

Winston Churchill Travelling Fellowship

Working with Male Perpetrators of Domestic Violence: Comparing policy and practice in Canada and Norway with the UK



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INTRODUCTION

I feel extremely fortunate to have been afforded the opportunity of a Fellowship from the Winston Churchill Memorial Trust. In my application and at interview I emphasised the need to develop a greater knowledge and understanding of how society deals with men who are abusive to their current or former intimate partners. To do this I asked to visit Scandinavia and North America to look at policy and practice in two very different contexts. Little did I realise at that time how the Fellowship would provide me with such a rich and varied set of experiences.

In this report I seek to set out the purpose of my Fellowship; what I did; and the learning I have gained. In doing so I am indebted to everyone who took the time to meet with me in Norway and Canada, especially those who looked after me so well. I am indebted to the many people who gave so freely of their time, and were so hospitable to a traveller from another country.

I would also like to record my gratitude to Julia Weston in the Trust office, who made all the administrative arrangements so straightforward. Finally, I would like to thank the Winston Churchill Memorial Trust for entrusting me with this wonderful opportunity. As I move forward I aim to put this learning to good effect through my teaching and my research. I hope that I can do justice to Sir Winston's memory, and the legacy he has left behind.

PURPOSE OF FELLOWSHIP

Domestic violence (also referred to as domestic abuse or intimate partner violence in the literature) is a significant social, health and legal issue affecting both adults and children. Significant numbers of both women (7%) and men (5%) have been subjected to at least one incident of domestic violence in the past year in the United Kingdom (ONS, 2013).

Whilst domestic violence is not a new phenomenon the past thirty five years since the publication of the UN Convention on the Elimination of all Forms of Violence Against Women (CEDAW) has seen increasing public awareness and a growing political consensus that something needs to be done, even if what should be done is less clear. At both national and international levels governments in most industrialised nations have developed and ratified a range of policy initiatives and strategies designed to reduce the incidence and prevalence of domestic violence.

At a transnational level the Europe Commission and the Council of Europe have devoted considerable time and money to discussing the issue of domestic violence and agreeing how it should be tackled. This has filtered down to national governments, with most countries having strategies designed to tackle domestic violence at both a societal and individual level. These strategies typically consist of three complementary strands:

- to introduce measures to prevent domestic violence occurring in the first instance or to limit its reoccurrence;
- where domestic violence does occur, to ensure that victims receive prompt and comprehensive support; and,
- to ensure that those who perpetrate domestic violence are held to account for their behaviour.

Whilst it is now recognised that domestic violence covers abuse across genders, regardless of age, ethnicity or sexuality, it is also broadly accepted that men are more likely to be perpetrators of violence, and that women tend to suffer more severe physical assaults over a longer period of time, with women separated from their partner at greatest risk (Allen, 2011). During 2011/2012 88 women and 17 men were murdered by their current or former partner in England and Wales (ONS, 2013).

As such it should not be a surprise that domestic violence accounts for 16% of all violent incidents reported to the police. It has more repeat victims than any other crime, with repeat victimisation accounting for 73% of all incidents of domestic violence. Analysis of repeat victimisation in a Northern Ireland Crime Survey revealed that almost half (49%) of all victims experienced domestic violence from the perpetrator of their worst incident on more than one occasion, with over a quarter

(27%) victimised on four or more occasions. Seventeen per cent of all female victims had suffered threats and/or force from a partner while they were pregnant. For over half of these females (56%) the violence had started during their pregnancy (Carmichael, 2008). In general, most perpetrators of domestic violence never, or only infrequently, come into contact with the police, let alone the courts. The police come to know of less than a quarter of the worst cases of domestic violence, and of those incidents reported, only about a quarter result in arrest, with convictions being even lower (Crown Prosecution Service, 2012).

