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# DOMESTIC AND SEXUAL VIOLENCE PERPETRATOR PROGRAMMES: ARTICLE 16 OF THE ISTANBUL CONVENTION



A collection of papers  
on the Council of Europe Convention  
on preventing and combating violence  
against women and domestic violence

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# **DOMESTIC AND SEXUAL VIOLENCE PERPETRATOR PROGRAMMES: ARTICLE 16 OF THE ISTANBUL CONVENTION**

**A collection of papers  
on the Council of Europe Convention  
on preventing and combating violence  
against women and domestic violence**

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# Introduction

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**P**erpetrator programmes are important elements of an integrated and comprehensive approach to preventing and combating violence against women, which, in turn, should be part of a comprehensive national policy or strategy.<sup>1</sup> Work with male perpetrators of domestic violence and sexual assault can contribute to a wider process of cultural and political change towards abolishing gender hierarchies, gendered violence and gender discrimination as well as other forms of personal and structural violence and discrimination.<sup>2</sup> In leading perpetrators to accept responsibility for their violence, perpetrator programmes are crucial to overcoming belief systems that tolerate, justify or outright condone violence against women. The Council of Europe Convention on preventing and combating violence against women and domestic violence (hereinafter Istanbul Convention) embeds such programmes in a wider strategy to prevent violence against women and requires states parties to invest in programmes for domestic violence perpetrators and for sex offenders (Article 16).

This paper aims to provide practical advice to policymakers and practitioners on the design of the required intervention programmes, based on the evidence from evaluated practice where available, alongside practice that is considered “promising”. It explains how investing in perpetrator programmes can help prevent domestic and sexual violence by disrupting pathways to perpetration and concludes with a checklist of essential elements for both types of programmes.

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1. For the purposes of this document, the term “perpetrator” is used to describe men who deliberately use violent and abusive behaviour to control their partner or former partner, whether or not they have been charged, prosecuted or convicted.
  2. Work with Perpetrators of Domestic violence in Europe – Daphne II Project 2006-2008 at [www.work-with-perpetrators.eu](http://www.work-with-perpetrators.eu).

# The scope of Article 16

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**R**ooted in the desire to develop a response to individual men who use physical, psychological or sexual violence against women, Article 16 of the Istanbul Convention requires states parties to set up or support two separate types of programmes: those targeting domestic violence perpetrators (Article 16, paragraph 1) and others designed for sex offenders (Article 16, paragraph 2). More specifically, Article 16 outlines that these programmes must ensure the safety and support of victims and that specialist support services such as women’s shelters or rape crisis centres should be turned to for co-operation in this regard.

## **Article 16 – Preventive intervention and treatment programmes**

(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.

(2) Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.

(3) In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims.

The explanatory report to the convention further explains that domestic violence intervention programmes should be based on best practice and what research reveals about the most effective ways of working with perpetrators. Programmes should encourage perpetrators to take responsibility for their actions and examine their attitudes and beliefs towards women. This type of intervention requires skilled and trained facilitators. Beyond training in psychology and the nature of domestic violence, they need to possess the cultural and linguistic skills that will enable them to work with a wide diversity of men attending such programmes.



Moreover, it is essential that these programmes are not set up in isolation, but closely co-operate with women's support services, law enforcement agencies, the judiciary, probation services and child protection or child welfare offices where appropriate. Participation in these programmes may be court-ordered or voluntary. In either case, it may influence a victim's decision to stay with or leave the abuser, or provide the victim with a false sense of security. As a result, priority consideration must be given to the needs and safety of victims, including their human rights.

With respect to sex offender programmes, Article 16 contains the obligation to set up or support treatment programmes for perpetrators of sexual assault and rape. These are programmes specifically designed to treat convicted sex offenders in and outside prison, with a view to minimising recidivism. Across Council of Europe member states, many different models and approaches exist. While the Istanbul Convention allows flexibility to the parties on how to run such programmes, their ultimate aim must be preventing reoffending and successfully reintegrating perpetrators into the community.

# An overview of perpetrator programmes in Europe

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**T**here are different types of perpetrator treatment programmes currently implemented across Europe. These include:

- ▶ treatment programmes delivered within prison (for both sexually violent men and domestic violence perpetrators);
- ▶ probation-led behavioural change programmes for convicted perpetrators (mainly for domestic violence perpetrators and implemented by voluntary associations);<sup>3</sup>
- ▶ community-based behavioural and attitude change programmes delivered by non-governmental organisations (NGOs) and other agencies that have links to the criminal justice system (mainly for domestic violence perpetrators, for example where referral from the criminal justice system may then be a condition for dropping criminal charges);
- ▶ community-based behavioural and attitude change programmes delivered by NGOs and other agencies that have no link to the criminal justice system (mainly for domestic violence perpetrators).

Programmes for domestic violence perpetrators and sexual violence perpetrators tend to be administered separately. However, there are important connections between these types of programmes, consistent with the practice of working across different forms of violence against women. In a very recent survey, 43 or 32.1% of the 134 perpetrator programmes that responded said that they also offered interventions for sex offenders.<sup>4</sup> A previous survey in 2007 found that 48 or 28.2% of the 170 programmes that answered also offered sex offender interventions.<sup>5</sup>

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3. In some member states these are also open to men who have not been prosecuted or convicted which, it is suggested, can be an important prevention strategy as the majority of men who commit domestic violence against women are never prosecuted.
  4. Geldschläger H., Ginés O., Nax D. & Ponce A. (2014), "Outcome measurement in European perpetrator programmes: a survey", unpublished working paper from the Daphne III project IMPACT: Evaluating European Perpetrator Programmes.
  5. Daphne II project "WWP – Work with Perpetrators of DV in Europe". The survey findings are available here: <http://archive.work-with-perpetrators.eu/en/overview.php>.

# Domestic violence perpetrator programmes

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Since the 1980s, work with perpetrators that is rooted in women's safety and domestic violence prevention has increasingly become recognised as a key element of domestic violence support services. A key component of the widely emulated United States (US) Duluth model<sup>6</sup> for tackling domestic violence is "treatment" for perpetrators. Based on a theory of power and control, the intervention was developed to assist a process of change in male perpetrators towards non-violence by exploring with each perpetrator the intent and source of his abusive behaviour.

