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## **Explorations of attitudes towards accessibility and accessing domestic violence and abuse (DVA) perpetrator support programmes by victim-survivors and perpetrators across five European countries**

### **Abstract**

This paper reports on findings from international empirical research which explored victim-survivors<sup>1</sup> and perpetrators attitudes towards perpetrator support programmes. Ninety-three questionnaires with female victim-survivors of domestic partner violence and abuse, and 18 interviews with male perpetrators were conducted in five European countries. Results showed that, of the 93 victim-survivors of domestic violence and abuse, half stated they would have stayed in their relationship with perpetrators if the abuse had stopped, and a similar number reported that they believed their relationships would have been different had there been help for the perpetrator. Analysis of perpetrator interviews showed that they faced barriers to obtaining support, such as being labelled a ‘perpetrator’ which, had they been addressed, may have enhanced their engagement with services. Whilst acknowledging the need for safeguarding and justice, this paper demonstrates the importance of reflecting both victim-survivor and perpetrator needs in order for perpetrators to fully engage with support services. Moreover, it highlighted the need to address the underlying societal issues related to hegemonic masculinity which can lead to the abuse of women being normalised and the vulnerability of men being stigmatised through education for young people around healthy relationships.

**Keywords:** Domestic violence and abuse, perpetrators, victim-survivors, support, domestic violence perpetrator programmes, intimate partner violence and abuse

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<sup>1</sup> A range of terms are used in the literature to describe women who experience violence. In the literature, the term ‘victim’ is offered used when someone is still in a relationship which is abusive whereas the term ‘survivor’ refers to someone who has gone through the recovery process and is also seen as more empowering. In this study, the women were at different stages of their experiences, some have left relationships and others still experiencing abuse therefore, the authors use the term victim-survivor.

## **Impact Statement**

- This paper contributes to understanding the perspectives of victim-survivors, who are the primary clients of domestic partner violence and abuse perpetrator services.
- The findings reveal the importance of availability and engagement for perpetrator support services.
- This paper also offers insight into the barriers that some victim-survivors and perpetrators face when seeking support.
- These findings emphasise the need for further research into perpetrator support to understand and address individual, relational and societal issues that may be at the root cause of intimate partner violence and abuse.

## **Introduction**

This paper reports on findings from research carried out as part of a European Commission funded international collaborative project: *Other Side of the Story: Perpetrators in Change* (OSSPC). Its aim is to prevent further domestic violence and abuse (DVA) by increasing the capacity of frontline workers who work with perpetrators of DVA to deliver prevention and intervention programmes across the UK, Cyprus, Greece, Romania and Italy. In particular, the capacity building element of the project was focused on creating research-informed training for front-line professionals who were not employed within DVA support services but working in adjoining services such as the criminal justice system (CJS). To inform this work, victim-survivors and perpetrators were invited to take part in research to capture their views on what was important to them when seeking support. To this end, this paper focuses on perspectives around accessing support, rather than the content of the support programmes themselves. Although the research was conducted across five European countries there is insufficient statistical data to make pan-European generalisations, however it is a preliminary study that indicates that there are specific aspects of help seeking and accessing support which matter to victim-survivors and to perpetrators in diverse European countries.

DVA is a significant global health and social problem. A European study of 40,357 women who had been in a relationship found that 51.7% reported being victims of DVA in their lifetime (Barbier et al., 2022). In the UK, a review by Carlisle et al. (2023) suggests 20% of all men have perpetrated violence and abuse towards women by the age of 21, and that the

total cost of such abuse is estimated to be in the region of £66 billion, when taking into account the impact on health and wellbeing, the criminal justice system, homelessness, employment, education, and related areas. Rivett (2006) recorded over 16,000 men charged with offences of violence against women in 2005, with £22.5 million in CJS costs alone.

Evidence suggests that many perpetrators of DVA repeat their actions (Eckhardt et al., 2013) and as such this abuse is unlikely to have been an isolated event. International comparative data collected by the FRA (2015) indicates that between 2-6% of women in partnership countries will have experienced some form of physical abuse by their current partner in the previous year. Allen et al. (2020) reported that 110 women were killed by men in 2020 in the UK, and of those men 42 (53%) of whom were known to have previous histories of violence against women. As such proactively engaging and changing the behaviour of perpetrators may impact current, and potential future victim-survivors. This paper considers the perspectives of both female victim-survivors who have experienced DVA and male DVA perpetrators of perpetrator support interventions. The next section considers current evidence on interventions before presenting thematic findings from the OSSPC study and offers suggestions for further areas of research.

### **Interventions with DVA perpetrators**

The first development of interventions for perpetrators of DVA arose from the Duluth project in the 1980s (Shepard & Pence, 1999). At this point they were non-criminal justice group behaviour change interventions, situated within a coordinated community responses (Kelly & Westmarland, 2015), which are referred to broadly within the literature as Domestic Violence Perpetrator Programmes (DVPPs). The delivery of these programmes became more widespread and intertwined with the CJS over time (Hester et al., 2006) and as DVPPS have expanded and developed there has been an increased focus on early intervention (Hester et al., 2006).

