



# Outcome Measurement in European Perpetrator Programmes: A Survey

Working paper 1 from the Daphne III project “IMPACT: Evaluation of European Perpetrator Programmes”

Heinrich Geldschläger, Oriol Ginés, David Nax & Álvaro Ponce



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## 1. Introduction

Evaluating the results of perpetrator programmes to determine whether they actually contribute to the safety of women and children victims/survivors is paramount, both for policy makers to inform funding and other decisions, and for practitioners to monitor and improve interventions. However, little is known about the evaluation of these programmes in Europe: there are few published outcome studies, and Daphne II project "Work with Perpetrators of DV in Europe" showed great diversity in outcome monitoring among programmes. The Daphne III "IMPACT: Evaluation of European Perpetrator Programmes" project aims to fill this knowledge gap and offer solutions towards a harmonisation of outcome monitoring. This will be achieved by providing an overview of both the practice of outcome monitoring (workstream1) and of the research on the evaluation (workstream2) of perpetrator programmes in Europe; by identifying possibilities and obstacles for multi-country European outcome research studies (workstream3); and, finally, by developing an evaluation toolkit (workstream4) to be used by programmes in the future.

This working paper describes the methodology and main results of the survey undertaken in workstream1. The main objective of the survey was to provide an overview and detailed analysis on the current outcome measurement practice in European programmes for perpetrators of domestic violence which will serve as a basis for the development of an evaluation toolkit for use in these programmes in workstream4. In contrast to workstream2, here the focus is not on scientific outcome research but on the day-to-day outcome monitoring perpetrator programmes regularly perform as part of their service delivery.

Specifically, the survey aimed at providing detailed knowledge on:

- 1) the number and characteristics of perpetrator programmes in Europe that regularly measure the outcome of their work,
- 2) the methodology and instruments used for outcome measurement (sources of information, questionnaires/tests, follow-up, etc.), and the rationale for the selection of the variables to be evaluated (the underlying model of change including the variables programmes aim to change through intervention),
- 3) the difficulties perpetrator programmes encounter in the evaluation of their work,
- 4) the needs of perpetrator programmes in Europe for improving the evaluation of their work (with regard to methodology, instruments, training, etc.).

A second objective of the survey was to identify scientific evaluation studies from all European countries, both published and unpublished, to be included in the overview and analysis of research in workstream2 by asking programme practitioners for relevant studies or references.

This working paper describes the methodology of the survey (chapter 2), the main results regarding its objectives (chapter 3) and some conclusions (chapter 4). More detailed analysis of the data collected in the survey will be provided in two scientific articles to be submitted within the IMPACT project.

The partners of the IMPACT project are:

- Dissens - Institut für Bildung und Forschung e.V., Berlin, Germany (coordination),
- Askovgaarden, Copenhagen, Denmark,
- CONEXUS, Barcelona, Spain,
- Men's Counselling Centre Graz, Austria,
- RESPECT, London, UK,
- University of Bristol, UK,
- WAVE, Vienna, Austria.

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## **2. Methodology**

### **2.1. 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” (WWP), both to allow for comparisons and detect changes over time in an overlapping sample and because it had been tested and proven useful. To reduce length, questions that weren’t regarded as relevant for the objectives of this survey were left out. On the other hand, more detailed and specific questions on methods and instruments used and on 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, in a way that more specific questions on different aspects or methods of outcome measurement were only asked to those programmes who had indicated that they actually use them (e.g. only programmes who indicated that they use questionnaires in outcome measurement were asked more specifically which questionnaires they used). Most of the questions use a multiple choice format to facilitate responses and data analysis, almost always offering an “others” option with an open space to enter free text. Some open questions gave respondents an opportunity for 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 consists of nine sections (Basic information, Cooperation and context, Intake and intervention, Partner contact and victim support, Outcome measurement with perpetrators, Outcome measurement with (ex-) partners, Improvement of outcome measurement, Evaluation, Final Questions and comments) and can be found in Annex 1.

The final version of the questionnaire, that had been created in English, was then translated into 15 European languages (German, Bulgarian, Hungarian, Croatian, Czech, Estonian, French, Italian, Latvian, Lithuanian, Polish, Spanish, Portuguese, Romanian, and Slovenian) and some of the translations were checked by members of the consortium and by some European Focal Points for the Work with Perpetrators of Domestic Violence, with satisfactory results.

### **2.2. Online implementation**

The questionnaire was implemented on the online platform <https://www.socisurvey.de>. This platform is free for non-profit organizations and

offers the complete infrastructure that is necessary (creation of items, range of different tools, arrangement of items on the pages, translation assistant, coding scheme, pretesting phase, facilities to download results in Excel or SPSS). The survey went online on May 13<sup>th</sup> 2013 and has been accessible for 113 days until the 2<sup>nd</sup> of September 2013, after several extensions of the survey period.

### **2.3. Sample**

For the initial sample, invitations to participate in the on-line survey were sent per 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”. The response rate of the “first wave” of sampling (mid-May until end of June) was about 25%, probably because of two main reasons: a) some programmes from the WWP database did not exist anymore and b) responding the questionnaire (about 30 to 75 minutes) seemed to cost too many resources for programmes with small budgets.

For the “second wave” of sampling, National focal points of the WWP European Network were asked to update and extend the lists of programmes in their country from the WWP database and an 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.

Until mid July, 91 programmes (about 30% of those invited) had answered the questionnaire. In a “third wave” of sampling, the research team concentrated on convincing selected 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%.

### **2.4. Data analysis**

Data were downloaded from the online platform “soscisurvey” into SPSS already as coded variables. Data were then cleared by contacting with respondents over e-mail in four cases in which contradictory responses were detected and corrections were made in accordance to clarifications from these respondents. Furthermore, the answers to the open questions were translated from the different languages back into English.

Quantitative data were analyzed by SPSS 17 and answers to open questions were analyzed by qualitative content analysis methods.

### **3. Results**

The main results of the survey are described reporting the frequencies of responses to each question, most of which were multiple choice questions. Respondents who clicked the “others” option were asked to specify and describe this answer in an open space and the (translated) responses are reproduced more or less literally in the lists following the tables with the answer frequencies. In these lists similar answers are summarized and the corresponding total number of responses is indicated in brackets.

#### **3.1. Programme characteristics**

In this chapter the main survey results regarding the characteristics of programmes, they way they collaborate with other services, their basic intake and intervention procedures and the support for and contact with the (ex-) partners of the clients are described.

##### **3.1.1. Participating programmes per countries**

As can be seen in table 3.1.1., the 134 programmes which participated in the survey and answered the questionnaire came from 22 different European countries, with a maximum of 34 programmes (a fourth of the sample) from Spain, followed by 27 programmes (20%) from Germany, and a minimum of one programme from 9 different countries each.

Unfortunately, the numbers of responding programmes per country are most probably not representative of the numbers of existing programmes, but depend on participation in the former Daphne II project WWP and in the European Network for the Work with Perpetrators of Domestic Violence as well as on national data protection laws and regulations (especially in the case of criminal justice related programmes), on the differential contacts and efforts made by the research consortium in the process of data collection and on possible systematic differences in motivation to take part in the survey.



Table 3.1.1.: Programmes per country

Country	Frequency	Percent
Austria	3	2,2
Bulgaria	1	0,7
Croatia	7	5,2
Cyprus	1	0,7
Czech Republic	1	0,7
Denmark	1	0,7
Finland	3	2,2
France	6	4,5
Germany	27	20,1
Iceland	1	0,7
Ireland	1	0,7
Italy	9	6,7
Latvia	1	0,7
Norway	2	1,5
Poland	1	0,7
Portugal	3	2,2
Serbia	3	2,2
Slovenia	1	0,7
Spain	34	25,4
Sweden	4	3,0
Switzerland	8	6,0
United Kingdom	16	11,9
Total	134	100

### 3.1.2. Age of the programmes

The answers to the question “In which year did your work with perpetrators start?” varied from 1987 to 2013, the mean was 2004 and a half and the standard deviation was 6 years. These answers were recoded into the following categories: “very old” programmes which started until the year 2000, “old” programmes which started between 2001 and 2005, “young” programmes which started between 2006 and 2010 and “new” programmes which have started since 2011, to use as an independent variable to test for possible differences in outcome measurement.

As can be seen in table 3.1.2., programmes are quite evenly distributed over the four categories with regard to their age, with a slight overrepresentation of the “young” programmes (that started between 2006 and 2010) and a slight underrepresentation of the “new” programmes (that started since 2011).

Table 3.1.2.: Age of programmes (year when they started)

Age	Frequency	Percent
Very old (until 2000)	29	21,6
Old (2001 - 2005)	36	26,9
Young (2006 - 2010)	50	37,3
New (since 2011)	19	14,2
Total	134	100

### 3.1.3. Size of the programmes

The number of men attended in the last year by the programmes (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 hadn't attended anybody in 2012) and 1375, with a mean of 105 men and a standard deviation of 160, summing up to a total of more than 14.000 men attended in 2013 by the whole sample of programmes. Programmes were coded into the following categories: "big" programmes which attended more than 200 men last year, "medium sized" programmes that attended 51 to 200 men and "small" programmes that attended up to 50 men last year. The size of the programmes was also to be used as an independent variable to test for possible differences in outcome measurement.

