

# Survivor Perspectives on IPV Perpetrator Interventions: A Systematic Narrative Review

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## Abstract

More effective work with perpetrators of intimate partner violence (IPV) can be built upon a better understanding of how and why they change their behavior. This article presents a systematic narrative review of female IPV survivor perspectives on the changes brought about by IPV perpetrator programs. Fourteen databases and web search engines were searched and 16 articles reporting relevant qualitative findings were identified. Survivors often reported some level of positive change through their partner's engagement with a program, but the sustainability of this change is unclear and there was also some negative feedback. From the survivors' perspective, key barriers to perpetrator change include alcohol dependency, mental health challenges, relationship dynamics, and their family of origin. Mechanisms by which perpetrators are held to account, namely, survivor validation and judicial measures, were seen as central to the change process. Survivors perceived changes in perpetrator behavior (the use of conflict interruption techniques and new communication skills) and changes in perpetrators' belief systems (adopting new perspectives). Changes in belief systems were associated with more complete desistance from violence and would appear more difficult to effect. The review highlights the complexity in this field, which is discussed by the authors with reference to practice, policy, and research.

## Keywords

domestic violence, batterer, intervention/treatment, change processes, behavior change

## Introduction

Intervention programs for the perpetrators of intimate partner violence (IPV) are a key part of Western society's response to IPV. Three systematic reviews (Babcock, Green, & Robie, 2004; Feder, Wilson, & Austin, 2008; Smedslund, Dalsbø, Steiro, Winsvold, & Clench-Aas, 2012) have failed to find empirical evidence in support of these interventions; a 2004 U.K. Home Office crime survey found that 88% of people who had been in a violent relationship believed that violence stopped because the relationship ended (Walby, Allen, & Britain, 2004). Against this background, work with perpetrators continues. Duluth-informed interventions, underpinned by social learning theory and delivered through a range of adult education methods, remain the intervention of choice for policy makers across much of Europe (WWP, 2008), Australia (Brown & Hampson, 2009), and Canada and America (Corvo, Dutton, & Chen, 2009).

We can speculate on the enduring nature of this approach to IPV perpetrator intervention, despite a lack of efficacy evidence. The appropriateness of the outcome measures used in efficacy studies (recidivism data from police and partner report) has been questioned (R. E. Dobash & Dobash, 2000; Stover, 2005; Westmarland & Kelly, 2012). Commentators have also alluded to an impetus to "do something" (Feder et al., 2008; Jennings, 1987) with a client grouping who are

cited as one of the primary threats to women's health world-wide (Krug, Mercy, Dahlberg, & Zwi, 2002) who are at the root of a significant portion of child protection work (Stanley, Borthwick, Graham-Kevan, & Chamberlain, 2012) and who sometimes, by their own volition, seek treatment.

We should also note that other approaches to work with IPV perpetrators have developed alongside the mainstream Duluth-informed formats, such as couples treatments (McCollum & Stith, 2008). The continued development of new approaches, alongside a proliferation of intervention process studies, suggests that work with IPV perpetrators continues in a state of redevelopment and a drive toward interventions which can bear the rigor of experimental evaluation continues.

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The study of the intervention and change process for perpetrators has benefited from both qualitative and quantitative enquiry. Deductive correlational studies have investigated an increasingly complex array of variable relationships: for example, perpetrator characteristics and partner-reported recidivism, or the relationship between treatment components and post-test psychometric measures. These studies are complemented by a body of qualitative enquiry which has explored perspectives on barriers, facilitators, and component processes of change with IPV perpetrators. The perpetrators' perspective on these has attracted significant interest among qualitative researchers, while survivor perspectives, practitioner perspectives, and in particular surviving children's perspectives on perpetrator change are underresearched, based on the authors' completion of a related systematic literature search (McGinn, Taylor, McColgan, & McQuilkan, 2014).

These studies, of IPV perpetrator change, are to be found across a disparate range of journals, databases, and disciplines (McGinn et al., 2014). If there is to be convergence, upon the way forward in program development, studies of the change process and related variables must be brought to together in accessible formats. Scott and collaborators have offered in-depth narrative reviews of some of the correlational evidence relating to perpetrator change (Scott, 2004; Scott & King, 2007). McMurren (2009) has provided a systematic review of motivational interviewing efficacy with offenders, including IPV perpetrators. On the qualitative side, Sheehan, Thakor, and Stewart (2012) have summarized perpetrator perspectives on change processes.

The current review sits alongside Sheehan et al.'s (2012) article, as a summary to date of part of the service user perspective. Service user perspectives on social care interventions have attracted increasing attention of late, hailed as a direction-setting guide for research into complex interventions (Glasby & Beresford, 2006). The current review is also important as a balancing weight for the perpetrator perspective. In the majority of cases, survivors are still in contact with perpetrators following the perpetration of abuse (Moe, 2009). They have firsthand experience of changes in perpetrator behavior; they have been shown to have a different perspective (Gondolf, 2000; Scott & Wolfe, 2003; Winstok, 2006) suggested, by some, to be a more objective perspective (R. E. Dobash, Dobash, Cavanagh, & Lewis, 2000; Gerlock, 2001; Silvergleid & Mankowski, 2006).

## Method

### Literature Search

The literature search (see Figure 1) was conducted according to established literature search methods (see McGinn, Taylor, McColgan, & McQuilkan, 2014). Appendix A contains the search terms and search facilities employed. The search was also designed to locate studies of perpetrators' perspectives (to facilitate a sister paper to the current review) and it should be noted that some of the studies reported here investigated

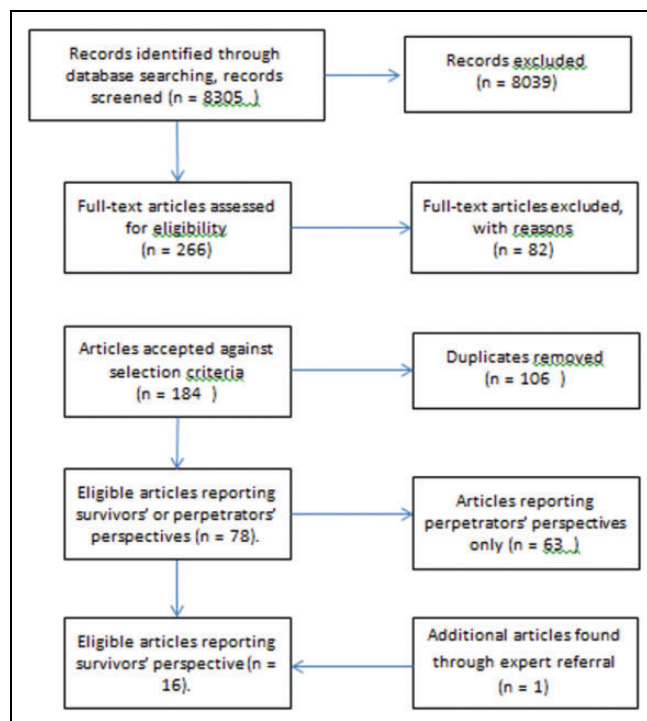


Figure 1. Search Overview.

both perpetrator and survivor perspectives. However, only data pertaining to the survivor perspective were included in this review. Sixteen relevant articles were found in the search of 14 journal databases and web-search engines.

