

European Standards for Perpetrator Programmes

Standards for Survivor-Safety-Oriented Intimate Partner Violence Perpetrator Programmes

WORKING DOCUMENT



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Glossary

Coercive Control refers to "a pattern of domination that includes tactics to isolate, degrade, exploit and control victims" (Stark, 2017).

Domestic violence (DV) refers to all acts of physical, sexual, psychological, or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim (CoE [Council of Europe], 2011).

Intimate partner violence (IPV) refers to any pattern of behaviour that is used to gain or maintain power and control over an intimate partner. It encompasses all physical, sexual, emotional, economic and psychological actions or threats of actions that have a harmful impact on another person.

Gender-based violence (GBV) means violence that is directed against a woman because she is a woman or violence that disproportionately affects women (CoE, 2011).

Partner contact in the context of perpetrator programmes refers to the activities aimed at ensuring that female survivors are informed about the perpetrator programme their male (ex-)partner is attending, risk of harm is adequately assessed and managed, and survivors are offered support.

Partner support in the context of a perpetrator programme is a comprehensive intervention that includes different services offered to female survivors to support their safety and well-being (such as counselling, psychotherapy, legal aid, etc.).

Partner service refers to the professionals, unit or organisation that provides partner contact in the context of perpetrator work.

Perpetrator refers to a person who commits acts of domestic or intimate partner violence. It is recognised that perpetrators of violence are predominantly men, while survivors are mainly women. Within this document, the term "perpetrator" refers to men who use violence unless otherwise indicated.

Survivor refers to any person who has experienced domestic violence or intimate partner violence. It is similar in meaning to "victim" but is generally preferred because it implies resilience. Within this document, "survivor" refers to women and children unless indicated otherwise.

European standards for perpetrator programmes

European standards for perpetrator programmes define the minimum requirements for safe and effective intervention for male perpetrators of intimate partner violence.

Any strategy to stop violence against women and domestic violence is incomplete without an approach targeting perpetrators and holding them accountable. Many European countries have complemented their support frameworks for survivors with the establishment of perpetrator programmes, forming an integral component of coordinated community response to violence. The Council of Europe Convention on preventing and combating violence against women and domestic violence (the Istanbul Convention; CoE, 2011), a pivotal landmark in the pursuit of countering gender-based violence, identifies programmes for perpetrators of domestic and sexual violence as one of the key preventive measures in Article 16.

As programmes for domestic abuse perpetrators become more prevalent, there is a necessity to develop clear and defined European standards for these programmes. These standards integrate established and emerging research, practitioners' experiences and the insights gleaned from addressing common implementation pitfalls in a way that takes into account national and local dynamics.

At the core of the European standards for perpetrator programmes is a strong commitment to the safety and well-being of survivors. This commitment arises from the realisation that impactful programmes must seamlessly incorporate survivor perspectives while also addressing individuals who have caused harm. This underscores the need to align perpetrator programmes with the needs and rights of survivors.

Furthermore, accountability is paramount, and there is a palpable need for programmes to be accountable to their stakeholders. This accountability spans not only to the survivors themselves, who should be guaranteed safety and support, and perpetrators, who should be held accountable and supported to change, but also extends to the funders who invest resources and the local communities impacted by the programmes. A cohesive set of standards fosters transparency, consistency, and the assurance that the programmes are indeed fulfilling their intended purpose.

The standards are presented in the form of a working document, emphasising its openness for adaptation based on significant inputs from various stakeholders. The European Network for the Work with Perpetrators of Domestic Violence (WWP EN) will consistently foster discussions on safe and effective perpetrator work, conduct and follow research, and incorporate findings into the standards.