The majority of existing domestic violence perpetrator programmes take a cognitive-behavioural or psycho-educational approach to perpetrator treatment and tend to be situated in the criminal justice field (offered through the probation or prison service) with the remainder delivered in the community. Many take an approach which combines techniques from cognitive-behavioural and other psychotherapeutic interventions with awareness raising and educational activities, usually using an understanding of domestic violence which is based on research evidence about its gendered nature and dynamics. Other programmes may be based to a greater extent on psychodynamic approaches, but still tend to structure the intervention along similar lines to the Duluth approach.

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6. Developed in 1980, the Duluth model (DAIP – Domestic Abuse Intervention Project) advocates a co-ordinated community approach to tackling domestic abuse, putting the safety of women and children at the centre and requiring agencies to work together to protect victims whilst consistently holding perpetrators accountable for their abuse or violence through intervention that offers them an opportunity to change. See <http://theduluthmodel.org/about>.

A core element of domestic violence perpetrator intervention is behavioural change “treatment”, which is based on the principle that men must take responsibility for their violent behaviour and that such behaviour can be unlearned. Programmes often use a combination of group and individual work to help perpetrators understand their abusive behaviour and recognise their active role in the use of violence. Programmes that explore with perpetrators the consequences of their abusive behaviour in terms of its impact on their partner (and children) aim to increase empathy, accountability and motivation to change, and challenge gender stereotypes and hostile attitudes towards women. This type of approach works to disrupt the “pathways’ to gender-based violence by addressing the “masculine self” and “emotional and cognitive deficits’ which result in hostility and a general lack of empathy and respect for women. Perpetrator programmes are not addiction treatment programmes, but some of them may include components that address “stimulus abuse” (drugs, alcohol), “intimacy deficit” or “depersonalised sexual socialisation” which can lead to a desire for sexual conquest and control.

There are three different paths of entry to existing domestic violence perpetrator programmes:

- ▶ programmes accessed on a voluntary basis (self-referral can be motivated by either a moment of “crisis”, for example when their partner has left or threatened to leave them or there are child contact issues;<sup>7</sup> pressure from or contact with agencies such as social services, general practitioners or other health services; or a genuine desire to change);
- ▶ programmes operating within the criminal justice system after prosecution – either in or out of prison (participation can be mandatory and/or voluntary);
- ▶ programmes operating within the community and accessed through a referral from the criminal justice system (where there is no prosecution).

*“I actually punched the wife ... we have our arguments but after doing that it was something I never want to do again, so she went to her sister's and I went to the doctor and asked where I could go for help.” (Wade)<sup>8</sup>*

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7. Hester M. et al. (2006), *Domestic Violence Perpetrators: Identifying Need to Inform Early Intervention*, Northern Rock Foundation and Home Office, London.

8. Ibid, p. 12.

## Understanding what works

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Comparing existing European studies of domestic violence perpetrator programmes is challenging due to the different types of evaluation designs employed, with different outcome measures from different types of programmes, addressing different groups of perpetrators, who follow different paths of entry and who have different motivations for attending. Not tackling perpetrator behaviour at the individual level will be enormously costly to society. However, great care needs to be taken in the establishment of programmes to avoid the potential risk of doing more harm than good. This means that in identifying the evidence for practice, careful attention needs to be paid to the limitations of existing evaluations and the implications for suggesting what might be good or promising practice.

To date, research from Europe and North America has failed to discern which treatment approaches work better than others because many programmes use a mix of treatment methods, making any kind of robust evaluation difficult in terms of identifying the effects of the different programme components.<sup>9</sup> Although it is difficult to identify with certainty what “works” in perpetrator programmes, research has observed various positive results.<sup>10</sup> The existing evidence suggests that perpetrator programmes can have at least some moderate success in terms of reducing the severity and/or frequency of violence against women<sup>11</sup> and that increasing the number of perpetrators who complete such treatment programmes can reduce overall offending.<sup>12</sup> There is therefore potential for these programmes to make an important contribution to tackling domestic violence beyond arrest and criminal justice sanctions.<sup>13</sup>

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9. Akoensi T. et al. (2012), “Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence”, *International Journal of Offender Therapy and Comparative Criminology*, vol. 57 (10): 1206-25, p.1217.

10. *Ibid.*, p. 1216.

11. Gondolf E. (2002), *Batterer intervention system: issues, outcomes and recommendations*, SAGE Publications, Thousand Oaks, CA; Dobash R.E., Dobash R.P (2000), “Evaluating criminal justice interventions for domestic violence”, *Crime and Delinquency*, April 2000, vol. 46 No. 2, pp. 252-70; Saunders D.G. (2008), “Group interventions for men who batter: a summary of program descriptions and research”, *Violence and Victims* 2008, vol. 23, No. 2, pp. 156-72.

12. Mayer R. (2004), *To BIP, or not to BIP?* Presented to York/Springvale (ME) Domestic Violence Case Co-ordination Project advisory board, June 8, 2004; also, presented to Cumberland County (ME) Violence Intervention Partnership advisory board in Munro T. (2011), *Domestic Abuse Report 5: Conditional Cautioning & Male Perpetrator Programmes*. Report completed as part of 2010-11 Fulbright Police Research Fellowship awarded by the US-UK Fulbright Commission.

13. Dobash R.E., Dobash R.P (2000), *op. cit.* (note 11).

## Voluntary versus mandatory participation

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A common challenge for all perpetrator programmes is a high level of attrition. Limited evidence suggests that programme completers have the strongest motivation to change, but the reasons why an individual participates in a perpetrator programme can vary widely and both the source of referral and the source of motivation can effect programme completion. While voluntary (self-referrals) are likely to manifest greater motivation to change, research also suggests that court-mandated participation, where attendance is backed up by “swift and certain” sanctions for non-attendance or drop-outs, can work because programme completers are less likely to re-offend.<sup>14</sup> However, such mandated programmes only work with the minority of offenders who have been charged or convicted and fail to reach perpetrators who have not yet come to the attention of the criminal justice system (thus only addressing the tip of the iceberg).

Perpetrators who self-refer to programmes for reasons such as gaining access to their children or fear of losing their partner (extrinsic motivation) may not be motivated by a genuine desire to change. Conversely, these reasons may also make it more likely that a man will engage on the programme for a longer period. The evidence suggests that motivational factors to attend treatment may change over time, and where a perpetrator is engaged on a programme for a longer term, the more likely they are to experience a change in motivation, developing a more intrinsic desire to change or control their behaviour.<sup>15</sup> Therefore, in order to engage the widest possible group of perpetrators (prosecuted or not prosecuted, mandated or self-motivated) experts tend to agree that there is a need for both voluntary and court-mandated perpetrator programmes.<sup>16</sup>

*“My wife just said, ‘I have had enough. You either sort it out or we are going to have to go our separate ways’. I did not want to lose my wife and children ... I was arrested by the police and banned from my own pub, so I decided that I needed to change.” (Noel)<sup>17</sup>*

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14. Munro T. (2011), op. cit. (note 12).

