Centre for Social Justice document – Beyond Violence -

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snippits particularly focussed on issues of perpetrator programmes - reference numbers - in normal size - will help locate where the quotes are from in the larger document, the address of the full document is below .
https://docs.google.com/document/d/1_F2INiknKbGEjXH6dj1_Da7Xx-ORrMsNGbZ_jhCsMLM/edit?usp=sharing

UK perpetrator programmes have developed according to the feminist-driven Duluth model. Men are taught to recognise the influence of patriarchy in society and challenge the sexist beliefs that are presupposed to underlie their behaviour. Confrontation is often used to 'jolt' abusive men out of denying or minimising the harm they cause and into changing their behaviour.187 As programmes have developed, they have shifted to include a number of cognitive behavioural therapy (CBT) elements.188 CBT for domestically violent perpetrators is based on the theory that skill deficits (such as emotional regulation) and inaccurate beliefs and thoughts (cognitions) underlie domestic violence. These beliefs may include those based on a patriarchal model ('women are objects', 'men are superior to women') as well as others ('anger is uncontrollable'). CBT involves challenging cognitions with less confrontational, more curiously questioning techniques than the Duluth approach, and it also teaches behavioural methods to avoid violence such as anger management and relapse prevention skills.

It does not appear to matter a great deal whether programmes are based on the Duluth approach, CBT or a mixture of the two, as reviews suggest that the outcomes for both are roughly the same: **neither appear to be very successful.** A meta-analytic study found that treatment outcomes for Duluth model and CBT perpetrator programmes were not significantly different from one another, and overall these treatments reduced the risk of recidivism by only five per cent (men who received treatment had a 40 per cent chance of being successfully nonviolent, whereas men who did not receive treatment had a 35 per cent chance).189 A five per cent success rate is low compared to the outcomes achieved by therapy for other types of offending, and indeed therapy in general.190 Other reviews have also found small or insignificant effects of treatment.191

Furthermore, these treatment programmes have very high drop-out rates – between 37 and 40 per cent of participants in the UK probation-run programmes (in line with the drop-out rates measured in US studies ranging between approximately 30 and 60 per cent).192

These figures are astounding if we consider that there are severe consequences for dropping out from probation treatment programmes, including custody. In other words, it seems as if between a third and a half of men participating in these treatments would rather face more severe sanctions than attend these groups. This is instructive when thinking about whether the programmes do much to engage participants or help them consider or believe in change.
If we consider some common features of these treatment approaches, their poor outcomes and high drop-out rates begin to make sense. Neither emphasise: addressing the emotional dynamics within domestic abuse. Individuals may engage in abusive behaviour in an attempt to meet a range of emotional needs, for example to regulate feelings of insecurity or jealousy (usually related to attachment difficulties).193 They may learn in treatment that violence is not acceptable and have

the skills to inhibit it but the presence of powerful emotional motivators means that they have little reason or purpose to stop it;194 Individual differences in abusive relationships, such as between 'coercive control' and 'situational couple violence'. Different forms have diverging root causes, triggers and motivators for change, and therefore require different treatment responses;195 Aspects of therapy described below that are vital to achieving long-lasting change with individuals who may be initially resistant or ambivalent about this change.

3.7 Rehabilitation

3.7.1 Perpetrator programmes

"Treatment to help perpetrators stop their abusive behaviour is a key means to prevent further abuse of current and future victims". However, we need to consider how useful it is for programmes to narrowly focus on this goal, if it is at the expense of more holistic goals concerned with the healing of the perpetrator and the wellbeing of all family members. Treatment to help perpetrators stop their abuse is provided by either the voluntary sector or the probation service (there are also some programmes provided by the prison system, and literally just one or two by the NHS). Both voluntary sector and criminal justice system programmes have tended to be group-based and only eligible for male perpetrators. Accreditation criteria for both probation and voluntary sector programmes aim to ensure that due attention is paid to issues such as victim and child safety, support for victims, supervision of staff, and monitoring of risk and violence, including via links with victims and the police.186 Both voluntary sector and criminal justice programmes currently follow a similar approach (see below); the main difference is that men do not tend to be mandated to attend voluntary sector programmes. There is very patchy provision of programmes for domestically violent men who have not been convicted, and more or less no programmes available for domestically violent women.