The importance of successful perpetrator intervention has become more pertinent as many perpetrators victimise several women. Perpetrators of DVA may not only be repeat offenders (i.e., target the same victim more than once), but may also be serial offenders (i.e., target more than one victim) (Allen et al., 2020; Stripe et al., 2020). The countries that engaged in

this study were all signed up, and most ratified by the time of research (the UK has followed since), to the Council of Europe Convention on preventing and combating violence against women, which has become known as the ‘Istanbul Convention’ (Home Office, 2020). Article 16 in particular deals explicitly with the requirement for signatories to provide dedicated perpetrator programmes.

As support services for perpetrators have developed, best practice guidance across Europe advocated that any DVPP should also include associated victim-survivor support (Council of Europe, 2020) was guidance which was incorporated into the UK’s best practice guidance for designing and delivering perpetrator programmes (2023), which followed the Domestic Abuse Act 2021. In the perpetrator support dyad, the victim-survivor of the DVA is recognised as the ultimate primary client of any DVPP, as the ultimate aim of the work is to enhance safety and freedom for victim-survivors (UK Home Office, 2023). As such, there has been an increase in research focus on what successful perpetrator interventions look like and what the outcomes are for victim-survivors, perpetrators, and child victims (Stanley et al., 2011). In a systematic review that focused on findings related to victim-survivors’ viewpoints on perpetrator interventions, McGinn et al., (2016) found that victim-survivor’s priorities included: the importance of perpetrator accountability; addressing the challenges in achieving sustained change; and addressing the challenges from within the sector itself. The authors identified conflicting views about the purpose of DVPPs, noting that, ‘while perpetrators speak of taking responsibility, survivors speak about holding them to account’ (McGinn et al., 2016, p. 247). Another study by McGinn et al. (2021) involving interviews with 18 victim-survivors about their experiences of having their partners complete a DVPP also found a desire for long term change in perpetrator behaviour, and a lack of cohesive approach to programmes in terms of prioritising victim-survivor safety. Two systematic reviews of DVPPS across Europe found positive outcomes but the evaluation designs were inconsistent (Akoensi et al., 2013; McGinn et al., 2020). Moreover, McGinn et al. (2020) noted barriers to behavioural change included: gendered social constructions and cognitive distortions. Evidence suggests that perpetrators who access DVPPs has emphasised that non-judgemental attitudes from practitioners at the point of access helps to improve engagement (Stanley et al., 2012).

Many perpetrators have also experienced violence and abuse in childhood, and a study by Morrison and colleagues (2024) emphasised that many perpetrators cited this as a motivating

factor in their own violent behaviour. Therefore, they recommend that a trauma-informed approach is used (Morrison et al., 2024). Dempsey and Day (2011) reviewed international literature in this area and highlight the importance of tailoring interventions to the needs of individual perpetrators. They cite research by Anderson and Umberson (2001) that violent men rationalise, minimise and justify their violence, which has implications on the development of programmes. In an Australian study on 14 men who had completed a DVPP they identified themes of: threat (feeling threatened by others and the 'world', resulting in a need to dominate or win, and normalising violence), resulting in lack of trust in relationship and jealousy; retreat (related to dysfunctional childhood including abuse leading to sense of abandonment and abuse, sense of hopelessness, reliance on drugs and alcohol, inability to develop close loving relationships); desire to create a 'perfect world' (where their role is provider and protector, and they perceive that their actions have been misunderstood). Many perpetrators thus perceive and see themselves as 'breadwinners' aligning to traditional gender roles. They are dealing with a perceived 'dangerous' world and their response is to attempt to control it, attack it or retreat from it.

In a recent study that looked at effectiveness of a GP Surgery based DVA service, the researchers found that the two main barriers for men accessing support services (both as a perpetrator and as a victim) were: 'the erosion of continuity of care and the strong societal perceptions about masculinity' (Szilassy et al., 2024, p. 9). Masculinity as a lens through which to view barriers to perpetrator work can be fraught with tension as practitioners balance individual and structural understandings of masculinity in the context of wider gender inequalities (Gottzen et al., 2021; Levell, 2021). Consideration must be given to unpacking how men can be both impacted by negative constructions of masculinity through constraints and pressures, but also how they are operating within a patriarchal societal framework. Consequently, there is a desire for further research in relation to what perpetrators want from their programmes. An alternative to the trauma-informed approach above is to consider theories of behaviour change which highlight the need for individuals to recognise their issues, and actively want to engage in change, without which change is far less likely to occur, or to be sustained (Norcross et al., 2011). Therefore, there is also a need for further research into how to engage perpetrators in accessing support in the first instance.

## **Methods**

The findings presented herein are drawn from a wider international study regarding DVA perpetrators, conducted collaboratively by partner agencies in the UK, Italy, Greece, Cyprus and Romania. This paper presents a subsection of the findings which explore the perspectives of victim-survivors and perpetrators about their experiences of perpetrator support services and what they want from such services. This included interviews with perpetrators of DVA and an online questionnaire with 93 victim-survivors of DVA. Full ethical approval was received from (*add after peer review*) Human Research Ethics Committee and in each of the consortium's respective organisations. Victim-survivors were invited to complete an online anonymous questionnaire, and to gain more nuanced and detailed data, perpetrators were interviewed individually. This was a pragmatic approach as it was assumed that more victim-survivors would be willing to engage with the research than those who had perpetrated DVA due to the possible stigma of being involved: this was borne out in the research as only 18 perpetrators were willing to be interviewed across the five partner countries. All research was conducted in the participants' first language and translated by partners on the project.

