

The CARA (Cautioning and Relationship Abuse) Service

Theory of change, impact evaluation and economic benefits study report

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The CARA (Cautioning and Relationship Abuse) Service

Theory of change, impact evaluation and economic benefits study report

Executive summary

Introduction

Domestic abuse is a serious and widespread problem in the UK and the police are usually the first agency of contact. In 2014/15 UK the police received, on average, over 100 domestic abuse-related calls an hour, which represents 10% of all recorded crime (HMIC, 2015). Conditional Cautions were introduced as a low-cost way of addressing the fact that most cases (e.g., 55% in a 2013 study by Rowland) are disposed of by way of no further action (also see Jarman, 2011; Cornelius, 2013). The use of Conditional Cautions coincided with police and partner agencies wanting to influence offender behaviour through education to prevent further harm to the current victim(s) or future victim(s). Accordingly, the CARA (Cautioning and Relationship Abuse) Service was implemented. In summary, Project CARA is an awareness raising programme that promotes behaviour change for individuals (male and female) who are alleged first-time domestic abuse offenders. The intervention comprises two workshops that offenders attend as the core condition of the Caution. The Service is delivered by teams of workshop facilitators from a third sector organisation, the Hampton Trust. The victim informs the initial police-led risk assessment and decision to administer the Caution and provides feedback on the offender's progress/compliance between workshops.

Project CARA (the 'CARA Service') is currently operating in Hampshire, West Midlands, Avon & Somerset, Dorset, Thames Valley, Leicestershire, West Yorkshire, Norfolk and Cambridgeshire. Since 2019, the CARA Service has also been available for domestic abuse offenders who target other family members (i.e., non-intimate partner domestic abuse).

This independently authored report outlines a Theory of Change and provides an Impact Evaluation and Economic Benefits Study for the CARA Service. The information presented and analysed in the report was contributed by the Hampton Trust, West Midlands Police, and Hampshire Constabulary.

Theory of Change

A Theory of Change identifies the key activities undertaken by an intervention that contribute to a chain of results that lead to intended or observed outcomes and has five-stages: evidence; activity; intermediate outputs/outcomes; enablers; and the final goal.

The CARA Service complies with the evidence in the following respects: responses are most likely to be effective in reducing domestic abuse if they are differentiated according to type of abuse (first-time/standard or medium severity domestic abuse). The views of the victim should be considered, and the Conditional Caution should be used to promote rehabilitation. Finally, the Cycle of Change model, cognitive dissonance, and a relational approach are recognised as effective ways of prompting behaviour change.

The CARA Service activity that appears to promote good outcomes are as follows: within the framework of a Conditional Caution, offenders attend and engage well and complete the

intervention; victims participate well in the assessment and feedback, and that their safety can be monitored post arrest; and the intervention timing promotes reflection and behaviour change.

The CARA Service enablers that appear to promote good outcomes include: the referring police and the intervention staff (Hampton Trust) are appropriately trained as required in assessing domestic abuse risk and suitability for a Conditional Caution; the CARA Service models/approaches aid in victim contact and support; the CARA Service police, and Hampton Trust staff share relevant information in a timely way; there is strong senior leadership support for the CARA Service from both the police and the Hampton Trust; and confidence in the CARA Service is maintained through internal screening of referrals and review of cases by multi-agency Scrutiny Panels. The outcomes appear to contribute to achieving the final goal, which is safeguarding and supporting victims by reducing the risk of harm from perpetrators.

Impact Evaluation

An impact evaluation was conducted to study the impact of the CARA intervention on first-time domestic violence offender recidivism in West Midlands and Hampshire Constabulary police force areas.

The data for the impact evaluation from the West Midlands police force area was for offences that took place in the period between December 2018 and November 2019. The data track offenders for 365 days after the CARA referral date. West Midlands provided data on 539 offenders, including 191 recipients of CARA and 348 in the control group. Our main outcome of interest was recidivism.

The data for the impact evaluation from the Hampshire Constabulary police force area was for offences that took place between December 2018 and November 2019. The data track offenders for 365 days after the CARA referral date. Hampshire provided data on 510 offenders, including 218 recipients of CARA and 292 in the control group. Our main outcome of interest was once again recidivism.

As this is a retrospective impact evaluation, and a randomized control trial was not undertaken, a statistical technique known as propensity score matching (PSM) was used to make the CARA intervention group comparable to the control group based on observable characteristics. The explanatory variables were individual characteristics that could affect the outcomes of interest.

Five outcome indicators of treatment success were measured at two time periods (i.e., 6 and 12 months after the CARA referral date): a re-offence, a re-arrest, the number of re-offences and re-arrests, and the severity of crimes. An offence was designated a crime if it had been entered in the Police National Computer (PNC) system. To measure the severity of crimes, the Cambridge Crime Harm Index (CHI) (Sherman, 2020) was used.

For West Midlands, in terms of the profile of offenders who attended the CARA Service, in comparison to the control group, they were more likely to be older (fewer 22-30 years) and White (with a notable disparity in the low number of Black offenders). They were more likely to have: a personality disorder, a history of alcohol abuse, a same sex partner (marginally/control group had none), alcohol involved in the CARA crime, an older victim and a White victim (with a notable disparity in the low number of Black victims). The offenders who attended the CARA Service were less likely to have a history of drug abuse. However, they were similar to the control group in terms of likelihood of being unemployed and having a majority of female victims, mentally ill health and an ailment.

For Hampshire, offenders shared similar characteristics to those of West Midlands, with the main differences being that a) there was very little non-White representation in both treatment and control groups, and b) the Hampshire control and treatment groups had higher recidivism than West Midlands ones.

The results of the impact evaluation for West Midlands showed that the CARA Service had a significant impact on the amount of recidivism – on average, the CARA Service reduced offences by 81% in the first six months. The effect is substantial also after twelve months – on average the CARA Service reduced offences by 56% in the 12 months. However, there was no significant reduction in the severity of the crimes that were committed after completing the CARA Service. This latter result contrasts with Strang et al. (2017), who documented such a reduction. The difference could be driven by the fact that the offenses in the West Midlands Police sample were less harmful compared to Strang et al. (2017); in the former, the average CHI was 6.32, which is 25% to 45% smaller than the 8 to 11 CHI averages reported in the latter.

The results of the impact evaluation for Hampshire showed that, on average, the CARA Service reduced offences by 39% in the first six months. The reduction after twelve months was 41%. Like West Midlands, there was no significant reduction in the severity of the crimes committed after completing the CARA Service. Overall, the evidence demonstrates that CARA has a significant effect on recidivism in two independent areas of study.

Economic Benefits Study

To calculate the economic benefits of the CARA Service, the cost of the average crime was measured using the Heeks et al. (2018) Home Office report on the economic and social costs of crime (HOCC). The estimates in HOCC consider three main cost areas: the costs in anticipation of crime, the costs as a consequence of crime, and finally, the costs in response to crime. This index includes a wide range of costs, such as productivity loss, personal injury hospital admission costs, mental health costs and police and criminal justice system costs. However, these economic costs are available only for the most serious crimes in the sample, and therefore, it is expected that the estimated cost of crime is an underestimate of the actual cost of crime.

The economic costs were calculated by applying the percentage reduction in re-offending 6 and 12 months after CARA (for West midlands 81% and 56% respectively and for Hampshire it was 39% and 41% respectively) to the control group reoffences. These reduced offences were then multiplied by the cost of the average crime that was calculated from the crime data in the sample and the HOCC estimates. This cost is estimated to be £6,041.22 in West Midlands and £5,702.89 in Hampshire. Finally, we subtract the CARA Service delivery cost to get the net benefit, which is estimated to be £250 per offender.

For West Midlands, CARA is estimated to reduce recidivism for the 348 offenders in the control group by 39.69 crimes in the first six months after the intervention. The economic benefit of CARA is therefore $39.69 \times £6041.22 = £239,775.94$. From this number we subtract the service delivery cost of CARA for a total of 348 offenders, and therefore, the final estimated CARA benefit in the first six months is £152,775.94. The same calculation yields a net benefit of £156,581 annually. The benefit-cost ratio is equal to 2.75, meaning that for each pound invested in a CARA project, 2.75 pounds are gained.

For Hampshire, a similar calculation yields that the CARA benefit is £596,066 in the first six months and £780,864.40 annually. The benefit-cost ratio is estimated to be 11.10, meaning that for each pound invested in a CARA Service, 11.10 pounds are gained.

Both benefit-cost ratios estimated above are likely to be underestimates as they do not include the police opportunity cost of lowered arrests and the HOCC index does not include cost estimates of low-level crimes.

Conclusion

The Theory of Change and the impact and economic evaluations suggests that the CARA Service has the potential to promote change in the offenders' abusive behaviours.

According to the Theory of Change for CARA, the key elements are:

- the Service has a clear theoretical service delivery model that operates within clearly understood operational requirements for administering Conditional Cautions and for assessing domestic abuse risk.
- the Service's operational processes are time-bound in stipulating victim contact and workshop delivery and specific in the use of evidence-based behaviour change approaches.
- the Service benefits from a high level of offender/victim compliance. Police officers and Hampton Trust staff who deliver the intervention are appropriately trained.
- Finally, the Service can maintain integrity to the model due to a high level of internal and external scrutiny of risk assessment and decision-making.

The impact evaluation and the economic benefits study suggest that the CARA Service has a significant impact on recidivism. On average, the CARA Service reduced offences by 81% in the first six months and by 56% in the first 12 months for West Midlands. CARA reduced offences by 39% in the first six months and by 41% in the first 12 months for Hampshire.

The economic benefits study suggests that the economic benefits of introducing a CARA Service into a police force area are significant, even using conservative estimates. For West Midlands, the net benefit of the CARA Service would be £152,775.94 in a period of six months and £156,581 annually. For Hampshire, the net benefit is estimated to be £596,066 in the first six months and £780,864.40 annually. For West Midlands, the benefit-cost ratio is equal to 2.75, meaning that for each pound invested in a CARA project 2.75 pounds are gained. For Hampshire, the benefit-cost ratio is equal to 11.10, meaning that for each pound invested in a CARA project 11.10 pounds are gained. These numbers are conservative estimates of the true impact of CARA effect (i.e., the actual benefit of CARA could be greater).

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The CARA (Cautioning and Relationship Abuse) Service

Theory of change, impact evaluation and economic benefits study report

Main report

1. Introduction

Domestic abuse and the police response

Domestic abuse is a serious and widespread problem in the UK. The Crime Survey for England and Wales (CSEW) estimates that around two million adults experienced some form of domestic abuse in the year 2014/15 (ONS, 2016). The police are usually the first agency of contact; in the same year 2014/2015 UK police received, on average, over 100 domestic abuse related calls an hour, which amounts to 10% of all recorded crime (HMIC, 2015).

Police responses to domestic abuse are guided by a policy of positive action (College of Policing, 2020), and this generates a high volume of arrests for domestic abuse incidents. Most of the cases (e.g., 55% in a 2013 study by Rowland) are disposed of by way of no further action (also see Jarman, 2011; Cornelius, 2013). Police and partner agencies sought ways to influence offender behaviour through education to prevent further harm to the current or future victims. Conditional Cautions were introduced as a low-cost way of addressing this and to provide victims, who may not wish to attend court, with an alternative positive means of disposal. The attachment of conditions to a Caution presents an opportunity to tailor the law enforcement response to the needs and circumstances of each offence type. Correctly designed and delivered, the conditions could contribute to the overall goal of reducing that crime type. Accordingly, the CARA (Cautioning and Relationship Abuse) service was implemented as part of the Conditional Caution to help reduce total harm from domestic abuse.

Project CARA

In summary, Project CARA (the 'CARA Service') is an awareness-raising programme that promotes behaviour change for male and female individuals who are alleged first-time domestic abuse offenders. The intervention comprises two workshops that offenders attend as the core conditions of the Caution. The Service is delivered by teams of workshop facilitators from a third sector organisation, the Hampton Trust. The victim informs the initial police-led risk assessment and decision to administer the Caution; and provides feedback on the offender's progress/compliance between workshops.

Project CARA was initially trialled for domestic abuse offenders in Hampshire, in 2012-14 (Strang et al., 2017). Findings were that 35% fewer men receiving the Service re-offended against their partner, compared to those in the control group, and further harm to victims was reduced by over a quarter. Project CARA (the 'CARA Service') is currently operating in Hampshire, West Midlands, Avon & Somerset, Dorset, Thames Valley, Northamptonshire and jointly in Norfolk and Cambridgeshire. The three original MOJ-led two-tier pilots (Leicestershire, Staffordshire and West Yorkshire) also have dispensation to use CARA, but only for standard risk cases. Since 2019, the CARA Service has also been available for domestic abuse offenders targeting other family members (non-intimate domestic abuse, such as child on parent abuse).

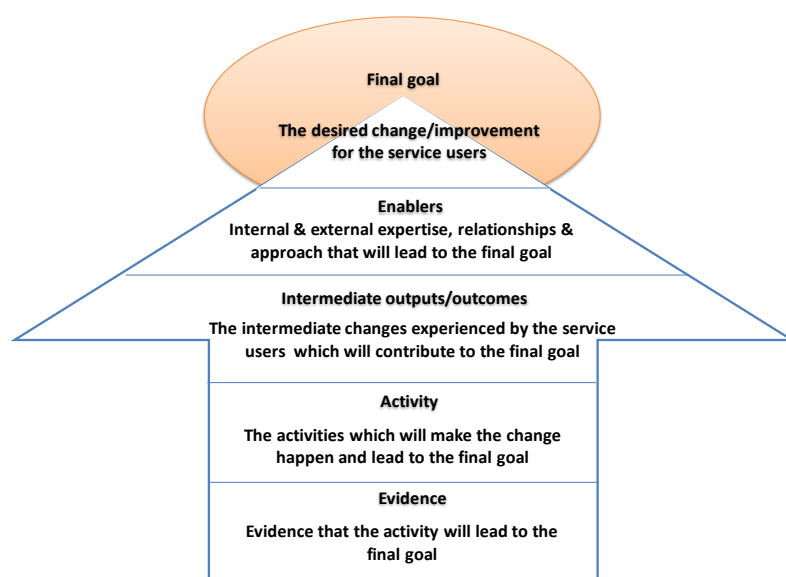
Report structure

Part one of this report outlines a Theory of Change for the CARA Service. Part two presents the findings from an impact evaluation of the CARA Service and a study of the economic benefits of the Service and part three contains brief concluding comments. The report has been independently authored by the University of Birmingham. The information and data presented and analysed in the report were contributed by the Hampton Trust, West Midlands Police, and Hampshire Constabulary.

Part one: Theory of Change

Part one develops a Theory of Change for the CARA Service. A Theory of Change explains how the activities undertaken by an intervention contribute to a chain of results that lead to intended or observed outcomes. A Theory of Change supports feasibility studies and evaluations of an intervention by identifying key indicators for monitoring, identifying gaps in available data, informing additional data to be collected, and by providing a structure for evaluation. The Theory of Change framework has five-stages: evidence; activity; intermediate outputs/outcomes; enablers; and final goal. The stages are illustrated in Figure 1.

Figure 1. Theory of Change framework

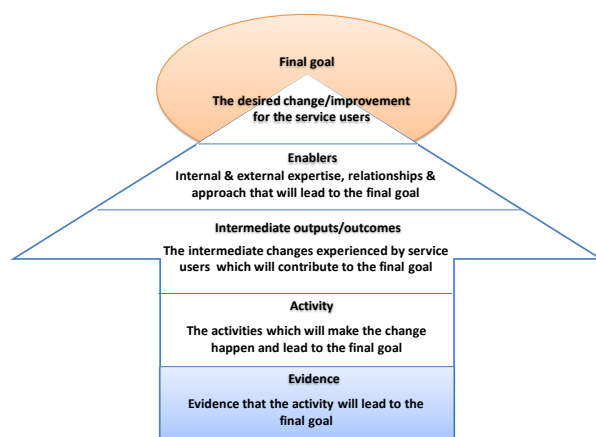


3. Summary literature review on domestic abuse

The summary literature review in this section and the legislative and theoretical underpinning in section 3 form the evidence stage, the shaded area in Figure 2, below. The rapid evidence review can be found in Appendix A. The role of evidence in a Theory of Change is to indicate which activities are most likely to lead to the intermediate outputs and outcomes for an intervention. In turn, the activities suggest the inputs or resources that will be needed for effective service delivery to achieve the final goal. The literature review summarised here was

undertaken to inform the Theory of Change. It addressed the questions: *What drives those who commit these violent offences; and which approaches, and specific methods can be applied in work with those who have committed domestic abuse to reduce the likelihood of the behaviour recurring?* (Kane et al., 2021; unpublished).

Figure 2. Theory of Change: Evidence



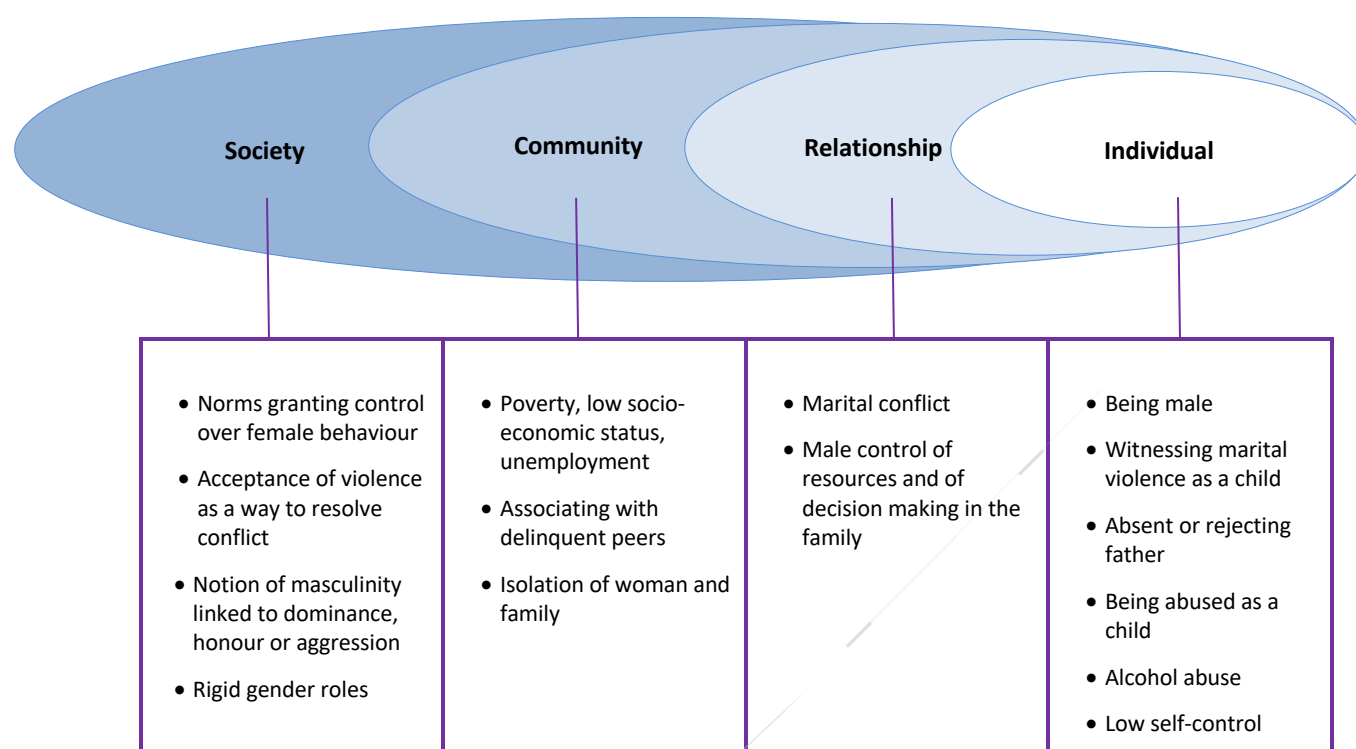
2.1 Drivers of domestic abuse

Ali and Naylor (2013a, 2013b) reviewed the major categories of influencing factors and related theories particular to domestic abuse: biological, psychological, feminist, social and ecological. Some authors argue, however, that domestic abuse can be understood using the same constructs that are applied to other kinds of violent offending (Felson & Lane, 2010).

Abramsky et al. (2011) found some consistent associations between domestic abuse towards women and several risk and protective factors. The former included: alcohol abuse, cohabitation status, younger age, attitudes supportive of spouse abuse, sexual partners outside the relationship, prior child abuse, and exposure to domestic abuse as a child. The latter included secondary education, high socio-economic status and official marriage. However, there is not a straightforward link between multiple deprivation and rates of domestic abuse, even when investigated in a single area (the city of São Paulo, Brazil: Kiss et al., 2012). A meta-analysis by Van der Ende, Yount, Dynes and Sibley (2012) examined associations between domestic abuse and several community-level variables, such as indicators of social disorganisation, neighbourhood cohesion, socio-economic status, levels of other forms of violence, and norms for behaviour between males and females. Levels of domestic abuse were not uniformly a direct function of concentrated disadvantage. In some societies, widespread acceptance of partner mistreatment amongst both perpetrators and victims appears to be a stronger influencing factor than poverty and associated hardships (García-Moreno et al., 2015).

At present, however, there is no satisfactorily unified account regarding how potential contributory factors interconnect (Bell & Naugle, 2008; Dixon & Graham-Kevan, 2011). A potentially useful way of conceptualising this is in terms of an *ecological model* of the type forwarded by Heise (1998; see also Beyer, Wallis & Hamberger, 2015) (adapted from McGuire & Duff, 2018). The ecological model is illustrated in Figure 3.

Figure 3. Ecological model of factors influencing partner violence



2.1.1 Society and community

The cultural norms within the society may permit or even instil dominance and inequity between females and males with associated links to rates of relationship violence (Yodanis, 2004). Gracia, Lila and Santirso (2020) integrated findings from 62 studies of attitudes carried out in 11 member countries of the European Union, with a combined study sample of over 109,000 people. They found that some aspects of attitudes were drawn from the legitimisation and acceptability of particular views, notably sexism, which is extensively supported by many culturally normative processes, some views being tacit, others explicit, even in places where the equality of the sexes is proclaimed. Similarly, the community surrounding a couple may be characterised by features often associated with higher levels of family stress and dysfunction (Beyer, Wallis & Hamberger, 2015; Van der Ende et al., 2012). These community-level features include social disorganisation, neighbourhood cohesion, socio-economic status, levels of other forms of violence, and norms for acceptable behaviour between males and females, although the link between concentrated disadvantage and domestic abuse is not uniform (Van der Ende et al., 2012). In some societies, widespread acceptance of partner mistreatment amongst both perpetrators and victims appears to be a stronger influencing factor than poverty and associated hardships.

These societal and community-level factors suggest that ideally responses should address the wider determinants of health and wellbeing. They form the background context within which the CARA Service aims to engage at an individual level.

2.1.2 Individuals and relationships

At an individual-level, perpetrators show considerable heterogeneity (Dixon & Browne, 2003; Dixon & Graham-Kevan, 2011). That is manifested in several variables, such as impulsivity or in features of anger (Birkley & Eckhardt, 2015; Eckhardt, Samper & Murphy, 2008; Norlander & Eckhardt, 2005). Several typologies or attempts at classification have been offered, such as dividing domestic abuse perpetrators into *generalists* who have committed other types of violent offences versus *specialists* who have not (Herrero, Torres, Fernández-Suárez & Rodríguez-Díaz, 2016; Huss & Ralston, 2008). Other approaches have identified varying levels of criminality and psychopathology linked to lethal violence (Dixon, Hamilton-Giachristis & Browne, 2008). Bellis et al. (2015) noted that lack of exposure to ACEs reduced the likelihood of violence perpetration, with 2.9% of those with no exposure reporting violence perpetration, compared to 33% of those who were exposed to four or more ACE categories. Dutton (2012) highlighted the intergenerational nature of violence and the powerful effects of social learning. Stover, Meadows and Kaufman (2009) suggested that the trauma histories, Personality Disorder traits and substance misuse histories common amongst domestic abuse perpetrators should be recognised, and Bates, et al. (2017) proposed that the potential dysfunctional attachment issues for a domestic abuse perpetrator should be explored.

Tollefson and Phillips (2015) found that identifying and addressing the link between emotional dysregulation and domestic violence for domestic abuse perpetrators was associated with lower attrition rates (compared to other treatment approaches), reduced re-offending, and improvements across measures of mindfulness, physical and mental health. Finally, several studies noted that alcohol misuse and domestic abuse often co-occur and share several risk factors. Brasfield et al. (2016), for example, found indicators that alcohol expectancies (as well as alcohol use itself) can play a role in partner abuse, and Stover et al. (2009) supported addressing individual domestic abuse perpetrator's substance misuse needs when targeting their criminogenic needs (i.e., the changeable factors underlying offending behaviour).

Alongside heterogeneity amongst individual domestic abuse perpetrators, there are different patterns of dynamics within relationships – which may be egalitarian or may be marked by the exercise of power by one partner over another (Straus, 2008). Violence may be triggered by specific events and situations during the relationship (Wilkinson & Hamerschlag, 2005). Gendered approaches tend to assume that domestic abuse behaviours are instrumental in nature (Langhinrichsen-Rohling and Capaldi, 2012). However, others found that rather than seeking to exert male privilege, most perpetrators simply had poor impulse control and poor emotional regulation (Babcock et al., 2016).

Amongst the approaches to classifying domestic abuse that have been developed, Johnson (2008) combined individual and relational features according to the level to which violence is used as a means of control. He used this to distinguish four patterns of conflict: intimate terrorism, situational violence, mutual violent control, and violent resistance. This is the framework or perspective that underpins the CARA Service (see subsection *Identification and referral*, below). Velonis, Cheff, Finn, Davloor and O'Campo (2016) emphasised differentiating between perpetrators who engage in situational violence and those who use coercive-controlling forms of violence. Cannon, Hamel and Buttell (2016) concluded that situational violence involving bidirectional abuse represented most domestic abuse, and suggested, therefore, that domestic abuse programmes should address conflict-resolution to reduce relationship violence. These findings support proposals by Dutton (2012) that avoiding a dichotomous approach (i.e., victim or perpetrator) in identification and treatment is likely to be most effective. As noted below in subsection 3.5.1, the Hampton Trust reported that whilst some of the male CARA Service users present with situational violence, the majority appear to be on a continuum more closely representing intimate terrorism.

Many of the correlates of abuse in same-sex couples parallel those found in heterosexual relationships (Bartholomew, Regan, Oram & White, 2008); but, there is evidence that the

overall level of violence is higher (Badenes-Ribera et al., 2015), and differences have also been reported, for example in patterns of jealousy (Barelds & Dijkstra, 2005).

In summary, the drivers for an individual domestic abuse perpetrator are likely to be a complex constellation of characteristics and experiences across the domains described in the ecological model. Following from this the evidence points away from a generalised set of interventions and instead suggests that responses are most likely to be effective in reducing domestic abuse if they are differentiated according to type of abuse and tailored to the individual. See Appendix A, which presents a Rapid Evidence Review, for further background.

3. Legislative and theoretical underpinnings

As part of the evidence stage in Figure 1 above, this section describes the legal framework for out-of-court disposals in the UK, and the theoretical models and approaches that underpin the CARA Service model.

3.1 Conditional Cautions

The objective of a Conditional Caution is to provide an opportunity to achieve an early positive response to low-level offending behaviour for individuals willing to admit their offending and to comply with the conditions attached to the caution. The information presented here is summarised from the Code of Practice for Adult Conditional Cautions Part 3 of the Criminal Justice Act 2003 (Ministry of Justice, 2013) (the Code of Practice):

Conditional Cautioning is a statutory form of out-of-court disposal for adult offenders¹ introduced by Part 3 of the Criminal Justice Act 2003, which came into force in July 2004. The disposal allows a relevant prosecutor (such as the Crown Prosecution Service (CPS) or a police officer²) to offer a Caution with conditions attached for certain offences. The decision to administer a Conditional Caution allows for the suspension of criminal proceedings while the offender is given an opportunity to comply with the agreed conditions. Where the conditions are complied with, the prosecution is not normally commenced. However, where there is no reasonable excuse for non-compliance, the Conditional Caution can be cancelled, and criminal proceedings commenced for the original offence. A Conditional Caution may only be administered by an authorised person, such as a police officer.

Grounds for giving a Conditional Caution are that there is sufficient evidence to provide a realistic prospect of conviction and it is in the public interest to offer a Conditional Caution in respect of the offence. The offender must be over 18 years old and must make a clear and unambiguous admission to committing the offence for which the Conditional Caution is being given. In most cases, a Conditional Caution should not be given where a court, if the offender were convicted, would be likely to impose a significant community sentence or a period of imprisonment for the offence. A Conditional Caution is unlikely to be appropriate where the offence forms part of a pattern of offending. The Code of Practice recommends police decision makers to use the National Police Chiefs Council (NPCC) Adult Gravity Factors Matrix³ when considering whether to issue a Conditional Caution.

¹ Offenders under the age of 18 may receive a Youth Conditional Caution.

² This was extended to include Police officers in The Legal Aid, Sentencing and Punishment of Offenders Act 2012.

³ The police assess offence seriousness by reference to the Adult Gravity Factors Matrix which sets out the most prevalent offences, and provides them with a **score** of 1, 2, 3 or 4. The **score** may be raised or lowered by one level according to aggravating and mitigating factors which are set out in the Matrix.

Previous convictions, simple cautions and other Out of Court Disposals in relation to earlier offences do not preclude giving a Conditional Caution to an offender in relation to the current offence. A Conditional Caution may be appropriate where:

- There has been a sufficient lapse of time following a previous caution or conviction for the same or similar type of offence to suggest that it had a sufficient deterrent effect.
- The current offence is low level.
- The current offence is not similar or the same as any previous offence.
- Giving a Conditional Caution is likely to be the best outcome for the victim and the offender the offender has previously complied with another form of out-of-court disposal.

The conditions attached to a Conditional Caution must have one or more of the following objectives: rehabilitation (i.e., activities aimed at modifying the offender's behaviour to reduce the likelihood of re-offending); reparation, or punishment. All rehabilitative, reparative, and punitive conditions must be capable of being completed within 16 weeks where it is a summary only offence. A robust process for monitoring compliance must be in place. This may include agreements with organisations involved in delivering the conditions (such as drugs referral agencies). The decision maker will determine whether there has been non-compliance with the conditions and what action should be taken.

Involvement of the victim

The Code of Practice requires that the views of the victim are considered in deciding whether a Conditional Caution is appropriate and in determining suitable conditions. Unless a victim is directly involved in the fulfilment of a condition, the victim's agreement to the Caution or the conditions attached is not required. The conditions may have a direct impact on the victim⁴. In such cases, the victim should be informed of the conditions given to the offender and the intended outcome; and any changes, for example, if the offender has failed to comply with the Conditional Caution and will not be completing the conditions. Victims who are not directly affected by the conditions⁵ should also be informed of the outcome of the case where possible, including whether the Conditional Caution was completed or whether the offender was prosecuted for the original offence as a result of non-compliance.

Conditional Cautions for domestic abuse

According to the *Conditional Cautions: Adults DPP Guidance* (updated 1 November 2019), generally offences involving domestic abuse will not be suitable for Conditional Caution. Furthermore, a Conditional Caution for domestic abuse must be referred to a prosecutor who in turn should consult the HQ VAWG team. However, the police forces currently delivering the CARA Service have authority from the Director of Public Prosecutions (DPP) to administer Conditional Cautions for standard and medium level domestic abuse offences. The additional pre-conditions which the DPP has imposed for the use of Conditional Cautions in domestic abuse cases are that:⁶

⁴ For example, where compensation is to be paid, or work that benefits the victim is undertaken.

⁵ For example, where the offender has been given a rehabilitative condition, and no compensation is necessary.

⁶ The full list of pre-conditions can be found here: <https://www.cps.gov.uk/legal-guidance/conditional-cautioning-adults-dpp-guidance>

- The victim must actively prefer an Out of Court Disposal.
- The offender must fully admit the offence.
- The offence should be no higher than medium risk and not so serious that a custodial sentence or higher-level community order would be imposed at court.

See Appendix B, which presents the pre-conditions for forces wishing to apply for an exemption from the Director of Public Prosecutions Guidance on Conditional Cautions for Domestic Abuse perpetrators.

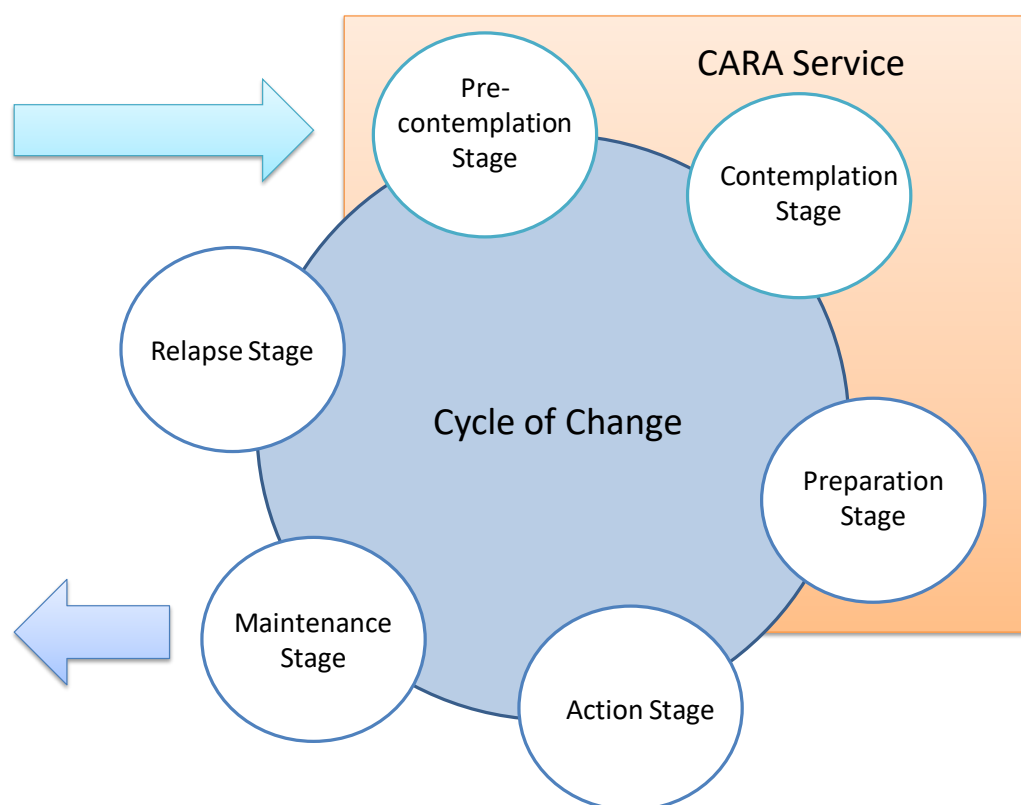
3.2 A Cycle of Change model

At a minimum, the CARA intervention is an awareness raising programme; however, it has the potential to motivate offenders to change their patterns of behaviour. They can do this by recognising the build-up to the abusive behaviour and develop/prepare strategies for managing it in the future. The stages of behaviour change can be described using the Transtheoretical model, known as the Cycle of Change model, developed by Prochaska and DiClemente in the late 1970s. According to the Cycle of Change model, the way in which individuals change their behaviour is a cyclical process – particularly if the behaviour is habitual. The five stages of change in the cycle are: pre-contemplation; contemplation; preparation; action and maintenance. For each stage, different intervention strategies are most effective in helping the person to move on to the next stage of change and subsequently through the model to maintenance, the ideal stage of behaviour. Most domestic abuse perpetrator programmes are designed to take individuals through all five stages. However, the CARA Service explicitly targets only the first three stages: pre-contemplation, contemplation and preparation.

In the pre-contemplation stage individuals do not intend to act in the foreseeable future. They are in denial that their behaviour is problematic or produces negative consequences and they underestimate the benefits of changing their behaviour. In the contemplation stage individuals recognize that their behaviour may be problematic, and they intend to change it in the foreseeable future. However, they may still feel ambivalent toward making the change. In the preparation stage, individuals are ready to act (e.g., within the next month). They start to take small steps toward the behaviour change, and they believe changing their behaviour will bring tangible benefits.

The fact that the Service works with alleged first-time offenders might point to a predominance of individuals in the pre-contemplation stage. However, service users may not be first-time offenders and could equally not be in denial about their behaviour, and rather, be at the contemplation or the preparation stage. Accordingly, the CARA Service aims to prompt individuals to enter or move on from any one of the first three stages in the Cycle of Change. Individuals ready to move on from the preparation stage are signposted to domestic abuse perpetrator programmes (and other services, such as substance misuse, mental health, careers or housing services). The position of the CARA Service in the full Cycle of Change model is illustrated in Figure 4.

Figure 4. The CARA Service in the context of the Cycle of Change model



The workshop facilitators aim to identify which typology an offender is, whether the individual is a first-time offender and where s/he is in the Cycle of Change. The facilitators then use that information to shape the motivational interviewing they use. The facilitators said that some offenders have already started to take action (i.e., they are in the 'preparation' stage when they attend the first workshop).

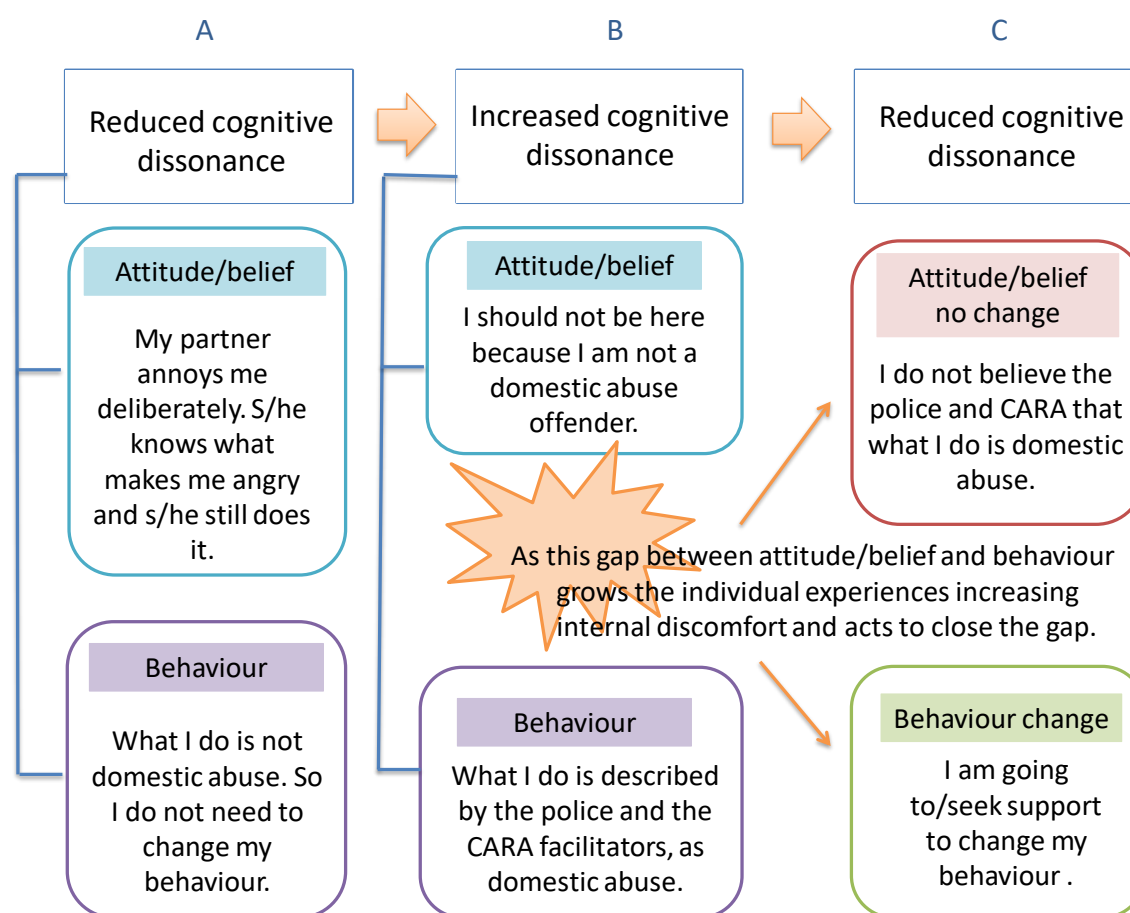
Following from the fact that the CARA Service only targets the first three stages of the Cycle of Change, the CARA 'programme' is not comparable to domestic abuse perpetrator programmes, which usually address the full Cycle of Change. In 2017 Bates et al. reviewed domestic abuse perpetrator programmes in the UK and provided a profile of the twenty-one services that participated in their study. They all used a group setting to deliver treatment and interventions to perpetrators, and most included CBT (cognitive behavioural therapy) and Motivational Interviewing as part of their interventions. The number of sessions offered by the domestic abuse perpetrator programmes ranged from 12 to 70 (average 29); with most providers running sessions once a week, with the second most common being twice a week. The breadth and depth of content reflected the length of the programmes. All the services had an intake/assessment. Almost three-quarters did not contact the victim. Most common additional services were some form of career services, substance abuse counselling, educational resources, job training, and housing.

3.3 Use of cognitive dissonance

The CARA Service does use group settings, CBT and motivational interviewing. However, it is limited to two sessions (for a description of the CARA Service see subsection *Intervention*

in section 4.2 Activity & Intermediate outputs/outcomes, below). For alleged first-time offenders, the Service focuses on creating cognitive dissonance designed to 'nudge' them into and through pre-contemplation, contemplation and preparation for behaviour change. This process is illustrated in Figure 5.

Figure 5. Cognitive dissonance



The workshop facilitators aim to move the offender from position A in Figure 5 to the green textbox in column C. The red box in position C recognises the fact that some offenders retain or revert to 'no change' in their attitude/belief when faced with a widening cognitive dissonance gap between their view of themselves as justified in their behaviour and the messages from the police and the workshop facilitators that their behaviour is abusive and illegal. However, even in these cases the CARA Service can be helpful if it contributes to an accumulation of pressure to change which in time brings the offender to the pre-contemplation or contemplation stages of the Cycle of Change.