### Article Selection Criteria

- Study participants had to be or had to have been partners of IPV perpetrators.
- Studies which investigated both perpetrator and survivor perspectives were accepted as relevant as long as some data pertaining to the survivor perspective were reported separately.
- Articles had to describe a study that captured data on the views of some aspect of a program of intervention for IPV perpetrators.
- "Gray literature" such as research theses and government reports were accepted, as long as they reported empirical research (two such studies were identified: Newmark et al., 2007—a study reported by the U.S. Department of Justice; and Pollack and MacKay, 2003—a study reported by the Woman Abuse Council of Toronto).
- Articles dating back to 1983 were included, this was the year that Pence and Paymar (1983) published an introduction to the Duluth model of practice for work with IPV perpetrators.
- Non-English language articles were included (in the event only one non-English article was found; Dubé, Rinfret-Raynor, & Drouin, 2005; this was translated using translation software)

While all 16 articles included in this review satisfied the previously mentioned criteria, 5 were identified as particularly relevant (see Table 1). These were used as the core primary data and are referred to as the “more relevant” studies in the findings and discussion (a similar procedure was employed by Fisher, Qureshi, Hardyman, & Homewood, 2006). More relevant studies were those that exhibited a synchronicity of study aim with that of this review: in terms of the centrality of the service user perspective and, in making reference to IPV perpetrator change processes in particular. No studies were rejected on quality grounds, but those identified as more relevant studies were required to have been published in a peer-reviewed journal, as a minimum quality threshold (they have therefore been subjected to blind peer review). The less relevant studies and gray literature (see Table 2) were reviewed and used to offer further insight into the findings of the core group of “studies.”

### Synthesis

A number of methods for synthesizing qualitative research have emerged over the past decade (Saini & Shlonsky, 2012). This review takes a critical realist approach (Houston, 2010). The synthesis, of primary study findings, therefore acknowledges multiple realities as offered by the multiple theoretical perspectives found in this area of research. In addition, given that the primary studies used in this review employ a variety of qualitative methods, it follows that the method of synthesis was interpretive rather than aggregative (Fisher et al., 2006); primary study findings were interpreted in light of each other, as opposed to the aggregation of study findings which have been procured in quite different contexts.

The method of synthesis needed to accommodate a degree of deduction, as themes were considered in the context of common perpetrator program treatment targets (see Table 3). We also envisaged the exploration of additional themes. Thomas and Harden (2008) have demonstrated “thematic synthesis” as a means of completing both inductive and deductive analysis and as a means of synthesizing concepts from differing research contexts. As such, it was deemed an appropriate approach for this review. In practical terms, the process can be described as follows.

#### *Descriptive coding of primary study themes.*

- Articles were imported into the qualitative analysis software application Nvivo (version 10).
- Primary study findings and primary data (quotations from study participants) were reviewed and given descriptive codes, adopting an approach to coding reported by Coren and Fisher (2006).
- Key study findings, as identified by the primary study author, were highlighted as such within the coding framework.

#### *Analytic coding.*

- Beginning with the more relevant studies, memos were created for any insights into processes, barriers, or facilitators of change.
- Apparent and potential relationships were noted, between codes and between codes and memos.
- Several visual models of these relationships were produced.
- The audit trail for this process was reviewed by the second author, and with discussion the key themes from the review data were agreed.

### Findings

This review used systematic methods to find, select, and synthesize studies that have captured aspects of survivor perspectives on IPV perpetrator intervention. We can report that, more often than not, survivors identified positive changes in their (ex-) partner, as a result of his taking part in an intervention program. They perceived changes in their (ex-)partners' behavior, in his belief systems, and also in their own feelings of safety. Survivors also offered some negative feedback on perpetrator programs.

#### *Changes in Feelings of Safety*

Survivor references to feelings of safety offered a deep insight into program effects, bypassing the need for survivors to evaluate the changes in their (ex-)partner,

Like I was really scared of him and I was building that trust back up not to be afraid anymore. Yeah, so I felt safer because he wasn't screaming and yelling... I trusted him, I felt safe. (A survivor interviewed by from Austin & Dankwort, 1999, p. 32)

Perceptions of positive changes in safety were quite common, although the majority of primary study authors qualified this perspective as being relative to survivors' previous experience, and not necessarily the same as that which society as a whole would accept as safe,

... one woman explained, “I am not afraid of him. I have learned to handle myself, and I know not to hit his buttons. I feel perfectly safe around him.” She had been to the emergency room three times in the last four years. She has facial scars, uncorrectable eye injury, and permanent neuro- logical damage. (Jory, Anderson, & Greer, 1997, p. 414)

We reviewed the data for links between safety and particular change processes or intervention components. Some survivors reported feeling safer because their partner was being held to account, to some extent, while they attended a program,

In some cases, women experienced the program as an “external monitor:” that is, they felt safer as long as the men were in the

**Table 1.** Profiles of “More Relevant” Studies.

	Austin and Dankwort (1999)	Gregory and Erez, 2002	Hayward, Steiner, and Sproule (2007)	Sirles, Lipchik, and Kowalski (1993)	Bonham and Vetere (2012)
<b>Location</b> The intervention	Canada Duluth-informed, 8-week program	Ohio, United States Duluth-informed between 6 weeks and 32 weeks	Idaho, United States Duluth-informed 52 weeks	Milwaukee, United States A version of solution-focused brief therapy	United Kingdom Described as Duluth-informed, and also as anger management
<b>Stated study aim</b>	To explore partner's experiences of an IPV perpetrator program	To present perspectives of partners of men who have completed a perpetrator program	To examine partners' perceptions of an IPV perpetrator program	To explore what causes IPV and views on intervention	To provide insight into why violence ceased
<b>Method</b>	In-depth interviews; followed the principles of “naturalistic inquiry”; themes were developed by analyzing data inductively and iteratively	In-depth interviews (in person and via telephone when necessary); data appears to have been organized thematically and is presented in aggregate or percentage terms	In-depth interviews; authors refer to elements of grounded theory; data saturation and constant comparative analysis; data were classified into themes	Interviews completed over the phone using a structured questionnaire; no reference to a particular qualitative methodology. Findings are presented in a narrative format without the use of exemplars from the data	In-depth interviews; interpretive phenomenological analysis was employed in data collection and themes were identified through a form of thematic analysis
<b>Sample Size</b> <b>Sampling Strategy</b>	25 The sampling frame comprised of 117 partners. Random samples were drawn by researchers until a cohort of 25 consenting study participants was established	33 Study participants were identified through police reports in a given time period. The study sample comprises of those women who agreed to be interviewed from 150 identified as (ex-)partners of men referred to treatment	8 Purposive sampling was employed; a total of 48 potential participants, identified through police and IPV program records were contacted	20 Sampling frame consisted of couples referred to a family therapy center by the local judiciary. Only perpetrators thought to have a good chance of learning to become nonviolent were referred to this program	12 Men were recruited from a voluntary treatment group for anger management. The men's partners were then also recruited
<b>Sample Characteristics</b>	Twenty-two were partners of nonmandated men; age—“mid-30s”; 16 of the women were still in a relationship with the IPV perpetrator; most of the women had been clients with the women's refuge that ran the IPV program in question	Partners of men mandated to attend an IPV program; average age—36.5 years; three quarters of the women reported that their partner/spouse completed the program; half of study participants were still in a relationship with the IPV perpetrator; partners of perpetrators who might be described as “generally violent,” many having previous arrests	Partners of men mandated to attend an IPV program; average age—32 years; study participants were all (ex-)partners of men who had completed their IPV program; six out of eight study participants were still in a relationship with the IPV perpetrator Of the eight participants, six were employed and two were students	Eighty per cent of the partners in this study were partners of mandated men; average age—31 years; five of the women were not partners of an IPV perpetrator who had been through the program in question, but they were survivors of IPV; one third were employed	Men were voluntary participants of an anger management group; no further details are supplied
<b>Rigor in method</b>	The study is presented in a peer-reviewed journal; the authors make no reference to mechanisms of qualitative rigor	The study is presented in a peer-reviewed journal; the authors make no reference to mechanisms of qualitative rigor	The study is presented in a peer-reviewed journal; one coauthor performed an “inquiry audit” of the data to help establish “dependability and confirmability” of findings; member checks were conducted with three participants	The study is presented in a peer-reviewed journal; the authors make no reference to mechanisms of qualitative rigor	The study is presented in a peer-reviewed journal; coding was reviewed by an “independent auditor”