In viewing domestic violence from this perspective there is a need to ensure that a strong message is conveyed that domestic violence is socially unacceptable, and that just as there are negative consequences for victims as a result of experiencing violence and abuse, so too should there be negative consequences for perpetrators. These consequences should be both intrinsic, in the form of shame for behaving in such a way, and extrinsic, in the very public sanction of such acts. In this discourse accountability is synonymous with being held to account by the state, rather than men taking responsibility for their own behaviour. The underlying assumption is that most men will not take responsibility for their behaviour without an extrinsic motivator (Mahon, Devaney and Lazenbatt, 2009), and in the UK context this has increasingly been one in favour of criminal justice intervention (Gadd, 2012). Addressing the Women's Aid Federation in England in 2010, the Home Secretary, Theresa May, argued that success in tackling domestic violence would be measured by whether "more women have been helped, more abusers have been brought to justice and more attitudes have been changed" (May, 2010).

However, there is increasing research evidence which argues that:

- most perpetrators of domestic violence are not held accountable by the criminal justice system
- current interventions used with men who perpetrate abuse and violence towards their partners have mixed outcomes in terms of effectiveness, and,
- the rate of domestic violence does not appear to be decreasing.

It is against this backdrop that this Fellowship was undertaken.

OBJECTIVES OF FELLOWSHIP

The Fellowship objectives were to:

- explore the legal and policy frameworks in Norway and Canada relating to domestic violence and work with male perpetrators
- explore the range of interventions being used with male perpetrators of domestic violence in each country, and to examine their effectiveness
- assess the suitability for use in the UK of these interventions for male perpetrators of domestic violence

FELLOWSHIP ITINERARY

The Fellowship saw me travel to Norway from 26th October 2012 to 9th November 2012, and to Canada from 31st July 2013 to 12th August 2013. The two countries were chosen as they have a long and highly regarded reputation for working with the issue of domestic violence.

Norway is a large but sparsely populated country, with a population of 4.72 million people. Situated in Northern Europe, the country is economically wealthy, and is seen to have a well-developed social welfare system. The Fellowship included time in the two principal cities of Oslo and Bergen visiting researchers, policy makers and practitioners. Canada is also a large and relatively sparsely populated country, although it has a population of 35 million people. Situated in North America the country consists of ten provinces and three territories, and the Fellowship was confined to the most populous state, Ontario, principally the cities of Toronto, London and Brantford. Canada is seen as having a social welfare system mid-way between the USA and UK, with higher levels of social and health expenditure than their neighbour the USA, but a less comprehensive welfare state compared to the UK.

I chose these two countries due to their cultural, economic and social similarities to the UK, and the international recognition in academic and policy spheres about their innovative approaches in responding to domestic violence. Norway is seen as the epitome of a gender equal society, underpinned by very progressive legislation, economic, social and civil policies. Given my interest in work with perpetrators of domestic violence I was interested in further understanding how such a progressive liberal society deals with the issue of domestic violence, and how this is framed philosophically and politically. In contrast Canada is a more conservative country, but it is recognised as being the cradle of many of the innovations used within the UK in responding to domestic violence. As such, given the focus of my Fellowship, I wanted to explore how domestic violence is responded to in Canada, and how work with perpetrators is currently practised and evaluated.

PART ONE – NORWAY

I was fortunate to have met Dr Carolina Øverlien at an academic conference during the year prior to my Fellowship. In addition I had met Dr Lars Kristofferson when he visited Queen's University Belfast a couple of years previously. Both of these acquaintances were instrumental in assisting in the organisation of my itinerary in Norway.

Oslo, Norway

- 1. Dr Arnfinn Andersen, Research Director; Dr Carolina Øverlien, Head of Unit; Dr Ingunn Askeland, Research Fellow.**

Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)

<http://www.nkvts.no/en/Pages/Index.aspx>

NKVTS is a government funded research institute currently undertaking one of the largest studies in Europe into the effectiveness of therapeutic programmes working with perpetrators of domestic violence. The purpose of my visit was to discuss the initial findings from their study, and to discuss methodological issues related to assessing the effectiveness of intervention programmes.

A number of meetings took place with staff and I presented at a seminar held by the Centre.

