

# WWP EN

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Mapping of models for working with high-risk perpetrators



## Mapping of models for working with high-risk perpetrators

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## Introduction

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Addressing intimate partner violence (IPV) and ensuring the safety of victims has long been a paramount concern in efforts to combat gender-based violence<sup>1</sup>. However, a critical aspect often overlooked is the need to work directly with high-risk perpetrators of IPV<sup>2</sup>.

Understanding and effectively intervening with individuals who pose a high risk of harm is essential for preventing further violence, protecting victims, and promoting long-term safety within communities<sup>3</sup>.

This report explores the significance of working with high-risk perpetrators of IPV, examining various models, approaches focused on working with high-risk perpetrators, and practices employed by organisations across Europe. By delving into the complexities of high-risk perpetrator attitudes, profiles, risk assessment, and intervention strategies, this report aims to shed light on the importance of addressing this critical aspect of IPV prevention and response by sharing insights on the effectiveness and achievements of already existing programs, while also acknowledging the challenges and limitations these programs faced.

Through comprehensive analysis and insights gathered from research and professionals in the field, we seek to inform and guide efforts to effectively engage with high-risk perpetrators, ultimately contributing to safer and more resilient communities.

Information regarding available models, approaches, and research specifically targeting high-risk perpetrators has been gathered through:

- Desk research encompassing studies on models and approaches for handling high-risk cases published between 2005 and 2023.
- Interviews conducted by WWP staff with program facilitators, coordinators and researchers who provide services for high-risk intimate partner violence (IPV) offenders.

In the subsequent sections, we provide insights into the methodology utilised for this analysis, as well as the findings and limitations identified within the reviewed approaches and models.

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<sup>1</sup>Messing, J. T., Campbell, J., Dunne, K., & Dubus, S. (2020). Development and testing of the danger assessment for law enforcement (DA-LE). *Social Work Research*, 44(3), 143-156. <https://doi.org/10.1093/swr/svaa005>

Bourey C., Williams W., Bernstein E. E., Stephenson R. (2015). Systematic review of structural interventions for intimate partner violence in low-and middle-income countries: Organizing evidence for prevention. *BMC Public Health*, 15, 11–65. <https://doi.org/10.1186/s12889-015-2460-4>

<sup>2</sup>Walker, K & Bowen, E 2015, 'Mentoring serial and high-risk perpetrators of intimate partner violence in the community: Engagement and initiating change' *Criminal Behaviour and Mental Health*, vol 25, no. 4, pp. 299–313. DOI: 10.1002/cbm.1964, <https://dx.doi.org/10.1002/cbm.1964>

<sup>3</sup>Hester, M., Eisenstadt, N., Ortega-Avila, A. G., Morgan, K. J., Walker, S-J., & Bell, J. (2019). *Evaluation of the Drive Project: – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*.

Juodis, M., Starzomski, A., Porter, S., & Woodworth, M. (2014). What can be done about high-risk perpetrators of domestic violence? *Journal of Family Violence*, 29(4), 381–390. <https://doi.org/10.1007/s10896-014-9597-2>



# Methodology

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## Scope

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This paper aims to identify available models and approaches focused on working with high-risk intimate partner violence (IPV) offenders. It seeks to provide comprehensive insights into high-risk offender definition, characteristics, attitudes, program coordination, risk assessment and management, achievements, and effectiveness. Additionally, it acknowledges the challenges and limitations faced by these programs.

## Design and sample

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Data collection utilised a mixed methodology approach, incorporating desk research and semi-structured interviews conducted by WWP EN staff. The data collection method is outlined in the following subsection.

### Desk research

Limited research specifically addressing high-risk perpetrators was identified, with some studies focusing on specific models or evaluating certain interventions. Research sources were identified through searches in databases such as PsycINFO, Scopus, and Web of Science using specific keywords<sup>4</sup> related to models and approaches for high-risk IPV perpetrators published between 2005 and 2023. Approximately 39 sources were examined after removing duplicates, with 13 studies ultimately included in the final analysis (see Figure 1). We excluded articles from the analysis that primarily addressed general aspects of IPV, without specifically targeting high-risk cases or addressing perpetrator intervention strategies. Additionally, articles focusing on victim vulnerabilities such as HIV<sup>5</sup>, disability<sup>6</sup>, pregnancy<sup>7</sup>, and mental health issues were omitted if they did not include discussions on risk management or approaches for working with perpetrators.

Additionally, frontline professionals, primarily victim support advocates and perpetrator work professionals shared their experiences from various projects with WWP EN and were included in the analysis.