Table 3.1.3.: Size of the programme (men attended last year)

Size (men attended)	Frequency	Percent
Small (0 - 50 men)	67	50,0
Medium sized (51 - 200 men)	51	38,1
Big (more than 200 men)	16	11,9
Total	134	100

Table 3.1.3. shows that exactly half of the programmes participating in the survey had attended up to 50 men in the last year, whereas only little more than 10% were big programmes attending more than 200 men in the last year.

### 3.1.4. Type of programme

The third main programme characteristic that has been used as an independent variable with regard to possible differences in outcome measurement is the type of programme understood as the main access route for programme participants.

Programmes were asked in which proportion (percentage) men attended who 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. Almost one third of programmes indicated that they do not work with men who attend voluntarily or are referred / recommended by other (non-justice) institutions. Since these two latter referral types were less frequent and quite overlapping, they were merged for further analysis.

Table 3.1.4.: Type of programme (main route of access)

Type	Frequency	Percent
Mainly voluntary/referred (at least 70%)	61	45,9
Mixed programme	20	15,0
Mainly court-mandated (at least 70%)	52	39,1
Total	134	100

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 can be seen in table 3.1.4., 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.

### 3.1.5. Collaboration with other institutions / projects

Taking part in a coordinated community response to domestic violence and collaborating with other institutions and services is one of the main quality criteria for perpetrator programmes. Table 3.1.5. shows the programmes that indicated collaboration with each of a number of different institutions or services. Only three respondents said their programme didn’t collaborate with any other institution or project. Surprisingly, the most mentioned collaboration partners are social services (three out of four programmes) and the police (almost 70%), before the women’s counselling services (two out of three programmes) and child protection / youth welfare services (just over 60%).

On the other hand, health services that programmes collaborate most with are alcohol and substance abuse treatment and GPs (58% and 40%, respectively), whereas only just over one out of three programmes collaborate with specialised services for children victims / witnesses of domestic violence.

Table 3.1.5. Collaboration with other institutions / projects

Institutions / projects	Frequency	Percent
Social Services	101	75,4
Police	93	69,4
Women's counselling services	91	67,9
Youth welfare office / Child protection services	82	61,2
Family Services	81	60,4
Women's shelter/refuge	80	59,7
Criminal Court	79	59,0
Alcohol or substance abuse treatment	77	57,5
General practice doctors	54	40,3
Children's victims / witnesses services	50	37,3
Civil / Family Court	49	36,6
Prosecutor	49	44,0
Hospitals	24	17,9
Emergency units	21	15,7
No	3	2,2
Total	134	100

### 3.1.6. Inter-institutional alliance against domestic violence

As shown in table 3.1.6., three out of four programmes indicated that their work is part of an inter-institutional alliance against domestic violence, whereas 25% of programmes are not.

Table 3.1.6. Inter-institutional alliance against domestic violence

Answer	Frequency	Percent
Yes	101	75,4
No	33	24,6
Total	134	100

### 3.1.7. Other services provided in the field of domestic violence

Only three of the 134 respondents answered that their institution or organisation does not offer any other services in the field of domestic or interpersonal violence. Table 3.1.7. shows that more than half of the participating organizations also offer services for female perpetrators and female victims of domestic violence and almost 45% for male victims, whereas one out of three also work with sex offenders.

Table 3.1.7. Collaboration with other institutions / projects

Institutions / projects	Frequency	Percent
Female perpetrators	75	56,0
Female victims of domestic violence	69	51,5
Male victims of domestic violence	60	44,8
Youth perpetrators	53	39,6
Children victims or witnesses of violence	50	37,3
Sexual Offenders	43	32,1
Child abuse offenders	41	30,6
Others	31	23,1
No	3	2,2
Total	134	100

Respondents who clicked the “Others” option were given the possibility to specify which other services their organization offers. The responses are reproduced more or less literally in the following list and similar answers were summarized (indicating the corresponding number of responses in brackets):

- Support for victims of sexual abuse, male and female (3)
- All forms of violence: hooligans, right- and left-wing extremism, stalking, etc. (2)
- Child Pornography (2)
- Support to maternity and paternity in conflictive separations
- Support for other victims of domestic violence (parents, siblings, etc.)
- Violence towards parents, siblings, grandparents, etc.
- Rape and incest
- Adolescent sexual offenders
- Stalking.

### 3.1.8. Intake / assessment or clearing phase

Only 5% of the respondents answered their programme had no intake or assessment phase at all, almost one out of six only do one initial interview whereas the majority

(41%) do several individual assessment sessions and one fourth offer an individual counselling phase before the group work (see table 3.1.8.).

Table 3.1.8. Intake phase

	Frequency	Percent
No	7	5,2
Only one initial interview	21	15,7
Individual assessment sessions	55	41,0
Individual counselling phase (before group work)	33	24,6
Others	18	13,4
Total	134	100

Most of the “other” procedures described by respondents at intake could have been categorized into the answer options and included:

- Assessment sessions (6),
- Individual interviews (5),
- Individual meetings and contacts with the partner or authorities (2),
- Initial interview, individual evaluation sessions, individual and in some cases group work (2),
- Individual diagnostic interviews; individual counselling when on waiting list,
- Clearing phase with individual sessions; assessing the suitability to group work; otherwise individual sessions continue,
- First contact only in digital form.

### 3.1.9. Admission criteria

Table 3.1.9. Admission criteria

Criteria	Frequency	Percent
No	7	5,2
Absence of mental disorders	103	76,9
Absence of alcohol or drug abuse	101	75,4
Sufficient language skills	88	65,7
Minimum of motivation	85	63,4
Sufficient cognitive abilities	83	61,9
Minimum of accountability	70	52,2
Others	16	11,9
Total	134	100

Table 3.1.9. shows that the criteria for admission to the intervention after intake or assessment that most programmes apply are absence of mental disorders and of substance abuse (both by around 75%), followed by sufficient language skills, minimum of motivation and cognitive skills, whereas a minimum of accountability for the abuse is only an admission criteria for just over half of the programmes.

“Other” criteria for admission programmes reported were:

- No sexual violence (2)
- At least 18 years old (2)
- Absence of indicators of child sexual abuse
- Safety assessment with victims’ counsellor (on the telephone)
- Willingness for partner contact
- Confidentiality release towards partner and cooperating agencies
- Not to be on trial
- (For self-referrals) ability & motivation to contribute to financial cost of intervention.

### 3.1.10. Intervention modality

In the majority of the programmes surveyed, work takes mainly place in groups (almost 60%), whereas one out of four programmes work mainly individually (see table 3.1.10.).

Table 3.1.10.: Main intervention modality

Modality	Frequency	Percent
Individual counselling	34	25,4
Couple counselling	1	0,7
Group work	79	59,0
Other	20	14,9
Total	134	100

Twenty programmes (15%) reported “other” intervention modalities, which mainly consisted of different combinations of individual and group work (10) or all three modalities (2), but also the following:

- Counselling treatment of couples in separated groups
- Individual interviews / mediation
- Individual counselling possible when needed
- Motivational interviewing, individual and group work

### 3.1.11. Approach or model of work with perpetrators

Table 3.1.11. shows the answers to the question “Which of the following approaches corresponds most closely to your work?”. About a third of programmes subscribed to a cognitive behavioural model and almost one out of four to a psycho-educational model, whereas the other answer options were only ticked by around 5% or less of the programmes.

Table 3.1.11. Approaches to the work with perpetrators

Approach	Frequency	Percent
Cognitive behavioural	46	34,3
Psycho-educational	32	23,9
Duluth model	8	6,0
Constructivist and narrative	6	4,5
Systemic / family therapy	5	3,7
Psychodynamic	5	3,7
Others	32	23,9
Total	134	100

Instead, almost one out of four described “other” approaches they used in their work and which mainly consisted of different combinations of the above approaches (12), combinations of the above with humanistic and Gestalt approaches (5), special mentions of a gender / feminist perspective or a critical masculinities approach (4) and the following:

- ATV (Alternatives To Violence) model (2)
- Phenomenological model according to Joachim Lempert, Vienna (2)
- Individual therapy - psychodynamic approach, group t-CBT, couple therapy - systemic approach
- Ecological Model
- Depending on the diagnostic results: from training to psychotherapy (CBT, psychodynamic, etc.)
- Eclectic model of the above elements except psychodynamic approaches and furthermore also EMDR and Logotherapy
- Motivational interviewing, cognitive behavioral model and systemic model
- Cognitive behaviour therapy with bodywork
- REPAIR model has developed from Duluth and Ahimsa in Devon and is therapeutic
- Cognitive-behavioural/feminist based in mindfulness and psychotherapeutic practice.



### 3.1.12. Number of sessions

With regard to the number of sessions offered in the programmes, almost half of the respondents marked the range from 14 to 26 sessions, followed by the range of 27 to 52 sessions (almost 30%) and lower range of up to 13 sessions (21%), whereas only 6% offer more than 52 sessions (see table 3.1.12.).

Table 3.1.12.: Number of sessions

Modality	Frequency	Percent
Up to 13 sessions	28	20,9
14 to 26 sessions	60	44,8
27 to 52 sessions	38	28,4
More than 52 sessions	8	6,0
Total	134	100

### 3.1.13. Duration

As can be seen in table 3.1.13., and similarly to the answers on the number of sessions, the majority of respondents report a duration of their programme of 14 to 26 weeks or 27 to 52 weeks (about 40% each) whereas shorter (up to 13 weeks) and longer (more than 52 weeks) durations are less frequent (10% each).