15. Stanley N. et al. (2011), *Strength to Change: Report of the evaluation of a new initiative for perpetrators of domestic violence*.

16. Kelly L. (2008), *Combating violence against women: minimum standards for support services*, Council of Europe, Strasbourg, p. 19.

17. Hester M. et al. (2006), op. cit. (note 7).

To improve the chances of effective intervention, programme developers should take measures to maximise programme retention/completion. The different sources of motivation for attendance and the effects this has on programme completion – and success in terms of changing attitudes and behaviour – must be understood and taken into consideration during the planning and design stage. Suggested ways to improve completion rates include introducing screening procedures at the initial stage of contact to assess motivational factors (voluntary referrals), increasing the frequency of sessions to keep men motivated to attend<sup>18</sup> and assisting men to assume total responsibility for their violent behaviour.<sup>19</sup>

## Perpetrators and children

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Children living in an abusive environment are always, directly or indirectly, affected by domestic violence.<sup>20</sup> As part of a co-ordinated community/inter-agency response to addressing violence against women, work with male perpetrators must link in with agencies that work to keep children safe. Some perpetrator programmes include work on parenting, but there is little research evidence to say whether programmes actually change violent men's fathering.<sup>21</sup> What research does suggest is that domestic violence perpetrator programmes have the potential to enhance children and young people's lives and that accountability for violence should be extended to the impact this violence has on children. Programmes should enable men to communicate with their children about the steps they are taking to end their abusive behaviour.<sup>22</sup> Respect UK has made safe fathering a central focus of their accredited programmes.

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18. Stanley N. et al. (2011), op. cit. (note 15).

19. Cadsky O. et al. (1996), "Attrition from a male batterer treatment program: client-treatment congruence and lifestyle instability", *Violence and Victims*, Spring 1996, vol. 11, No. 1, pp. 51-64 in Lila M., Gracia E., Murguía S. (2013), "Psychological adjustment and victim-blaming among intimate partner violence offenders: The role of social support and stressful life events", *The European Journal of Psychology Applied to Legal Context* 2013, vol. 5, No. 2, pp. 147-53. Available at <http://ejpalc.elsevier.es/en/psychological-adjustment-and-victim-blaming-among/articulo/90208625/>.

20. Work with Perpetrators of Domestic Violence in Europe – Daphne II Project, op. cit. (note 1).

21. Harne L. (2011), quoted in Alderson S., Westmarland N. and Kelly L. (2013), "The need for accountability to, and support for, children of men on domestic violence perpetrator programmes", *Child Abuse Review* 2013, vol. 22, issue 3, pp. 182-93 (published online 7 November 2012 in Wiley Online Library).

22. Alderson S., Westmarland N. and Kelly L. (2013), *ibid*, pp. 190-91.

## Defining success

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When designing perpetrator programmes a range of outcome measures must be factored in to the planning process. In defining “success”, programme developers should aim to do much more than just ending the violent behaviour of the perpetrator. Recent research<sup>23</sup> suggests a nuanced and subtle understanding of “success” (that is perhaps more realistic and grounded) which includes:

- ▶ an improved relationship between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication;
- ▶ for partners/ex-partners to have an expanded “space for action” which empowers through restoring their voice and ability to make choices, while improving their well-being;
- ▶ safety and freedom from violence and abuse for women and children;
- ▶ safe, positive and shared parenting;
- ▶ for men on programmes, enhanced awareness of self and others, including an understanding of the impact that domestic violence has had on their partner and children;
- ▶ for children, safer, healthier childhoods in which they feel heard and cared about.

Thus, while maximising programme completion is an important factor, this alone will not lead to programme “success”. In addition to low levels of programme completion, an important challenge for programmes is the high level of victim-blaming amongst perpetrators. Emerging research suggests that in order to increase their effectiveness, intervention programmes should include some focus on the psychological adjustment of domestic abuse perpetrators that can reduce victim-blaming, for example by improving

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23. Westmarland N., Kelly L. and Chalder-Mills J. (2010), *Domestic violence perpetrator programmes: what counts as success?* (Briefing Note 1), Respect, London, p. 15. Available at [www.respect.uk.net/data/files/respect\\_research\\_briefing\\_note\\_1\\_what\\_counts\\_as\\_success.pdf](http://www.respect.uk.net/data/files/respect_research_briefing_note_1_what_counts_as_success.pdf).



self-esteem and depressive symptomatology. Programmes should also help change existing attitudes that perpetuate violence against women rather than focusing solely on changing the offender's behaviour per se. Therefore, it is suggested that for programmes to increase their chances of "success", they should aim to achieve:

- ▶ an increase in perpetrators' perception of the severity of their violence: a large proportion of perpetrators do not see their violent behaviour as a crime, but in fact as "normal";
- ▶ an increase in assumed responsibility by perpetrators for violence: perpetrators blame the victim for provoking their violent or abusive behaviour and avoid taking responsibility;
- ▶ a reduction in the risk of recidivism by identifying individual psychosocial factors linked to the perpetration of domestic violence that can be used to establish bespoke protection measures for victims.

Intervention approaches that specifically aim to increase motivation to change and adherence to treatment are being increasingly recognised as important paths to improve the effectiveness of intervention programmes for domestic abuse perpetrators.<sup>24</sup>

## **Minimum standards for practice**

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A further important development in work with perpetrators is the emergence of minimum standards for practice and accreditation with the aim of ensuring quality and consistency when delivering perpetrator programmes. The Council of Europe has compiled evidence-based minimum standards for service provision which includes minimum standards for perpetrator programmes.<sup>25</sup>

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24. Lila M., Gracia E., Murguía S. (2013), op. cit. (note 19).

25. Council of Europe (2008), *Combating violence against women: minimum standards for support services*, Council of Europe, Strasbourg.