3. 4 A relational approach

The CARA Service uses a 'relational' approach, which recognises that the quality of the relationship between domestic abuse practitioner and client is central to the effectiveness of the intervention (Norcross, 2002; Elkins, 2016). The therapeutic relationship provides containment – a feeling of being held together and of being safe – which creates the secure base that makes treatment possible (Holmes J., 2010). The CARA facilitators use a relational

approach to help provide the containment that they cannot access in the routine of their daily lives, but which is necessary for individuals to reflect on feelings which are otherwise too difficult for them to contemplate. Feedback from many of the offenders who participated in the CARA sessions has been that those were first or rare occasions in which they were afforded the safe space to examine their behaviour and feelings (and, in some cases, disclose childhood trauma). This process is critical for change, moving offenders from the denial inherent in the pre-contemplation stage through the self-awareness of the contemplation stage to the decision to act in the preparation stage.

Key elements that appear to be driving change:

- i) Clarity about the targeted aims of the CARA Service – the first three stages of the Cycle of Change model.
- ii) Explicit use of cognitive dissonance to prompt change.
- iii) Use of a relational approach, based on an understanding that individuals require a safe environment in order to lower their defences sufficiently to engage in the self-reflection needed to recognise and take responsibility for their behaviours and feelings.

3.5 Service users and beneficiaries

This section describes the service users and beneficiaries of the CARA Service. The service users are the individuals arrested for harming their partners, ex-partners or family members. They will benefit from learning more appropriate ways of communicating with their partners and family, however, the primary beneficiaries are the service users' partners, ex-partners and families who are the victims of the domestic abuse. Other beneficiaries are the communities in which the harm is taking place and the partner agencies including policing teams and the criminal justice system (CJS), whose workload may be lessened by a reduction in the incidence of domestic abuse locally.

3.5.1 Service users

Offender typologies

The CARA Service uses a framework developed by Johnson (2008) for understanding service users; this comprises four different types of domestic abuse. These are:

- **Intimate terrorism.** According to Johnson 97% of intimate terrorists are males using violence to control a, usually female, partner. The men often have rigid belief systems and expectations in a relationship; they minimise and deny abusive actions and blame partners; and they have a strong sense of superiority and entitlement. Intimate terrorism is likely to escalate in frequency and severity over time and when physical violence is used, it is likely to result in serious/life threatening injuries.
- **Situational violence.** Johnson describes situational violence as an individual responding to a specific event or circumstance with violence or abuse – usually as a result of frustration or anger rather than an attempt to control a partner. Johnson describes this as commonly a response to stress/relationship and life problems not being managed properly. It generally happens less often and is less severe than intimate terrorism. Although an individual may be violent, neither partner is violent and controlling.

- **Mutual violence.** This is where abusive behaviours and violence are used by both parties equally. This is extremely rare and few domestic abuse specialists have seen this.
- **Violent resistance.** Johnson explains this in terms of self-defence or as a response to an intimate terrorist partner who has been using controlling and coercive behaviours towards them. In almost all cases this would be a female using violence as a way of resisting further control (where this has been happening over a prolonged period) or it can occur as an instinctive reaction to an initial attack.

Individuals from all the typologies are likely to be referred to the CARA Service based on the eligibility and suitability criteria outlined in subsection *Identification and referral*, below. Cannon et al. (2006) reported that situational violence represents most domestic abuse (as noted above, in subsection *Individuals and relationships*). However, the Hampton Trust reported that whilst some of the male CARA Service users presented with situational violence, the majority appear to be on a continuum more closely representing intimate terrorism. The workshop facilitators made these assessments based on the offenders' attitudes/beliefs, which come through in the terminology and content of their contributions and disclosures in the workshops. The Trust reported that amongst female offenders it often becomes apparent in the workshops that the woman employed violent resistance.

First-time offenders

The CARA Service is designed to respond to alleged first-time offenders; however, an individual may be an entrenched offender who has not come to police notice before. The police, the Hampton Trust and the Scrutiny Panels focus on improving identification of these abusers so that they are not referred for the CARA Service. The workshop facilitators have been able to improve their ability to distinguish between the first-time offenders and those who are entrenched in their behaviours based on their attitude/beliefs. Indicators mentioned by the facilitators include that:

- The first-time offenders appear bewildered as to how they have arrived in the group and often remain largely silent in the workshop for an hour or so before gaining confidence to talk. They struggle to articulate the incident but describe it in neutral terms. They express anxiety about being involved with the police and relief at having an opportunity to reflect on what happened and make sense of it for themselves.
- The entrenched abusers are not bewildered. They speak about the incident more easily and fluently. Their comments about their partner/women are usually derogatory; they tend blame the victim and they are unhappy about the victim being contacted. Their approach is not self-reflective.

The facilitators said that there is a potential benefit of having entrenched abusers in the group with the first-time offenders. This is because the entrenched abusers usually receive strong negative feedback from the first-time offenders who challenge their attitudes towards their partners/women. The degree to which individual offenders are open to challenge and change depends on where they are on the Cycle of Change – described in subsection 4.1, below.

3.5.2 Beneficiaries

Victims as primary beneficiaries

Whilst the CARA Service users are the domestic abuse offenders, the primary beneficiaries the Service aims to serve are the victims of the abuse. A victim would be either the offender's

partner in cases of intimate partner abuse or the family member/s who are victims in non-intimate abuse. In all cases this may include any children in the household. The Service is designed to contribute to an improved criminal justice response to victims; to safeguard them and provide them with support.

Following a police call-out, a simple caution disposal or no further action, victims often want to remain with the offender and for their partner or family member to get help to change their behaviour. For many offenders, a simple caution is unlikely to challenge them to reflect on the impact of their behaviour on their partner and family. The CARA Service offers a way of providing this challenge. In addition, the longer time period afforded by the conditional caution, with proactive communication with victims between workshops, facilitates enhanced risk management and signposting of victims to appropriate safeguarding and support services. The cautions can also be used as evidence of previous offending in future court proceedings, improving offender accountability in the event of future arrests as compared with a simple caution.

Partner agency beneficiaries

A second group of potential beneficiaries are the local partner agencies or services, including other policing teams. The CARA Service activity may result in partners experiencing a reduction in demand for their services over time. However, there may well also be an increase in referrals for support from both victims and offenders previously distrustful or ignorant of support services to help them with current or past difficulties linked to the abuse. These agencies and services are likely to include schools, children and adult social care, health and mental health services, drug and alcohol services, the voluntary and community sector and police teams focused on child safeguarding, domestic and sexual violence.

4. Service operation and performance

4.1 Operational information sources

This Theory of Change is based on discussions and workshops with CARA Service police officers and Hampton Trust staff, and management. In April 2021, an initial discussion was held with Hampton Trust management who were key to establishing Project CARA and/or who now manage the Trust's CARA Service staff. Following this, meetings, three focus groups were held with Hampton Trust workshop facilitators; a focus group was held with Trust managers and interviews were undertaken with CARA Project police officers. The total number of focus group/interview participants was 18. This included:

- Five Hampton Trust managers: Hampton Trust CEO and Deputy CEO, CARA National Lead, CARA Treatment manager, CARA & DRIVE manager and Children & Young People Domestic Abuse manager (CARA & other Out of court disposal services).
- Nine Hampton Trust workshop facilitators – who deliver CARA workshops for the following forces: West Midlands, Hampshire (including Southampton), Avon & Somerset and Dorset.
- West Midlands police: the Neighbourhood Justice Manager, Criminal Justice Services responsible for commissioning Out of court disposal services, and the Detective Inspector Public Protection Unit, CARA Lead.

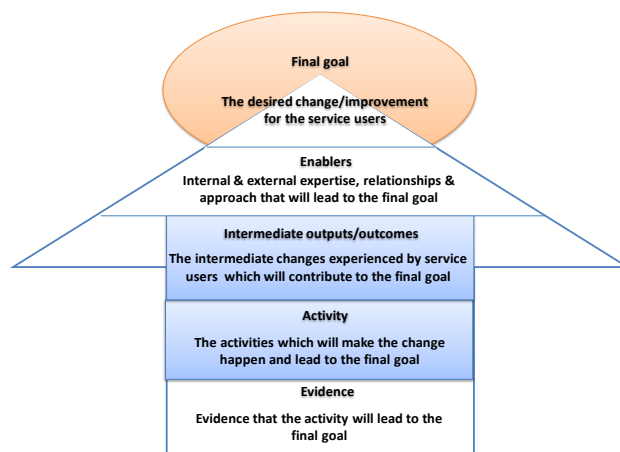
- Hampshire police: the Detective Inspector, Public Protection Unit, CARA Lead (2017-19) and a Corporate Insights Analyst who had recently completed analysis of the CARA project in Hampshire.

Additional information was gathered through observation of West Midlands police CARA Scrutiny Panel. The Panel was attended by 11 members: a District Crown Prosecutor (Panel chair), three magistrates (including for adult, youth and family courts), two Out of Court Disposal commissioners from West Midlands Police Force, an Inspector and Sergeant from the force Public Protection Unit Domestic Abuse Team, the Hampton Trust CARA Service Regional Manager and a representative from the Birmingham Office of the Police and Crime Commissioner.

4.2 Activity & intermediate outputs/outcomes

This section describes the activity and intermediate outputs/outcomes stages of the Theory of Change framework – the shaded areas in Figure 6. The activities are those that will make change happen, and each activity should result in an intermediate output/outcome representing the changes experienced by service users and beneficiaries that will contribute to achieving the final goal, which is safeguarding and supporting victims by reducing the risk of harm from perpetrators.

Figure 6. Activity & intermediate outputs/outcomes

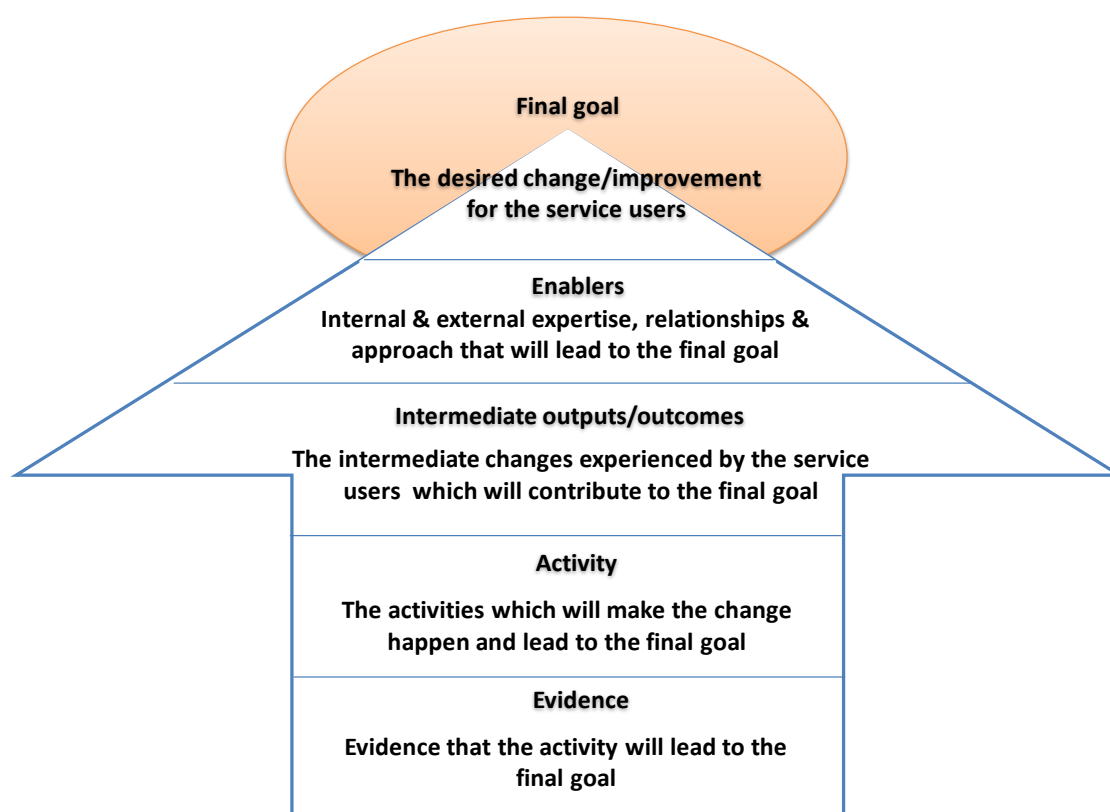


4.2.1 Project CARA activity

As described in section 4, Service approach/model, the CARA Service is not comparable to domestic abuse perpetrator services that usually address the full cycle of change. Consequently, the CARA Service does not incorporate assessment of individual offenders' needs. Instead, as described in section 4., the Service aims to engage offenders 'in relationship', deliver information about domestic abuse and involve them in self-reflective exercises that create cognitive dissonance. Following from this, the Service encourages them to take responsibility for their behaviours and then to seek additional support, which could be from a longer-term perpetrator programme, drug and alcohol services or a range of other services to meet individual need.

The CARA Service case pathway includes *identification and referral* and *intervention*. The stages within these are illustrated in Figure 7 and detailed below.

Figure 7. CARA Service case pathway



Identification and referral

Police activity

All service users are identified and referred to the CARA Service by the police. Police activity is illustrated by the pale, blue-shaded areas in Figure 7. Response officers attend a call out. They are fully trained in completing the Domestic Abuse, Stalking, Harassment and Honour based violence (DASH)⁷ risk assessment or Domestic Abuse Risk Assessment (DARA)⁸. The response officer completes the DASH/DARA with the victim – to assess the risk posed by the offender. This victim involvement in the case pathway is illustrated by the orange-shaded area in the top left corner of Figure 7.

UK police forces operate a positive arrest policy in relation to domestic abuse offences; response officers make the decision in line with 'Code G' – eligibility criteria for arrest (*Police and Criminal Evidence Act 1984*). In summary, if the incident constitutes an offence and the offender is present, then s/he represents 'ongoing risk' promoting the likelihood of arrest. Although, in approximately half of cases the offender will have left the scene. If Code G is not

⁷ The DASH risk assessment tool was endorsed by National Policing leads in 2009 to identify and assess the risk to victims of domestic abuse, stalking and harassment and honour-based violence.

⁸ The DARA is a revision of the DASH which was endorsed by the College of Policing in 2018. It is intended to enable first response officers to identify patterns of controlling and coercive abuse more effectively.

satisfied the offender will be invited to attend the police station for a Voluntary Interview under Caution. The offender will then be 'postal charged' or 'Conditionally cautioned' or receive another disposal. If the offender fails to attend for the Voluntary Interview, this triggers a Code G necessity to make an arrest in order to progress the investigation.

The response officers refer all domestic abuse cases to the investigation officers in the Public Protection Unit (PPU) Domestic Abuse (DA) Team (who work with all the force's DA cases). The PPU DA Team makes all the decisions – including for cases which merit a Community Resolution (i.e., lower seriousness than a CARA case). Practice for West Midlands Police is to also make referrals to the CARA Service via Community Resolution. However, their criteria for use of Community Resolution do not usually include whether the offence is low in severity; rather, it is the willingness of the victim to provide a statement. Some victims refuse to engage with the CJS at all, and in the past, offenders who admit the offence in these circumstances would have been given a simple caution. If the offender breaches the Community Resolution the police revert to A Conditional Caution. The Force does not use Community Resolutions for intimate partner DA cases outside of these circumstances. NPCC National Strategy for 2017-2021 guidance specifically states Community Resolutions should not be used for intimate partner DA.

For the cases where the offender left the scene, if the offence was serious enough for arrest, the decision to arrest is made by the PPU DA Team; otherwise, the offender is invited in for a Voluntary Interview under caution. All offenders are interviewed. If the grounds for giving a Conditional Caution are met and the individual and his/her offences history are suitable (see subsection 2.1 Conditional Cautions, above), then a referral to the CARA Service is considered. The key criterion is that the risk of harm posed by the offender to the victim is low (i.e., the offence is not likely to attract a significant community sentence, or a period get a custodial sentence). The decision to refer is made by the PPU DA Team and on a case-by-case basis using the CARA Service eligibility and suitability criteria:

- Male adults 18+; and female/LGBTQ offenders in some police force areas.
- First-time domestic abuse offender or no previous convictions or cautions for domestic abuse in the previous two.
- Relationship between parties: present or past intimate partners; and non-intimate domestic abuse (i.e., in family relationships) in some police force areas.
- Eligible offences: minor assaults categorised by law as common assault and battery, criminal damage, harassment, domestic theft related offences and threatening behaviour.
- The offender must admit the offence and there would need to be — which would result in a charge if the case was sent to CPS.
- Past minor convictions permitted unless offender is currently serving a community-based sentence or order.
- The DASH/DARA risk assessment completed with the victim, assesses risk of harm to victim as standard or medium – high risk cases are not suitable for the CARA Service.
- There is no evidence of coercive or controlling behaviour on the part of the suspect within the relationship. Information from the victim in relation to a Conditional Caution supports the administering of a Caution; even if the victim does not agree with the

conditions (i.e., does not agree to their partner/family attending the CARA workshops). See subsection 2.1 Conditional Cautions, above which notes that officers are required to take the victim's views into consideration but are not bound by them.

Suitability criteria are:

- The offender should not have severe mental health or drug and alcohol problems.
- Language understanding – for the groups the offender must be able to speak/understand English to a competent level where they can comprehend some complex concepts. Alternatively, the offender can be offered one-to-one telephone contact with facilitators who speak other languages
- The perpetrator should have the means to be able to get to the workshop venue. Alternatively, the offender can be offered one-to-one telephone contact with facilitators.

As noted above, when working with domestic abuse offenders it is useful to understand the typology of the individual and motivation behind their actions (including whether they are a first-time offender). However, the workshop facilitators only receive the offender's name and contact details. They do not get the assessment and do not know what the incident leading to the arrest was. Their view was that the information would be useful – particularly for female offenders, as this had the potential to assist in identifying patterns of victimisation in their disclosures (i.e., in the 'violent resistance' category). The facilitators said that when it became evident that a female offender in a group was a victim, they completed a risk assessment with her and referred her for support from a local domestic abuse victim support service. Use of the DARA may help reduce the number of female offenders who are victims as the assessment is intended to promote police identification of patterns of abuse (for more discussion on this see *Partnership working* subsection 4.3.2 Support and resources, below).

Key elements which appear to be driving change:

- i) Identification is streamlined through use of clear, strict eligibility/suitability criteria.
- ii) Individual victims are fully engaged in the DASH/DARA assessment of risk posed by the offender to the victim.
- iii) Individual victims are informed of, and usually support, the offender's participation in the CARA Service.
- iv) The decision to refer an individual to the Service is made by expert/domestic abuse police officers.
- v) Offender resistance is avoided by not interrogating them as part of an individual assessment.

Intervention

Service structure

The CARA Service intervention is illustrated by the pale purple shaded areas in Figure 7. The intervention takes the form of group work delivered through two workshops, A and B, delivered

four weeks apart. Each workshop is delivered by two facilitators and lasts five hours and is attended by eight to ten offenders.

Offender engagement

The workshop facilitators aim to deliver the service approach/model described in section 4. above, using CBT (cognitive behavioral therapy) and MI (motivational interviewing) techniques. CBT-based group work programmes are recognised as providing an appropriate and structured environment in which to deliver psychoeducation to address participants' thinking and attitudes, and to provide self-help and peer support to achieve reduced offending and ultimately desistance and reintegration into communities (Clarke, 2017; Borek & Abraham, 2018). In the past twenty years, research has provided strong indications of the effectiveness of CBT for offenders. Landenberger & Lipsey (2005) reviewed several meta-analyses and found that, with method variables controlled, the factors independently associated with larger recidivism reductions included the quality of the service delivery.

CBT is also often successfully delivered together with MI. MI is useful for individuals who are less motivated or ready to change, and who may show more resistance or anger. Meta-analyses of treatment outcome studies supporting the use of MI have also been undertaken and point to its efficacy, often as a prelude to more intensive interventions (particularly for alcohol and drug misuse) (McMurrin, 2009).

The workshop facilitators described the first-time offenders, in particular, as exhibiting high levels of anxiety and shame. The facilitators noted that the former makes them reticent, and the latter makes them deny their behaviour (although there are some articulate/fluent [entrenched] offenders who are outspoken but are not telling the truth). The facilitators said the skill needed is to bring the shame to the surface without triggering denial and defensiveness. Included in this is support for offenders to recognise their own feelings and find strategies for managing them. The aim is to get the offenders to personalise the information they receive about domestic violence (i.e., apply it to their own behaviour) and turn the knowledge into insight. The workshop facilitators noted that this process was quicker and easier in a group situation because the offenders can see how the information on about domestic abuse links into the behaviours of their fellow attendees, who in turn help them apply it to themselves.

The facilitators said that in their experience the most effective approach is a holistic one. The wider focus generates information about, such as financial and employment pressures, childcare concerns, mental ill health and past trauma, including in childhood. Once the offender articulates these pressures, it can help him identify, understand and manage factors that contribute to abusive behaviour and/or manage responses.

Offender compliance

In terms of compliance, each offender must attend both workshops, starting and completing them within a 16-week cautioning timeframe. The CARA Service notifies the police of non-attendance by offenders for the first workshop, and the individuals are then re-arrested for breaching the conditional caution. However, if an offender does not attend the second workshop, there is some discretion to not re-arrest, but rather to require the individual to repeat the first workshop and then go on to attend the second workshop (i.e., both workshops must be attended). The workshop facilitators said that police influence in the CARA Service is critical. They said that the Conditional Caution was very effective in getting offenders to attend the workshops because the offenders' anxiety about being involved with the police meant that they did not want 'more trouble' with the police by breaching the conditions. They said that non-attenders were 'very rare'. Furthermore, several the offenders said they wanted help and

expressed enthusiasm for attending the second workshop, wherein most of them described their progress in managing their behaviour with pride.

Discretion can also be exercised in relation to repeat offending. For example, if a victim discloses ongoing domestic abuse (such as, a physical incident or ongoing harassment) between workshops, the police decide whether the incident constitutes an offence/crime that could result in the offender breaching the conditions of their caution to not re-offend. Where the conditions are not breached, a decision is made between the police and the CARA Service as to whether the offender can attend the second workshop. This decision is based on completion of the DASH/DARA risk assessment and a judgement as to whether allowing the perpetrator to attend the second workshop would increase risk to the victim. If the offender does attend the second workshop in these circumstances, the workshop is managed very carefully with the aim of placing the victim at further risk.

Victim engagement

In addition to the initial engagement with victims described in the sub-section on identification and referral, above, information is sought from the victim of each of the workshop participants in the third week. This is illustrated by the second orange-shaded area in Figure 7. It is an essential element of the CARA Service that the CARA Service workshop facilitators receive feedback on progress from the victims at this point in the case pathway.

Victim support is as important as offender management in the CARA Service and requires the police, the workshop facilitators and the victim contact practitioners, which signals to victims that law enforcement and support services are taking their call for help seriously. The contact takes the form of two attempts at communication by telephone on different days/different times using a recognizable telephone number. As noted in the bullet points above, vital information for the police and the CARA Service facilitators can be gathered from victims at this contact, such as whether a couple are still in a relationship/a family is still together, if any positive changes have been made by the offender since the arrest, and/or whether there has been any ongoing domestic abuse (which triggers a reassessment of levels of risk).

Victims are contacted by a range of different individuals within the police forces currently providing a CARA Service. This includes police officers or staff in a Neighbourhood Policing Team or PCSOs (Police Community Support Officers), a team of staff from the police and victim support organisations, working together; or Victim Contact staff in the Hampton Trust, which is funded by the local Police and Crime Commissioner. The workshop facilitators reported variation in how the victim contact was being undertaken in the different police forces. Some of the workshop facilitators believed that the most effective victim contact is via the dedicated victim support staff. Their reasoning was that victims are more likely to disclose ongoing domestic abuse to a voluntary and community sector victim worker than to the police. In addition, dedicated staff have the time and skills to properly engage with the victims, eliciting the most useful information, in a timely way and providing good advocacy for the victims, signposting them to local longer term domestic abuse victim support services and a range of other services to meet individual need. The contact should be via a telephone call. Victim contact was described as critical to effective functioning of the CARA Service which depends on the victim contact staff to help the police and the workshop facilitators to:

- Monitor the victim's safety
- Understand the impact of the arrest and CARA Service intervention on the offender's behaviour.

- Signal to the offender the seriousness with which domestic abuse is viewed by UK law enforcement.

The workshop facilitators said that victim contact had a big impact on some of the offenders who appeared to be more motivated to discuss what they are learning in the workshops with the victim when they knew that the victim was involved. They were described as taking their 'behaviour plan' home and bringing it back with information about how much success they had in putting it into action.

Key elements that appear to be driving change:

Offender engagement and compliance

- i) The framework of a Conditional Caution is needed to get the offenders to attend a programme aimed promoting awareness and self-reflection in relation to their own behavior.
- ii) Offenders respond well to the evidence-based behaviour-change approaches of: CBT-based group work programmes delivered together with MI; and in the context of the Service approach/model described in section 4.
- iii) Victim contact before the second workshop, promotes engagement from the offenders who want to change; and potentially a temporary cessation abusive behaviours from those who do not.
- iv) Police monitoring of compliance with the conditions gives victims confidence in managing or reassessing their relationship with the offender.
- v) The timing of the workshops promotes reflection on the information received and experience of workshop A; and offers the offender an opportunity to move from one to another of the first three stages of the Cycle of Change in or after workshop B.
- vi) Clear and strict criteria for breaching the caution and being excluded from participation provides an incentive to offenders to comply; whilst allowance for some discretion assists staff in managing the Service.

Victim engagement

- vii) Victim's safety is monitored, post arrest of the offender.
- viii) Victim feedback on the impact of the first workshop informs the content of the second workshop.
- ix) The most effective victim contact is via the dedicated victim support staff because victims are more likely to disclose ongoing DA to a voluntary and community sector victim worker than to the police.
- x) Victim support is as important as offender management and requires the police, the workshop facilitators and the victim contact practitioners to all signal to victims that law enforcement and support services are taking their call for help seriously.

Victim Contact Statistics

Approximately 60% positive engagement rate with the victim contact service.

- 57% of victims were still in a relationship or had contact with the offender.
- Of victims who engaged, approximately 53% reported positive behaviour/ attitudinal change from their partner/ex-partner in between the workshops.
- The most common changes were: increased 'openness' from the offender around discussing their feelings; the offender using the time-out technique to reduce escalation of emotions; fathers spending more 'quality' time with partners and children; better communication; the offender seeking help to deal with other problems.

Source: Hampshire Police, October 2020-March 2021

4.2.2 Intermediate outputs/outcomes (process)

The intermediate outputs/outcomes provide a summary of the achievements in the process of service delivery that are needed for the CARA Service to successfully deliver the final goal. In terms of evidence of the offenders achieving self-reflection and taking responsibility for their behaviour, the workshop facilitators said that they can often see a shift in the offender's body language, their terminology, and the attitudes they express.

Key elements that appear to be driving change:

- i) The victims participate well in the DASH/DARA risk assessment.
- ii) Referred offenders attend the workshops.
- iii) The offenders engage well with the workshop facilitators.
- iv) The offenders respond well to the CARA Service approach/model including group work, CBT and MI (i.e., the number of offenders who move from one Cycle of Change stage to another).
- v) The victims participate well in providing feedback between the workshops.
- vi) The offenders complete the intervention (i.e., attend the second workshop/are not breached).

These intermediate outputs/outcomes reflect a presumption that there is appropriate investment in the Service – which is described in section 6. Enablers, below.

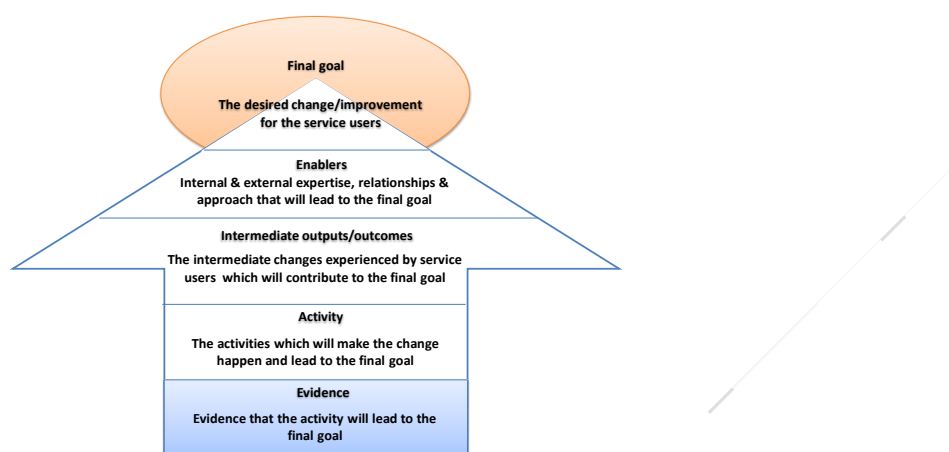
4.3 Enablers

The enablers stage of the Theory of Change is the shaded area in Figure 8. This section considers the staffing, expertise, supervision, management/leadership and partnership working within the two service elements: i) the domestic abuse perpetrator engagement and

behaviour change; and ii) the victim –informed risk assessment and ongoing feedback. The former element is delivered by the Hampton Trust staff while the latter is provided by the referring police officers. Staff from both the Hampton Trust and the police are also responsible for prioritising victim safeguarding and support.

The section also notes that effective delivery of the CARA Service requires good commissioning practice, joint-working protocols, equipment and accommodation.

Figure 8. Theory of Change: Enablers



4.3.1 Staffing and expertise

Hampton Trust staff

The CARA Service workshop facilitators have a dual role of establishing a safe and supportive environment for group members to recognise and reflect on their behaviour, alongside maintaining group boundaries, assessing risk and managing safeguarding issues; they use strategies to deal with resistance; and they acknowledge feelings of shame, anxiety, anger, remorse. At the same time, they need to keep in mind and manage the fact that in any workshop, there are likely to be actual, first-time offenders and also potentially entrenched perpetrators. The facilitators need to be skilled at using a non-judgmental and compassionate, but non-collusive, approach to challenge beliefs and attitudes that may underpin abusive behaviour. They need to be able to recognise and know how to respond to a range of personal welfare needs (e.g., counselling/mental ill health, substance misuse, debt, housing, employment & retraining, child safeguarding) and understand local referral processes/pathways for access into local support services. The facilitators said that the fact that they are not employed by the police is critical; it is one of the first questions the offenders ask. The facilitators believe that the fact that they are from the third sector allows the offenders to develop trust in the programme.

The workshop facilitators are recruited based on already having significant experience in working with offenders or in a closely related field. The Hampton Trust provides a detailed Service delivery manual and the and training in running the workshops, including sessions in which workshops are modelled for the staff; and they also observed real workshops. The two facilitators delivering a workshop need to have a very good relationship with each other. The

facilitators are employed on a sessional basis and pairings change according to facilitator availability – so the facilitators need opportunities to get to know each other well.

Police staff

Police officers involved in the delivery of the CARA Service need training in both domestic abuse and Conditional Cautions. In relation to domestic abuse, all police officers have basic training to respond appropriately to domestic abuse incidents, including undertaking the DASH/DARA risk assessment with victims, safeguarding children and providing support for victims. In relation to Conditional Cautions, the police noted in the interviews that their forces were delivering ongoing training for frontline officers on how and when to use Conditional Cautions (rather than a simple Caution or a charge).

Effective delivery of the CARA Service requires police officers to be competent in completing the DASH/DARA risk assessment with the victim and in explaining the Conditional Caution element of the Service to the victim. Officers in the Public Protection Teams with enhanced domestic abuse training make the decision to refer an offender to the CARA Service. Hampshire Constabulary has 12 dedicated domestic abuse decision makers. Police forces currently delivering the CARA Service each also nominate an officer to be the CARA SPOC (single point of contact) who acts as an additional source of expertise and advice for colleagues, victims, perpetrators and the Hampton Trust CARA Service staff.

Victim contact staff

As noted in section 5. Activity & Intermediate outputs/outcomes, *Victim engagement*, above, victim contact staff can be police or voluntary and community sector staff. There is a pre-set list of questions for use in contacting victims. The workshop facilitators noted that there is considerable variation in victim contact across the different police forces depending on which police teams undertake the contact. In one of the police forces that participated in developing this Theory of Change, victim contact was undertaken by Hampton Trusts staff. In the other police force the contact was made by Neighbourhood Policing Teams. Officers from both forces described the use of police officers for CARA Service victim contact as challenging. This is because the contact is one of a list of tasks in a busy shift, for an officer who has no connection with the case. This can mean that the contact is not pursued if the victim does not respond immediately, or that victim contact is not timely (i.e., in three weeks after the first workshop and prior to the second workshop), or that feedback from the victim is not of good quality.

The workshop facilitators said that they were very aware that there is very little wrap-around support for the victims. Following from this, their view was that a specialist domestic abuse victim service may make a more effective contribution to the overall CARA Service aim of reducing harm from domestic abuse. This would be not only because the service could be persistent, timely and elicit good feedback, but also because specialist practitioners know the local domestic abuse services well enough to do more than ‘signpost’ or refer a victim. They can explain what each service offers and how the programme of support works. They very often have personal relationships with the staff in those organisations. This gives the victim more information and more confidence to follow through in seeking support.

Victim contact staff will need training to ensure that:

- Victims are properly engaged and supported.
- Victims provide comprehensive, relevant information between the two workshops.

- Information sharing with their CARA Service partner agency is appropriate and timely.
- Children are safeguarded.
- The law is not breached.

Key elements that appear to be driving change:

- i) The CARA Service workshop facilitators are experienced in working with offenders (or in a related field); they are appropriately trained and skilful in the CARA Service intervention model/approaches.
- ii) The police officers are appropriately trained and skilful in completing the DASH/DARA risk assessment and deciding suitability for/setting up a Conditional Caution.
- iii) Victim contact staff are appropriately trained and skilful in gathering feedback from victims by telephone between workshops; and providing victims with support/signposting.
- iv) CARA Service workshop facilitators are appropriately trained in risk assessment and safeguarding. This includes identifying offenders who come into the category of violent resistance.
- v) CARA Service partner agency (police & Hampton Trust) staff share relevant information in a timely way.
- vi) The police have in place an effective CARA Service SPOC.

4.3.2 Support and resources

Leadership and management

The facilitators said it is essential to have easy, quick access to a line manager when decisions need to be made. This reflects the fact that delivery of a CARA Service involves management of live risk, with ongoing assessment of potential harm to a partner or family member of a participant. Getting the response wrong can result in a failure to protect victims from assault or even death. Office for National Statistics Figures for 2013/2014 indicated that 46% of female homicide victims were killed by a partner or ex-partner, as were 7% of male homicide victims. This suggests that both police and Hampton Trust staff need support from strong leadership, as well as solid support from management and senior management. In addition, the Hampton Trust workshop facilitators should be receiving regular clinical supervision to support them in managing group dynamics, building therapeutic relationships, motivational interviewing and working with trauma. The workshop facilitators said regular supervision was critical, as was debriefing with each other after each workshop.

Police senior management should prioritise providing a high-quality service to victims of domestic abuse. The overarching principle which should guide forces at all levels is that every domestic abuse victim must be safer after police contact. Following from this, the police should include domestic abuse in their performance management frameworks and measure individual performance against domestic abuse objectives. Good performance by individuals and teams should be recognised and rewarded.

Partnership working

The close working relationship needed between the police and the Hampton Trust to deliver the CARA Service suggests that good practice is required in: commissioning (e.g., specifying the CARA Service with long, rather than short contract periods to encourage investment in high quality staff, and to develop a mature partnership working); a good quality partnership working protocol; compatible IT equipment; and workshop venues that are easily accessible by participants. Finally, to promote ongoing improvement, both partner agencies should share the data they collect as part of the performance management framework.

The Trust staff reported good partnership with the police. This included receiving the right referrals and the police sharing information and acting on the information from the workshops in a timely way. The facilitators said that their biggest concern related to arrangements for when an offender (usually a woman) was identified as a victim. They wanted assurance that the victim would receive immediate help and would not become labelled as a repeat offender without due notice taken of the dynamic between her and her partner/ex-partner. The police, the Hampton Trust, and the College of Policing are exploring ways of addressing this in relation to police identification and case recording. There was a suggestion that a flag like the one used for young people involved with criminal exploitation [signally a potential dual role as victim and perpetrator] could be used on the police computer system.

Quality assurance and Scrutiny Panels

Quality assurance measures are needed to maintain public, police and partner agency confidence that the CARA Service is being delivered appropriately, proportionately and consistently as an Out of Court Disposal. The West Midlands CARA quality assurance checks include review of the decision-making on all the cases for referral to the CARA prior to the cases being referred to the Hampton Trust. The review is undertaken by a staff member from the Out of Court Disposal commissioning team in the police force's Criminal Justice Services. The review aims to ensure compliance with the criteria for Conditional Cautions (see subsection 3.1 Conditional Cautions, above) and for CARA Service eligibility/suitability (see *Identification and referral* in subsection 3.2.1 CARA intervention, above). The referrals are all also reviewed by the Hampton Trust staff to ensure compliance with the CARA Service eligibility/suitability criteria.

Scrutiny panels

West Midlands and Hampshire both have quarterly Scrutiny Panels in place as part of their quality assurance measures. However, the Hampshire Scrutiny Panel reviews Out of Court Disposals for all crime-types, whilst the West Midlands Scrutiny Panel focusses only on CARA Service cases. This allows the West Midlands panel to review many more CARA cases per quarter than the Hampshire panel. The West Midlands panel was observed for this report (the panel composition is described in subsection 4.1 Development of this Theory of Change, above). The Panel reviewed ten cases, which are presented in Table 1, which also provides the Panel's assessment on key criteria and the decision as to the appropriateness of the referral to CARA Service.

The cases are selected for the Panel by the Force's Neighbourhood Justice Manager responsible for commissioning Out of Court Disposal services. The cases are drawn from the different Force Teams geographically to test consistency of decision-making across the Force area. The Manager also selects cases in which the decision to refer the offender to the CARA Service was finely balanced (in the judgement of the operational officers, the Out of Court Disposal commissioning team reviewer and the Hampton Trust).

Table 1. Scrutiny Panel's assessment of the ten CARA Service cases – West Midlands

Case	Risk level			Referral to alcohol service		Victim input into case	Pattern of abuse	Admission	Victim did not support court	Case considered appropriate by Scrutiny Panel
	Standard	Medium	Case considered as too serious by Scrutiny Panel	Referred	Should have been referred					
1	✓				✓	✓		50%	Not noted	✓
2		✓		✓		✓		50%	Not noted	✓
3		✓				✓		33%	✓	✗
4	✓				✓	✓		✓	✓	✓
5		✓				✓		✓	Not noted	✓
6	✓			✓		✓	✓	50%	Not noted	✓
7	✓							50%	✓	✓
8			✓			✓		✓	Not noted	✗
9			✓			✓	✓	✓	✓	✗
10	✓					✓		✓	✓	✓

The Scrutiny Panel considered that referral to the CARA Service had been appropriate in seven of the ten cases. The reasons why the Panel considered that three of the cases were inappropriately referred to the CARA Service were as follows: with reference to table 1, case 3 the offender did not appear to have admitted responsibility for two-thirds of the offending he was arrested for; in cases 8 and 9 the Panel considered that the offences indicated a risk level more serious than 'medium'. In all three cases the Panel was unconvinced that the criteria for administering a Conditional Caution had been met (see subsection 2.1 Conditional Cautions, above). Of the seven cases considered appropriate for the CARA Service, the Panel agreed that five were standard risk and two were medium risk. The Panel noted that in

two cases a parallel referral could or should have been made to an alcohol service; in another two cases a referral had been made. One offender was also referred for counselling to help him manage his behaviour when he became angry.

In nine of the ten cases, the victim's perspective was presented alongside the offender's version of events, and in the remaining case, the victim's voice was absent. This is likely to have been a case preparation error, as victims will have contributed when the police attended the original call out; and in completing the DASH/DARA (see *Police activity* in subsection 4.2.1 Project CARA activity, above).

The Panel discussed the likelihood that there was a pattern of abuse in two cases that would have precluded them from referral for the CARA Service. In one of the cases, the pattern of abuse contributed to the Panel decision that the case had been inappropriately referred. In the other case the evidence for a pattern of abuse was inconclusive. To be eligible for a Conditional Caution an offender must accept full responsibility for the offence. In five cases, this did not appear to have happened. For case 3 in Table 1, the Panel agreed that the offender had denied two-thirds of the abuse and deemed the administration of the Conditional Caution inappropriate. In the other four cases, admissions of responsibility for the offence were partial. Degree of denial was carefully considered in each case, as denial is characteristic of domestic abuse and exactly what the CARA Service is designed to address. Examples included the offender minimising or denying an element of his behaviour, saying that he did pull a bracelet off her wrist, injuring her in the process, but that he had not slapped her; or the offender admitting to having forced entry into her house and pushing her, but denying striking her.

Post-panel members noted that the Panel was representative in terms cases being considered suitable for the CARA Service and cases which the Panel would have preferred to see in court. A police perspective was that issue of victim willingness to provide a statement is an important influencing factor because if the victim refuses to provide a statement, the outcome is more likely to be NFA (no further action) than prosecution. This is because evidence-led prosecutions are usually pursued for high-risk cases that would not normally be considered for the CARA Service.

The Scrutiny Panel's views are fed back to the PPU by the PPU Inspector and Sergeant who attend the panels. The learning has been used to develop Force Guidance about the sort of cases that are suitable for referral to the CARA Service.

Practical support

The key practical consideration for delivery of the CARA Service, noted by both the police and the workshop facilitators, was the need for accessible workshop venues and the flexibility to be able to deliver the Service via one-to-one telephone contact. A telephone service can be offered if the offender cannot access the workshop venue due to lack of funds for travelling, due to a disability, or due to a language barrier (there are several foreign language speakers amongst the current group of workshop facilitators). The telephone service can also be offered if there are too few offenders of a particular type (e.g., non-intimate abuse) for a workshop.