Table 3.1.13.: Duration of the programmes

Duration	Frequency	Percent
Up to 13 weeks	13	9,7
14 to 26 weeks	55	41,0
27 to 52 weeks	53	39,6
More than 52 weeks	13	9,7
Total	134	100

### 3.1.14. Exclusion criteria during intervention

Once men have been admitted to the programme and the intervention has started, most programmes have criteria to exclude men from the programme and terminate the process, only 5% indicated they do not.

Table 3.1.14. shows that most frequent exclusion criteria are violence in the group and breaking the agreement or contract (both with 70%), followed by being absent more than a determined number of times and a lack of participation or cooperation (58%

and 56%, respectively), whereas continuing to be abusive (against the partner or ex-partner) is only an exclusion criteria in less than half of the programmes (43%).

Table 3.1.14. Exclusion criteria during intervention

Criteria	Frequency	Percent
Violent against group's members or facilitators	94	70,1
Breaks the agreement / contract	93	69,4
Absent with/without permission > X	78	58,2
Lack of participation / cooperation	75	56,0
Continues to be abusive	58	43,3
Does not pay the fees	17	12,7
Others	11	8,2
No	7	5,2
Total	134	100

Other exclusion criteria mentioned by the programmes included:

- Turning up drunk or under the influence of other substances (2)
- If he enters the criminal justice system for a DV related matter (2)
- Psychiatric disorders which are not medicated or compensated
- If he maintains an attitude of opposition and sabotages the program
- No taking over of responsibility and willingness to make amends.

### 3.1.15. Men attended, admitted and who completed

The survey asked how many men programmes had attended last year (2012), how many had been admitted onto the programme and how many completed it. Table 3.1.15. shows that the numbers vary greatly and that, as a mean, of 105 men who had at least one initial interview, 80 (77%) were admitted to the programme and 61 completed it (75% of those admitted and 58% of those who initiated).

Table 3.1.15. Throughput of programmes

MEN ...	Mean	Std. Dev.	Min.	Max.
ATTENDED: with at least 1 initial interview	104,8	160,2	0	1375
ADMITTED: (after intake) and started the intervention (at least one session)	80,3	126,2	0	850
COMPLETED: finished the programme	60,5	111,3	0	850

### 3.1.16. Documentation and reporting system

With regard to the documentation of and reporting on the work with the perpetrators it calls the attention that only two thirds of the programmes have annual statistics or activity reports, standardized social statistics of their clients or a (non-standardized) case-oriented documentation of their work, and even less have data on completion and drop out (58%) or standardized documentation of each case (see table 3.1.16.). One out of five programmes use specific computerized documentation (or client management) systems and one out of six record sessions (be it audio or video recording).

Table 3.1.16. Documentation and reporting system

Documentation type*	Frequency*	Percent*
Annual statistics	90	67,2
Annual activity report	87	64,9
Standardized social statistics	86	64,2
Case-oriented documentation, standardized	58	43,3
Case oriented documentation, non-standardized	91	67,9
Completion and drop-out data	78	58,2
Specific computerized system	26	19,4
Video or audio recordings of sessions	22	16,4
Others	7	5,2
Total	134	100

\* More than one option could be ticked

Five percent of the programmes mentioned other reporting or documentation systems, including:

- Bento (database with client data and memos)
- Monitoring reports, reports on incidences and finishers to the Prison Social Services
- Unstandardized documentation of the group sessions
- Interim and final report to Justice
- Psychological or psychosocial forensic evaluation reports to the court or lawyers.

### 3.1.17. Support service for partners

It is to be remarked that 30% of the programmes surveyed do not include a support service for the partners and ex-partners of their male clients, 40% offer this service within their own organizations and another 30% through a partner organization (see table 3.1.17).

Table 3.1.17.: Support service for partners

Partner support	Frequency	Percent
No	41	30,6
Yes, provided by our organisation	54	40,3
Yes, provided by a partner organisation	39	29,1
Total	134	100

### 3.1.18. Services offered to partners

If a support service for (ex-) partners was in place, it was asked which kind of services specifically were offered to (ex-) partners and the answers are shown in table 3.1.18.

Table 3.1.18. Services offered to partners

Services offered*	Frequency*	Percent*
Individual support	77	82,8
Risk assessment and safety planning	60	64,5
Regular support during the programme participation of client	51	54,8
Individual support for children	44	47,3
Proactive contacts	43	46,2
Group work	33	35,5
Group work with children	17	18,3
Others	9	9,7
Total	93	100

\* More than one option could be ticked

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.

“Other” services offered to the partners include:

- Individual counselling on demand
- Referral/signposting on to other internal & external services, including for children
- The support for children victims is offered via referral to other organization
- Couple therapy.

### 3.1.19. Information exchange with the partner support service

The information exchanged with the partner support service mainly centers around 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 (see table 3.1.19.). Six programmes do not exchange any information with the partner support service.

Table 3.1.19. Information exchange with partner support service

Information exchanged*	Frequency*	Percent*
High risk situation	74	79,6
Information about children and their safety	60	64,5
Repeated abuse by client	59	63,4
History of violence	53	57,0
Others	13	14,0
No	6	6,5
Total	93	100

\* More than one option could be ticked

Responses to the “others” option regarding the information exchanged include:

- Evolution of the man’s process (4)
- Progress on programme and anything else that might help her and her safety
- Any information deemed necessary for therapeutic work within the limits of confidentiality
- Depending on the case, start and termination / exclusion from training programme
- Info on attendance or non-attendance
- Via team supervision checking out what the dynamics and relationships are within the family - allows all three elements of the work (perpetrator, victim and children) to understand if a man is not being honest about what is going on at home
- Same therapists working with victims and perpetrators.

### 3.1.20. Partner contact

About two thirds of the programmes indicated that they contact the partners or ex-partners of their clients, one third do not (see table 3.1.20.).

Table 3.1.20.: Partner contact

Partner contact	Frequency	Percent
No	47	35,1
Yes	87	64,9
Total	134	100

### 3.1.21. Partner contact: who?

Those programmes which indicated they did contact the (ex-) partners of their clients were asked who they contact more specifically. While practically all programmes contact current partners who have suffered violence from the clients, less than two thirds also contact ex-partners who have suffered violence and only half contact new partners as potential victims (see table 3.1.21.).

Table 3.1.21.: Partner contact

Partner contact*	Frequency*	Percent*
Current partner (who suffered the violence)	86	97,7
Ex-partner (who suffered the violence)	55	62,5
New partner (as a potential victim)	44	50,0
Total	88	100

\* More than one option could be ticked

### 3.1.22. Partner contact: when?

The answers to the question when (ex-) partners are contacted are shown in table 3.1.22.: most programmes do so at the beginning of the programme (83%), in crisis or risk situations (66%) and when the man drops out (63%), more than half at the end of the programme and only 40% in a follow-up.

Table 3.1.22. Partner contact: when?

Moments of partner contact*	Frequency*	Percent*
When client begins the programme	73	83,0
In the course of work	53	60,2
In crisis or risk situations	58	65,9
At the end of programme	51	58,0
When the man drops out	55	62,5
In a follow-up	35	39,8
Others	11	12,5
Total	93	100

\* More than one option could be ticked

Programmes reported the following “other” times they contact (ex-) partners of their clients:

- In all mentioned situations, the specified victim support office is informed
- Contact only if partner wishes
- When estimated as necessary
- Before man starts the programme.

### 3.1.23. Accreditation and membership

As can be seen in table 3.1.23., just over half of the programmes affirm that they are approved or accredited by an institution or professional body and about one third are members of a specific professional body or national organization.

Table 3.1.23.: Accreditation and membership

Accreditation and membership*	Frequency*	Percent*
Approved or accredited by any institution or professional body	70	52,2
Member of a specific professional body or national organization	47	35,1
None of the above	33	24,6
Total	134	100

\* More than one option could be ticked

The list of the accrediting organizations reported is long and includes:

- Governmental bodies on national, regional or local level, especially Ministries / Departments of Justice or Interior (23)
- National umbrella organizations like RESPCET (UK) and BAG TÄHG (Germany) (4)
- ATV Alternativ Till Vold (2)

- Republic Institute for Social Protection of Serbia (2)
- EUPAX
- CSAP (Criminal Services Accreditation Panel)
- Aragonese Institute of women – DGA
- MJD and SPIP
- System ISO 9001
- Work according to the federal standards.

Programmes indicated membership in various different organizations, mainly:

- National umbrella organizations like RESPCET (UK), BAG TäHG (Germany), FNACAV (France) and Täterberatung Schweiz (Switzerland) (4)
- National or regional associations against domestic violence (4)
- Psychological associations (2)
- Health organizations (2)
- The National Association of Swedish Crisis Centres for Men.

### 3.1.24. Predictors of change

Answers to the open question “From your experience, which are the most important predictors of change in men’s behaviour?” were analyzed through qualitative content analysis by which nine content categories were established. Answers were then coded into these categories allowing for different codes to be applied to the same answer text if it fulfilled the definitional criteria. Table 3.1.24. shows the frequencies with which answers were coded into each content category.