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<sup>4</sup>Keywords included the following combinations: "domestic violence" OR "family violence" OR "intimate partner violence" OR ipv AND "work with perpetrators" OR "work with offenders" AND "model" OR "approach" OR "strategy"/ "domestic violence" OR "family violence" OR "intimate partner violence" OR ipv AND "high-risk perpetrators"/ "high-risk of ipv" OR "high risk of ipv" OR "high-risk of domestic violence" OR "high risk of domestic violence" OR "high-risk of intimate partner violence" OR "high risk of intimate partner violence"

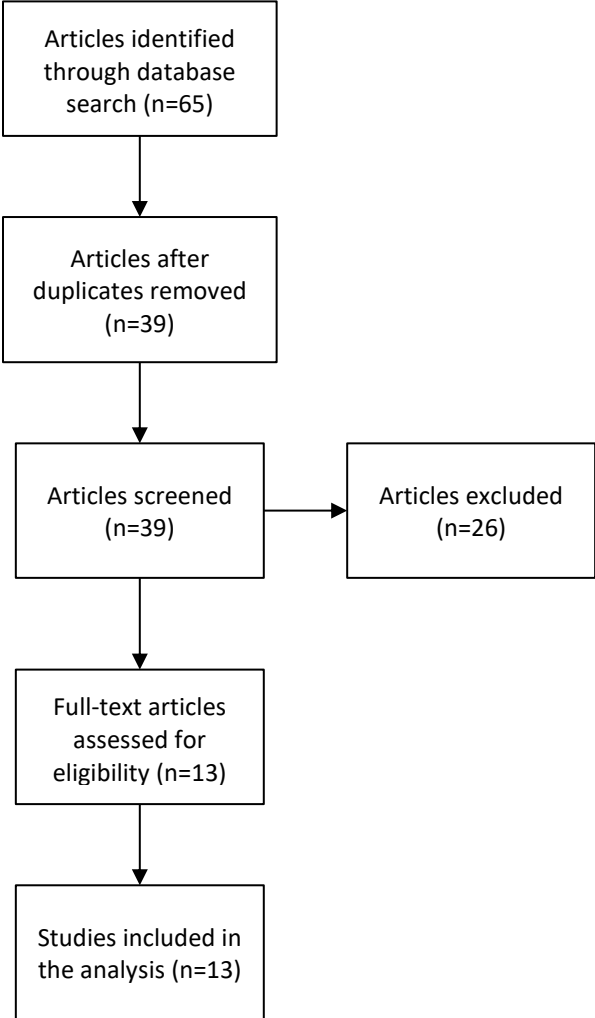
<sup>5</sup>Akibirshoev I, Valentine A, Zandam H, Nandakumar A, Jewkes R, Blecher M, Mitra M. Disparities in intimate partner violence among women at the intersection of disability and HIV status in South Africa: a cross-sectional study. *BMJ Open*. 2022 Sep 16;12(9):e054782. doi: 10.1136/bmjopen-2021-054782. PMID: 36113942; PMCID: PMC9486199.

<sup>6</sup>Anyango C, Goicolea I, Namatovu F. Women with disabilities' experiences of intimate partner violence: a qualitative study from Sweden. *BMC Womens Health*. 2023 Jul 20;23(1):381. doi: 10.1186/s12905-023-02524-8. PMID: 37474929; PMCID: PMC10360297.

<sup>7</sup>Oseso LN, Krakowiak D, Nduati R, Farquhar C, Kinuthia J, Osoti AO, Guthrie BL. Past intimate partner violence (IPV) predicts incident IPV during pregnancy and postpartum in pregnant women in Kisumu, Kenya. *Int J Gynaecol Obstet*. 2022 Oct;159(1):290-296. doi: 10.1002/ijgo.14107. Epub 2022 Feb 25. PMID: 35064967; PMCID: PMC9304447.



Figure 1. Identification of studies via databases



### Interviews with professionals

Nine semi-structured interviews were conducted between February 26 and March 27, 2024. Interviews were recorded and transcribed, with one organisation submitting their responses in written form. Interviewees were selected through convenience sampling, identifying organisations through desk research, through previous mapping conducted by WWP EN<sup>8</sup>, and through different practices that the authors of this article knew about. Professionals interviewed belonged to organisations with varying levels of services and procedures for working with high-risk offenders. Participating organisations, some of which are members of WWP EN, are perpetrator service providers across Europe, spanning countries such as Spain, the United Kingdom, Scotland, Germany, Norway, Sweden, and Austria. Two interviewees provided insights regarding working with high-risk perpetrators in both prison and probation settings. One interviewee conducted research among prisoners who had committed femicide in Buenos Aires, Argentina. The second interviewee, serving as a service provider and national trainer in probation and prison setting shared expertise in managing high-risk individuals within these contexts.

<sup>8</sup> WWP EN mapping report (2023)



Other participants included in this study offer tailored services for high-risk perpetrators within community frameworks. The majority of their clients are referred through mandatory means, such as the judiciary system or Multi-Agency Risk Assessment Conferences (MARAC).

The interviews covered topics such as the definition of high-risk, characteristics and attitudes of offenders, best practices regarding program coordination, risk assessment, risk management, the potential benefits of specific approaches or models, and challenges that could hinder desired outcomes (see Appendix 1 for the questions in the interview). Key insights from these interviews are categorised by themes in the Result section.

Countries	Programme	Context		Nr of interviews
		Community	Prison & Probation	
Argentina			femicide research with men in prison	1
Austria	Neustart		probation	1
Germany	Berliner Zentrum für Gewaltprävention (BZfG) gGmbH	voluntary, mandatory groups		1
Norway	ATV Norway (Alternativ til Vold)	voluntary		1
Scotland	Caledonian system		probation	1
Spain	Programa Contexto	mandatory		1
Sweden	The Swedish Prison and Probation Service Predov and RVP		prison	1
United Kingdom	DRIVE		mandatory	2
<b>Total interviews</b>				<b>9</b>

Table 1. Perpetrator programmes and research related to high-risk perpetrators by country



## Procedure

The analysis procedure involved multiple steps, beginning with desk research. Then, assessing gaps in existing research, interview questions were designed and interviews were conducted to gather additional important insights.