### **Victim-survivor questionnaires**

An anonymous questionnaire (see supplemental material) explored victim-survivors' experiences of interacting with support services, and their views on and perspectives of the support offered to their abuser. This paper focuses upon the latter. We disseminated the victim-survivor questionnaire across five countries by partner agencies (via social media and DVA support services) which was translated into local languages (Table 1). The questionnaire contained both quantitative and qualitative questions. People are more likely to complete questionnaires of a shorter length (Markstedt & Vernersdotter, 2013; Rolstad et al., 2011), therefore the majority of questions were quantitative (simple check boxes), with free-text options included to give participants the opportunity to share their subjective experiences. All questions (except consenting to participate) were optional to aid participant completion rates. Questions were asked about ease of access to support for those experiencing DVA, how helpful they found the support, what support if any the perpetrator was offered, and what outcomes the victim-survivors wanted from services. The questionnaire was administered either via the online JISC platform or in a paper copy. It was advertised via social media and shared with relevant support service organisations. The research was conducted in the Summer/Autumn of 2020.

### **Perpetrator interviews**

Each of the five countries in the research partnership conducted interviews with a sample of men who had accessed perpetrator intervention programmes (Table 1). As this is a potentially high-risk population and for the safety of the researchers, participants were accessed via gatekeepers, where they were receiving support from services. Access was achieved through negotiation with local stakeholders and through partner organisations in the member states. A semi-structured interview schedule was designed to elicit participants views about their knowledge and experiences of support, and how potentially such services could be improved. Specific questions focused on their reflections of access issues for support and included asking for opinions on areas such as availability of support services; whether these were voluntary or mandatory; the ease at which they could access services; the most positive aspects of the programme; and whether it has aided them in stopping or reducing further offending. Due to the COVID-19 pandemic these had to be changed from face-to-face interviews to online or by telephone interviews, in compliance with national guidelines in each country. In all cases these were men who had accessed a DVA group work programme. Interview participants were provided with an information sheet and consent form in advance and written consent was obtained from participants, who had the right to withdraw from the project at any time. With permission, online sessions were recorded and transcribed, with detailed notes also taken in case of malfunctioning software. The research was conducted between June and October 2020.

**Table 1: Number of Fieldwork Participants**

<b>Country</b>	<b>Number of victim-survivor questionnaires</b>	<b>Number of perpetrator interviews</b>
<b>Cyprus</b>	17	3
<b>Greece</b>	20	3
<b>Italy</b>	8	5
<b>Romania</b>	24	5
<b>UK</b>	24	2

<b>Totals</b>	<b>93</b>	<b>18</b>
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### *Data Analysis Process*

The questionnaire data was translated into English, imported into SPSS, and data cleansed to identify any inaccuracies. Descriptive analysis summarised the data and identified patterns. As all questions were optional, the findings below have been presented with the respective number of participants who chose to answer that question ('n'). The UK questionnaire was first coded inductively aligned to the qualitative questions asked and then the free text was reviewed and coded deductively to ensure no data was overlooked using a coding reliability thematic analysis approach (Braun & Clarke, 2006). The data from the other four countries, was translated into English and then coded deductively aligned to the themes identified in the UK coding. The data was coded using the textual data analysis tool CATMA (<https://catma.de/>). Data was independently coded by the first author and then checked by the fourth author. Analysis was conducted in line with the key aims of the project and categorising these into key thematic areas. Any disagreement between research team members was discussed until agreement was reached.

For the interviews, each country's fieldwork team produced English translations of their transcripts, which were then coded. The data was analysed using CATMA by the third author and then peer reviewed by the second author. Thematic analysis (Braun & Clarke, 2006) was conducted on perpetrator interview data with both inductive (based on the semi-structured interview questions) and deductive codes. Analysis was conducted in line with the key aims of the project once. Again the UK data was independently coded first and then the data from the other countries was incorporated. Once coding across all partners countries data was completed. The research team developed further themes through identification of shared meaning patterns relative to existing research. Different themes were identified for the questionnaire and interview findings - however those reported here are all in relation to what victim/survivors/perpetrators want from services. Pseudonyms have been used for the quotations.

### **Findings**

## **Victim-Survivor Questionnaires**

### ***Participant Demographics***

The majority of participants accessed the questionnaire from social media (n=41), and local services (n= 27). It was completed by 93 participants from 5 countries with 11 ethnicities. Eighty-eight participants were female, 3 did not give a gender (it was an optional question) and 2 were male. In 81/88 cases (92%) the corresponding ‘perpetrators’ for the female victim-survivor were male. However, one person stated ‘other’ when asked the gender of the abuser and 7 stated ‘female’. This is not necessarily referring to a partner, as a few participants noted they had been in more than one abusive relationship, and that the abuser was a family member. Both male survivors experienced abuse from female perpetrators. 50 participants stated that they had children, with several not answering this question. The range of ages for participants was from 18 – 69 (median 39), and just over half (47/93) were 30 years or younger.