Table 3.1.24. Categories of predictors of change

Predictor of change (category)*	Frequency*	Percent*
Accountability / Responsibility	106	79,1
Empathy	90	67,2
Emotion regulation	50	37,3
Social and communication skills	49	36,6
Attitudes, beliefs about gender roles	44	32,8
Awareness of abuse process	36	26,9
Self-reflection / self-awareness	35	26,1
Motivation and participation	30	22,4
Behaviour in other contexts	7	5,2
Total	134	100

\* Answers could be coded into more than one category



Two predictors of change stand out in programmes' answers, "accountability or responsibility" for the violence by the man (almost 80% of the answers) and "empathy" with the victim/survivor (two thirds of the answers), whereas other predictors like "emotion regulation", "social and communication skills" and "attitudes and beliefs about gender roles" are mentioned by about one third of respondents. Interestingly, only just over one fifth of the answers fell into the category "motivation and participation" in the programme.

### 3.1.25. Contributions of the wider system

In a similar way, answers to the open question "Regarding the wider system addressing domestic violence, which elements do you think contribute most to victims' safety and to the reduction in men's violence?" were qualitatively analyzed, categories established and answers coded into the categories. Table 3.1.25. shows the frequencies with which answers were coded into each content category.

Again, two answer categories of the elements of the wider system that contribute most to victim safety and reduction in men's violence stand out, "inter-institutional cooperation" (70%) and "legislation" (58%). Here, too, there is a group of elements mentioned by just over a fourth of the programmes ("victim support", "social and cultural changes" and "more specialized services") whereas, surprisingly, only 10% of the answers were coded into the category of "funding and economic resources".

Table 3.1.25. Categories of effective wider system elements

Elements of the wider system (category)*	Frequency*	Percent*
Inter-institutional cooperation	95	70,9
Legislation	77	57,5
Victim support	38	28,4
Social and cultural changes	38	28,4
More specialized services	35	26,1
Control, protection measures and follow up	24	17,9
Training and awareness of professionals	23	17,2
Programme characteristics	18	13,4
Prevention programmes in schools	16	11,9
Economic resources and funding	13	9,7
Total	134	100

\* Answers could be coded into more than one category

### 3.2. Measurement at intake

In this chapter, survey results on measurement instruments used by programmes in the intake, assessment or clearing phase are reported. They can potentially be used to produce pre-intervention scores in outcome measurements or evaluation studies.

Table 3.2.: Questionnaires used at intake

	Frequency	Percent
No	37	27,6
Yes	97	72,4
Total	134	100,0

First of all, respondents were asked whether they used questionnaires or inventories during the intake or clearing phase in their programme and just less than three quarters said they did, as can be seen in table 3.2.

#### 3.2.1. Risk assessment instruments used at intake

Table 3.2.1.: Risk assessment instruments at intake

Instruments*	Frequency*	Percent*
No	32	33
SARA <sup>1</sup>	19	19,6
CAADA - DASH <sup>2</sup>	14	14,4
SVR-20 <sup>3</sup>	2	3,2
PCL <sup>4</sup>	2	2,1
D. A. <sup>5</sup>	2	2,1
OASys <sup>6</sup>	1	1,0
DyRiAs <sup>7</sup>	1	1,0
Others	25	25,8
Total	97	100

\* More than one option could be ticked

<sup>1</sup> Spousal Assault Risk Assessment (Kropp, Hart, Webster & Eaves, 1994)

<sup>2</sup> [Co-ordinated Action Against Domestic Abuse \(CAADA\) - Domestic Abuse, Stalking and Honour Based Violence \(DASH\) Risk Identification Check list \(RIC\)](#)

<sup>3</sup> Sexual Violence Risk - 20 (Boer, Hart, Kropp & Webster, 1997)

<sup>4</sup> Psychopathy Checklist (Hare, 1980, 2003)

<sup>5</sup> Danger Assessment (Campbell, 1995)

<sup>6</sup> Offender Assessment System (National Probation Service for England and Wales, 2003)

<sup>7</sup> Dynamisches Risiko Analyse System (Dynamic Risk Analysis System, Hoffmann, J. & Glaz-Ocik, J., 2012).

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 SARA (20%) and the CAADA – DASH (14%), while other response options were only ticked by one or two programmes.

On the other hand, a fourth of the respondents indicated that they used “other” risk assessment tools, mainly non-standardized ad-hoc questionnaires (6 programmes) or interviews (2), but also the following:

- EPV-R (3)
- Criminological anamnesis by Göppinger
- Information form DVRAF
- Checklist of violent behavior
- RVD-BCN
- RADAR
- ODARA
- FREDA
- ASI
- MIVEA
- Duluth Risk Assessment and Respect RIC

### 3.2.2. Questionnaires used to measure violence at intake

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 only instrument used by just over 10% of the programmes is the Conflict Tactics Scale (CTS).

Table 3.2.2.: Measurement of violence at intake

Questionnaire*	Frequency*	Percent*
No	20	20,6
CTS <sup>8</sup>	10	10,3
PMWI <sup>9</sup>	3	3,1
NPAPS <sup>10</sup>	1	1,0
Non-standardized	41	42,3
Others	30	30,9
Total	97	100

\* More than one option could be ticked

<sup>8</sup> Conflict Tactics Scale (Strauss, 1979, Strauss, et al., 1996)

<sup>9</sup> Psychological Maltreatment of Women Inventory (Tolman, 1989, 1999)

<sup>10</sup> Non-Physical Abuse of Partner Scale (Garner & Hudson, 1992)

Again, more than 30% of the respondents indicated that they use “other” instruments to measure violence at intake, mainly ad-hoc intake forms or interview guidelines (6 programmes) or ad-hoc questionnaires (4), but also the following:

- Behaviour checklist (e.g., Dobash) (3)
- Aggression Questionnaire (AQ) (3)
- MMEA - Multidimensional Measure of Emotional Abuse (Murphy, Hoovery, Taft, 1999) (2)
- RSRSM
- Questionnaire DPP
- VAWS
- Reports from cooperating agencies / organizations (eg. indictment, judgment)
- Abusive and controlling behaviour inventory
- SCALE Plutchik
- TECA
- FREDA
- SARA
- Domestic Violence Questionnaire - Version Aggressor - QVD-VA
- Duluth Risk Assessment Tool.

### 3.2.3. Questionnaires used to measure psychological aspects or psychopathologies at intake

Table 3.2.3. shows that 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, 23%), the Symptom Checklist – 90 (18%), the Alcohol Use Disorders Identification Test (AUDIT, 10%) and the Rosenberg Self-Esteem Scale (10%).

Table 3.2.3.: Psychological inventories used at intake

Instrument*	Frequency*	Percent*
No	27	27,8
STAXI <sup>11</sup>	22	22,7
SCL – 90 <sup>12</sup>	17	17,5
AUDIT <sup>13</sup>	10	10,3
Rosenberg Self-Esteem Scale <sup>14</sup>	10	10,3
STAI <sup>15</sup>	6	6,2
BDI <sup>16</sup>	5	5,2
FAF <sup>17</sup>	2	2,1
FKBS <sup>18</sup>	2	2,1
Non-standardized	32	33
Others	20	20,6
Total	97	100

\* More than one option could be ticked

A third of the programmes indicate that they use non-standardized questionnaires to measure psychological aspects at intake and one out of five uses the following are “other” psychological inventories:

- PPI-R (4)
- IKP (2)
- TECA (2)
- EDS (social desirability) (2)
- BinFB
- The mirror of the mind (Mind in the eye) - estimation of the capacity for mentalization, SP 5 from Scale S, Sigma 1 from Scale S
- Hudolinov Questionnaire – Alcoholism
- FEE
- EKF
- FDS
- SKID
- BIS-11

<sup>11</sup> State-Trait Anger Expression Inventory (Spielberger, 1988)

<sup>12</sup> Symptom Checklist - 90 (Derogatis, 1983)

<sup>13</sup> Alcohol Use Disorders Identification Test (Saunders, et al., 1993)

<sup>14</sup> Rosenberg Self-Esteem Scale (Rosenberg, 1965)

<sup>15</sup> State-Trait Anxiety Inventory (Spielberger, et al., 1983)

<sup>16</sup> Beck Depression Inventory (Beck et al., 1961, Beck et al., 1996)

<sup>17</sup> Family Assessment Form (McCroskey et al., 1997)

<sup>18</sup> Fragebogen zu Konfliktbewältigungsstrategien [Questionnaire on Conflict Resolution Strategies] (Hentschel et al., 1998)

- Maladjustment and matrimonial adjustment
- CORE –OM
- Questionnaire by Young - YSQ-S3
- Achenbach.

#### 3.2.4. Personality inventories used at intake

Just over half of the programmes using questionnaires at intake reported the use of some personality inventory and only the MMPI is applied by more than 10%, followed by the MCMI and the 16PF (see table 3.2.4.).