The analysis followed a mixed-method approach, integrating results from both desk research and interviews. These findings were then integrated into 5-6 distinct dimensions, including high-risk definition, perpetrator attitudes, primary approaches and models, risk assessment and management strategies, as well as strengths and challenges associated with these approaches.

## Results

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In this section, we delve into the findings derived from a comprehensive analysis of both desk research and interviews conducted by WWP EN staff. It is important to highlight that the identified research has primarily focused on high-risk definitions, risk assessment and risk management. Thus, research examining other critical dimensions, including perpetrator attitudes, program effectiveness, and possible challenges of interventions targeting high-risk perpetrators are still scarce in research.

### High-risk definition and perpetrator profiles

#### Definition

The majority of professionals defined high-risk categories based on the outcomes of standard risk assessment tools (such as SARA, ODARA<sup>9</sup>, DASH, etc.) or other protocols<sup>10</sup>, and information gained from victims and various agencies, frontline professionals, as well as police records. While certain aspects of high-risk identification showed congruence, notable distinctions in perpetrator profiles were also emphasised.

One way professionals described high-risk perpetrators was individuals whose behaviors present a significant likelihood of causing harm, encompassing violence, sexual assault, life-threatening situations, or trauma to others<sup>11</sup>. This designation may include individuals identified through processes such as Multi-Agency Risk Assessment Conferences (MARAC) or Multi-Agency Public Protection Arrangements (MAPPAs), particularly those deemed as serious or serial intimate partner violence (IPV) offenders.

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<sup>9</sup>The effectiveness of ODARA was also measured in Seewald, K., Rossegger, A., Urbaniok, F., & Endrass, J. (2017). Assessing the risk of intimate partner violence: Expert evaluations versus the Ontario Domestic Assault Risk Assessment. *Journal of Forensic Psychology Research and Practice*, 17(4), 217–231. <https://doi.org/10.1080/24732850.2017.1326268>

<sup>10</sup>Perciaccante VJ, Susarla SM, Dodson TB. Validation of a diagnostic protocol used to identify intimate partner violence in the emergency department setting. *J Oral Maxillofac Surg*. 2010 Jul;68(7):1537-42. doi: 10.1016/j.joms.2010.02.012. PMID: 20561466.

<sup>11</sup>Tomkins, J., Jolliffe Simpson, A.D. & Polaschek, D.L.L. High-risk Victims of Intimate Partner Violence: An Examination of Abuse Characteristics, Psychosocial Vulnerabilities and Reported Revictimization. *J Fam Viol*(2023). <https://doi.org/10.1007/s10896-023-00661-0>





In addition, the term "high-risk" could extend to cases involving femicide, as well as instances characterised by the extensive use of force with objects or weapons, use of extreme control, stalking or offences resulting in severe injuries necessitating immediate medical attention. These cases are often identified in advance as high-risk based on indicators assessed during risk evaluations. Imminent risk of serious injury, either presently or in the near future, is a key determinant in classifying individuals as high-risk perpetrators.

Moreover, high-risk perpetrators may include individuals facing multifaceted challenges such as mental health issues and/or substance abuse problems<sup>12</sup>. These multi-problematic cases present additional complexities in risk assessment and management, requiring integrated approaches that address both the underlying mental health or substance abuse issues and the potential for harmful behaviour. By recognizing and addressing these intersecting factors, interventions can be tailored to mitigate risks effectively and promote the safety and well-being of individuals and communities. However, professionals emphasised that these issues were not the cause of abusive behaviour, but addressing them helped the offenders engage in the programs more effectively. As one research among prisoners who committed femicide highlighted, the men included in the sample exhibited higher levels of depression, although they were not typically diagnosed with pathological psychiatric disorders.

### **Profiling**

Most of the research and interventions has focused on mainly adult men, perpetrating IPV in heterosexual relationships against their female partner.<sup>13</sup>

In terms of their previous engagement with social systems or services, the majority of these individuals had limited involvement. They may lack a significant history of seeking or receiving support from social services or other interventions. Additionally, there may be a pre-existing history of abandonment, or related issues that contribute to their circumstances. In the next section, the attitudes will be described in a more detailed way.

### **Attitudes**

As interviewees highlighted, these IPV offenders often hold rigid beliefs about masculinity and traditional gender norms, viewing women as subordinate and themselves as entitled to control and dominate their partners, harbouring misogynistic or sexist views, some of them seeing feminist movement as a threat. These attitudes were also addressed in research among prisoners who committed femicide.<sup>14</sup>

Extreme jealousy, codependent tendencies, identity crises, and possessive behaviours were also commonly mentioned, with offenders sometimes viewing their partners as possessions to be controlled rather than as equals in the relationship. These attitudes combined with thoughts that support/are permissive with the use of violence and crime, pose a higher level of risk. Researchers

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<sup>12</sup>Lipsky S, Caetano R, Field CA, Bazargan S. The role of alcohol use and depression in intimate partner violence among black and Hispanic patients in an urban emergency department. *Am J Drug Alcohol Abuse*. 2005;31(2):225-42. PMID: 15912713.

