

**Oriol Ginés Canales, Heinrich  
Geldschläger, David Nax, Álvaro  
Ponce**

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**European Perpetrator Programmes :  
A Survey o Day-to-Day Outcome  
Measurement**

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## **Oriol Ginés Canales\***

Associació CONEXUS Atenció, formació i investigació psicosocials

## **Heinrich Geldschläger**

Associació CONEXUS Atenció, formació i investigació psicosocials

## **David Nax**

Dissens – Institut für Bildung und Forschung e.V.

## **Álvaro Ponce**

Associació CONEXUS Atenció, formació i investigació psicosocials

## **EUROPEAN PERPETRATOR PROGRAMMES: A SURVEY ON DAY-TO-DAY OUTCOME MEASUREMENT\*\***

Evaluating the results of programmes for perpetrators of domestic violence is essential for both policy makers and practitioners, and a growing number of studies have addressed this issue. However, few studies have described the ongoing, day-to-day outcome measurements routinely undertaken by perpetrator programmes to monitor their results. As part of the *IMPACT Evaluation of European Perpetrator Programmes* project, in the present study 134 domestic violence perpetrator programmes from 22 European countries answered a survey on the designs, methods and instruments they use in their current day-to-day outcome monitoring practice and on the obstacles to and need for improvements in this practice. The main results include the findings that 20% of programmes do not measure outcomes at all, that there is a great diversity in methods and instruments used, and a low percentage of programmes make use of data from the victims/survivors and from follow-ups.

Keywords: domestic violence, perpetrators, outcome measurement, programmes, Europe

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\* Corresponding author: Oriol Ginés Canales, Associació CONEXUS Atenció, formació i investigació psicosocials, Avinguda Diagonal, 440, 4-1, 08037 Barcelona, Spain; e-mail: [oriolgines@conexus.cat](mailto:oriolgines@conexus.cat).

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## INTRODUCTION

Violence against women has long been recognised as a human rights violation (United Nations Convention on the Elimination of All Forms of Discrimination Against Women 1979) and a major social and public health problem worldwide (World Health Assembly 1996). One out of three women in the 28 member states of the European Union have suffered physical and/or sexual violence in their lives since the age of 15, as shown by a recent interview survey with around 42,000 women published by the European Union Agency for Fundamental Rights (2014). In the specific case of domestic violence by a current or ex-partner the results estimate that one out of five European women have suffered this kind of violence since the age of 15. This prevalence rises to 43% if we take into account psychological violence against women in intimate relationships. The Council of Europe Convention on preventing and combating violence against women and domestic violence (hereafter Istanbul Convention) which came into force on the 1<sup>st</sup> of August 2014, obliges member states “to fully address it in all its forms and to take measures to prevent violence against women, protect its victims and prosecute the perpetrators”.

One of the measures endorsed by the Istanbul Convention is for member states “to set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns” (article 16.1) to “ensure that the safety of, support for and the human rights of victims are of primary concern and that, where appropriate, these programmes are set up and implemented in close co-ordination with specialist support services for victims” (article 16.2). Moreover, the Istanbul Convention urges member states to include a gender perspective in all measures implemented (article 6) which implies that perpetrator programmes should include a perspective on masculinities and their relation to the use of violence against women (Mullaney 2007; Peralta and Tuttle 2013; Próspero 2008). This is also requested in most of the standards of quality or good practice guidelines for working with perpetrators that have been published in different European countries (BAGTäHG 2007; Grupo 25 2006; Kelly and Dubois 2008; Respect 2012; WWP 2008).

In this context, evaluating the results of programmes for perpetrators of domestic violence to determine whether they actually contribute to the safety of women and children victims is essential both for policy makers and for practitioners, and a growing number of studies have addressed this issue (Davis and Taylor 2007; Babcock, Green and Robie 2004; Gondolf 2002). However, few studies include evaluation studies on European perpetrator programmes in their overviews (Arias, Arce and Vilariño 2013; Akoensi, Koehler, Lösel and Humphreys 2012; Hamilton, Koehler and Lösel 2012; Graham-Kevan 2007; Dobash, Emerson-Dobash, Cavanagh and Lewis 1999) and hardly any focus on the outcome monitoring that perpetrator programmes undertake as routine procedures in their service delivery (Geldschläger, Beckman, Jungnitz, Puchert et al. 2010). Therefore, the present study sets out to fill this knowledge gap by focusing on routine outcome monitoring rather than scientific evaluation studies and providing an overview and detailed analysis of the current outcome monitoring practice in European programmes for perpetrators of domestic violence by means of a survey. This overview is one

of the results of the *IMPACT Evaluation of European Perpetrator Programmes* project funded by the European Commission's Daphne III programme. The research consortium formed by Dissens, e.V. (Berlin, Germany; coordination), Askovfonden (Copenhagen, Denmark), Conexus (Barcelona, Spain), Men's Counselling Centre (Graz, Austria), RESPECT (London, UK), University of Bristol (UK) and WAVE (Vienna, Austria) also produced an analysis of research studies evaluating perpetrator programmes (Hester, Lilley, O'Prey and Budde 2014), identified possibilities and obstacles for multi-country European outcome research studies (Scambor, Wojnicka and Scambor 2014), and developed a toolkit and set of good practice guidelines for outcome monitoring.

## METHODOLOGY

The survey aimed at providing detailed knowledge on the number and characteristics of perpetrator programmes in Europe that regularly measure the outcome of their work, and the methodology and instruments used for this outcome measurement (sources of information, questionnaires/tests, times of measurement, follow-up etc.). It also focused on the rationale for the selection of the variables to be measured (the underlying model of change, including the variables programmes aim to change through intervention), the difficulties perpetrator programmes encounter in evaluating their work, and what they need to improve outcome monitoring (with regard to methodology, instruments, training etc.).