Table 3.2.4.: Personality inventories used at intake

Instrument*	Frequency*	Percent*
No	43	44,3
MMPI <sup>19</sup>	12	12,4
MCMI <sup>20</sup>	8	8,2
16 PF <sup>21</sup>	6	6,2
IPDE <sup>22</sup>	5	5,2
Rorschach <sup>23</sup>	2	2,1
Non-standardized	21	21,6
Others	12	12,4
Total	97	100

\* More than one option could be ticked

Again, about a fifth of programmes use non-standardized questionnaires on personality and among the “other” personality instruments used at intake are the following:

- 17 Eysenck Personality Questionnaire (2)
- PAI (2)
- NEO-FFI-R (2)
- Big Five 44-item Inventory (BF 40) (John & Donahue)
- EEF
- EKF
- PPI-R
- Hand test
- FPI

<sup>19</sup> Minnesota Multiphasic Personality Inventory (Butcher et al., 1989, Tellegen & Ben-Porath, 2008)

<sup>20</sup> Millon Clinical Multiaxial Inventory (Millon, 1997, Millon et al., 2006)

<sup>21</sup> Sixteen Personality Factor Questionnaire (Cattell et al., 1970, Cattell et al., 1993)

<sup>22</sup> International Personality Disorder Examination (Loranger et al., 1994, Loranger et al., 1997)

<sup>23</sup> Rorschach-Test (Rorschach, 1927)

- Test from Zulliger
- SCID-II
- Bender
- IKP
- International Neuropsychiatric Interview (MINI) (Sheehan et al, 1998).

### 3.2.5. Questionnaires used to measure beliefs and attitudes at intake

As shown in table 3.2.5., almost two thirds of the programmes who use questionnaires at intake apply some instrument to measure attitudes and beliefs about gender, women and violence, but only one, the Ambivalent Sexism Inventory (ASI) is used by just over 10%.

Table 3.2.5.: Measurement of attitudes and beliefs at intake

Instruments*	Frequency*	Percent*
No	35	36,1
ASI <sup>24</sup>	10	10,3
AWS <sup>25</sup>	1	1,0
IBWB <sup>26</sup>	1	1,0
Non-standardized	41	42,3
Others	17	17,5
Total	97	100

\* More than one option could be ticked

Most programmes (42%) use non-standardized or “other” (18%) instruments to measure attitudes and beliefs about gender, women and the use of violence, among the latter the Spanish Inventory on Cognitive distortions on women and violence (used by 8 programmes) by Echeburua and Fernandez Montalvo(1997), and the following:

- Interview (2)
- IU irrational beliefs underlying violent behaviour
- Sexual Role Scale (Moya, 1991)
- Quest. Beliefs (Arce and Fariña, 2006)
- Neosexism Scale (Tougas, 1991)
- Instruments developed and validated by the research team
- CR - Romantic Jealousy Questionnaire (Montes-Berges, 2008)
- EMR - Questionnaire of accountability and minimization (Lila, Smith and Grace, 2008)
- ATW

<sup>24</sup> Ambivalent Sexism Inventory (Glick & Fiske, 1996)

<sup>25</sup> Attitudes Toward Women Scale (Spence & Helmreich, 1972, Spence et al., 1973)

<sup>26</sup> Inventory of Beliefs About Wife Beating (Saunders et al., 1987)

- URICA
- Scale of Beliefs on Domestic Violence (E.C.V.C.)
- Duluth Risk Assessment Tool.

### 3.3. Outcome measurement

In this chapter the survey results on the strategies, methods and instruments used in the programmes to measure the outcome of their work, both directly with their male clients and with their (ex-) partners or through other sources are briefly described. First, again, respondents were asked whether they measured the outcome of their work in their programme at all and almost 20% said they didn't (see table 3.3.).

Table 3.3.: Do you measure the outcome of your work?

	Frequency	Percent
No	26	19,4
Yes	108	80,6
Total	134	100,0

#### 3.3.1. Reasons not to measure outcome

The 26 programmes who indicated they did not measure the outcome of their work were asked for the reasons not to do so, and the answers are summarised in table 3.3.1. The main reason was lack of resources (almost 70%), but a lack of methodology (46%) and obstacles in the legal or institutional context (35%) were other important reasons.

Table 3.3.1.: Reasons not to measure outcome

Reasons*	Frequency*	Percent*
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
Lack of knowledge or skills	4	15,4
Other	6	23,1
Total	26	100

\* More than one option could be ticked



A closer look at the 28 programmes that do not measure outcome at all shows that the “small” programmes in this group tend to mention a lack of resources as the main reason whereas most of the “new” programmes give a lack of methodology and instruments as the main reason.

“Other” reasons given by respondents for not measuring the outcome of their work included doubts about the definition of success and methodology (1 answer), and outcome being evaluated on other levels (2 answers: within the criminal justice system, in the whole country).

### 3.3.2. Sources of information for outcome measurement

The 108 programmes who do measure the outcome of their work were asked which sources of information they usually took into account for this. As can be seen in table 3.3.2., almost all (94%) programmes use information from their clients, about two third use information from facilitators (63%) and from the (ex-) partners of their clients (60%) and information from different other services or institutions is used to a lesser degree.

Table 3.3.2.: Sources of information for outcome measurement

Information source*	Frequency*	Percent*
From clients	101	93,5
From facilitators	68	63,0
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
Others	9	8,3
Total	108	100,0

\* More than one option could be ticked

“Other” sources of information programmes indicated they use for outcome measurement were:

- Questionnaires / Assessment Post Intervention (3)
- Core system
- Information /reports from Probation Officers
- Sometimes Child Support Services.

### 3.3.3. Outcomes measured with clients

The answers to the questions which outcomes programmes measure with their clients can be seen in table 3.3.3. and, not surprisingly, non-violence or a decrease in violence

is the outcome dimension most measured (92%), closely followed by attitudes and beliefs on gender, women and the use of violence (90%). On the other hand, the clients' fathering skills (57%) or quality of life (54%) are less frequently measured outcome dimensions.

Table 3.3.3.: Outcomes measured with clients

Outcome dimension*	Frequency*	Percent*
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	62,0
Fathering skills	62	57,4
Quality of life	58	53,7
Others	12	11,1
Total	108	100,0

\* More than one option could be ticked

"Other" outcomes measured by programmes with their clients were:

- Awareness and responsibility
- Physical and psychological distress
- Partner's position in relationship
- Satisfaction with the program
- Elimination of blaming the victim
- Identification and expression of emotions, empathy, assertiveness
- Presentation at appointments and implementation of the prohibitions and obligations imposed by the magistrate
- Involvement in the social training programme
- Outcome Questionnaire 45 (OQ-45) (Lambert & Burlingame, 1996)
- VAS and LEC.

### 3.3.4. Times of outcome measurement with clients

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 90% did so at the end of the programme.

Table 3.3.4. also shows that only about two out of three programmes measure outcome at some follow-up point, with decreasing numbers the longer the follow-up

interval. Of those programmes that do measure outcome at follow-up, 73% do so at just one point in time, 17% at two follow-up points and 10% at more than two.

Table 3.3.4.: Times of outcome measurement with clients

Time of measurement*	Frequency*	Percent*
In the initial/intake interviews (pre-test)	64	59,3
During the programme	64	59,3
When client finishes the programme	94	87,0
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	100,0

\* More than one option could be ticked

### 3.3.5. Methods of outcome measurement with clients

The methods used in programmes to measure outcome with their clients are shown in table 3.3.5. 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.

Table 3.3.5.: Methods of outcome measurement with clients

Method*	Frequency*	Percent*
Reviewing notes, observations and information	90	83,3
Questionnaires	70	64,8
Unstructured interview	56	51,9
Structured interview	49	45,4
Total	108	100,0

\* More than one option could be ticked

### 3.3.6. Risk assessment instruments used in outcome measurement

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 to measure outcome with their clients. As at intake, the only instruments used by more than 10% of these programmes were the SARA (29%) and the CAADA-DASH (13%).

Table 3.3.6.: Risk assessment instruments in outcome measurement with clients

Instrument*	Frequency*	Percent*
No	31	44,3
SARA	20	28,6
CAADA–DASH	9	12,9
PCL	3	4,3
SVR-20	3	4,3
HCR-20 <sup>27</sup>	2	2,9
D.A.	1	1,4
Oasys	1	1,4
ODARA <sup>28</sup>	1	1,4
Others	11	15,7
Total	70	100

\* More than one option could be ticked

Risk assessment instruments reported under the option “others” included:

- Own tools (4)
- (Clinical) interview(2)
- EPV-R
- FREDA
- URICA
- SARA-light
- Splitz Questionnaire.

### 3.3.7. Questionnaires to measure violence as an outcome

Surprisingly, more than a third of the programmes using questionnaires in outcome measurement do not do so to measure the clients’ use of violence (see table 3.3.7.) or a decrease therein. And as in the intake phase, the Conflict Tactics Scale (CTS, 13%) is the only instrument used by more than 10%, while most programmes use non-standardized instruments.

<sup>27</sup> Violence Risk Assessment Scheme (Douglas et al., 2001, Douglas et al., 2013)

<sup>28</sup> Ontario Domestic Assault Risk Assessment (Hilton et al., 2004)

Table 3.3.7.: Questionnaires to measure violence as an outcome with clients

Instrument*	Frequency*	Percent*
No	25	35,7
CTS	9	12,9
PMWI	3	4,3
NPAPS	1	1,4
Non-standardized instruments	26	37,1
Others	13	18,6
Total	70	100

\* More than one option could be ticked

There was a variety of “other” inventories or questionnaires that are used in programmes to measure (reduction in) violence as an outcome include:

- AQ - Aggression Questionnaire (3)
- MMEA - Multidimensional Measure of Emotional Abuse (2)
- VAWS
- IVC - inventory of domestic violence
- Domestic Violence Questionnaire - Version Aggressor (QVD-VA)
- VAS
- FREDA
- Abusive and controlling behaviour inventory
- RESPECT Violence and threats questionnaire
- questionnaires FNACAV 2013
- PLUTCHIK
- Reports of victim
- own ad-hoc inventories
- Teca
- Process of Change Inventory.