Scope of the European standards for perpetrator programmes

The European standards for perpetrator programmes focus on a specific target group and means of intervention. The scope of the standards is as follows:

■ **Programmes for adult male perpetrators of violence against their female partners;**

Perpetrator programmes may work with different types of clients (e.g., male perpetrators of IPV, female perpetrators, adult perpetrators of violence against other family members, perpetrators of violence against children, sexual offenders, LGBTQ+ perpetrators, juvenile perpetrators, etc.). However, for the purpose of these standards, the decision to focus only on male perpetrators of violence against their partners is based on several elements.

Firstly, there is a high prevalence of this type of violence, and thus the need to prioritise it in providing guidance for safe and effective work. As described by the FRA survey (FRA, 2014), every third woman in the EU has experienced physical and/or sexual violence. This violence is mostly committed by male partners in the context of intimate relationships. The FRA survey showed that out of all women with a (current or former) partner, 22% have experienced physical and/or sexual violence from them (FRA, 2014). Likewise, although working with different types of perpetrators might have some similarities (such as assessing risks of violence or learning non-violent communication skills), each group of perpetrators requires a tailored approach (Ouztüzün et al., 2023; Arias et al., 2013; Butters et al., 2021; Travers et al., 2021). For example, violent resistance as a reaction to prior long-standing and severe victimisation is more often perpetrated by women and does not tend to include attempts of coercive control (Bair-Merritt, et. al., 2010). Working with female perpetrators requires a careful and specialised approach, and in some cases, treatment that strongly focuses on prior victimisation (McKee & Hilton, 2019; Graves et al., 2005). Similarly, working with LGBTQIA perpetrators requires programmes that can identify and tackle specific forms of violence (such as identity-based abuse) and take into account the shared experiences of trauma and stress related to being members of a minority group (Walsh & Stephenson, 2023; Gray et al., 2020). Furthermore, as programmes for male perpetrators of violence against female partners are the most widespread form of perpetrator programmes in Europe (Akoenski et al., 2013; World Health Organization, 2014), a wealth of research (Babcock et al., 2004; Arce et al., 2020; Arias et al., 2013; Cheng et al., 2019; Eckhardt et al., 2013; Karakurt et al., 2019; Miller et al., 2015; Travers et al., 2021; Wilson et al., 2021) and practitioner insights are available and inform this framework.

■ **Minimum standards for safe and effective practice;**

The standards define minimum requirements for safe and effective practice.

■ **Perpetrator programmes and partner services;**

Perpetrator programmes must be delivered in close cooperation with the delivery of partner service. Clear guidance on the roles, responsibilities, and requirements of the perpetrator programme and connected partner service is needed to ensure that partner contact is prioritised and provided in a way that ensures survivors are informed about all relevant aspects of the work; that risks are assessed, mitigated and managed; and that survivors are offered appropriate support. Furthermore, it contributes to ongoing and productive information exchange and cooperation between the perpetrator programme and partner service. This cooperation should contribute to better outcomes for survivors and perpetrators.

It is important to highlight that these standards do not intend to regulate or influence any aspect of the work of women's support services (including NGOs, institutions, etc.) to survivors. The standards solely focus on procedures in the provision of partner contact in the context of perpetrator work.

■ **In-person perpetrator work;**

The standards define the framework for safe and effective in-person work with perpetrators. Online interventions are not in the scope of the standards.

Online perpetrator interventions are offered by some organisations in Europe and the United States, and this format of work became more frequent during the Covid-19 pandemic (Bellini & Westmarland, 2021; Pauncz, Vall & Jovanovic, 2021). Although limited research on the characteristics and effectiveness of online perpetrator work exists (Bellini & Westmarland, 2021), these are still experimental initiatives which are not yet backed by sufficient reliable research to guide online perpetrator work across Europe.

Standards framework

European standards are developed within the following framework:

■ Aligned with international legislation and guidance;

The standards are grounded in the provisions of the Istanbul Convention, specifically Article 16 (CoE, 2011). The Convention clearly indicates that perpetrator programmes must ensure the safety and support of survivors as their primary concern and be implemented in cooperation with specialist support services for women, whenever possible. Although the standards are primarily grounded in Article 16 of the Istanbul Convention, they follow the overall principles of the Convention, such as the need for gender-sensitive policies (Article 6), ensuring non-discrimination (Article 4), and general obligation to prevent violence against women and domestic violence (Article 12).

