



Newsletter no. 2

"The Other Side of the Story: Perpetrators in Change Project (881684 OSSPC)

Time for Change: Evidence based research for new practice approaches

THE TRANSNATIONAL REPORT

This report is the result of the 2nd work package "Time for Change: Evidence Bases research for new practice approaches" of the European project "The Other Side of the Story: Perpetrators in Change"

WP2 was committed to delivering relevant research in relation to intervention programmes for perpetrators. The aim is to provide an evidence base for engaging with DVA perpetrators in order to enhance support, undertake systemic change and embed new practices.

Wp 2 Aims

- Estimate the scale of the problem
- Map and comparatively analyse current work with perpetrators in each country
- Provide a needs assessment
- Identify potential referral routes, and
- Suggest good practice for voluntary perpetrator interventions.





The activity was coordinated by Bournemouth University, UK.

Each country (Cyprus, Greece, Italy, Romania, UK) completed an individual report which will be published on the project's website www.osspe.eu

INTRODUCTION

Domestic violence and specifically abuse against women and girls is widespread, and the outbreak of COVID-19 has caused an increase to such cases worldwide - a "shadow pandemic" (UN Women, 2020).

In addition, there has been an increase in both victims and perpetrators trying to access support.

For example in Cyprus DVA reports have increased by 40% and the UK has found "*incidents are becoming more complex and serious, with higher levels of physical violence and coercive control*" (Home Affairs Committee, 2020, p. 4).

Whilst the United Nations (UN) and the Council of Europe have adopted measures to combat gendered violence, more are required (European Parliament, 2011). Signed by all the partner Countries, the Istanbul Convention (2011) provides a comprehensive framework to combat gender-based violence against women. It outlines a range of criminal acts, and highlights the need for rehabilitation of perpetrators.

The problem of domestic violence is therefore widespread and increasing. Whilst some recognition of difficulties and measures have been taken, further work is required.



METHOD

The current research involved:

- Focus groups with a variety of professionals working with (either survivors or perpetrators of) DVA. These facilitated group discussions considered three vignettes of potential DVA scenarios; followed by questions probing current best practice, challenges and gaps in provision.
- An online survey for survivors of DVA to understand their experiences, with a focus on support for perpetrators.
- Interviews with perpetrators who had accessed a group work programme. The aim was to gain an understanding of their experiences of support and discuss further services they felt would help.

The overall sample is outlined in table 1 below:

Table 1: Sample of participants

Country	Number of Questionnaires	Number of Interviews	Number of Focus groups	Number of Focus group participants
Cyprus	19	3	2	10
Greece	20	3	3	49
Italy	8	5	5	45
Romania	24	5	3	33
UK	24	2	7	36
Totals	95	18	20	173

Qualitative data was coded thematically according to dominant themes. Quantitative data used statistics to summarise patterns.

FINDINGS

Some countries have specific legislation mandating perpetrators onto programmes, whereas others are voluntary. However all emphasised a general lack of service provision and limited funding. Greece and Romania have no coordinated prevention programmes, Italy has plans to develop them. Cyprus has one organization offering support, and there are various programmes offered in the UK. However even where services exist, there is limited expertise, and availability depends on geographic region. Perpetrators noted additional barriers to accessing support, including a general lack of awareness regarding what was available; long waiting lists, or courses running in the daytime when they were at work. Another barrier was the negative connotations associated with the label of 'perpetrator' which amplified pre-existing feelings of guilt, remorse, embarrassment and shame. Although many attendees were initially apprehensive, many felt supported once there, and praised the non-judgemental environments of programmes.

The majority of respondents to the victims survey had similarly poor experiences. Half did not think of seeking help for five years or more, and disturbingly when they did, responses to their disclosures highlighted patriarchal and traditional gendered assumptions. Many felt they did not get the services required, when they needed them. However, some respondents highlighted the benefits of being listened to and believed, alongside the practical support offered to them. When victims were asked about perpetrator interventions, half thought the perpetrator may change, however what most sought, was an effective CJS response.

FINDINGS

Perpetrators were often described as having traditional, 'cultural' or patriarchal views. Therefore life events such as loss of job or home, potentially threatened their masculinity, resulting in frustration and repeated violence. Some did not consider this violence inappropriate, or minimised its effect on others. For example, referring to incidents as 'nothing important' or highlighting abuse was never physical. Some were aware this may be a means of transference-blaming others so as they did not have to take responsibility for their own actions. Other means of externalising were also shown – for example mentioning their own adverse childhood experiences which may have resulted in them internalising abusive behaviour as 'normal' or may reflect them becoming abusive to reassert their own control. Many also highlighted stress, anger, alcohol and being provoked (i.e. victim blaming) as pre-cursors to their behaviour.

The benefits of programmes were strongly advocated by the perpetrators, inciting a recognition that their behaviour was inappropriate and the impact it can have on others (e.g. fear) as well as themselves (e.g. losing access to their children). Most mentioned the benefits of learning new techniques – for example to counteract anger or more constructive expression of emotions. They reflected how this had benefitted current relationships and recognised the positive effects.