### 3.3.8. Questionnaires used to measure psychological aspects or psychopathologies as an outcome

Only just over half of the programmes using questionnaires in outcome measurement do so to measure psychological variables or psychopathology. As shown in table 3.3.8. and similarly to the corresponding results at intake (see 3.2.3.), the Stait-Trait Anger Inventory (STAXI, 21%) and the Symptom-Checklist – 90 (SCL-90, 20%) were the only instruments used by more than 10% of the programmes.

Table 3.3.8.: Questionnaires on psychological aspects or psychopathologies in outcome measurement

Instrument*	Frequency*	Percent*
No	33	47,1
STAXI	15	21,4
SCL-90	14	20,0
STAI	5	7,1
AUDIT	5	7,1
Rosenberg self-esteem scale	4	5,7
BDI	2	2,9
FAF	1	1,4
Non-standardized instruments	13	18,6
Others	7	10,0
Total	70	100

\* More than one option could be ticked

The following are “other” questionnaires or inventories to measure psychological aspects or psychopathologies that programmes use in outcome measurement:

- Young Schema Questionnaire (YSQ-S3) (2)
- TECA (2)
- Millon-III
- Outcome Questionnaire 45 (OQ-45) (Lambert & Burlingame, 1996)
- EDS
- CLINICAL INTERVIEW
- Maladjustment
- Core-om.

### 3.3.9. Personality inventories used to measure outcome

Personality inventories are the questionnaires least used for outcome measurements by the programmes; only one third indicated they do so. The majority use non-standardized questionnaires (16%) and none of the standardized instruments is used by more than 5% of the responding programmes (see table 3.3.9.).

Table 3.3.9.: Personality inventories used to measure outcome

Instrument*	Frequency*	Percent*
No	47	67,1
MMPI	3	4,3
IPDE	3	4,3
MCMII	2	2,9
16-PF	2	2,9
Non-standardized instruments	11	15,7
Others	1	1,4
Total	70	100

\* More than one option could be ticked

The personality inventories mentioned by some participants in the “others” category are:

- 17 Personality Questionnaire Eysenck (2)
- NEO-FFI-R (2)
- PAI.

### 3.3.10. Questionnaires to measure beliefs and attitudes as an outcome

More than half of the programmes using questionnaires to measure outcome with their clients use some instrument on beliefs and attitudes about gender, women and the use of violence, but in most cases these are non-standardized (33%, see table 3.3.10.). Again, the only questionnaire used by more than 10% of these programmes is the Ambivalent Sexism Inventory (ASI, 13%).

Table 3.3.10.: Questionnaires to measure beliefs and attitudes as an outcome

Instrument*	Frequency*	Percent*
No	31	44,3
ASI	9	12,9
IBWB	1	1,4
Non-standardized instruments	23	32,9
Others	15	21,4
Total	70	100

\* More than one option could be ticked

“Other” questionnaires on beliefs and attitudes about gender, women and violence that programmes use to measure outcome with clients include the Spanish Inventory



of distorted thoughts on women and the use of violence (Echeburúa & Fernandez-Montalvo, 1997) (6 programmes), and the following:

- Sexual Role Scale (Moya et al., 1991)
- Questionnaire on Beliefs (Arce and Fariña, 2005)
- Neosexism Scale (Tougas et al., 1995)
- Instruments developed and validated by the research team
- ERM - Questionnaire of Attribution of Responsibility and Minimization
- CR - Romantic Jealousy Questionnaire
- ECVC - Scale of beliefs about domestic violence
- URICA
- Clinical interview.

### 3.3.11. Differences in the use of questionnaires for outcome measurement by programme type, size and age

Before analysing the differences in the use of questionnaires by programme type, size and age, table 3.3.11. gives an overview of the 108 programmes who indicated that they do some kind of outcome measurement.

Table 3.3.11.: Questionnaires used to measure outcome with clients

Use of questionnaires*	Frequency*	Percent*
<b>No</b>	38	35,2
<b>Yes</b>	70	64,8
Risk of violence	39	36,1
Violence	45	41,7
Psychological aspects / psychopathology	37	34,5
Personality	23	21,3
Beliefs and attitudes about gender	39	36,1
<b>Total</b>	<b>108</b>	<b>100</b>

\* More than one option could be ticked

Table 3.3.11.a. summarizes statistically significant differences in the use of questionnaires for outcome measurement with clients between programmes of different age, size or type

With regard to the use of questionnaires on psychological aspects, chi-Square tests show statistically significant differences between programmes of different size and of different types. These instruments are less used by “small” programmes (34,5 %) compared to “medium sized” (66,7%) and “big” programmes (62,5%). Regarding programme type, more “mainly court-mandated” programmes (78%) use

questionnaires on psychological aspects than “mainly voluntary” (42%) and “mixed” (27%) programmes.

Table 3.3.11.a. Statistically significant differences in the use of questionnaires by programme age, size and type (Chi-Square values)

Types of questionnaires	Age	Size	Type
Risk of violence	-	-	-
Violence	-	-	-
Psychological aspects	-	0,034*	0,004**
Personality	0,028*	-	-
Gender beliefs and attitudes	-	-	0,062

\* Statistical significance at  $p < 0.05$  / \*\*Statistical significance at  $p < 0.01$

In the use of personality inventories to measure outcome the programmes show statistically significant differences by their age, in the sense that “old” programmes tend to use them more (62,5%) than younger ones (the mean is 33%).

For outcome measurement through questionnaires on attitudes and beliefs about gender, women and violence, the differences are not statistically significant but they tend to be more used by “mainly court-mandated” programmes (74%, the mean is 56,5%).

### 3.3.12. Outcome measurement with partners

Surprisingly, less than half of the programmes measure the outcome of their work with the partners or ex-partners of your clients (see table 3.3.12.).

Table 3.3.12.: Do you measure outcome with (ex-) partners?

	Frequency	Percent
No	71	53
Yes	63	47
Total	134	100

### 3.3.13. Reasons not to measure outcome with partners

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 or stated that this is not part of the goals or tasks of the programme.

Table 3.3.13.: Reasons not to measure outcome with (ex-) partners

Reason*	Frequency*	Percent*
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	28,0
Lack of time	13	17,3
Lack of methodology	11	14,7
Lack of knowledge or skills	6	8,0
Others	9	12,0
Total	75	100,0

\* More than one option could be ticked

“Other” reasons mentioned by programmes why not to measure outcome with partners or ex-partners mainly referred to the institutional context of the programme and included the following:

- Because the work is developed in a penitentiary centre / men have protection orders, contact with victims is impossible (2)
- Because there are not always partners involved (2)
- Because the referral source does not provide data of victims
- Because the service of supporting former partners needs to be demanded by the women themselves (2)
- Information is available via women support facilities in case-based cooperation.

### 3.3.14. Outcomes measured with partners

Table 3.3.14.: Outcomes measured with (ex-) partners

Outcome*	Frequency*	Percent*
Violence	59	93,7
Feelings of safety	56	88,9
Decrease in risk of violence	51	81,0
Children’s safety	43	68,3
Client’s attitudes	43	68,3
Client’s communication skills	41	65,1
Quality of life	40	63,5
Client’s fathering skills	36	57,1
Others	4	6,3
Total	63	100

\* More than one option could be ticked

Those respondents who said their programme did measure outcome with (ex-) partners were asked which outcomes they measure and the responses are summarised in table 3.3.14.

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.

The following "other" outcomes dimensions programmes measure with the (ex-) partners of their clients were mentioned:

- Position in relationship, transformation of abuse
- Emotions, roles, empathy, assertiveness.

### 3.3.15. Times of outcome measurement with partners

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 do so at intake and during the programme. Table 3.3.15. shows that only over 60% of programmes measure outcome with partners at some follow-up point, with decreasing numbers the longer the follow-up interval. Half of the programmes measure outcome with partners at just one follow-up point, 10% at two and 3% at more than two follow-up points.

Table 3.3.15.: Times of outcome measurement with (ex-)partners

Time of measurement*	Frequency*	Percent*
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
... 13 to 24 months	6	9,5
... more than 24 months	3	4,8
Total	63	100,0

\* More than one option could be ticked

### 3.3.16. Methods of outcome measurement with partners

As can be seen in table 3.3.16., most programmes measure outcome with the (ex-) partners of their clients through information from the victim support service (56%), and only about half of the programmes also use questionnaires or unstructured interviews.

Table 3.3.16.: Methods of outcome measurement with partners

Method*	Frequency*	Percent*
Through information from the victim support service or others	35	55,6
Questionnaires	33	52,4
Unstructured interview	34	54,0
Structured interview	25	39,7
Total	63	100,0

\* More than one option could be ticked

### 3.3.17. Risk assessment instruments to measure outcome with partners

The 33 programmes who indicated that they use questionnaires to measure outcome with the partners of their clients were asked which questionnaires they use. Results for risk assessment instruments show that CAADA-DASH (39%) and SARA (18) are the only ones used, while 39% don't use any risk assessment tool.