The standards integrate key principles and recommendations of several other publications, such as “Combating violence against women: minimum standards for support services” (Council of Europe, 2008), “Domestic and Sexual Violence Perpetrator Programmes: Article 16 of the Istanbul Convention” (Hester & Lilley, 2016), Mid-term Horizontal Review of GREVIO¹ Baseline Evaluation Reports (GREVIO, 2022) and GREVIO evaluation reports published to date.

Furthermore, the European standards embody the principles outlined in the Guidelines to Develop Standards for Programmes Working with Perpetrators of Domestic Violence (WWP EN, 2018).

■ Evidence-based and practice informed;

The standards integrate a wealth of growing research about effective perpetrator programmes.² However, too often, research on this topic faces methodological challenges that affect its reliability (Babcock et al., 2004; Lilley-Walker, Hester & Turner, 2018), and the findings tend to be inconclusive (Babcock et al., 2004; Akoenski et al., 2013; Arce et al., 2020; Travers et al., 2021). To counter these limitations, the standards complement existing research with insights from practice. Experienced practitioners and organisations across Europe have actively contributed to developing European standards for perpetrator work.³ Furthermore, the European Network for Perpetrators of Domestic Violence has compiled a broad assortment of challenges and pitfalls that programmes typically face when implementing activities, gathered through detailed mappings of programmes and their compliance with the provisions of the Istanbul Convention.⁴ These learnings have been integrated into the standards and their corresponding indicators.

■ European, but contextualised;

One of the complexities in formulating European standards lies in finding the balance between a framework that is universally applicable and quantifiable while simultaneously able to be adapted across various countries, communities, and organisations. This adaptability is crucial to ensure alignment with local nuances and the specific requirements of the populations that the programmes are designed to serve. Further, this is important for encouraging innovative practices and approaches to perpetrator work.

1 Group of Experts on Action against Violence against Women and Domestic Violence – the independent expert body responsible for monitoring the implementation of the Istanbul Convention

2 Detailed description of the evidence-based framework is available in a dedicated section of this document.

3 See section Development of standards

4 WWP EN (2022) conducted mapping of perpetrator programmes in the Western Balkans (Albania, Bosnia and Herzegovina, North Macedonia, Montenegro, Kosovo and Serbia), Eastern Partnership Countries (Armenia, Azerbaijan, Belarus, Georgia, Moldova, Ukraine), Ireland, Spain. Likewise, WWP EN conducted a mapping of survivor-safety-oriented perpetrator work in Europe which included 33 organisations from 24 countries.

The standards are carefully designed to define fundamental principles and their core attributes while upholding the autonomy of organisations to execute these principles in practical settings. For instance, while the standards stipulate the need to connect perpetrator programmes with partner services, they do not dictate a compulsory approach for implementing this principle. Instead, they provide illustrative examples and open space for adopting models that align with national or local contexts, while adhering to the fundamental principles outlined.

However, some indicators within the standards are framed to offer precise instructions (such as setting a minimum frequency for meetings between perpetrator programmes and partner services, determining a minimum duration for perpetrator programmes, establishing essential outcomes for programme evaluation, etc.). This approach aims to provide guidance on how some principles should be implemented in practice to achieve a certain standard. Likewise, it facilitates drawing conclusions about whether the programme adheres to the standard.

■ **Support to and for national standards;**

The European standards aim to enhance the quality of perpetrator programmes throughout Europe. Some countries have already developed their own standards, like the United Kingdom (Respect, 2023; Home Office, 2023), Germany (BMFSJ, 2021), Italy (Relive, n.d.), Moldova (Republic of Moldova, 2014) and Croatia (Croatia, 2019). The European standards aim to act in synergy with these country-specific standards by sharing ideas, developing together, and boosting the overall quality of programmes at the national level. Furthermore, the European standards also aim to motivate, inspire, and provide guidance for countries that haven't yet established their own quality assurance frameworks.