In the United Kingdom (UK), the Respect Accreditation Standard provides a recognised framework for delivering programmes in many different ways, allowing skilled practitioners and effective projects to gain recognition for their work, to support safety oriented practice and to assist with fundraising and sustainability. It has a strong basis in human rights and gender analysis and is based on a non-discriminatory approach.<sup>26</sup>

In Germany, the Federal Association for Work with Perpetrators of Domestic Violence (Bundesarbeitsgemeinschaft Täterarbeit Häusliche Gewalt – BAG TäHG – e. V.) has continually developed common quality standards in conjunction with the inter-agency co-operative alliances against domestic violence for effective work with perpetrators. The definition of these standards is evidence-based, takes a multi-agency approach and was developed in co-operation with women support services and shelters to provide a victim perspective.<sup>27</sup>

## **Key principles of working with domestic violence perpetrators**

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Current standards, guidelines and existing evidence suggest that intervention programmes with perpetrators should:

- ▶ prioritise the safety of the women partners and their children by working in collaboration with victim support services. Programmes should offer women partners both group and individual support and assure that they are informed about the goals and the content of the programme, its limitations, how her partner can use his attendance to manipulate or control her and the possibility of receiving support and safety planning themselves;
- ▶ include the perspective of children living in abusive relationships as a priority, both in the direct work with the men and within the wider intervention with other agencies;
- ▶ work to a clear and comprehensive definition of violence against women and work to the explicit principle that violence against women and

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26. EIGE (2013) <http://eige.europa.eu/content/the-respect-accreditation-standard-and-process>.

27. EIGE (2013) <http://eige.europa.eu/content/standards-and-recommendations-for-working-with-male-perpetrators-in-the-context-of-interagen>.

children is unacceptable and that perpetrators are accountable for their abusive behaviour;

- ▶ assist perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others (while treating the perpetrator with respect);
- ▶ use an ecological model (such as the interactive model developed by Hagemann-White in 2010)<sup>28</sup> to understand the complexity and different paths that may lead up to violence and how perpetration factors may be disrupted at the societal, institutional, community and individual levels;
- ▶ be tailored towards different groups or “types” of perpetrators (based on their different criminogenic and personality needs);
- ▶ be implemented as part of an integrated/multi-agency approach and delivered over a minimum of two years, and therefore require significant investment and long-term commitment in terms of financial resource;
- ▶ take measures to maximise programme retention and completion;
- ▶ accommodate different referral routes or paths of entry;
- ▶ take into account the different sources of motivation at intake/initial assessment and monitor this throughout the programme to detect any possible changes in motivation over time;
- ▶ implement systematic risk assessment and management; including risk assessment at the intake phase and when the perpetrator’s behaviour indicates a possible change in level of risk. Risk assessment must include a variety of information sources, for example as a minimum, should include the victim/partner’s perspective and any official data available (police and other agency data). The use of extensive risk assessments can help to identify and monitor sources of motivation and any change over time, and can be instrumental in helping other agency staff, such as health, social or children’s services, to understand the dynamics of a relationship, including within a specific cultural context, and respond appropriately;

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28. Hagemann-White C. et al. (2010), *Factors at play in the perpetration of violence against women, violence against children and sexual orientation violence – A multi-level interactive model* (part of the Feasibility study to assess the possibilities, opportunities and needs to standardise national legislation on gender violence and violence against children for the European Commission; JLS/2009/D4/018), Publications Office of the European Union, Luxembourg. For more information, see Council of Europe (2014), *Preventing violence against women: Article 12 of the Istanbul Convention*, Council of Europe, Strasbourg.

- ▶ ensure a high level of qualification and training for facilitators (including a comprehensive understanding of the dynamics of violent relationships alongside a commitment to violence-free relationships and to gender equality) and offer specialist domestic abuse training to support other agencies' work;
- ▶ monitor, document and evaluate both processes and outcomes. Lessons for evaluation suggest that:
  - programmes should work with a wide definition of “success” that includes the more “subtle” outcomes for women partners (and their children) and measure outcomes based on the factors/variables that can be changed, such as perceived severity or assumed responsibility rather than an overall change in perpetrators' behaviour per se;
  - programmes should constantly monitor perpetrators' motivation to complete treatment and be able to identify different motivations and treatment trajectories, exhibited by different groups of perpetrators. Success must not be measured on programme completion rates or self-reported levels of violence alone. However, data from perpetrator self-reports may be useful to other agencies, for example by contributing to child protection decisions to proceed to the courts or support women in making decisions to take civil action;
  - evaluation should triangulate data sources to measure outcomes/success to include women partner reports where possible, as well as official data<sup>29</sup> and self-reported levels of violence to measure whether the partners' or their children's safety, feelings of safety or quality of life has improved;
  - different activities within a programme may need to be evaluated separately;
  - evaluation should use comparison groups wherever possible and establish 6 months as the minimum period for follow-up after programme completion.<sup>30</sup>

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29. Including criminal justice data such as arrest, incidents of physical or other abuse, intimidation, etc.

30. Feder L., Wilson D.B., Austin S. (2008), “Court-mandated interventions for individuals convicted of domestic violence”, *Campbell Systematic Reviews*, The Campbell Library 2008, vol. 4, issue 12.

## Sample curricula for domestic violence perpetrator programmes

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Designed in the mid-1980s, the Duluth programme (United States)<sup>31</sup> is one of the longest in existence domestic violence perpetrator programmes. Its objective is to help men stop their violent behaviour. The curriculum is based on eight themes, each of which is explored over a three-week period. Each theme represents an aspect of non-violent and respectful relationships, which are depicted on an “equality wheel”. Through these themes, men are offered a model for egalitarian and interdependent relationships with women. At the same time, the curriculum works through the primary tactics and behaviours used by perpetrators to establish and maintain control in their relationships. These elements of the curriculum are depicted on a “power and control wheel”. The themes and techniques used address all aspects of abuse that perpetrators use to control and dominate their victims, including physical and sexual violence. The Duluth programme has inspired similar interventions in a number of Council of Europe member states.

Another example comes from Sweden. The Integrated Domestic Abuse Programme (IDAP) established as part of the Swedish Prison and Probation Service is a treatment programme for adult men convicted for threatening, physically abusing or controlling their female partner/former partner.<sup>32</sup> As the only national accredited domestic violence treatment programme, it offers men the possibility to address their power and control behaviour in order to achieve the long-term goal of living an egalitarian relationship. After 27 weeks of weekly group sessions, individual relapse prevention sessions are scheduled with each perpetrator. The programme includes a Women’s Safety Work component in order to address the safety needs of the female partner/former partner. It was evaluated in 2011.