2. Marius Råkil, Executive Director

Alternatives to Violence (ATV) <http://atv-stiftelsen.no/engelsk>

ATV is the largest provider of therapeutic programmes in Scandinavia and the Baltic countries for individuals who perpetrate violence against their current or former intimate partners. I met with the Executive Director to discuss their various programmes, and how these differ between countries. We explored the differing theoretical ideas informing different ways of working with those who perpetrate violence in their intimate relationships.

3. Dr Anne Lindboe, Ombudsman; Tone Viljugrein, Senior Advisor

Norwegian Ombudsman for Children <http://barneombudet.no/>

Dr Lindboe is the current Ombudsman for children in Norway. A paediatrician by background, she has substantial expertise in working with children affected by family violence. We met with one of her colleagues to discuss the policy context relating to family and domestic violence in Norway, and how Governmental strategies seek to prevent domestic violence occurring, and where it does, to respond promptly and effectively.

4. Visit to a Social Services Office and Child Protection Team, Oslo suburb, Norway

Met with managers and social workers working with families experiencing domestic violence. This allowed for a comparison between the legal, policy and practice contexts of the UK, Norway and Canada.

5. Astrid Johanne Pettersen, Executive Director

Oslo Children's House (Statens Barnehus)

<http://www.statensbarnehus.no/barnehus/oslo/english/>

A government funded centre working with the courts and police in respect of children who disclose family violence. This visit provided an insight into the criminal justice response to children who have been subjected to family violence.

6. Dr Lars Kristofferson, Senior Research Director; Dr Elisiv Bakketeig, Senior Researcher; Kari Stefansen, Researcher

NOVA – Norwegian Social Research Institute

<http://www.hioa.no/eng/About-HiOA/Centre-for-Welfare-and-Labour-Research/NOVA>

NOVA is a research institute attached to Oslo and Akershus University College of Applied Sciences. The institute undertakes a range of studies into family life. I met with staff who specialise in research relating to children who experience abuse and neglect. This research informs our understanding of the impacts on children, and the effectiveness of interventions.

7. Dr Arild Bjorndal, Executive Director

RBUP - Centre for Child and Adolescent Mental Health Eastern and Southern Norway

<http://www.oslo-universitetssykehus.no/omoss/avdelinger/bup-oslo-nord/Sider/enhet.aspx>

Dr Bjorndal is co-Editor in Chief and a member of the Campbell Collaboration Steering Group. The Campbell Collaboration seeks to help policy makers and professionals make well-informed decisions by preparing, maintaining and disseminating systematic reviews of the research evidence in education, crime and justice, and social welfare. Meeting with Dr Bjorndal allowed me to consider the way that evidence should be gathered about the effectiveness of interventions. This will inform some of the outputs from the Fellowship.

Bergen, Norway

Dr Marit Skivenes, Professor

University of Bergen <http://www.uib.no/en>

Dr Skivenes is Professor of Child Welfare at the University of Bergen and is internationally recognised for her work on comparative studies of child welfare systems. I met with Dr Skivenes colleagues and presented at a seminar held by the University. Given Dr Skivenes work I was able to explore how my trips between Norway, Canada and the UK could be connected and analysed in spite of what may seem like differences in the social welfare orientation of these countries.

PART TWO – CANADA

Toronto, Canada

1. Dr Katreena Scott, Associate Professor and Clinical Psychologist

University of Toronto <http://www.oise.utoronto.ca/oise/Home/index.html>

Dr Scott is internationally recognised for her research relating to domestic violence. I met with Dr Scott and some of her postgraduate students to hear about their current and recent work, and to discuss ways of researching this phenomena. Dr Scott has developed innovative approaches and insights into domestic violence, and this visit allowed us to explore the potential for developing more sophisticated responses by professionals and services.

2. Dr Zoe Hilton, Senior Research Scientist

Waypoint Centre for Mental Health Care <http://www.waypointcentre.ca/>

Dr Hilton and colleagues have developed tools for assessing the likelihood of recidivism by male perpetrators of domestic violence. We discussed her work and its transferability to a different context, allowing for different cultural and criminal justice contexts.

