



"The Other Side of the Story: Perpetrators in Change" (OSSPC) Project

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Time for Change: Evidence Based Research for New Practice Approaches

The Other Side of the Story: Perpetrators in Change¹

Executive Summary

This report is part of a wider European partnership study into the effectiveness of Domestic Violence and Abuse (DVA) perpetrator interventions. Domestic Violence Perpetrator Programmes (DVPPs) are a crucial part of victim safety and coordinated community responses, yet have received less financial support and attention by authorities than victim-survivor services. Currently, in most EU countries, perpetrators are held to account through the criminal justice system (CJS) with little focus on rehabilitation. This project identified perpetrator programmes and support within five participating countries: United Kingdom, Romania, Italy, Cyprus and Greece. The overall aim is to provide an evidence base for intervening and engaging with DVA perpetrators.

Each partner country conducted field research consisting of interviews with perpetrators of DVA, focus groups with professionals working in the field, and online questionnaires with victim-survivors. In total 18 (male) perpetrators were interviewed, 173 professionals took part in focus groups and 95 victims-survivors filled in the survey (for full details see the transnational and individual country reports). Findings are presented below, by theme.

¹ Country Reports

Each country involved in the project completed an individual report and these can be found on the OSSPC official website: <https://www.osspc.eu/app/>



1. The Importance of a Coordinated Community Response (CCR) Approach

1.1 The findings established a need for a CCR in response to DVA, in line with recommendations in the Istanbul Convention (2020) and local, regional and national priorities, legislation, practice and policies. However, a lack of funding and inconsistent service provision was commonly reported. The report recommends a clear, well funded Coordinated Community Response to all cases of DVA.

2. Resourcing Pressures

2.1 Professionals identified a lack of service provision, training and expertise, driven by limited resources. Where limited funding exists, it predominantly goes to victim-survivor programmes. Rural areas are particularly under-resourced, this is especially concerning given the additional barriers for these victim-survivors, with limited social networks and support, and an increased risk of repeat victimisation.

2.2 It is strongly recommended that in order to reduce recidivist DVA, all countries require significant resourcing of perpetrator programmes, which does not impact or diminish victim-survivor support.

3. Covid-19 Adjustments²

3.1 Fieldwork was conducted during 2020, which resulted in specific Covid-related findings.

3.2 All partner countries reported an increase in referrals of victim-survivors and perpetrators during the COVID-19 pandemic. This resulted in increasing pressure on already under-resourced service providers.

² Published as an academic article:

Healy, J. Levell, J. and Cole, T. (2022) An Intersectional Analysis of Domestic Abuse Perpetrator Service Adaptation during COVID-19: Findings from UK, Cyprus, Greece, Italy, Romania. *Journal of Gender Based Violence*



- 3.3 Restrictive legal procedures in some countries in addressing DVA meant that successive Covid-related 'lockdowns' impeded effective coordinated community response and flexibility.
- 3.4 As a result of successive 'work from home' and 'lockdown' guidelines, service providers across all five countries reported a negative impact on established work processes by moving to remote support. For example, service users with more diverse or co-existing health issues experienced poor multi-agency coordination.
- 3.5 Innovation emerged with the provision of online services to perpetrators, including the introduction of virtual meetings and telephone counselling. However, the research identified challenges for some: learning how to use online platforms; accessing a stable internet connection; staying motivated; inadequate privacy; associated stigma and high financial cost.
4. The Importance of Health Services in recognition and intervention with DVA perpetrators, including intersecting health issues
- 4.1 Perpetrators were predominantly male, usually fathers and husbands, with a history of drug and/or alcohol misuse or abuse, mental instability and irregular employment. Many disclosed a history of childhood trauma and violence themselves, highlighting a need for early intervention.
- 4.2 From the questionnaires with DVA victim-survivors, disclosures to health service providers, such as General Practitioners, often resulted in inadequate responses, resulting in a missed opportunity for identification and specialist referral for DVA.
- 4.3 A further health related barrier identified was the lack of perpetrator services which would work with people who had additional substance abuse issues.
- 4.4 Due to the complex intersecting issues such as mental health and substance use, the research recommends that health care provision must be integrated into the CCR and further training given to health and social care providers to recognise the signs of DVA.
5. Community Training: The need to train professionals in managing perpetrator disclosure and risk



5.1 Most participants highlighted a need for additional training across all the professional services offered to perpetrators of DVA, yet the partner countries found inconsistencies in terms of training and management of perpetrator disclosures.

5.2 The research recommended that trained, experienced professionals are needed to ensure a functioning CCR.

6. Publicity: Increased public awareness of perpetrator programmes

6.1 The research identified a need for publicity campaigns to challenge wider societal norms and stereotypes.

6.2 This included a desire to target young people in schools as part of early intervention to support healthy relationships.

7. Stigma, Accountability & Denial

7.1 Findings from the UK and Italy identified a specific barrier to accessing support, by some service users who rejected the negative stereotypes and labelling associated with the term 'perpetrator' of DVA.

7.2 Perpetrators were often described as having traditional, 'cultural' or patriarchal views, particularly in migrant and minority communities.

7.3 For those who are mandated to attend programmes, professionals report experiencing a denial of responsibility from perpetrators, who minimised their actions and justified their behaviour. Therefore, the research recommends that, for intervention programmes to be successful, perpetrators must acknowledge responsibility for their own behaviour.

8. Conclusion

8.1 This research identified an enormous amount of good practice across the partner countries and evidence that effective service provision for perpetrators can inspire behavior change, harm reduction, and positive futures.

8.2 The research identified a number of strategic areas which impact upon access to, and provision of perpetrator work. The introduction of a functioning, well resourced and well publicised CCR across all regions will help both victims and perpetrators to recognize and



respond to abuse. The delivery of a DVPP must be undertaken in a way which reduces stigma and barriers to engagement, but still holds perpetrators to account. These recommendations align with the Istanbul Convention, which although ratified in four out of the five partner countries, identifies how patchwork perpetrator provision remains.

The contents of this document represent the views of the author only and is his sole responsibility and do not necessarily reflect the views of the European Union.



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