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31. Pence E. and Paymar M. (1993), *Education groups for men who batter. The Duluth model*, Springer Publishing Company, New York.

32. <http://eige.europa.eu/internal/csr/view/20170?destination=internal%2Fcsr%2Fsearch%2F25>.

# Sexual offender treatment programmes

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In-prison programmes for sexually violent men who are serving their sentence have been established for some time. They are typically delivered by statutory/state agencies in the legal-medical system and sometimes serve to assess the risk of reoffending after release. More recently some programmes have been developed to also include treatment for domestic violence offenders who are sexually violent.<sup>33</sup> Programmes for sex offenders are generally based on cognitive-behavioural, psychosocial and/or pharmacological interventions. Most programmes are designed to change an offender's thoughts, feelings or attitudes towards personal/intimate relationships, with the ultimate aim of changing their behaviour.

## Understanding what works

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Evaluation of effectiveness remains problematic and there is a consensus that more work is needed in terms of controlled evaluations to show the effect of different types of treatment with regard to reoffending.<sup>34</sup> There is also a suggested need to integrate the clinical and economic benefits of group-based interventions (such as the UK prison-based Sex Offender Treatment Programme (SOTP)) with treatments which address important individual differences between sex offenders' risk factors and treatment needs.<sup>35</sup>

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33. Analytical study of the results of the 4th round of monitoring the implementation of Recommendation Rec(2002)5 on the protection of women against violence, Council of Europe 2014.

34. Perkins D. et al. (1998), *Review of sex offender treatment programmes*, prepared for the High Security Psychiatric Services Commissioning Board (HSPSCB); Schmucker M. and Losel F. (2008), "Does sexual offender treatment work? A systematic review of outcome evaluations", *Psicothema* 2008, vol. 20, No. 1, pp. 10-19; Dennis J.A. et al. (2012), "Psychological interventions for adults who have sexually offended or are at risk of offending", *Cochrane Database of Systematic Reviews* 2012, issue 12, John Wiley & Sons Ltd.

35. Ministry of Justice UK (2010), *What works with sex offenders?* National Offender Management Service, UK. Available at [www.justice.gov.uk/downloads/information-access-rights/foi-disclosure-log/prison-probation/foi-75519-annex-a.pdf](http://www.justice.gov.uk/downloads/information-access-rights/foi-disclosure-log/prison-probation/foi-75519-annex-a.pdf).

Research evidence indicates that:

- ▶ sex offenders who receive treatment, in both prison and community settings, have a lower sexual reconviction rate than those who do not receive treatment;
- ▶ mandatory treatment had similar levels of impact as voluntary treatment;
- ▶ programmes that offer a combination of group work and individual work seem to be more effective;
- ▶ cognitive-behavioural treatment is most effective, especially if paired with pharmacological treatment, for example the use of hormonal drugs that reduce sexual drive;<sup>36</sup>
- ▶ other approaches (psychotherapy, counselling and non-behavioural treatment) generally do not reduce reconviction.<sup>37</sup>

## **Minimum standards**

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As for domestic violence perpetrator programmes, there are recognised standards of care for sex offender treatment. The International Association for the Treatment of Sexual Offenders (IATSO) has developed minimal standards for professional competence and precursors to sex offender treatment.<sup>38</sup>

## **Key principles for sexual offender treatment programmes**

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Based on the best available evidence, programme developers are advised to implement sex offender treatment programmes that:

- ▶ address developmentally generated predispositions to offend, such as dysfunctional attachments and sexual/physical/emotional abuse suffered (past); factors associated with the maintenance of sexual offending

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36. The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has expressed concerns about the compulsory pharmacological treatment of sex offenders with regards to the lack of a possibility for the persons concerned to request independent expert opinion and the absence of periodic reviews of this type of measure. The CPT recommends that, as in any medical treatment, the free and informed consent of the person concerned should be obtained prior to the commencement of anti-androgen treatment. See report on the periodic visit to Poland in 2009, CPT General Report 2010-11, paragraph 45.

37. Ministry of Justice UK (2010), op. cit. (note 35).

38. Standards of Care for the Treatment of Adult Sex Offenders of the International Association for the Treatment of Sexual Offenders (IATSO), available at [www.iatso.org/index.php?option=com\\_phocadownload&view=category&id=4&Itemid=24](http://www.iatso.org/index.php?option=com_phocadownload&view=category&id=4&Itemid=24).

behaviour (present); and the development of relapse prevention skills (future);

- ▶ address the development of offender insight, motivation not to offend and the skills necessary to avoid offending and achieve a non-offending lifestyle;
- ▶ utilise treatment methods geared to the criminogenic and personality needs and the intellectual and emotional capabilities of the offenders in treatment;
- ▶ utilise combinations of milieu, group therapy and individual therapy as appropriate for different aspects of treatment and assessment.<sup>39</sup>

## **Sample curricula for working with sex offenders**

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The Relation och Samlevnad (ROS – Sex Offender Treatment Programme)<sup>40</sup> in use by the Swedish Prison and Probation Service since 2002 involves several components such as group sessions with role-play, homework and individual treatment. Based on a programme originally developed in Canada, it consists of five treatment components based on known risk factors (cognitive distortions and treatment strategies; intimacy, relationships and social skills; empathy and awareness of victim; dealing with emotions; deviant sexual fantasies and sexual arousal). A high number of group sessions (51-56 sessions amounting to 153-168 hours) in groups with up to eight participants are complemented with a total of 18 individual sessions. To assess the behavioural change effect of the programme on individual participants, before and after tests are carried out. The scientific panel within the Swedish Prison and Probation Service fully accredited the programme in 2006, and an extensive evaluation was launched the same year. Studies on the original programme in Canada have proved that sex offender programmes following this curriculum lower the rate of recidivism.

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39. Perkins D. et al. (1998), op. cit., p. 2. (note 34).

40. <http://eige.europa.eu/internal/csr/view/20170?destination=internal%2Fcsr%2Fsearch%2F25>.



# Good practice examples of domestic violence perpetrator programmes and sexual offender treatment programmes

The following four examples of programmes were selected for inclusion because they have been evaluated and have shown some positive results or moderate success.