Both perpetrators and professionals highlighted the need for greater early awareness by all agencies. Missed opportunities in recognising the need for assistance in healthcare settings (such as GP surgeries) were apparent. Similarly, punitive court disposals (such as stopping perpetrators seeing their children) may be counterproductive, bringing additional pressures (such as homelessness, stress or loneliness) which could lead to relapse.

FINDINGS

In summary, many organisations are to be commended for the pioneering and proactive work they do despite a paucity of resources. In order for perpetrator programmes to be successful, they must be widespread, well-resourced and integrated within other community and support service systems. They must offer a tailored, holistic approach to support the whole family. They rely on perpetrators being motivated and committed to changing their behaviour and accepting responsibility. There is also a need to raise awareness that any abuse unacceptable and a need to challenge underlying societal norms that hold up such beliefs.

GAPS AND NEEDS

➤ A Co-ordinated Community Response Approach

One aspect of DVA support and provision which was highlighted as important by all of the partner countries was the need for a Coordinated Community Response (CCR) to DVA integrating all sectors in partnership (Shepard & Pence, 1999) as outlined in Figure 1. Whilst highlighted in the Istanbul Convention as imperative, it was clear this is not widely functioning. The main gaps and challenges which were identified were the lack of adequate training of professionals, case overload, the lack of research and statistics, and the absence of restorative practices.

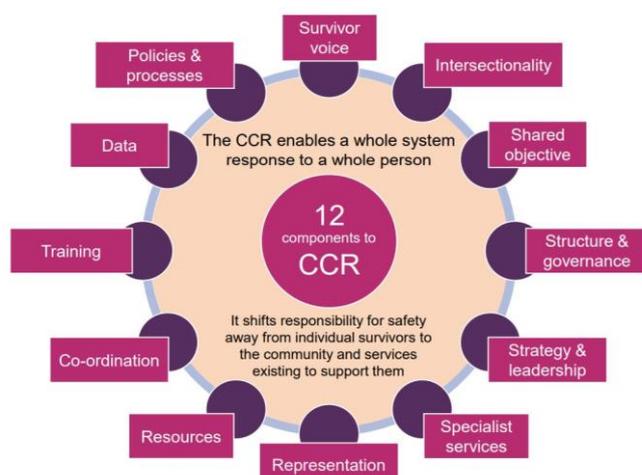


Figure 1 (Standing Together Against Domestic Violence, 2020, p. 12).



➤ RESOURCING

Funding issues arose many times. Namely the lack of consistency in provision, particularly in rural areas. It is strongly recommended that significant additional resources must be put into perpetrator programmes in all countries.

➤ HEALTH SERVICES

When considering the backgrounds of many of the perpetrators involving drug and/or alcohol misuse, mental ill-health and childhood trauma, there is a clear need for health care services to be integrated. The need to address addictions first, can result in delays to intervention. In addition lack of positive health response was also mentioned with several victims disclosing to GPs, and then either receiving marriage advice, or antidepressants; or for perpetrators, one noting '*they made it easy for me to leave [the appointment]*'. This emphasized the need for specialist training (such as IRIS (<https://irisi.org/>)).

➤ COMMUNITY TRAINING

In addition to specialists, it is essential to have trained professionals in the wider community (teachers/educators, doctors, priests, the police, social-work) to deal with detection (indicators of violence), disclosure, referral, and preliminary risk management. Currently this was inconsistent, lacked evaluation and quality assurance. The UK uses Specialist Domestic Violence Courts (SDVCs) and Cyprus recommended regular training of judges and prosecutors on victims' rights and needs, communication and questioning methods. The creation of a registry of qualified professionals was suggested.

➤ PUBLICITY: INCREASED AWARENESS OF PERPETRATOR PROGRAMMES

There is a need for publicity campaigns to target young people to support healthy relationships; and to consider enduring patriarchal attitudes as an ongoing barrier to help-seeking for both victims and perpetrators.





For example, abuse was viewed as [private, martial or less severe if the injuries were not physical. Intersectional identities also impacted experiences. For example in Greece and Cyprus there were specific](#) difficulties in identifying migrant victims.

➤ PERPETRATOR STIGMA

In particular the UK and Italy expressed discomfort on the negative stereotypes and labelling associated with the term 'perpetrator' which may put people off accessing services. In Italy support is presented as 'counselling' for example. This presents an ideological conundrum should language be adjusted to encourage engagement, or does this fail to hold perpetrators to

CONCLUSIONS:

There are clear key thematic areas which impact access to and provision of perpetrator work. These can be related to the need for a coordinated community response, which would include cohesive localized referral pathways, adequate funding, and publicity - to help victims and perpetrators recognise abuse, in a way which reduces stigma yet holds perpetrators to account. These provisions are key in the Istanbul Convention, however provision is lagging behind. Community training is essential, as a reoccurring theme was access to support through health did not often receive appropriate referral. Ultimately, this research found an enormous amount of good practice across the partner countries and evidence that effective service provision for perpetrators can inspire behavior change, harm reduction, and positive futures.

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