3. Mary McConville, Executive Director; Mary Juric, Director of Service; Dr Bruce Leslie, Manager of Quality Assurance and Outcomes Measurement

Catholic Children's Aid Society Toronto <http://www.torontoccas.org/>

The Children's Aid Society provides statutory social services to children and families in the city of Toronto. I met with their management team to discuss how they work with issues of domestic violence. This allowed for a comparison between the legal, policy and practice contexts of the UK and Ontario.

4. Dr Ramona Alaggia, Associate Professor

University of Toronto <http://www.socialwork.utoronto.ca/faculty/bios/alaggia.htm>

Dr Alaggia is well regarded in relation to her research exploring the impact of domestic violence on victims. I had a brief meeting with Dr Alaggia to share some areas of mutual interest.

London, Ontario, Canada

5. Dr Linda Baker, Learning Director; Dr Peter Jaffe, Director

*Centre for Research & Education on Violence Against Women & Children,
Western University* <http://www.vawlearningnetwork.ca/>

Drs Baker and Jaffe have international reputations in their research on domestic violence and domestic homicides. I spent the day with them discussing their work and the learning they have gleaned about working with perpetrators of domestic violence and their families. Dr Baker's work was of interest in terms of how issues relating to domestic violence can be communicated to diverse audiences, such as the general public and professionals. In addition, Dr Jaffe was able to discuss the role of homicide reviews in strengthening the professional response to domestic violence.

Brantford, Ontario, Canada

6. Andy Koster, Executive Director

Children's Aid Society, Brant
<http://www.casbrant.ca/>

The Children's Aid Society provides statutory social services to children and families in the city of Brantford. I met with Mr Koster principally due to his work on family and domestic homicide across Canada.

In addition, due to the award of my Fellowship and the publicity associated with it I received two invitations to contribute to events:

**European Commission Exchange of Good Practice on Gender Equality –
Measures to fight violence against women**

Madrid, Spain 16th-17th April 2013

http://ec.europa.eu/justice/gender-equality/other-institutions/good-practices/review-seminars/seminars_2013/vaw_en.htm

I was invited by COSC, The National Government Office for the Prevention of Domestic, Sexual and Gender-based Violence, Ireland (<http://www.cosc.ie/>) to act as their independent expert at this event based on my interest in and knowledge of the topic.

Centre for Social Justice, Seminar on domestic abuse

London, 12th June 2013

<http://www.centreforsocialjustice.org.uk/policy/published-policy/domestic-abuse>

I was invited to attend a seminar discussing the launch of the Centre's report on domestic violence.

KEY LEARNING

The Scale of Domestic Violence

Domestic violence knows no legal or cultural boundaries. In 2008 the United Nations launched the UNiTE campaign. The goals of the campaign are:

- Adoption and enforcement of national laws to address and punish all forms of violence against women and girls, in line with international human rights standards.
- Adoption and implementation of multi-sectoral national action plans that emphasize prevention and that are adequately resourced.
- Establishment of data collection and analysis systems on the prevalence of various forms of violence against women and girls.
- Establishment of national and/or local campaigns and the engagement of a diverse range of civil society actors in preventing violence and in supporting women and girls who have been abused.
- Systematic efforts to address sexual violence in conflict situations and to protect women and girls from rape as a tactic of war and full implementation of related laws and policies.

Recent estimates of the lifetime prevalence of domestic violence among European women report that roughly 12% to 16% of women have, at some point in their lives, experienced an episode of physical abuse at the hands of their partner since reaching the age of 16 (Council of Europe, 2008).

Norway is regarded as being one of the most gender equal countries in the world, and yet surveys indicate that every fourth woman has been subjected to violence or threats of violence. In addition, Norway has the same number of partner homicides as Spain in relation to the population. As Spain tops the European statistics with about 70 partner homicides per year, concerns have been expressed about why the relative figure in Norway is so high given the strong policy framework and political will to promote gender equality (Lysbakken, 2010). In 2007 as a response to these issues the Government launched *Handlingsplan mot vold i nære relasjoner* (Action plan to combat domestic violence).