## Spain

### ■ The Contexto Programme ([www.uv.es/contexto/](http://www.uv.es/contexto/))

**Intervention:** This community-based intervention programme for men convicted of domestic violence offences aims to reduce risk factors and increase protective factors for interpersonal violence against women, taking into account four levels of analysis: individual, interpersonal, situational and macro-social.<sup>41</sup> It is based on the widely used framework recommended by the World Health Organisation, which is structured on the ecological model initially developed by Lori Heise,<sup>42</sup> and aims to disrupt pathways to perpetration of gender-based violence at the individual level. Three indicators were used to predict intervention success: an increase in perpetrators' perceived severity of violence (related to their attitude towards acceptability of violence towards women); an increase in assumed responsibility for their violent behaviour; and a reduction in the risk of recidivism.

41. Lila M. et al. (2013), "Predicting success indicators of an intervention programme for convicted intimate-partner violence offenders: The Contexto programme", *The European Journal of Psychology Applied to Legal Context*, 2013, 5(1): 73-95 [www.usc.es/sepjf](http://www.usc.es/sepjf).

42. Heise L. (1998), "Violence against women: an integrated, ecological framework", *Violence Against Women* 1998 vol. 4 No. 3, p. 262. For more information, see Council of Europe (2014), *Preventing violence against women: Article 12 of the Istanbul Convention*, Council of Europe, Council of Europe, Strasbourg.

**Results:** Evaluation<sup>43</sup> showed a significant improvement for pre- and post-programme change. Men's self-reports indicated: positive change in attitudes; reductions in feelings of jealousy, anger, hostility and impulsivity; less emotional abuse and improved ability to deal with interpersonal conflicts; improved partner relationships; acceptance of responsibility and increased empathy; and reduced recidivism. The largest increase in perpetrators' perceived severity of violence was found in: younger participants, participants with shorter sentences, lower alcohol consumption, higher life satisfaction, higher participation in their community, and higher self-esteem. Participants with the highest increase in assumed responsibility for their violent behaviour were: older participants, participants who presented higher levels of perceived intimate support, higher anxiety, higher sexism, lower anger control, higher depression, higher impulsivity and higher self-esteem. Participants with the greatest reduction in recidivism risk were: participants with lower levels of alcohol consumption, shorter sentences, lower impulsivity, and a higher degree of life satisfaction.

**Lessons:** The study takes into account psychosocial variables traditionally linked to interpersonal violence against women (but often considered in isolation) while also considering age and length of sentence (also related to intervention success). It makes an important contribution to this body of research by examining the influence of these predictors in a multivariate context.

**Limitations:** The evaluation did not include reports of outcomes for the women partners of participants, as Spanish law does not allow consultation with women partners. This is problematic and is compensated for by using a wider battery of assessment measures, which include the use of a range of psychological instruments and data from other agencies. The study is also based on perpetrators participating in mandatory and community-based intervention and therefore the results cannot be generalised to imprisoned perpetrators. It does not measure the effects of other factors on psychological adjustment and victim-blaming, such as alcohol consumption, cognitive distortions or anger.

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43. Lila M. et al. (2013) op. cit. (note 41).

**How the approach works to prevent violence:** The intervention and related research works to disrupt influences at the individual level, such as victim-blaming attitudes, stress and social support that can lead to a pre-disposition to violence against women. Reducing or eliminating victim-blaming may improve the effectiveness of interventions that aim to change attitudes and behaviour.

#### ■ Prison-based intervention

**Intervention:** This was a wide programme of treatment based on a cognitive-behavioural model for male prisoners convicted for gender-based violence. Treatment, which included the modification of cognitive and behavioural deficits related to gender violence, was delivered in group work – 20 weekly, 2-hour sessions lasting over a period of eight months. The intervention covered motivational aspects, such as acceptance of responsibility and motivation for therapy; treatment of psychopathological symptoms associated with violent men, focusing on empathy, skills training and modification of cognitive distortions related to gender violence; and relapse prevention such as identifying high-risk situations and teaching adequate alternative coping strategies to violence.<sup>44</sup> Group work was conducted by a male and a female facilitator.

**Results:** Evaluation<sup>45</sup> showed a significant improvement in irrational beliefs about women and about the use of violence as a coping strategy. Results showed a significant decrease in psychopathological symptoms, with a positive change in cognitive distortions, hostile attitudes and uncontrolled anger. It is suggested that these changes have a good prognosis in terms of greater control of impulses and a perception of women and the use of violence that is more closely adjusted to social reality.

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44. A more detailed description of specific components of the treatment programme can be found in Echeburúa, E. and Fernández-Montalvo, J. (1998). "Hombres maltratadores. Aspectos teóricos". In E. Echeburúa & P. Corral (eds.), *Manual de violencia familiar*. Madrid: Siglo XXI, 73-90.

45. Echeburúa E., Fernández-Montalvo J. and Amor P.J. (2006), "Psychological treatment of men convicted of gender violence: a pilot study in Spanish prisons", *International Journal of Offender Therapy and Comparative Criminology*, Sage Publications, February 2006, vol. 50(1), p. 67.

*Lessons:* There was a low drop-out rate (92% of perpetrators participating completed the programme) despite there being no direct penitentiary benefits from participation. Comparing programme completers to those who dropped out revealed that expectations for change played a very important role in terms of motivation to attend treatment. Evaluation also suggested that intervention is especially suitable during the last stage of a perpetrator's prison sentence, when access to freedom is pending. Treatment did not work as well for those participants who showed very hostile attitudes and severe psychological symptoms at the beginning of the programme.

*Limitations:* Limitations of the study include its small sample size, the lack of a control group and the lack of follow-up to assess effects on violent behaviour outside of prison. Evaluators were also unsure about whether the benefits of the programme were due to the fact that it broke the monotony of prison life. The reported results of the programme were preliminary and the results remain inconclusive.

*How the approach works to prevent violence:* The intervention aims to disrupt the pathways to violence at the peer group and individual level by modifying perpetrators' negative attitudes towards women, victim-blaming and the use of violence as a way of conflict solution. Positive results suggested that participants tended to show a greater level of emotional stability, which is encouraging as a suppression of emotions such as anger and aggression can lead to emotional disturbance and is an important factor in an individual's propensity to violent behaviour.