Note. IPV = intimate partner violence.



**Table 2.** Supplementary Studies.

Authors	Location	Stated Aim
R. P. Dobash, Dobash, Cavanagh, and Lewis (1999) also reported in R. E. Dobash, Dobash, Cavanagh, and Lewis (2000)	United Kingdom	To investigate the effectiveness of a perpetrator program, the sustainability of change and the mechanisms of change
Dubé, Rinfret-Raynor, and Drouin (2005)	Canada	To explore female survivors' views of interventions received, including perpetrator interventions
Eisikovits, Buchbinder, and Bshara (2008)	Israel	To present an in-depth analysis of outcomes of complaints to police as perceived by Israeli Arab survivors and their partners
Gondolf (2000)	United States	To investigate how men avoid re-assault following treatment
Jory, Anderson, and Greer (1997)	United States	To demonstrate how therapists can utilize "intimate justice theory" (incorporating a qualitative study that investigated the experiences of 30 couples)
Madoc-Jones and Roscoe (2010)	United Kingdom	Examines women's perceptions of the services provided to them while their abusers attended the Integrated Domestic Violence Programme (IDAP)
Newmark et al. (2007)	United States	To report service user feedback on a Government IPV intervention initiative
Pollack and MacKay (2003)	Canada	To include survivor's perspectives in a process evaluation of an IPV perpetrator intervention
Rosenberg (2003)	United States	Presents experiential reactions of domestic violence perpetrators one year after intervention (survivors were also interviewed)
Sandra M. Stith, Rosen, and McCollum (2002)	United States	To describe challenges faced in a 4-year project to develop a manualized couples' treatment for domestic violence (includes findings from interviews with survivors involved in the program)
Todahl, Linville, Tuttle Shamblin, and Ball (2012)	United States	To better understand couple perspectives on a conjoint IPV couple treatment

Note. Less relevant studies, theses, and government reported research. IPV = intimate partner violence.

**Table 3.** Common Treatment Targets of Mainstream U.K. Programs.<sup>a</sup>

- Denial, minimization and blame
- Attitudes supporting domestic violence
- Thinking errors supporting domestic violence
- Reduction in anger
- Reduction in hostility
- Management of anxiety
- Management of depression
- Conflict resolution
- Assertive communication
- Emotion management
- Positive parenting
- Victim perspective taking
- Motivation to change

<sup>a</sup>Adapted from Bowen (2011, p. 99). These are similar to those presented in Saunders's (2008) overview of U.S. programs.

program and were being observed by the counsellors. (Austin & Dankwort, 1999, p. 33)

Most IPV perpetrator programs offer contact and support to the partners of the men they work with, and some survivors felt safer because of the changes they had made within themselves, through the support they had received, for example,

I have increased feelings of safety. I am definitely more comfortable with him, but that could be because of me. (A survivor interviewed by Hayward, Steiner, & Sproule, 2007, p. 81)

Or because of new understandings of the supports available to them, for example,

in the past I was afraid when the police left because they would just talk to him and leave him home with me there, now I feel safe because they will take him away . . . something had to be done to make him responsible for his actions. (A survivor interviewed by Sirles, Lipchik, & Kowalski, 1993, p. 273)

Finally, on perceptions of safety, it should be noted that in studies in which degrees of safety were discussed, feelings of complete safety were not dominant. Gregory and Erez (2002, p. 227) stated

Despite some observed positive changes in their partners, most women remained cautious and did not completely rule out future abusive outbursts

### *Changes in underlying beliefs*

We have made a distinction between explicit changes in behavior, such as a reduction in physical violence, and the less explicit changes in perpetrators' beliefs which some survivors perceived. The theory that there are two separate types of change within perpetrators has been inferred to help make sense of a persistent contradiction across the data. As an example, Gregory and Erez (2002) reported that many survivors did not think that the perpetrator's "negative attitude toward

women had shifted,” (p. 222) but in general they believed that treatment had benefits: “respondents who were living with their abusers during and after the treatment reported that incidents of violence appeared to be substantially reduced” (p. 221). Similar contradictions are evident in findings in the Austin and Dankwort (1999); Gondolf (2000); Hayward et al. (2007); Sirles et al. (1993); and Todahl, Linville, Tuttle Shamblin, and Ball (2012) studies, namely, that there can be changes in perpetrators’ behavior without identifiable changes in underlying belief systems.

Changes in perpetrators’ belief systems are also of particular interest because of their perceived links, among primary study authors, with deeper or more long-term changes (Bonham & Vetere, 2012; R. E. Dobash et al., 2000; Gondolf, 2000; Gregory & Erez, 2002; Jory, Anderson, & Greer, 1997; Madoc-Jones & Roscoe, 2010). We analyzed the data for particular change processes that could be linked to belief change. In various terms, survivors referred to what could be described as a broadening of the perpetrators’ perspective. For example,

... he is more likely to discuss a situation

... he thinks about things first and he listens to what I have to say

... made him see things from my point of view

... talks to me about how he feels. (Survivors interviewed by R. P. Dobash, Dobash, Cavanagh, & Lewis, 1999).