3.7.1.1 Key therapeutic elements of successful perpetrator programmes

Probably the most important reason these treatments typically fail is that they do not explicitly include therapeutic ingredients that are key to achieving change.196 A strong therapeutic alliance is the most consistent predictor of treatment success across a broad range of therapies and clinical problems.197 A good relationship between the therapist and client is facilitated by the therapist being trustworthy, warm, interested, and curious, as well as through therapeutic techniques such as focussing on the client's past successes, emotions and important life experiences.198 Effective treatment understands and addresses each person's individual pathway into domestic abuse. This is at direct odds with the one-size-fits all approach of education about gender inequalities or relapse prevention. Additionally the confrontational style of the Duluth approach is diametrically opposed to communicating trust, respect and belief. Specifically when working with individuals who are ambivalent or resistant to change, therapy needs to focus on strengthening motivation. There are several ways this might be achieved, but all involve helping the client find or develop the reasons inside themselves. In contrast, CBT and Duluth techniques imply that the motivation of participants is irrelevant. But if therapy does not help people find reasons to change, those who do not already want to change will not change, and if they perceive they are being forced to change, they may well dig their heels in. Perhaps this explains why perpetrators who drop out of these mandated treatments may be at higher risk than those who did not attempt it in the first place.199 Lastly, individuals who are resistant to changing problem lifestyles and behaviours also need belief and confidence in themselves. Therapists have to communicate their own belief that the client can change. They will struggle to do this within a framework that states to individuals that their identity is a perpetrator.200 This label is stigmatising and communicates a fixed identity that people struggle to shake off; instead people will often consign themselves to it and even live up to it. People will typically prefer a negative identity to a confused or absent

one. In contrast, communicating to people that they have the freedom and the 'raw materials', in terms of who they are, to develop prosocial, satisfying identities creates many possibilities for change. Hope and belief in people is the ultimate form of enablement.

3.7.1.2 Promising approaches to perpetrators

In summary, the evidence base on treatment efficacy and drop-out for the current treatments of choice for perpetrators, together with an analysis of their key and missing features gives huge cause for concern. If something is not working, it is necessary to start afresh by designing something else that evidence suggests is likely to be more effective, and then testing whether in fact it is. Stopping domestic abuse requires this fundamental revision of perpetrator treatments.

Apart from promising services being pioneered by the probation services and one or two others, fresh thinking is not generally apparent across the sector. Influential lobbying from some feminist activists has meant that the evidence about what works, and what is likely to work, has been largely ignored. 201, 202, 203 Instead further roll-out of ineffectual programmes is advocated.204 Although there is understandable fear about taking a 'kinder' approach to perpetrators, it is perfectly possible to retain a clear focus on perpetrator responsibility for violence in ways that enable change to take place effectively. Since the Duluth and CBT approaches were first devised, an enormous amount has been learnt about what works.

3.7.3.2 Couples therapy

Couples therapy for couples where there is or has been abuse is controversial.209 There is treatment either for individuals who have been involved in domestic abuse, or for couples who have not been; there is nothing for couples who want to explore staying together despite violence in the relationship. A large part of the reluctance to provide help jointly to couples stems from the traditional feminist perspective that domestic violence is a problem for the perpetrator alone to solve. There is a reasonable fear that providing therapy to the couple implies that there is a mutual problem to be solved, and that no-one is singularly responsible. There are also concerns that the neutral stance that family therapists are trained to adopt is not compatible with taking a clear moral stance against violence. Without therapists fully understanding the dynamics of power and control, it is easy to see how victims could feel further abused and silenced by the therapeutic process.210

On the other hand, failing to provide joint treatment to couples may unwittingly fail victims, and their families, who want to stay in relationships where there has been abuse (while there are still grounds for hope that behaviour can change). Without support, they are left to continue suffering abuse, but with it, there is an opportunity either for the relationship to heal, or for victims (and sometimes perpetrators) to find the clarity and confidence they need to end the relationship. Moreover, not all domestic abuse neatly fits into a pattern of one person coercively controlling the other, and if there is mutual violence, treating one person's violence without attention to the other's is likely to be ineffective. Research shows that one person's violence predicts the others in a mutually reinforcing pattern.211

So there is justification for making joint therapy available for couples where there has been abuse. On the other hand, for therapy to be both successful and ethical, certain safeguards should be put in place to avoid the victim being blamed or silenced, and to ensure that those who are perpetrating abuse take full responsibility for their actions.213