## **Findings: Victim-Survivor Perspectives**

### ***Themes from the questionnaires***

Analysis identified three key themes with associated sub-themes:

- 1) Desired outcomes from perpetrators accessing support/services
  - a. Behaviour change
  - b. Accountability
- 2) Accessing Support
  - a. Challenges to accessing support
- 3) The need for societal change through education

### ***1. What the victim-survivor wants***

The first category considered what the victim-survivor wants – giving voice to their needs and although these differed for each individual two sub-themes were identified.

#### **1a. Behaviour Change**

There was a strong desire for behavioural change related to the abuse. One compelling point that came from the Greek participants was not just wanting the abuse to stop but also on wanting the perpetrators to change behaviours, and become ‘*better husbands*’, for example,

not wanting to engage in affairs with other women, to take responsibility for the children, not to use drugs and alcohol and to be positive about their family. An important outcome from this data was that half of the participants (51.6%) said that if the abuse had ended, they would have stayed in the relationship and nearly half (48.4%) agreed with the statement if their abusive partner was not violent, then most of the time their relationship was fine. Over half of the participants (53.7%) had contacted the police at least once, however less than a quarter (22%) reported that the response by the CJS had been effective, helpful or vital to their safety.

### **1b. Accountability**

A reoccurring theme in the victim-survivors' questionnaires was that women wanted criminal justice systems to take direct action to stop the perpetrators from abusing them. Only 18.3% felt their abusive partner had been held accountable by the services and spoke of a need for punitive responses from services, as well as highlighting how manipulative perpetrators can be in avoiding this:

*'I would enforce the penal mediation because that is the only way abusers might truly change' (Eleni, Greek participant).*

*'lying and manipulation - has to be recognised by the authorities dealing with them. I would also say that action against abusers should be swift and decisive - or they just carry on' (Tina, UK participant)*

### **2. Accessing support**

Although victim-survivors wanted support for themselves, and as highlighted above they wanted the perpetrator to be held accountable; many also highlighted they wanted support for perpetrators with *'abusers offered counselling and advice to manage their anger' (Lucy, UK participant)* and that DVPPs should support the *'modification of the thoughts the attitudes and their behaviour'* (Ana, Romanian participant).

Half the participants (50.5%) felt that if such support had been offered it would have made a difference in their relationships and over half (54.8%) of the participants thought their abusive partner could have been helped if the right support had been available.

However, some did not believe programmes would work as they did not feel behaviour change was possible.

*'I don't believe that the perpetrators can change. My husband certainly doesn't'*  
(Acacia, Greek participant),

## **2a Challenges to accessing support**

The questionnaire responses indicated only one fifth (21.5%) of perpetrators were offered help. The majority (90.3%) of victim-survivors reported that for an abuser to accept help, they needed to realise that their behaviour was problematic and saw the lack of acknowledgement as a barrier:

*'I would like my husband to seek and receive help. I liked that my counsellor empowered me in order to convince him to get help and prepared me for his negativity regarding getting help'* (Sophia, Greek participant)

## **3. The need for societal change through education**

Some participants made the point that this problem was not something that could be fixed by putting perpetrators on programmes and instead highlighted that very early intervention and societal change was needed:

*'I'd look for solutions to change violent behaviour from childhood through educational programs'* (Cici, Romanian participant)

*'Male toxicity needs to be addressed from an early age. Entitlement, power, all of it is cultural and societal and it won't change until we start with young people who will make the change'* (Carol, UK participant)

## **Findings: Perpetrator Interviews**

Across the five countries 18 perpetrators were interviewed (Table 1). Five were interviewed in Italy; five in Romania; three were interviewed in both Greece and Cyprus, and two were interviewed in the UK. The recruitment of additional interviewees was attempted, though this proved unsuccessful due to the reliance on gatekeepers who were increasingly overwhelmed in dealing with both an increase in service referrals and quick shifts to online delivery during the COVID-19 pandemic. Only Greece, Romania and Cyprus were able to provide demographic data on age with age ranges between (30 and 55). Thematic analysis identified the following themes:

- 1) Barriers to engaging with services
  - a) Actions of professional services
  - b) Self-recognition and labelling
  - c) Awareness of and access to services
  - d) Early Education
- 2) Requirements of perpetrator support

### **1 Barriers to engaging with services**

A number of barriers were identified which perpetrators felt stopped or reduced their likelihood of engaging with support.