## United Kingdom

### ■ Domestic Violence Intervention Programme (DVIP)

**Intervention:** This community-based integrated intervention approach aims to increase the safety of women and children, empower women to make safer choices, help perpetrators stop their violent and controlling behaviour, provide increased referral options to child protection services, and reduce repeat victimisation. The service works with 1,500 men, women and children each year and takes referrals from approximately 30 London boroughs and eight neighbouring communities. The service comprises three core elements:

- ▶ expert risk assessment based on extensive analysis of a man's history of domestic and other violence, including his substance use, attitudes to his abuse and levels of denial;
- ▶ structured intervention with perpetrators in groups using cognitive-behavioural techniques to promote and support change in perpetrators' attitudes and behaviours, developing relationship and parenting skills;
- ▶ a women's support service linked to the programme that pro-actively contacts the woman partner or most recent ex-partner of each man referred, with a view to promoting safety planning, emotional support and realistic expectations about her partner's progress and change. Individual or group support is offered.

Through outreach work, DVIP's unique Al-Aman Project also works to support Arabic-speaking men and women to use DVIP's services and helps mainstream services as they respond to domestic violence in Arabic-speaking communities.<sup>46</sup>

**Results:** Evaluation<sup>47</sup> showed largely positive outcomes for women partners of perpetrators (women partners were asked about repeat victimisation at 3, 6 and 18 months after programme completion) with 70% reporting no further violence since their partners involvement with DVIP and the remainder reporting less severe or less frequent violence; 65% reported feeling safer or much safer and 93% reported an improvement in their quality of life. Results also showed a reduction in repeat victimisation, take-up by child protection services and closer working relationships with partner agencies, such as social services.

**Lessons:** Continued intervention with the victim and/or perpetrator resulted in a reduction in repeat victimisation by 87.5% to 89.3%; working in partnership with other agencies fostered a greater understanding of domestic abuse and helped these to identify the dynamics of relationships and respond more appropriately; partnering between commissioning leads and project staff was effective in increasing referrals to child protection services.

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46. For more information see [www.dvip.org/assets/files/downloads/al-aman%20evaluation.pdf](http://www.dvip.org/assets/files/downloads/al-aman%20evaluation.pdf).

47. Rajagopalan V., Price P. and Donaghy P. (2008), *An evaluation of the East London, Domestic Violence Intervention Project*.

**Limitations:** The evaluation did not track those perpetrators who did not engage with the intervention nor did it use a comparison group.

**How the approach works to prevent violence:** The multi-faceted intervention worked to disrupt the pathways to violence at different levels.

At institutional level, by working in partnership with other agencies the programme provides risk assessment and advice to agencies on how to manage that risk. This helps to support and inform the practice of professionals working with vulnerable women (and safeguarding children at risk). Raising awareness and improving other professionals' understanding of domestic abuse offers an important contribution to a wider community response, such as improved knowledge and understanding to inform local agency/services policies and practice.

At the peer group level, group work with perpetrators challenges men's attitudes and behaviours within a peer setting – challenging stereotypes, myths and peer approval and support for negative attitudes and violence towards women.

At the individual level, the programme works to reduce the perpetrators' propensity to violence by directly addressing the individual factors that contribute to their attitudes and violent behaviour, such as childhood exposure to violence in the home, cognitive distortions and/or stimulus abuse.

## United Kingdom

### **Sex Offender Treatment Programme (Core SOTP)**

*Intervention:* The Core Sex Offender Treatment Programme began in 1991 and is the main programme offered on a voluntary basis to medium and high-risk sex offenders in UK prisons. Cognitive-behavioural group work is used to increase the offender's motivation to avoid reoffending and to develop the self-management skills necessary to achieve this. The programme helps offenders understand how and why they have committed sexual offences and increases awareness of victim harm. The "cognitive" aspect involves recognising the patterns of distorted thinking which allow the contemplation of illegal sexual acts and understanding the impact

which sexually abusive behaviour has on its victims. The “behavioural” component of treatment involves reducing sexual arousal triggered by inappropriate fantasies of forced sexual activities.<sup>48</sup>

*Results:* Evaluation found that over a two-year period, treated offenders had statistically significantly lower sexual and/or violent reconviction rates than untreated offenders, with medium-risk offenders showing the biggest impact. Participants reported an improved understanding of their offences and their effects on the victims, and that they had learned alternative coping strategies for the future. The Core SOTP did not seem to be sufficient treatment for high-risk offenders.

*Lessons:* Offenders attending longer group sessions had better relapse prevention skills. Addressing denial before starting the programme can improve the effectiveness of the programme. Further maintenance programmes with the community would be helpful for offenders upon leaving prison and integrating back into the community.

*How the approach works to prevent violence:* At the individual level, the treatment works to disrupt perpetration factors by reducing the justification for sexual violence and by challenging distorted thinking. It aims to increase empathy for victims and teach alternative coping strategies.

At the community level, the treatment aims to improve perpetrators’ social skills and reduce anxiety, which can help them to develop improved relationships within their peer groups, families or workplace once back in the community.

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48. Beech A. et al. (1998), *An evaluation of the prison sex offender treatment programme*. A report for the Home Office by the STEP team, Home Office, London, UK (November 1998).

# Conclusion

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**T**reatment programmes for domestic violence and sexual abuse perpetrators can play a positive role in the overall complement of improved legal, social, medical and community responses to gender-based violence against women.<sup>49</sup> They are not the “cure-all” solution, but can lead to behavioural change that is necessary to reduce domestic and sexual violence. To be effective, they must form part of a co-ordinated, inter-agency intervention that works to interrupt the pathways to violence at the different levels – societal, institutional, community and individual. There is a need for both voluntary and court-mandated perpetrator programmes and minimum standards should apply to both.<sup>50</sup> A number of well-designed programmes exist that can serve as inspiration in implementing the obligations under Article 16 of the Istanbul Convention.

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49. Dobash R.P et al. (1999), “A research evaluation of British programs for violent men”, *Journal of Social Policy*, April 1999, vol. 28, issue 02, pp. 205-33.

50. Kelly L. (2008), *op. cit.*, p. 19. (note 16).



# Checklist for perpetrator programmes

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**A**rticle 16 of the Istanbul Convention introduces a legal obligation on states parties to set up new or support existing treatment programmes for perpetrators of domestic violence and sex offenders.

The following checklist can be of help in designing such interventions, whether implemented by statutory agencies or the voluntary sector.