■ **Accountability**

The European standards represent a living document that will undergo regular revisions and updates as valuable practical insights and emerging research are accumulated.

Furthermore, the European Network for Work with Perpetrators of Domestic Violence is currently developing an accreditation system for perpetrator programmes which aims to establish a quantifiable framework to assess programmes' adherence to the standards. More than a mere administrative procedure, the accreditation process within WWP EN is envisioned as a collaborative approach that nurtures programmes' quality and addresses their distinct contextual circumstances.

Development of standards

The European standards are developed by the European Network for the Work with Perpetrators of Domestic Violence (WWP EN). They reflect the organisation's ongoing efforts to provide a framework for safe and effective perpetrator work across Europe.

WWP EN prepared the first Guidelines to Develop Standards for Programmes Working with Perpetrators of Domestic Violence in 2008, which represented a milestone in the quality assurance process at the European level. The document has had several revisions, the last being in 2018 (WWP EN, 2018). Further, in 2022, WWP EN cooperated with two national networks that hold significant expertise in the development of standards and accreditation of perpetrator programmes, Respect and BAG TàHG e.V. They provided insights into their national standards and accreditation, as well as reflections on the possibility of creating European standards for perpetrator work.

The development of the European standards was a comprehensive process which included several components:

■ **Desktop review of existing standards for perpetrator work;**

An analysis of the different standards for perpetrator work, mainly in Europe. The analysis included The Respect Standard (Respect, 2023), Standards for Domestic Abuse Perpetrator interventions (Home Office, 2023), Working with perpetrators in domestic violence cases – Standards of the Federal Working Group on Domestic Violence (BMFSJ, 2021), National guidelines for treatment programmes for male perpetrators of violence against women in intimate relationships (Relive, n.d.), Regulation of the Assistance and Counselling Centres for Family Aggressors and Minimum Quality Standards (Republic of Moldova, 2014), Minimum standards for work with perpetrators of violence in intimate relations in Czech Republic (Urad Vlady, 2018), Practice Standards for Men's Domestic Violence Behaviour Change Programmes (NSW Government, 2017), Standards for implementation of the protection measure of mandatory psychosocial treatment (Croatia, 2019).

■ **Input from the expert working group on the development of European standards;**

the role of the expert working group was to provide feedback on the standards and their development process. The working group consisted of 15 members (perpetrator programmes, women support services, national networks of perpetrator programmes and relevant scientific experts).⁵ The working group held three meetings between March – October 2023.

■ **Consultations with perpetrator programmes who received WWP EN grants;**

Organisations who received WWP EN grants in 2023 were involved in the process of the development of European standards.⁶ Grantees provided feedback on the content of standards and their applicability in their national contexts.

■ **Rapid evidence review of research on safe and effective perpetrator work;**

Several scientific publications, including reviews and systematic reviews were examined for evidence of what works in perpetrator programmes and the main recommendations that could be integrated into the standards. More information is available in the Appendix.

■ **Analysis of the IMPACT results;**

Data collected through the IMPACT Outcome Monitoring Toolkit (IMPACT Toolkit) questionnaires used by a number of perpetrator programmes across Europe was analysed to look for further evidence of what works in perpetrator programmes (Vall et al., 2021). The IMPACT Toolkit is an outcome measurement tool that enables organisations to evaluate changes in perpetrators' behaviour, as well as the impact of that behaviour on the victim, therefore considering the possible changes to survivor safety. More information is available in the Appendix.

5 Members of the expert working group were representatives of: WWP EN, SPA Croatia, Conexus Spain, University of Jyväskylä Finland, BAG TàHG Germany, RESPECT United Kingdom, ATV Norway, Welsh Women's Aid, Relive Italy, FNACAV France, Foundation for Social Welfare Services Malta, scientific experts Marianne Hester and Cristina Oddone, and independent practitioner Damian Carnell.