#### **1a. Actions of professional services**

For many perpetrators the responses from CJS impacted the perpetrators' willingness to engage with DVPPs. Criminal justice measures were felt to be unrealistic, such as not being able to re-enter their home or having very limited contact with their children, and these impacted upon their willingness to engage with services. One participant stated:

*“The hardest part for me was when I was given 6 months’ interdiction to see the child. That was the biggest blow I received, and I consider that the boy suffered a lot during those 6 months. So, everyone thought that it was helping the child, but you should know that it was not...With the child I had no acts of violence, I did not*

*quarrel with him. Those 6 months were extremely hard for me, I was counting the days. I was afraid to break that order" (Dorin, Romanian participant)*

Others were seen as overly punitive from the start:

*"What I did not particularly like was how the policeman treated me when I was called to the police station. He was very "macho"; policemen in Cyprus do not show respect because of their power" (Giorgos, Cypriot participant)*

*"I was humiliated in the neighbourhood; the patrol car came as if I was a criminal".  
(Vasil, Greek participant)*

However, it is also noted here that this participant did not see his actions as breaking the law. Conversely another participant stated that it was through this engagement that they realised the impact of what they had done:

*"the police helped me to first realise the consequences of my actions"  
(Kostas, Cypriot participant)*

Contact with health professionals (GPs were particularly discussed) highlighted missed opportunities at engagement and referral. For example, one participant, who was prescribed anti-depressants, stated that:

*"It was quite hard for me to actually say that [how low he was feeling when speaking to the GP]...gave me a lecture as to how I shouldn't have been trying to control my wife...he just made it easy for me to leave...he wasn't really interested" (Bob, UK participant)*

This comment suggests there was a desire to be recognised and possibly challenged. In 'making it easy to leave' it suggests that the disclosure did not have the impact and onward referral to support services that he had sought.

## **1b. Self-recognition and labelling**

It is important to recognise that, the small sample of men we spoke to, all had engaged with a DVPP. However, many participants agreed on the fact that the process of acceptance and awareness *of their violent behaviours* was difficult. Most of them did not associate their behaviour with violence and did not think about the consequences. As such, one barrier was that perpetrators initially did not acknowledge that their behaviour was wrong:

*“I denied the fact there was anything wrong in my life, because I thought to myself, ‘I haven’t hit people’ ...I had come to the conclusion I was completely in the right...it’s only actually when you start listening” (Steve, UK participant)*

Feelings of shame, guilt and embarrassment were present:

*“People think I’m a bad man or something like that” (Bogdan, Romanian participant)*

Identification as being a perpetrator of DVA brings negative associations, and effected how they may be perceived by others as:

*“it’s very hard to justify yourself as a domestic abuser...it’s a horrible, horrible title” (Bob, UK participant)*

Both UK participants talked about how the negative connotations of the term ‘perpetrator’ had impacted on them not wanting to be associated with help-seeking. One participant suggested the term ‘perpetrator programme’ could be:

*“worded in a different way maybe ‘protecting each other from domestic violence” (Steve, UK participant)*

This suggests a lack of responsibility for their behaviour and a degree of victim-blaming for their partners.

However, it was recognised by others that a level of self-realization was required to seek out programmes, and elicit behaviour change:

*“Deep down, I knew that my behaviour was not acceptable. I am not a patient person. At times I feel like I am becoming a person that I do not want to be. So far, there were two incidents of domestic violence and to prevent any more from happening I decided to sign up to the perpetrator program” (Cyprian participant)*

*“I saw that I was also wrong. I tried to force her do things out of fear” (Bogdan, Romanian participant)*

*“When I recognized that my behaviour had abusive elements, I felt very strange and immediately asked for help...I realized that my behaviour was abusive when my son started behaving like me” (Michalis, Cypriot participant)*

### **1c. Awareness of and access to services**

When compared to perpetrator support, there was a perception among the participants that more resources were levelled towards victim-survivors of DVA:

*“many services that one can turn to. Especially in big cities ... and people know it. There are advertisements, posters” (Nikolaos, Greek participant)*

with a significant amount of publicity around victim services, with one participant commenting that

victim-survivors’ services are known about: *“to an excessive degree. You hear it everywhere” (Adonis, Greek participant)*. Other feedback received was that programmes for perpetrators did not exist, or came too late.

Difficulties and geographic differentiation in gaining access to services was highlighted for those in particular geographic areas. Comment was made that whilst referrals for support were proposed for example by children’s services, these were not always available, and if they existed, they were a long distance away, or had long waiting lists:

*“I found it very hard to find the [Perpetrator Service]. I also found I had to go through a long period before I could actually start my course...six or seven months to start doing the course and it was only by luck I found it” (Bob, UK participant)*

*“I did not go because it was during work” (Bogdan, Romanian participant)*

*“I drive 65 kilometres each time to go to the program. I did this once a week for the first few months, maybe for a whole year... If they force us ... they have to make structures/programs everywhere” (Vasil, Greek participant)*

Amongst the perpetrators who had utilised services prior to their engagement they note limited awareness of services on offer. One participant recalled:

*“At first I went to a psychiatrist but he did not help me. Then I went to a private psychologist but even there I did not find the help I was looking for” (Michalis, Cypriot participant)*

### **1d. Early Education**

The need for early, proactive rather than late, reactive treatment was also highlighted. This was both in terms of the need for early intervention prior to the acts of violence and abuse themselves, as well as in schools, perhaps in sex and relationship education classes.