Linked to the broadening of perspective is the assimilation of new knowledge about what constitutes abuse. Survivors in four studies suggested that accepting this new knowledge was a key step in the change process for their (ex-)partner, for example,

He realizes that even though I might start a fight with him by asking him to help me with stuff around the house when he’s tired ... he knows that even though I don’t always act the way he wants me to, it isn’t right to push me around and stuff. (A survivor interviewed by Hayward et al., 2007, p. 81)

The acceptance of responsibility for past abuse could also be seen as a component process in belief change. However, more often than not, this issue was discussed as a disappointment for survivors. Four out of the five more relevant studies referred to survivors’ experiences of being blamed or accepting blame for their partners’ behavior during or after treatment. Most of the survivors in Hayward et al.’s (2007) study believed that their partner still blamed them for past violence, even after the intervention program,

He still thinks it’s my fault. He believes that if I wouldn’t have acted in a certain way [pause] we don’t even try to talk about stuff like that. (A survivor interviewed by Hayward et al., 2007, p. 81)

### *Changes in Perpetrator Behavior*

Many survivors perceived changes in how perpetrators communicated. Hayward et al. (2007) found that the majority of

study participants described positive changes in communication skills, which appeared to hinge upon a newfound ability to express feelings. Survivors interviewed by Todahl et al. (2012) and by R. P. Dobash et al. (1999) provided examples of this

Female participants in particular shared that their partners are more likely to think before reacting and more likely to talk and have discussions rather than resorting to violence. (A survivor interviewed by Todahl et al., 2012)

He is less violent and more likely to discuss a situation.

He has learned to open up and talk instead of just lashing out—talks to me about how he feels.

He drinks less and he thinks about things first and he listens to what I have to say. (A survivor interviewed by R. P. Dobash et al., 1999)

Another dominant theme under the heading of behavior change was a newfound ability to interrupt high-risk interactions. For example,

He made a decision to avoid situations where he may become violent because he walks away when we fight. He will come back the next day or the next night. (A survivor interviewed by Gregory & Erez, 2002, p. 224)

Todahl et al. (2012, p. 161) relates how one couple adopted a buzzword, “time-out,” which both parties had agreed to use and act upon when arguments escalated. Hayward et al. (2007, p. 81) refers to “diversion techniques” and reports that seven out of eight women interviewed referred to their benefits. Interruption behaviors adopted by perpetrators included going for a drive or doing something. The benefit of interruption techniques was reported as a significant finding in Gondolf’s (2000) and Sirles et al.’s (1993) studies, and was also referred to by Dubé et al. (2005). Reductions in physical abuse and alcohol consumption were also cited as examples of the changes in behavior experienced by survivors.

### *Negative Changes*

Nine out of the 16 primary study authors referred to minorities of survivors who had provided negative feedback on IPV perpetrator intervention. Negative views from survivors offer particularly good insights into the barriers of change and highlight how misplaced efforts to facilitate the process of change can actually add to the problem. For example, as an additional source of stress in the family,

It was just one more thing he resented doing;

It did not help. It was just something he had to do a couple hours on Saturday. (Survivors interviewed by Gregory & Erez, 2002, p. 220)

Or a means by which perpetrators can become further skilled in their abuse,

You just taught him new manipulative tactics. You made him angry at us. (A survivor interviewed by Gregory & Erez, 2002, p. 220)

He was using the IDAP to get at me . . . coming home and saying I know what you're doing to try and wind me up. (A survivor interviewed by Madoc-Jones & Roscoe, 2010, p. 160)

Some men told women that they were being 'verbally and psychologically' abusive . . . (as one survivor stated) 'he had learned this kind of psychology and how he would go back then, and it almost became like a new book he had written. (A survivor interviewed by Pollack & MacKay, 2003, p. 17)

Or as a mechanism by which survivor vulnerability can be increased

It is disconcerting that some women appeared to feel safer largely because their partners were attending a Batterers' Improvement Program. Women could potentially become more vulnerable to abuse if they believe their partner's attendance, per se, means the violence will cease. (Austin & Dankwort, 1999, p. 39)

### Barriers to Change

**Alcohol or substance misuse.** Gregory and Erez (2002), Hayward et al. (2007), Madoc-Jones and Roscoe (2010), and Sirles et al. (1993) all cite alcohol as a key theme in their data. Alcohol or substance abuse can also be described as a subtheme in findings discussed by R. P. Dobash et al. (1999), Dubé et al. (2005), Hayward et al. (2007), Newmark et al. (2007), and Pollack and MacKay (2003). Survivors saw alcohol and substance misuse by perpetrators as a barrier to feeling safe, and a key barrier of change processes.

**Mental health challenges.** Gregory and Erez's (2002) study participants cited psychological problems as a key barrier to change:

he needed more than the group could offer

his mental problems were too severe for just group counselling

They suggest that traditional IPV treatments are not appropriate in these circumstances. Pollack and MacKay (2003, p. 20) make the same point and provide the following survivor insight,

. . . besides the group, he needs psychotherapy because there's a lot of issues to deal with in his life. As far as coming from an alcoholic background . . . and he knows being put up for adoption.

Sirles et al. (1993), Hayward et al. (2007), Todahl et al. (2012), and Bonham and Vetere (2012) also comment on the role of mental health challenges, issues relating to insecure attachment being the strongest subtheme.

**Family of origin.** Madoc-Jones and Roscoe (2010) and Bonham and Vetere (2012) refer to survivors who talked about childhood trauma as a driver of their partner's abuse. Gregory and Erez (2002, p. 221) quote a survivor on this issue,

it takes a long time to change . . . should look into where the person came from. Their childhood abuse has something to do with how they are now

Hayward et al. (2007) describes how all of the survivors' partners ( $n = 8$ ) in their study were found to have a history of domestic violence in their family of origin.

**Relationship Dynamics Between Perpetrator and Survivor.** Relationship dynamics is the term adopted here to describe those concepts that are explicitly interactional and address issues relating to how two personalities interact. Consider the following statements by survivors interviewed by Bonham and Vetere (2012, p. 11)

I perhaps emotionally control Sebastian . . . I'm not sure . . . I think for me he probably feels really pent up and gets frustrated because he is not sure how I am doing it and I'm not sure how to do something about it.

Although he had a temper before me, being someone like me has not helped because I have created a scenario which is very similar to the one I had when I was growing up, frightened of my parents but loving my parents.

These survivors believe that the relationship dynamic, in which they feel themselves to be an active agent, is in some way contributing to their (ex-)partner's violence. It follows that such relationships can make the process of change for an IPV perpetrator more difficult.

Consider also how this survivor believes that their personality has contributed to relationship problems.

I am very forgiving, I am very generous, I'm very patient. These are good qualities, but in the extreme, it hurts me. (Dubé et al., 2005, p. 309)

This survivor suggests that there is a vulnerability in her character which has made her more susceptible to abuse. While acknowledging that it is always a perpetrator's choice to abuse their Partner and that an unhealthy relationship dynamic cannot be cited as an excuse for IPV perpetration, the suggestion remains, some relationship dynamics may provide a context in which abuse becomes more easily perpetrated, and in which abusive behavior is more difficult to change. Pollack and MacKay (2003) point out how one of their study participants recognized this, she

. . . recognised her own need to get therapy and look at her life patterns with alcohol and relationships." (p. 12)

**Patriarchal culture.** Four primary study reports included references to the role of patriarchy. Patriarchal culture in general (Gondolf, 2000; Gregory & Erez, 2002; Pollack & MacKay, 2003) and its amplification in a particular ethnicity, the Israeli-Palestinian culture (Eisikovits, Buchbinder, & Bshara, 2008) were cited as barriers of change. Consider the lack of impetus for perpetrator change in the situation faced by this abuse survivor, in Eisikovits, Buchbinder & Bshara's study:

He always used to hit me and go directly to my parents to complain about me, and my parents would condemn my behaviour. (P.116)

### *Facilitators of Change*

**Survivor validation.** Arguably, the strongest findings of all related to the changes which happened within survivors during the perpetrator programs. We were able to identify three ways in which this happened.