Key elements that appear to be driving change:

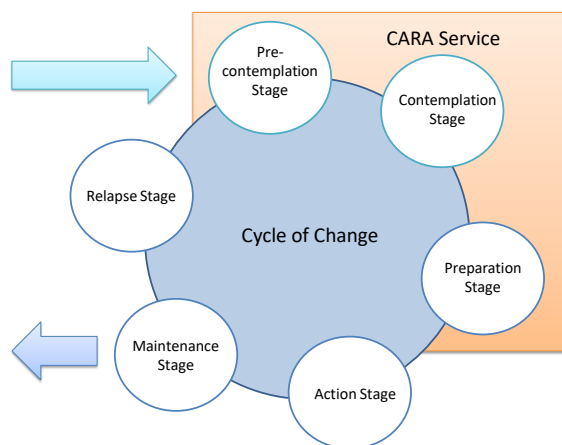
- i) Both police and Hampton Trust staff need support from strong leadership, as well as solid support from management and senior management.
- ii) The CARA Service workshop facilitators receive regular clinical supervision.
- iii) The police prioritise protection of domestic abuse victims and include domestic abuse in their performance management frameworks.

- iv) The police exercise good practice in commissioning; there is a good quality partnership working protocol; compatible IT equipment; and workshop venues are easily accessible by participants.
- v) Confidence in the CARA Service is maintained through internal screening of referrals and review of cases by multi-agency Scrutiny Panels.
- vi) CARA Service partner agencies share performance data to improve the Service.

4.4 Final goal

The overall or final goal for the CARA Service is a reduction in the harm to victims caused by domestic abuse. The final goal stage of the Theory of Change is the shaded area in Figure 9.

Figure 9. Theory of Change: Final goal



The ultimate success for the CARA Service is framed by the fact that the Service only targets the first three stages of the Cycle of Change model: pre-contemplation, contemplation and preparation. The Service aims to prompt individuals to enter or move on from any one of the first three stages in the Cycle of Change. Since the CARA Service accepts into the programme offenders who may be at any of the first three stages of the Cycle of Change, the final goal includes movement of an offender into or on from, any one of the first three stages. A shift in relation to any of these reflects some progress towards reducing the harm caused to victims by domestic abuse.

The final goal for the CARA Service is where an offender is ready to move on from the preparation stage. This could reflect cessation of the abusive behaviour or it could be accompanied by signposting to a domestic abuse perpetrator programme for support to cease the abusive behaviours. The measure of either of these outcomes would be whether the individual re-offends after having attended the CARA Service. There will be those who do, however, even with them there is the possibility that attending the CARA Service will 'nudge' them further along the Cycle of Change and increase the chances that they will cease their abusive behaviours at a point in the future.

Final outcomes

- i) The number of victims who report improved offender behaviour.

- ii) The number of offenders who have completed the CARA Service workshops/as a proportion of those arrested/as a proportion of those referred.
- iii) The number of offenders who were breached for a new domestic abuse offence whilst attending the CARA workshops.
- iv) The number of violent resistance offenders who were safeguarded as a result of attending the workshops.
- v) The number of CARA Service workshop participants who were breached for non-attendance of the second workshop or due to a non-domestic abuse offence.
- vi) The number of offenders who completed the CARA workshops and then committed a new domestic abuse offence in the subsequent 3 or 6 months.
- vii) The number of victims who report improved offender behaviour in the subsequent 6 or 12 months.

Part two: Impact evaluation and economic benefits study

5. Impact evaluation

We study the impact of the CARA intervention on first-time domestic violence offender recidivism in West Midlands Police and Hampshire Constabulary force areas between December 2018 and November 2019. The data track offenders for 365 days after the CARA referral date. The findings suggest that CARA significantly reduces the number of re-offenders and the number of re-offences. An economic analysis shows that CARA is cost effective; a conservative estimate of the benefits would be that for West Midlands Police force area a 1 pound investment in CARA produces an economic benefit of 2.75 pounds annually. The same analysis for the Hampshire Constabulary predicts that a 1 pound investment in CARA produces an economic benefit of 11.10 pounds annually. While the impact of CARA on recidivism is estimated to be similar between the two police force areas, the greater economic benefits of the Hampshire Constabulary are driven by higher control group recidivism in that area. A further analysis of the more comprehensive West Midlands Police data shows that the impact of CARA on recidivism is stronger after six months and reduces after twelve months. We find that the two most important factors that drive CARA participation are the offender's and victim's age and that if the victim is BAME, there is a lower chance that the offender will participate in CARA.

5.1 Quantitative Analysis

Project CARA is the first domestic abuse policing strategy in UK history to be trialed under experimental conditions. The initial assessment of this programme was carried out by the Hampshire Constabulary, who tested the hypothesis that domestic abuse offenders participating in CARA are less likely to commit further domestic abuse crimes than perpetrators that did not attend the CARA workshops. The evaluation was a randomised control trial (RCT) that resulted in an estimated 35% reduction in male domestic violence recidivism (Strang et al., 2017). However, randomised control trials have their weaknesses, particularly concerning the precision of their estimates and how their outcomes can be extrapolated to a more general population, (see, e.g. Deaton and Cartwright (2018)). Indeed, Strang et al. (2017) had 1469 cases eligible for inclusion in CARA, but most (1096 cases) were not considered for unknown reasons. Therefore, it is unclear what factors led to the

sample selection on which the RCT was based, which casts doubt on the extrapolation of the RCT results to the population of first-time, low-level domestic violence offenders. The sample on which this study was done was also not ethnically diverse.

Therefore, it is helpful to complement the original study of Strang et al. (2017) with a more diverse sample. The new sample contains both male and female offenders and victims and has details on a host of offender and victim characteristics such as gender, age, ethnicity and mental health. Additionally, we provide estimates of the annual economic benefits of CARA using the Home Office cost of crime as outlined in the report: *The economic and social costs of crime* (Heeks et al., 2018).

The data came from West Midlands Police and Hampshire Constabulary force areas for offences that took place in the period between December 2018 and November 2019. The West Midlands Police provided us data on 539 offenders, including 195 recipients of CARA and 344 in the control group. The Hampshire Constabulary provided us with data on 549 individuals, 309 of which were in the control group and 240 in the treatment group receiving CARA.

The two datasets do not contain exactly the same variables and there is some heterogeneity between them; therefore we analyze them separately in order to take advantage of extra information where available, and in order to avoid unreasonable data pooling assumptions which might jeopardize our results. We are confident that the individual dataset sizes (539 and 549 offenders) respectively are sufficiently large to provide trustworthy estimates of the impact of CARA.

5.2 West Midlands Police Data

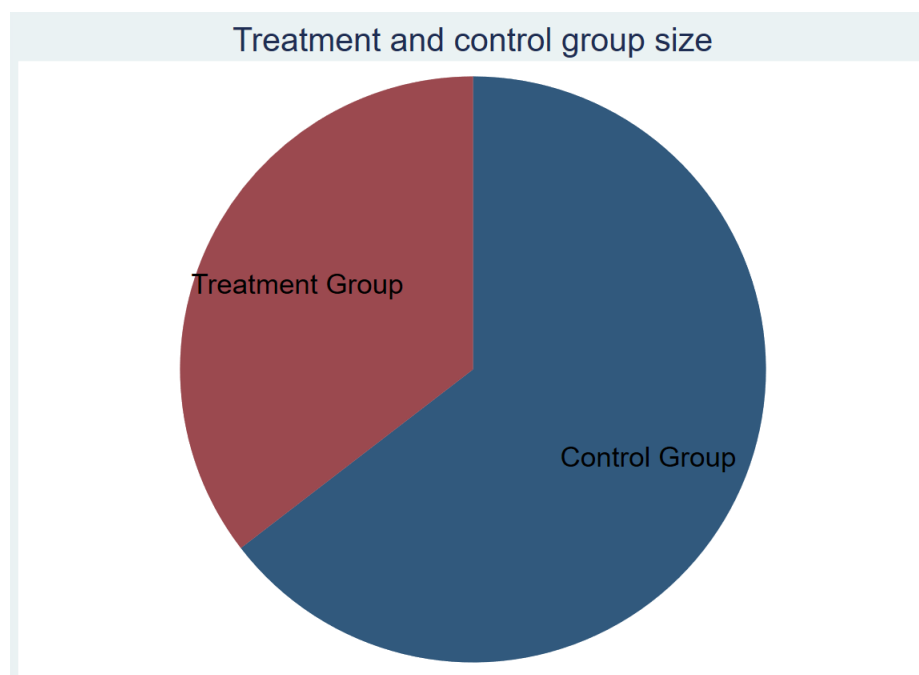
In this section we present West Midlands Police force area dataset and its analysis. As stated above, there are 539 offenders, including 195 recipients of CARA and 344 in the control group. In addition, four eligible offenders breached their conditional caution by not attending any of the CARA workshops. Given that their number is small to form a separate study group, and given that they did not receive the treatment, we allocate them to the control group leading us to a final sample of 191 recipients of CARA and 348 in the control group.

The West Midlands Police data are not the outcome of a randomised control trial, which means we need to exercise ex post statistical control for confounding variables that affect both the treatment group formation (i.e., probability of selection into the treatment group) and the treatment group outcomes. To illustrate, suppose such a variable is age; older people may be more likely to participate in the CARA treatment, and CARA recipients may show reduced recidivism only because older ages have lower reoffending rates.

The WMP control group is made up of individuals which received a caution, community resolution, or were nfa'd to being charged, at the time where CARA wasn't available (from December 2016 to May 2017) or were part of the control group in a WMP pilot study that took place between June 2017 and November 2018. Finally, there are a few individuals from December 2018-onwards, that slipped the net and were not offered CARA, even though that was available.

We will use Propensity score matching (PSM), a commonly used statistical technique (see, Rosenbaum and Rubin, 1983), to remove the effects that arise from confounding variables.

Figure 10. Treatment and control group size



This method will allow us to estimate the average treatment effect. Operationally, PSM involves a two-step process. In step 1, a logistic regression is estimated where the dependent variable is whether an individual received the intervention or not. The explanatory variables are individual characteristics, considered as confounding factors affecting the treatment sample and the treatment outcome. In step 2, we will use the predicted probabilities from the logistic regression in step 1 to create 'matching pairs' of 'similar' individuals. In each pair, one individual will have received the treatment, and one not. The average difference in recidivism over all such pairs will constitute a reasonable estimate of the average treatment effect i.e., the impact of CARA.

We examine five measures of treatment success across two time periods:

- i) If an individual reoffends
- ii) If an individual is re-arrested
- iii) The number of offences post-CARA
- iv) The number of arrests post-CARA
- v) The severity of crimes post-CARA.

We examine these variables at the end of 6 and 12 months after the CARA referral date. In the above, an offence is a crime that has been entered in the Police National Computer (PNC) system. To measure the severity of crimes, we employ the Cambridge Crime Harm Index (CHI) (Sherman, 2020).

5.2.1 Descriptive Statistics

Table 2 provides a description and frequency of crimes in the sample. Notice that some offenders commit more than one crime at the same time, which leads to a number of crimes greater than the number of offenders. The third column includes the CHI employed as a

measure of success in Strang et al. (2017) and our analysis, as explained below. The (weighted) average CHI in our sample is 6.32 days which is smaller than the 8 to 11 days averages found in Strang et al. 2017. Finally, the last two columns include the cost of crime classification and estimates from the Heeks et al. (2018) Home Office report on the economic and social costs of crime (HOCC). These estimates are comprehensive and include estimates of the costs in anticipation of crimes, for example, burglar alarms, costs because of crime, for example, the cost of stolen or damaged property, and costs in response to crime, for examples, costs to the police and criminal justice system.

These estimates have been translated into 2020 prices using the Bank of England's inflation calculator.

Table 2. Type and frequency of crimes

Crime	Frequency	CHI (prison days)	HOCC Classification	HOCC (GBP)
Common assault	115	1	Violence without injury	5,930
Assault occasioning ABH	128	10	Violence with injury	14,050
Battery	88	1	Violence without injury	5,930
Criminal damage under 5000	102	1	Criminal damage-other	1,350
Harassment without violence	75	10		0
Send communication/article conveying a threatening	40	2		0
Breach of a non-molestation order	8	5		0
Disclose private sexual photographs and films	6	5	Other sexual offences	6,520
Burglary residential	4	19	Domestic burglary	5,930
Grievous Bodily Harm	10	19	Violence with injury	14,050
Cannabis possession	10	2		0
Driving under the influence of alcohol	2	2		0
Threats to kill	9	10		0
ill-treatment of child	4	5		0
Arson endangering life	2	365	Criminal damage-arson	8,420

Racially aggravated harassment-words	1	10		0
Stalking involving serious alarm	1	252		0
Harassment - in fear of violence	5	5		0
Threaten to damage property	2	2		0
Theft from dwelling	2	2	Domestic burglary	5,930
Coercive behaviour	1	10		0
Resisting a constable	1	1		0
Criminal damage over 5000	6	2		0

We now present some descriptive statistics for the offender characteristics. The variables in the dataset are:

• Offender:	• CARA crime:
<ul style="list-style-type: none"> - age - gender - ethnicity - employment - mental health status - personality disorders - alcohol abuse - drug abuse - ailments - same-sex partners - prior offences (one year) - severity of prior offences - prior arrests (1 year) 	<ul style="list-style-type: none"> - severity - risk assessment - alcohol involvement - victim's gender - victim's age - victim's ethnicity

In the above, we refer to the CARA crime as the incident based on which an offender is considered for CARA treatment.

Offender and victim profiles

Figure 11 describes the age variable. The treatment group participants are older than those of the control group, with a much smaller percentage of 22-30 years old. Figure 12 shows how

the offender gender is dominated by males in both control and treatment. Figure 13 describes offender ethnicity. In the sample, two observations were classified as 'Oriental', but they were included in the 'Asian' category. Figure 14 graphs the 'unemployment' dummy variable; the control and treatment groups had similar numbers of offenders who were unemployed.

Figure 15 presents data on a 'mental health' dummy variable that captures common mental health issues such as anxiety, depression, and attention deficit hyperactivity disorder. The control and treatment groups had similar numbers of offenders who had mental health issues. Suicidal and self-harm cases appear in the dummy variable 'personality disorders', graphed in Figure 16; more offenders in the treatment group than in the control group had a personality disorder. Figures 17 and 18 present the 'alcohol abuse' dummy variable, which includes both alcohol dependence and alcoholism; and the 'drug abuse' dummy variable; more offenders in the treatment group had a history of alcohol issues than in the control group, but fewer had a history of drug abuse. Figure 19 illustrates the dummy variable 'ailment', consisting of a range of health issues, from asthma to lack of body organs. A similar number of offenders in both groups had ailments. Figure 20 presents the 'same-sex' dummy variable, which captures whether the offender and the victim are of the same sex. Some of the treatment group had same sex partners, whilst there were none in the control group.

Figures 21 to 24 describe the characteristics of any prior offences which have taken place in the calendar year before the CARA offence. Individuals in the treatment group have not been charged before the CARA offence, as seen in Figure 21, but a few have been arrested, as can be seen from Figure 22. Figures 23 and 24 contain the CHI index for past crimes and the CARA crimes respectively. Figure 23 contains the CHI of both groups for criminal activities within the one year before CARA. Figure 24a contains the CHI of the CARA offence. Figure 24b contains a truncated version of the CHI of the CARA offence, in which any value above 19 is set equal to 19. In this way we remove some outliers in the sample; these outliers were due to summing up the CHI of multiple crimes rather than the CHI of a single major crime.

The CHI of the treatment group for past crimes comes from the arrest data; these individuals were not charged for these crimes. It seems that there is no qualitative difference in terms of offence severity between the control and treatment group.

As Figure 25 shows that most of the offenders who attended the CARA project had a standard and medium risk assessment according to the DASH/DARA (Domestic Abuse, Stalking, Harassment and Honour based violence Assessment Tool). There were also some (22 in total) high-risk cases admitted to the Service.⁹ Figure 26 shows that alcohol involvement at the time of the CARA offence was lower in the treatment group than the control group. Figures 27 to 29 describe the victim characteristics in the two groups. The percentage of female victims is similar in both groups, while the victims in the control group are younger than those of the treatment group, as is shown in Figures 27 and 28. Finally, Figure 29 shows that, as with the offenders, there are more White victims, fewer Asian and fewer Black victims in the treatment group than in the control group.

⁹ These cases were most likely considered standard or medium risk at referral and/or at the time of the CARA workshops but were later upgraded to high. The results do not change if we exclude this group from the analysis given the very small number of such cases and the fact that they are split between the control and treatment group.