*“You have to manage/treat these issues early, before they arise, before the violence takes place. In schools” (Nikolaos, Greek participant)*

## **2 Requirements of perpetrator support**

All interview participants were asked about what they believed worked for them and to make suggestions for best future practice in relation to perpetrator programmes. Once support was in place, perpetrators spoke of its usefulness and described how they used the knowledge they gained through the programmes to understand what processes may lead to abuse, and therefore utilise tools to recognise and change future behaviour.

Many made suggestions of what they would like to see in terms of future programmes, which included: establishing support networks, providing encouragement to someone in a similar situation to engage with services and to know when triggers emerge. However, one participant also spoke of the need for communities of support and support to develop belief in themselves for the future:

*"I would set up a network of communities, where people who have committed such acts, besides psychological and social work, can work, and live together ... have connections with society itself. Because these people often remain sequestered / stigmatized, alone and without support...I would try to make the man stand up and believe in himself again ... I would tell him to trust himself, that it is not the end of the world ... every man has his reasons ... There is something behind his actions ... if he listened to the psychologist, he would have the chance to start again" (Bogdan, Romanian participant)*

Whereas, another suggested that an App might be a useful way to help support behaviour modification:

*"in today's modern society an app would be really good...it's time for a timeout, don't go to the gym because you're going to generate some adrenalin; don't drive your car because you might kill someone, go somewhere you know" (Bob, UK participant)*

Accessing support from others was certainly shown to be an important feature in participants' journeys. Some discussed the ways in which their own parental roles and social networks were a prominent motivational feature in their path to desistance:

*"I have my son with me and that is a massive thing in my life" (Steve, UK participant)*

*"I've been very lucky I have some good friends" (Bob, UK participant)*

Three mentioned the positive role of professionals and psychologists who listened to them, and the support they gained from their person the programmes:

*“Friendly and she explained things... Someone [who] listened to me and understood me” (Nikolaos, Greek participant)*

*“I thought... everyone would be arguing and quite judgemental of each other and things but actually it worked very well [in a group setting] because... we set rules and boundaries of how we were going to behave and in the end you end up sort of, relying on each other to challenge each other” (Steve, UK participant)*

*“Give each other a pat on the back and it all actually works really well” (Bob, UK participant)*

Participants also highlighted the importance of being supported on their journeys, and treated as human beings rather than judged:

*“They really care about you. They do not see you as the evil, the savage who beats his wife. They see inside you. They listen to you” (Vasil, Greek participant)*

*“it’s nice to know people are aware that they are not going to necessarily be judged” (Steve, UK participant)*

Participants spoke of how the assistance from support services was particularly valued from DVPPs which taught them strategies on how to recognise their own actions and behaviours and how to handle certain situations differently:

*“Helped me to go more in depth with regards to handling the situation...how my actions affected members of my family and learning anger management techniques” (Kostas, Cypriot participant)*

*“Avoiding confrontation when I am angry. Also when I argue with my wife removing the baby from the room so that he is not present...Having a third person to talk to about the things that bother me.” (Giorgos, Cypriot participant)*

*“it helped me to control my nerves...they helped me control my patience” (Dorin, Romanian participant)*

*“The most helpful intervention was to learn to control my anger. To calm down before I break out, to beat it from the beginning, before it all erupts” (Vasil, Greek participant)*

*“it’s not easy, I can remind myself the right way to behave...if you’re on edge, or nervous, or angry...you can remove yourself from the situation...it changes your behaviour by the way you think so it just becomes second nature, you don’t even realise you’re doing it... you can use the tools so that you can actually reply in a non-domestic violence way” (Steve, UK participant)*

There was a recognition that changing patterns of behaviour was not easy but that they were able to take what they’ve learnt and improve their behaviour and their relationships:

*“it’s not a magic wand...it’s about understanding that life is still full of stresses, you’re still going to feel grumpy sometimes” (Steve, UK participant)*

*“The course was important because I can take everything that I’ve learnt into my new relationship and I can make sure that that is positive from day one” (Steve, UK participant)*

*“The whole house is better. My wife does not moan like before and I do not shout. I did not raise my hand again. And the kids are calmer and spend more time with me” (Nikolaos, Greek participant)*

One participant noted a spiritual; aspect to support was helpful:

*“[at the church] there is a centre for re-education, for not taking drugs, for not smoking, for not making myself sick with anxiety, with nerves. This is part of the*

*Church ... to be patient, to let things go and to move forward ... To be gentle and humble means not to offend" (Bogdan, Romanian participant)*

Whilst another made suggestions for both emotional and practical support that could be useful:

*" I could benefit from social, psychological, legal counselling and the possibility to access a qualification course" (Mihai, Romanian participant)*

## **Discussion**

These findings present the voices of both the victims-survivors and perpetrators of DVA from five European countries. Despite the different legal and practical resources available to the participants, and their disparate geographical and cultural norms, similar themes emerged from both (victim-survivors and perpetrators) in all countries. The findings showed that victim-survivors wanted the abuse to stop, that support for perpetrators from a victim-survivor perspective was around behaviour change and perpetrator accountability by services. For perpetrators the perceived punitive nature of the authorities and being labelled a 'perpetrator' were barriers to seeking support.