- i. As their partner went through a perpetrator program, some survivors simply felt validated as a survivor of abuse

I know how valuable I am. What I am angry about is that it took so God damn long to find out. (A survivor interviewed by Pollack & MacKay, 2003, p. 12)

I know i've changed quite a lot. I've had to rely on me . . . and I think i'm stronger than i've ever, ever had to be. . . . And I trust myself more. And I believe that coming through this—I believe I can do anything. (A survivor interviewed by Austin & Dankwort, 1999, p. 34)

- ii. Most IPV programs are “integrated,” that is to say, they incorporate safety work with survivors. Through this work, survivors became more assertive and formed part of the mechanism by which perpetrators are held to account. For example, by setting parameters for their partners such as consistently hanging up the phone when their partner becomes abusive. They felt supported in making these changes,

It was important for me to know that (partner could call the men's programme anytime) because I could say (to partner), 'You know, if this is really bothering you, talk to your (programme) counsellor.' . . . I had some options (because of this). I didn't have to be the one to listen to him. (A survivor interviewed by Austin & Dankwort, 1999, p. 35)

- iii. Through the respite from abuse which some survivors experienced while their (ex-)partner was on a perpetrator program

A few women reported that even a temporary respite from fear (which often occurred while their partners were in the program) was a welcome relief, helping them to make plans about their lives. (A survivor interviewed by Austin & Dankwort, 1999, p. 33)

experiencing the absence of physical abuse and the increase in feelings of safety gave women the space to re-value their circumstances. (A survivor interviewed by Pollack & MacKay, 2003, p. 22)

Where criminal sanctions are not forthcoming, and a perpetrator is not responding to intervention, empowerment of the abuse survivor may be the only route to safety. In the words of one woman interviewed by Austin and Dankwort (1999, p. 34),

the programme saved my life. I would have taken him back, and taken him back, and eventually, I would have been killed.

The role that survivor validation plays in encouraging perpetrators to change was also referred to by Gregory and Erez (2002), Sirles et al. (1993), and Todahl et al. (2012).

**Peer interaction and group facilitator effects.** Some survivors cited peer interaction in group treatment as a means by which perpetrator perspectives were broadened. Survivors interviewed by Stith, Rosen, and McCollum (2002) reported that they valued group members challenging each other in conjoint group treatment:

One of the benefits of group was that her husband could hear a suggestion in a different way if it came from a group member instead of coming from her. (P. 22)

Gregory and Erez (2002, p. 224) used the following survivor's words to describe the effect:

it changed his attitude made him talk in class, admit his behavior. He didn't like to talk, but if he didn't he would never have changed.

The power of group processes for perpetrators was also identified by Todahl et al. (2012) and Newmark et al. (2007). Jory et al. (1997) and Rosenberg (2003) also made reference to the importance of the therapeutic alliance between group facilitators and perpetrators. But some of the survivors that Todahl et al. (2012) interviewed were not impressed with the ability of program counsellors to connect with their (ex-)partners. Gregory and Erez (2002, p. 223) also recognized this issue, a survivor explained,

he said the (one-to-one) counsellors couldn't relate, they don't know what it's like. He got more out of the group sessions than anything.

**Motivation and judicial mandates.** Gregory and Erez (2002) suggested that the involvement of the judiciary may have been the most important driver of change:



it was difficult to determine what actually impacted the offender, and they (survivors) speculated whether it was the treatment or the threat of jail. (P. 224)

While Pollack and MacKay (2003) were in no doubt as to the impact of the judiciary on perpetrators,

... the fact that these partners knew that if they used violence again that they would be charged and given a sentence, was unanimously reported to be a significant deterrent. (P. 15)

A survivor interviewed by R. P. Dobash et al. (1999) explained the effect of court mandates:

he needs a reminder now and again that he can't do things like that;

I suppose it would make him worse if he's getting off with it all the time. He'll get worse and worse because he knows he's going to get off with it.

Some survivors also made references to the importance of perpetrators wanting to change and linked perpetrators' motivation to change with fatherhood and the threat of losing their family (Gondolf, 2000; Gregory & Erez, 2002).

## Discussion

The purpose of this review is to help facilitate a better understanding of how and why IPV perpetrators change. The synthesis presented previously highlights three separate but interlinked types of change which survivors and primary study authors have discussed. We have been able to associate several component processes with these changes, and we have identified a number of barriers to the overall process, as well as some facilitating factors. As discussed at the outset of this review, the survivor perspective on perpetrator change is one part of a jigsaw, which includes perpetrators' perspectives and the large body of quantitative evidence pertaining to the correlates of change and treatment effects. The discussion which follows will draw on these to discuss three overarching themes from this synthesis of survivors' perspectives:

- the importance of accountability in perpetrator change;
- the difficulties in achieving sustained change; and
- the challenges posed by the complexity in this field.

### Accountability

Perpetrator motivation has been established as a key driver of successful treatment outcomes in several quantitative investigations (see Scott and King (2007) for a narrative review of these). Studies of perpetrator perspectives (Sheehan, Thakor, & Stewart, 2012) have highlighted how IPV perpetrators believe that they themselves experienced "turning points" and went on to drive the change to violence-free relationships. It is interesting that survivors have not echoed this sentiment; in contrast, they suggested that their empowerment and refusal

to accept abuse was a key factor in the improvement of their situation. While perpetrators speak of taking responsibility, survivors speak about holding them to account.

Judicial measures, such the threat of jail or further police involvement, were perceived by survivors to be drivers of perpetrator change. These would appear to be a logical way to hold to perpetrators to account however correlational analyses of the relationships between judicial measures and outcomes are not unanimous. Miller (2003) found that arrest can be associated with a reduced possibility of reassault, and Lewis (2004) found that survivor safety and quality of life improve following conviction of their violent partner. However, Kingsnorth (2006) found no relationship between different judicial sanctions and recidivism; jail-time or mandatory perpetrator program attendance did not produce better outcomes than case rejection. Similarly, Frantzen, San Miguel, and Kwak (2011) found that being charged with a protection order violation did not reduce subsequent recidivism. We would suggest that this is a subtopic which warrants a systematic or in-depth narrative review, positioned amid advances in the wider context of criminology.

Other barriers and facilitators discussed in the findings are less explicit mechanisms of accountability, such as accountability to group peers and program facilitators. We can imagine the change in dynamic experienced by IPV perpetrators when they must meet weekly with a group to discuss their progress toward violence-free relationships. Taft, Murphy, King, Musser, and DeDeyn (2003) found that ratings of group cohesion were positively related to reductions in abusive behavior, and a number of process-variable studies have attached a high importance to therapeutic alliance ratings (a measure of the quality of relationship between perpetrators and their program facilitator). Good relationships with facilitators and group peers are therefore important; considering survivors' perspectives we would suggest that this is partly because they enhance the monitoring effect of the program.