Figure 11. Offender age

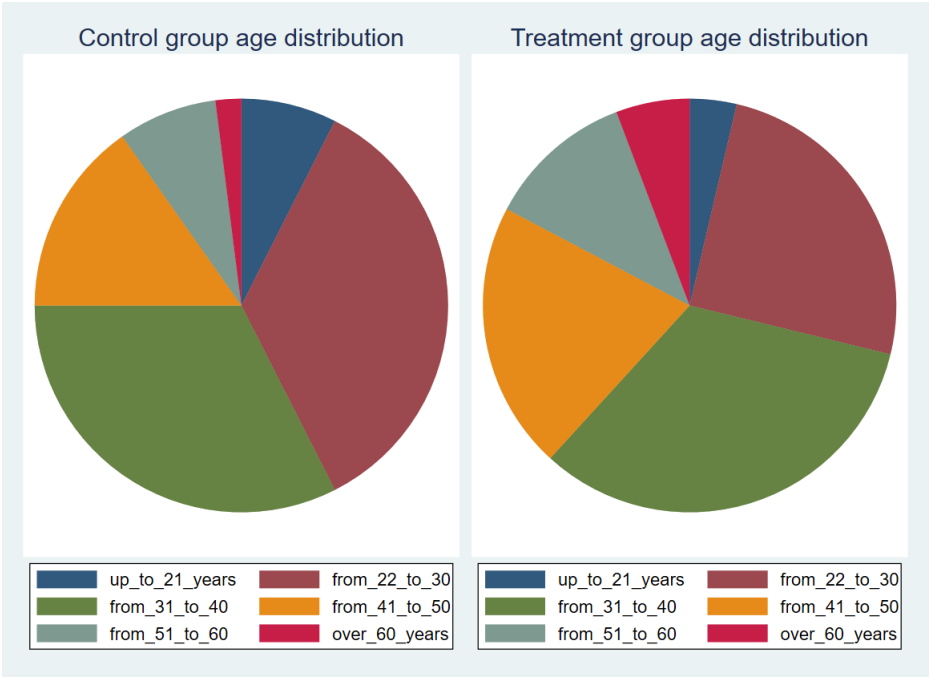


Figure 12. Offender gender

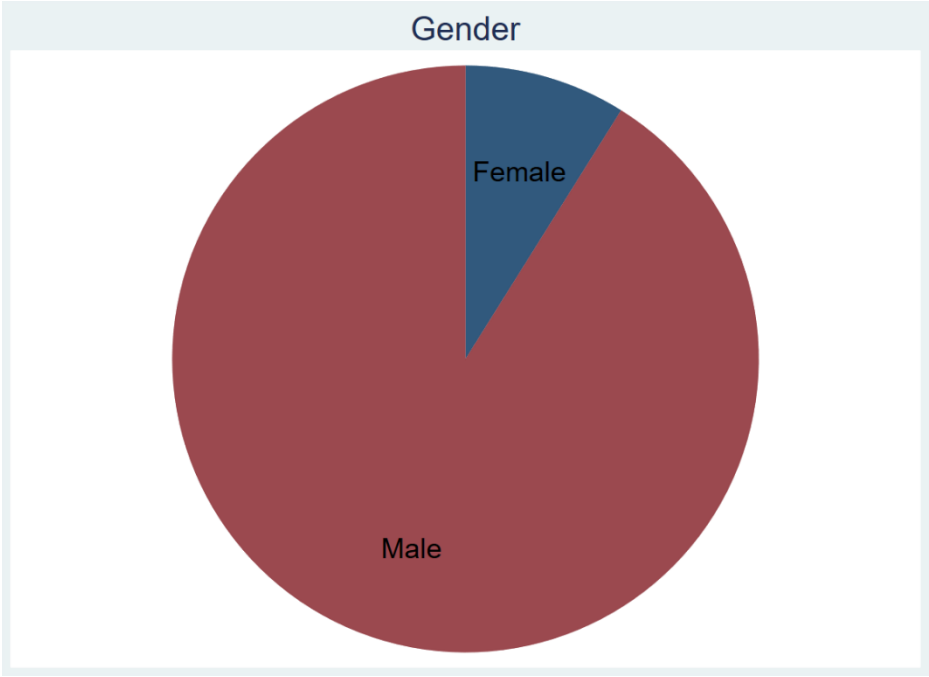


Figure 13. Offender ethnicity

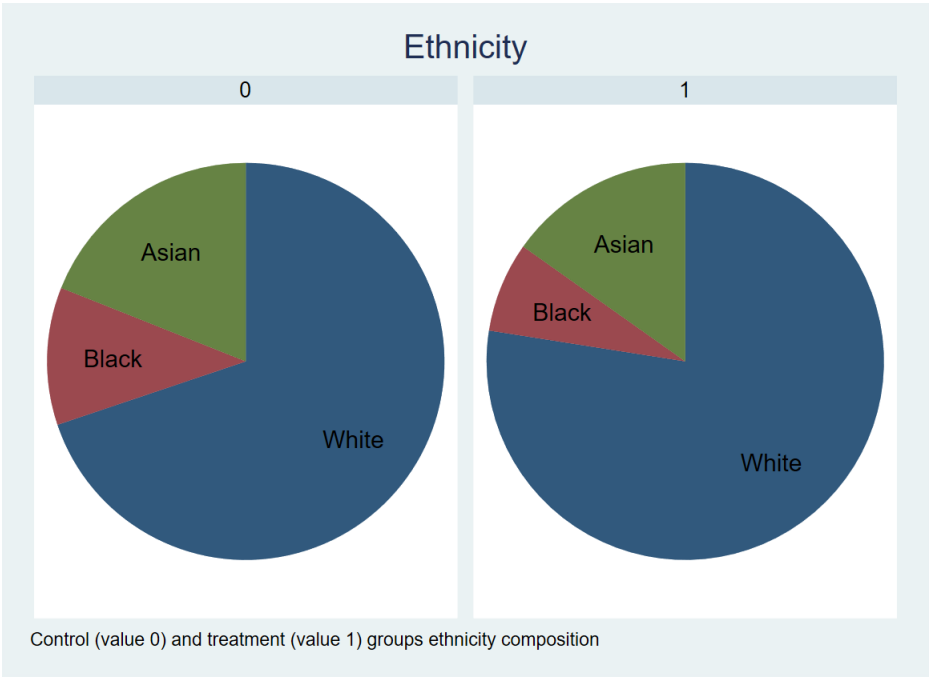


Figure 14. Offender employment status

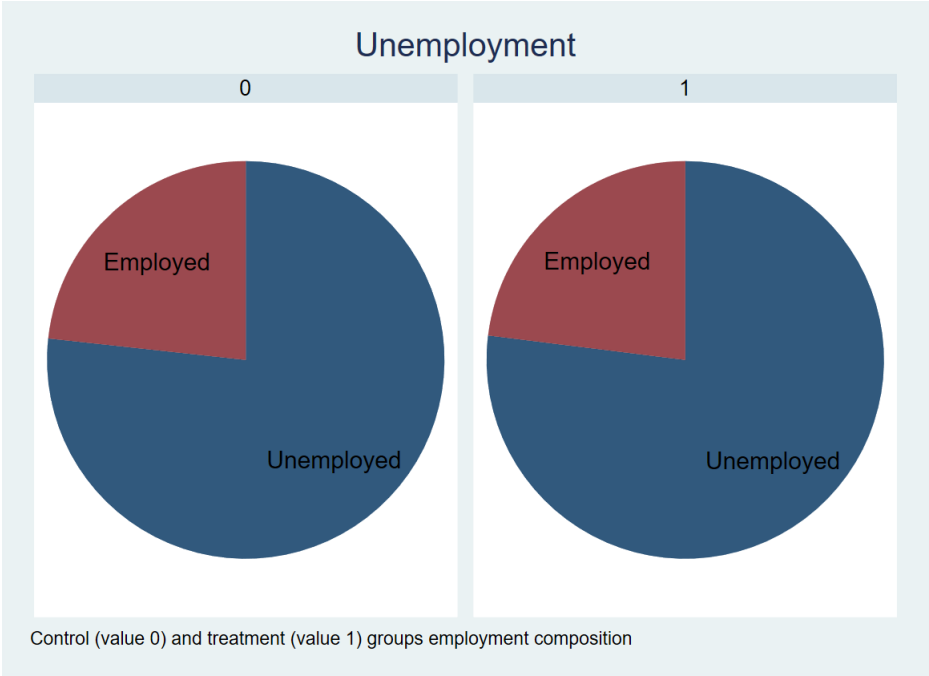


Figure 15. Offender mental health

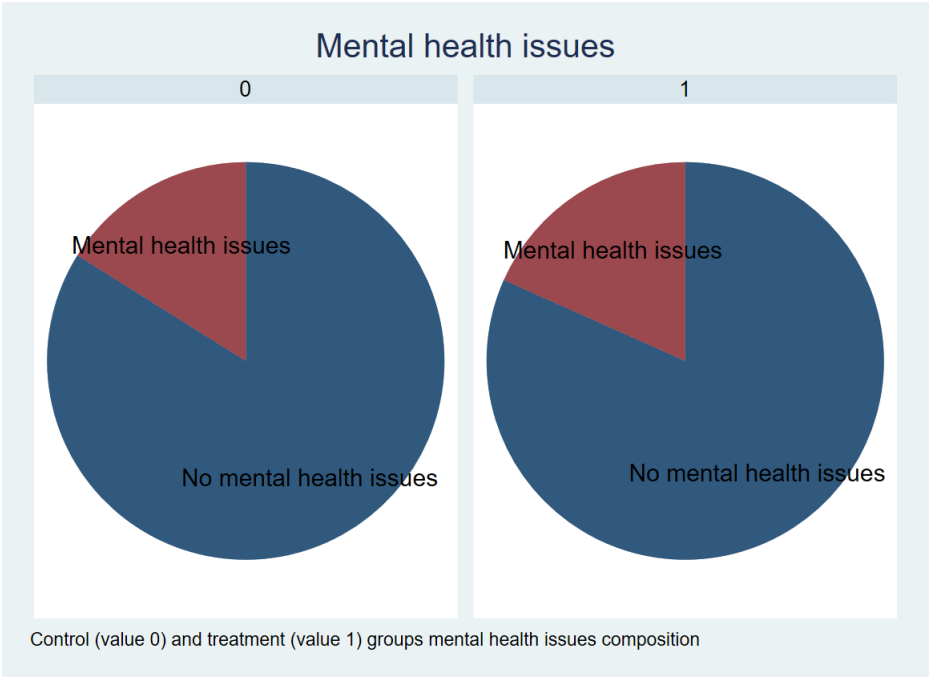


Figure 16. Offender personality disorder

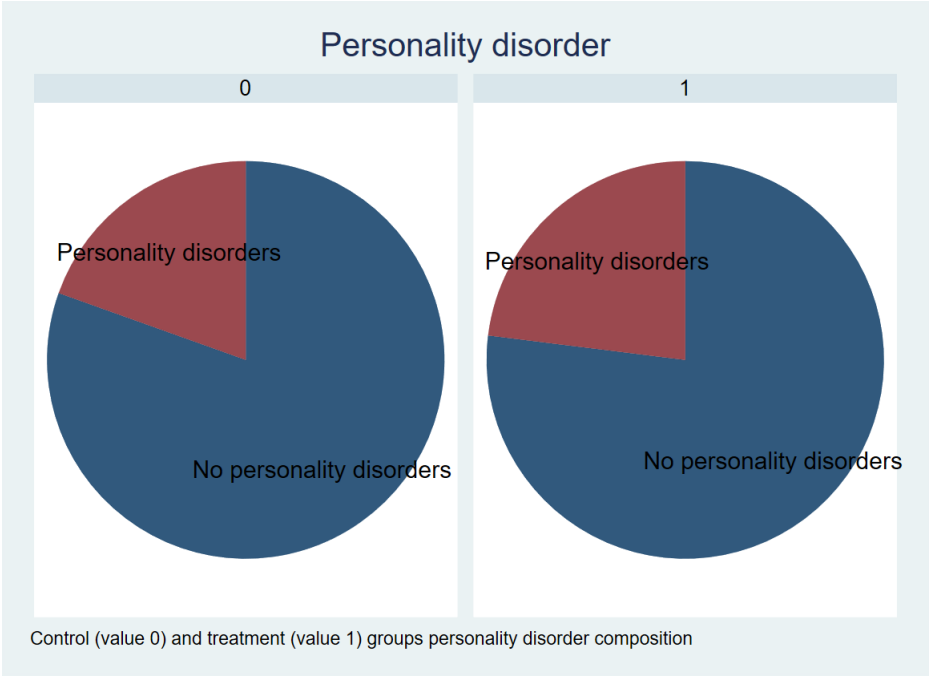


Figure 17. Offender alcohol abuse history

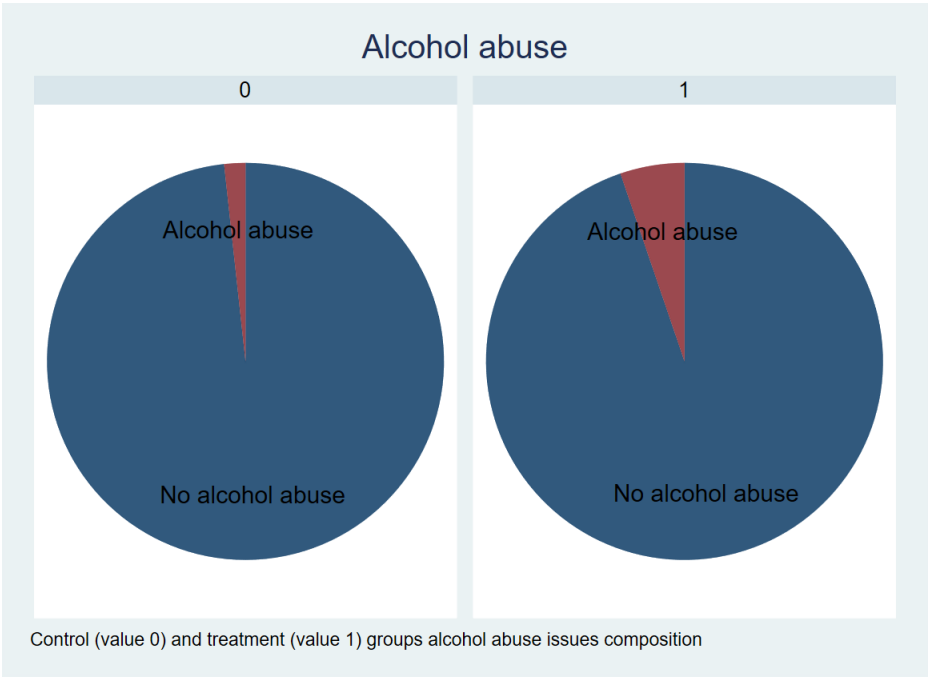


Figure 18. Offender drug abuse history

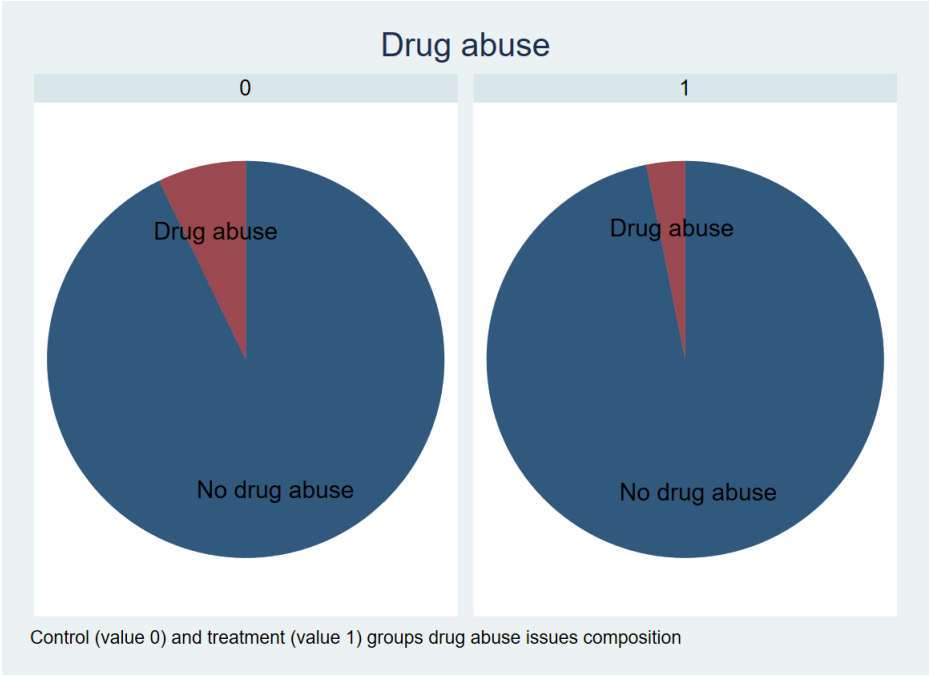


Figure 2 Offender ailments

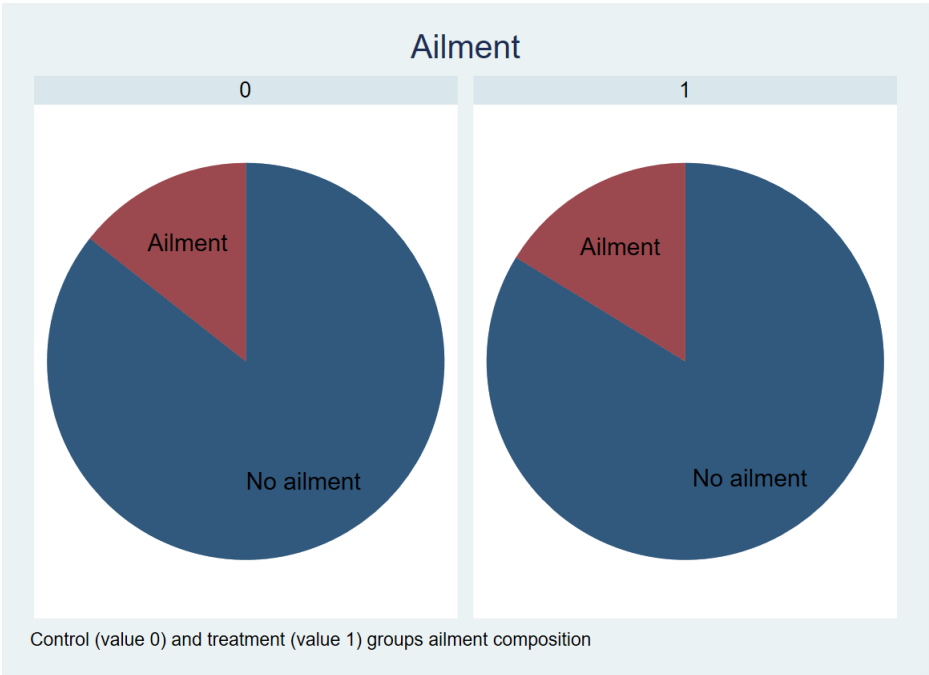


Figure 20. Offender and victim are of the same sex

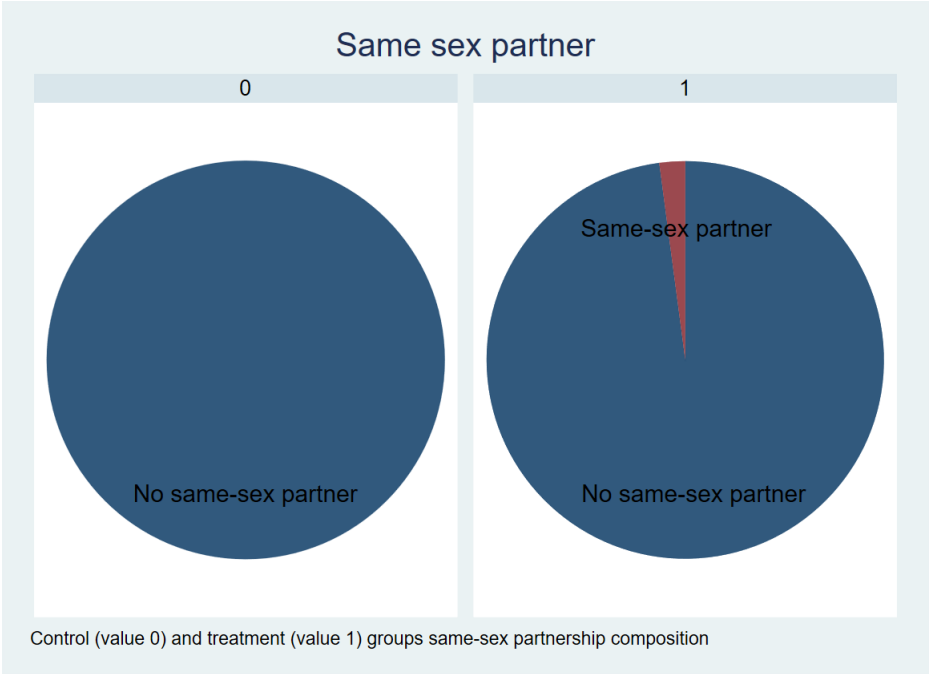


Figure 21. Offender domestic violence offences in the past 12 months

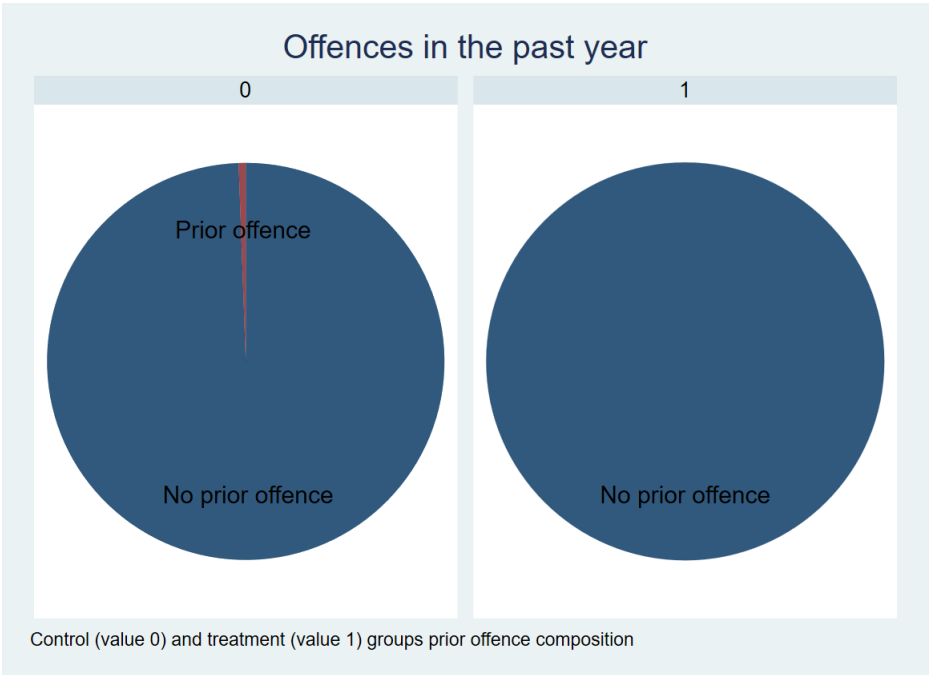


Figure 22. Offender domestic violence arrests in the past 12 months

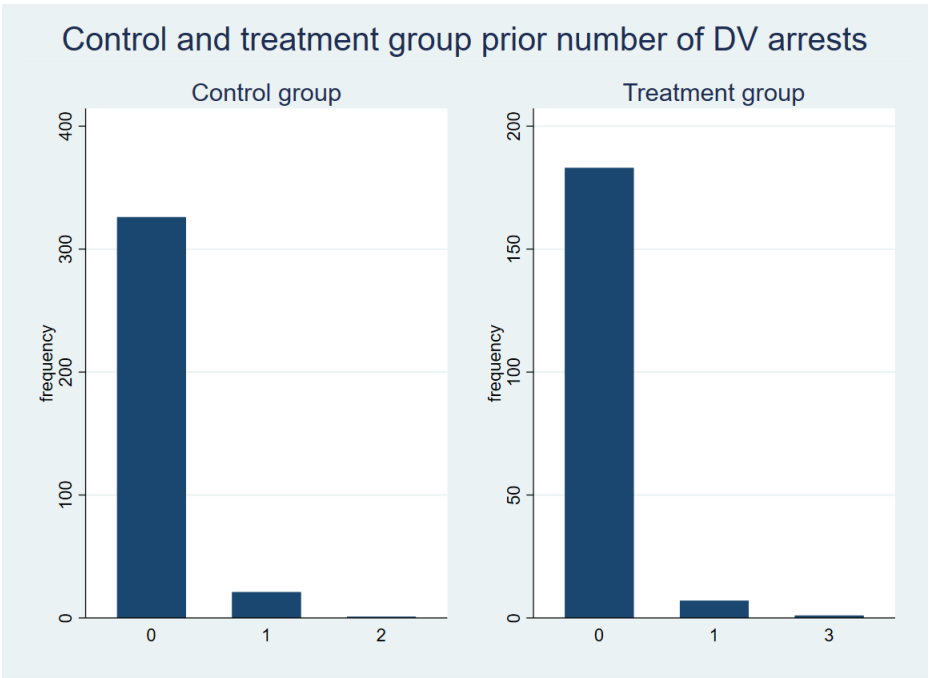


Figure 23. CHI for offences in the previous year

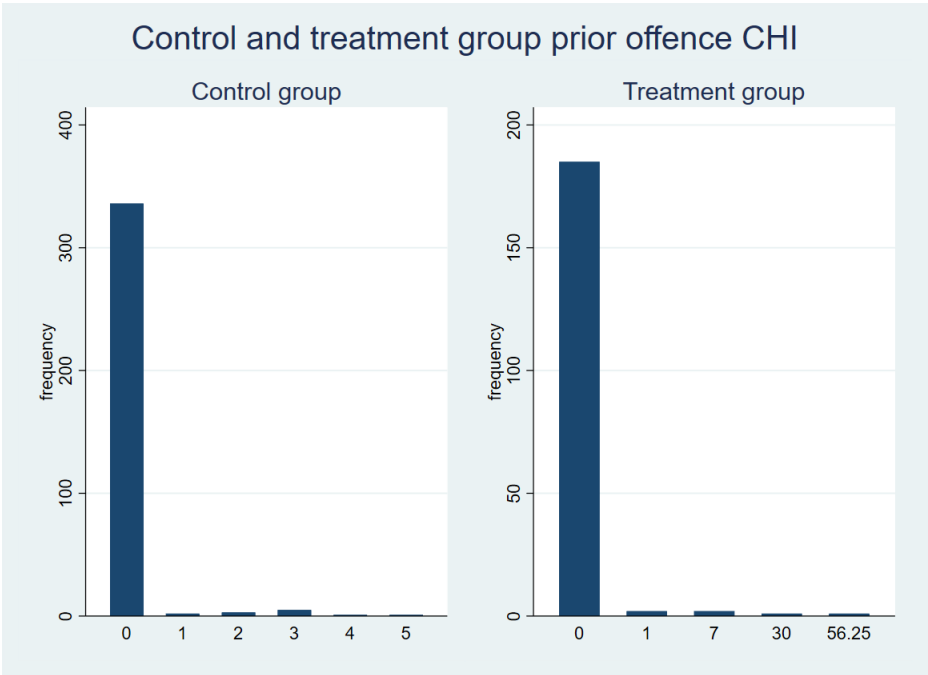


Figure 24a. CARA offence truncated Crime severity score

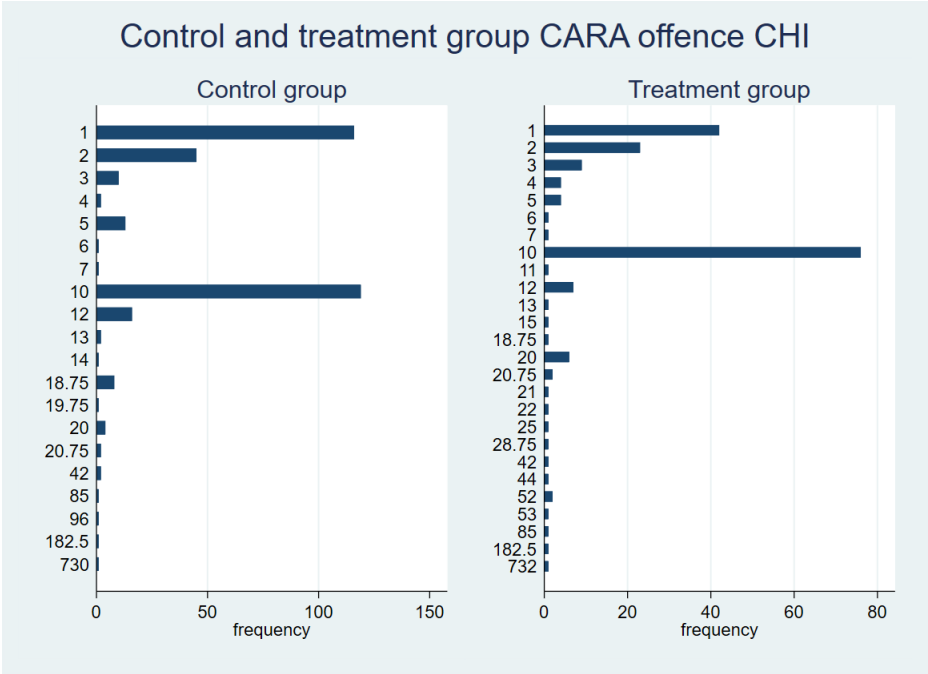


Figure 24b. CARA offence truncated Crime severity score

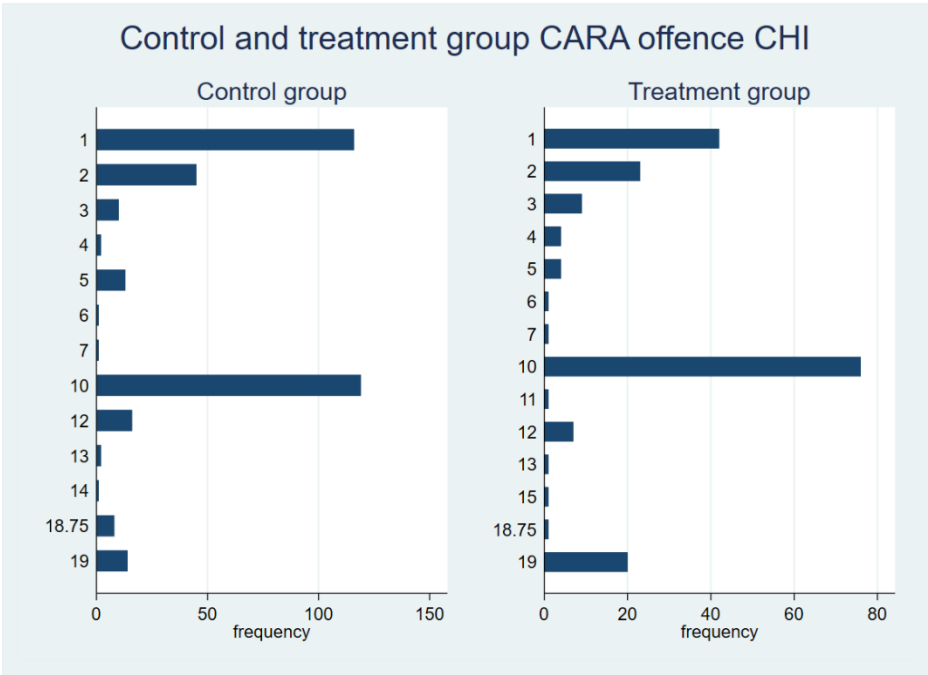


Figure 25. CARA offence DASH/DARA risk assessment

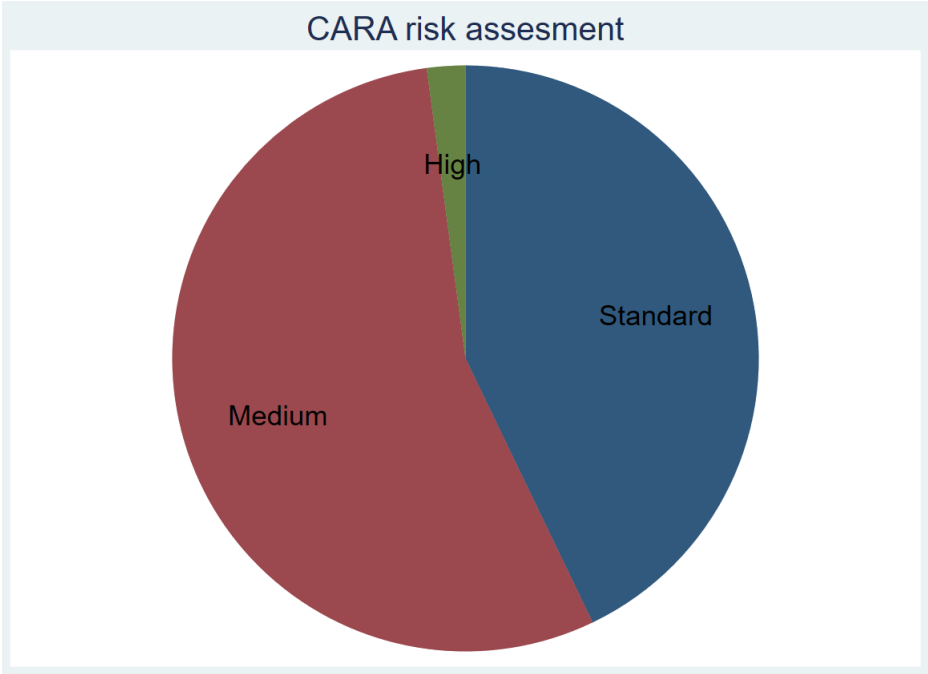


Figure 26. Alcohol involvement at the time of the CARA offence

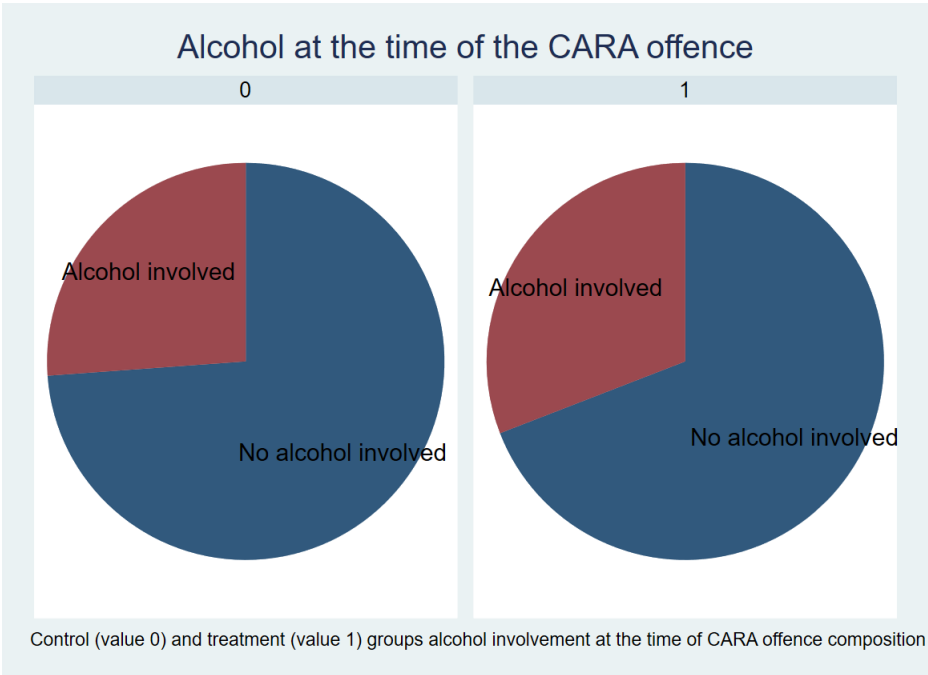


Figure 27. Gender of the CARA offence victim

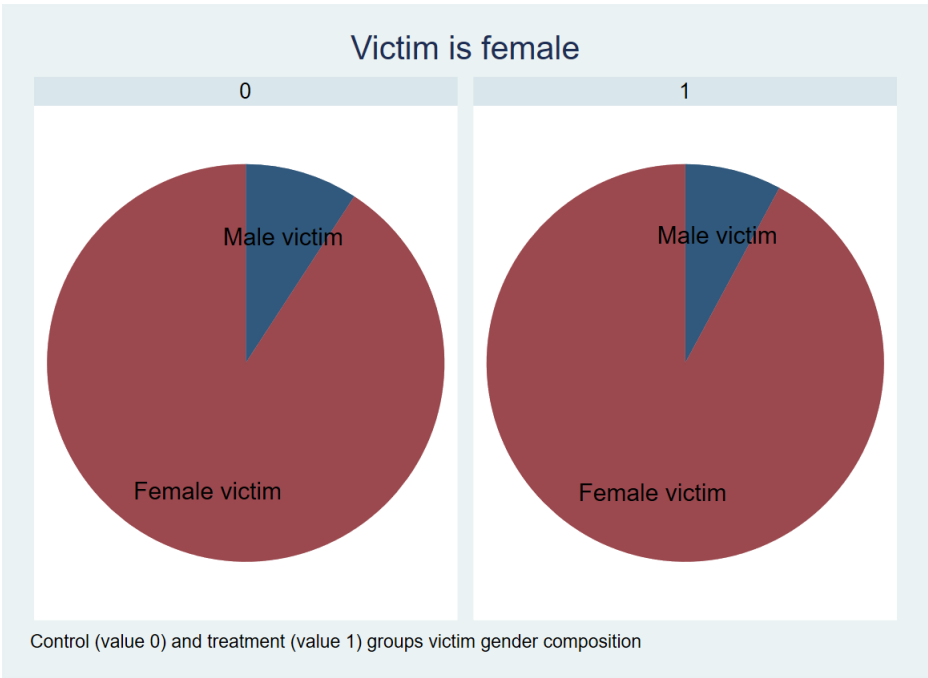


Figure 28. Age of the CARA offence victim

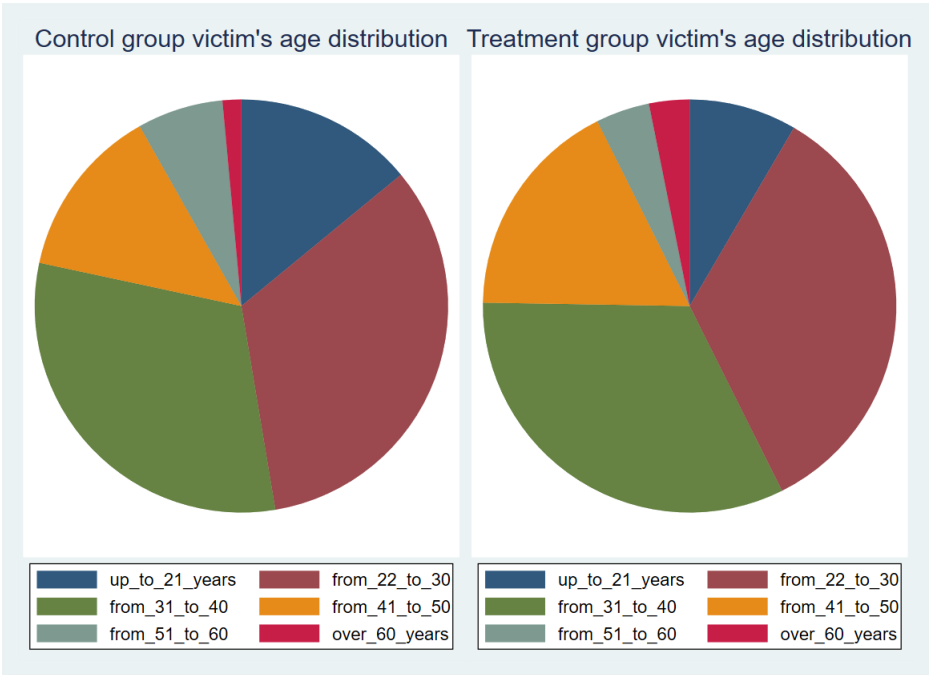
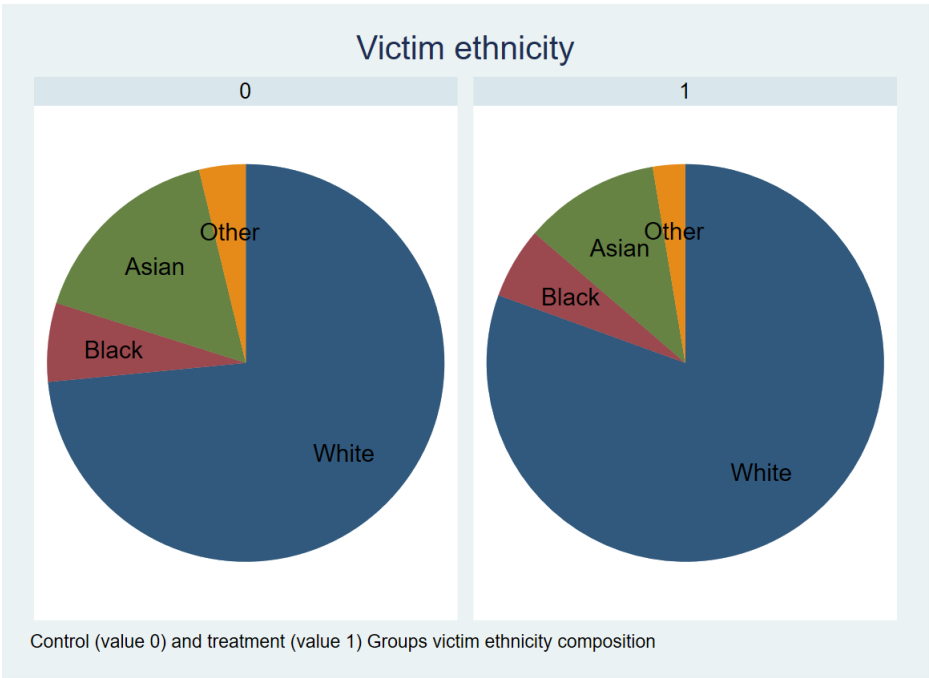


Figure 3. Ethnicity of the CARA offence victim



To summarise, in terms of the profile of offenders who attended the CARA Service, in comparison to the control group, they are more likely to be:

- Older (fewer 22-30 years)
- White (with a notable disparity in the low number of Black offenders);

and have,

- A personality disorder
- A history of alcohol abuse
- A same sex partner (marginally/control group had none)
- Alcohol involved in the CARA crime
- An older victim
- A white victim (with a notable disparity in the low number of Black victims).

The offenders who attended the CARA Service are less likely to have a history of drug abuse. However, they were like the control group in being:

- Unemployed,

and having,

- A majority of female victims
- Mental ill health
- An ailment.

Re-offending

Finally, we examine the output variables. Figure 30 plots the percentage of individuals who reoffended within a period of 6 months. There seems to be quite a difference between the treatment and control group. Figure 31 plots the same percentage within 12 months; the difference here seems smaller. Figures 32 and 33 paint a similar picture for re-arrests. Moving on, Figures 34-37 display the number of re-offences and the number of re-arrests across control and treatment groups. These numbers seem to be higher for the control group in both the 6-month and 12-month periods. The same picture appears also in Figures 38 and 39 which show the CHI of crimes within 6 and 12 months. The CHI has also been truncated here although the outliers were few.

Figure 30. Percentage of re-offences within 6 months

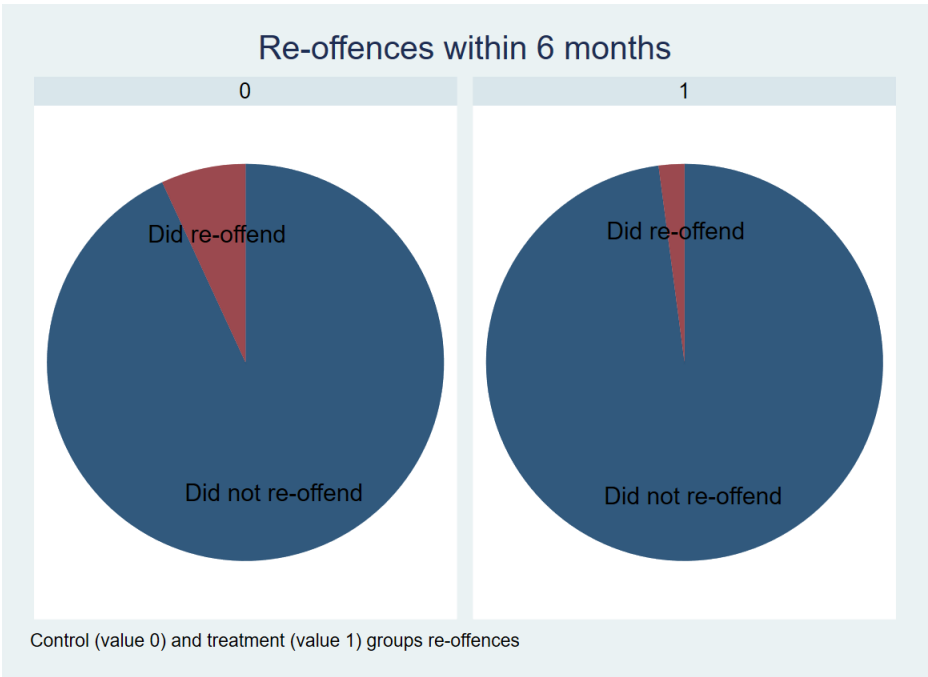


Figure 31. Percentage of re-offences within 12 months

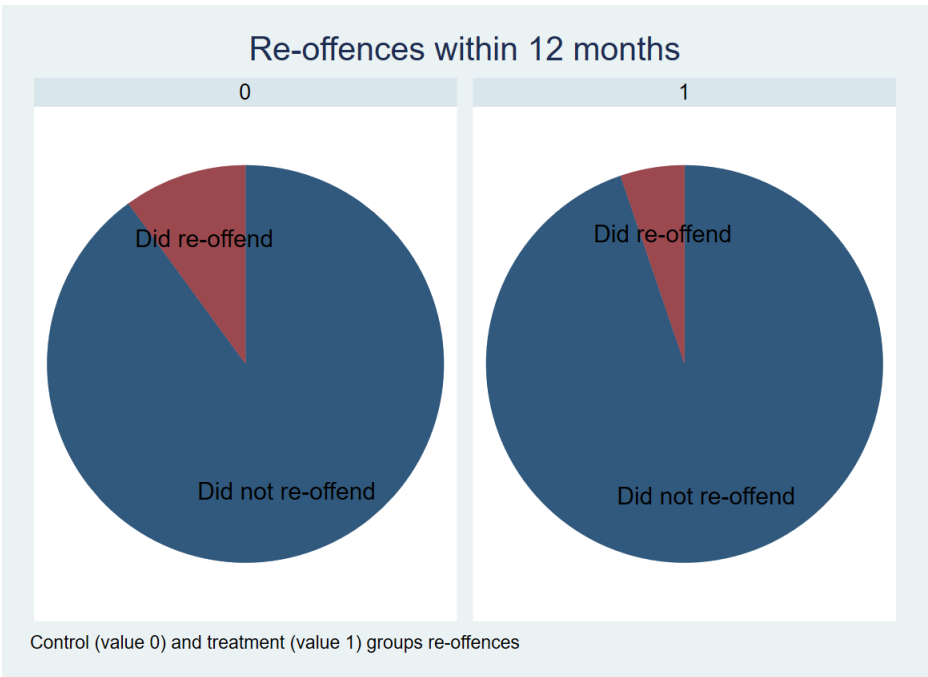


Figure 32. Percentage of re-arrests within 6 months

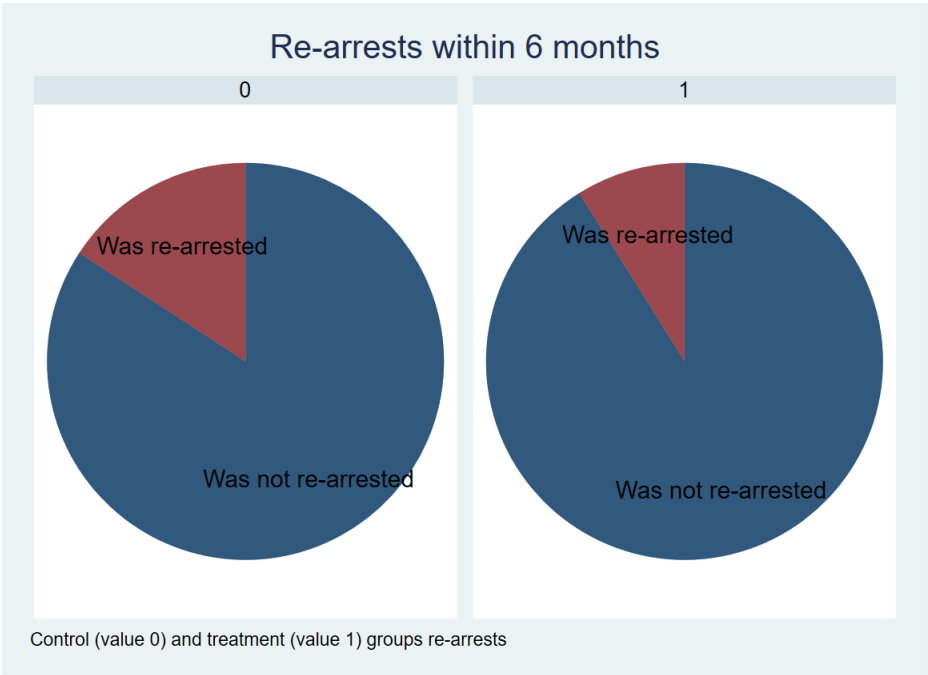


Figure 33. Percentage of re-arrests within 12 months

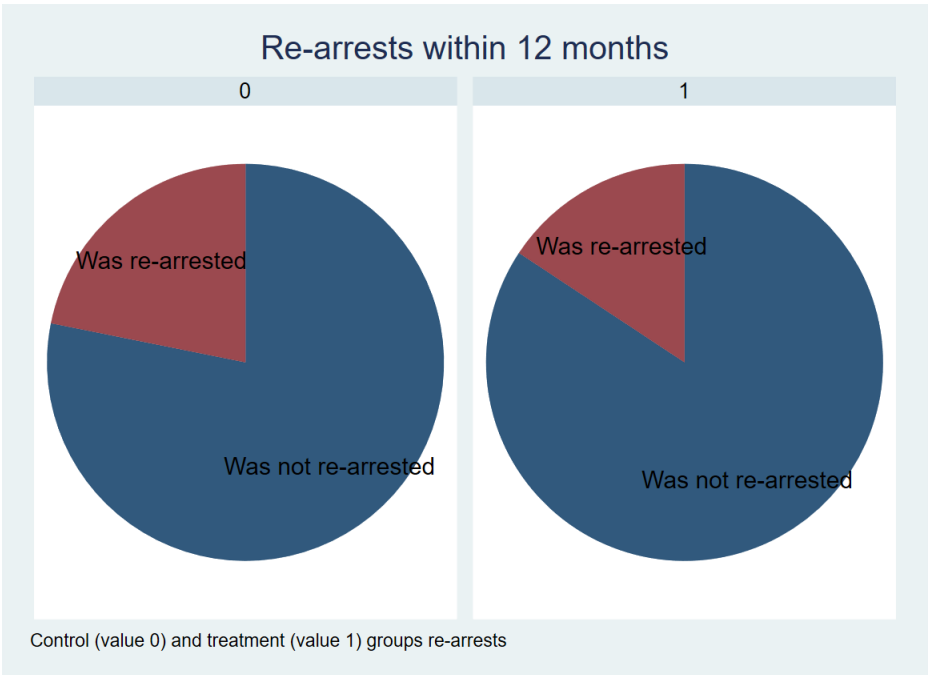


Figure 34. Control and treatment group re-offences within 6 months

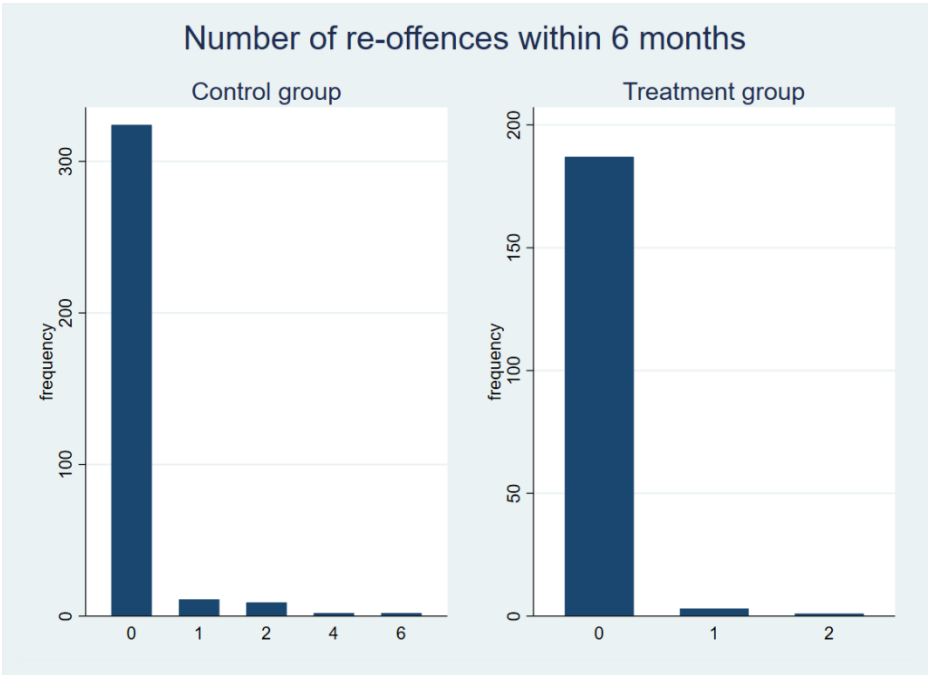


Figure 35. Control and treatment group re-offences within 12 months

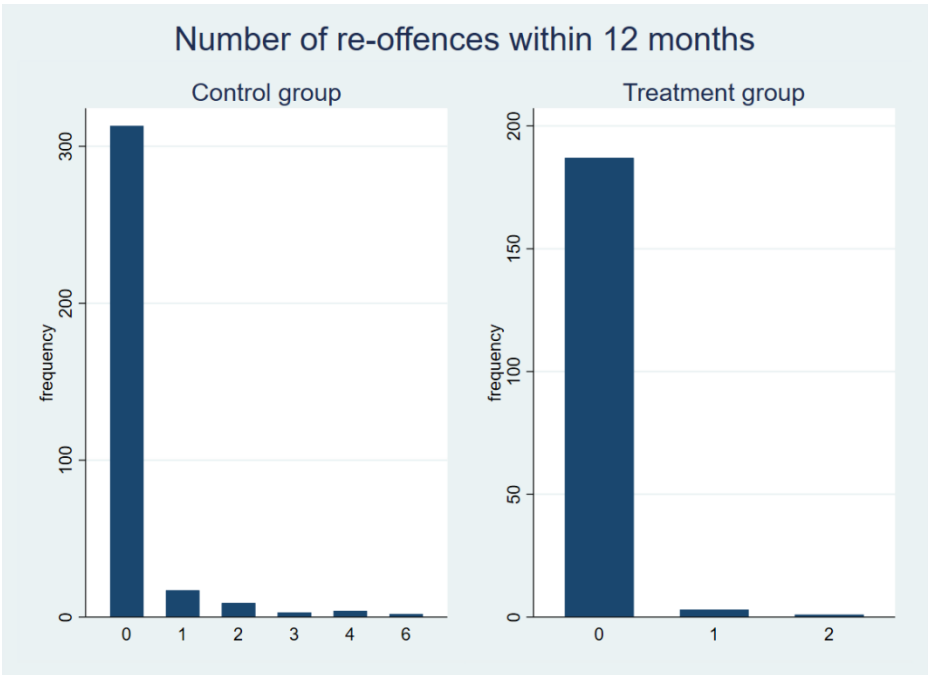


Figure 36. Control and treatment group re-arrests within 6 months

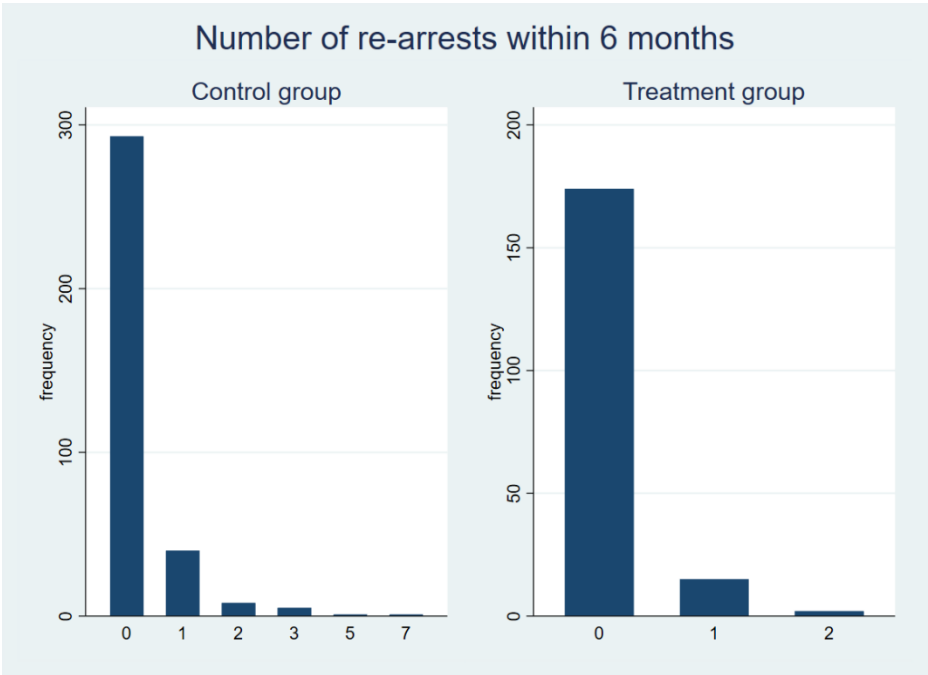


Figure 37. Control and treatment group re-arrests within 12 months

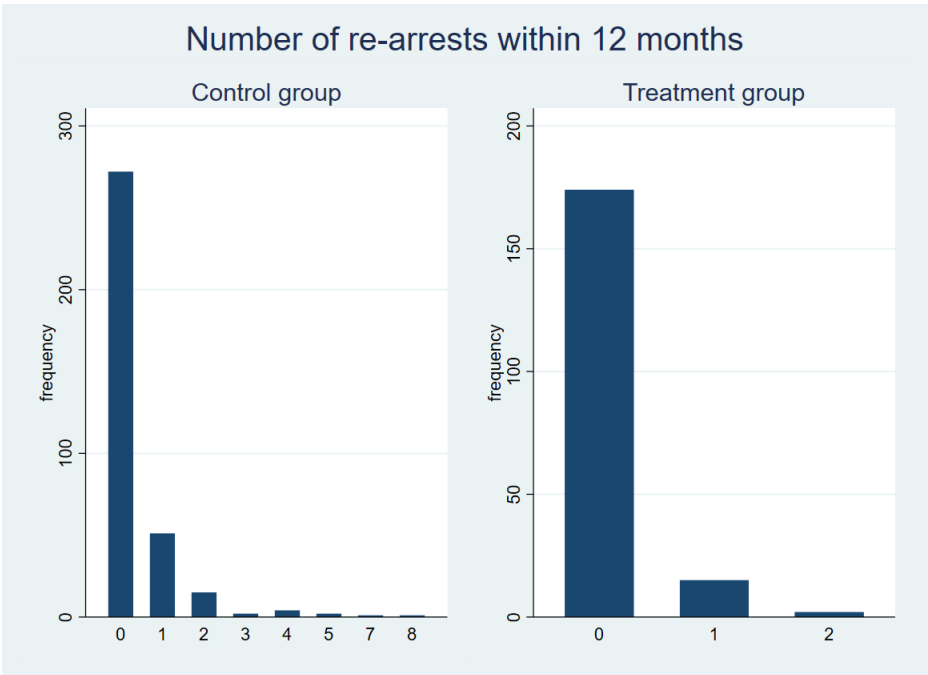


Figure 38. Control and treatment group Crime severity score index within 6 months

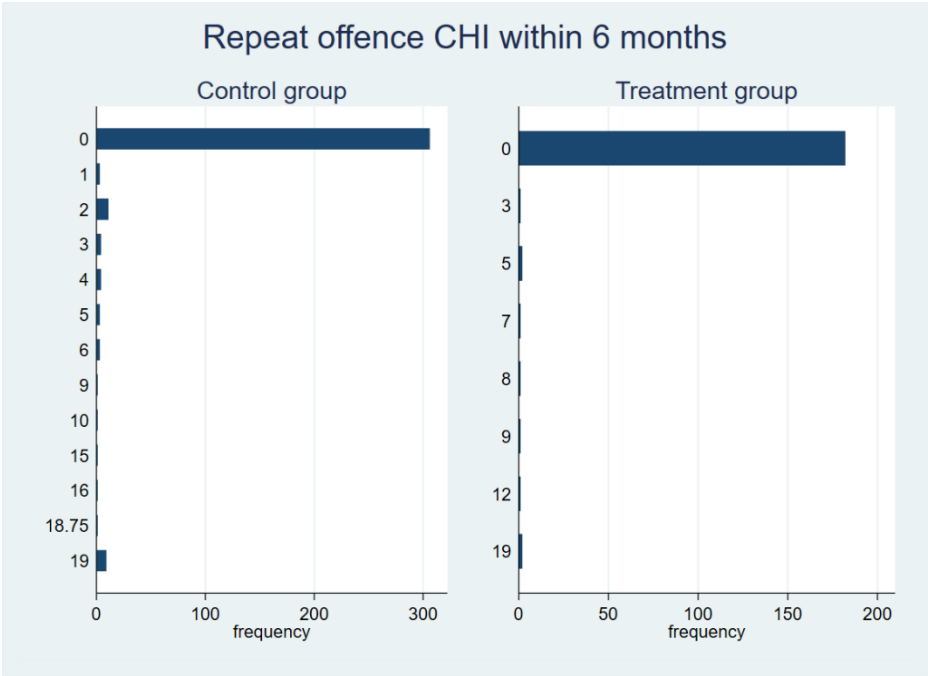
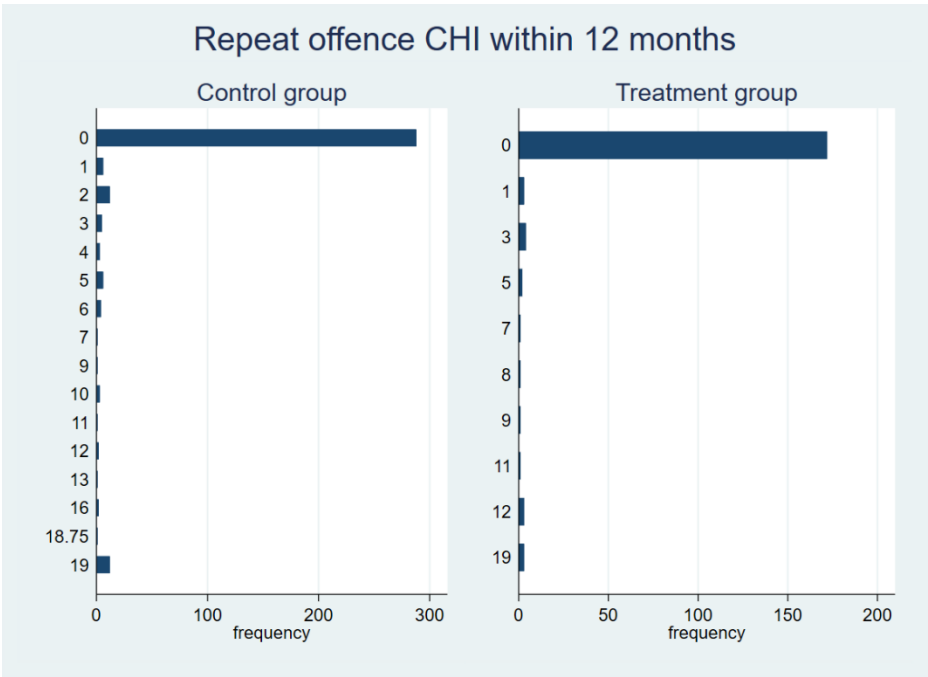


Figure 39: Control and treatment group Crime severity score index within 12 months



5.2.2 Evaluation methodology

The method of choice for disentangling the actual treatment effect from confounding variables is Propensity Score Matching (PSM). PSM matches ‘similar’ individuals in the control and treatment group. Because these individuals are the same (or almost identical) according to a set of characteristics, any differences in reoffending are attributed to the treatment. The matching is done by comparing the probability that an individual is assigned to the treatment group. Therefore, a matched pair comprises two individuals with the same probability of being assigned to the treatment group, yet one of them belongs to the control group. This probability is called the propensity score. The first step of PSM is to use logistic regression to calculate the propensity scores of each individual in the sample; the second step is to match these individuals according to their propensity scores. Because the number of individuals in the control group is different than those in the treatment group, we use kernel-based matching. We selected the Epanechnikov kernel with a bandwidth of 0.06, which are common choices in the literature, see, e.g., Heckman, Ichimura and Todd (1997).

The set of characteristics based on which individuals are matched may impact the matching and the estimation of the average treatment effect. Therefore, we employ two sets of characteristics (information sets) based on the variable set described above, to ensure that we capture all the confounding variables. Furthermore, a third set of matching characteristics is created using a machine-learning method called backwards stepwise regression, that identifies the most important variables determining treatment selection. This method can also shed light on the characteristics that make specific individuals ineligible for CARA and may call for CARA policy changes. The two information sets are presented in Table 3.

Table 3. Propensity score matching basic information sets

Basic Information Set	Full Information Set
Age, gender, ethnicity, unemployment, alcohol abuse, mental health, past severity (1 year), past arrests (1 year), CARA severity, CARA risk.	Age, gender, ethnicity, unemployment, alcohol abuse, drug abuse, mental health, ailment, personality disorder, past severity (1 year), past arrests (1 year), CARA severity, CARA risk, CARA alcohol involvement, gender of the victim, ethnicity of victim, age of the victim

In the above information sets, we are not employing same-sex partnership and past year charges information because we do not have data on both categories in both the treatment and the control group.

The machine learning method begins with the full information set, which contains 20 regressors and removes the variables that are not statistically significant in a stepwise manner, starting with the least insignificant. For robustness, we examine two versions of the algorithm; the first version drops variables that are not significant at the 10% level. The second version drops variables that are not significant at the 15% level. The latter higher significance level is a more conservative view of the factors affecting the probability that someone receives treatment. We denote each variable's statistical significance at the 1% (***), 5% (**) and 10% (*). Next to the significance, we also report the sign of the variable's coefficient in the regression. The interpretation is as follows. A positive sign means that, as the variable increases, it increases the probability of CARA participation; a negative sign means that, as the variable increases, the probability of CARA participation drops.

Table 4. Propensity score matching machine learning information set

Machine Learning Information Set at 10% sig	Machine Learning Information Set at 20% sig
Age (***,+), Victim's Age (**,-) Victim is White (*,+) Alcohol Abuse (*,+)	Age (***,+), Victim's Age (**,-) Victim is White (**,+) Alcohol Abuse (*,+) Drug abuse (-)

At both the 10% and 15% stepwise regression levels, the most important variables determining CARA participation are the offender's age, the victim's age, if the victim is white, if the offender has alcohol-related issues and secondarily if the offender has drug-abuse issues. The older the offender is, the higher the probability that they will be admitted to CARA. On the other hand, the older the victim is, the lower the probability that the victim will be permitted to CARA. The likelihood of joining CARA also increases if the victim is white. Finally, alcohol abuse increases the likelihood of being administered with the treatment, while drug abuse reduces it. For the remaining analysis (matching), we maintain the 10% significance machine learning information set as drug abuse does not significantly impact the results.