## QUESTIONNAIRE

The questionnaire for this survey was based on the one created and used in the Daphne II project *Work with Perpetrators of Domestic Violence in Europe* (Geldschläger, Beckmann, Jungnitz, Puchert et al. 2010), in order to allow for comparisons and to detect changes over time in an overlapping sample, and because it had been tested and proven useful. To reduce length, questions that were not regarded as relevant for the objectives of this survey were left out. On the other hand, more detailed and specific questions on the methods and instruments used, and on the obstacles and needs regarding outcome measurement, were added. The questionnaire was designed for online implementation and included filter questions so that subsequent questions depended on former answers. Most of the questions used a multiple choice format to facilitate responses and data analysis, almost always offering an "other" option with an open space to enter free text. Some open questions gave respondents an opportunity to write more detailed explanations.

A first draft of the questionnaire was pre-tested by members of the research consortium and revised according to the comments and suggestions for improvement. The resulting second draft was then tested by several programmes from the UK and, again, their feedback, corrections and suggestions to improve the questionnaire were taken into account for a second revision. The final version of the questionnaire, first written in English, was then translated into 15 European languages. The questionnaire was implemented on the online platform

<https://www.soscisurvey.de>. The survey went online on May 13<sup>th</sup> 2013 and was accessible for 113 days, until the 2<sup>nd</sup> of September 2013, after several extensions of the survey period.

## SAMPLE

For the initial sample, invitations to participate in the on-line survey were sent by e-mail to the 218 European perpetrator programmes from the database created by the Daphne II project *Work with Perpetrators of Domestic Violence in Europe*, hereafter WWP (Geldschläger, Beckmann, Jungnitz, Puchert et al. 2010). The response rate of the “first wave” of sampling (mid-May until end of June) was only about 25%, probably for two main reasons: a) some programmes from the WWP database no longer existed and b) responding to the questionnaire (about 30 to 75 minutes) seemed costly for programmes with small budgets. For the “second wave” of sampling, national focal points of the European Network for the Work with Perpetrators, WWP-EN were asked to update and extend the lists of programmes in their country from the WWP database and additional web research was undertaken for every country. Through this “second wave” (from end of June until mid-July 2013) the total sample of invited programmes was extended to 308. By mid-July, 91 programmes (about 30% of those invited) had answered the questionnaire. In a “third wave”, the research team concentrated on convincing programmes about the importance of the research project, asking them again to fill out the survey. These efforts led to a final sample of 134 valid completed questionnaires, which corresponds to a response rate of 44%.

The 134 programmes which participated in the survey and answered the questionnaire came from 22 different European countries, led by Spain with 34 programmes (a fourth of the sample), followed by 27 programmes (20%) from Germany, and at the low end of the scale, one programme from each of 9 different countries (Bulgaria, Cyprus, Czech Republic, Denmark, Iceland, Ireland, Latvia, Poland, and Slovenia). There were also responses from 16 programmes from the UK, 9 from Italy, 8 from Switzerland, 7 from Croatia, 6 from France, 4 from Sweden and 3 each from Austria, Finland, Portugal and Serbia. This is the first survey of its kind for which programmes from Post-socialist and Eastern Europe countries have been identified, some of which did participate.

## DATA ANALYSIS

Quantitative data were analysed by SPSS 17, and answers to the open questions were translated from the different languages back into English, analysed by qualitative content analysis methods, and coded ad hoc.

## RESULTS

### PROGRAMME CHARACTERISTICS

The main descriptive characteristics of the programmes for perpetrators were when they were founded (age), how many men attended them (size) and how these men came to the

programme (type). The year programmes were founded ranged from 1987 to 2013, the mean being mid-2004 and the standard deviation 6 years. The answers were coded into the following categories: “very old” programmes which were founded before or in the year 2000, “old” programmes founded between 2001 and 2005, “young” programmes founded between 2006 and 2010, and “new” programmes founded in 2011 or later.

As can be seen in Table 1, programmes are quite evenly distributed over the four categories with regard to their age, with a slight overrepresentation of the “young” programmes (founded between 2006 and 2010) and a slight underrepresentation of the “new” programmes (founded in 2011 or later).

**Table 1.** Programmes’ characteristics

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>
Very old (founded before or in 2000)	29	21.6
Old (2001–2005)	36	26.9
Young (2006–2010)	50	37.3
New (in 2011 or later)	19	14.2
<b>Size (men attending)</b>	<b>Frequency</b>	<b>Percent</b>
Small (0–50 men)	67	50
Medium sized (51–200 men)	51	38.1
Big (more than 200 men)	16	11.9
<b>Type</b>	<b>Frequency</b>	<b>Percent</b>
Mainly voluntary/referred (at least 70%)	61	45.9
Mixed programme	20	15
Mainly court-mandated (at least 70%)	52	39.1
Total	134	100

The number of men attending the programmes in the last year (as defined by the number of men who had at least an initial interview) varied between 0 (for some programmes which started in 2013 and had no attendees in 2012) and 1,375, with a mean of 105 men and a standard deviation of 160, totalling more than 14,000 men attending the whole sample of programmes in 2013. Programmes were coded into the following categories: “big” programmes attended by more than 200 men last year, “medium sized” programmes attended by 51 to 200 men and “small” programmes attended by up to 50 men.

Half of the programmes participating in the survey were attended by up to 50 men in the last year, as can be seen in Table 1, whereas only slightly more than 10% were big programmes attended by more than 200 men in the last year.