<sup>13</sup>Gracia E, Marco M, López-Quílez A, Lila M. Chronic high risk of intimate partner violence against women in disadvantaged neighborhoods: An eight-year space-time analysis. *Prev Med*. 2021 Jul;148:106550. doi: 10.1016/j.ypmed.2021.106550. Epub 2021 Apr 20. PMID: 33848525.

<sup>14</sup>Di Marco, M. H., & Evans, D. P. (2021). Society, Her or Me? An Explanatory Model of Intimate Femicide Among Male Perpetrators in Buenos Aires, Argentina. *Feminist Criminology*, 16(5), 607-630. <https://doi.org/10.1177/1557085120964572>



studying offenders who committed femicide emphasised that some men used violence as a means of emotional release or to exert control over their partners, reflecting a pattern of using power and coercion to maintain dominance within the relationship dynamic.

Victim blaming tends to be also prevalent, with offenders often shifting responsibility onto their partners for the violence or conflict within the relationship. They may assert a strong sense of self-defence, expressing sentiments such as “I don't need to make any change”, “It's a mistake, I didn't do anything wrong.”

Additionally, they may struggle with anger management issues, and have a history of trauma, including witnessing or experiencing violence as a child. These individuals may demonstrate a range of other concerning behaviours, including substance abuse (as previously mentioned), resistance to intervention efforts, and hostility towards facilitators or interventions.

Understanding the attitudes and beliefs of these IPV offenders is crucial for tailoring interventions and support services effectively. By addressing the specific needs and challenges faced by this population, interventions can be more targeted and impactful in addressing the root causes of their behaviour and promoting positive outcomes for both the individuals involved, victims and the broader community. Practitioners' insights shed important light on these aspects, while research is still quite limited.

### Main approaches and models

The primary approach adopted by the interviewed organisations (Table 1.) emphasises a non-punitive, systemic (coordinated) approach that involves multi-agency coordination with a common goal of addressing intimate partner violence (IPV) and related issues, recognizing that punitive measures alone are ineffective in addressing IPV.

#### **Key features of these different approaches include the following aspects:**

In terms of the **approach**, the most commonly mentioned ones are cognitive-behavioural therapy (CBT), motivational interviewing, and goal-setting strategies tailored to the individual's needs. It emphasises the importance of employing a non-confrontational stance while still holding perpetrators accountable for their actions, aiming for internalised behavioural change.

**Tailored sessions** ensure that interventions are responsive to the diverse needs of individuals involved in IPV. Most programs analysed in this paper provided first individual sessions for high-risk perpetrators, offering the possibility of participating in group sessions at a later stage. Along these lines, some programmes offer post-group maintenance until the end of the court order. In addition, one of the professionals working in a prison setting mentioned that besides perpetrator programmes, they offer several other interventions for prisoners during their sentence.

Specific programs, such as the accredited<sup>15</sup> Predov and RVP, used in the Swedish probation and prison setting, offer structured, one-to-one formats with flexibility in session duration (25-60 hours), targeting

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<sup>15</sup>both programmes broaden their target groups to individuals committing wider spectrum of domestic violence, however the majority of their clients are male offenders of IPV



medium to high-risk clients. The programme themes include emotional regulations, balance in life, relationships (thought and rules) and communication; with a special focus on alcohol and drug misuse in each phase. In this context, the **Risk-Need-Responsivity (RNR)** approach is the most common framework that underpins these interventions, emphasising the importance of targeting individual risk factors related to recidivism and responsivity to intervention methods.

For some programs, protocols are in place for specific needs like substance abuse, with tailored motivational plans and social support provided, this way clients can continue to participate in the programme. In cases where this matter is too severe and hinders the intervention, clients are redirected to specific health care, substance abuse treatment centres. Facilitators adapt activities to individual profiles, incorporating role-plays and addressing issues like gender roles, alternative behavioural patterns, anger management and substance abuse. Addressing these complex risk factors for each client either on individual or on group sessions can be challenging. As some of the interviewed professionals highlighted, teamwork is essential to deal with these complexities and mitigate further risks. In the Spanish programme, a team of four leads the group sessions, two facilitators and 2 trainers. Regular meetings among facilitators also can ensure coherence in approach, implementing protocols, modifications in interventions and detect additional risks, reaching out to other institutions (police, juridical institutions, etc.) in case of immediate risk. They also maintain regular contact with the probation service and provide quarterly reports on each case, on the client's progress. Another element of this programme is to provide social worker support in housing, if needed, using community resources.

Additionally, team coordination is essential in these cases, which entail high responsibility. For example, one organisation highlighted the implementation of "six-eye principle" in electronic monitoring to effectively identify and address high-risk cases. This means that a team of three professionals trained specifically on IPV, gather and analyse information for each case, making decisions jointly. Thus this principle promotes a more thorough, comprehensive risk assessment, enhancing quality assurance by sharing responsibilities. This principle involves excluding abusers from the program who have a history of IPV convictions and sentences and who are living with the (potential) victims under house arrest.