5.2.3 Propensity score matching results

The average treatment effects calculated after matching are presented in Table 5 below. The table shows results for the ten outcome variables and the three information sets described earlier. The first column, titled 'Tr', reports the average output variable among treated subjects in the matched sample. The second column, 'Con', reports the average output variable among control group subjects in the balanced sample. The third column, 'Diff', reports the difference between these two averages, which constitutes the average treatment effect on the treated. The fourth column, 'S.E.', reports the standard error of the difference, and column five, titled 't-stat', reports the t-statistic. The sixth column, titled '%Ch', reports the percentage change in the average output variable because of the treatment, and the seventh column, titled 'B', reports the outcomes of the bounds robustness check of Rosenbaum (2002) which tells us that the results are unlikely to be affected by the presence of unobservable factors.

All results in the 'Diff' columns are negative, showing evidence across the board that CARA reduces recidivism, no matter how it is measured. The results are statistically significant almost everywhere regarding re-offences and re-arrests but insignificant in terms of CHI reduction. The results vary across the three information sets but only a little; this is strong evidence of the validity of the machine learning information set. When we examine the impact of CARA in the six months after the referral, we can see significant reductions in recidivism. Based on the full information set, the number of re-offenders is reduced by 67%, while the number of individuals re-arrested is reduced by 39%. The number of re-offences is reduced by 81%, while the number of re-arrests is reduced by 56%. Finally, the Crime severity score index of crimes is reduced by 69%. When we examine the impact of CARA after 12 months, we observe weaker numbers. The number of re-offenders is reduced by 54%, while the number of individuals re-arrested is reduced by 26%. The number of re-offences is reduced

by 67%, while the number of re-arrests by 55%. Finally, the Crime severity score index of crimes is reduced by 62%. Statistical significances are also weaker after twelve months.

To summarize the above findings, CARA has a significant impact on recidivism, particularly in the first six months. The effect is substantial also after twelve months but is less pronounced. A notable finding is that, while the reductions in re-offenders and numbers of re-arrests and re-offences are generally statistically significant, this is not the case with CHI. This result contrasts with Strang et al. (2017) who documents such a reduction. The result may be driven by the significantly lesser (less harmful) offences found in West Midlands Police sample; the average CHI is 6.32, which is 25% to 45% smaller than the 8 to 11 CHI averages found in Strang et al. 2017.

Before we discuss the economic benefits, we conclude this section with a few words on the robustness and statistical validity of the methodology. First, it is encouraging to see that the results are stable across the information sets, meaning there is no confounding variable problem. Second, in all the above regressions, the balanced (matched) samples do not have any statistically significant differences in the means of the variables of the information sets. Third, only 1-5 observations in each regression are outside the common support. These results are unreported for brevity but are available upon request.

Table 5. Propensity score matching results

	Basic Information Set						Full Information Set							Machine Learning Information Set (10%)							
Variables	Tr	Con	Diff	SE	t-stat	%Ch	B	Tr	Con	Diff	SE	t-stat	%Ch	B	Tr	Con	Diff	SE	t-stat	%Ch	B
Re-offending 6 months	.016	.059	-.043	.017	-2.44***	-73%	1.85	.021	.063	-.041	.018	-2.22**	-67%	1.55	.021	.069	-.048	.018	-2.62***	-70%	1.6
Re-arrested 6 months	.086	.138	-.052	.029	-1.75*	-38%	1.35	.086	.140	-.054	.030	-1.79*	-39%	1.35	.089	.145	-.055	.030	-1.84*	-39%	1.3
Number of re-offences 6 months	.021	.119	-.098	.040	-2.42***	-82%	5	.026	.136	-.109	.041	-2.65***	-81%	5	.026	.148	-.122	.041	-2.96***	-82%	5
Number of re-arrests 6 months	.096	.205	-.109	.048	-2.25**	-53%	3	.096	.219	-.122	.048	-2.50***	-56%	3	.100	.226	-.125	.048	-2.58***	-56%	3
CHI 6 months	.688	2.86	-2.17	1.72	-1.26	-76%	5	.904	2.95	-2.04	1.83	-1.12	-69%	5	.925	3.07	-2.15	1.73	-1.24**	-70%	5
Re-offending 12 months	.043	.085	-.042	.023	-1.81*	-49%	1.4	.043	.093	-.045	.024	-1.87*	-54%	1.3	.052	.092	-.040	.024	-1.64*	-43%	1.2
Re-arrested 12 months	.155	.202	-.046	.036	-1.29	-23%	1.1	.155	.210	-.054	.036	-1.48	-26%	1.15	.158	.212	-.053	.036	-1.48	-25%	1.1
Number of re-offences 12 months	.059	.172	-.113	.050	-2.26**	-66%	5	.064	.195	-.130	.051	-2.55***	-67%	5	.068	.196	-.127	.051	-2.50***	-65%	5
Number of re-arrests 12 months	.166	.338	-.171	.063	-2.70***	-51%	2	.166	.367	-.200	.064	-3.12***	-55%	2	.174	.360	-.186	.064	-2.89***	-52%	2
CHI 12 months	1.07	3.39	-2.31	1.75	-1.32	-68%	5	1.28	3.44	-2.16	1.86	-1.16	-62%	5	1.30	3.49	-2.18	1.76	-1.24	-62%	4

Finally, the seventh column of each information set in Table 5 reports the ratio of the odds of receiving treatment for two matched individuals i and j with different unobserved characteristics. This ratio can indicate how sensitive the above results are to potential unobservable confounding variables. Consider the full information set results on the number of re-offenders after six months. Then, we find that, for the assumption that the treatment effect in our sample is overestimated (in absolute terms) to get rejected, the unobservable confounding factor would have to increase the odds of receiving treatment by 1.55 times. For the reduction of the number of re-offences to be overestimated, the confounding factor would have to increase the odds of receiving treatment by at least five times (given that this is the maximum allowed). Therefore, if the results are susceptible to confounding factors, these factors need to have a dramatic effect in order to cast doubt on our results, which we do not think it is likely.

As a last robustness check, we examined carefully whether the above results are originating from one of the DASH risk categories. Unfortunately, the available sample does not provide enough power for this analysis. Splitting the sample between standard and medium risk cases creates two smaller subsamples with 209 observations for the standard risk sample and 299 observations for the medium risk sample. These sample sizes include both the control and treatment group and lead to statistically insignificant results.

5.2.4 Economic benefits

To calculate the economic benefits of CARA, we start with the control group data and then apply the estimated CARA reductions, as these were estimated by the full information set and presented in table 5. We measure the cost of crime using the Heeks et al. (2018) Home Office report on the economic and social costs of crime (HOCC). The estimates in HOCC consider three main cost areas; the costs in anticipation of crime, the costs as a consequence of crime and finally, the costs in response to crime. This index includes a wide range of costs, such as productivity loss, personal injury hospital admission costs, mental health costs and police and criminal justice system costs. The limitations of HOCC is that these costs are calculated only for a short list of crimes, most of which are not found in our sample. Therefore, under this approach, we will only apply an economic cost to the most severe crimes in the sample. Consequently, we will underestimate the actual cost of crime¹⁰.

When calculating the economic benefits of CARA, we will only consider the reductions in re-offences and not the decreases in re-arrests or CHI. Concerning arrests, we will miss out on the costs of arrests that did not lead to an offence. These arrests have significant economic costs, and we do not have precise information on the cost of an arrest to the police. All of these suggest that the benefits we are presenting are underestimates. With respect to the reduction in the severity of the crime, we did not find any statistically significant changes; in other words, the crimes after the treatment are at the same level of severity as the crimes before the treatment.

The first step is to calculate the cost of the average crime in the sample, according to the HOCC index. The calculation is done using the data from table 1. The cost of (weighted) average crime is given by multiplying the HOCC cost of the crime with its sample weight, given by the ratio of the frequency of the crime to the total number of crimes. We find that the cost of the average crime is £6,041.22. This cost is based on finding that CARA does not affect crime severity, and therefore both control and treatment group crimes are used in the estimation. For robustness, we also calculate the average cost of crime using only control group data. Indeed, in the absence of CARA, the cost of the average crime would come from the control group only. This cost is estimated to be £6,034.23. This is another indication that CARA does not reduce the severity of crime. We proceed our analysis by keeping the value £6,041.22 as the cost of the average crime, because it is estimated from a larger sample.

In the control group, we have 49 offences in the six months and 72 offences in the 12 months. According to table 5, CARA on average, reduces the offences by 81% in the six months and 56% in the 12 months. The economic benefit calculations appear in table 6 below.:

Table 6. Economic Benefits of the CARA Service

		Number of crimes	Total cost of crime
Control Group	6 months	49	£296,019.68
	12 months	72	£434,967.69
	6 months	9.31	£56,243.74

¹⁰ Indeed domestic abuse is associated with increased incidence of not only mental ill health but also cardiovascular disease, diabetes, all-cause mortality and several chronic health conditions (Chandan et., al, 2019 a, b, 2020)

Estimated costs after CARA	12 months	31.68	£191,385.78
CARA Benefit	6 months	39.69	£239,775.94
	12 months	40.32	£243,581.90

Consider the third column in table 6. First, it contains the number of crimes/offences in the control group. Below that, it contains the predicted offences that we would have if the CARA treatment was applied to this control group. Then, further below, it reports the amount of reduction, which is the number of crimes reduction caused by CARA. For example, at the six-month interval, CARA is predicted to reduce the 49 crimes in the control group to only 9.31 crimes, a reduction of 39.69 crimes. Therefore, the economic benefit of CARA is that it prevents 39.69 crimes, each of which costs £6,041.22. Therefore, the economic benefit of CARA is $39.69 \times £6,041.22 = £239,775.94$.

However, the calculations above do not include the cost of CARA, which will have to be applied to all 348 individuals of the control group. To calculate the economic benefits above, we need to subtract the cost of CARA per individual. This cost is £250 per individual, in 2020, according to the Hampton Trust. It includes practitioner costs, supervision costs, management costs, administration costs, other costs, venue hire for two days, refreshments, practitioner travel expenses, IT, stationery, organisational overheads (e.g., memberships, insurances, quality standards etc.). This cost estimate is based on an average group of 10 individuals in each workshop. In the control group, there are 348 individuals and the cost to put them through CARA would be $£348 \times £250 = £87,000$. Therefore, the net benefit of CARA would be $£239,775.94 - £87,000 = £152,775.94$ in a period of six months and £156,581 annually. The benefit-cost ratio is equal to 2.75, meaning that for each pound invested in CARA 2.75 pounds are gained.

5.3 Hampshire Constabulary Data

5.3.1 Descriptive Statistics

We now examine the Hampshire Constabulary (HSC) dataset. This dataset has a similar size to that of West Midlands Police (WMP) and similar information, therefore we will apply the same analysis. The main differences between the two datasets are that the HSC has less data on victim characteristics, mental health issues, alcohol abuse, and employment. Furthermore, another difference is that we have data on the number of offences at arrest but not the number of offences which have been entered in the PNC. Given that the number of offences at arrest are equal or more than the number of offences that have been charged, we expect that this measure will lead to slightly less conservative estimates of the impact of CARA when compared to the WMP data. However, the difference should only be marginal. As can be seen from the WMP dataset, in which the number of offences at arrest and the number of offences in the PNC are documented, the two numbers coincide for 504 out of 539 individuals, and there is an extra offence at arrest for another 23 individuals. Finally, the severity index used is not the CHI as in WMP, but the Crime Severity Score index (CSS) taken from the ONS (<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeseverityscoreexperimentalstatistics>). The new index allows us to examine the robustness of the previous findings.

The following figures describe the data. Figure 40 presents treatment and control group size; we have a total of 309 offenders in the control group and 240 in the treatment group, making

up a sample of 549 individuals. Figures 41 and 42 present the age and sex distribution of offenders; similar to the WMP dataset, the treatment group average age is higher and most perpetrators are male. Figure 43 presents data on perpetrator ethnicity. Unlike the WMP dataset, there is very little non-White representation in the sample. While there is a great number of missing values, it is believed that most of them also belong to White individuals by extrapolating from the local population characteristics. Figures 44 and 45 show data on mental health issues and drug abuse; it seems that both issues have the same prevalence in the control and treatment group.

Figures 46 and 47 present data on prior domestic-violence related arrests and the CSS index of the crimes related to these arrests. The data are collected for one calendar year before the CARA referral date. In terms of the number of arrests and CSS there is a balance between the treatment and control group. Figure 48 presents the CSS score of the CARA offence. Again, the values are close for control and treatment groups. This graph is also strikingly similar to the corresponding WMP graph which is based on the CHI. This is evidence that CSS and CHI are qualitatively similar, despite the difference in scale. Figure 49 presents the CARA participant risk assessment – there are no high risk cases here. Finally, Figure 50 shows that the ratio of people with alcohol use in the CARA crime between the control and treatment groups is similar.

Moving on to the recidivism variables, Figures 51-54 present the percentage of individuals who re-offended or were re-arrested after 6 and 12 months of the CARA referral date. We observe that there is big reduction on re-offending for the treatment group but no reduction on re-arrests. Furthermore, we do not observe any differences between the six-months and twelve-month evaluation periods. Observe here that the number of re-offences is generally higher than what we saw in the WMP data. Figures 55-58 show that the same characteristics apply to the number of re-offences and re-arrests; the treatment group has a smaller number of re-offences but an equal number of re-arrests. Finally, Figures 59 and 60 compare the treatment and control group with respect to the CSS index and it seems that there is no significant difference between them.