The third main programme characteristic was the type of programme understood as the main access route for programme participants. Programmes were asked in which proportion

(percentage) attending men were (a) court-/justice-mandated, (b) referred/recommended by other institutions and (c) self-referred/attending voluntarily. Thirty programmes (22%) work with court-mandated men only, whereas twenty-six (19%) do not work with these men at all. Differences in the routes of access to the programmes are partly related to different legal contexts in different countries but also with different traditions of their work with perpetrators. Since the categories of self-referred/voluntarily attending and referred/recommended by other (non-justice) institutions were less frequent and quite overlapping, they were merged for further analysis. Programmes with at least 70% court-mandated men were coded as “mainly court mandated”, programmes with at least 70% other referrals and voluntary men were coded as “mainly referred/voluntary” and all other programmes (with more than 30% of the two other categories) were coded as “mixed” programmes. As a result, the numbers of mainly voluntary/referred and mainly court-ordered programmes are quite similar, around 40%, whereas only 15% of programmes are mixed, with both types of access (see Tab. 1).

#### COLLABORATION AND ALLIANCES WITH OTHER INSTITUTIONS OR SERVICES

Collaboration and coordination with other services, especially with victim support services (but also police, criminal justice systems, social and health services, child protection) is mandated by the Istanbul Convention and one of the main quality standards of the perpetrator programmes (BAGTäHG 2007; Grupo 25 2006; Kelly and Dubois 2008; Respect 2012; WWP 2008). Only three respondents said their programme did not collaborate with any other service or institution. Surprisingly, the most mentioned collaboration partners are social services (three out of four programmes) and the police (almost 70%), ahead of, as expected, women’s counselling services (two out of three programmes) and child protection/youth welfare services (just over 60%).

On the other hand, the health services programmes collaborating most frequently are alcohol and substance abuse treatment and GPs (58% and 40%, respectively), whereas only slightly over one out of three programmes collaborate with specialised services for child victims/witnesses of domestic violence. As shown in Table 2, three out of four programmes indicated that their work is part of an inter-institutional alliance against domestic violence.

#### PARTNER CONTACT AND SERVICES OFFERED

As mentioned before and established by the Istanbul Convention and different quality standards, contact with the partner is essential to assure the safety of the victims and necessary to collect valid data for good quality outcome measurement.

About two-thirds of the programmes indicated that they contact the partners or ex-partners of their clients; one third do not. Most programmes do so at the beginning of the programme (83%), in crisis or risk situations (66%), and when the man drops out (63%), while more than half make contact at the end of the programme, and only 40% in a follow-up.

**Table 2.** Coordination with other services, partner contact and support

<b>Part of inter-institutional alliance?</b>	<b>Frequency</b>	<b>Percent</b>
Yes	101	75.4
No	33	24.6
Total	134	100
<b>Do you contact the (ex-)partner?</b>	<b>Frequency</b>	<b>Percent</b>
No	47	35.1
Yes	87	64.9
Total	134	100
<b>Time of partner contact*</b>	<b>Frequency</b>	<b>Percent*</b>
When client begins the programme	73	83
In the course of work	53	60.2
In crisis or risk situations	58	65.9
At the end of programme	51	58
When the man drops out	55	62.5
In a follow-up	35	39.8
Total	93	100
<b>Partner support</b>	<b>Frequency</b>	<b>Percent</b>
No	41	30.6
Yes, provided by our organisation	54	40.3
Yes, provided by a partner organisation	39	29.1
Total	134	100

\* More than one option could be ticked

It must be noted that 30% of the programmes surveyed do not offer support service for the partners and ex-partners of their male clients, while 40% include this service within their own organizations and another 30% offer it through a partner organization (see Tab. 2).

Most support services for (ex-)partners offer individual support (83%) and risk assessment/safety planning (65%), followed by regular support during the man's participation in the programme (55%). Just under half of the support services for victims/survivors offer individual support for children and proactive contacts with the partners, and only one out of three offers group work for the partners. The information exchanged with the partner support service mainly focuses on high-risk situations (80%), children and their safety (65%) and repeated abuse by the client (63%), although more than half of the programmes also exchange information about the history of violence. Six programmes do not exchange any information with the partner support service.



MEASUREMENT AT INTAKE

Programmes were asked whether they use any questionnaires or inventories during their intake or clearing phase and just less than three-quarters said they did. Data on measurement at intake are summarised in Table 3.

Of those programmes which indicated that they used some questionnaires or inventories during intake, one out of three programmes reported that they do not use risk assessment instruments at that stage. There are only two instruments used by more than 10% of the respondents: the Spousal Assault Risk Assessment (SARA) (Kropp, Hart, Webster and Eaves 1994) is used by 20%, and the Coordinated Action Against Domestic Abuse – Domestic Abuse, Stalking and Honor-Based Violence Risk Identification Checklist (CAADA-DASH RIC) is used by 14%. Other response options were only ticked by one or two programmes.

**Table 3.** Measurement at intake

<b>Questionnaires used at intake</b>	<b>Frequency</b>	<b>Percent</b>
No	37	27.6
Yes	97	72.4
Total	134	100.0
<b>Risk assessment instruments at intake*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	32	33
SARA	19	19.6
CAADA-DASH	14	14.4
Total	97	100
<b>Measurement of violence at intake*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	20	20.6
CTS	10	10.3
Total	97	100
<b>Psychological inventories taken at intake*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	27	27.8
STAXI	22	22.7
SCL – 90	17	17.5
AUDIT	10	10.3
Rosenberg Self-Esteem Scale	10	10.3
Total	97	100
<b>Personality inventories taken at intake*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	43	44.3
MMPI	12	12.4
Total	97	100

Table 3 cont.