There was a mix of views regarding the utility of perpetrator programmes, however it was clear that both victim-survivors and perpetrator participants wanted support services to enact behavioural change in perpetrators and it is important to reflect on the positive testimonies of the men who had accessed perpetrator services. The current participants highlighted examples of learning from the DVPPs, and previous studies have shown perpetrator programmes can be effective in bringing about behavioural change, as discussed above (Morgan et al., 2019). Similar to previous research, perpetrators accessing such programmes have presented themselves as having realised their wrongdoing, changed their behaviour, and having made positive steps to denounce DVA and their past lifestyles (Eckhardt et al., 2013; Tutty et al., 2001). Moreover, again aligned to contemporaneous research (Calcina et al., 2021; Cunha et al., 2022; Radcliffe et al., 2021), they have also evidenced behaviours of denial, minimisation and not taking responsibility for their behaviours. Notwithstanding, these are self-report testimonies and as such could be considered unreliable, as change is difficult and affirmation

does not guarantee that change has happened (Newman, 2016). More qualitative (in addition to quantitative) studies, including longer term analysis of patterns – and reasons for continuation or desistance, – are therefore required.

There was a strong theme that victim-survivors wanted to see the perpetrators held to account. Many of the victim-survivors who took part in our study in the most part expressed a preference for an enhanced criminal justice response. This is interesting as Hester et al.'s (2023) research also noted a need desire by victim-survivors for perpetrators to be held accountable within communities too, and perhaps for this to happen, accountability through the CJS comes first. There was a general reticence around the perpetrators being offered supportive interventions as an *alternative* to traditional CJS routes, however in this context it is important to note that some of the victim-survivors had not been offered support from services themselves. As noted in the literature, there is an increasing move to individualised, medicalised, psycho-social interventions for perpetrators rather than the framing of DVA perpetrators within a framework of structural inequality (Kelly & Westmarland, 2015; Morgan et al., 2019; Turhan, 2020). Although the desire for accountability came through strongly, there was also the desire for the violence to *stop* and for the relationship to *continue*, evidencing that although the psychological contract in the relationship is harmed by the abuse, it is not necessarily broken, and if the abuse were to stop the relationship may still be tenable. Additionally, victim-survivors spoke of wanting CJS responses, and very few mentioned the voluntary sector perpetrator programmes – arguably a potential means of achieving desistance. It is unknown whether this is because they were unaware of their services existence, whether they felt they would not be effective, or whether they felt perpetrators would not volunteer to attend.

The perpetrators highlighted how they faced many barriers to obtaining support. Practical barriers, such as not being aware of support services for abusers, and practically gaining access to them was problematic. They gave examples of long waiting lists or courses being some distance from home. They also experienced a range of organisational responses from different agencies, – some positive and some negative. Some perceived their treatment as overtly punitive e.g., losing access to their children, however it should be noted that they did not comment on/recognise how their behaviour towards their partner could have negatively impacted their impact/harm the children. On other occasions their organisations' actions

minimised or ignored the abuse, for example, some responses from general practitioners. They often reported difficulty in accepting their behaviour finding it difficult to come to terms with the fact this was abuse or in labelling themselves as a perpetrator, – due to the stigma, shame and guilt involved. However, this could also be interpreted as denial. The tension between accountability and stigma highlights the complexities and intricacies of DVA in relationships, framed within wider social and cultural expectations and norms, and the tensions between punishment and rehabilitation.

The perpetrators commented on what they believe worked or would work for perpetrators of DVA. They considered the importance placed on supportive networks and valued behavioural strategies which enabled them to be able to engage in more positive relationships. Whilst such initiatives may contradict the victim-survivor wishes for accountability, they may positively lead to additional support enhancing behaviour change. The usefulness of learning practical tools to manage behaviour has also been found in other research (Kelly & Westmarland, 2015). This is particularly of note when considering how behavioural change in individual perpetrators is likely to prevent multiple victims (Clever et al., 2019). Finally, they recognised the need for other forms of practical support to assist them on their journey.

Yet another factor to consider in the wider context is that of resources. Whilst the funding for DVA in many EU countries has increased and there are a range of charities supporting victim-survivors of DVA, (although despite such increases in funding in the UK, violence against women and girls groups highlight that it is not enough to address the needs, and often service cannot access the funding (Geoghegan, 2024)), there is not the same level of support or resources for perpetrators of abuse. There could be several reasons for this; firstly, it is clear that those experiencing abuse who may be in immediate danger, and therefore it is critical that support is available to them to ensure their safety. Therefore, financial obligations must go first and foremost to supporting victim-survivors. Secondly, the public will to ‘help’ those people who have abused, which will impact the ‘political’ will, may be more in favour of punitive measures is not always as opposed to harm minimisation and rehabilitation measures but more in favour of punitive measures, and interestingly though, although the Office of National Statistics provides statistics on the number of support services for victim-survivors they do not report on the number of DVPPs. Yet, this research has highlighted both

victim-survivors and perpetrators want such support, and such support for perpetrators may have long-term benefits for society by reducing re-offending.