Accountability can also be brought to bear by the prevailing culture, for example, the Eisikovits et al. (2008) study showed how the Israeli-Palestinian culture was less likely to hold IPV perpetrators to account. Only three other primary study authors referred to patriarchy as an issue, and this underlines the ambiguity arising from research into the relationship between changes in patriarchal attitudes and recidivism (Scott, 2004). We would suggest that, in relation to direct interventions with individuals, some form of assessment of patriarchal attitudes should precede efforts to change these attitudes. The prominence of re-education-type work on patriarchal attitudes in mainstream perpetrator programs (Dixon, Archer, & Graham-Kevan, 2012) may not be the best use of resources.

While survivors did not refer to the internal triggers and organic determination that perpetrators themselves believed were at the core of their change process (Sheehan et al., 2012) they did describe a broadening of perspective, within perpetrators, and more explicit understanding of what they were doing to their family. In these ways, perpetrators may begin to hold themselves to account. It can be seen, with

reference to the summary of common treatment targets mentioned previously (Table 3), that these are internal processes that are accommodated and encouraged in mainstream programs.

Reflecting on our findings as a whole, we would suggest that “accountability,” in various forms, seems to play a key role in the process of change for this population. The value in this insight is that if it is a necessary component of the perpetrator change process, then there are a variety of ways in which it can be brought about: through the judiciary, through (ex-)partners, through relationships with program group peers and facilitators, and through program content. In addition, with regard to the assessment of risk in IPV work, the absence of any of these mechanisms of accountability in a perpetrator’s world suggests a high risk of recidivism.

### *Sustainability*

Russell and Frohberg (1995) surmised that changes reported by survivors are predominantly behavioral, driven by factors external to the perpetrator and are therefore unlikely to be sustained. Following a secondary analysis of outcome data, from the only large-scale randomized controlled trial to find a significant positive effect from IPV perpetrator programs (the Brooklyn experiment), Maxwell, Davis, and Taylor (2010) conclude that the program effect did not last. They comment that the measureable positive effects of these programs may have “a suppression/supervision explanation rather than a therapeutic outcome explanation” (p. 475).

Some of the key barriers of change, and it is suggested here, those that can be associated with long-term change in particular, are missing from the list of treatment targets in Table 3. Reviewing this list, we can see that cultural attitudes which facilitate IPV are likely to be confronted, perpetrators will learn about forms of abuse, interruption techniques, communication skills, and it can be seen how they are likely to be challenged to take responsibility for the abuse they perpetrate. These are all issues that have been highlighted by survivors; however, the deep-rooted barriers to change which survivors spoke about (those relating to family of origin, mental health challenges, and alcohol dependency) are not a focus of mainstream programs. In addition, they are unlikely to be compatible with the manual-based group treatment formats favored both within and without the mainstream approach to perpetrator intervention.

We would also point out that while long-term sustained change appears to be an overly ambitious aim for current program formats, short-term change of a more superficial nature appears to be an achievable and appropriate aim. From the survivors’ perspective, the short-term positive effects of treatments are of value. Survivors have suggested that programs can have a monitoring effect, which would suggest that some form of change can be forced upon perpetrators. Survivors also spoke about perpetrator programs as a validation of their position as survivors, a form of support for them and a form of respite. Westmarland and Kelly (2012) make a similar point

following interviews with perpetrators, survivors, practitioners, and program commissioners.

Our analysis suggests that survivors can perceive some positive changes in perpetrator behavior, even when they continued to be blamed by the perpetrator for his use of violence. This dislocation between behavior and beliefs was also suggested by Henning and Holdford (2006); they found no link between denial ratings and recidivism among a sample of 2,824 convicted IPV perpetrators. Gondolf (2000, p. 1219) provides one possible explanation: “Interruption methods . . . enable men to constrain their violent behavior without making substantial changes in themselves or their lives.” We would add that some advancement of communications skills might also be achievable on these grounds. However, quantitative investigation of the value in pursuing these as treatment targets is inconclusive. Scott (2004) cites a number of studies which found no clear benefits from communication skills, while in a laboratory experimental setting Babcock, Graham, Canady, and Ross (2011) found clear benefits of communication skills training but no benefits from the instigation of a conflict interruption.

In summary, this review offers some insight into the challenge of achieving sustained change with current treatment formats, but there are also insights here as to the value of more superficial short-term change which mainstream program can be associated with.

### *Complexity*

It can seem that every attempt to forward understanding in this field is scuppered by the breadth of issues involved and the complexity of their interaction. The findings presented in this review relate to diverse issues, and, as noted at the outset, this is only one perspective on perpetrator programs and the process of change. For example, the previous section describes the value of IPV programs as a monitor of behavior. But findings reported in this review have also highlighted how survivors can be placed in a worse situation when their partner has been forced to attend treatment, as they can bear the brunt of his resentments. A fundamental defect in the mainstream approach to work with IPV perpetrators is its lack of provision for this complexity. The inherent complexity of the themes highlighted by survivors is considered here, alongside the provisions of mainstream treatment.

The evidence suggesting that IPV perpetrator population carries a higher incidence of mental health challenges is hard to dispute. Studies have shown significant correlations with post-traumatic stress disorder (Taft, Walling, Howard, & Monson, 2010), traumatic brain injury (Farrer, Frost, & Hedges, 2012), borderline personality disorder (Dutton & Starzomski, 1993), psychopathic traits (Rock, Sellbom, Ben-Porath, & Salekin, 2012), and adult attachment challenges (Holtzworth-Munroe, Stuart, & Hutchinson, 1997). That IPV perpetrators present with unhelpful and embedded cognitive biases is underlined by a series of studies describing how they might be treated (Dempsey & Day, 2011; Loeffler, Prelog, Unnithan, & Pogrebin, 2010;

Sippel & Marshall, 2011). Survivors' views lend weight to this evidence and we would have to agree with previous commentators (Corvo et al., 2009; Lipsky, Caetano, & Roy-Byrne, 2011; Winick, Wiener, Castro, Emmert, & Georges, 2010) who question the appropriateness of applying education-type treatment in this context. We would add that manualized group treatment is also inappropriate, given the prevalence of disparate mental health issues.

Primary study authors Todahl et al. (2012) put forward the idea that the majority of IPV is situational, driven by interactional factors between partners. This is the foundational premise upon which couple therapy, for IPV perpetrators, is built. Quantitative research has evidenced the predictive value of relationship equity for treatment outcomes (Gerlock, 2001) and how some relationship factors have been clearly established as risk factors in IPV perpetration, such as low marital satisfaction (Stith, Smith, Penn, Ward, & Tritt, 2004). Relationship dynamics are clearly a potential barrier of perpetrator change; but it should be noted that the emphasis given to relationship dynamics here, on a par with a range of other issues, reflects the emphasis which survivors placed upon the issue. This synthesis of qualitative enquiry with abuse survivors has not indicated that the majority of IPV is situational or driven by the dynamic between partners.

Rosenbaum and Leisring (2003) refer to the "well-established relationship between growing up in a violent home and future perpetration" (p. 7). It is interesting that survivors cited in this review refer to childhood trauma, rather than their partners having learned violent behaviors from observing their parents. Rosenbaum and Leisring's study provides evidence of a link between defects in the parent-child bond and the development of IPV; "batterers received significantly less love, and more punishment from their mothers, and less attention from their fathers, than did men in a general population comparison group" (p. 7). This aligns with the references from primary study authors to adult attachment issues. The current review authors would suggest that these difficult childhood environments are a valid explanation of the link with adult abuse perpetration and should be considered alongside the social learning explanation of IPV perpetration which underpins mainstream programs (Bowen & Gilchrist, 2004; Weldon & Gilchrist, 2012). It follows that as the array of theory to understand IPV broadens in this way so must our approach to intervention.