Figure 40: Treatment and control group size

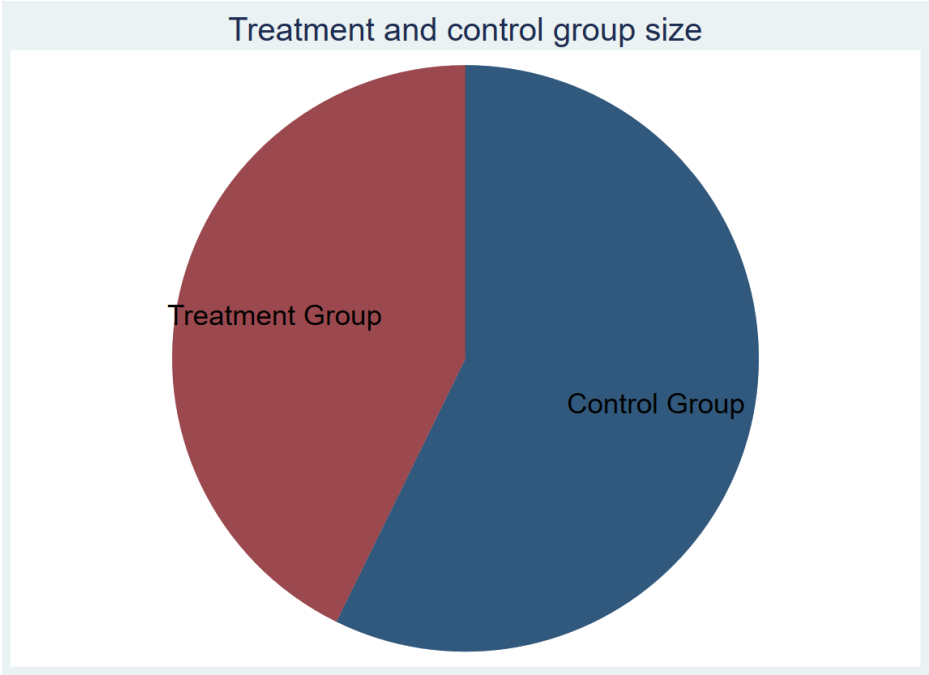


Figure 41: Treatment and control group age distribution

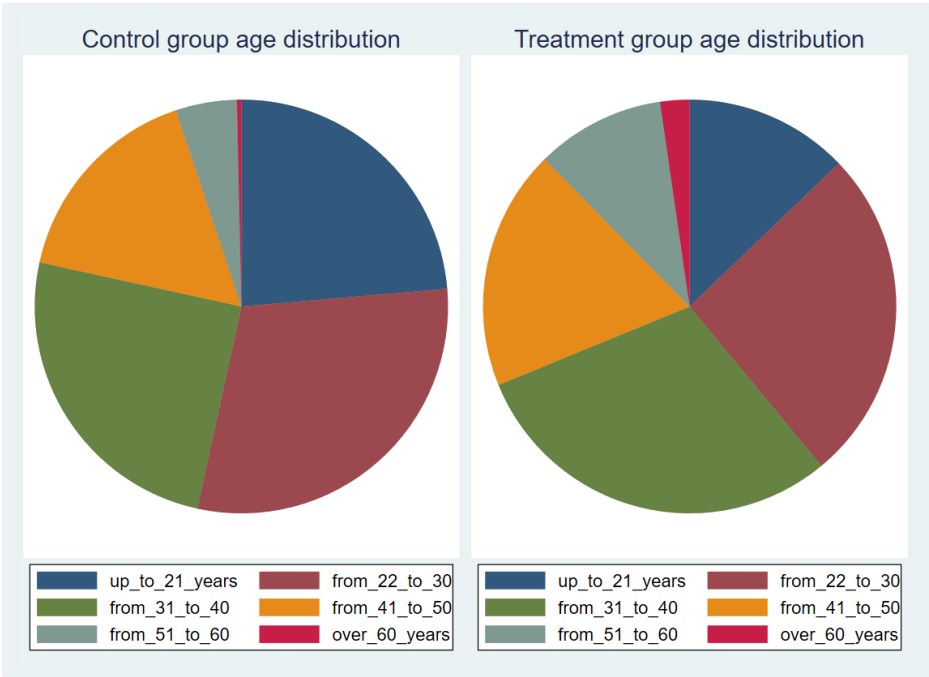


Figure 42: Perpetrator sex

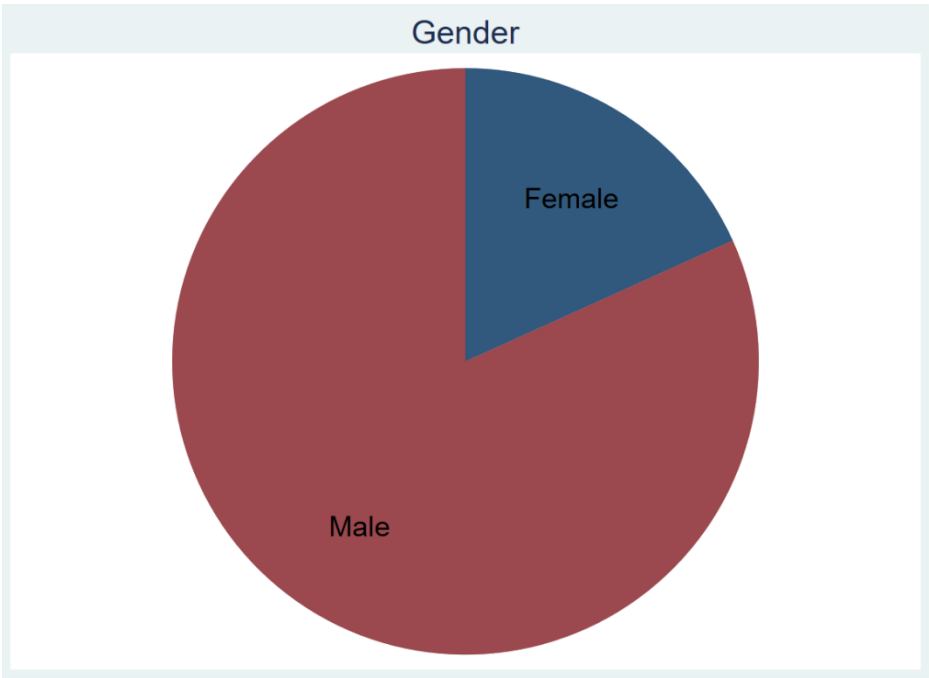


Figure 43: Perpetrator ethnicity

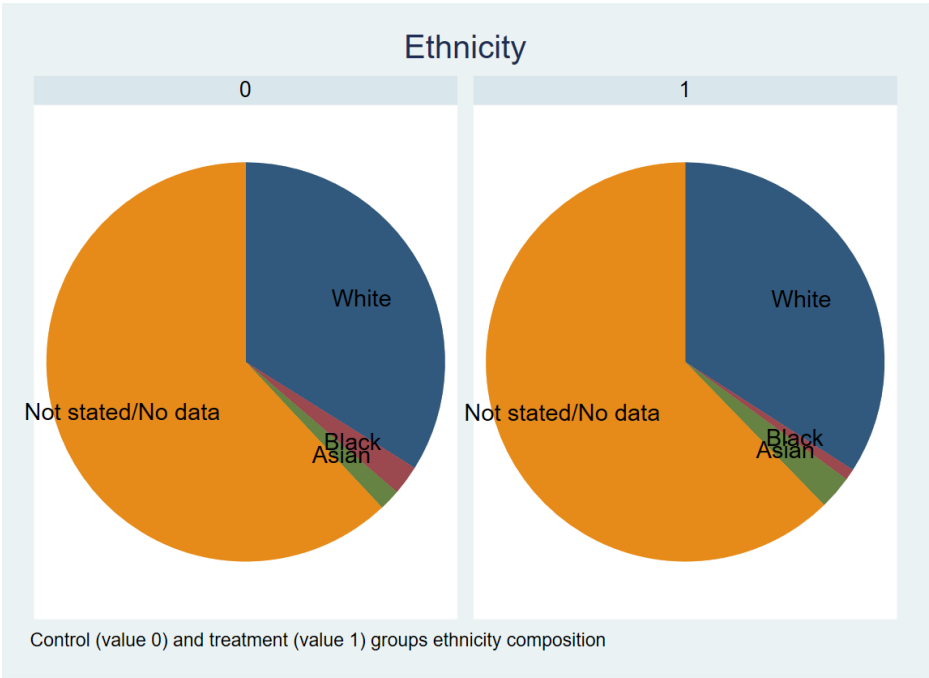


Figure 44: Mental health issues

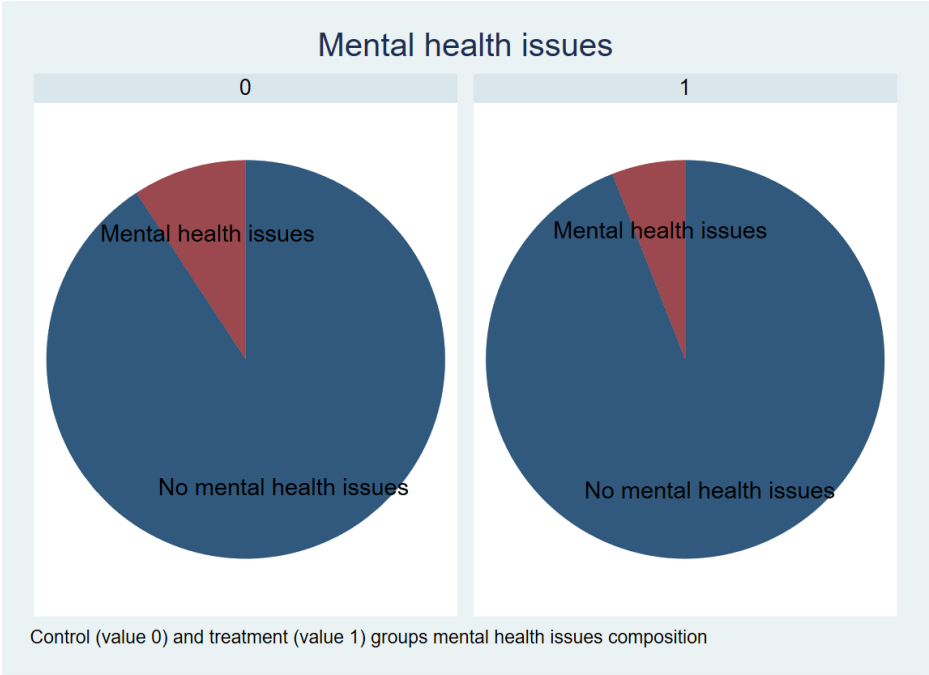


Figure 45: Drug abuse issues

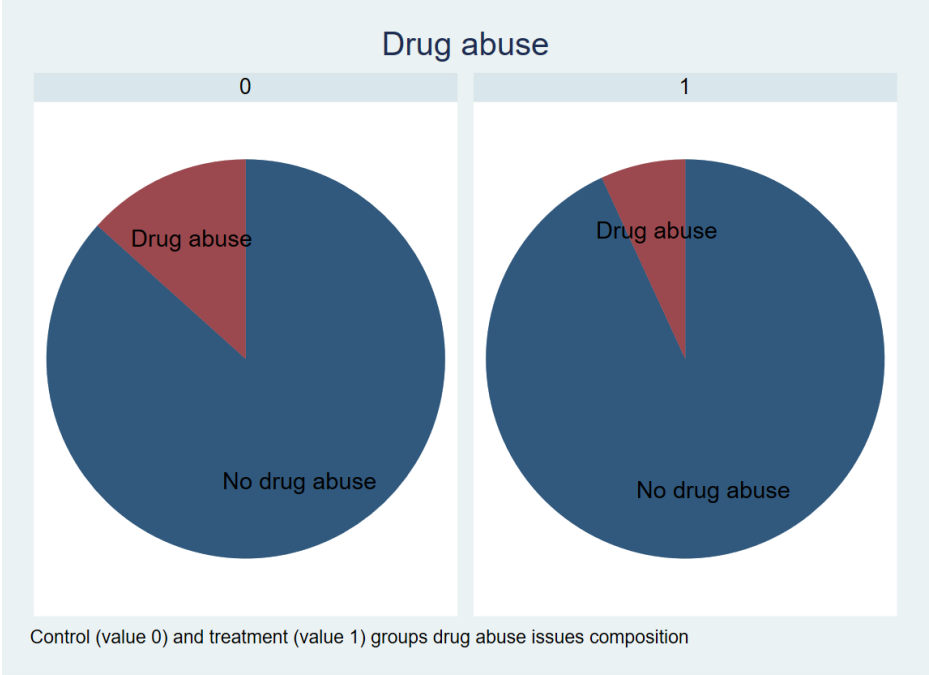


Figure 46: Prior domestic-violence-related arrests

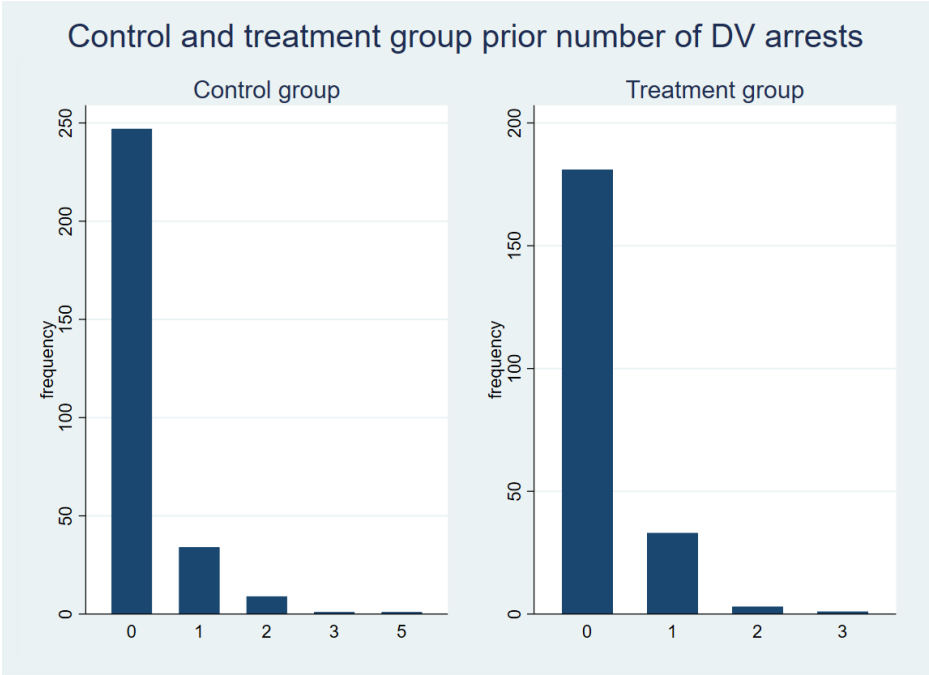


Figure 47: Prior offence CSS index

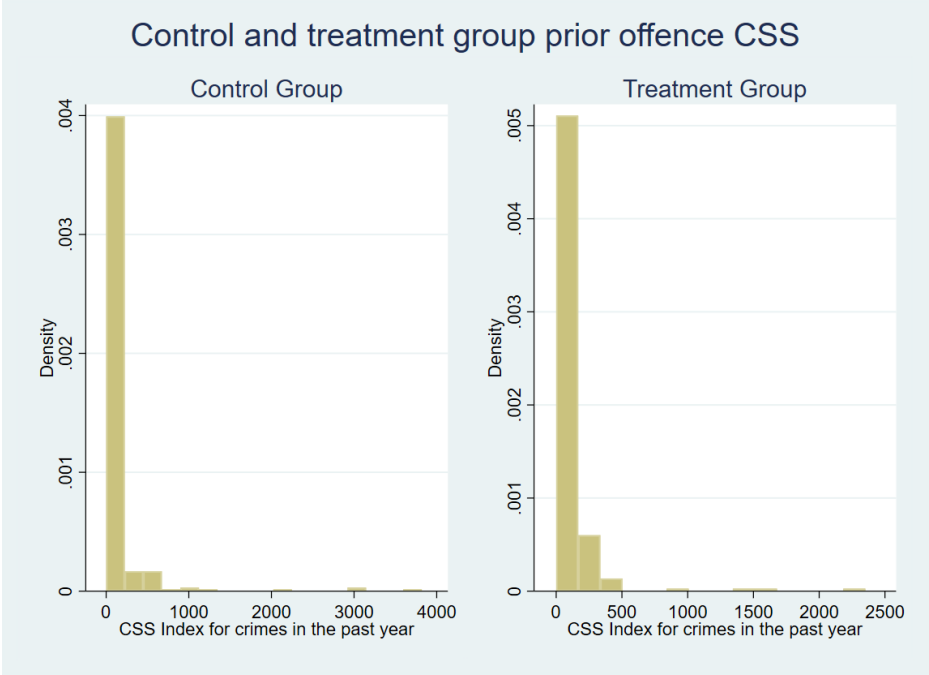


Figure 48: CARA offence CSS index

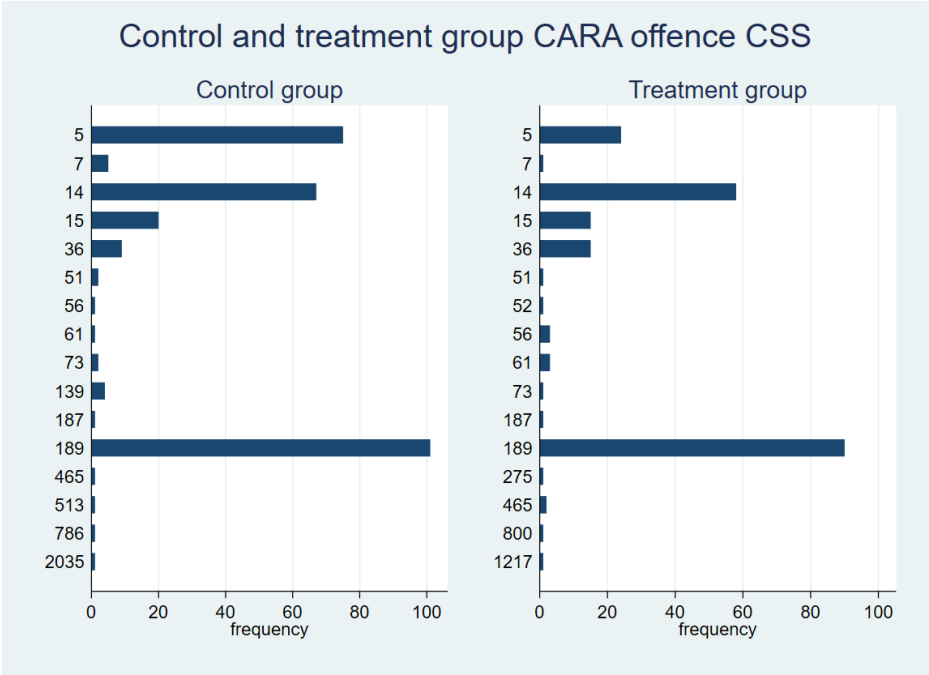


Figure 49: CARA participant risk assessment

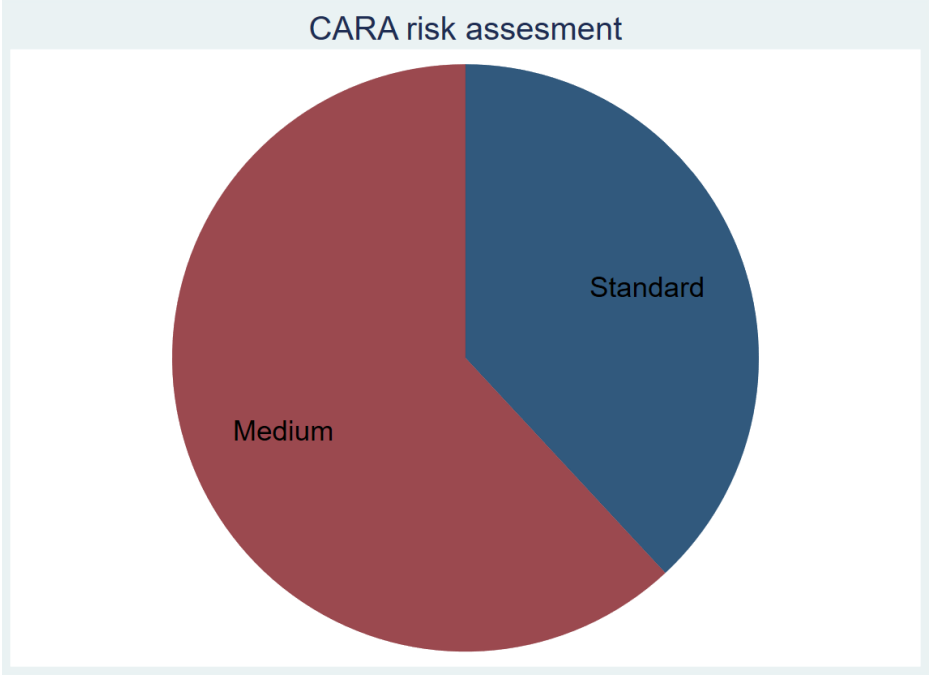


Figure 50: Alcohol use during CARA offence

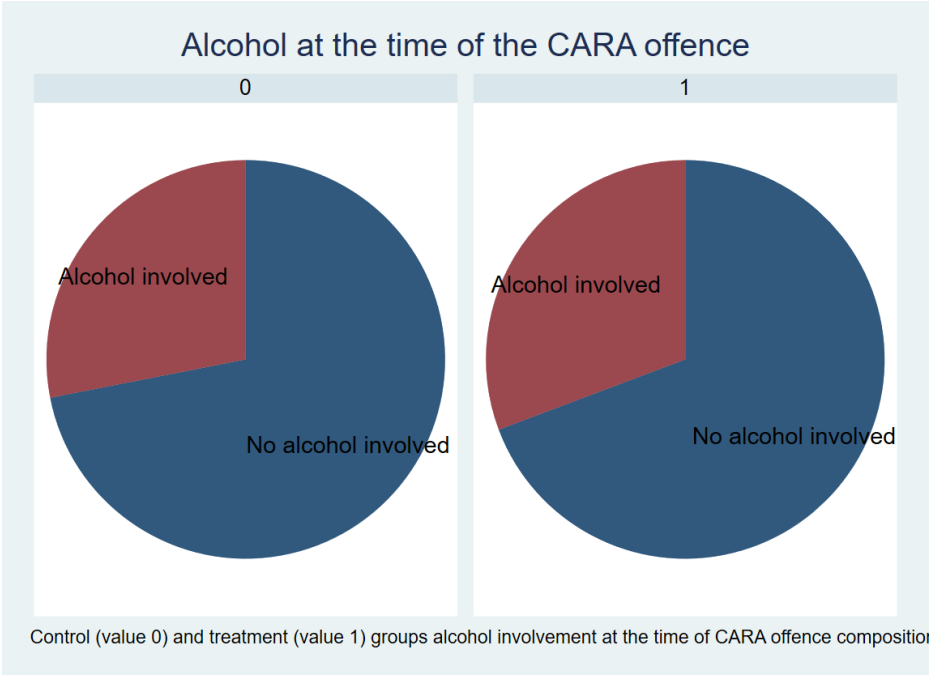


Figure 51: Re-offences within six months

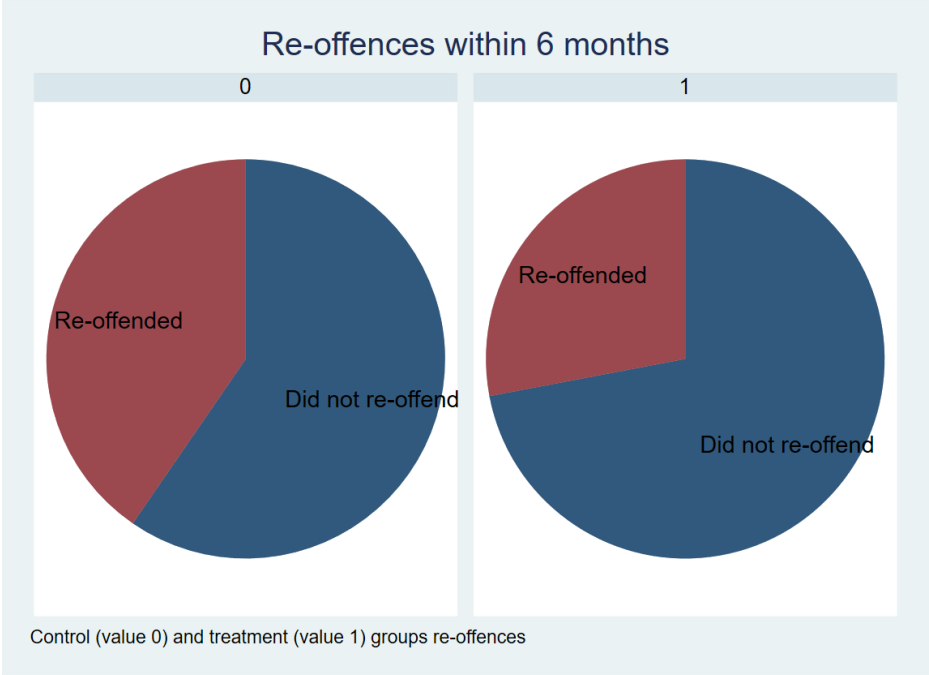


Figure 52: Re-offences within twelve months

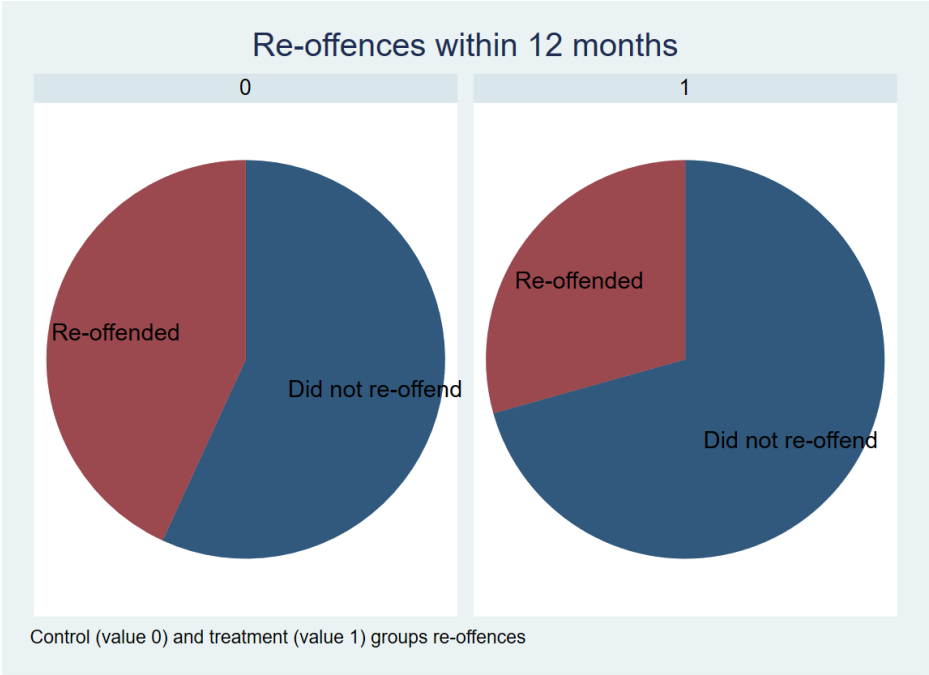


Figure 53: Re-arrests within 6 months

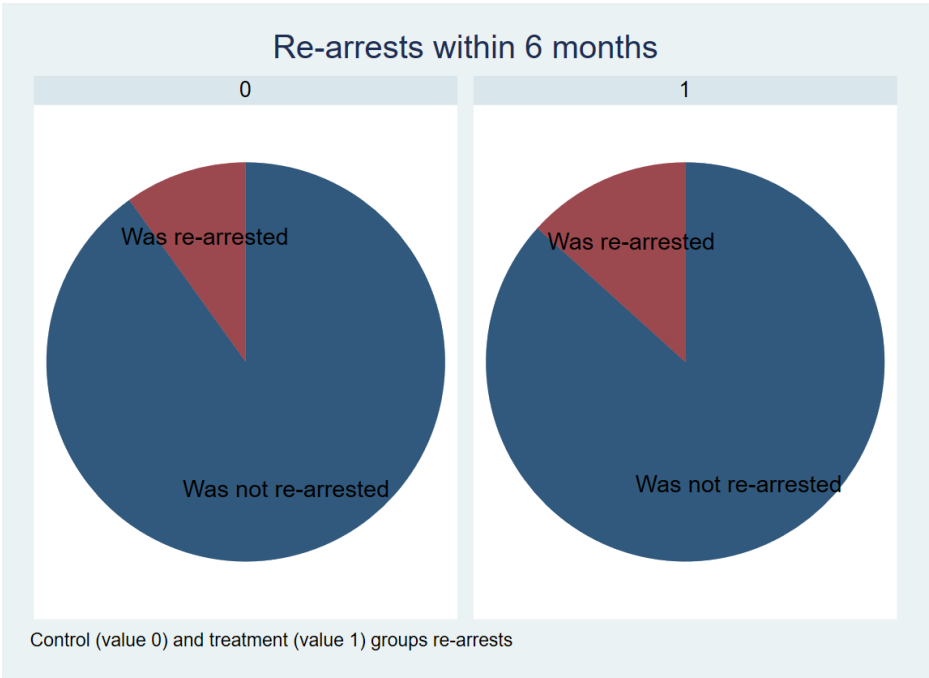


Figure 54: Re-arrests within 12 months

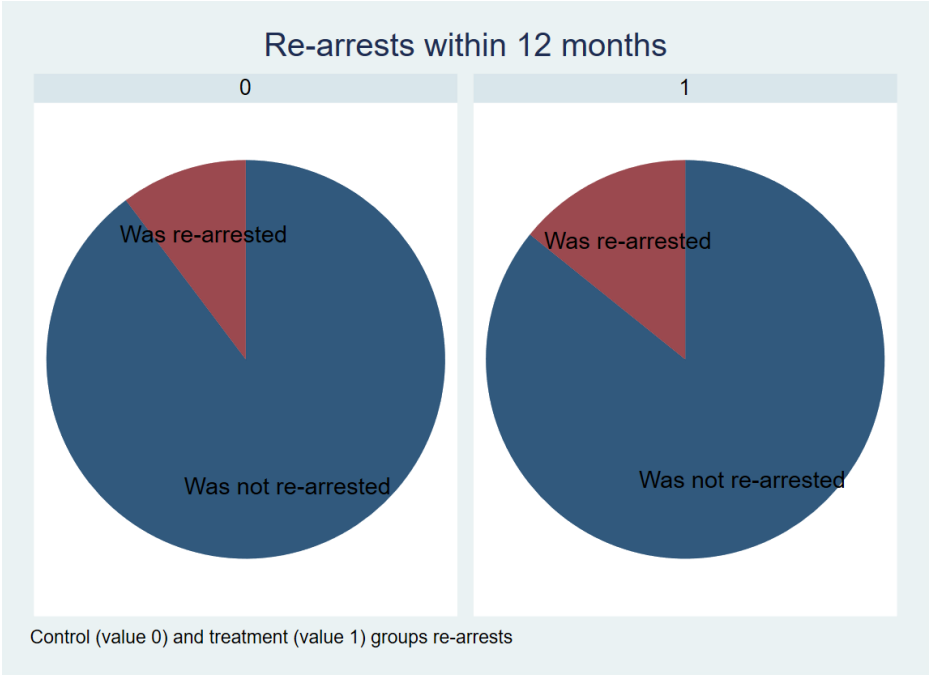


Figure 55: Number of re-offences within six months

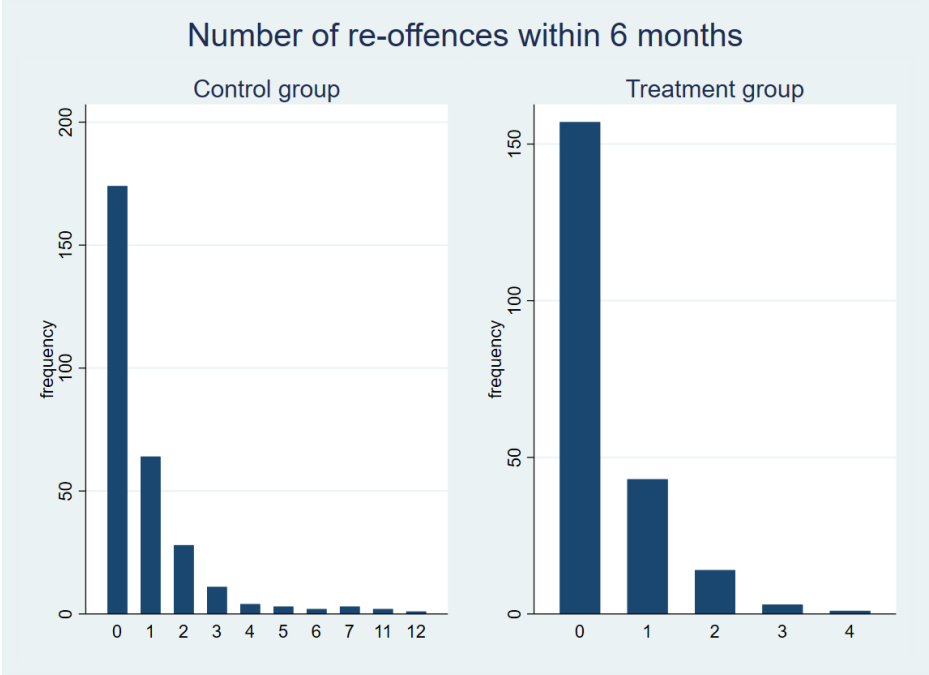


Figure 56: Number of re-offences within twelve months

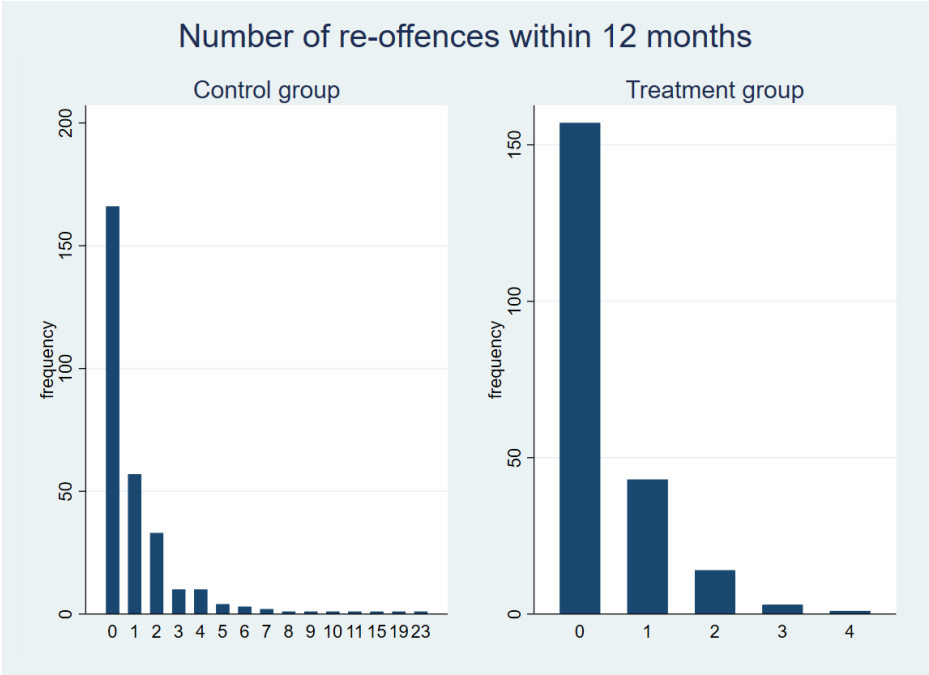


Figure 57: Number of re-arrests within six months

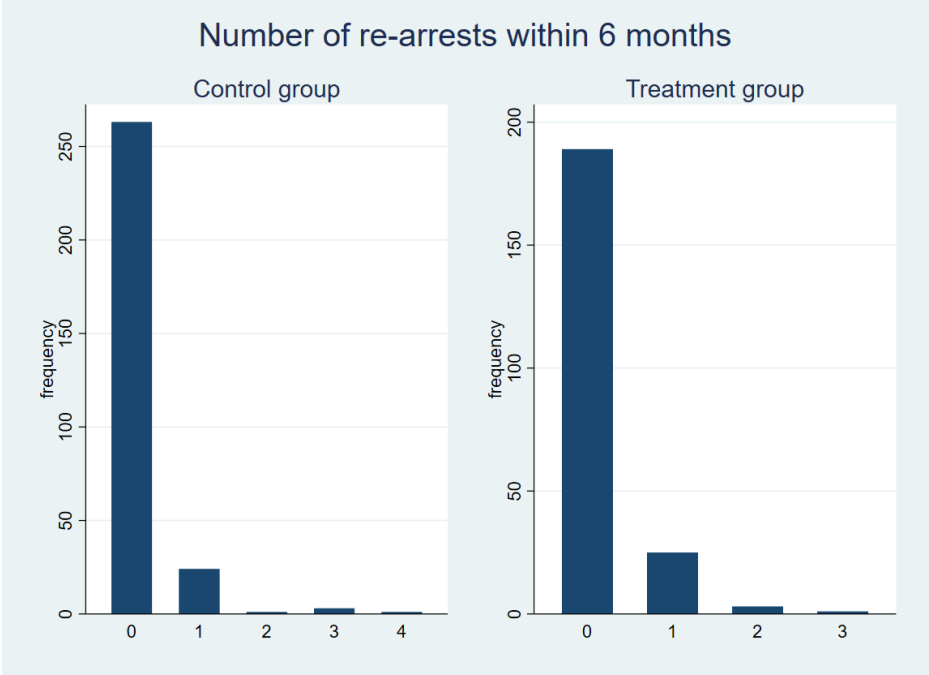


Figure 58: Number of re-arrests within twelve months

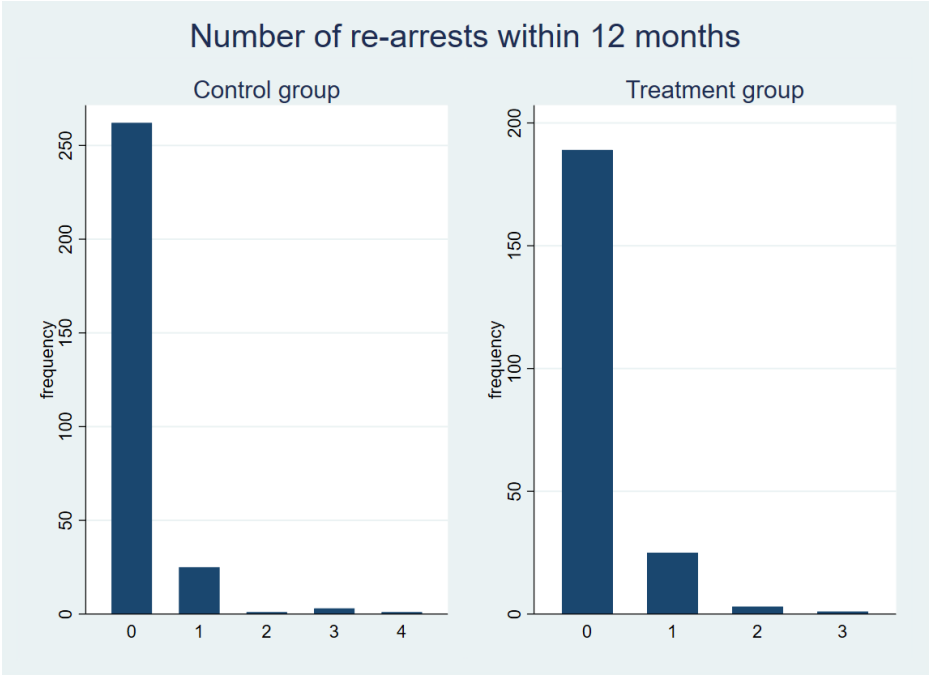


Figure 59: Repeat offence CSS within six months

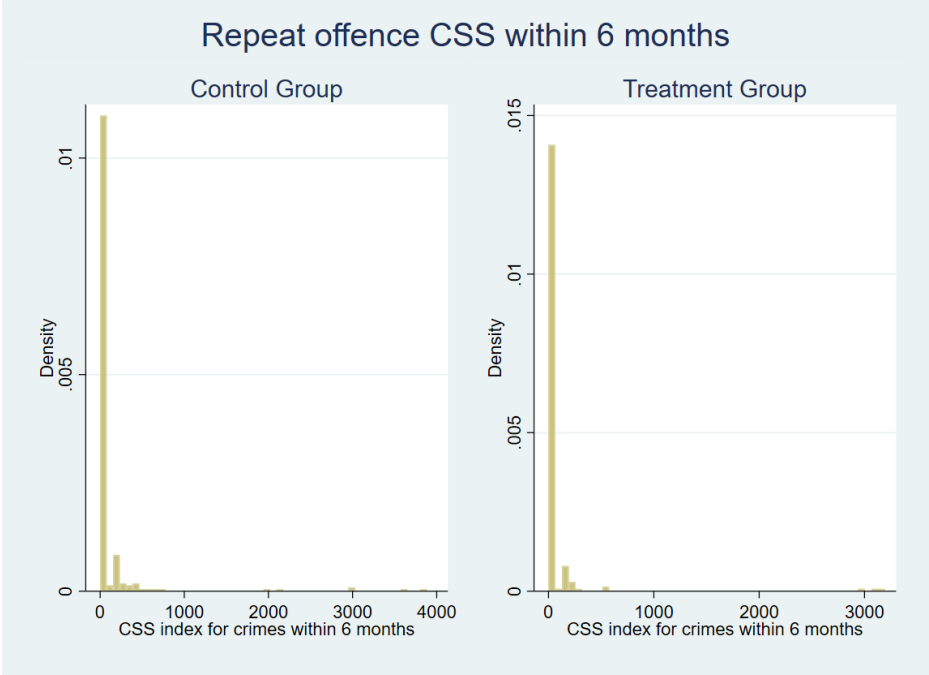
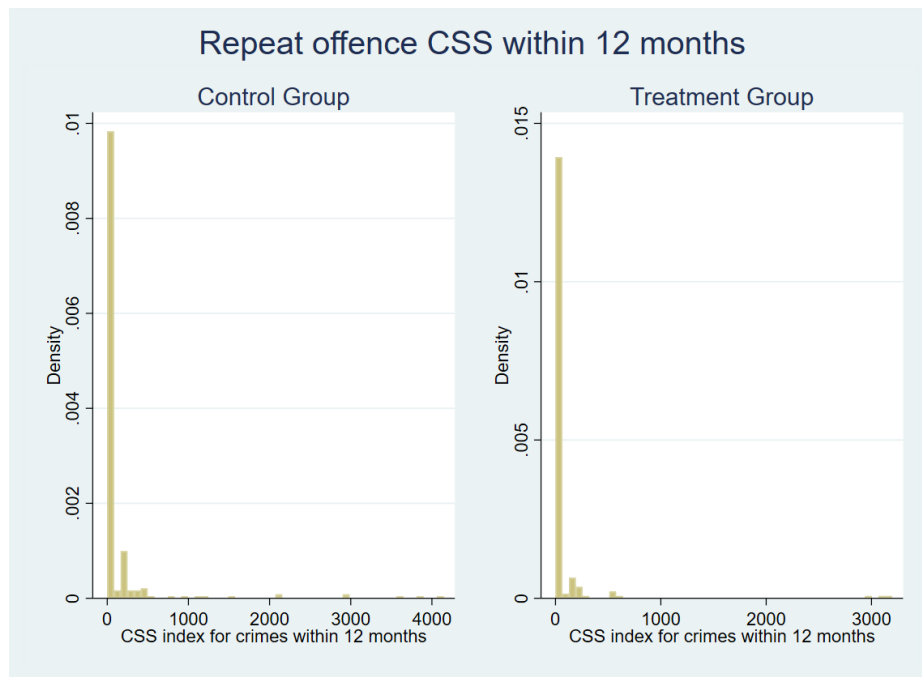


Figure 60: Repeat offence CSS within twelve months



5.3.2 Propensity Score Matching

We now apply the propensity score matching methodology that have used previously in the WMP data. Because we have fewer variables, we only employ one information set which consists of all the variables at our disposal, as they were presented in the previous section.

Table 7: Propensity Score Matching Results

	Basic Information Set						
Variables	Tr	Con	Diff	SE	t-stat	%Ch	B
Re-offending 6 months	.280	.356	-.079	.044	-1.81*	-22%	1.35
Re-arrested 6 months	.131	.094	.037	.029	1.24	39%	1.05
Number of re-offences 6 months	.380	.625	-.245	.095	-2.58***	-39%	3
Number of re-arrests 6 months	.154	.124	.031	.042	0.72	25%	1
CSS 6 months	54.192	69.428	-15.235	34.968	-0.44	-22%	5
Re-offending 12 months	.292	.380	-.089	.044	-2.01**	-23%	1
Re-arrested 12 months	.141	.096	.045	.031	1.46	46%	1
Number of re-offences 12 months	.465	.8	-.335	.125	-2.68***	-41%	3
Number of re-arrests 12 months	.169	.126	.043	.045	0.97	34%	1
CSS 12 months	59.028	97.188	-38.159	38.64	-0.99	-39%	5

The above table shows that CARA has had a significant effect in the reduction of re-offences. There was a drop in re-offending probability by 22% within six months and 23% within 12 months. The number of reoffences is reduced by 39% within six months and by 41% within twelve months. We can see that CARA has a statistically significant effect. The results are robust to confounding variables with a B value of 3. Comparing these to the WMP data, the reductions caused by CARA are qualitatively similar. In terms of the magnitude of reduction, the Hampshire Constabulary data show that CARA has about the half the effect of the West Midlands Police data. However, the CARA effect does not drop in strength over the twelve-month period, unlike WMP. The difference between the two can be explained by comparing the descriptive statistics in Figures 30, 31, 51 and 52 for the re-offending probabilities and figures 35,36 and 55 and 56 for the number of re-offences. Clearly perpetrators in the Hampshire Constabulary seem more prone to recidivism which may be due to area idiosyncratic characteristics. CARA has a smaller effect in magnitude, but more long-lasting, when compared to WMP. However, in both areas CARA's effect is statistically significant.

Looking at re-arrests, the estimations show that individuals from the treatment group are as likely to get re-arrested as those from the control group. There is no statistically significant difference between the two.. These results are somewhat different from the WMP findings where the reduction in arrests was statistically significant. The insignificance may be driven by omitted variables that may affect sample selection. An indicator supporting this claim is the value of B, which is equal, or very close to 1. Such variables could be the victim characteristics or perpetrator alcohol abuse; these variables were available at the WMP dataset, where B was quite high.

Finally, when it comes to the CSS index, we estimate a reduction due to CARA, but once more the results are not significant. This is in line with the CHI results in the WMP dataset which were also not significant. This is another set of evidence that the results are robust to the measurement of crime significance. Overall, the results of this second dataset are in line with the findings from the WMP dataset in terms of re-offences and in terms of crime severity but not in terms of re-arrests.

Table 8: Crime Frequency and Cost of Crime

Crime	Frequency	HOCC Classification	HOCC (GBP)
Common assault	249	Violence without injury	5,930
Assault occasioning ABH	70	Violence with injury	14,050
Battery	42	Violence without injury	5,930
Criminal damage under 5000	133	Criminal damage-other	1,350
Harassment without violence	35		0
Send communication/article conveying a threatening	26		0
Breach of a non-molestation order	2		0
Disclose private sexual photographs and films	3	Other sexual offences	6,520
Grievous Bodily Harm	1	Violence with injury	14,050
Cannabis possession	1		0
ill-treatment of child	4		0
Arson endangering life	1	Criminal damage-arson	8,420
Stalking involving serious alarm	1		0
Harassment - in fear of violence	3		0
Theft from dwelling	2	Domestic burglary	5,930
Coercive behaviour	1		0
Criminal damage over 5000	1		0

5.3.3 Economic Benefits

We now turn to the economic benefits of CARA, as estimated from the HSC sample. Crime frequencies and cost are displayed in Table 8. This table corresponds to Table 2 in the WMP data. The economic analysis is the same as before. We find that the cost of the average crime is £5,702.89, strikingly close to the estimated cost of £6,041.22 in the WMP data.

In the control group, we have 268 offences in the six months and 367 offences in the 12 months. According to Table 7, CARA on average, reduces the offences by 39% in the six months and 41% in the 12 months. The economic benefit calculations appear in table 9 below.:

Table 9: Economic Benefits of the CARA Service

		Number of crimes	Total cost of crime
Control Group	6 months	268	£1,528,375.49
	12 months	367	£2,092,961.96
Estimated costs after CARA	6 months	163.48	£932,309.05
	12 months	216.53	£1,234,847.56
CARA Benefit	6 months	104.52	£596,066.44
	12 months	150.47	£858,114.40

Consider the third column in table 6. First, it contains the number of crimes/offences in the control group. Below that, it contains the predicted offences that we would have if the CARA treatment was applied to this control group. Then, further below, it reports the amount of reduction, which is the number of crimes reduction caused by CARA. For example, at the six-month interval, CARA is predicted to reduce the 268 crimes in the control group to 163.48 crimes, a reduction of 104.52 crimes. Therefore, the economic benefit of CARA is that it prevents 104.52 crimes, each of which costs £5,702.89. Therefore, the economic benefit of CARA is $104.52 \times £5,702.89 = £596,066$.

We now complete the calculations by taking into consideration the cost of the CARA workshops. In the control group, there are 309 individuals and the cost to put them through CARA would be $£309 \times £250 = £77,250$. Therefore, the net benefit of CARA would be $£596,066.44 - £77,250 = £518,816.44$ in a period of six months and £780,864.40 annually. The benefit-cost ratio is equal to 11.10, meaning that for each pound invested in CARA, there is an economic benefit of 11.10 pounds, annually.

Part three: Conclusion

7.0 Summary of Findings

Theory of Change

The Theory of Change was developed starting with a review of the literature on domestic abuse perpetrator programmes and of the legislation and theory which underpins the CARA Service. The description and analysis of the operational aspects of the Service were built on information from focus groups and interviews with a range of CARA Service professionals. The resulting Theory of Change suggests that the CARA Service has the potential to promote change in the offenders' abusive behaviours. In summary the key elements which are likely to drive the change are that:

- The CARA Service has a clear theoretical service delivery model – using the first three stages of the Cycle of Change, and the cognitive dissonance and relational models for delivering 'treatment'.
- The CARA Service operates within clearly understood operational requirements both for administering Conditional Cautions and for assessing domestic abuse risk, using the DASH/DARA.
- The CARA Service has operational processes which are time-bound in stipulating victim contact and workshop delivery and specific in the use of evidence-based behaviour change approaches (e.g., CBT and MI).
- The CARA Service benefits from a high level of compliance from offenders and participation from victims
- Frontline police officers are trained in the knowledge required for referring into the Service (completing the DASH/DARA and deciding whether to administer a Conditional Caution); and Hampton Trust has recruited very skilled staff to deliver the 'treatment'.
- The CARA Service is able to maintain integrity to the model due to a high level of internal and external scrutiny of risk assessment and decision-making (e.g. police and Hampton Trust staff screening all referred cases and multi-agency scrutiny panels reviewing dip samples of cases).

The final goal for the CARA Service is where an offender is ready to move on from the preparation stage. This could reflect cessation of the abusive behaviour or it could be accompanied by signposting to a domestic abuse perpetrator programme for support to cease the abusive behaviour. The measure of either of these outcomes would be whether the individual re-offends after having attended the CARA Service. There will be those who do, however, even with them there is the possibility that attending the CARA Service will 'nudge' them further along the Cycle of Change and increase the chances that they will cease their abusive behaviours at a point in the future.

Impact evaluation

The impact evaluation set out to measure whether individual re-offends after having attended the CARA Service. The evaluation studied the impact of the CARA intervention on first-time domestic violence offender recidivism in West Midlands Police and Hampshire Constabulary force areas between December 2018 and November 2019. The data tracked offenders for 365 days after the CARA referral date. In summary, the findings suggest that the CARA Service has a significant impact on recidivism, particularly in the first six months. On average the CARA Service reduced offences by 81% in the first six months in the WMP area and by 39% in the HC area. The effect is substantial also after 12 months but is less pronounced; reducing offences by 56% in the 12 months in the WMP area and by 41% in the HC area. A notable finding is that, while the reductions in individuals who re-offend and numbers of re-arrests and

re-offences, are generally statistically significant, the reduction in severity of the crimes was not significant. This result contrasts with Strang et al. (2017) who reported a marked reduction in levels of severity.

Finally, we find that the two most important factors that drive CARA participation are the offenders' and victims' ages; and that if the ethnicity of the offender and/or the victim is Black or Asian, there is a lower chance that the offender will participate in CARA.

Economic benefits study

The economic benefits study measured the cost of crime using the Home Office report on the economic and social costs of crime of CARA, and applied that to the control group data together with the estimated post CARA Service reductions in offending. The findings were that the economic benefits of introducing a CARA Service into a police force area are significant. A conservative estimate would be that a 1 pound investment in a CARA project produces an economic benefit of 2.75 pounds for West Midlands Police area and 11.10 pounds for the Hampshire Constabulary area.

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Appendix A

Rapid Evidence Review

Abstract

This review focuses on domestic violence (DV) and addresses the questions: What drives those who commit these violent offences and which approaches and specific methods can be applied in work with those who have committed DV to reduce the likelihood of the behaviour recurring?

In the review, we searched nine electronic databases, covering the period 2000-2020. Following application of inclusion and exclusion criteria, an initial total of 4,032 records was reduced to a set of 143.

The literature indicates that the drivers for an individual DV perpetrator are likely to be a complex constellation of characteristics and experiences across the domains described in the ecological model we highlight in the review below such as: individual, relationship, community and society. In consequence, interventions to reduce DV are most likely to be effective if they start with a needs assessment which takes this range of potential influence into account. The assessment should inform a tailored intervention programme, delivered quickly and designed to maintain the participant's engagement to achieve completion. The literature points away from any unified theory of the drivers of domestic violence at an individual level.

Turning to existing perpetrator programmes, the overall pattern of findings that emerges from the review lends itself to one broad and fairly straightforward but unfortunately not very useful conclusion. To date, there is not enough convincing evidence on any response to DV, or any approach to working with DV perpetrators, to be able to make confident statements or offer definitive recommendations about the best course of action to follow.

There is little convincing evidence that arrest alone is effective as a routine practice in deterring IPV perpetrators. There is tentative evidence that reporting to police may be effective if subsequent processes increase victims' confidence in police and empower them in making contacts. There is also tentative evidence that arrest of some suspected DV perpetrators may reduce repeat offending as a function of risk levels and previous DV patterns.

There is stronger evidence supporting the use of specialised police domestic violence units (DVUs) that include a mixture of personnel, employ more intensive investigation, provide victim support, include second responder interventions, and prepare case material to improve likelihood of successful prosecution.

Results from the review of treatment interventions presents a mixed pattern with some positive effects, although the largest are from less well-designed studies, and some changes are fragile and short-lived.

Consideration should be given to incorporating the substantial 'what works' research and evidence from other areas related to violent behaviour, its drivers and interventions to prevent and mitigate its occurrence and re-occurrence. This may offer a productive avenue for developing an understanding of the drivers of DV behaviour and how to promote behavioural change in those who perpetrate it.

Background

Abuse of one family member by another has at different times been known by several names, including domestic abuse (DA), domestic violence (DV), family violence, partner abuse, partner violence, intimate partner violence (IPV), spousal assault, battering. They are often used interchangeably though in many respects they refer to slightly different patterns depending on whether there is a single victim (usually a spouse or partner) or multiple victims (other family members in addition such as children or older parents). The term violence in its narrow sense refers specifically to physical assaults but is also often used more widely to refer to other aspects of domination of one partner by the other within a close relationship, and so may include sexual, emotional, financial and other forms of coercion and control. The term abuse has been used to include all forms of behaviour where one individual causes harm to or violates the rights of another.

In England and Wales some of these terms have recently been given more formal and exact definitions for the purposes of recording by the police and for data collection and analysis by the Office for National Statistics (ONS). The ONS employed the term *domestic abuse* to refer to four types of behaviour which are against the law, and which are recorded in the Crime Survey for England and Wales (Office for National Statistics, 2016a). The category *domestic abuse* includes non-sexual partner abuse, non-sexual family abuse, and sexual assault or stalking carried out by a current or former partner or other family member. Domestic abuse incidents are defined as "...any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality" (Office for National Statistics, 2016a, p.8).

For a range of reasons, partly deriving from how crimes have traditionally been defined and partly as a function of long-standing social attitudes, there are strong indications that many of these forms of behaviour do not come to the attention of the police: "It is known that only a small proportion of domestic abuse incidents are reported to the police" (Office for National Statistics, 2016a, p.8). This is in many senses often a hidden type of offence and

according to one estimate (Garside, 2006) in numerical terms may even be the commonest form of crime, exceeding in frequency what are usually regarded as the more typical “volume crimes”, such as theft and other acquisitive offences.

Question to be addressed and overall aim

Our key question was: what drives DV and what general approaches and specific methods can be applied in work with those who have committed DV to reduce the likelihood of the behaviour recurring? To address that question a Rapid Evidence Review was undertaken of relevant research literature. A set of inclusion and exclusion criteria was devised to narrow the focus, given the expectation that a large number of potentially relevant studies would initially be identified. The PICO framework, a standard format used as guidance for conducting evidence reviews, was developed for this specific search question and is as shown in Table 1 below.

Table 1. PICO framework: domestic violence/abuse

Population/ Participants	Victims of domestic abuse Persons convicted of violence in which the victim was a partner or close family member; persons convicted of fraud against older adults. Partner agencies: probation, social services, staff of women’s support or refuge agencies Police officers involved in investigation, assessment and monitoring procedures
Intervention/ Indicator	Follow-up data on offenders released from prison or who are under probation supervision or have completed periods of probation. Follow-up of individuals supervised by forensic mental health services in secure units or in the community. Evaluations of domestic violence programmes in the UK and internationally Analysis of the impact of arrest, warnings or other police actions. Evaluation of changes in other moderator variables, e.g., alcohol consumption, control of movement of victims.
Comparator/ Control	Comparisons between outcomes of different sentences. Where possible, extracting information from randomised controlled trials or quasi-experimental trials of interventions.
Outcome(s)	Recorded or self-reported rates of abuse incidents. Re-arrest, re-conviction, severity of penalties imposed. Partner reports, third party reports where available. Feedback from support agency staff. Psychological assessment of change, use of specially devised measures e.g., Conflict Tactics Scales, attitude scales.

Search strategy

An initial, pilot search was carried out to locate major reviews as a form of scoping exercise, to ascertain whether there were any recent reports covering the area and also to identify likely useful search terms. This was also used to devise the PICO framework (Table 1 above). A formal list of search terms was then developed from the framework and from the articles that had already been located in the preliminary scoping search. Fuller search strategies were initially designed to locate published and unpublished evaluations of initiatives that have had or potentially could have desired impacts on outcome targets. Searches were carried out in the following nine electronic databases: *PsycINFO* (Embase), the *National Criminal Justice Reference Service* (NCJRS, Washington DC), *Web of Science*, *Scopus*, *Criminal Justice Abstracts*, *Psychology and Behavioral Sciences Collection* (EBSCO), *Australian Institute of Criminology*, *Swedish National Council for Crime Prevention* (Brå, Stockholm), and the *Netherlands Institute for the Study of Criminality and Law Enforcement* (NISCALE, Leiden University).

Inclusion and exclusion criteria

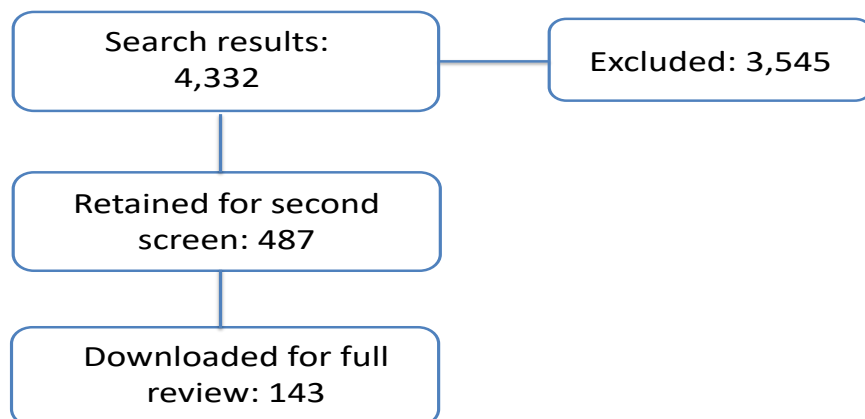
Searches covering the period from January 2000 – December 2020. They were not initially limited by language or publication type, or with respect to whether or not they were published or unpublished. However, following perusal of the Endnote references and abstracts file, several decisions were made regarding the material obtained. A number of inclusion and exclusion criteria were set and applied in making decisions about individual records.

A decision was made to exclude research dissertations. These would usually be included in a full systematic review, but that is a larger scale exercise than the present one and there was insufficient time to include them. The Endnote file contained a large number of doctoral dissertations of which a total of 66 appeared relevant to the review. In addition, there were 18 published papers in languages other than English (15 Spanish, 3 French).

Due to limitations of time and absence of resources for translation, these studies were excluded from further consideration but were retained in a separate file for future reference. During the screening and data extraction process, 63 additional studies were found from the reference lists of the initial records located, or from lists generated by publisher databases (e.g. Science Direct, SAGE journals, ExLibris). The majority of studies (3,545) were excluded at initial screening. A set consisting of 487 studies was retained for fuller screening, of which 143 were downloaded for full review. The selection process is shown in Figure 1 below.

With respect to content, as already noted, family violence can take several forms and has been classified a number of ways, first and foremost according to who is the victim. As there is a large amount of research on family violence, to keep the present review within manageable limits it excluded child abuse and elder abuse. The focus is on partner abuse, meaning conflict between spouses or other intimate partners, whether in heterosexual or same-sex relationships. The review also excludes sexual abuse. This is a difficult distinction to sustain as sexual assault (including rape) can be a function of a variety of motives, some of them non-sexual, and because during the course of some physical assaults, attackers may also act in a sexually abusive or degrading manner. However, there is a very large and to some extent specialized literature on sexual assault and the volume of work in the review could have become unwieldy if sexual aggression was also included in searches. The numbers of items excluded or retained at successive phases of the process were as shown in Figure 1 below.

Figure 1. Flowchart of search and selection process on DA/IPV



Strengths of this literature

The research reviewed here has a number of strengths. It covers a very wide range of the issues that need to be considered in addressing DV and uses a variety of methodologies and different perspectives in seeking answers to core questions. Many studies contain large participant samples, and although others have smaller sample sizes they are often designed solely as pilot studies for which lower numbers are more appropriate. It is crucial to keep in mind the challenges of researching this field. It is an area of personal conflicts where many times there may be a great deal at stake, and where there are considerable sensitivities and barriers, ever-present legal and ethical dilemmas, and often contradictory attitudes and expectations (Groves & Thomas, 2014).

Limitations of the literature

A principal weakness of research in this area lies in the fundamental design of studies which still leaves many sets of results open to the effect of various biases. It is usually considered that the best way to reduce such problems is to conduct a randomised controlled trial (RCT). For a number of reasons random allocation is very difficult to implement in psychosocial treatment settings.

While the variety of issues addressed is in some senses advantageous, its drawback is a lack of consolidated findings on specific issues that could give more confidence to anyone planning a novel departure in this area.

There is a cogent argument, put forward by Day, Chung, O’Leary and Carson (2009) that programmes for men who commit DV offences are poorly articulated at a conceptual level, and could be strengthened by adapting more of the approaches used in addressing other kinds of violence. Some have argued that DV interventions would benefit from more extensive use of the risk-needs responsivity (RNR) model used in other areas of offender rehabilitation (Stewart, Flight & Slavin-Stewart, 2013). As many abusive incidents occur when males or both partners are intoxicated, there is also a sound rationale for closer links between DV interventions and work in the treatment of alcohol and other substance abuse (McMurrin & Gilchrist, 2008), and some studies in the present review illustrate the value of this (e.g. Easton et al., 2007).

While an attempt has been made to make the present review as wide-ranging as possible, there are other areas of concern on which there is also a substantial amount of research not covered by it. They include for example work on vulnerable adults, who may be at risk in a range of settings not only in family relationships but in other contexts such as institutional care (Kalaga & Kingston, 2007). Oram, Trevillion, Feder and Howard (2013) reviewed 42 studies on rates of domestic violence amongst psychiatric patients. Lifetime prevalence for in-patients ranged from 16% to 94% among women and 18% to 48% among men; the median prevalence for women was 33%. Beyond this, there are also problems, such as honour-related killings and coercion of women inside some cultural groups, which due to the controversies they raise remain under-researched. Focusing on these areas could identify other courses of action which could make a substantial difference to effectiveness.

Drivers of domestic violence

Explaining domestic abuse and partner violence

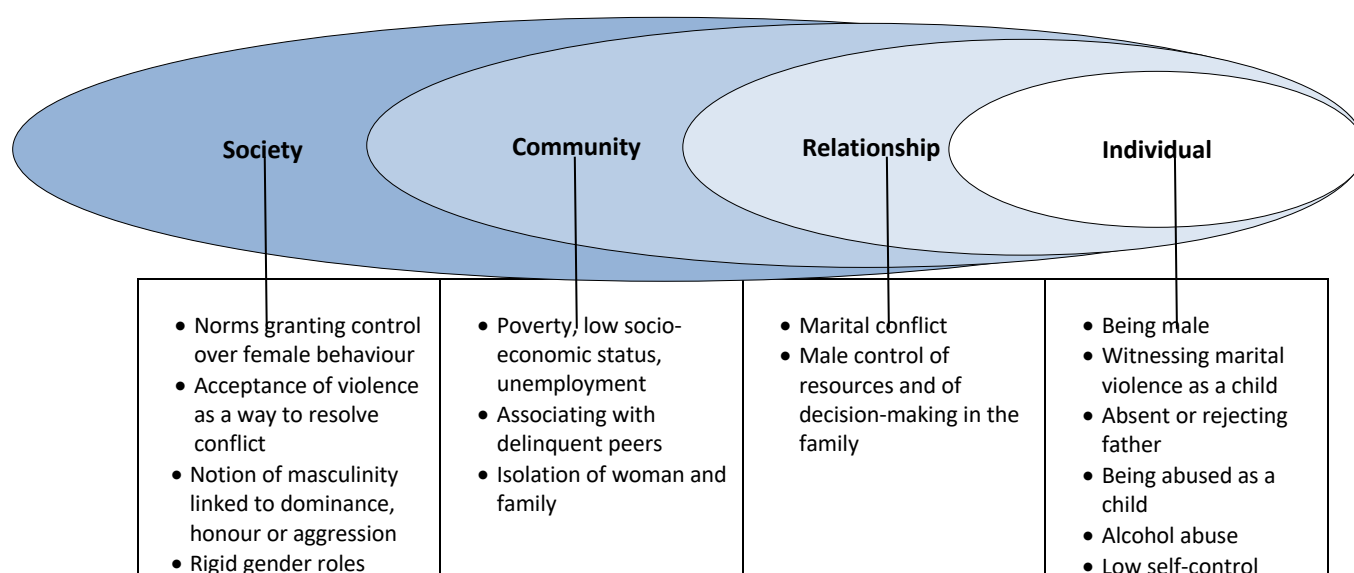
Many factors are considered to play a contributory role in the occurrence of DV and research investigations have found numerous variables associated with it. Ali and Naylor (2013a, 2013b) have reviewed the major categories of factors - biological, psychological, feminist, social and ecological - that have been found to play a part in the occurrence and patterning of DV and the principal theories that have been offered to account for how they operate. Some authors argue however that it can be understood using the same constructs applied to other kinds of violent offending (Felson & Lane, 2010).

Based on a household survey carried out in both urban and rural locations in ten countries, Abramsky et al. (2011) found that despite sizeable variations in prevalence, there were some consistent associations between DV towards women and a number of risk and protective factors. The former included alcohol abuse, cohabitation status, younger age, attitudes supportive of spouse abuse, sexual partners outside the relationship, prior child abuse and exposure to DV as a child. The latter included secondary education, high socio-economic status and official marriage. However, there is not a straightforward link between multiple deprivation and rates of DV; even when investigated in a single area (the city of São Paulo, Brazil: Kiss et al., 2012).

In a review of 17 carefully selected studies published in the period 2000-2010, Van der Ende, Yount, Dynes and Sibley (2012) examined associations between DA and a number of community-level variables such as indicators of social disorganisation, neighbourhood cohesion, socio-economic status, levels of other forms of violence, and norms for behaviour between males and females. Levels of DV were not uniformly a direct function of concentrated disadvantage. While this was reliably found in some large cities, the link failed to emerge in other settings. In some societies, widespread acceptance of partner mistreatment amongst both perpetrators and victims appears to be a stronger influencing factor than poverty and associated hardships. The WHO has issued “a call to action” for all nation-states to address the specific and endemic problem of violence against women as a vital aspect of ongoing global development (García-Moreno et al., 2015).

At present however there is no satisfactorily unified account regarding how potential contributory factors inter-connect (Bell & Naugle, 2008; Dixon & Graham-Kevan, 2011). It is beyond the scope of this review to synthesize the very wide range of information concerning this or to develop a comprehensive account. What does seem clear is that in order to encompass the breadth of influences that appear to be directly or indirectly involved, several sets of factors, operating on different levels, need to be included in an integrative framework. A potentially useful way of conceptualising this is in terms of an *ecological model* of the type forwarded by Heise (1998; see also Beyer, Wallis & Hamberger, 2015) illustrated as shown in Figure 1 below (adapted from McGuire & Duff, 2018).

Figure 1. Ecological model of factors influencing partner violence



Individual:

At an individual level, perpetrators show considerable heterogeneity (Dixon & Browne, 2003; Dixon & Graham-Kevan, 2011). That is manifested in several variables such as impulsivity or in features of anger (Birkley & Eckhardt, 2015; Eckhardt, Samper & Murphy, 2008; Norlander & Eckhardt, 2005), and in overall level of risk which is thought to remain comparatively stable over time (Cavanaugh & Gelles, 2005). Several typologies or attempts at classification have been offered, for

example dividing DV perpetrators into *generalists* who have committed other types of violent offences versus *specialists* who have not (Herrero, Torres, Fernández-Suárez & Rodríguez-Díaz, 2016; Huss & Ralston, 2008). Other approaches have identified varying levels of criminality and psychopathology linked to lethal violence (Dixon, Hamilton-Giachristis & Browne, 2008). A Welsh Government report (Bellis et al., 2015) noted that lack of exposure to ACEs reduced the likelihood of violence perpetration, with 2.9% of those with no exposure reporting violence perpetration, compared to 33% of those who were exposed to four or more ACE categories. Between a third and a half of the prison population have witnessed or experienced domestic abuse illustrating the wider social harms these crimes precede (Ending Violence against Women and Girls Strategy 2016 – 2020). Dutton (2012) reported that later DV can be predicted in adolescents, highlighting the intergenerational nature of violence and the powerful effects of social learning. Stover, Meadows and Kaufman's (2009) suggestion that the trauma histories, Personality Disorder traits and substance misuse histories common amongst DV perpetrators should be recognised; and Bates, et al. (2017) suggested that (for example) potential dysfunctional attachment issues for a DV perpetrator should be explored.