6 WWP EN grantees in 2023 are: LOM Czech Republic, NAIA Bulgaria, BGRF Bulgaria, SPA Croatia, RELIVE Italy, Contexto programme at the University of Valencia Spain, MEND Ireland.

European standards for perpetrator programmes

Summary

SECTION	STANDARD AREA	STANDARD
1	Safety and well-being of survivors	1.1. (Ex)partner contact and support The perpetrator programme collaborates with a partner service which offers timely, individually tailored support to women survivors, while mitigating any risks to survivors that may arise from the perpetrator's engagement in the service.
		1.2. Focussing on children The perpetrator programme recognises children as survivors of domestic or intimate partner violence and has measures in place to identify and manage risks to children and support their well-being.
		1.3. Information sharing and decision making The perpetrator programme has clear written procedures for information exchange between the perpetrator programme, the partner service, and their respective clients, which prioritise the safety of survivors.
2	Assessing and managing risks	2.1. Risk assessment The perpetrator programme and partner service conduct ongoing risk assessments for violence, using multiple information sources and employing a structured professional judgement approach.
		2.2. Risk management The perpetrator programme and partner service have measures in place to manage identified risks for survivors, whether through in-house procedures or in cooperation with external agencies.
3	Programme design and delivery	3.1. Target groups The perpetrator programme is specifically designed for male perpetrators of intimate partner violence and is provided to clients who meet the eligibility criteria.
		3.2. Programme duration and structure The perpetrator programme is structured to provide intervention to eligible clients with the explicit goal of stopping violent behaviour.
		3.3. Programme goals, approach and content Addressing violence and ensuring the safety and well-being of survivors are primary goals of the perpetrator programme. In its work with perpetrators, the programme addresses the root causes of violence and fosters internal motivation to change along with personal accountability.
4	Quality assurance and evaluation	4.1. Competent staff Staff demonstrate and build competence in delivering safe and effective interventions by participating in regular and ongoing training and professional development.
		4.2. Evaluation The perpetrator programme has measures in place to evaluate the process and outcomes of the work and use them to improve the quality of intervention.
5	Management	5.1. Organisational and management structures Management structures are clearly defined and ensure the delivery of high-quality interventions.
		5.2. Resources The perpetrator programme and partner service have adequate resources to implement the interventions.

1 Safety and well-being of survivors

1.1. (Ex) Partner contact and support

The perpetrator programme collaborates with a partner service which offers timely, individually tailored assistance to women survivors, while mitigating any risks to survivors that may arise from the perpetrator's engagement in the service.

■ Indicators:

1.1.1. Perpetrator programme closely collaborates with a partner service.

PRACTICE NOTE

Partner service may be offered in different forms, for example:

- ✓ The perpetrator programme directly employs professionals who offer partner contact (and refer partners to other agencies and organisations in the community for support);
- ✓ The perpetrator programme collaborates with external women's support services in the local community, who provide partner contact and partner support;
- ✓ The perpetrator programme is provided by a specialised women's support service. The team/organisational unit that works with women provides partner contact and support in the context of perpetrator work.

Programmes set up partner services to optimise benefits and outcomes for survivors and ensure effective cooperation, taking into account the local context, resource availability, the level of collaboration with other stakeholders in the community and other relevant factors.

1.1.2. All female partners or ex-partners who are at risk of harm are offered contact and access to support.

PRACTICE NOTE

Partner contact is established to ensure that women survivors are informed about the perpetrator programme, risks are adequately assessed and managed, and survivors are offered support. Partner contact must include referral to appropriate services if the organisation does not directly deliver this.

Partner support is a comprehensive intervention that includes various services offered to women survivors to support their safety and well-being (such as counselling, psychotherapy, legal aid, etc.).

Ideally, partner contact and partner support are provided by a specialised women's support service that works in close cooperation with the perpetrator programme.