In Canada family violence accounted for 26% of all police-reported violent crime in 2011 (the most recent year that statistics are available for), a proportion similar to 2010. About half (49%) of the nearly 95,000 victims of family violence were in a current or previous spousal relationship with the accused, including both common-law and legally married partnerships. An additional 18% of victims were children of the accused, 13% were extended family members, 11% were siblings and 9% were parents, often in their senior years (Statistics Canada, 2013). It is estimated that one

in twelve children aged 4 to 7 years has witnessed domestic violence in the home (Moss, 2003).

As such, both countries have levels of family and domestic violence that are comparable to the United Kingdom, and estimates of lifetime prevalence found in other countries, including USA and New Zealand, among others (Archer, 2006).

One of the recurring themes in both Norway and Canada was that while domestic violence can affect any person, regardless of age, gender, class, ethnicity or sexual orientation, it appears to be more prevalent in certain sections of the community. In Norway there was concern about higher levels of both sexual and physical violence within minority ethnic groups, whereas in Canada the high levels of substance misuse amongst some First Nation peoples seem to correspond with higher levels of violence against women. As Laing, Humphreys and Kavanagh (2013) note, some individuals may find they are multiply disadvantaged, especially if those who are attempting to provide services are not mindful of the intersection between these different issues. In both Norway and Canada policy makers were therefore mindful of the need to develop strategies that targeted the entire population, supported by specific actions for particular groups.

The legal and policy frameworks in Norway and Canada relating to domestic violence

Similar to the UK both Norway and Canada have specific legislation relating to both domestic violence and family violence. In each country there is strong social policy backed up by legislation that seeks to give a clear message that domestic violence is wrong, that victims deserve protection and support, and that those who perpetrate violence should be accountable for their actions. In many ways this is very similar to the United Kingdom.

This strong policy framework then needs to be translated by agencies and professionals in direct contact with citizens into services and actions that deliver the policy intent. Therefore the general public need to know who will provide services should they or someone they know become the victim or the perpetrator of domestic violence. It was interesting to note that in Norway there is a strong commitment from central government to direct funding of support services for all victims of domestic violence – this contrasts with both the United Kingdom and Canada, where some funding from central and local Government needs supplemented from other sources. When I spoke to policy makers in Norway it appeared that the country's strong focus on gender equality was linked to this policy, whereas activists in the United Kingdom and Canada felt that the gendered nature of domestic violence, with the majority of victims being women and children, resulted in it being given a lower political priority, especially during the current period of public spending retrenchment.

All three countries have a long tradition of attempting to work with perpetrators of domestic violence. In each country the majority of provision is provided by non-governmental organisations, although in both the United Kingdom and Norway a considerable amount of public funding supports this work. Central Government policy in respect of domestic violence in each country recognises the importance of perpetrators being held accountable for their abusive behaviour, and in addressing it.

Interventions being used with male perpetrators of domestic violence

Given the prevalence of domestic violence and that victimisation has been associated with an increased likelihood of substance abuse, depression, post-traumatic stress, suicidal ideation, injury, and death, it is unsurprising that there is a need to address the risk of repeat victimisation in abusive relationships. Professionals who seek to support victims and work with perpetrators want to know how to intervene in ways that will be perceived as helpful for individuals and wider society, and whether their interventions are more likely to result in positive outcomes. From speaking with experts throughout the time of the Fellowship there is an increased recognition that domestic violence covers a wide range of different types and patterns of behaviour, and that it is not static over time (Kelly and Johnson, 2008). If service providers do want to be able to assess the risk that victims are at, and to provide the most suitable services, then there is a need to be able to differentiate between types of domestic violence so that appropriate screening instruments and processes can be developed that more accurately describe the central dynamics of the partner violence, the context, and the most likely consequences (Hilton, Harris and Rice, 2009). This has the potential to lead to better decision making, better tailored support for victims and more appropriate sanctions for the perpetrator. For example, the social workers I met stated that when parents have separated there is a need to ensure that contact between children and the parent they are not residing with is considered and promoted. However, even if the children are not believed to be at direct risk of physical or emotional harm from domestic violence, consideration needs to be given by the court to the potential for an individual to further harm their ex-partner (Holt, 2014). Secondly, without more nuanced understandings of what motivates individuals to behave in the ways that they do, the tendency can be to have a single theory of causation that results in an approach to intervention with perpetrators that is based on a single model.