This nuanced approach to couples therapy has not been taken. Due to premature and ill informed cautions, it remains untried and tested in the UK. This means that two groups of couples are left without the only form of help that is likely to be of any use to them: those in which the victim chooses to remain with the perpetrator and those in which there is mutual violence. These two groups represent the majority of people in violent relationships. Understanding

the abusive couple relationship and the influences on it profoundly affects how we perceive and respond to children's needs. They are just as affected by abuse between their parents as abuse directed towards them, and recognising this must drive practice. If their parents remain together, children would benefit from their parents receiving support in ending the abuse. If their parents separate, they would benefit from their caregiving parent being supported in helping them recover and stay safe. They also need their abusive parent's parenting and wider behaviour to change. Thus, addressing the behaviour of and relationships between all family members is necessary for children to recover from the abuse and be safe in the long term.

Rehabilitating perpetrators should, we argue, also be done in a way that addresses psychological and relational dynamics. A respectful and open therapeutic approach that enables perpetrators to grapple with their difficulties in managing their emotions and the personal motivations behind their abusive behaviour is more likely to result in long-term change for them and their families than current approaches. We regret that decreased funding is available to address domestic abuse in many local contexts, but this makes it even more important that the programmes that are available are effective, even if they challenge deep held beliefs in the sector and wider public attitudes about the inherent worth of perpetrators.

Are collaborative; for example, start with exploring and using the individual's own understanding of the problem and ways forward;

Focus on developing a strong therapeutic alliance (therefore the therapist is warm and respectful);

Build on and develop perpetrators' intrinsic motivation for change,300 including their desire to be a better parent;301

Address emotional, attachment-based dynamics within domestic abuse;

Allow space to work with individual differences (even if within a group context);

Enable individuals to develop self-worth and identities based on pro-social ways of relating;

Communicate hope and optimism about change;

Retain the accountability towards victims and multi-agency information sharing that are key features of the Duluth model, and part of RESPECT accreditation criteria.

Because the field has for so long rigidly held to programmes that generally do not appear to work, the development of effective perpetrator programmes is at an early stage. We do not yet know conclusively what works, but are encouraged by successes in other areas of offender rehabilitation302 and the development of promising approaches that include effective therapeutic elements. Three examples are detailed in the boxes below: the Good Lives model, the Invitational practice model and the Strength to Change programme. The National Offender Management Service has also piloted and accredited the Building Better Relationships programme, a promising approach intended for use in prisons and by the

6.1 A reform of community perpetrator programmes

In Chapter Three we analysed dominant perpetrator programme approaches which have very high drop-out rates and extremely limited effectiveness in decreasing recidivism. Their failure to help significantly or engage men who have abused is likely to be because they ignore individual differences 299 and emotional dynamics, and pay little attention to principles of effective therapy. Promising approaches to the treatment of perpetrators have been developed, but are not widely implemented and therefore not rigorously evaluated. A fresh approach to helping perpetrators stop their abusive behaviour is long overdue.

6.6.1. Reform of community perpetrator programmes

332 McMurran M, 'Motivational interviewing with offenders: A systematic review', Legal and

Criminological Psychology, 14, 2009, pp83–100
333 Family Rights Group, Working with risky fathers, London: Family Rights Group, 2011
We recommend that the Home Office and/or the Ministry of Justice pilot a number of restorative justice programmes specific to domestic abuse in the UK to determine their effectiveness in bringing more offenders to justice, increasing victim satisfaction and sense of justice, reducing re-offending and reducing costs. These should be built on best practice in international RJ programmes for domestic abuse (and other complex crimes, such as sexual violence), and should be intersected with the criminal justice system – offered pre- or post-sentence.

We recommend that only perpetrator programmes following key principles for effectiveness are commissioned. Examples that can be readily implemented are provided in this report and others may emerge. This may lead to models having at least two 'streams' – one for perpetrators involved in strategic, controlling abuse and the other for those with more 'hot emotional' reasons behind their behaviour Funding should be redirected from 'traditional' approaches for these programmes and for rigorous research into the outcomes of the Duluth, CBT and new models, so that effectiveness directs future commissioning practice.
We recommend that, as a priority, perpetrator programmes are implemented that:
Are collaborative; for example, start with exploring and using the individual's own understanding of the problem and ways forward;
Focus on developing a strong therapeutic alliance (therefore the therapist is warm and respectful);
Build on and develop perpetrators' intrinsic motivation for change,332 including their desire to be a better parent;333
Address emotional, attachment-based dynamics within domestic abuse;
Allow space to work with individual differences (even if within a group context);
Enable individuals to develop self-worth and identities based on pro-social ways of relating;
Communicate hope and optimism about change;
Retain the accountability towards victims and multi-agency information sharing that are key features of the Duluth model, and part of RESPECT accreditation criteria.