Alcohol misuse is arguably the best evidenced correlate of the IPV perpetration to date (for a meta-analytic review on the topic, see Foran & O'Leary, 2008). However, it does not feature in the list of common program treatment targets (Table 3). In the review authors' experience, mainstream perpetrator intervention providers adopt one of two positions on alcohol-dependency: They accept alcohol dependent perpetrators onto their program but sideline the alcohol issue because (a) abuse is usually perpetrated before alcohol becomes an issue in the relationship; (b) the perpetrator chooses to abuse their partner, not others, while inebriated; and (c) alcohol-dependency is used as an excuse by the perpetrator. Alternatively, alcohol-dependent perpetrators are simply not accepted onto the

program. If we accept that the odds against successful intervention with IPV perpetrators are high, then the latter of these positions would seem prudent, in a resource-limited context. But, as with family of origin issues, we would argue that there is a shirking, of the complexity of IPV perpetration, in approaches which do not tackle alcohol misuse as a barrier to change. Some providers do work with IPV perpetration and alcohol-dependency simultaneously (see Thomas & Bennett, 2009, for an overview) and the incorporation of a pharmacological treatment to this dual-treatment approach (George et al., 2011) has shown promising results.

The complexity issue has implications for the safety of IPV perpetrator programs. There are side effects to IPV perpetrator treatment. As described in our findings, they can add stress to the family, they can provide new skills which can be used in the wrong way, they can introduce the perpetrator to new forms of abusive behavior, and they can lull survivors into a sense of security that may have no grounds. These are not stand-alone findings. While findings of increased harm are not dominant among efficacy studies, they have been acknowledged: An overall small harmful effect was found across one group of studies reviewed in Feder, Wilson, and Austin's (2008) systematic review of perpetrator program efficacies. At a policy level, recognition of the complexity of work with IPV perpetrators might mean better accommodation of the known heterogeneities in this client grouping. At a practice level, our evidence of the complex interactions between perpetrators and treatment highlight the importance of accurate assessment of perpetrators' capacity to benefit from treatment and the importance of monitoring program effects on the perpetrators' families.

### *Developing Interventions for IPV Perpetrators*

Campbell et al. (2007) and (Craig et al., 2008) refer to "complex interventions." These are interventions for complex health and social care problems. They are "built up from a number of components, which may act both independently and interdependently" (Campbell et al., 2007, p. 455). If we consider the range of treatment targets and range of delivery mechanisms used in most IPV perpetrator programs, they would appear to satisfy this definition. This is interesting because there is quite a difference between the way in which most perpetrator programs have been developed and the way they should be developed according to frameworks for the development of complex interventions. Campbell et al. and Craig et al. propose that a complex intervention should be developed in a systematic way. Considering their frameworks, the process for developing a complex intervention for IPV perpetrators might include:

- exploring and identifying internal processes which lead to desistance from violence use (e.g., through qualitative research);
- considering the mechanisms ("the active ingredients" Craig et al., 2008 p. 456) by which we can encourage these processes;

- recognizing barriers to intervention mechanisms, for example, alcohol-dependency and mental health challenges. Barriers may then become treatment targets in themselves or an understanding of barrier effects will be used to inform the recruitment process on to the program;
- refine the target group to that which is most likely to respond to the intervention;
- pilot combinations of intervention components and treatment intensities.

Outside any particular consensus on such a framework the testing of potential intervention components continues. We argue that the use of such a framework, ideally agreed across international boundaries and vested disciplines, would make such studies exponentially more useful. As an illustration, consider the contribution of the study by Babcock et al. (2011) referred to previously. This was an experimental study of the deployment of a form of communication skills training with perpetrators. Babcock et al. were able to report that the training led to a decrease in men's aggressive affect during the experiment. Had that study been completed in the context of a complex intervention design and evaluation framework, it would be extended to an empirical setting, with an extended range of process and evaluation measures, but most importantly we would know a lot more about the cohort of IPV perpetrators that this type of communication skills training works for. The study sample would be defined beyond demographics and the conflict tactics scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996) to provide information about a broad range of potential barriers and facilitators of change in the client grouping.

One way to respond to complexity, therefore, is to increase the sophistication of perpetrator programs, in a systematic way. Another response would be to adopt a case-based approach.

Murphy and Eckhardt (2005) describe individualized cognitive behavioral therapy (CBT) work with IPV perpetrators which nullifies much of the challenge of complexity we have described here. However, acknowledging the accountability issues highlighted previously and the widely recognized need for survivor contact, the case in "case based" must be the family as opposed to the individual perpetrator. Murphy and Eckhardt focus on the functional nature of IPV, and CBT as the core response, which may be limiting. In the long run, there is likely to be no way of avoiding the need for the lengthy process of systematically modeling, remodeling, and empirical testing of treatment components, with well-defined perpetrator cohorts. If the delivery of intervention can be done in an individualized way, clinicians still need the tested framework to work within, not least because of the potential to do harm, highlighted previously. We would add that efforts to reduce interventions down, to that which can be delivered by a wide range of practitioners, should be put aside in favor of the development of interdisciplinary approaches. High levels of psychological assessment expertise are needed together with social

work and therapeutic skills, which can be extended to the family unit where necessary. While this may seem resource heavy, in terms of value for money, it has little competition if we accept existing treatment efficacy findings.

### Limitations

It can be seen from Table 1 that rigor in study method was limited in the majority of primary studies, and some primary study sample sizes were particularly small. Scientific rigor is arguably more necessary in this field than others because of the political contentions involved. Theoretical standpoints on the causes and remedies of IPV include therapeutic psychological positions, family systems positions, and feminist perspectives. The debate between these positions is lively, and there is every likelihood that the interpretation of primary data has been affected by "bias toward verification...a tendency to confirm the researcher's preconceived notions" (Silverman, 2011, p. 386). We would welcome further qualitative enquiry into the survivor perspective on perpetrator programs and change processes, reported with explicit evidence of rigor in method.

Survivor perspectives on program outcomes would appear to be more positive than the picture painted by the systematic reviews of treatment efficacy discussed in the introduction to this review. This contradiction is best understood in terms of the differing purposes of quantitative studies of outcomes and qualitative studies of intervention and change processes. Qualitative studies designed to explore aspects of change in perpetrators will inadvertently involve one or more of a range of potential biases; for example, the sampling strategies employed in the primary studies of this review (see Table 1) are a clear source of potential bias in relation to evaluating program outcomes.