Another characteristic can be to **engage direct focal points from the client's informal social circle** (family, friends, co-workers), listed by the client. The facilitators meet in person with these contacts at the onset of the programme to explain the objectives and framework of the intervention, as well as to discuss how these contacts can support the participant in their daily life. This includes informing the facilitators promptly if they detect any stressful events or risk factors in the client's life (such as job loss, increased substance abuse, etc.) or in their environment that could hinder effective intervention. In addition, facilitators ask the focal points to assist the client with their homeworks related to emotional regulation and coping with stressful situations. At the end of the programme, facilitators meet again the focal points to discuss their perspective on any changes in the client's behaviour. This setting can be useful in cases in which contacting the victim is not possible (due to legal constraints). This procedure was recently implemented by one of the organisations, and initial feedback has been positive. However, gaining robust evidence on its effectiveness will take longer.

To ensure survivor safety and uphold human rights, these approaches maintain a clear stance against violence, emphasising that it is never justified and will not be tolerated. **Multi-agency collaboration** is



integral to this approach, facilitating comprehensive risk assessment and management while prioritising the safety and rights of survivors (the next section expands on this aspect).

### Multi-agency Coordination

The coordination among different models varies, but all emphasise multi-agency collaboration with a **case manager, contact person** playing a pivotal role.

In the DRIVE project, they work closely with Independent Domestic Violence Advocates (IDVAs) and other agencies, maintaining constant vigilance over the perpetrator's behaviour. While some interventions involve individual sessions, the project proved to be effective even for those perpetrators, who never attended any sessions. This was achieved by continuously monitoring their cases, sharing information about any changes in the multi-agency collaboration, introducing disruptive (e.g. reporting to police, requesting restraining order, etc.) and supportive measures (e.g. housing, substance abuse and mental health care, helping in employment, etc.). Close collaboration with victim support services is an essential part of models and approaches working with high-risk perpetrators, including regular meetings with other agencies to ensure comprehensive support and risk management. As experts highlighted, consistency and regularity in multi-agency sessions can create a trusted environment, fostering a common goal among professionals to prioritise victim and children safety while reducing the risk of reoffending.

In the case of Programa Contexto, professionals maintain regular contacts with several institutions connected with the judiciary system, such as penal institutions, police and social services. They receive primarily court mandated clients, and some referrals through police or other authorities. Contacts are also maintained to notify these agencies if risk arises or violence reoccurs.

In the case of Drive and Caledonian multi-agency collaborations are expanded to other organisations such as: victims services, children, housing, rehab centres, etc. Regular meetings among these agencies ensures information sharing, more thorough risk assessment, gaining a comprehensive overview of all related processes to tailor interventions for clients and safety measures for victims.

Predov and RVP programs, operational in prison and probation settings, follow a three-phase approach that encompasses the understanding of the client, direct behavioural interventions, and addressing reoffending risks. If the offender refuses to participate in the intervention, it counts as a misconduct and can lead to prolonged release of up to one month, encouraging offenders' active engagement.

### Risk assessment

The interviewed organisations employ a comprehensive approach to risk assessment, drawing from various validated tools and incorporating insights from both victims and professionals of other agencies. Experts mentioned various standard risk assessment tools, such as the Domestic Abuse, Stalking and Honour Based Violence (DASH<sup>16</sup>), the Level of Service/Case Management Inventory (LS/CMI), Spousal Assault Risk Assessment (SARA), and the Danger Assessment (DA). Messing et al.

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<sup>16</sup>Turner, E., Medina, J., Brown, G. (2019). Dashing Hopes? the Predictive Accuracy of Domestic Abuse Risk Assessment by Police, *The British Journal of Criminology*, Volume 59, Issue 5, September 2019, Pages 1013–1034, <https://doi.org/10.1093/bjc/azy074>; Almond, L., McManus, M., Brian, D. and Merrington, D. P. (2017), Exploration of the Risk Factors Contained Within the UK's Existing Domestic Abuse Risk Assessment Tool (DASH), *Journal of Aggression, Conflict and Peace Research*, 9: 58–68. Available at: <https://doi.org/10.1108/JACPR-01-2016-0211>



(2020) examined DA-LE<sup>17</sup> (Danger Assessment for Law Enforcement) used in domestic violence high risk teams (DVHRTs) based on victims' feedback. Research results support the insights of the interviewees that standard risk-assessment tools<sup>18</sup> utilised in multi-agency collaborations can contribute to more tailored and safer interventions.

Risk factors such as embedded beliefs on gender roles, adherence to norms of masculinity, antisocial behaviour, and attitudes towards violence, social isolation (both victim and perpetrator), lack of social support, increased controlling behaviour, jealousy, assault during pregnancy<sup>19</sup>, stalking and its escalation, strangulation, and suicidal thoughts are carefully assessed. The prevalence of these risk factors were also highlighted in research<sup>20</sup>. Addressing these risks in the perpetrator programmes can contribute to a more effective outcome. The organisations also take into account any significant changes during the program, such as continued cohabitation, new pregnancies, or increased substance abuse. Structural risk factors and available social resources are evaluated, including the (lack of) social capital<sup>21</sup>. Efforts are made to address cases that may remain under the social radar.