Instruments about attitudes and beliefs used at intake*	Frequency*	Percent*
None	35	36.1
ASI	10	10.3
Total	97	100

\* More than one option could be ticked

With regard to instruments used to measure the men's use of violence in the intake phase, one out of five programmes do not use any, more than 40% use non-standardized questionnaires and the single instrument most often used, the Conflict Tactics Scale (CTS) (Strauss 1979; Strauss, Hamby, Boney-McCoy and Sugarman 1996), is only used by just over 10% of the programmes. Moreover, of the programmes using questionnaires at intake almost three-quarters use some to measure psychological aspects or psychopathology of their clients. The instruments most used are the State-Trait Anger Expression Inventory (STAXI) (Spielberger 1988), 23%; the Symptom Checklist-90 (SCL-90) (Derogatis 1983), 18%; the Alcohol Use Disorders Identification Test (AUDIT) (Saunders, Aasland, Babor, de la Fuente et al. 1993), 10%; and the Rosenberg Self-Esteem Scale (Rosenberg 1965), 10%.

Just over half of the programmes using questionnaires at intake reported the use of some personality inventory, but only the Minnesota Multiphasic Personality Inventory (MMPI), (Butcher, Graham, Tellegen, Dahlstrom et al. 1989; Tellegen and Ben-Porath 2008) is applied by more than 10%.

Almost two-thirds of the programmes who use questionnaires at intake apply some instruments to measure attitudes and beliefs about gender, women and violence, but only one, the Ambivalent Sexism Inventory (ASI) (Glick and Fiske 1996), is used by more than 10%.

#### OUTCOME MEASUREMENT AND SOURCES OF INFORMATION

Respondents were asked whether they measured the outcome of their work in their programme at all and almost 20% said they did not, as can be seen in Table 4.

The 108 programmes who do measure the outcome of their work were asked which sources of information they usually take into account for this. Almost all programmes use information from their clients, about two-thirds use information from facilitators and from the (ex-)partners of their clients, while information from different other services or institutions is used to a lesser degree.

#### OUTCOME MEASUREMENT WITH CLIENTS

As could be expected, the outcome dimension most measured with clients is non-violence or a decrease in violence (92%), closely followed by attitudes and beliefs on gender, women and violence (90%), see Table 4. On the other hand, the clients' fathering skills (57%) or quality of life scores (54%), are less frequently measured outcome dimensions.

**Table 4.** Outcome measurement: sources of information, dimensions and times

<b>Do you measure the outcome of your work?</b>	<b>Frequency</b>	<b>Percent</b>
No	26	19.4
Yes	108	80.6
Total	134	100
<b>Information source for outcome measurement*</b>	<b>Frequency*</b>	<b>Percent*</b>
From clients	101	93.5
From facilitators	68	63
From partner/ex-partner	65	60.2
From other services	59	54.6
From police or court reports	46	42.6
From victim support services	35	32.4
Total	108	100
<b>Outcome dimension measured with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
Non-Violence/Decrease	99	91.7
Attitudes and beliefs	97	89.8
Client's communication skills	89	82.4
Decrease in risk of violence	83	76.9
Psychological aspects	67	62
Fathering skills	62	57.4
Quality of life	58	53.7
Total	108	100
<b>Time of measurement with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
In the initial/intake interviews (pre-test)	64	59.3
During the programme	64	59.3
When client finishes the programme	94	87
At follow-up ... after finishing the programme	70	64.8
... 1 to 3 months	38	35.2
... 4 to 6 months	28	25.9
... 7 to 12 months	20	18.5
... 13 to 24 months	10	9.3
... more than 24 months	4	3.7
Total	108	100

\* More than one option could be ticked

Respondents who indicated that their programme measured outcome with their clients were also asked when they did so, and answers showed that only around 60% of programmes did measurements at intake and during the programme, whereas almost all did so at the end of the programme. Also, only about two out of three programmes measure outcome at some follow-up point with men, with numbers decreasing as the length of the follow-up interval increases. Of those programmes that do measure outcome at follow-up with clients, 73% do so at just one point in time, 17% at two follow-up points, and 10% at more than two (see Tab. 4).

Most of the 108 programmes that measure outcome do so by reviewing their notes and observations (83%), about two-thirds use questionnaires, and only around half use structured or unstructured interviews. Of the 70 programmes that indicated they use questionnaires for outcome measurement (just over half of the whole sample), 39 (56%) use some risk assessment tool. As at intake, the only instruments used by more than 10% of these programmes were the SARA (29%) and the CAADA-DASH (13%), as can be seen in Table 4.

More than a third of the programmes using questionnaires in outcome measurement do not do so to measure the clients' use of violence or a decrease therein, although this was the outcome dimension most measured (see above). And, just as in the intake phase, the Conflict Tactics Scale (CTS) is the only instrument used by more than 10%, while most programmes use non-standardized instruments. As can be seen in Table 5, only just over half of the programmes using questionnaires in outcome measurement do so to measure psychological variables or psychopathology. Again, similarly to the corresponding results at intake, the State-Trait Anger Inventory (STAXI) and the Symptom-Checklist-90 (SCL-90) were the only instruments used by more than 10% of the programmes.

**Table 5.** Methods and instruments of outcome measurement with clients

<b>Methods of outcome measurement with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
Reviewing notes, observations and information	90	83.3
Questionnaires	70	64.8
Unstructured interview	56	51.9
Structured interview	49	45.4
Total	108	100
<b>Risk assessment instruments in outcome measurement with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	31	44.3
SARA	20	28.6
CAADA-DASH	9	12.9
Total	70	100

Table 5 cont.