Group based programmes

To date the most established approach to working with male perpetrators of domestic violence in heterosexual relationships has been group based programmes (Gondolf, 2012). These were one of the main forms of intervention in both Norway and Canada. However, the evidence on the effectiveness of such programmes is

limited by the quality and variability of the programmes and differences in the research approaches adopted.

Gondolf (2012) summarises the current paradigmatic approaches to domestic violence perpetrator programmes as cognitive-behavioural, psycho-dynamic, and pro-feminist. Cognitive-behavioural programmes attribute violence to learned behaviours that perform an expressive, instrumental function; as a consequence, programmes adhering to this model emphasise that desistance from abusive behaviours must be learned through a process of cognitive restructuring. Psycho-dynamic approaches emphasise the personality and emotional disposition of the perpetrator as being central to desistance, by allowing perpetrators to recognise and reconcile latent feelings of emasculation that precipitate abusive impulses. Pro-feminist approaches view violence as originating from patriarchal values about the role of women in society, and typically aim to re-orient the way men seek to exert power and control over their partner (Hamilton, Koehler and Lösel, 2013).

The distinction between these treatment approaches is often more clear in theory than in practice. In reality, many programmes overlap and coalesce around unitary principles of how to reduce repeat abusive behaviour. For example, the most prevalent programme used worldwide is the Duluth model, which is an integrated, multi-agency approach that derives from the psycho-dynamic paradigm and incorporates elements from the cognitive-behavioural and pro-feminist models (Hamilton, Koehler and Lösel, 2013). However, the empirical evidence of effectiveness is limited. A systematic review by Smedslund *et al.* (2011) found that, at best, group-based programmes work for some male perpetrators, in some circumstances, some of the time, but for whom, how and when was still very unclear. Gondolf (2012), a proponent of group-based programmes, has argued that programmes do work, but that we need to better understand what components are likely to work for particular individuals, and for certain groups of offenders. He subscribes to the view that perpetrators of domestic violence are a heterogeneous group, and as such individuals are likely to be differentially responsive to treatment as they have both differing patterns of behaviour and motivations for their behaviour (Emery, 2011).

This is apparent in the discussions I had with experts in this area who felt that the diversity of philosophical positions that informed the theoretical underpinnings of the programmes, meant that there was little agreement about a number of key issues. For example, the lack of an agreed definition of domestic violence means who should be eligible for a programme varies widely. In turn this makes it difficult to assess the outcomes of different programmes and to make comparisons. Similarly, there is little agreement about what is a successful outcome – the complete cessation of abusive and violent behaviour, or a reduction? – and how to measure the outcomes – self reports, police reports or victim reports?

The visits in Norway highlighted that, in contrast with the UK and Canada, programmes are more likely to be informed by a psycho-dynamic paradigm, seeing domestic violence within the context of an individual's life experiences and wider needs. As such there is a strong emphasis on assessing individuals and tailoring intervention programmes to the particular needs of the perpetrator, whilst also being mindful of the needs of and on-going risks to victims (Askelund *et al.*, 2012).

Individual based interventions

In both Canada and Norway there is an acceptance that group based programmes may not be suitable for all perpetrators. This may be because an individual has a co-existing mental health and/or substance use problem, that needs worked with alongside issues relating to abuse of a current or ex-partner. In other instances it is accepted that the current abuse may be in part be related to previous unresolved trauma, such as child sexual abuse. This has resulted in the development of anger management and integrated substance abuse/domestic violence treatment programmes. However, evaluations of these latter types of treatment are rare, and those that do exist contain many methodological flaws (Barnish, 2004). In both countries there was a recognition that some individuals may need to engage and complete individual therapy before they were ready to participate in a group based programme.