Regular risk assessments are conducted, considering victim vulnerabilities and any coercion or escalation stemming from the abuse. The SARA tool, supplemented by client interviews and information from relevant institutions, aids in identifying emotional regulation issues, trauma, psychological problems, and social support deficiencies.

In instances where existing tools do not fully capture the complexity of a case, organisations may develop or adapt assessment tools, drawing insights from security police case conferences. Separation or existential crises are also considered as potential risk factors, warranting thorough evaluation and appropriate intervention strategies.

### Risk management

Risk management strategies implemented by the interviewed organisations involve intensive case management coupled with a coordinated multi-agency response. Most of the included programmes work closely with victim services, and to different degrees with law enforcement, probation, child protection services, housing authorities, substance abuse, and mental health services to ensure comprehensive support and intervention.

A key aspect of risk management for one of the programs is the integration of disruption, support, and behaviour-change interventions alongside protective work of victim services. Efforts are made to

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<sup>17</sup>Jill Theresa Messing, Jacquelyn Campbell, Kelly Dunne, Suzanne Dubus. (2020) Development and Testing of the Danger Assessment for Law Enforcement (DA-LE), *Social Work Research*, Volume 44, Issue 3, September 2020, Pages 143–156, <https://doi.org/10.1093/swr/svaa005>

<sup>18</sup>Storey, J. E., Kropp, P. R., Hart, S. D., Belfrage, H., & Strand, S. (2014). Assessment and management of risk for intimate partner violence by police officers using the brief spousal assault form for the evaluation of risk. *Criminal Justice and Behavior*, 41(2), 256–271. <https://doi.org/10.1177/0093854813503960>

<sup>19</sup>Charles, P., & Perreira, K.M. (2007). Intimate Partner Violence During Pregnancy and 1-Year Post-Partum. *Journal of Family Violence*, 22, 609-619.

<sup>20</sup>Juodis, M., Starzomski, A., Porter, S., & Woodworth, M. (2014). What can be done about high-risk perpetrators of domestic violence? *Journal of Family Violence*, 29(4), 381–390. <https://doi.org/10.1007/s10896-014-9597-2>

<sup>21</sup>informal relationships and bonds of the offender with family members, friends, co-workers



reduce the opportunities for perpetrators to contact their partners, addressing housing issues and implementing measures such as police involvement resorting to custody only as an extreme measure.

Another program also maintains regular and proactive contact with victims, with scheduled meetings every four weeks involving workers from perpetrator's, victim's, and children's services. These meetings utilise standard risk assessment tools to establish a shared understanding of high-risk situations among professionals. Another professional mentioned that in cases of heightened risk, protocols are in place to alert the police or penalty institutions promptly. These approaches are characterised by an institutional and systemic framework.

For offenders under probation, interventions may include anti-violence training or psychotherapy, while those with mental health issues may receive psychiatric treatment. In acute danger situations, pre-trial detention or temporary admission to psychiatric wards may be necessary.

The same organisation reported, similarly to the six-eyes strategies mentioned earlier, that decisions are made following a "four eyes" principle. This means that decisions require approval from at least two individuals, with exceptions made for emergency cases (life-threatening, imminent physical danger). Close cooperation with victim protection organisations ensures a holistic approach to risk management, with immediate information exchange and joint decision-making to minimise risk effectively. If necessary, a security police conference is organised.

### **Risk management for workers**

Another important aspect is to mitigate risks for staff working directly with high-risk perpetrators.<sup>22</sup> As professionals highlighted in the interviews, risk assessment practices, including use of standard risk assessment tools mentioned above, typically commence at the beginning of contacting clients, mostly during initial individual sessions when the client's background, level of danger he might pose may be less known. Professionals rely on various sources of information during this process, including police records, intelligence from other agencies (child protection services, victim support services, probation services, etc.) and information from victims.

Protocols are in place to handle specific cases, outlining procedures for working with high-risk individuals. These protocols often involve having at least two workers present during meetings or sessions to ensure safety and support. Furthermore, safety measures are prioritised in office settings, with workers never being alone if a client is present. Procedures include routine contacts, regular team meetings, and the locking of entrance doors for added security. In rare instances where immediate intervention is necessary, professionals are prepared to contact the police promptly.

Supervision is considered essential, particularly for mental health support, providing workers with additional guidance and support in managing challenging cases.

Overall, these practices underscore the commitment to ensuring the safety and well-being of workers while effectively managing the risks associated with working with high-risk perpetrators.