<b>Questionnaires on violence in outcome measurement with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	25	35.7
CTS	9	12.9
Non-standardized instruments	26	37.1
Others	13	18.6
Total	70	100
<b>Questionnaires on psychological aspects or psychopathologies in outcome measurement with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	33	47.1
STAXI	15	21.4
SCL-90	14	20
Total	70	100
<b>Personality inventories used to measure outcome with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	47	67.1
Non-standardized instruments	11	15.7
Total	70	100
<b>Questionnaires about beliefs and attitudes to measure outcome with clients*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	31	44.3
ASI	9	12.9
Total	70	100

\* More than one option could be ticked

Personality inventories are the questionnaires least used for outcome measurements by the programmes, as only one third indicated they do so. The majority use non-standardized questionnaires and none of the standardized instruments are used by more than 5% of the responding programmes.

More than half of the programmes using questionnaires to measure outcome with their clients apply some instrument on beliefs and attitudes about gender, women and the use of violence, but in most cases these are non-standardized (33%). Again, the only questionnaire used by more than 10% of these programmes is the Ambivalent Sexism Inventory (13%).

#### OUTCOME MEASUREMENT WITH PARTNERS

Less than half of the programmes measure the outcome of their work with the partners or ex-partners of their clients (see Tab. 6). Those respondents who said their programme did

measure outcome with (ex-)partners were asked which outcomes they measure. As can be seen in Table 6, violence itself (94%), the partners' feelings of safety (89%), and a decrease in the risk of violence (81%) were the main outcome dimensions reported, followed by the children's safety and the client's attitudes and communication skills. If programmes measure outcome with the (ex-)partners of their clients, they do so mainly when the latter finish the programme (89%), whereas two-thirds also do so at intake and during the programme (see Tab. 6). Only about 60% of programmes measure outcome with partners at some follow-up point, with numbers decreasing as the length of the follow-up interval increases. Half of the programmes measure outcome with partners at just one follow-up point, 10% at two, and only 3% at more than two follow-up points.

As can be seen in Table 6, most programmes measure outcome with the (ex-)partners of their clients through information from a victim support service (56%), and only about half of the programmes also use questionnaires or unstructured interviews. The 33 programmes who indicated that they use questionnaires to measure outcome with the partners of their clients were asked which questionnaires they apply. Results for risk assessment instruments show that CAADA-DASH (39%) and SARA (18%) are the only ones used, while 39% do not use any risk assessment tool with victims.

**Table 6.** Outcome measurement with partners

<b>Do you measure outcome with (ex-)partners?</b>	<b>Frequency</b>	<b>Percent</b>
No	71	53
Yes	63	47
Total	134	100
<b>Outcomes measured with (ex-)partners*</b>	<b>Frequency*</b>	<b>Percent*</b>
Violence	59	93.7
Feelings of safety	56	88.9
Decrease in risk of violence	51	81
Total	63	100
<b>Time of measurement with (ex-)partners*</b>	<b>Frequency*</b>	<b>Percent*</b>
In the initial/intake interviews (pre-test)	42	66.7
During the programme	44	69.8
When client finishes the programme	56	88.9
At follow-up ... after finishing the programme	39	61.9
... 1 to 3 months	13	20.6
... 4 to 6 months	19	30.2
... 7 to 12 months	11	17.5
Total	63	100

**Table 6** cont.

<b>Methods of outcome measurement with (ex-)partners*</b>	<b>Frequency*</b>	<b>Percent*</b>
Through information from the victim support service or others	35	55.6
Questionnaires	33	52.4
Unstructured interview	34	54
Structured interview	25	39.7
Total	63	100
<b>Risk assessment instruments with (ex-)partners*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	13	39.4
CAADA–DASH	13	39.4
SARA	6	18.2
Total	33	100
<b>Instruments to measure violence with (ex-)partners*</b>	<b>Frequency*</b>	<b>Percent*</b>
None	13	39.4
Non-standardized instruments	10	30.3
Total	33	100

\* More than one option could be ticked

Just over 60% of the programmes which use questionnaires with partners do so with regard to the use of violence. None of the standardized instruments are used by more than 10%, whereas non-standardized questionnaires are applied by 30%.

#### REASONS NOT TO MEASURE OUTCOMES, OBSTACLES AND NEEDS

As for the 26 programmes which do not measure outcomes, their main reasons for not doing so are given in Table 7. As might be expected, the main reasons were lack of resources (almost 70%) or time (42%), but a lack of methodology (46%) and obstacles in the legal or institutional context (35%) were other important reasons. In almost a quarter of the programmes the reason not to measure was that outcome measurement was not considered their task or goal.

When asked for the reasons not to measure outcome with partners or ex-partners, about half of the programmes indicated that they do not contact the partner (at all) and almost a third pointed to obstacles in the legal or institutional context of their work (laws about data protection, for example) or stated that this is not part of the goals or tasks of the programme. A lack of resources, time or methodology were other reasons mentioned (by between 30% and 15% of respondents).

**Table 7.** Obstacles and needs regarding outcome measurements

<b>Reasons not to measure outcome* (with clients)</b>	<b>Frequency*</b>	<b>Percent*</b>
Lack of resources	18	69.2
Lack of methodology	12	46.2
Lack of time	11	42.3
Legal/institutional context	9	34.6
Is not a part of the goals/tasks	6	23.1
Total	26	100
<b>Reasons not to measure outcome with (ex-)partners*</b>	<b>Frequency*</b>	<b>Percent*</b>
Does not contact the partner	37	49.3
Legal/institutional context	23	30.7
Is not a part of the goals/tasks	23	30.7
Lack of resources	21	28
Total	75	100
<b>Obstacles to outcome measurement*</b>	<b>Frequency*</b>	<b>Percent*</b>
Lack of resources	81	60.4
Lack of time	69	51.5
Lack of methodology	49	36.6
Legal/institutional context	46	34.3
Total	134	100
<b>Needed to improve outcome measurement*</b>	<b>Frequency*</b>	<b>Percent*</b>
More time or human resources	96	71.6
More economic resources	89	66.4
Toolkit with methodologies	87	64.9
Resources to analyse data collected	69	51.5
Guidelines and recommendations	68	50.7
Training and consultation with experts	59	44
Others	9	6.7
Total	134	100
<b>Has there been any evaluation of your programme?</b>	<b>Frequency</b>	<b>Percent</b>
Yes	52	38.8
No	82	61.2
Total	134	100