1.1.3. Female survivors are supported by an independent professional who does not work with their perpetrators, and vice versa.

1.1.4. The partner service takes place in a separate location from perpetrator programme facilities.

- 1.1.5. The perpetrator programme and partner service prioritise the identification of all potential at-risk survivors during the intake phase and continuously assess risk throughout the duration of the programme.

PRACTICE NOTE

Programmes prioritise identifying all potential survivors who may be at risk of violence from the perpetrator, including current and former partners, family members, children, and others potentially affected.

Based on available resources and national legislation, programmes may offer contact and support services to survivors or refer them to other agencies/services in the community.

Programmes notify appropriate institutions about any newly identified victims or emerging risks of violence, in line with national legislation.

- 1.1.6. Within the bounds of national legislation, the perpetrator programme diligently records and strives to obtain contact information for survivors, using various sources such as the perpetrator, referral entities, and other institutions.
- 1.1.7. Once women survivors' contact information is obtained, initial contact is made within 10 days to assess risk, inform and offer contact and support. Women survivors are contacted proactively by the partner service and informed about the goal and benefits of engaging in the service.
- 1.1.8. Survivors' participation in contact and support services is voluntary. Their agreement or refusal to participate has no bearing on perpetrators' involvement in the programme and has no consequences for survivors.
- 1.1.9. The perpetrator programme and partner service assess potential risks associated with contacting survivors and implement measures to minimise and mitigate those risks. Programmes explore the perpetrator's thoughts and feelings regarding survivor contact and support, and this informs the risk assessment and management processes.
- 1.1.10. Survivors are informed about the goal and structure of the perpetrator programme, as well as the potential for perpetrators to misuse their participation in the programme as a tool for manipulating survivors. Survivors receive straightforward information about the likelihood of the perpetrator's change, as well as clear information about the programme's limitations.
- 1.1.11. The partner service addresses survivors' hopes and fears and provides safety planning and emotional support. This is done directly or through cooperation with other women's support services in the community.
- 1.1.12. Support for female survivors is available throughout the duration of the perpetrator programme, including the follow-up phase. The intervention is tailored to meet survivors' needs and estimated risk levels. Contact with women survivors occurs minimally in the intake phase, every three months throughout the programme, and at the end of the programme.

1.2. Focussing on children

The perpetrator programme recognises children as survivors of domestic or intimate partner violence and has measures in place to identify and manage risks to children and support their well-being.

■ Indicators:

- 1.2.1. The perpetrator programme works with a clear understanding that children are always affected by domestic violence and intimate partner violence.

PRACTICE NOTE

In some cases, violence may be directly committed against children, while in other cases, children may witness violence committed against their mothers. Research indicates that the impact and consequences on children are similar regardless (Bacchini and Esposito, 2020; Rydstrom et al., 2019; Wood and Sommers, 2011). As a result, these standards emphasise that in families with IPV and DV, children are always survivors.

- 1.2.2. The perpetrator programme and partner service identify all children that may be affected by the perpetrator's behaviour, including children living with the perpetrator (biological or otherwise), children living with the perpetrator's (ex-)partner, children visiting the perpetrator or his (ex-)partner, biological children estranged from the perpetrator, and others.

- 1.2.3. The perpetrator programme and partner service assess the harm or potential harm to children and have internal and external procedures to protect children.

- 1.2.4. The perpetrator programme recognises the impact of the perpetrator's violence on his parenting capacity and views the perpetration of domestic and intimate partner violence as a parenting choice.

- 1.2.5. The perpetrator programme has procedures to identify potential risks their activities might pose to children, as well as measures to address those risks.

PRACTICE NOTE

Programmes should have procedures that enable the identification of any possible negative impact of perpetrator programme or partner service activities on children. For example, young children may be left home alone as women survivors attend a support meeting, or children may overhear inappropriate conversations when partner contact is conducted by phone.

