat domestic violence and intimate partner homicides.

03 **FINAL REMARKS**

This paper highlighted two specific aspects to practitioners and policymakers working in the field of domestic violence. The first emphasised the need for targeted and tailored approaches. Domestic violence is often treated as a single phenomenon, yet we can identify different types: situational couple violence and intimate terrorism. The main difference between the two relates to the presence of coercive control, in which one partner dominates the other. Whereas this aspect is mostly absent in the case of situational couple violence, it is the driving force behind intimate terrorism. In terms of prevention, it is important to recognise that the causes of both types are also different and should therefore be approached differently. If not, there is a risk of minimising relevant factors and, consequently, not anticipating and preventing serious outcomes for victims, such as homicide.

Secondly, we emphasised one of the targeted approaches that has received less attention within this field: perpetrator programmes. These programmes work with violent men and aim to increase their sense of responsibility and accountability for their behaviour and to enable them to unlearn this behaviour. If these are carried out correctly, research shows that promising results can be achieved with regard to reducing the severity and/or frequency of violence and several other outcomes, such as an expanded space of action for the (ex-)partners, and safer and healthier childhoods for children growing up in violent households.

Combining both aspects, this paper shows what works for whom in preventing domestic violence and we hope that practitioners and policy will apply this knowledge in their work.

WHAT WORKS FOR WHOM IN PREVENTING DOMESTIC VIOLENCE AND INTIMATE PARTNER HOMICIDE

Intimate partner homicide is rarely a crime of passion but rather the fatal outcome of a long process of coercive control and intimate terrorism by means of physical, psychological or sexual abuse. We can prevent this tragic result of domestic violence by intervening in its process.

Our toolbox highlights two specific aspects:

The need for targeted and tailored approaches. Domestic violence is often treated as a single phenomenon, yet we can identify different types: situational couple violence and intimate terrorism. For prevention, it is important to recognise that the causes of both types are also different and should therefore be approached differently.

Perpetrator programmes. These programmes work with violent men and aim to increase their sense of responsibility and accountability for their behaviour. If these are carried out correctly, research shows that promising results can be achieved with regard to reducing the severity and/or frequency of violence and several other outcomes, such as an expanded space of action for the (ex)partners and safer and healthier childhoods for children growing up in violent households.

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CONTACT DETAILS

EUCPN Secretariat

Email: eucpn@ibz.eu

Website: www.eucpn.org



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