\* More than one option could be ticked



Practically all (97%) programmes answered affirmatively to the question “Are you interested in improving outcome measurement in your programme?” and were then asked what was needed for them to improve. The answers (in Tab. 7) correspond to the obstacles mentioned above, with time or human resources (72%) and economic resources (66%) being the main needs indicated. But methodologies for outcome measurement and data analysis, as well as corresponding guidelines (and, to a lesser extent, training) have also been marked by about half of the programmes.

## EVALUATION STUDIES

Finally, programmes were asked whether there had been any evaluation of their programme, understanding by evaluation “the systematic analysis of a sample of collected outcome data from your programme by an internal or external researcher, usually written up in a report or publication”. Almost 40% of programmes responded affirmatively, whereas no evaluation had been conducted in the remaining 60%.

## DISCUSSION

The main results of this survey with 134 perpetrator programmes from 22 European countries allow us to conclude that the implementation of these programmes has progressed in the last years, especially in some post-socialist and southern countries (Serbia, Croatia, Poland, Czech Republic and Italy). On the other hand, and in line with the results from previous surveys and studies in Europe (Arias, Arce and Vilariño 2013; Hamilton, Koehler and Lösel 2012; Geldschläger, Beckman, Jungnitz, Puchert et al. 2010), many countries still have not systematically implemented these kinds of intervention and in some no perpetrator programmes could be identified at all. It remains to be seen whether the Istanbul Convention’s coming into force will produce an impulse in the field in the next years.

Unfortunately, the numbers of responding programmes per country are most probably not representative of the numbers of existing programmes. As described in the methods section, the sample was a convenience sample based on programmes which had participated in the former Daphne II project WWP or in the European Network for the Work with Perpetrators of Domestic Violence. Differences in national data-protection laws and regulations (especially in the case of criminal justice related programmes) as well as differing contacts and efforts made by the research consortium in the process of data collection and possible systematic differences in motivation to take part in the survey might have also affected the non-representative distribution of the sample.

As one could expect, the characteristics of the 134 perpetrator programmes from so many different European countries vary enormously in almost all respects. There are from very old to new ones, exactly half of them are small (attending up to 50 men in 2012), and slightly more work mainly with men attending voluntarily than with men mandated by courts, but this is quite different in each country. As other studies have found (Hamilton, Koehler and Lösel 2012), the typologies of men who batter and differences in the contexts of the interventions make it necessary to understand and improve the diversity of perpetrator programmes.

Apart from the great variation in programme characteristics, it has to be concluded that quite some programmes do not fulfil some of the most important quality standards proposed by different national and international organisations (BAGTäHG 2007; Grupo 25 2006; Kelly and Dubois 2008; Respect 2012; WWP 2008), especially those regarding partner contact and the inclusion of a partner support service along with coordination with other services (Geldschläger, Beckman, Jungnitz, Puchert et al. 2010)

Although most programmes collaborate with other services and participate in inter-institutional alliances, one out of three still does not collaborate with women's counselling services and one out of four is not part of an alliance. It should also be noted that almost a third of the programmes surveyed do not include a support service for partners and just over a third do not contact the (ex-)partners of their clients, which are basic elements of service delivery to ensure a positive contribution to victim safety.

The financial situations of most programmes are far from ideal (Hamilton, Koehler and Lösel 2012; Geldschläger, Beckman, Jungnitz, Puchert et al. 2010), with a lack of resources leading to permanent concerns about the sustainability of many programmes. Therefore, a lot of them have no opportunities to enhance the quality of their service delivery to the standards mentioned above and in many countries, governments and funders seem not very sensitive to these kinds of concerns and demands, as some programmes indicated.

The fact that almost 20% of the programmes surveyed do not measure the outcome of their work at all seems quite alarming. This means that one out of five European perpetrator programmes do not collect any data on the results of their work and thus do not know whether their interventions contribute to improving the safety of women and children victims and/or reducing the use and risk of violence.

Those who measure the outcome of their work mainly use information from their clients and less than half measure outcome with the (ex-)partners. This is problematic because of the men's tendencies to minimize their use of violence and its consequences (Henning and Holdford 2006; Lila, Herrero and Gracia 2008; Scott and Straus 2007). Outcome is measured mainly at the end of the programme; only 60% do pre-treatment measurement and 65% measure at follow-up (mainly in the first six months after finishing the programme), which makes it difficult to draw conclusions about changes after programme participation and whether these changes are maintained after the programme's end.

The methods most programmes use for outcome measurement are reviewing their notes, observations, and other information, and only two out of three employ questionnaires or other standardized instruments. When it comes to the latter, very different types of risk assessment tools and questionnaires to measure violence, psychological aspects or psychopathology, personality and attitudes and beliefs about gender and violence are used. Hardly any standardized instrument is used by more than 20% of the programmes that do use any, making it very difficult to be able to compare outcome data between programmes and countries. To be able to move towards good quality outcome measurement or even European-wide evaluation studies fulfilling scientific standards there seems quite a way to go (Akoensi, Koehler, Lösel and Humphreys 2012). One of the main conclusions of this survey is therefore that European perpetrator programmes are far from a consensus regarding standard methods of outcome measurement and a need for some harmonization is quite apparent (Hamilton, Koehler and

Lösel 2012; Akoensi, Koehler, Lösel and Humphreys 2012; Geldschläger, Beckman, Jungnitz, Puchert et al. 2010; Graham-Kevan 2007).