Couple based interventions

Separation from their partner is often advocated as one solution for victims of domestic violence. This is a very appropriate response, yet we know that it does not always happen. In some instances victims feel very scared that the levels of violence will escalate if they leave, or attempt to leave. There is good evidence to support this view, given that women are at greatest risk of being killed by their partner either just before or shortly after they separate. In other instances victims are clear that they want the violence and abuse to stop, rather than the relationship to end. One study of those attending family therapy found that between 36% and 58% of couples who seek regular outpatient treatment have experienced male-to-female physical assault in the past year and 37% to 57% have experienced female-to-male physical assault (Jose and O'Leary, 2009). Discussions with those I spoke to and the little research there is in this area seems to indicate that couple based counselling may be suitable, but only for certain types of domestic violence, and with therapists who have received appropriate training and are working within agreed guidelines (Stith and McCollum, 2011).

Focusing on fathering

Alongside direct work with men in relation to their abusive behaviour towards their partner, there is a need to recognise that many perpetrators of domestic violence are also fathers. In Canada work with fathers has been on-going a separate but

complementary approach in working with perpetrators of domestic violence (for example, the Caring Dads Programme). There is a developing evidence base that such approaches do lead to improvements in parenting for some fathers (Scott and Lishak, 2012).

Engaging perpetrators of domestic violence

In order to help protect current and potential future victims, work to tackle domestic violence needs to include a focus on addressing the violent and abusive behaviour of those who perpetrate it. There are currently very few avenues of practical support - especially for perpetrators who recognise they have a problem and would like to change their behaviour (Stanley *et al.*, 2011), and for young people who perpetrate violence in their relationships (Barter *et al.*, 2009) to challenge their violent behaviour before it becomes entrenched.

Both Norway and Canada, in common with the United Kingdom, frame domestic violence as a criminal offence, even though in all three countries the level of criminal conviction remains low. In general, most perpetrators of domestic violence never, or only infrequently, come into contact with the police, let alone the courts. The police come to know of less than a quarter of the worst cases of domestic violence in the United Kingdom, and of those incidents reported, only about a quarter result in arrest. Convictions are even lower. In all countries very few perpetrators have thus had the opportunity to be referred to a perpetrator programme, as the majority of programmes are only available for perpetrators who have been convicted of a domestic violence offence (Buzawa, Buzawa and Stark, 2012; Crown Prosecution Service, 2012).

The service Alternatives to Violence in Norway, the main provider of perpetrator interventions in the country, works hard to encourage perpetrators to self refer to the service, with much success. Whilst there are services for perpetrators to self refer to in both Canada and the United Kingdom, my perception is that the proportion is much smaller than in Norway. A survey of group based perpetrator programmes across Europe (although Norway is not included) found that the majority of programme participants were in attendance as a requirement of a court order/direction (Hamilton, Koehler and Lösel, 2013). Even when participation is not court mandated there may be other influences encouraging attendance, such as ultimatums from partners or the requirement by social services where child protection concerns exist. As such, Alternatives to Violence has adopted social marketing approaches as a way to encourage men themselves to consider the quality of their intimate relationships and the impact of their behaviour on others. A similar approach has been trialled in England in Hull, with very promising early results (Stanley *et al.*, 2012).

This opens up the debate about whether perpetrators of domestic violence are more likely to engage with, and benefit from interventions if they themselves are of the view that they need to take part and may benefit. The feedback in both Norway and Canada was mixed in this regard. Whilst those who self-refer are less likely to be resistant to the intervention, there was also evidence that some individuals mandated to attend do seem to benefit and modify their abusive behaviour.