Another finding highlighted by both victim-survivors and perpetrators was the need for early societal education. A study by Costa et al. (2015) highlights that experiencing DVA or other types of abuse in childhood are predictors of future DVA in adulthood, so there is a need to consider the role of at early education and support for those who are impacted in childhood and are at a higher risk. Often pathologizing a very individual approach is taken in response to when looking at DVA (McDonald, 2005) focussing on individual perpetrators rather than considering that many of these problematic behaviours may stem from and been reinforced by the patriarchal nature of our society. This need to focus on individual's behaviours is important as it supports men to take accountability for their behaviours rather than justify it (Cunha et al., 2022; Working Group by the Human Rights Council, 2017). However, it also ensures that it is not seen as a social construct which may impact upon the support offered. Societal education from an early age in relation to healthy relationships can proactively address the underlying causes of abusive behaviours, i.e. the idea that men can control women. Davidge's (2022, p. 16). report highlighted that people with a belief that the root cause of DVA is due to individuals' behaviours rather than wider societal genders norms were less likely to see the harm caused by abusive behaviours or understand it as a pattern of behaviour. They found that a similar proportion of men and women shared these views, with just over 39% of women and 34% of men reporting that those perpetrating are "enabled and worsened by sexism in wider society", though and 34% of men, interestingly these percentage gaps varied dependent on age, with older men and women more likely to see it as an individual issue. Attitudes which enable, and excuse DVA are still prevalent in the UK, with those holding traditional views of gender roles and underlying misogynistic views being more tolerant of the impact of domestic abuse and less aware of its nature (Davidge, 2022) and similar views have been found across Europe (European Commission, 2016). Di Bianca and Mahalik (2022) argue that boys can be empowered through connection and Hill (2020) suggests we need to educate boys about what it means to be a man and, suggesting it there is possible that such interventions from an early age will be more effective than any perpetrator programme.

## **Limitations**

There are several limitations to this data analysis. Firstly, the number of participants is small and not equitable across the five countries. Access to services and the service themselves differ across the five countries, as does the legislation and criminal justice responses to perpetrators of abuse. The data was translated into English and therefore they may be some nuances lost in the translation. A further issue is the inclusion of the two male victims in the victim-survivor data. It was decided that their data should be included as we wanted voices of all victims and it is important to acknowledge that in patriarchal societies, some of the themes of self-recognition/labelling and awareness of access seen in both perpetrators and female victim-survivors, are also likely to be apparent in the male DVA victim-survivor group.

## **Future Research and Practice**

The importance of recognising the voices of both the victim-survivor and the perpetrator has been highlighted in this paper. As such when considering the design and application of services for perpetrators, it is strongly advised further views are sought and considered. Basic features such as the titles of support services, access times and locations need to be carefully considered to reduce barriers and ensure they are accessible to all.

Incorporation of restorative justice (acknowledging the need for safety) is subject to much debate. If, however, victim-survivors are saying if the behaviour stops they may want to salvage relationships, and if perpetrators want a safe space in which to understand the impacts of their behaviour – further research exploring the potential benefits and costs of such methods may be worthwhile. There is a need for further research into the long-term behavioural change outcomes of attending DVPPs.

Future research should consider the difficult balance between serving justice and requiring accountability and consequences for inappropriate actions; yet simultaneously engaging those who engage in abusive behaviours in order for them to be more likely to change. Successful techniques to engage people in behavioural change therefore should be explored. For example, police interviewers and counsellors incorporate methods to enhance communication with those who may not want to engage or with individuals full of guilt, embarrassment, or shame. Utilisation of these in this domain may be worth further research and consideration.

## **Conclusion**

In conclusion, both victim-survivors and perpetrators want abusive behaviour to change. Although the concept of offering support programmes to perpetrators to bring about behavioural change is a complex and contested issue, this does not mean that it should be underfunded or ignored. Also as highlighted by the victim-survivors in this study, nor does it mean that such programmes should replace perpetrators being made accountable or receiving justice from the CJS. If the aim is to assist both victim-survivors and perpetrators in reducing abusive behaviour, and to try to remove some of the barriers to men accessing support. For although these men are perpetrators, they are also often husbands and fathers too. Locking them up may be a solution in the short term, but as such it has huge ramifications for potential future partners, and on their children. However, even the most effective perpetrator programmes will merely be ‘sticking plasters’ if the underlying societal and cultural issues related to hegemonic masculinity and patriarchal structures that allow the abuse of women to be normalised and the vulnerability of men to be stigmatised are not addressed. Again, as highlighted by both the victim-survivors and perpetrators, education for young people around healthy relationships is important, but potentially even more important is to address the insidious nature of the role-models and behaviour it played out by all of us living within a patriarchal society relating to confirming to social norms.

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**Table 1: Number of Fieldwork Participants**

<b>Country</b>	<b>Number of Questionnaires</b>	<b>Number of Interviews</b>
<b>Cyprus</b>	17	3
<b>Greece</b>	20	3
<b>Italy</b>	8	5
<b>Romania</b>	24	5
<b>UK</b>	24	2
<b>Totals</b>	<b>93</b>	<b>18</b>