Tollefson and Phillips (2015) found that identifying and addressing the link between emotional dysregulation and domestic violence for DV perpetrators was associated with lower attrition rates (compared to other treatment approaches), reduced re-offending, and improvements across measures of mindfulness, physical and mental health.

Finally, several studies noted that alcohol misuse and DV often co-occur and share a number of risk factors. Brasfield et al. (2016), for example, found indicators that that alcohol expectancies (as well as alcohol use itself) can play a role in partner abuse; and Stover et al. (2009) supported addressing individual DV perpetrator's substance misuse needs when

targeting their criminogenic needs (i.e., the changeable factors underlying offending behaviour).

Relationships

There are different patterns of dynamics within relationships, which may be egalitarian or may be marked by the exercise of power by one partner over another (Straus, 2008). Violence may be triggered by specific events and situations in the course of the relationship (Wilkinson & Hamerschlag, 2005). Langhinrichsen-Rohling and Capaldi (2012) suggested that gendered approaches tended to assume that DV behaviours are instrumental in nature and that poor impulse control and poor emotional regulation do not play a role, despite evidence to the contrary. Babcock et al. (2016) supported this position, citing evidence that most perpetrators do not use violence and coercive control simply from a desire to exert their male privilege.

Johnson (2008) combined individual and relational features according to the level to which violence is used as a means of control. This enabled him to distinguish four patterns of conflict: situational violent incidents, mutual violent control, violent resistance, and “intimate terrorism”. Note however that this is just one of several approaches to classifying DV that have been developed (Ali, Dhingra & McGarry, 2016). Cannon, Hamel and Buttell noted from their study in 2016 that situational violence involving bidirectional abuse represented most DV. Similarly, Velonis, Cheff, Finn, Davloor and O’Campo (2016) emphasised differentiating (via assessment, treatment and supervision) between, for example, those perpetrators who conduct coercive-controlling forms of violence and those who engage in situational partner violence.

Cannon et al (2016) noted the need for DV programmes to address conflict-resolution in relationship violence. Buller, Hidrobo, Peterman and Heise (2016) found that improved household well-being (via cash and food transfers (Ecuador)) reduced couples' conflict and stress and increased female partners' decision making, self-confidence and freedom of movement. These findings support proposals by Dutton (2012) that avoiding a

dichotomous approach (i.e. victim or perpetrator) in identification and treatment are likely to be most effective.

Many of the correlates of abuse in same-sex couples parallel those found in heterosexual relationships (Bartholomew, Regan, Oram & White, 2008), but there is evidence that the overall level of violence is higher (Badenes-Ribera et al., 2015), and differences have also been reported, for example in patterns of jealousy (Barelds & Dijkstra, 2005).

Community

The community surrounding the couple may be characterised by features often associated with higher levels of family stress and dysfunction (Beyer, Wallis & Hamberger, 2015; Van der Ende et al., 2012). For transgender individuals in close relationships, a review of 85 studies by Peitzmeier et al. (2020) indicated that they were 1.7 times more likely to experience IPV of some kind than cisgender individuals; for physical and sexual violence, odds were 2.2 and 2.5 times greater.

In their review of 17 carefully selected studies published in the period 2000-2010, Van der Ende, Yount, Dynes and Sibley (2012) examined associations between DV and a number of community-level variables such as indicators of social disorganisation, neighbourhood cohesion, socio-economic status, levels of other forms of violence, and norms for behaviour between males and females. Levels of DV were not uniformly a direct function of concentrated disadvantage. While this was reliably found in some large cities, the link failed to emerge in other settings. In some societies, widespread acceptance of partner mistreatment amongst both perpetrators and victims appears to be a stronger influencing factor than poverty and associated hardships.

Society

The cultural norms within the society as a whole may permit or even instil dominance and inequity between females and males with associated links to rates of relationship

violence (Yodanis, 2004). Reporting a meta-synthesis of 12 studies of factors that influence partner violence in African countries, Okeke-Ihejirika, Salami and Amodu (2019, p.104) suggested that culture in many places supported a paradoxical set of attitudes of males towards females. This drew on a dual-identity discourse, which mirrors a cycle of episodic honeymoon behaviour and violent episodes. In the latter parts of this, men felt justified in acting violently either as an expression of male vigour or heroic energy, or a sense of an emasculated self that lost control to a manipulative wife.

Some variables cannot of course be located in a single category only. Attitudes for example are held by individuals but are shaped by the culture in which they develop. Gracia, Lila and Santirso (2020) integrated findings from 62 studies of attitudes carried out in 11 member countries of the European Union, with a combined study sample of over 109,000. They found that some aspects of attitudes were drawn from the legitimisation and acceptability of particular views, notably sexism, which is extensively supported by many culturally normative processes, some tacit, others explicit, even in places where the opposite is proclaimed

Summary

In summary, the drivers for an individual DV perpetrator are likely to be a complex constellation of characteristics and experiences across the domains described in the ecological model as: individual, relationship, community and society. In consequence, interventions to reduce DV are most likely to be effective if they start with a needs assessment which takes this range of potential influence into account. The assessment should inform a tailored intervention programme, delivered quickly and designed to maintain the participant's engagement to achieve completion. Understanding the individual complexity of the drivers of domestic violence is complex. The literature points away from any unified theory that can be the basis of a generalised set of interventions to prevent occurrence and subsequent reoccurrence of the violence. The delivery of tailored interventions at scale remains challenging.

Perpetrator programmes

The specific objectives of this part of the review were: (1) To locate studies of general approaches and specific methods applied in response to domestic abuse where there had been some evaluation of their effect, and (2) To identify which approaches if any have generated evidence of effectiveness in reducing the frequency or severity of DV.

Although the problems of DV and partner violence have been known for a long time, there is broad agreement amongst experts that in a manner similar to child sexual abuse, the extent of them has only come to be realised in the relatively recent past. Even today our knowledge appears far from adequate. In an historical review of the area Barner and Carney (2011) describe the emergence of legislation designed to address the problem of spousal abuse in the United States and recount the origins of the first women's refuges. There are now reportedly over 1,200 such shelters in the UK, the first having been established in 1972 (Corradi & Stöckl, 2014). From that period onwards there has been steadily widening recognition of the extent of DV as a major social problem, resulting in a series of changes in the law and in policing.

Where it is clear that DV has happened, as with any other assault conventional criminal justice processing will follow. But in many contexts, it can be very difficult to establish what may or may not have occurred. As a result, a variety of responses have emerged in working with possible or suspected DV. The principal patterns of action taken have included arrest, which may or may not be followed by charge and prosecution; a number of other police or multi-agency responses, some mandated through court procedures; and a wide spectrum of treatment or intervention programmes focused either on the DV perpetrator or in some cases on working with the couple as a unit.

Previous reviews

There is a large quantity of research on the problem of personal violence in general and on that of DV more specifically. There are therefore large numbers of studies and of

research reviews with potential relevance to the objectives of the present work. Before considering the results of the present searches, in this section several previous reviews of aspects of the problem to be addressed will be briefly discussed.

Often a proportion of those who have committed DV have also committed other types of crime, including offences of violence against the person. In addition, and as already noted, there is often evidence of the presence of substance abuse problems, and of anger disturbances and of loss of self-control amongst perpetrators of DV. Larsen and Hamberger (2015) reported a review of the experiences of males and females who are either perpetrators or victims of IPV. There are meta-analyses of the link between DV and alcohol and other drug abuse (Foran & O’Leary, 2008; Langenderfer, 2013; Moore et al., 2008) and of its relationship to anger and hostility (Birkley & Eckhardt, 2015; Norlander & Eckhardt, 2005). In addition to those review studies, there have been overviews of other closely related topics, such as the usefulness of perpetrator typologies (Boxall, Rosevear & Payne, 2015; Cavanaugh & Gelles, 2005), risk factors for DV (e.g. Capaldi, Knoble, Shortt & Kim, 2012; Cattaneo & Goodman, 2005; Yakubovich et al., 2018) and the usefulness of risk assessment (e.g. Bowen, 2011a; Hilton & Harris, 2005). A review of the last of these areas found that, despite the existence of several structured methods for approaching this, police staff, for example, were often not trained in their use, or relied on their own tacit knowledge (“gut feeling”) when assessing DV risk (Svalin & Levander, 2020).

Given such findings, evidence of the effectiveness of some other kinds of intervention are also potentially relevant to the question of how to work with those who have committed domestic abuse. There are several reviews with a direct bearing on this. There are wide-ranging reviews of interventions for the reduction of violent offending (McGuire, 2008; Whittington & McGuire, 2020). There are also more specific meta-analyses of: (a) interventions designed to reduce violent offending by adults (Jolliffe & Farrington, 2007); (b) treatment of self-control problems (Piquero, Jennings & Farrington, 2009); and (c) interventions to improve anger management using CBT-informed approaches, that is ones influenced by the models of cognitive-behavioural therapy (Henwood, Chou & Browne,

2015). However, as these reviews do not focus on the problem of DV in itself, they are not considered in detail here.

There are several overviews of the field taking a narrative and discursive approach rather than a formal, focused one employing standard literature review procedures (e.g. Aldarondo, 2010; Barner & Carney, 2011). These can be helpful in setting research studies and their results in a wider context. Hamilton, Koehler and Lösel (2012) surveyed provision of domestic violence programmes in Europe. They obtained information on 54 programmes being delivered by a variety of agencies in 19 countries; however, they noted that the standard of evaluation was poor. They found very little sound evidence that could be used as a basis for informing practice or policy. The searches summarised here found 26 published systematic or meta-analytic reviews of evaluation research, listed in Table 2 (some published in more than one form, hence the multiple references in some cases). In addition, there were 23 further narrative or other non-quantitative reviews of parts of the field of DV treatment intervention. We were also fortunate in being allowed access to reports written for the College of Policing (Scutan-Bird, Vigurs, Gough & Quay; and Vigurs, Scutan-Bird, Quay & Gough).

The review by MacMillan et al. (2001; Wathen et al., 2003) covered several aspects of screening women for risk of DV victimisation in primary care settings, but also included a review of batterer interventions. The review by Stith, Rosen and McCollom (2003) of the effectiveness of couples therapy for reducing DV was followed by a further review of the same area (McCollom & Stith, 2008) but it adds relatively little to the initial report, therefore was not dealt with separately in this list. Another wide-ranging review by Sartin, Hansen and Huss (2006) was also excluded.

Table 2 Research reviews (26 studies)

Review	Focus	Number of studies	Findings
Akoensi, Koehler, Lösel	Effectiveness of DV intervention	12	Extended the work of Hamilton et al. (2012) surveying DV programmes in Europe. Only one study had an equivalent-group comparison.

& Humphreys (2012)	programmes in six European countries		There were high levels of attrition. All programmes involved a mixed model. No clear conclusions could be drawn from the review regarding effective interventions.
An & Choi (2017)	Narrative review of interventions linked to training in non-medical settings	16	Interventions were based in child welfare and other agencies, but 3 were focused mainly on police participants and 3 others included police officers. Changes were found in knowledge levels, longer time spent at IPV scenes, and increases in arrest rates. Studies were classed by quality as good (4), fair (4) and poor (8).
Aos, Miller & Drake (2006)	General review of adult corrections programmes	11	In a broad-ranging review of correctional programmes, included 9 evaluations of educational or cognitive-behavioural interventions for DV offenders and 2 evaluations of domestic violence courts. Mean effect sizes for both sets of studies were zero.
Arias, Arce & Vilariño (2013)	Batterer intervention programmes	19	Reviewed 13 quasi-experimental and 6 experimental designs, total sample size 18,941. Recidivism reported by couples was higher than official rates. There was a small but non-significant reduction in DA/IPV for Duluth and CBT programmes, but a significant effect for other types of programme.
Armenti & Babcock (2016)	Review of studies of conjoint (couples-based) treatment of situational partner violence	12	Reviewed studies in which violence is not a direct result of the attempts by one partner to control the other. Found results that are superior to those found for individual therapy with abusive males, but applicable only with some couples. The review does not report mean effect sizes or statistical comparisons with other approaches.
Babcock, Green & Robie (2004)	Batterer intervention programmes	22	Found 17 quasi-experimental designs and 5 randomized experiments. Used both police and partner reports as outcomes. Found on average an effect size of $d = 0.34$ which shows a modest improvement for treated samples but taking other factors into account the effect was estimated to be lower than this.
Cluss & Bodea (2011)	Effectiveness of batterer intervention programmes	22	Reviews a series of studies by quality level (high, medium, low) but includes both reviews and separate intervention studies at each level. Does not report statistical integration of findings. Concludes that there is very little or no empirically demonstrated effectiveness of the widely available group interventions (p.15).
Davis, Weisburd & Taylor (2008).	Effects of second responder programmes	10	Evaluated programmes in which a police officer or a victim advocate make a follow-up contact after the initial police response. Found a small increase in reporting of second incidents but no effect on reports of new abuse incidents.
De Koker et al. (2014)	Preventing adolescent IPV	6	Reviewed 9 studies based on 6 RCTs from USA, Canada and South Africa on prevention programmes for adolescents to reduce risks of IPV perpetration or victimization. Four of the programmes had significant beneficial effects over some long-term follow-up periods, two shorter programmes did not.
Eckhardt et al. (2013)	Intervention programmes for	61	Total sample size 20,829. There were 20 studies of "traditional" Duluth or CBT-based batterer

	perpetrators and victims		interventions, 10 of “alternative” approaches, 16 of brief victim-focused methods, and 15 of extended victim interventions. Results from perpetrator interventions were equivocal though there were some significant results. There were more encouraging outcomes from studies that took account of motivation and readiness to change, and from counselling interventions with DA/IPV victims.
Feder & Wilson (2005); Feder, Wilson & Austin (2008)	Court-mandated batterer intervention programmes	10	Reviewed 6 quasi-experimental evaluations and 4 RCTs of psychoeducational or CBT programmes which misdemeanour (low risk) offenders were mandated to attend. Effect size from RCTs was $d = 0.26$, statistically significant; QEs were less robust and results more mixed. Suggested more trials needed.
Jewell & Wormith (2010)	Attrition from domestic violence treatment programmes	30	Review of factors influencing attrition from DV intervention programmes. Tested for differences between completers and dropouts. The former was linked to being older, having a job, court-mandated, less likely to have previous DV or other offences, or drug use. Similar factors predicted dropout and re-offending.
MacMillan et al. (2001); Wathen et al. (2003)	Broad review of screening for IPV in primary care, but including a review of batterer interventions	10	From studies published in the period 1986-2000, found conflicting evidence regarding the effectiveness of batterer interventions in reducing rates of further domestic violence.
Maxwell & Garner (2012); Garner & Maxwell (2011)	Compares crime control effects of sanctions	31	Compared the effects of prosecution, conviction and of severity of penalties on repeat offending in IPV. Conducted 143 tests within the obtained studies. Findings were diverse and inconsistent and no firm pattern emerged, but the dominant finding was one of “no effect” (p.489). This was thought possibly due to lack of statistical power, selection biases and missing data.
Maxwell, Garner & Fagan (2002)	Pooled data from the <i>Spousal Assault Replication Program</i> studies (see next section on arrest)	5	Analysed 4,032 incidents of spousal assault across 5 sites. Multivariate analysis indicated modest, but consistent reductions in subsequent prevalence of new victimisations. Depending on the outcome variable measured, this ranged from 4% (official arrest data) to 30% (victim report data).
Miller, Drake & Nafziger (2013)	Meta-analysis of intervention studies	9	Applied strict criteria to initial set of 34 studies and retained 9 with 11 effect sizes. Evaluations of Duluth programmes had an effect size close to zero. Evaluations of other programmes (4 types) showed better results (33% reduction in DV recidivism).
Rivas et al. (2016)	Advocacy interventions	13	Combined studies had a sample size of 2,141. Advocacy involved direct work or inter-agency work with IPV victims. Several kinds of impact were evaluated, and some positive effects found, but they were fairly minor and variable. Many studies were statistically underpowered.
Santirso et al. (2020)	Interventions for IPV that included motivational strategies using RCT designs	Review: 12 Meta-analysis: 7	Evaluated a range of effects including treatment dropout and self-reported physical and psychological violence. All trends showed treatment gains but some only marginally. Recidivism was analysed in only 3/12 trials

			showing a mean odds ratio of 1.46, a statistically non-significant but favourable trend. Authors concluded that interventions with motivational strategies were significantly more effective for sustaining attendance than those without.
Sheehan, Thakor & Stewart (2012)	A review of evidence concerning “turning points” in treatment of IPV perpetrators	6	Review of qualitative studies based on interview or observation data with small samples of male IPV perpetrators. Identified some common themes within “incidents, factors or circumstances” (p.31) that engender processes of change in how they view violence and abuse in their relationships.
Smedslund et al. (2011)	Cognitive behavioural therapy for physically abusive men	6	Cochrane Collaboration systematic review, RCTs only, 4 included in meta-analysis. The results were inconclusive, with only a small effect size and mainly equivocal results.
Stith, Rosen & McCollom (2003); McCollom & Stith (2008)	Effectiveness of couples therapy for reducing violence	15	Reviewed 6 experimental, one quasi-experimental and 8 pre-post evaluations of joint treatment (couples therapy), Found some encouraging results but the review contains no quantitative synthesis.
Stover, Meadows & Kaufman (2009)	Review of the effect of interventions on perpetrators, victims, couples and witnesses	21	Compared effects of different interventions by “primary treatment focus”: batterers (7), victims (6), couples (5) and child witnesses (4). Some studies had multiple measures across the four domains. Interventions for batterers showed high dropout and were described as having “meagre” effects. Each category contained a diverse mix of interventions making results difficult to interpret.
Subirana-Malaret et al. (2019)	Scoping review of IPV intervention research	0	Review designed to locate studies evaluating interventions specific to sexual orientation and gender minoritized (SOGI) populations. Located 75 studies that met inclusion criteria, but none described programmes specific to SOGI groups.
Walker, Bowen & Brown (2013)	Process of desistance from IPV	15	Entailed features of systematic review but reports no quantitative synthesis. Reported associations between features of IPV stability and prevalence, of couple dynamics, of individual perpetrators, and of behaviour change processes, and the likelihood of desistance from IPV.
Whitaker et al. (2013)	Primary prevention of partner violence	19	Reviewed studies of interventions designed to stop IPV before it begins. Most studies (13) were conducted in schools; 15 were randomised studies, 4 quasi-experiments. Follow-up from 1-60 months but only 6 studies had follow-up >12 months, Outcomes were “IPV related” behaviour. Several studies showed positive effects but others nil effects.
Zeoli et al. (2016)	Studies of legal interventions to reduce firearm possession by IPV perpetrators	4	Review of research on the risk of fatality where firearms are present in IPV; partly focused on interventions. Legal statutes to prohibit purchase of firearms by those under DV restraining orders (DVROs) reduced the risk of lethality in 3/3 studies; a fourth study showed reduction in nonfatal IPV.

The overall pattern of findings that emerges from the review studies listed in Table 2 lends itself to one broad and fairly straightforward but unfortunately not very useful conclusion. To date, there is not enough convincing evidence on any response to DV, or any approach to working with DV perpetrators to be able to make confident statements or offer definitive recommendations about the best course of action to follow. Given that only a small proportion of the studies employed robust experimental designs, and that there are often high levels of drop-out, there are relatively few findings with enough consistency to allow any generalisations to be made. This is a very difficult area to research and the use of high-quality research designs is not easy to implement. The most widely used programme in this area (based on the long-standing Duluth model) has not reliably yielded positive effects.

Nevertheless, there are some indications of possible routes to improved results. Some types of programmes have obtained more positive outcomes, though they are not especially consistent, for example from CBT programmes, or with interventions also focusing on substance abuse treatment, as found in the Miller et al. (2013) study. They also emerged from work with lower risk cases. Where based on more recently developed interventions they are still very few in number. The most impressive findings are those of De Koker et al. (2014) and Whitaker et al. (2013) on preventive interventions with adolescents, an encouraging set of results given the possibility of enabling participants to avoid becoming DV perpetrators or victims as they grow towards adult life.

The perpetrator related studies identified for inclusion are classified in three areas, (a) the use of arrest, (b) other police-led or collaborative, multi-agency responses, and (c) treatment interventions for DV perpetrators which are provided by a variety of agencies in which delivery often requires liaison between agencies. The studies that were located under each of these headings will be considered in turn.

Arrest

The importance attached to the arrest of DA perpetrators derives from a seminal study published over 30 years ago, the Minneapolis Domestic Violence Experiment (MDVE) (Sherman & Berk, 1984). Traditionally, the police had been reluctant to make arrests for domestic violence, unless victims demanded they do so or the situation became difficult to manage otherwise. They occasionally became involved in dispute resolution or asked one of the parties to leave the scene for a short period. In a formal experimental arrangement, three different interventions were compared with each other in their effects. They were: arrest of the alleged perpetrator; provision of advice to the couple; or temporarily separating the couple. Over a period of approximately 18 months, 330 cases were randomly allocated to one of the three conditions. Arrest resulted in a statistically significant reduction in the number of recurrences of DV compared to the other two interventions.

The MDVE had considerable research and public impact and over ensuing years a number of US cities and states implemented arrest practices. There was also a series of five trials conducted to test the reliability of the finding in other locations, the *Spousal Assault Replication Program* (SARP). This produced what at first appeared to be an inconsistent set of findings, although it was commented that some of the replication studies were not very accurate reflections of the original MDVE design. At a later stage however, data from several evaluations of the SARP experiments were combined in integrative reviews (Garner, Fagan & Maxwell, 1995; Garner & Maxwell, 2000; Sugarman & Boney-McCoy, 2000). As summarised earlier in Table 2, Maxwell, Garner and Fagan (2002) used multivariate statistics and showed that when other variables were taken into account, there was evidence of an effect of arrest on reducing IPV recidivism. However, the perpetrator's prior arrest record was a stronger predictor, and in most cases there was a decline in the number of assaults committed over time which appeared to be independent of external influences. Some studies in Table 3 below, also involved re-analysis (secondary analysis) of the SARP data.

Despite these complexities research has continued on the role of arrest as a potentially effective intervention for reducing DV, and in the present review 17 studies of it were located that were published in the period 2000-2020. They are listed in Table 3 below.

Table 3 Studies of arrest (17 studies)

Study	Methodology	Samples/data sources	Intervention and outcomes
Broidy et al. (2016)	Cross-sectional comparison of types of intervention	Analysis of all 1,709 IPV cases in New Mexico in 2002, tracking outcomes up to 2006.	The rate of IPV in New Mexico was reportedly 3x the USA national average. Study compared three forms of intervention: arrest, civil protection order, and both combined. Analysis found no difference in reoffending outcomes between the three approaches. Perpetrator age and offence history were best predictors for the 23% involved in further incidents.
Cho & Wilke (2010)	Analysis of National Crime Victimization Survey (USA) data, interview-based study	2,462 female and 298 male victims	The female-to-male gender ratio of being an IPV victim was 8:1. At one-year follow-up, arrest of male perpetrators reduced rates of re-victimisation of female partners by 45%. Arrest of female perpetrators did not reduce rates of re-victimisation of male partners.
Davis et al. (2001)	Analysis of district attorney case files in Milwaukee	237 general court cases, 190 DV court cases	Found a small, non-significant reduction in new assaults at serious level (felonies) but an increase at less serious level (misdemeanors). There was no effect of the change to DV court.
Felson et al. (2005)	Longitudinal analysis of National Crime Victimization Survey (USA) data	2,564 victims of DA/IPV; 145 in same-sex couples	Found that reporting to police had a strong deterrent effect but arrest did not. Failure to report was associated with an 89% increase in odds of re-victimisation. Found no evidence of retaliation by perpetrators after victim complaints to police.
Gerstenberger & Williams (2012)	Arrests for DV in Connecticut, Feb-Mar 2007	IPV in 2,155 heterosexual partners	Compared effects of single and dual arrest on IPV recidivism at 18 months. There were more dual arrests where perpetrators were female. Dual arrest was associated with a 29% reduction in recidivism, independently of gender of perpetrator.
Hilton, Harris & Rice (2007)	Archival study of arrest data in Ontario	522 cases of wife assault recorded in electronic files	Based on analysis of predictors there was no evidence that arrest affected wife assault recidivism. There was evidence of the usefulness of a risk assessment, ODARA, ¹¹ for identifying higher-risk cases
Hirschel (2008)	Survey of the use and effects of dual arrest using the NIBRS ¹²	US-wide arrest data + detailed study of 25 police departments	Dual arrest is used when police cannot determine which partner is at fault (therefore both are arrested), occurring in 1.9% of cases involving IPV. No evidence was found that its use affected subsequent re-arrest rates.
Johnson & Goodlin-Fahncke (2015)	Secondary analysis of the SARP data,	2,412 heterosexual male batterers	Assessment classified 95% of IPV offenders into three clusters. Arrest had no deterrent effect but increased recidivism amongst two groups called the generally violent/antisocial

¹¹ Ontario Domestic Assault Risk Assessment

¹² National Incident-Based Reporting System (USA)

	comparing sub-groups		and low-level antisocial groups. Suggested that for arrest to have an effect it needed to be followed by other types of action.
Klein & Tobin (2008)	Longitudinal study: 10-year follow-up	342 men convicted of DV in Massachusetts	Though only 32% committed DA again within 1 year, over 10 years 60% did so and were either re-arrested or subject to restraining orders. The majority were arrested multiple times. Concluded that short-term indicators were not useful for predicting long-term risk.
Mears et al. (2001)	Regression and survival analyses to investigate predictors of IPV recidivism	336 IPV cases in Texas, in three groups: arrest only = 126 restraining order (PO) only = 83 both = 127	Investigated whether age, race/ethnicity, prior convictions, drug use and socioeconomic context predicted recidivism; also evaluated impact of type of legal intervention. There was no difference found between groups in prevalence of re-victimisation or in time (number of days) for it to occur.
Miller (2003)	Interview based study	595 victims from the SARP study in Miami, 385 at 6-month follow-up	There was an association between partner arrest and reported feelings of safety by victims, but this appeared to depend on the level of legal power victims perceived themselves as having as a result of the abuser being arrested.
Morrow et al. (2016)	Impact of body-worn cameras (BWCs) on IPV arrest and case process	Analysis of outcomes in 2,063 calls for service to IPV incidents in 2012-2014 in Phoenix, Arizona	Compared IPV cases in two police squad areas, before and after introduction of BWCs in one of the areas. Cases where BWCs were used were significantly more likely to result in an arrest (40.9 vs 34.3%), to have charges filed (37.7 vs 26%), for cases to be furthered (12.7 vs 6.2%), for there to be a guilty plea (4.4 vs 1.2%) and guilty verdict (4.4 vs 0.9%).
Oehme et al. (2016)	Survey of police officer responses to IPV before and after web-based training	852 police officers provided an online training package to address officer-involved domestic violence (OIDV)	Evaluation of Module 1 of the <i>National Prevention Toolkit</i> online training concerned with OIDV, focused on understanding IPV using case scenarios. Officers reported large increases in the likelihood of arrest, despite difficulties in doing so with a fellow police officer. There were increases in willingness to intervene and to advise couples to seek help.
Natarajan (2016)	Case study of usefulness of mobile phones in responding to IPV	994 officers from the Metropolitan Police given training in use of specialised mobile handsets	Evaluated the use of TecSOS mobile phone technology which enables IPV victims to contact police using a speed dial facility. The study reports demographic profiles of 742 individuals who were issued handsets, and details of seven cases of life-threatening situations. Use of the phones increased the rate of perpetrator arrest and other benefits, e.g. reduced fear, improved quality of life.
Piquero et al. (2005, 2006)	Secondary analysis of the SARP data	Total of 4,095 DA offenders across four locations	Found that there were sub-groups within the SARP samples that had different trajectories: escalators whose offences became more serious, de-escalators whose path was the opposite, and others with stable patterns of low or high level aggression.
Sherman & Harris (2015)	Long-term follow-up of RCT participants	1,125 DV victims in the Milwaukee DV experiment	Examined death rates amongst victims of DV 23 years after participation in an RCT on the effectiveness of arrest. Found that arrest was associated with increased mortality, very highly amongst African-American but only marginally amongst Caucasian victims.

Siddique (2013)	Secondary analysis of the MDVE data	Data from Sherman & Berk (1984)	Re-analysed the original data from the Minnesota experiment but applied a more elaborate, highly technical statistical analysis which the author claims, shows the effects of arrest were larger than originally concluded.
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The studies included in Table 3 show different directions of effects. Based on a re-analysis of the SARP projects, Siddique (2013) suggested the effectiveness of arrest has been under-estimated in the past. Cho and Wilke (2010) found a large effect of arrest on reducing DV by men, and Gerstenberger and Williams (2012) found a sizeable effect for dual arrest. On the other hand, there were several studies that found no effect (Davis et al., 2001; Felson et al., 2005; Hilton et al., 2007; Hirschel, 2008), one which suggested short-term effects can be misleading as to longer-term outcomes (Klein & Tobin, 2008), and two which suggest there may be differential effects according to the pattern of an individual's DV history and other kinds of offending (Johnson & Goodlin-Fahncke, 2015; Piquero et al., 2005). In contrast there is a finding that the reporting of DV to police, and the sense of power that a victim so gains, can be a more potent influence on reducing its recurrence than arrest (Miller, 2003). Moreover, when perpetrators are arrested, it may not be that itself which has an effect, but what happens afterwards in terms of prosecution, processing and treatment. Finally there is the worrying implication that arrest may be associated with deleterious effects on victims far later, including premature death (Sherman & Harris, 2015).

Methodologically, these studies are not strong and the majority involve single cohorts only, although three involved long-term follow-up of the SARP experiments, and others made use of large scale survey data. In other respects they are a fairly diverse mixture in terms of both their specific objectives and research designs. It is difficult to conclude from them that arrest, which at one stage appeared to offer prospects of a notable impact on DV, is well supported by the accumulated evidence. At the same time there is a possibility that it may have an effect on a sub-group of those who commit DV, if that group can be successfully identified. Doing so could involve a combination of risk assessment and

examination of abuser type. But these would be difficult decisions to make at the scene following a contact unless the perpetrator or partner were already known to the police.

Coordinated community response

The second set of 23 studies located in the review were concerned with other types of response to DV, of a more elaborate nature and involving more than one agency. In some cases these were police-led in others they entail joint, collaborative action for example through domestic violence response teams (DVRTs) or units (DVUs), or systems of coordinated community response (CCR). Findings from them are summarised in Table 4.

Table 4 Studies of other community-based, police-led and collaborative interventions (23 studies)

Study	Methodology	Samples/data sources	Intervention and outcomes
Corcoran et al. (2001)	Interview-based survey in one locality	219 police officers	Examined police perceptions of a DVRT involving social workers and volunteers. 79% thought the response team was helpful in DV incidents either in supporting police actions or in providing other services to victims.
Davis et al. (2007, 2010)	RCT	Three conditions: 24 hours: n=75 7 days: n=77 No response: n=148	Evaluated a second responder programme which involves following an initial contact with a second one within a specified period. Compared 24 hour, 7 days and no response. Over 6 months, found no difference between the three conditions in rates of new abuse incidents.
Dichter & Gelles (2012)	Cross-sectional study based on questionnaire	164 female IPV victims	Assessed victims' perceptions of safety following police intervention related to IPV. Feeling unsafe was a function of partners having made death threats and use of sexual assault, but was not influenced by perpetrator having been arrested.
Exum et al. (2014)	Group comparison between DV unit and standard patrol	891 DV cases, of which 220 were DV unit cases	Evaluated impact of a specialised police DV unit. Over 18-30 month follow-up recidivism prevalence was significantly lower among DV unit cases than in standard patrol cases (50% difference) involving arrest alone. There were insufficient data to explain the cause of the result.
Friday et al. (2006)	Group comparison between DV unit (DVU) and routine patrol (RP)	891 DV incidents analysed, 25% from the DV unit	Process evaluation of a specialised police DV unit. This showed the unit was selecting the most serious cases, that DVU suspects had lower offending prevalence after initial incidents than RP cases (29% versus 37%). Victims showed no change in reporting rates for DV, but showed lower personal harm. DVU was less successful than RP in securing

			prosecution at 2 years. Best predictor of DV prevalence was prior DV record.
Goosey et al. (2017)	RCT of integrated IPV case management involving police + 10 agencies	3 groups of 60 IPV dyads randomly allocated to treatments or control	<i>Domestic Abuse Service Coordination</i> (DASC) intervention had 3 elements: victim support, perpetrator counselling with motivational techniques, and follow-up home visits. Analysis over 24 months, interpretation hampered by presence of outliers. There was a significant drop in harm index in both groups but larger in treatment than control group, but no change in the frequency of repeat IPV incidents.
Hatcher et al. (2019)	Mixed-methods process evaluation of a community mobilisation intervention	Interviews with 114 participants + participant observation of programme delivery	Part of evaluation of the <i>CHANGE</i> intervention. A trial of this (not yet published) failed to find reductions in men's and discoveries from the process evaluation showed that poor implementation may have been a factor in this. Some aspects of the community mobilisation process were weak due to insufficient institutional support and lack of staff training.
HMIC (2015)	Review report on focused inspection	HM Inspectorate review of progress in responding to DA across all forces	Numerous findings, including: improved standard of investigations, and better supervision of frontline staff, but inconsistencies in use of DV Protection Orders and risk assessment practices. Found marked variations in charge rates (16% to 51%) and in rates of victims not supporting police action (1% to 46%). Made 11 recommendations.
Messing et al. (2016)	Study of factors influencing programme participation	Interviews with 648 women IPV victims at high risk, comparing those who used a hotline with those who did not	Evaluates the <i>Lethality Assessment Program</i> , a joint police-social service intervention, to examine factors affecting levels of use of an advocacy hotline. Extent and form of violence in prior incidents, women's prior use of safety planning, increased likelihood of use, while increased PTSD symptoms reduced it.
Millbank et al. (2000)	Monitoring study of early stage of large scale project	427 interventions following first police attendance	Evaluated partnerships between 500 specially trained police and local DV support providers in a project entailing increased support for victims and attention to perpetrators. Over 4 months, interim findings showed a 400% increase in recording of DV incidents but a low number of repeat call-outs
Muftić & Bouffard (2007)	Quasi-experimental design	Court-assessed individuals: 131 males 70 females	Evaluated a coordinated community response (CCR) involving police contact and victim advocacy. Compared differences in how males and females were processed and in outcomes. Found large differences on all variables examined. But the CCR approach failed to produce and impact on DV re-offending.
Post et al. (2009)	Group comparison design with telephone survey	12,039 telephone calls in 10 CCR test and 10 matched control sites	Tested the impact of coordinated community response (CCR) projects on general population knowledge of IPV, attitudes towards it, use of related services, and its prevalence. CCRs were designed to increase community awareness of IPV. However, no differences were found on any variable between CCR and comparison sites.
Salazar et al. (2007)	Interrupted time-series design	Arrests and court dispositions at 75 data points over 6 years	Evaluated the impact of a CCR comparing two counties implementing it (one urban, one rural) with areas not doing so. Found that CCRs were associated with significant increases in

			arrests and prosecutions of males, but also in arrests of females.
Scott et al. (2013)	Quasi-experimental design	Male IPV offenders: 40 treatment 40 control	Evaluated a second-responder programme. Follow-up rates for new DV charges was significantly lower for the experimental than the control group: 29.3% vs. 65.9% at 1 year, 12.2% vs. 41.5% at 2 years. Provides information on police time-commitment to the intervention.
Slaght & Hamilton (2005)	Qualitative study: interviews + content analysis	Number of respondents not given	Interviews were conducted with a range of professionals in two Family Violence Coordinating Councils in Illinois. Dominant emergent theme was that of a unified "judicial philosophy" across all levels of an agency that "integrated law enforcement and treatment responses" (p.58).
Stover (2012)	Interview-based survey	52 DV victims from Stover et al. (2010) study	Evaluated partnerships between police and other agencies in responding to DA/IPV, including home visit and second responder programmes. Respondents reported high levels of satisfaction with the DVHVI in terms of their own and their children's safety and their confidence in police. No evaluation reported of rates of IPV incidents.
Stover et al. (2008)	Group comparison + correlational study	301 DV cases over an 18-month period, 204 with DVHVI contact	Examined factors influencing engagement with a conjoint Police-Advocacy home visits service as a method of preventing DV. Describes the DVHVI service in detail. The factors which best predicted engagement were victim-advocate ethnic match; number of children in family; and more weakly, severity of DV charges.
Stover, Poole & Marans (2009)	Group comparison and monitoring study	512 DV cases in four groups tracked for 12 months	Evaluated impact of the DVHVI on police-reported incidents of repeat violence at follow-up. Divided groups according to dosage or level of contact: high, low, no contact, and comparison condition in a non-DVHVI area. Survival analysis found no differences between DVHVI groups and no-contact groups. Higher levels of engagement were associated with increased calls to the police, substance use with decreased calls.
Stover et al. (2010)	Quasi-experimental design	Women victims: 52 DVHVI group 55 control group	Evaluated the efficacy of the Domestic Violence Home Visit Intervention (DVHVI) involving joint visits to victims by a police officer and advocate team. Over 12 months DVHVI women reported more positive interaction with police, felt more respected, and called the police significantly more often, with a trend towards more minor incidents (beach of peace, not physical injury).
Strang et al. (2017)	RCT of CARA police-based experimental intervention	293 males arrested for and admitting low-level IPV; random assignment to CARA or no-treatment control	Evaluation of <i>Cautioning and Relationship Abuse</i> (CARA) involving 2-day workshops run by a charitable trust for Hampshire Police. Over 1 year, members of CARA groups had a 27% lower harm score than controls, a re-arrest rate 21% lower and prevalence rate 35% lower. Effect size for IPV recidivism was 0.299.
Tutty & Babins-	Before-and-after study of introduction of	382 males mandated to attend a group	Evaluated specially designed 30-hour, 14-week, narrative therapy courses, <i>Responsible Choices for Men</i> (RCM) provided by Calgary

Wagner (2019)	a specialised DV court	counselling programme	Counselling Centre. There was a large drop in recidivism (41.2% to 8.2%) after the DV court was implemented, mandating attendance at the RCM courses.
Tutty et al. (2020)	Differential impact court mandate on DV perpetrator participation	964 males, who attended a group programme; 78% court mandated, 22% not; 694 (72%) completed	Compared the effect of being court-mandated to attend RCM (see previous entry) with non-mandated attendance; also evaluated effect on a set of mental health measures. The latter improved significantly across both groups, i.e. regardless of mandated/non-mandated status.
Whetstone (2001)	Quasi-experiment in two districts, Experimental and Control	18,044 IPV calls, 4,004 incidents, 979 arrests	Studied efficacy of a DVU comparing responses to calls 1 year before and 18 months after it was introduced. Results showed several more positive changes in the experimental DVU district in terms of total arrests and proportion of calls for service and IPV incidents, and in prosecutions, convictions and medical care for victims.

As found with research on arrest, there is no definitive pattern of results emerging from these 23 studies. Part of the reason for that resides in the studies having focused on a variety of interventions, which despite having some features in common also differ in important ways. Most can be grouped into one of three main categories:

- The use of specialist domestic violence response teams or units (DVRTs, DVUs)
- Domestic Violence Home Visit Intervention (DVHVI), involving joint home visit procedures by police and another agency
- Coordinated Community Response (CCR), a form of public education or awareness campaign.

Some trends emerge in favour of the use of DVRTs/DVUs. They deal with more serious cases, though perhaps with the result that prosecutions can be more difficult to obtain (Friday et al., 2006). They are perceived positively (Corcoran et al., 2001) and there is tentative evidence that they can have significant effects on DV recidivism (Exum et al., 2014; Whetstone (2001). The study by Exum et al. (2014) yielded the largest effect in support of a specialised police DV Unit. The one they evaluated, in Charlotte, North Carolina, consisted of a sergeant, four detectives, an administrative assistant, four counsellors, and a group of citizen volunteers. The unit pursued intensive investigation of DV cases, undertook preparation of materials for court, in combination with provision of victim assistance.

The DVHVI involves specialist training for police officers who are paired with victim support advocates. The four studies by Stover and her colleagues (Stover, 2012; Stover et al., 2008, 2009, 2010) reported evaluations of different aspects of these services and found they led to improved relationship of victims to police. However, findings on other effects are more equivocal. Second responder schemes, sometimes used as part of them, show mixed outcomes, but a study by Scott et al. (2015) found very encouraging effects. Where agencies work together, close attention needs to be paid to establishing a core set of expectations about their goals (Slaght & Hamilton, 2005).

It is difficult to draw conclusions regarding other types of intervention. Findings on the effects of CCRs are contradictory, with one study finding some positive outcomes, but also some unanticipated adverse effects (Salazar et al., 2007) and another finding no effect (Post et al., 2009). It is clearly a major challenge to generate greater public awareness of a problem that until not long ago was largely hidden or denied. Unfortunately, the early report by Millbank et al. (2000) on the project in Adelaide does not appear to have been followed by other reports of its progress or of final outcomes. A supplementary search was conducted to locate any other documents on this work, but none could be found.

Also, in common with research on arrest, the designs used in these evaluations are for the most part not strong. Some were process evaluations only, and among the outcome studies just one employed random allocation. While other studies were fairly well designed given the constraints they operated under, differences between groups detracted from the chances of being able to draw firm conclusions. The statistical models developed in these studies however accounted for only rather small proportions of the variance. In other words, there are probably many other factors influencing the results that the studies have not measured. While this can only be speculation, the most likely explanation of such a pattern is that a large number of factors each explains a small amount of the variation in results.

Bates and Douglas (2020) provide an overview of the range of services available for victims of domestic violence in the United Kingdom and the United States, showing the extensive variety of types of provision, but simultaneously the gaps that remain in the

support networks and in their connectivity. They make a series of recommendations for improving the position with reference to legislation, levels of resources, and training, amongst other areas. The involvement of police in multi-agency responses to DV continues to show wide variation from one location to another.