## ■ Check if the planned domestic violence perpetrator programme:

- ❑ has been designed as part of a comprehensive, community wide prevention strategy.
- ❑ uses a theoretical framework, such as the ecological model, that acknowledges the complexity and different paths that may lead up to violence and how perpetration factors may be disrupted at the societal, institutional, community and individual levels.
- ❑ works with a clear and comprehensive definition of violence against women and is committed to the explicit principle that violence against women (and children) is unacceptable and that perpetrators are accountable for their abusive behaviour.
- ❑ assists perpetrators to change by recognising that their use of violence is a choice that they make and challenge any denial, justification or blaming of others, while treating the perpetrator with respect.
- ❑ works with a set of *minimum standards* based on the good practice guidelines that are currently available.
- ❑ places women partners of perpetrators at the heart of planning and implementation of the intervention at all stages.
- ❑ considers victims' safety and respect for their human rights a priority.

- ❑ integrates or is directly linked to a women’s support service to ensure the safety of the woman partner (and their children) and to provide important information regarding the potential change in attitudes and abusive behaviour of the perpetrator.
- ❑ includes the perspective of children living in abusive relationships as a priority, both in the direct work with the perpetrators and within the wider intervention with other agencies.
- ❑ follows specific procedures for carrying out systematic risk assessment and management at the intake phase, as well as at any time the perpetrator’s behaviour indicates a possible change in level of risk.
- ❑ has been developed within a multi-agency context with the involvement of the judicial, law enforcement, health and social sectors, for the purposes of sharing good practice, offering joint training and awareness raising and creating multi-agency referral channels.
- ❑ is delivered over a minimum of two years.
- ❑ has secured long-term commitment in terms of human and financial resources.
- ❑ has developed a specific curriculum that includes themes related to the perpetrator’s use of power and control in relationships in order to work towards changing violent behavioural patterns.
- ❑ addresses all forms of abuse that perpetrators may use, including physical and sexual violence.
- ❑ ensures a high level of qualification and training for facilitators.
- ❑ is tailored to the characteristics of the participants and accounts for cultural and social diversity in the group.
- ❑ offers activities that target different groups of perpetrators, taking into account their different paths of entry (voluntary or mandated) and their different motivations for attending.
- ❑ takes measures to maximise programme retention and completion.
- ❑ monitors, documents and evaluates both processes and outcomes.
- ❑ works with a wider definition of “success” to include positive outcomes for women partners other than an end to the violent behaviour of the perpetrator.
- ❑ is offered on both a voluntary and mandated basis, with careful attention paid to the effects of motivational factors on programme attrition and drop-out or completion.

■ **Check if the planned sexual offender treatment programme:**

- ❑ works with a set of minimum standards based on the good practice guidelines that are currently available.
- ❑ considers victims' safety and respect for their human rights a priority.
- ❑ places victims' safety at the forefront of all stages of planning and implementing interventions.
- ❑ is directly linked to a victims' support programme, to ensure that victims are given the information they require or want about changes in attitudes and behaviour of the perpetrator.
- ❑ is tailored to the characteristics of the participants and offers activities that target different groups of perpetrators, who follow different paths of entry and who have different motivations for attending.
- ❑ is offered on both a voluntary and mandated basis, with careful attention paid to the effects of motivational factors on programme attrition, drop-out or completion.
- ❑ addresses developmentally generated predispositions to offend, such as dysfunctional attachments and sexual/physical/emotional abuse suffered (Past); factors associated with the maintenance of sexual offending behaviour (Present); and the development of relapse prevention skills (Future).
- ❑ addresses the development of offender insight, motivation not to offend and the skills necessary to avoid offending and achieve a non-offending lifestyle.
- ❑ utilises treatment methods geared to the criminogenic and personality needs and intellectual and emotional capabilities of the offenders in treatment.
- ❑ utilises combinations of milieu, group therapy and individual therapy as appropriate for different aspects of treatment and assessment.

# Key resources

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## Council of Europe resources

Council of Europe (2008), *Combating violence against women: minimum standards for support services*, Council of Europe, Strasbourg

Studies and publications on the role of men in preventing violence against women<sup>51</sup>

Positive parenting publications and other resources<sup>52</sup>

## Daphne II Work With Perpetrators (WWP) Project<sup>53</sup>

The European Focal Point for the Work with Perpetrators of Domestic Violence was founded in 2009 as an open democratic network of European organisations and individuals whose primary aim to improve women's and children's safety from domestic violence by the promotion of accountable and co-ordinated work with perpetrators that fulfils internationally accepted quality standards. For the network's members, the prevention of violence is deeply connected to gender equality. The WWP project offers evidence-based guidelines for the development of standards for programmes working with male perpetrators of domestic violence.

## Daphne III project Impact

In January 2013 the Daphne III Project "Work with Perpetrators"<sup>54</sup> began its follow-up multi-partnership project to carry out an evaluation of European perpetrator programmes to determine if they contribute to the safety of victims.

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51. [www.coe.int/t/dghl/standardsetting/convention-violence/documentation\\_studies\\_publications\\_en.asp](http://www.coe.int/t/dghl/standardsetting/convention-violence/documentation_studies_publications_en.asp).

52. [www.coe.int/t/dg3/children/corporalpunishment/positive%20parenting/default\\_en.asp](http://www.coe.int/t/dg3/children/corporalpunishment/positive%20parenting/default_en.asp).

53. <http://archive.work-with-perpetrators.eu/en/index.php>.

54. [www.wave-network.org/content/project-impact-evaluation-european-perpetrator-programmes](http://www.wave-network.org/content/project-impact-evaluation-european-perpetrator-programmes).

## **Respect UK**

Respect<sup>55</sup> was set up by a steering group of practitioners working in the domestic violence sector on behalf of the National Practitioners' Network (NPN) in order to: support those running perpetrator programmes and associated support services in the UK; lobby government to put perpetrator issues on the public policy agenda; promote best practice in work with perpetrators to ensure that it prioritises the safety of those affected by domestic violence, predominantly women and children.

## **The International Association for the Treatment of Sex Offenders (IATSO)**

IATSO<sup>56</sup> was founded formally on 24 March 1998 in Caracas, Venezuela, during the 5th International Conference on the Treatment of Sex Offenders. It is an international non-profit organisation committed to the promotion of research of and treatment for sexual offenders throughout the world.

## **Sexual Offender Treatment**

Sexual Offender Treatment<sup>57</sup> is an international peer reviewed journal open to all scientists and practitioners researching sexual abuse.

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55. [www.respect.uk.net](http://www.respect.uk.net).

56. [www.iatso.org](http://www.iatso.org).

57. [www.sexual-offender-treatment.org/sot-2-2013.html](http://www.sexual-offender-treatment.org/sot-2-2013.html).

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## Article 16 – Preventive intervention and treatment programmes

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.
2. Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.
3. In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims.

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