Table 3.3.17.: Risk assessment instruments with partners

Instrument*	Frequency*	Percent*
No	13	39,4
CAADA-DASH	13	39,4
SARA	6	18,2
Others	6	18,2
Total	33	100

\* More than one option could be ticked

Other risk-assessment instruments used for outcome measurement with (ex-) partners were:

- Our own
- RVD-BCN.

### 3.3.18. Instruments to measure violence as outcome with partners

Just over 60% of the programmes which use questionnaires to measure outcomes with partners do so with regard to the use of violence and none of the standardized instruments is used by more than 10%, whereas non-standardized questionnaires are used in 30% (see table 3.3.18.).

Table 3.3.18.: Instruments to measure violence with (ex-)partners

Instrument*	Frequency*	Percent*
No	13	39,4
CTS	3	9,1
PMWI	3	9,1
NPAPS	1	3,0
Non-standardized instruments	10	30,3
Others	6	18,2
Total	33	100,0

\* More than one option could be ticked

“Other” instruments that respondents mentioned they used to measure violence in outcome measurement with (ex-) partners were:

- VAWS
- Abusive and controlling behaviour inventory
- CAADA/DASH and CAADA Insights
- RESPECT Violence and Threats Questionnaire
- VAS.

### 3.3.19. Differences in outcome measurement with partners by programme type, size and age

Comparing different aspects of outcome measurement with (ex-) partners within each of the three main classifications of programme characteristics (age, size and type), there are statistically significant differences in the variables which are summarized in table 3.3.19.a.

Table 3.3.19.a. Differences in aspects of outcome measurement with partners by programme age, size and type (Chi-Square values)

Aspect of measurement with partners	Age	Size	Type
Contact with partner	0,065	0,029*	0,001**
Use information from partner	-	0,035*	0,000**
Use information from victim support		0,046*	0,027*
Measurement with partner	0,023*	-	0,001**

\* Statistically significant at  $p < 0.05$  / \*\* Statistically significant at  $p < 0.01$

There are statistically significant differences between the different types of programmes regarding in the sense that “mainly court-mandated” programmes tend not to use information from partners and victim support services, as expected,

because a lot of these programmes indicated that they don't contact partners (54%) and don't measure outcome with partners (69%).

With regard to the size of the programmes the differences consist in the fact that a majority of "medium sized" programmes (49%) do not contact the partners of the men they work with and do not use information from them (54%).

Within the classification of programmes by their "age", there was a significant difference in partner contact between the "new" programmes (that started since 2011), 90% of which contact the partners, and the older programmes, which do so much less (the total mean was 65%). Also, "old" (started between 2001 and 2005) and "young" programmes (that started between 2006 and 2010) collect information from victims (about 50%) to a lesser extent than "very old" (started until 2000) and "new" programmes.

Consequently, of those programmes that did outcome measurement in general, only about a third of the "old" and "young" programmes did measure outcome with partners, especially those classified as "mainly court-mandated" or "mixed".

For the 63 programmes that indicated they do outcome measurement with partners table 3.3.19.b. shows the differences in the methods used between programmes of different "ages" and sizes.

Table 3.3.19.b. Differences in methods of outcome measurement with partners by programme age, size and type (Chi-Square values)

Method of measurement with partner	Age	Size	Type
Use of questionnaires	-	-	0,007**
Measurement during the programme	0,009**	-	-
Measurement in a follow-up	0,046*	-	0,099

\* Statistically significant at  $p < 0.05$  / \*\* Statistically significant at  $p < 0.01$

Only 19% of the "mainly court-mandated" programmes that did outcome measurement with partners, said they used questionnaires to do so, compared with 63% of the "mainly voluntary" and 71% of the "mixed" programmes.

By age, "very old" (started until 2000) programmes use to measure outcome with partners less during the treatment (39%) and at follow-up (39%) and more when the client begins (56%) or finishes the programme (94%), compared to younger programmes.



### 3.4. Obstacles and needs regarding outcome measurement

#### 3.4.1. Obstacles to outcome measurement

Table 3.4.1. shows that, as expected, the main obstacles and difficulties programmes encounter with regard to outcome measurement have to do with a lack of resources (about 60%) and time (about half). More than one third of the programmes also mentioned a lack of methodology or instruments and difficulties regarding the legal / institutional context.

Table 3.4.1.: Obstacles to outcome measurement

Obstacles to measurement*	Frequency*	Percent*
Lack of resources	81	60,4
Lack of time	69	51,5
Lack of methodology	49	36,6
Legal/institutional context	46	34,3
Is not a part of the goals/tasks	10	7,5
Lack of knowledge or skills	12	9,0
Other	21	15,7
Total	134	100

\* More than one option could be ticked

There are some significant differences between programmes by “types” and “age” in the answers about the obstacles to outcome measurement: 71% of the “mainly voluntary” programmes see a lack of resources as an obstacle compared to 46% of “mainly court-mandated” programmes whereas 44% of the latter ticked obstacles in the legal or institutional context compared to only 23% of “mainly voluntary” programmes. Also, more than half of the “new” programmes mentioned lack of methodology as an obstacle to outcome measurement but only 28% of “very old” ones.

The following are “other” obstacles to outcome measurement listed by programme respondents:

- Difficulties in contacting clients and partners for outcome monitoring / follow-up (drop outs, change of address or phone number, etc.) (5)
- There are no obstacles / Outcome measurement considered as satisfactory (3)
- Criminal justice / forensic setting: lack of transmission of information (2)
- Programme aims at wider changes in the client's personal process (2)
- Absence of convictions in the follow-up phase
- Resistance of the participants themselves. The intervention has higher priority than the evaluation. Evaluation generates more resistance to treatment

- No direct contact with the victim
- IT system to capture outcomes not appropriate
- Questions of effective evaluation options.

### 3.4.2. Obstacles and difficulties explained

Since overcoming the difficulties and obstacles in outcome measurement is one of the main objectives of the IMPACT project, respondents were asked to describe them more specifically in the next question, offering a free text field to give space for more complex explanations. The answers have been analyzed by qualitative content analysis and are summarized in the following dimensions<sup>29</sup>.

#### *No problems vs. existential concerns*

A few programmes state that they are satisfied with their outcome measurement and evaluation strategies and have no serious problems in providing their services (Case #695 Switzerland, #842 Spain). On the other side, there are many programmes that stress their lack of resources which in some cases leads to a situation of permanent existential concerns whether the program has to be closed (e.g. #943 France).

#### *Pioneering and development*

For programs that recently started their treatment, the pioneering situation is often very difficult. When they build up perpetrator work, programmes in some countries are confronted with traditional beliefs that affect a public opinion, which assume domestic violence as a primarily private and family affair or that perpetrators should directly go into prison. The idea that there are programmes of support and help for violent persons which might have a positive effect on society in general, has not reached public awareness yet. A good example is a program from the Czech Republic, which had huge difficulties during the starting period in getting accepted: "It was very difficult to overcome the generally held view (even by professional public) that the perpetrator of violence belongs in a prison. Punishment and sentences still outweigh support and help for violent individuals. We did not have any partners in the CR that we could get information and experience from. We sought them abroad, but for example the US or other countries have different legislative conditions and their programs have been going on for many years and it was not possible to transfer their experience to Czech environment." (#451 Czech Republic)

When programs are starting, many constitutive decisions need to be taken. The first steps are the process of registration and setting up the organization. Then, treatment

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<sup>29</sup> In many answers, outcome measurement and evaluation have been discussed in a connected way. Because of this, we will also mention the answers on evaluation although the question is just on outcome measurement.

groups need to be created and routines of monitoring, reporting and evaluation need to be embedded. For these important decisions in the development stage, the expertise and experience from established programs is crucial. (#657 Italy, #700 Serbia, #1351 UK)

#### *Methodology*

A huge problem lies in the situation that standardized instruments to measure outcome are often protected by intellectual property rights, so that licensing them is very expensive and many programs do not have enough financial resources for a purchase. (#342 Croatia, #800 Germany, #1405 UK)

Despite this, when standardized instruments are used, there is the problem that they lack of a) possibilities to adapt norms to local or national contexts (e.g. instruments are developed generally for western societies, so local characteristics like a different family structures, value systems or situations in the abuse of alcohol or substances are not enough reflected) and b) a reflection of sociological influences on the perpetrator work which are not taken into account by most psychological instruments (e.g. the social situation, the situation of the labour market, legislation). Hence, the evaluation indicators could be more precise than it is currently possibly with expensive standardized instruments. (#902 France)

#### *Definition of success*

Some programmes stated that measures of success and the implementation of general outcome monitoring and evaluation routines are hard to define. They assume that the points of departure of individual men are very particular and hard to compare with others and that there are many variables influencing the current situation (e.g. if the man is in a relationship or not, if there has been or will be a separation, if the perpetrator is honest and if his partner is strong enough to be honest). Some programs claim that success remains a subjective interpretation and not an objective measure. (#348, #641, #1436 all Germany)

#### *Cooperation and information*

An ideal system for cooperation and information would be a framework of accepted standards and the interlinkage of the different institutions that are working in the field with similar problem positions. There is a need for inter-agency cooperation and routines that cover all stages of the perpetrator programs like prosecution, police, social workers and above all the victim/survivor support services. (#1167 Germany, #830 Portugal, #1371 UK)

For many programmes, the creation of inter-institutional alliances and the establishment of efficient communication structures is a huge challenge, and often

not all involved agencies share important information, so communication is often one-way. (#342 Croatia, #1357 UK)

A good example comes from a Croatian program that “upon the proposal by the police, magistrates’ courts send a lot of people to the treatment and these people are not suitable for the treatment at that time, due to pathological personality traits or problems with active addiction to alcohol or narcotics.” (#690 Croatia)

#### *Accessibility after the treatment*

Important for insightful outcome measurement is the possibility of follow up measurement to find out if the perpetrator had fallen back to violence after the end of the treatment. Many men disappear after the end of the treatment, or are unwilling to continue the cooperation, which is a big obstacle for good outcome measurement. Furthermore, some courts are not willing to pass on address data or criminal statistics, and when the perpetrators move after the treatment, it is almost impossible for the programs to maintain contact. (#474 Spain, #705 Finland, #1464 Portugal, #1504 Norway)

#### *Quality of the program vs. efforts on outcome measurement and evaluation*

Unfortunately, and due to a lack of resources, some programmes find themselves in the dilemma of having to decide whether to allocate scarce resources either to the quality of programme delivery itself or to the development of outcome measurement and evaluation. A Finnish programme brings it to the point: “The evaluation is conducted by our own resources, so the influence to our offer – in means of basic work – is somehow negative” (#764 Finland).