Intervention programmes for DV

This section summarises findings from a total of 68 separate intervention/outcome evaluation studies. Several different approaches have been used in developing interventions designed to reduce DV. Though showing variety in many aspects of their methods and content, these are often collectively known as *Batterer Intervention Programmes* (BIPs), a generic name for structured treatment programmes for those convicted of these offences. Findings of the studies located in this review are presented in Table 5 below.

Over a lengthy period, the most widely used method of working with individuals who had committed domestic abuse was based on the *Duluth model*, an inter-agency approach devised by the *Duluth Domestic Abuse Intervention Project* in Minnesota in the 1980s. The main strand in this is the application of pro-feminist concepts of patriarchy/male dominance to the analysis of power, coercion and control in close relationships (Bowen, 2011b; Cluss & Bodea, 2011). Another widely used approach draws on more broadly-based models of offender rehabilitation employing cognitive-behavioural methods focusing (for example) on development of self-control, problem-solving and social interaction skills. There are many variants and hybrids of both approaches, as well as other models of more recent origin.

Table 5 Evaluations of DA/IPV treatment / intervention (69 studies)

Study	Methodology	Samples/data sources	Intervention and outcomes
Alexander et al. (2008)	RCT	528 male DV offenders	Compared offenders assigned to a stages-of-change motivational interviewing treatment (SOCMI) with a CBT-based approach. No differences were found in self-reports of violence but significantly fewer partners of men

			in the SOCMI condition reported having been victimised at 12-month telephone follow-up.
Ashburn et al. (2016)	Quasi-experimental design to compare those exposed or not exposed to the programme	435 fathers aged 16-25 married or cohabiting, with children aged 1-3 in Northern Uganda: 256 exposed 179 unexposed	Post-test and follow-up evaluation of <i>REAL Fathers Initiative</i> , a 12-session mentoring programme + community posters, designed to reduce violence against partners and children. Outcome data were measures of attitudes to and perpetration of IPV and punishing children. <i>REAL</i> attenders had significantly greater odds (OR 2.4) of showing positive interactions with partners and lower odds of justifying IPV (0.63 at post-test and 0.50 at follow-up).
Bennett et al. (2007)	Large scale follow-up of cohort of BIP offenders analysed using regression	890 males attending one of 30 programmes	Followed up participants for 2.4 years to test relationship between programme completion and recidivism. Re-arrest rates were 14.3% and 34.7% for completers and non-completers respectively. Reduced odds of re-arrest ranged from 39% to 61%.
Bloomfield & Dixon (2015)	Quasi-experimental design	6,695 referrals to two programmes: 3,349 completers 1,188 dropouts 2,158 controls	Evaluated two probation programmes (IDAP and CDVP) ¹³ over a 2 year follow-up. Found statistically significant reductions of 13.2% and 10.9% in any re-offending and in DV re-offending respectively.
Boira et al. (2013)	2 studies, one descriptive, one qualitative	27 males in groups for IPV perpetrators	Process evaluation, study relationship between factors operating in treatment. Found significant correlations between markers of therapeutic alliance and rated usefulness and evidence this promoted treatment adherence.
Bowen (2010)	Correlational study	77 DV offenders 31 probation staff	Investigated the relationship between offender and tutor perceptions of cohesion of a treatment group; these were closely correlated, but neither had any association with re-offending outcomes.
Bowen et al. (2005)	Before-and-after quasi-experiment	86 DV offenders	Compared treatment completers and dropouts from the probation-based DVPP ¹⁴ at 11-month follow-up; 15% of the former and 33% of the later had allegedly committed a new offence. Only one of 13 psychological variables differentiated the groups; there were more marked differences in criminal histories.
Bowen et al. (2008)	Before-and-after quasi-experiment	52 DV offenders 32 non-offenders	Examined intermediate changes over 11-month follow-up of offenders mandated to attend treatment programme. Only 17% of offenders showed reliable change on mediating factors, but none showed association with re-offending.
Braithwaite & Fincham (2014)	RCT	52 married couples randomly assigned to treatment versus placebo control	Evaluated the impact of a computer-based preventive intervention <i>ePREP</i> on rates of IPV. Obtained self and other reports at 3 time points over 1 year. There was a 90% reduction in physical aggression and a more modest reduction in psychological aggression. Note that couples were not offenders and only 18% acknowledge IPV at baseline.

¹³ IDAP = Integrated Domestic Abuse Programme, 27 group and 13 individual sessions.

CDVP = Community Domestic Violence Programme, 25 group and 9 individual sessions.

Both programmes were accredited by the NOMS Correctional Services Advisory and Accreditation Panel.

¹⁴ DVPP = Domestic Violence Perpetrator Programme developed by West Midlands Probation Service.

Buttall (2002)	Quasi-experimental design	91 women court mandated to attend treatment	Examined the relationship between IPV and moral reasoning and any changes during treatment groups. Offenders (mean age 30) had moral reasoning scores similar to youths in early high school. The programme had no impact on moral reasoning scores at post-test or 2-year follow-up.
Buttall & Carney (2004)	Single cohort before-and-after study	76 court-referred male DV offenders	Analysed a wide range of data to test for extent of change following treatment and at 12-month follow-up. There were no differences in any test scores pre- to post-treatment. Only one participant had been re-arrested at follow-up. Comparisons between African-American and Caucasian offenders showed no differences.
Carney & Buttall (2004)	Secondary analysis with one-group pre-test/post-test	26 female DV offenders	Evaluated a 16-week BIP + 12-week psycho-educational programme using several measures. At 12 month follow-up only one person was re-arrested. There were significant changes on scales of passive/aggressive responding but not in assertiveness.
Cissner & Puffett (2006)	Comparison study of two BIPs	291 defendants charged with DV	Evaluated 2 court mandated BIPs in Brooklyn, compared on completion and recidivism rates. Completion rates were 66% and 77% and BIPs had similar rates of re-arrest at 1 year. The best predictor of re-arrest was criminal record.
Connors et al. (2012)	Single cohort before-and-after study with some sub-group analyses	298 male Canadian federal prisoners convicted of IPV	Evaluation of MIFVPP ¹⁵ in prison or after release with pre-, mid- and post-test measures. Results showed significant improvements on all measures associated with IPV risk. Measures of motivation (readiness to change) were highly correlated with extent of change.
Connors et al. (2013)	Single cohort before-and-after study with some sub-group analyses	159 male Canadian federal prisoners convicted of IPV	Evaluation of changes linked to participation in the HIFVPP ¹⁶ in high-risk prisoners. Significant changes were found in most measures through pre-, mid- and post- programme assessments. Motivation to change was associated with changes in performance measures.
Coulter & VandeWeerd (2009)	Pre-post study across series of programmes	17,999 IPV offenders treated from 1995-2004	Evaluation of a 3-level programme system in successive groups over 10 years at 6 centres. Mean completion rate was 70%. IPV recidivism rate for completers was 8.4% compared to 21.2% for non-completers. Discusses changes in referral and success rates over time.
Crane & Eckhardt (2013)	RCT	82 males IPV perpetrators on probation	Evaluated effect of a brief single-session motivational enhancement (BME) intervention on re-arrest at 6 months. There was evidence that the BME session increased programme compliance. Treatment vs. control recidivism rates (25% vs. 39%) not statistically significant.
Crockett et al. (2015)	Single cohort before and after study	149 DV offenders (35 female)	Examined effects of a form of BIP called RCIP ¹⁷ on several risk factors for IPV. There were significant gains in terms of accountability, anger management, stress levels, and motives but not in controlling behaviours, and in self-reported physical and psychological violence.

¹⁵ MIFVPP = Moderate Intensity Violence Prevention Program: 29 x 3-hour group + 3 individual sessions

¹⁶ HIFVPP = High Intensity Violence Prevention Program: 75 x 5- or 3-hour group + 10 individual sessions.

¹⁷ RCIP = Resolution Counseling Intervention Program, a psychoeducational treatment group, 21 or 30 weeks.

Cunha & Goncalves (2015)	Quasi-experimental design	Male offenders 26 treatment grp 19 control group Portugal	Evaluated psychoeducational BIP. Significant changes found in attitudes to DV, use of techniques of minimisation and legitimisation, maintained at 6-month follow-up. No re-offence in treatment group, 22% in control group.
Dalton (2007)	Survey-based study	150 directors of 2,131 BIPs in 35 states (USA)	Distributed a 44-item questionnaire including questions on evaluation. Found overall mean BIP completion rate of 62%. Only 24.7% reported follow-ups but 51.3% collected data on recidivism, giving a mean rate of 16% for men and 10% for women.
Day et al. (2010)	Single cohort before and after study	38 IPV males Australia	Evaluation of GCDVIR ¹⁸ programme. Graphs show reductions over time in facilitator ratings of minimisation, denial, blame and manipulation and positive but non-significant trends in psychometric scales. At 12-month follow-up 7/20 completers and 16/18 non-completers had further charges against them.
Dunford (2000)	RCT	861 couples US navy personnel	Servicemen who had assaulted their wives were randomly assigned to 4 groups: men's, conjoint, rigorous monitoring and controls. Data collected from victims and perpetrators at 6 and 12 month follow-up. No significant differences were found between any of the conditions on husband or wife reports or in rates of arrest.
Easton et al. (2000)	Quasi-experimental design	41 DV offenders 67% substance abuse problems	Focused on relation of substance abuse to IPV. Compared 2 anger management groups with or without motivational enhancement session. Those given session showed significant increase in motivation but data could not be calculated for controls.
Easton et al. (2007)	RCT	78 IPV offenders with substance use problems: 40: SADV 38: TSF	Compared persons seeking treatment at a substance abuse treatment unit, who had also been arrested for DV, using Substance Abuse DV Treatment (SADV) and 12-step therapy (TSF). At 6-month follow-up, there were no group differences in alcohol use, but for: SADV: 1 episode of violence per month; for TSF: 2.4 episodes of violence per month
Echauri et al. (2013)	Quasi-experimental design	IPV males 300 immigrants 300 citizens Spain	Tested whether a BIP (20 x 1-hour) used with citizens would also work with immigrants at post-test and 12-month follow-up. Found 34.6% success (=absence of abuse episodes and return to normal functioning) and 51.3% improvement (=absence of abuse episodes) in both groups, with similar results at follow-up.
Echeburúa et al. (2006)	Single cohort before and after study	52 IPV convicted prisoners Spain	Evaluation of a BIP with males convicted of serious IPV. Found 92% completion rate and significant reduction in irrational and pro-violence beliefs and in hostility.
Eckhardt et al. (2008)	Quasi-experimental design	190 male IPV perpetrators	Investigated role of anger in IPV and possible effect on BIP outcomes at 12-months follow-up. Placed participants in 3 anger clusters, though these were not related to prior arrest history. Low anger men were more likely to

¹⁸ GCDVIR = Gold Coast Domestic Violence Integrated Response, 24-week group-based BIP

			complete BIP and had significantly lower rate of re-arrest.
Feder & Dugan (2002); Feder & Forde (2000)	RCT The Broward experiment	404 male IPV defendants	Experimental group received probation and mandatory 26-week BIP, control group given probation only. No differences were found in attitudes, beliefs, behaviours or in rates of re-arrest at 12-month follow-up. Men with a low “stake in conformity” were less compliant and more likely to re-offend
Fernández-Montalvo et al. (2015)	Single cohort before and after study	235 IPV males on suspended sentences, Spain	Study overlaps with Echaui et al. (2013) and used same outcome criteria. Percentages counted as success, improvement and failure were: at post-treatment, 37.4, 48.1 and 14.5; at 12-month follow-up, 39.6, 47.6 and 12.8.
Gondolf (2000)	Quasi-experimental, longitudinal design	618 IPV males + data from female partners (67%) in 4 US cities	Reports long-term outcomes of 4 BIPs over 30 months. 41% of men re-assaulted partners during that period. Re-assault rate for men attending a BIP for >3 months was significantly lower than for dropouts (36% vs. 51%).
Gondolf (2007a)	RCT	501 IPV males + data from 60%-70% of partners	Compared impact of BIPs in relation to ethnicity when delivered in 3 formats, culturally focused, African-American only, and racially mixed. Over 12-month follow-up no differences emerged between groups on reported re-assault or on women's perceptions of safety, but re-arrest rate for DV was higher for culturally focused than for racially mixed groups with African-American intermediate.
Gondolf & Jones (2001)	Quasi-experimental design	640 IPV males court mandated to BIPs	Overlaps with Gondolf (2000). Multi-site study in 3 cities with 15-month follow-up. Men had been abusing partners for a mean of 3½ years. Found that programme completion had a “significant and substantial” (p.699) effect on re-assault reducing its probability by 44%-64%.
Gordon & Moriarty (2003)	Quasi-experimental design	248 male DV offenders 132 treatment 116 control	Evaluation of probation-based BIPs. Treatment had no significant effect in straight group comparison. But there was a significant association between number of treatment sessions completed and rates of re-arrest and reconviction.
Hendricks et al. (2006)	Single cohort before and after study	200 male DA offenders	Compares two interventions one a BIP called SAFE ¹⁹ , the other a general offender treatment programme R&R ²⁰ . Tracking at 6, 12 and 18 months. 10.6% of SAFE completers failed, as compared with 38.8% non-completers, but non-completion offenders had lower risk scores.
Herman et al. (2014)	Single cohort before and after study	156 male IPV perpetrators, court-mandated	Evaluation of Duluth model programme using 3 measures and recidivism data after long-term follow-up of 9 years. Completion rate of 66%. Completers showed short-term change in measures at post-test. However, there was no difference between completers and non-completers in re-offending rates at follow-up,
Jones & Gondolf (2002)	Quasi-experimental design	640 male DV perpetrators,	Evaluated effects of 3 programmes using an instrumental variables analysis, designed to counter possible selection bias. Mean

¹⁹ SAFE = Stopping Abuse For Everyone, 1 x 1½ hour session and 15 x 2-hour sessions

²⁰ R&R = Reasoning and Rehabilitation, 26 x 2-hour sessions (the full version is 38 sessions)

		some mandated, some voluntary	completion rate 54.1%. Taking other variables into account, completion was associated with a reduction in re-assault of 40 percentage points.
Kistenmacher & Weiss (2008)	RCT	33 DV offenders court-mandated	Compared motivational interviewing (MI) versus control condition. There was a larger change in motivation and readiness to change in the MI than control group, and a greater shift away from blaming others.
Labriola et al. (2005)	RCT with 2 x 2 factorial design	420 male IPV misdemeanour offenders	Random assignment to one of 4 conditions: BIP + judicial monitoring, BIP + graduated monitoring, monthly monitoring only, graduated monitoring only. Neither BIP nor any form of monitoring obtained any reduction in re-arrest rate at 12-month follow-up.
Labriola et al. (2010)	Survey	260 courts, BIPs and victim support agencies	Investigated court responses to BIP non-compliance. Found only 58% had monitoring data, 83% referred offenders to non-BIPs, only 40% imposed sanctions for dropout, only 27% of courts an 16% of BIPs used jail as sanction.
Lawson (2010)	Quasi-experimental design	18 CBT 27 integrated	Compared two types of therapy for partner violence, CBT alone vs. CBT integrated with psychodynamic therapy. CBT group functioned at lower level at pre-test. Both groups showed improvement but on different variables. Partner reports showed recidivism of 50% (CBT) and 22.2% (integrated) at follow-up (time unclear).
Lee et al. (2004)	Single cohort pre-post-test design	90 DV offenders 77 men, 13 women	Evaluated solution focused therapy (8 x 1-hour sessions) over 14 groups. Found a completion rate of 92.8% and recidivism rate of 16.7% over 6-month follow-up.
Levesque et al. (2012)	RCT	492 male DV offenders	Compared Usual Care (UC which included a BIP) with UC + "Journey to Change", 3 computer-assisted sessions based on the trans-theoretical model. BIP completion rate 68% for both groups. At 12-month follow-up partners of UC + Journey group showed lower reports of violence (31.6% vs. 60%) but there was no difference in police arrest records.
Lila et al. (2013)	Single cohort pre-post-test design	212 convicted IPV offenders on suspended sentences	Evaluated <i>Contexto</i> a BIP used in Spain. Used large number of measures to ascertain risk of IPV re-offending, which was associated with lower alcohol consumption, lowest impulsivity and highest life satisfaction.
Lin et al. (2009)	Quasi-experimental, case-control design	DV offenders in Taiwan: 70 treated 231 control	Compared a higher risk group mandated to BIP under protective orders with a lower-risk group on protective orders only. At 9-month follow-up the treated group had a significantly higher rate of DV: 58.65 vs. 45% but no difference in overall criminal recidivism.
Lyon (2005)	Quasi-experimental design	Male DV offenders 420 treated 124 control	Compared EVOLVE a new 52-session BIP with an older 26-session BIP. Found similar completion rates (63.5% and 65.2%), and lower rates of recidivism amongst completers. At 6-month follow-up 83.4% of EVOLVE and 75.9% of control group completers were arrest-free.
MacLeod et al. (2010)	Quasi-experimental design	1,303 male DV offenders in 5 districts of California	Reviews BIP systems across five jurisdictions. Found modest differences in re-arrest rates at 12 months averaging 19%, range 15%-25% for DV and 40%, range 32%-48% for any offence.

Maxwell et al. (2010)	Secondary analysis of RCT data from Taylor et al. (2001)	376 male DV offenders	Evaluated a Duluth model BIP <i>Alternatives to Violence</i> . Re-analysed data obtained in an earlier study. Found a small reduction in new DV incidents during treatment but no evidence of maintained change at 15-month follow-up. Highlighted importance of court control of offenders combined with readiness to change.
Mennicke et al. (2015)	Single-group design + quasi-experimental design	Male prisoners convicted of DV: 176 pre-post only 253 treated 253 controls	Evaluated a prison-based 20-week BIP (<i>STOP and Change Direction</i>). Obtained data on 5- and 7-year reconvictions after release. Found significant pre-post changes in study 1. No significant differences in re-incarceration rates.
Miller et al. (2013)	Follow-up study of RCT of dating violence prevention programme	1,513 male athletes from grades 9-11 in 16 high schools in California	Evaluated 12-month effectiveness of <i>Coaching Boys into Men</i> , a programme for reducing violence against women. There were reductions in behaviour supportive of violence in both treatment and control groups, but they were larger for the intervention group with a mean effect size of -0.41; that group also reported a lower rate of abuse perpetration than controls, with a lower effect size of -0.15.
Mills et al. (2013)	RCT	152 DV offenders	Compared BIP with restorative justice (RJ) programme, <i>Circles of Peace</i> . Respective completion rates of 40% and 51%. Found differences in favour of RJ in general re-offending rates, but differences in DV recidivism were non-significant.
Morrel et al. (2003)	Quasi-experimental design	86 males seeking treatment for partner abuse	Compared CBT and supportive therapy (ST) programmes for IPV. Across treatment there were significant reductions in physical and psychological aggression, maintained at 6-month follow-up. There were no between group differences in numbers of police visits or in new changers at 3-year follow-up.
Muñoz-Fernández et al. (2019) See also Chapter 5	RCT of <i>Date-e Adolescence</i> dating violence prevention programme	1,423 teenagers aged 11-19 from 7 schools in Seville or Córdoba, Spain	The programme contained 7 x 1-hour sessions, based on analysis of risk factors for conflict in romantic dyads. Data collected at pre-, post-test and 6-month follow-up. Treated group showed a significantly reduced rate of growth in moderate and severe dating and sexual violence compared to controls. However some schools did not take part at the follow-up stage.
Musser et al. (2008)	Quasi-experimental design	108 male IPV offenders: 55 treatment (MI) 53 control	Evaluated a 2-session pre-group motivational interviewing input. Reported impact on homework compliance and valuation of group and marginal effect on physical assault but not injury or psychological aggression at 6 months.
Niolon et al. (2016, 2019). For results on bullying, see Vivolo-Kantor et al. (2020), in Chapter 5	Cluster RCT of <i>Dating Matters</i> teen violence prevention programme	Female and male students from 46 schools in four American states; 1,157 treatment 1,192 controls	Developed and evaluated a multi-component programme for youth and parents, to reduce teen dating violence; provided in treatment group schools for 2 years, compared with standard care. Found significant changes in reported dating violence perpetration, reported victimisation, and negative conflict resolution, but not in positive relationship skills.
Novo et al. (2012)	Single cohort pre-post-test design	130 male IPV offenders	Evaluated extent of change in a series of psychological and offence risk variables following participation in the Galician Experimental Re-Education Programme for

			IPV. Found significant pre-post changes but does not report re-arrest or re-offence data.
O'Farrell et al. (2004)	Quasi-experiment, well matched comparison group	303 couples + 303 males and 303 females in comparison sample	Evaluation of <i>Behavioral Couples Therapy</i> . Found a reduction in violence amongst those with alcohol problems from 60% to 24% (though still higher than comparison sample). Used intent-to-treat (ITT) analysis; 84% sample involved at 2-year follow-up.
Pascual-Leone et al. (2011)	Quasi-experimental design	Prisoners with histories of IPV 66 treated 184 controls	Reports evaluation of emotion-focused therapy programme, <i>Relating Without Violence</i> , 12 weeks, in Canadian prisons. Found a reduction in recidivism, significant at 1 year post-release but smaller and non-significant at years 2 & 3.
Pitts et al. (2009)	Quasi-experimental design	Male DV offenders 100 treated 100 controls	Evaluated a DV repeat offender programme. Treated group were significantly less likely to have new charged for DV or other offences at 29-month follow-up point, 6% versus 45% for DV, 15% versus 58% for any type of offence.
Rosenbaum et al. (2001)	Quasi-experimental design	326 IPV males: 82 self-referred 244 court mandated	Evaluated a psycho-educational group treatment comparing court-referred and self-referred offenders and different programme lengths. Former had a higher completion rate 79.5% versus 58.5%, and a lower recidivism rate 4.9% versus 13.4% for DV. Recidivism reduced with increasing programme length.
Scott & Easton (2010)	Quasi-experimental group comparison	75 IPV males: 39 Caucasian 36 African American	Study of a population court-mandated to attend substance abuse and domestic violence treatment following arrest for an offence involving both. Found significant reductions in alcohol use ($p=.001$) but not drug use, and in physical violence ($p<.001$) for both groups.
Sharps et al. (2016)	Multisite RCT of enhanced perinatal visits in DV risk cases	239 low-income women who reported perinatal IPV, randomized 124 intervention 115 usual care	Evaluated <i>Domestic Violence Enhanced Home Visitation Program</i> (DOVE) comprising abuse assessment + six additional home visit sessions. Found significant reductions in CTS-2 IPV scores including reported violence at 6 time-points up to 24 months after childbirth, with significantly larger changes in the DOVE intervention group than in usual care.
Stewart et al. (2014)	Evaluation of RNR-based interventions	572 male prisoners, 246 followed post-release	Collated evaluation data from Correctional Services Canada of high- and moderate-intensity programmes based on the risk-need-responsivity (RNR) model located at several sites. Pre-post data showed significant positive changes on all measures. Following release untreated offenders were 3.76 times more likely to commit new offences of spousal abuse.
Stith et al. (2004)	RCT	89 couples But at follow-up: 11 individual couple 8 multiple couple 4 control group	Evaluation of multi-couples versus individual-couples therapy and no treatment for DV offenders. At 6-month follow-up of female partners, reported rates of violence as multi-couple groups 25%, individual couples 43%, untreated 67%. At 2 years, only one woman reported violence but rate was 50% in controls.
Taylor et al. (2001)	RCT	376 male DV offenders	Evaluated impact of a 40-hour BIP as compared with 40 hours of community service. At 12-month follow-up found 93% of treated as compared to 86% of controls group has no new offences. Results were interpreted as

			encouraging but a later re-analysis altered this conclusion (Maxwell et al. 2010).
Taylor & Maxwell (2009)	RCT	629 male arrestees held in local jail: 317 treatment 312 control	Evaluated a short, early-intervention BIP provided to prisoners in a local jail. There was evidence that the programme had an effect in reducing controlling behaviours within couples, but no significant effect on physical assault. However, 6-month follow-up data were only available on 20% of the sample.
Tollefson & Gross (2006)	Single cohort design + follow-up of predictive variables	197 DV offenders 85% males	Evaluated a multi-modal 20-session BIP. Police records indicated that only 21% of the study sample re-offended during the 25-month follow-up. Key aim was to identify factors associated with recidivism, analysis showed four key variables, substance abuse, psychopathology, psychiatric history and child abuse history.
Trebow et al. (2015)	Longitudinal, naturalistic, mixed-methods evaluation	150 males convicted of DV and placed on probation	Evaluated a 52-session BIP and compared those whose first language was English or Spanish respectively (n=75 each). Re-offending rates were low: at 6 months 8% had a new DV conviction, but 39% had violated probation
Wray et al. (2013)	Longitudinal, single-cohort design	121 couples referred by court, 92 mandated to programme	A pilot evaluation only of a three-phase group treatment for couples in violent conflict. Having a child was a prerequisite of inclusion. At 1-year follow-up there was a 33% reduction in recidivism amongst completers based on both self- and partner report. From 92 couples, 62 men and 70 women completed the programme.
Yorke et al. (2012)	Single cohort pre-post-test design	24 prisoners in 2 groups	Evaluated a 52-week BIP in a prison setting, using psychometric data and qualitative information. Tested the hypothesis that the intervention would enable participants to recognise their behaviour as abusive. Results supported the hypothesis with evidence of significant change. No offence data.

The studies listed in Table 5 cover a very wide spectrum of interventions for the prevention of DV recidivism. The main features they have in common are that they pre-suppose that there are individual, dispositional, psychological factors associated with a preparedness or propensity to act violently towards a partner, within an underlying social context where there are ambivalent attitudes towards gender relations. These and other risk factors can be addressed and altered through psychologically based treatments that combine elements of educational, therapeutic and skills-training approaches to personal change. The result is a plethora of treatment models, with a small number that have become

well established and that are the most frequently used and evaluated, with a larger number of novel approaches represented by only a single evaluation each.

Most of the retained studies measured a range of variables and many details of the information collected and of the analyses conducted are not included here. Many used a well-established instrument, the *Conflict Tactics Scale* (CTS-2) which was designed for the assessment of controlling behaviours in couple relationships. Others used numerous different scales for measuring attitudes, personality traits, anger, impulsivity, and in some studies symptom inventories for assessment of mental health problems. Some devised specially made measures for use in a single study which have not been validated elsewhere.

The contents of Table 5 represent only a snapshot of the principal findings of each study. The overall pattern of results presents a slightly more positive overall picture than the one that has emerged from previous reviews, and there are some encouraging findings. However, some reservations still need to be expressed regarding the work done in this field. First, while there are some exceptions, results are generally poorer in RCTs, implying that some of the positive results in other studies could be a product of selection factors rather than a genuine treatment effect. There have been many calls for improved research methods and changes of focus in this area (e.g. Eckhardt, Murphy, Black & Suhr, 2006; Saunders, 2008; Stuart, Temple & Moore, 2007), but it appears to take some time before such messages are properly heeded and acted upon.

Second, there are often very tenuous links between scores on intermediate measures (of mediating variables, such as cognitions, attitudes) and the outcome variable of re-offending (whether DV, other violence, or offending in general). This may be a measurement problem. Given the challenges of assessing some of the variables at work, but it also raises questions about theories and explanations.

Third, some programmes are relatively brief, and it seems unlikely that significant change can be induced in some of the risk factors for DV after a comparatively limited short-term intervention. In some studies, this may explain why apparently good findings at post-test are not borne out by changed behaviour at follow-up.

Fourth, there are often high rates of attrition (drop-out) and programme non-completion is associated with higher risk. There are several possible reasons for this. It could be a result of self-selection, where the more problematic individuals are resistant or even hostile to treatment, and deliberately absent themselves; but there could also be a proportion who are ambivalent about participation, and who with some persuasion could still benefit from it. Methods of increasing engagement and of sustaining attendance become very important. Motivational enhancement sessions have produced some encouraging results and could be added to existing programmes, but compliance could also be strengthened by closer court or police monitoring of mandated programme attendance.

The results of some of the studies included here (Johnson & Goodlin-Fahncke, 2015; Piquero et al., 2005) and of others discussed in the review (Herrero et al., 2016; Huss and Ralston, 2008; Stare & Fernando, 2014) suggest there are sub-groups within those who perpetrate DV offences. There has been extensive work on heterogeneity and on typologies or sub-groups amongst DV offenders (Boxall et al., 2015; Cantos & O'Leary, 2014; Dixon & Browne, 2003). Offenders vary by risk level, but also by typology in terms of the type of violence in which they engage in close relationships. In extreme cases ability to assess this could potentially be useful in estimating risk of femicide (Dixon, Hamilton-Giachristis & Browne, 2008; Dobash, Dobash, Cavanagh & Medina-Ariza, 2007). It could also be used to gauge risk of agencies' staff themselves being assaulted (Johnson, 2011). These findings potentially highlight a differentiated approach to offender management, allocation to intervention programmes, and required level of contact and monitoring. There is preliminary evidence of the potential usefulness of this from a study on the use of the *Spousal Assault Risk Assessment* (SARA) by police officers in Sweden (Belfrage et al., 2012), although a related measure, *B-SAFER*, produced somewhat better results (Storey et al., 2013).

Other developments

As noted earlier, the most frequently used approach since its inception has been the Duluth programme model. For example, in a survey of 116 probation departments in the

state of Ohio, Ventura and Davis (2006) found that 80% of all the programmes in use were based on that model. Given the inconsistent evidence in support of it, there have been disputes over its continued use (Dutton & Corvo, 2006, 2007; Gondolf, 2007b). Interventions drawing on cognitive-behavioural methods are probably the second most widely used, and there have been several multi-modal formats developed that combine the two approaches. Many of those used in England and Wales, such as IDAP, CDVP and DVPP (Bloomfield & Dixon, 2015; Bowen et al., 2005) adopt that approach.

Several other approaches have been attempted but to date were each represented in the present review by just one study or a very small number of studies in the research that was located. Some have adopted an innovative approach in applying a treatment model not previously evaluated in work with perpetrators of DV. They include for example solution focused therapy (Lee et al., 2004), emotion-focused therapy (Pascual-Leone et al., 2011), mandatory couples therapy (Wray et al., 2013), and a non-punitive paradigm examined by Crockett et al. (2015). A project entitled *Drive* launched in three areas of England, focused on DV (Orr, 2016) is also of interest. Hester et al. (Bristol University Report 2019) conducted a pilot randomised controlled trial of Drive in two sites, a 10-month intervention including one-to-one work with perpetrators, indirect multi-agency work including information sharing, risk management, and safeguarding, and victim support. Of 2,615 high-risk, high-harm perpetrators identified via MARACs (Multi-Agency Risk Assessment Conferences), 530 were allocated to receive Drive (93.5% men) and 2,085 allocated to no-Drive control. In Site 1, comparisons were made between 169 service users and 169 in the randomly selected control group over a 1-year period and for around a quarter of cases beyond case closure at 12 months. When looking at all types of incidents together (DV and non-DV) (2983 incidents in total), the number of police incidents for Drive service users in Site 1 ranged from 1 to 54 in a four-year period (mean=17.1, standard deviation (SD) =13.2), whereas for the control group the number of incidents ranged from 1 to 72 (mean=21.5, SD= 18.5). A reduction in the number of incidents was observed in both groups across the phases before, during and after the Drive intervention. This reduction was very similar throughout the time periods up

until more than 12 months post-Drive when Drive service users sustained a similar number of incidents, but control perpetrators doubled their number of incidents. Of the total of incidents, 63% were related to domestic violence (1536 incidents in total). The number of incidents for Drive service users ranged from 0 to 34 in a four-year period (mean=10.5, SD=8.4), whereas for the control group the number of incidents ranged from 0 to 39 (mean=12.2, SD= 11.8). The total number of domestic violence incidents across the phases before, during and after the Drive intervention reduced for both groups, and again a similar reduction was observed between groups up until more than 12 months post-intervention when those service users with data for this period kept reducing their number of incidents, whereas control cases doubled their number of incidents. In summary, both Drive participants and those who received usual services showed a reduced incidence of officially recorded domestic violence, with improvements sustained better over time for Drive participants, although there are limited calculations to indicate the significance of the difference.

In Site 2, comparisons were made between 184 service users and 184 in the randomly selected control group over a 1-year period and for around a half of cases beyond case closure at 12 months. When looking at all types of incidents together (DV and non-DV) (6398 incidents in total), the number of police incidents for Drive service users in Site 2 ranged from 1 to 80 in a four-year period (mean=29.6, SD=19.9), whereas for the control group the number of incidents ranged from 1 to 308 (mean=72.4, SD= 79.3). A reduction in the number of incidents was observed in both groups after the Drive intervention. Of the total of incidents, 35% were related to domestic violence (2256 in total). The number of incidents for Drive service users ranged from 0 to 41 in a four-year period (mean=9.4, SD=8.0), whereas for the control group the number of incidents ranged from 0 to 134 (mean=24.4, SD= 33.4). The total number of domestic violence incidents across the phases before, during and after the Drive intervention reduced for both groups, with a greater reduction observed for those who received Drive. In summary, as for Site 1, both Drive participants and those who received usual services showed a reduced incidence of officially recorded

domestic violence, with improvements sustained better over time for Drive participants, although there are limited calculations to indicate the significance of the difference.

The present review has been concerned almost exclusively with outcomes, with “what works” to reduce the likelihood of DV. A different approach was adopted in *Project Mirabal*, a UK-based investigation of the working of domestic violence prevention programmes that sought to move on from the rudimentary question of their effectiveness, to the development of a deeper understanding of the processes that occurred within them (Kelly & Westmarland, 2015). For example, Wistow, Kelly and Westmarland (2017) and Downes, Kelly and Westmarland (2019) have reported interview-based studies of aspects of coercive control strategies used by some perpetrators. This work identified how the balance of influences towards or away from use of coercive control reflects men’s changing levels of adherence to gender norms.

Summary

Against the background of a highly influential research project, the MDVE, numerous other studies were conducted to evaluate the possible impact of arrest in reducing DV. Some of these did show beneficial results. However, research carried out over the last 15 years suggests that other than in situations where officers judge it as necessary, there is little convincing evidence that arrest in itself is an effective action to employ as a routine practice in deterring DV. Results of research on its effects are mixed. Arrest of both partners in a domestic dispute (dual arrest) is ineffective: and given the preponderance of male perpetrators it resulted in inappropriate detention of many women. A study of police forces in north-east England found that women were arrested to a disproportionate degree given the smaller number of incidents in which they were perpetrators (Hester, 2013). Some authors have questioned in general whether deterrence policies are likely to have much success with this problem (Sloan, Platt, Chepke & Blevins, 2013). On the other hand there is tentative evidence that victims reporting to police may be effective, and that processes which increase

actual or potential victims' confidence in police and empower them in making contacts may also increase their willingness to report assaults.

There is tentative evidence that arrest of some suspected DV perpetrators may have an impact in reducing subsequent repeat offending, as a function of risk levels and previous patterns of DV and other types of offending. This raises the prospect of attempting to identify those factors and test the feasibility of such action. However, this may not be applicable to new calls for assistance, only to second and subsequent calls.

The strongest evidence regarding other initiatives supports the use of specialised police domestic violence units (DVUs) that include a mixture of personnel. Although the total volume of work on this remains limited, findings suggest they are perceived positively by victims and can have a significant impact in reducing repeat DV offending. The roles of the specialised DVUs that have been found to be effective include a combination of more intensive investigation, provision of victim support, and preparation of case material to improve possibilities of successful prosecution. There are encouraging results from a recently published evaluation of a second responder intervention in which officers or advocates make return visits to couples within a pre-arranged time period, and this can be incorporated in the work of DVUs.

Results from the review of treatment interventions presents, overall, a slightly more positive pattern of positive effects that has been suggested in previous research reviews. Further work is necessary to analyse some of the detailed patterns within this. Caution is still required given that some of the seemingly largest effects come from the least well-designed studies, and some apparent changes in the short term (e.g., at the end of programmes) do not endure at follow-up.

The results of several treatment evaluation studies suggest there are sub-groups or separate patterns or trajectories of offending amongst those who perpetrate DV offences. Individuals vary by risk level but also by typology in terms of the type of violence in which they engage in partner relationships, often reflecting other aspects of criminal histories such as their involvement in non-partner violence or in substance misuse. These findings

potentially highlight the need for a differentiated approach to offender management, which in turn would influence allocation to intervention programmes, and specified levels of contact and monitoring.

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Appendix B

Pre-conditions for forces wishing to apply for an exemption from the Director of Public Prosecutions Guidance on Conditional Cautions for Domestic Abuse perpetrators

Pre-Condition
<p>1 - Force agrees to abide by guidance issued to pilot areas and agreed by MoJ, CPS and the NPCC (covering offence types, level of risk, appropriate conditions, use of RJ and CRs etc.). In particular, the force should ensure that in all DA offences:</p> <ul style="list-style-type: none">• The offender has made a full admission and has not raised the possibility of a defence, for example in the case of assault self-defence, and the decision maker feels that the individual would benefit from such an outcome• The offender accepts full responsibility.• The offender has no previous convictions or cautions for domestic abuse in the previous two years; past minor convictions are permitted unless the offender is currently serving a community based sentence or order; must not be under police investigation or on bail for another offence; has no history of controlling or coercive behaviour in this or other relationships.• The offender has not committed a serious offence. The starting point for assessing seriousness is to consider the likely penalty if the matter went to court. Where the circumstances of the offence indicate that an immediate custodial sentence or high level community order is the appropriate sentence then an out of court disposal should not be offered.• The express wishes of the victim are met by following this route after the victim has been provided with a full explanation of all options and their consequences. However the final decision will always rest with the police supervisor or CPS.• There is no evidence of coercive or controlling behaviour on the part of the suspect within the relationship (to be verified where possible by support services).• A DASH or other risk assessment tool shows that the risk to the safety of the victim and/or family not higher than the “standard” or “medium” classification.• The conditions imposed for the disposal under consideration are in line with those identified as suitable and sanctioned by the National Policing Lead on Domestic Abuse.

Pre-Condition
This guidance will be reviewed and amended periodically, in the light of experience from forces that adopt this approach.
<p>2 - Risk Assessment and selection of cases</p> <p>The victim should be contacted and a risk assessment completed by a trained officer. Selection criteria for the type of case must ensure that there is no coercive control which is affecting the victim's decision making.</p> <p>Police forces must have a robust approach to assessing risk and should only use conditional cautions for cases where a DASH or other risk assessment tool shows that the risk to the safety of the victim and/or family is not higher than the "standard" or "medium" classification</p>
<p>3 - Decision Making</p> <p>Domestic Abuse Conditional Cautions must still be compliant with legislation, the Code of Practice for conditional cautions and the Guidance to Police Officers and Crown Prosecutors Issued by the Director of Public Prosecutions under Section 37A of the Police and Criminal Evidence Act 1984. This means that those approving a domestic abuse conditional caution must be a police officer not below the rank of Sergeant. They must also have relevant domestic abuse experience, with the appropriate knowledge / experience, skillset and access to information on perpetrator interventions and other interventions available. The authorised person should reassure themselves that the initial assessment of risk is correct and that a risk management plan has been put in place. Other specialists may be involved in the recommendation of suitable conditions as long as the decision maker is described as above.</p>
<p>4 - Condition Types</p> <p>Forces must offer a range of conditions:</p> <p>For cases of intimate partner abuse there must be a focus on rehabilitation of domestic abuse perpetrators and a perpetrator intervention must be available and used (this cannot be generic anger management, it must be a domestic abuse tailored intervention). It is however accepted that a perpetrator programme may not be the most appropriate intervention for a female offender, a women's diversion may be a more suitable option and can be considered on a case by case basis.</p> <p>Any intimate partner perpetrator intervention should be quality assured, be evidence based and have clear arrangements in place for on-going evaluation/assessment which are robust enough to contribute to national and local evidence bases on the impact of the intervention on frequency and harm of offending, and risk to the victim, until there is sufficient evidence to support its ongoing use and national roll out. Perpetrator interventions should contain the key elements used in Project CARA namely the principles and processes of motivational interviewing, peer support, peer challenge, victim focus, offender focus, rapport, non shaming, listening and questioning.</p> <p>For non-intimate partner relationships, consideration should be given to an appropriate rehabilitative diversion which, unlike intimate partner cases, could include anger management or other appropriate intervention</p> <p>For all incidents, forces should also consider the possibility of onward referral/signposting to other services (e.g. drugs, alcohol or financial support), in addition to specific DA focused rehabilitation.</p> <p>Conditions could also be restrictive or reparative. For intimate partner abuse, conditions must NOT include a punitive financial element</p> <p>Restorative Justice will never be suitable for intimate partner domestic abuse cases</p> <p>In cases where there is no intimate-partner relationship, or history of such, and offences do not include violence, stalking, harassment or sexual offences, RJ may be considered as part of a conditional caution if certain criteria are met:</p>

<p>Pre-Condition</p> <ul style="list-style-type: none"> • It should only be used as an exception, where the call is in isolation and there is no previous history or concern. The incident should also be extremely low-level, such as minor criminal damage or theft. • RJ should only be considered after cases have been subject to thorough risk assessment by specialist officers, trained and experienced in managing domestic abuse. (An 'on the spot' or 'street' RJ meeting would not be appropriate.) Where forces utilise restorative justice options, cases should also be subject to regular retrospective review by specialist officers. • Forces must ensure that clear policy and procedure is available and careful consideration should be given to the authority levels for approving its use i.e. Specialist Public Protection Inspector and above. • Any officer/person undertaking the RJ process must have received accredited facilitator training (3-5 day training input) and ideally specific training to deal with this type of offence.
<p>5 - Monitoring Compliance</p> <p>A robust, accurate process must be in place to monitor and report on compliance with conditions. Commissioned services should include within the service level agreement a requirement for the service supplier to supply robust and auditable information on compliance to the police.</p>
<p>6 - Data Collection</p> <p>Police forces will need to be able to provide robust data to monitor reoffending rates / crime harm once the arrangements commence and on an on-going basis, until such time as the CPS and NPCC agree that force can use conditional cautions for domestic abuse without further monitoring or until alternative long term monitoring arrangements are agreed.</p>
<p>7 - Scrutiny Arrangements</p> <p>An independent Scrutiny Panel with membership to ensure a cross criminal justice view (for example magistrates and CPS) and independent representation from an advisory group, should meet regularly to review an agreed percentage of domestic violence (abuse) cases.</p>