Systematic reviews, employing meta-analytic methods remain the best measure of treatment success in this field. Some readers will balk at the lumping together of 16 qualitative enquiries, each based on a separate perpetrator program. The review authors recognize that practitioners apply a variety of practices with this client grouping and that many will argue that their work falls outside of the Duluth-informed bracket referred to as the mainstream approach here. One may contest the terms used to describe various perpetrator programs, we believe it to be a moot point. The survivor perspective on IPV perpetration confirms that perpetrators are a highly heterogeneous population, who come to treatment with an array of recidivism risk factors and treatment needs: If a program is manualized, and group based, it is difficult to see how it can respond to the challenges of sustainability and complexity cited previously. This review acknowledges the benefits of group work and the appropriateness of many of the treatment targets which underpin mainstream approaches, but we must also acknowledge the negative feedback from some survivors and position this type of intervention realistically, for the survivors who place their hopes upon it and for those who use mandated treatment as a judicial response to IPV.



**Table 4.** Implications of Review for Practice, Policy, and Future Research.

## Implications for Practice

- Broadly speaking, survivors report benefits from perpetrators' use of interruption techniques, and new communication skills. Initial short-term gains may be had by working with perpetrators on these treatment targets. Also, in relation to short-term work (such as social work safety planning), it should be noted that some survivors experienced positive change in their partners without their taking responsibility for previous abuse
- Survivor safety work, which goes hand-in-hand with perpetrator programs can be very important for survivors and should continue to be an integral part of IPV perpetrator intervention
- Mechanisms of accountability are an important component of the perpetrator change process. There are a number of ways in which practitioners can help introduce accountability into the perpetrator's life. Through program content they can help perpetrators hold themselves to account, through supporting survivors in their efforts to hold perpetrators to account, through the monitoring effect of a good working relationship with group peers and facilitators and through the integration of their work with judicial measures
- Alongside an appreciation of the potential benefits to IPV survivors, be aware that IPV perpetrator programs can affect survivors in a number of negative ways: By adding stress to the family, by providing new skills which can be used in the wrong way, and by lulling survivors into a sense of security which may have no grounds
- High-quality preprogram assessment is one way of limiting negative outcomes for survivors. Appropriately trained and experienced practitioners, who can draw upon a wide range of assessment tools, in longer assessments which can extend into preliminary work with perpetrators and survivors, could help ensure that perpetrators are assigned to appropriate treatment
- Patriarchal attitudes are by no means a universal concern among survivors; we would suggest that they are now more of an ethnicity-related barrier to change. Practitioners might consider assessing patriarchal attitudes before applying resources indiscriminately to their correction
- Changes in perpetrators' belief systems appear to be harder to bring about than changes in behavior; mechanisms of belief system change might include a broadening of perspectives, acceptance of responsibility and developing new understandings of what abuse is
- Make survivors' feelings of safety more central to the measurement of perpetrator change, and consider partner feedback on the changes they report as relative to their previous experiences

## Implications for policy

- This review has confirmed that IPV perpetrators are a highly heterogeneous population. Reconsider the appropriateness of manualized, group-based treatments in this context
- Where resource permits, or at the cost of perpetrator program provision, enhance the level of assessment of IPV perpetrators, to ensure higher levels of safety for survivors, and better outcomes through informed treatment matching
- Survivors have underlined the intergenerational nature of IPV perpetration. Policy makers should direct resources toward preventative intervention with children and adolescents, particularly since there are established predictive tools for identifying those at risk
- Survivors have added their weight to doubts about the depth and sustainability of IPV perpetrator change which has been brought about through mainstream perpetrator programs. Policy makers should consider follow-up work with perpetrators after program completion, and the treatment of more deep-rooted barriers to sustained perpetrator change

## Implications for future research

- Continue to investigate ways to empower survivors. Survivor validation has been confirmed here as a key mechanism by which perpetrator change can be encouraged
- Investigate the anomaly which suggests that perpetrators can make some changes in their behavior without actually taking responsibility for their perpetration of abuse in the past
- The broadening of perspectives has emerged as a possible mechanism of changing perpetrator belief systems, the utility of established clinical approaches to expanding world views should be investigated with IPV perpetrators
- Dividends may be had from investigating the mechanisms by which perpetrators encourage change in each other, and enquiries into when and for whom group work works
- Survivors have suggested that judicial sanctions can be an important driver of change, some survivors have also pointed out how forcing perpetrators to attend treatment can worsen their situation. Mechanisms by which the judiciary can influence perpetrator change is an area which warrants systematic review, positioned in the wider context of criminology
- Practitioner perspectives on IPV perpetrator change processes should also be reviewed. Studies of children's experiences of IPV perpetrator change are also likely to increase our understanding
- Continue with efforts to break the IPV perpetrator population into a clinically useful typology
- Through wider collaboration, begin the process of building a model of change processes for this client grouping

Note. IPV = intimate partner violence.

## Conclusion

This review can provide further understanding of the change process for IPV perpetrators, and how it can be encouraged. The survivor perspective suggests different types of perpetrator change. It has provided insights into component

processes of change and the barriers and facilitators of change. Accountability emerged as a key issue for survivors, the sustainability of change emerged as a key question for researchers, and the challenge of responding to the complexity in this field is highlighted to policy makers and

practitioners. It highlights some limitations of manualized, group-based IPV perpetrator interventions, amid the bene-

fits experienced by survivors from this approach. It has prompted the authors to call for a more systematic approach to the development of perpetrator interventions. Table 4 details review implications for policy, research, and practice.

Search No	Search Terms
1	IPV or <b>"partner abuse"</b> or <b>"intimate partner violence"</b> or <b>"domestic violence"</b>
2	"Family violence"
3	"Intimate partner homicide"
4	((Domestic* or partner or marital* or marriage or relationship or wife or wives) adj3 (maltreatment or conflict or violent* or abus* or assault*)) not ( <b>working conditions</b> or <b>family work relationship</b> or <b>work-family</b> or <b>youth</b> )
5	Partner violent
6	Batterer
7	Who batter
8	1 or 2 or 3 or 4 or 5 or 6 or 7
10	Intervention
11	Judici* not judicious*
12	Treatment*
13	Program* not (program? ing or program? ed)
14	Therap*
15	Diversion*
16	Sanction*
17	Duluth
18	Prosecut*
19	10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18
20	<b>"Attitude change"</b> or <b>"response to intervention"</b>
21	Perception*
22	View*
23	Thoughts
24	Perspective*
25	Reaction*
26	Opinion*
27	Belief*
28	Qualitative
29	20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28
30	8 and 19 and 29

Note. Boldface items were suggested by database indexing tools. IPV = intimate partner violence. Placing an "\*" at the end of the word instructs the search facility to include stemmed words also, so "view\*" will return incidences of "views" or "viewpoint" also.

Database	Total Hits Retrieved
Social Services Abstracts	373
PsycINFO	912
Applied Social Science Index and Abstracts	335
Sociological Abstracts	481
Cumulative Index to Nursing and Applied Health	749
National Criminal Justice Research Service	299
Scopus	299
EMBASE	918
International Bibliography of the Social Sciences	297
Proquest Health and Medical Complete	383
Social Care Online, previously CareData	385
Web of Science (incorporating SSCI)	1,336
MEDLINE	1,438
Google Scholar (Advanced function)	100
Total	8,305

Note. SSCI = Social Sciences Citation Index.

## Appendix A

### Search Terms, Search Formula, and Search Facilities

#### Search Facilities

#### Declaration of Conflicting Interests

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