Even some bigger programmes with a specialized department for gathering data and research are dependent on voluntaries in the extensive task of administering and analyzing the collected data. (#814 Spain, #1354 UK)

Mostly, the effects for outcome measurement and evaluations are reduced in favour to effects that need to be put into a good treatment programme. Furthermore, staff that deals with evaluation has a need to obtain additional methodological skills. (#745 Slovenia)

### **3.4.2. Interest in improving outcome measurement**

Practically all (97%) programmes answered affirmatively to the question “Are you interested in improving outcome measurement in your programme?” (see table 3.4.2.

Table 3.4.2.: Interest in improving outcome measurement

Interest	Frequency	Percent
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Yes	130	97,0
No	4	3,0
Total	134	100,0

### 3.4.3. Needs to improve outcome measurement

To find out about the programmes' needs to improve their outcome measurement was one of the main objectives of the survey. As can be seen in table 3.4.3., not surprisingly, time or human resources (72%) and economic resources (66%) were the main needs indicated. But the needs to be met by the results of the IMPACT project have also been marked by about half of the programmes, the toolkit with methodologies to be produced in workstream4 was even demanded by almost two out of three.

Table 3.4.3.: Needs to improve outcome measurement

Needs*	Frequency*	Percent*
More time or human resources	96	71,6
More economic resources	89	66,4
Toolkit with methodologies	87	64,9
Resources to analyze data collected	69	51,5
Guidelines and recommendations	68	50,7
Training and consultation with experts	59	44,0
Others	9	6,7
Total	134	100

\* More than one option could be ticked

Respondents mentioned the following "other" needs to improve outcome monitoring in their programmes:

- Accessibility to data and official records
- Direct contact to victim or mediated contact through consultation with the partners support service
- Extending the framework of collaboration with the Prison and Judicial
- Personal involvement of clients for further follow-up
- Resources for research projects
- Greater collaboration with judiciary and lawyer institutions.

### 3.5. 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”. As shown in table 3.5., almost 40% of programmes responded affirmatively, whereas no evaluation had been conducted in just over 60%.

Table 3.5.: Has there been any evaluation of your programme?

Evaluation	Frequency	Percent
Yes	52	38,8
No	82	61,2
Total	134	100,0

### 3.6. Additional information and comments

In the open question at the end of the survey, participants were asked to add whatever seemed important for them to communicate to the research team and to comment on the questionnaire. The answers can be divided into the following three categories:

#### *Relationship to statutory organizations and government*

The dimensions of this variable are in a range between established by or at least **supported by the state authorities (“supportive”)** on one side and bottom-up-foundations with low acceptance or even **resistance (“resistive”) from the state** on the other side.

**Resistive** could mean “the inability to adequately implement a programme within the Centre for Marriage and Family Counselling, City Social Welfare Centre in Belgrade as a consequence of the lack of understanding of the administration” (#700, Serbia) which lead to the establishment of an organization that needs to run out of its own. It also includes “institutional resistance” (#653, Italy) resulting in the need for many costly resources and efforts to establish a program.

**Supportive** would be a case when state institutions (e.g. the Municipality of Milan-Safety Sector, #726) cooperates with the organization and have a policy focusing on the establishment of perpetrator programme, which eases the processes of implementation and reduces institutional resistance.

Most cases are in between the extremes, e.g. when the state enforces laws of protective measures and gives licenses to perpetrator programmes, but refuses to guarantee the funding of the program (#693, Croatia).

### *Networking: need for good practices*

Many programmes underline the need “to meet and collaborate with other implementers of treatment in the EU” (#693, Croatia) to learn from their experiences. The need for knowledge can be divided into three categories.

The **need for experience to influence local or national policies** concerning domestic violence and the implementation of treatment programs, e.g. there is a desire “in supporting legislative changes in the [...] legal system” (#451, Czech Republic).

There is a **need for tools and standardized instruments** that enhance the outcome measurement of the perpetrator work. This expresses in “need for tools for assessing risk of relapse and hazard and guidelines for notifications to be made in the event of high risk” (#607, Italy) and the need for standardized instruments that are translated into the local language (#582, Croatia).

Furthermore, there is a need for **knowledge on expanding the services**. This expresses in an extension on “new forms of assistance and cooperation with other institutions” (#590, Poland) or the idea of “including within the groups parents who abused their children and the implementation of program for under-age abusers” (#370, Bulgaria).

### *Feedback on research and questionnaire*

The questionnaire mostly received a positive feedback as well as the whole IMPACT research idea. This is expressed in #450 from Serbia, who writes “The initiative for the implementation of this research is considered very useful for the improvement of treatment and consistency of practice”. A statement from Croatia (#389) describes the questionnaire as “excellent and worthwhile” and expresses the “hope for [...] further cooperation and suggestions concerning methodologies for program evaluation.”

## **4. Conclusions**

The discussion of the main results of this survey and the conclusions will follow the main objectives of the survey.

### **4.1. Characteristics of perpetrator programmes**

As one could expect, the characteristics of the 134 perpetrator programmes from 22 different European countries vary enormously in almost all respects. There are from very old to new ones, exactly half of them are small (up to 50 men in 2012), slightly more work mainly with voluntarily attending than with court-mandated men.

Although most programmes collaborate with other services and participate in inter-institutional alliances, still one out of three doesn't collaborate with women's counselling services in one out of four is not part of an alliance.

With regard to the intervention itself, most programmes offer group-work as the main modality (individual counselling in one out of four) and identify with a cognitive behavioural and psycho-educational model, although there are lots of idiosyncratic approaches. Surprisingly, this work is not documented in a systematic way by almost a third of programmes (which have no annual statistics, activity report or standardized social statistics).

It is also to be remarked 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 (and of those who do only half contact new partners as potential victims).

So, apart from the great variety in programme characteristics, it has to be concluded that quite some programmes do not fulfil some of the quality standards proposed by different national and international organisations, especially those regarding the inclusion of a victim support service and partner contact as wells as collaboration with other services.

### **4.2. Methodology and instruments used for outcome measurement**

Almost 20% of the programmes surveyed do not measure the outcome of their work. These who do, mainly use information from their clients and less than half of them measure outcome with the (ex-) partners. 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). The main dimensions programmes measure as outcome are (a decrease in) violence itself, attitudes and beliefs about gender, women and violence and the client's communications skills.



The methods most programmes use for outcome measurement are reviewing their notes, observations and other information and only 65% employ questionnaires or 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.

One of the main conclusions of this survey is therefore that European perpetrator programmes are far from a consensus about standard methods of outcome measurement and a need for some harmonization seems quite apparent.

Programmes were also asked about what they considered the best predictors of change in men's violent behaviour and, while accountability / responsibility for the violence and empathy with the victim were clearly the most voted predictors they surprisingly do not play an important role in outcome measurement.

#### **4.3. Difficulties in outcome measurement and needs for improvement**

Among the main reasons given by programmes not to measure the outcome of their work we find lack of resource and time, but also, ticked by almost half of the programmes that do not measure outcome, lack of methodology. The picture is very similar in the answers to the general question on obstacles to outcome measurement, where more than a third of programmes indicated a lack of methodology (after lack of resources and time).

It can thus be concluded that offering outcome measurement methodologies and instruments as proposed in WS4 of the IMPACT project could meet the needs of at least some of the programmes.

This conclusion is confirmed by the answers to the direct question on the needs from improving outcome measurement. Practically all programmes (except 4) are interested in improving their outcome measurement. The main needs for that included, right after more time, human and economic resources, the toolkit with methodologies (65%), resources to analyze the data collected (52%) and guidelines and recommendations (51%). The main products of the IMPACT project's workstream4 are thus demanded by between half and two thirds of all the surveyed programmes.

But the more detailed explanations of the obstacles in the open questions also give some hints regarding the difficulties in providing methods and recommendations that will be applicable in different countries with different cultural and legal contexts (e.g. lack of adaptations / validation / local norms for standardized instruments).

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## **ANNEX**

### **Questionnaire**