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<sup>22</sup>Tsantefski, M., Humphreys, C., Wilde, T., Young, A., Heward-Belle, S., & O'Leary, P. (2023). Worker safety in high-risk child protection and domestic violence cases. *Journal of Family Violence*. Advance online publication. <https://doi.org/10.1007/s10896-023-00551-5>





### Strengths of reviewed models, approaches

The utilisation of these models offers several advantages:

- **Effective Risk Reduction:** These models have demonstrated effectiveness in reducing the risk of recidivism, some of them even without direct contact with the offender. By addressing the needs of perpetrators to reduce risk for their partners<sup>23</sup>, regularly assessing risks, monitoring the offender's behaviour, they contribute to overall risk reduction.
- **Tailored Interventions:** Tailored interventions that are addressing risks proportionately based on the offender's profile, targeting specific behaviours and providing guidance on handling negative thoughts are particularly effective for high-risk perpetrators. For extreme controllers, this combined with disruptive methods provides a better outcome. .
- **Multi-Agency Approach:** The multi-agency approach ensures complementary services and efficient distribution of work among agencies. A designated case manager acts as a focal point for both the offender and the multi-agency team, enhancing coordination and effectiveness. Monitoring offender's behaviour by multiple agencies, sharing information, regular risk assessment and case meetings can ensure more effective risk management, increasing safety for victims and children. The DRIVE project is able to reduce recidivism by enhancing a multi-agency approach directed by a case manager that monitors closely the perpetrator's actions and is able to provide support and disruption even if the man has never attended a session with his case worker.
- **Centralised Support Mapping:** The presence of a central team like in the case of DRIVE that maps available services and identifies gaps helps avoid duplication of work and ensures the most effective use of resources.
- **Adaptability and Scalability:** These models can be adapted to local settings and also implemented nationwide, embedded in the social care and judiciary system, promoting long-term systematic and sustainable change.
- **Monitoring and Research:** Regular monitoring by facilitators and research teams ensures ongoing evaluation and improvement of interventions, enhancing their effectiveness over time.
- **Understanding and Changing Attitudes:** These models focus on understanding the attitudes and thought processes of offenders at higher risk, offering tools to regulate emotions, targeting change behaviour, and promoting alternative narratives of masculinity and femininity and challenging perpetrators view on violence, power and control, raising awareness of the impact their behaviour has on the victims and children. This should be also supported by social control, promoting social norms that advocate for zero tolerance towards all forms of violence in both formal (laws, regulations, rules by governmental bodies) and informal (through family, peers, education) ways.

Overall, these models offer a comprehensive and adaptable framework for addressing intimate partner violence, focusing on both perpetrator accountability and victim safety. Their multi-faceted approach,

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<sup>23</sup>Hester, M., Eisenstadt, N., Ortega-Avila, A. G., Morgan, K. J., Walker, S-J., & Bell, J. (2019). Evaluation of the Drive Project: – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse. [http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3\\_UoBEvaluationReport\\_Final.pdf](http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf)



combined with ongoing evaluation and support, contributes to long-term positive outcomes for all stakeholders involved.

### Challenges

The utilisation of these models also presents several challenges:

- **Differing Definitions and Knowledge:** There may be discrepancies in understanding and defining intimate partner violence (IPV) among different agencies, leading to varying levels of cooperation. Scepticism and resistance may arise due to entrenched attitudes or a perception of knowing better, seeing such collaborations, interventions unnecessary, hindering effective implementation.
- **Systemic Resistance and Change:** Implementing these models requires systemic changes, which can be met with resistance and take significant time to enact. This includes coordination among agencies, adjusting legislation (e.g. on data protection, information sharing among agencies), extending available services (e.g. housing, health care services, etc.). Current legislation may restrict smooth workflow and hinder collaboration with victim support services or other agencies. Another systemic change required is changing the approach of IPV, focusing more on risk assessment and management, perpetrators and their strategies, implementing measures that prevent offenders using institutional abuse against their (ex)partner (prolonging legal processes, threatening to take away custody, telling untruth about victim's ability as a mother to judges/child protection professionals/mediators, etc.)<sup>24</sup>.
- **Resource Intensiveness:** The multi-agency approach necessitates substantial resources (staff, time, funding), both in terms of coordination efforts and staying abreast of related issues. This can strain already limited resources and pose challenges for individual organisations in the short-term. High-level (political, governmental) stakeholders need to invest in long term structural changes, which can make these programmes sustainable, reducing the overall social cost of IPV.
- **Resource Constraints:** Limited staff, high workloads for each agent and lack of training pose significant obstacles to effective intervention, making tracking cases effectively difficult. Fluctuations in staff and lack of experience, particularly among young officers or those unfamiliar with these types of offenders, further exacerbate these challenges.
- **Slow Information Flow:** Information flow may be hindered by bureaucratic hurdles, legislative limitations or due to capacity issues, leading to delays and inefficiencies.
- **Limited space:** Overcrowded prisons and lack of space for treatment hinder the delivery of effective interventions, with some clients requiring more sessions than are available.
- **Lack of Follow-Up and Funding:** Inadequate funding and lack of follow-up mechanisms may undermine the effectiveness of interventions, leading to gaps in support and continuity of care.
- **Limited Integration in Coordinated Community Response:** The lack of integration into coordinated community response efforts may hinder the effectiveness of these models, leading to disjointed efforts and gaps in service provision.

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<sup>24</sup>Gutowski ER, Goodman LA. Coercive Control in the Courtroom: the Legal Abuse Scale (LAS). *J Fam Violence*. 2023;38(3):527-542. doi: 10.1007/s10896-022-00408-3. Epub 2022 May 19. PMID: 35611345; PMCID: PMC9119570.