Among the main reasons given by programmes not to measure the outcome of their work and among the main needs for improving outcome measurement were the lack of resources and time, but almost half also indicated a lack of methodology. It can thus be concluded that offering outcome measurement methodologies and instruments as proposed in the IMPACT project could not only meet the needs of at least some of the programmes but also mean a step towards harmonization of methodologies and comparability of results in this field. This could eventually open the door to European-wide outcome studies (Scambor, Wojnicka and Scambor 2014).

## REFERENCES

- Akoensi, Thomas D., Johann A. Koehler, Friedrich Lösel and David K. Humphreys. 2012. *Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence*, “International Journal of Offender Therapy and Comparative Criminology” 57: 1206–1225.
- Arias, Esther, Ramón Arce and Manuel Vilariño. 2013. *Batterer intervention programmes: A meta-analytic review of effectiveness*, “Psychosocial Intervention” 22: 153–160.
- Babcock, Julia C., Charles E. Green and Chet Robie. 2004. *Does batterers’ treatment work? A meta-analytic review of domestic violence treatment*, “Clinical Psychology Review” 23: 1023–1053.
- BAG TäHG (Bundesarbeitsgemeinschaft Täterarbeit Häusliche Gewalt). 2007. *Standards and recommendations for work with male perpetrators within an institutional cooperative alliance against domestic violence*, [http://www.bag-taeterarbeit.de/images/pdf/BAG-THG-Standards\\_english\\_V.pdf](http://www.bag-taeterarbeit.de/images/pdf/BAG-THG-Standards_english_V.pdf) [03.05.2014].
- Butcher, James N., Grant W. Dahlstrom, John R. Graham, Auke Tellegen and Beverly Kaemmer, B. 1989. *The Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring*, Minneapolis: University of Minnesota Press.
- Council of Europe. 2011. *Council of Europe Convention on preventing and combating violence against women and domestic violence*, <http://www.coe.int/t/dghl/standardsetting/convention-violence/convention/Convention%202010%20English.pdf> [09.01.2014].
- Davis, Robert C. and Bruce G. Taylor. 1999. *Does batterer treatment reduce violence? A synthesis of the literature*, “Women & Criminal Justice” 10: 69–93.
- Derogatis, Leonard R. 1983. *SCL-90-R. Administration, scoring and procedures manual*, Baltimore: Clinical Psychometric Research.
- Dobash, Russell P., Rebecca Emerson-Dobash, Kate Cavanagh and Ruth Lewis. 1999. *A research evaluation of British programs for violent men*, “Journal of Social Policy” 28: 205–233.
- European Union Agency for Fundamental Rights. 2014. *Violence against women: an EU-wide survey. Main results report*, <http://fra.europa.eu/en/publication/2014/vaw-survey-main-results> [12.06.2015].

- Geldschläger, Heinrich, Stefan Beckman, Ludger Jungnitz, Ralf Puchert, Ansis Stabingis, Cyril Dully, Heinrich Kraus, Rosa Logar, Per K. Dotterud, Jorgen Lorentzen and Sybille Schweier. 2010. *Programas de intervención para hombres que ejercen violencia de género: panorámico y criterios de calidad*, “Intervención Psicosocial” 19: 181–190.
- Glick, Peter and Susan T. Fiske. 1996. *The ambivalent sexism inventory: differentiating hostile and benevolent sexism*, “Journal of Personality and Social Psychology” 12: 1323–1334.
- Gondolf, Eduard. W. 2002. *Batterer intervention systems: Issues, outcomes, and recommendations*, Thousand Oaks: Sage.
- Graham-Kevan, Nicola. 2007. *Domestic violence: Research and implications for batterer programs in Europe*, “European Journal on Criminal Policy and Research” 13: 213–225.
- Grupo 25. 2006. *Criterios de Calidad para Intervenciones con Hombres que ejercen Violencia en la Pareja*, <http://www.mujiresenred.net/IMG/pdf/CUADERNO1-G25.pdf> [05.05.2014].
- Hamilton, Leah, Johann A. Koehler and Friedrich Lösel. 2012. *Domestic violence perpetrator programs in Europe, Part I: A survey of current practice*, “International Journal of Offender Therapy and Comparative Criminology” 57: 1189–1205.
- Henning, Kris and Robert Holdford. 2006. *Minimization, Denial, and Victim Blaming by Batterers How Much Does the Truth Matter?*, “Criminal Justice and Behavior” 33: 110–130.
- Hester, Marianne, Sarah-Jane Lilley, Llorenç O’Prey and Jeppe Budde. 2014. *Overview and analysis of research studies evaluating European perpetrator programmes*, [http://www.impact.work-with-perpetrators.eu/fileadmin/WWP\\_Network/redakteure/IMPACT/Daphne\\_III\\_Impact\\_-\\_Working\\_paper\\_2\\_-\\_Overview\\_and\\_Analysis\\_of\\_Research\\_Studies\\_-\\_Evaluating\\_European\\_Perpetrator\\_Programmes.pdf](http://www.impact.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/IMPACT/Daphne_III_Impact_-_Working_paper_2_-_Overview_and_Analysis_of_Research_Studies_-_Evaluating_European_Perpetrator_Programmes.pdf) [03.12.2014].
- Kelly, Liz and Lorna Dubois. 2008. *Combating violence against women: minimum standards for support services*, [http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/EG-VAW-CONF\(2007\)Studyrev\\_en.pdf](http://www.coe.int/t/dghl/standardsetting/equality/03themes/violence-against-women/EG-VAW-CONF(2007)Studyrev_en.pdf) [03.04.2014].
- Kropp, P. Randall, Stephen D. Hart, Christopher Webster and Derek Eaves. 1994. *Manual for the Spousal Assault Risk Assessment Guide*, Vancouver: British Columbia Institute Against Family Violence.
- Lila, Marisol, Juan Herrero and Enrique Gracia. 2008. *Evaluating Attribution of Responsibility and Minimization by Male Batterers: Implications for Batterer Programs*, “The Open Criminology Journal” 1: 4–11.
- Mullaney, Jamie L. 2007. *Telling It Like a Man: Masculinities and Battering Men’s Accounts of Their Violence*, “Men and Masculinities” 10: 222–247.
- Peralta, Robert L. and Lori A. Tuttle. 2013. *Male Perpetrators of Heterosexual-Partner-Violence: The Role of Threats to Masculinity*, “The Journal of Men’s Studies” 21, 255–276.
- Próspero, Moisés. 2008. *Effects of Masculinity, Sex, and Control on Different Types of Intimate Partner Violence Perpetration*, “Journal of Family Violence” 23: 639–645.
- Respect. 2012. *The Respect Accreditation Standard (2<sup>nd</sup> edition)*, <http://respect.uk.net/wp-content/themes/respect/assets/files/accreditation-standard.pdf> [03.05.2014].
- Rosenberg, Morris. 1965. *Society and the adolescent self-image*, New Jersey: Princeton.
- Saunders, John B., Olaf G. Aasland, Thomas F. Babor, Juan R. de la Fuente and Marcus Grant. 1993. *Development of the Alcohol Use disorders Identification Test (AUDIT)*:

- WHO Collaborative Project on Early Detection of Persons with Harmful alcohol consumption-II*, "Addiction" 88: 791–804.
- Scambor, Christian, Katarzyna Wojnicka and Elli Scambor. 2014. *Possibilities for multi-site/multi-country European evaluation studies on domestic violence perpetrator programmes*, [www.impact.work-with-perpetrators.eu/fileadmin/WWP\\_Network/redakteure/IMPACT/Daphne\\_III\\_Impact\\_-\\_Working\\_paper\\_3\\_-\\_Possibilities\\_for\\_multi-site\\_multi-country\\_European\\_evaluation\\_studies\\_on\\_domestic\\_violence\\_perpetrator\\_programmes.pdf](http://www.impact.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/IMPACT/Daphne_III_Impact_-_Working_paper_3_-_Possibilities_for_multi-site_multi-country_European_evaluation_studies_on_domestic_violence_perpetrator_programmes.pdf) [16.12.2014].
- Scott, Katreena and Murray Straus. 2007. *Denial, minimization, partner blaming, and intimate aggression in dating partners*, "Journal of Interpersonal Violence" 22: 851–871.
- Spielberger, Charles D. 1988. *State-Trait Anger Expression Inventory*, Orlando: Psychological Assessment Resources.
- Straus, Murray A. 1979. *Measuring intrafamily conflict and violence: The conflict tactics (CT) scales*, "Journal of Marriage and the Family" 41: 75–88.
- Straus, Murray A., Sherry L. Hamby, Sue Boney-McCoy and David B. Sugarman. 1996. *The Revised Conflict Tactics Scales (CTS2)*, "Journal of Family Issues" 17: 283–316.
- Tellegen, Auke and Yossef S. Ben-Porath. 2008. *MMPI-2-RF (Minnesota Multiphasic Personality Inventory-2 Restructured Form): Technical manual*, Minneapolis: University of Minnesota Press.
- United Nations. 1979. *United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)*, United Nations General Assembly.
- World Health Assembly. 1996. *Prevention of violence: a public health priority. Declaration WHA 49.25 of the forty-ninth World Health Assembly*, Geneva.
- WWP (Work with Perpetrators of Domestic Violence). 2008. *Guidelines to develop standards for programmes working with male perpetrators of domestic violence*, <http://www.work-with-perpetrators.eu/index.php?id=29> [09.05.2014].

#### EUROPEJSKIE PROGRAMY DLA SPRAWCÓW PRZEMOCY DOMOWEJ: BADANIE SURVEYOWE NA TEMAT POMIARU BIEŻĄCYCH WYNIKÓW

Prowadzenie ewaluacji rezultatów programów dla sprawców przemocy domowej jest niezwykle ważne zarówno dla decydentów, jak i dla praktyków i w związku z tym coraz większa liczba badaczy zajmuje się tą kwestią. Jednocześnie, wciąż niewiele miejsca poświęca się opisowi pomiarów bieżących wyników w programach dla sprawców przemocy domowej, prowadzonych rutynowo w celu monitorowania rezultatów podejmowanych działań. Częścią projektu *IMPACT Ewaluacja europejskich programów dla sprawców przemocy* było przeprowadzenie badania surveyowego, w którym pracownicy 134 programów dla sprawców przemocy domowej, pochodzący z 22 europejskich krajów odpowiadali na pytania na temat charakteru, metod i instrumentów używanych w ich monitoringu bieżących wyników, a także odnośnie do przeszkód i potrzeb, jakie identyfikują w swojej praktyce. Główne rezultaty badania pokazują, że w 20% programów nie prowadzi się pomiaru wyników, a także, że istnieje duża różnorodność w metodach i instrumentach używanych w poszczególnych programach. Dodatkowo, okazuje się, że tylko niewielki procent programów posługuje się danymi pochodzącymi od ofiar przemocy oraz z badań kontrolnych.

Słowa kluczowe: przemoc domowa, sprawcy przemocy, pomiar wyników, program dla sprawców przemocy, Europa