Domestic Violence Death Review

I was fortunate to spend some time with one member of the Ontario Domestic Violence Death Review Committee. Domestic homicide reviews have recently been introduced in England as a means of learning from a case about what might have been done differently that could have lessened the likelihood of the tragic outcome. Ontario established the first death review committee in Canada in 2002. The formation of the Ontario Domestic Violence Death Review Committee was in response to recommendations that arose from two separate, but major inquests into the domestic homicides of two women by their former male partners. These separate inquests generated several key recommendations that identified the need for education, training, and prevention programs; coordination of services and sharing of information; risk assessment, risk management, and safety planning; modification and reconstruction of justice programs (e.g., bail hearings) and police procedures; and conducting further research into domestic violence and homicide prevention. It was also recommended that a domestic violence death review committee should be created (Jaffe, Dawson and Campbell, 2013). In Ontario responsibility for the review rests with the Coroner's Office, supported by administrative staff and a panel of experts who review all records from agencies involved with the victim and perpetrator. Undertaking such reviews is not without its challenges, including the ability to undertake reviews in a timely fashion, involving surviving family members including the perpetrator, and having mechanisms for taking forward any recommendations. It was encouraging to note that the learning arising from the reviews does, in many instances, influence local policy and practice, and a key feature appears to be the commitment of local agencies to participate in the process.

CONCLUSION

This report, has, I hope, conveyed some of the learning I have gained from my Fellowship. I am indebted to the many people who gave so freely of their time, and were so hospitable to a traveller from another country. Since the return from the two parts of my trip I have been reflecting on my own personal learning, and the learning that I would want to share with others. Overall I think there are some key findings from the Fellowship:

- Domestic violence is a very common social problem and one that society still does not fully recognise or understand
- There is a need to invest in services to support both adult and child victims in the immediate aftermath of an incident and in the longer term. This support needs to be both practical and therapeutic
- If we do want to reduce the incidence and prevalence of domestic violence then we need to find ways of reducing the numbers of individuals behaving in abusive ways towards their current or former partners
- Individuals who are abusive to their current or former partner are very likely to repeat this behaviour. We need to find ways to encourage individuals to realise that their behaviour is inappropriate and to seek help – this may be through encouraging self-referral to services, or being mandated to attend services
- Perpetrators of domestic violence are a heterogeneous group, and as such a range of different types of interventions tailored to the particular needs of individuals are most likely to be effective
- Finding ways to better understand why some individuals are abusive towards their partners and whether interventions make a difference is important if we are to make a real difference and ensure that public funds are spent efficiently

Having been given this special opportunity to enhance my own knowledge and understanding of domestic violence and how to intervene with those who perpetrate abuse towards their current or former partner, there is an onus to share this learning. I intend to use the learning gained in the following ways:

- I made a presentation to an EU Good Practice Seminar in Madrid, Spain in April 2013 based on the learning gained from my Fellowship at that point. http://ec.europa.eu/justice/gender-equality/other-institutions/good-practices/review-seminars/seminars_2013/vaw_en.htm
- I have arranged to meet with the senior officials in the Department of Health, Social Services and Public Safety with responsibility for the Northern Ireland domestic and sexual violence strategy to share this report and the learning

gained through my Fellowship (by April 2014). This will inform the new Domestic and Sexual Violence Strategy for Northern Ireland which is currently being consulted upon.

- I have secured a contract with Routledge Publishers to write a book with two colleagues titled "*Domestic Violence Perpetrators – Evidence informed responses*". The book is due to be published in late 2015, and a copy will be forwarded to the Trust.
- Along with some of the individuals I met during the Fellowship we have organised a European Conference on Domestic Violence to take place at Queen's University Belfast from 6th-9th September 2015. It is anticipated that 400 policy makers, practitioners, researchers and academics from across Europe and North America will attend the conference to share research findings and practice developments from across Europe and beyond in relation to domestic violence and discuss the implications for policy and practice. A stream of the conference will be devoted to working with perpetrators of domestic violence.

In conclusion, I would like to repeat my thanks to the Winston Churchill Memorial Trust for affording me this wonderful opportunity. As I move forward I aim to put this learning to good effect through my teaching and my research. I hope that I can do justice to Sir Winston's memory, and the legacy he has left behind.

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