- **Fragmented Approach:** Stakeholders may view victims, children, and perpetrators as separate entities, rather than recognizing their interconnectedness within the context of domestic violence.<sup>25</sup>
- **Bias:** It can be difficult for workers to empathise with the perpetrator without trivialising their behaviour or portraying them as irredeemable monsters. Striking a balance between maintaining empathy and objectivity while holding perpetrators accountable presents a significant challenge for workers in this field.
- **Cultural Sensitivity:** There may be a lack of cultural approach in interventions, potentially overlooking the specific needs of diverse communities.

Addressing these challenges requires concerted efforts to overcome resistance, secure adequate resources, enhance training and capacity-building, streamline information sharing processes, advocate for legislative reform, promote a more integrated and culturally sensitive approach to intervention and integrate these models into broader community response frameworks. It also underscores the importance of ongoing evaluation and adaptation to ensure responsiveness to evolving needs and contexts.

## Conclusions

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In conclusion, our exploration into working with high-risk perpetrators of intimate partner violence (IPV) underscores the critical importance of addressing this complex and often overlooked aspect of IPV prevention and response. Through a comprehensive review of models, approaches, and practices employed by organisations across Europe, several key themes have emerged.

Firstly, it is evident that defining high-risk perpetrators involves a multifaceted process that integrates findings from standard risk assessment tools with information obtained from victims, other agencies (probation services, child protection services, family court, criminal court, etc.) and police records. While there may be overlap in certain elements of high-risk identification, such as likelihood of causing high-harm, life-threatening injuries, committing sexual assaults, professionals have highlighted significant differences in perpetrator profiles, emphasising the need for tailored interventions. An offender with severe mental issues, substance abuse problems and housing issues need different intervention than those using extreme control, stalking, or force with objects/weapons.

Both professionals and research mentioned the prevalence of misogynistic attitudes, adherence to traditional gender roles, possessiveness over partner, victim blaming, controlling behaviour among these individuals. However, these attitudes are not exclusive to high-risk perpetrators but observed among IPV offenders in general.

As experts highlighted, regular, consistent collaboration with other agencies, especially with victim support services can create a trusted environment and a common understanding among professionals on the goal of intervention and IPV risks. This together with regular and joint risk assessment through standard tools (DASH, SARA, ODARA, DA, etc.), tailored, primarily individual treatments are essential

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<sup>25</sup>Stanley, N., & Humphreys, C. (2017). Identifying the key components of a 'whole family' intervention for families experiencing domestic violence and abuse.



to reduce risk of recidivism and increase safety for victims and children. The results of DRIVE demonstrated that an intensive multi-agency approach directed by a case manager monitoring closely the perpetrator's actions proved to be effective even if the man has never attended a session with his case worker.

Organisations faced diverse challenges and limitations by working with high-risk offenders, including resource constraints (funding, high workload, limited staff, limited spaces for treatments), slow information flow among agencies, lack of training on IPV, systemic issues, in some cases limited integration of perpetrator programmes in coordinated community response and legislative barriers. These obstacles underscore the need for sustained efforts to address gaps in service provision and enhance collaboration among stakeholders.

Moving forward, it is imperative that efforts to address high-risk perpetrators are supported by robust research, ongoing evaluation, and continuous improvement. By advancing our understanding of perpetrator behaviour and refining intervention strategies, we can strive towards more effective and sustainable solutions in the fight against intimate partner violence.

In closing, our collective commitment to addressing the complexities of working with high-risk perpetrators is essential for promoting safety, preventing harm, and fostering resilience within our communities. By prioritising victim-centred approaches and adopting evidence-based practices, we can make meaningful strides towards ending intimate partner violence and creating a society where all individuals can live free from fear and harm.



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## Appendix

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### Appendix A. - Interview questions on working with high-risk perpetrators

- 1) Could you please share the main elements of your project/approach/findings regarding working with high-risk perpetrators?
  - a) Can you please explain where your programme is based?
- 2) How did you define high-risk perpetrators? Main characteristics, attitudes, patterns?
  - a) What would you say are the main needs and challenges of this type of perpetrators? How are those similar or different from the ones used for mid-low risk perp.?
- 3) Which are the main risks that you target with your program/approach/etc.?
  - a) How are those similar or different from the ones mentioned in most of the RA tools, or from lower-risk perp.?
- 4) How do you do case management or risk assessment and management with these cases?
  - a) Do you have specific roadmaps, procedures to follow with these high-risk cases? How are those similar or different from the ones used for mid-low risk perp.?
- 5) Do you collaborate with other agencies for the provision of perpetrator programmes for high-risk perpetrators? Is coordinated community response established in your context?
- 6) What do you think works best with these men - what type of perpetrator programmes?
  - a) What topics should be addressed on these programs? and how?
  - b) Length and structure of the programme
  - c) Cooperation with other agencies
- 7) We know that working with perpetrators might be a challenging task, this is even more challenging when working with high-risk perpetrators. Can you tell us your personal experience working with them?
  - a) How to increase safety for professionals who work with/are in contact with these high-risk perpetrators (in/directly)?
- 8) Possible limitations/challenges of the approach/model/practice? within IPV, from a practical point of view
- 9) How to make the programme sustainable?
- 10) Do you know about other, practice-based models, approaches, organisations working with high-risk perpetrators?