We recommend that all community perpetrator programme providers develop, implement and evaluate social marketing campaigns designed to encourage perpetrators who have some motivation to change to access their treatments. This should be an essential feature of the new treatments we recommend above.

Mother-child relationship support is controversial within the current dominant ideology around domestic abuse, but father-child relationship support (for fathers who have been abusive towards the child's mother, and sometimes the child as well) is a complete anathema to many. There are concerns that providing support to fathers affirms their right to fathering when they have, in fact, given this up through their abusive behaviour. However, many perpetrators strongly desire a more positive relationship with their children, and this can be the most consistent motivator for them to change how they relate to their children, as well as their partners.357 In other words, the hope of a better relationship with their children can be the key driver for men to stop their domestic abuse. "

Additional elements taken from
"Strengths based batterer interventions 2009" Peter Lehmann PhD & LSW & Catherine A Simmons PhD & LSW

■ IPV interventions should take a helping, therapeutic position rather than a didactic, educational, or authoritarian stance.

■ The therapist should be empathic, as opposed to confrontational, and develop an alliance with clients.

■ The therapy should adopt an idiographic approach rather than a “one size fits all” treatment package and should embrace the complexity of IPV and the diversity among perpetrators.

■ The therapist should be respectful of the client—rather than pejorative, moralizing, or punitive.

■ The therapy should “meet the client where he is” and strive to increase his motivation to pursue behavior change.

■ The therapy should attend to and address the client’s emotions.

■ The therapist should help the client to modify and articulate positive and functional self-statements, which in turn will modify his emotions and behavior.

■ The therapist should play to the client’s strengths and foster self compassion, as opposed to focusing on the client’s weakness or past mistakes, impugning his character, and fostering shame.”

“The field of intimate partner violence (IPV) is at an impasse. We have created an industry of IPV intervention whereby most men arrested for domestic violence are routinely mandated to attend a battering intervention and prevention program. Despite declarations that arrest followed by court-ordered treatment offers “great hope and potential for breaking the destructive cycle of violence” (U.S. Attorney General’s Task Force on Family Violence, 1994, p. 48), there is little evidence that our current interventions are very effective in stopping the recurrence of family violence (Babcock, Green & Robie, 2004). Current interventions, when studied appropriately with rigorous experiments, appear to be relatively ineffective at stopping domestic violence. So what do we do now? Dismantle the system? Ignore the data and proceed with “treatment as usual”? Develop new interventions? If we are going to create new IPV interventions should we modify existing interventions? Or should we chuck it all and start from scratch? What should future IPV interventions look like?

This book addresses these questions. Until quite recently, the Duluth-type model and feminist philosophy have had a stranglehold on the field. Some states mandate that only Duluth-model battering intervention programs receive funding, regardless of the fact that they are largely ineffective. Entrenched political and philosophical dogmas have thwarted the exploration of alternative theories, dismissed empirical findings, and discouraged rigorous study of the causes of intimate partner violence. This book unabashedly presents possible solutions to move the field forward. It presents alternative models of IPV interventions that will help the IPV field get “unstuck.” While the strengths-based approaches detailed in this book consider the problem of IPV from different angles, all converge on several points: ……

“Emotions” says Prof Daniel Siegel “are verbs, not nouns,” They are “doing words.”

So what are the behaviours linked with those “doing” words?

Professor Lisa Feldman Barrett reminds us that there are many “behaviours” associated with the different categorical emotions and that what happens in our brains, for which we might say our minds, is that they get “interpreted” by the receiver of the communication, **guessed at**, would be her

initial statement and that they would then be “refined” via sensory inputs.

Voxels are the “pixels” of the brain.

Interoception - anger, fear, happiness, disgust, sadness, curiosity, and, above all, **ATTACHMENT, “the unseen emotion”.**