- 1.2.6. Perpetrator programmes and partner services facilitate children's access to various services in the community that support their recovery and well-being.

- 1.2.7. The perpetrator programme cooperates with relevant professionals in the community who play a role in safeguarding children. In doing so, they focus on perpetrators' accountability in all issues concerning children.

1.3. Information sharing and decision-making

The perpetrator programme has clear written procedures for information exchange between the perpetrator programme, the partner service, and their respective clients, which prioritise the safety of survivors.

■ Indicators:

1.3.1. Cooperation and information sharing between the perpetrator programme, partner service, and their respective clients are continuous and defined by joint procedures.

1.3.2. The perpetrator programme and partner service make joint decisions regarding risk assessment and management, including notifying and reporting to external agencies.

PERPETRATOR PROGRAMME AND PARTNER SERVICE

1.3.3. Information exchange between the perpetrator programme and partner service includes information related to assessing and managing the risk of violence as well as the programme's outcomes.

1.3.4. Information exchange takes place in a joint meeting, the frequency of which depends on risk levels and the case specifics. At minimum, it occurs in the intake phase, every three months throughout the programme, and before the programme's termination.

PRACTICE NOTE

In cases where survivors do not accept the offered contact and support, programmes still have a responsibility to prioritise their safety and well-being. Joint meetings might make sense in these cases, as the expertise of partner services can be valuable for conducting risk assessments and creating a plan for managing risks. However, the perpetrator programme and partner service can jointly reflect on the need for and frequency of meetings.

1.3.5. Detailed minutes are taken during joint meetings, held on file, and reflect ongoing risk assessment. Decisions made are shared and documented alongside the professional or agency responsible for follow-up action points. Additionally, a record of the meeting includes a review of previous action points.

1.3.6. In case of an immediate risk of the repetition of violence, the perpetrator programme and partner service inform each other immediately and take actions to manage risk. All actions and outcomes are recorded on file.

PERPETRATOR PROGRAMME, PARTNER SERVICE AND THEIR CLIENTS

1.3.7. Perpetrators and survivors are informed about confidentiality and its limitations. They are also informed about the information exchange procedures and confirm their understanding by signing an acknowledgement form.

1.3.8. Perpetrators and survivors are informed that their files might be shared for the purpose of supervision, accreditation, or evaluation, while their personal information will be anonymised.

1.3.9. The partner service informs the survivor about any potential risks as well as the perpetrator's non-attendance or suspension from the programme.

1.3.10. Perpetrators are informed that the partner service will be offered to female survivors. However, information is not shared on whether the survivor accepted the support or the details of her engagement.

2 Assessing and managing risks

2.1. Risk assessment

The perpetrator programme and partner service conduct ongoing risk assessments for violence, using multiple information sources and employing a structured professional judgement approach.

■ Indicators:

- 2.1.1. Assessing risks is continuous activity throughout the duration of the intervention. This also applies to cases in which risk has already been assessed by another agency, in accordance with relevant national legislation.

PRACTICE NOTE

Risk assessment refers to the systematic evaluation of the likelihood and severity of future harm or violence occurring in an abusive relationship. It involves the analysis of various factors, both static and dynamic, to determine the potential danger posed to survivors and to inform appropriate intervention strategies. Risk assessment aims to enhance survivors' safety and guide professionals in making informed decisions about the level and type of intervention required to mitigate potential violence and harm.

- 2.1.2. Risk assessment includes all identified survivors, including the risk posed to children.
- 2.1.3. The risk assessment process is informed by multiple sources, perpetrator, survivor, referral entity (if any) and other agencies. The perpetrator programme and partner service gather data from all available sources.
- 2.1.4. The initial risk assessment is conducted in the intake phase and informs the decision on the perpetrator's suitability for the programme. The perpetrator programme and partner support intervention conduct independent assessments by contacting their respective clients (perpetrators and women survivors), followed by a joint risk assessment in a mutual meeting.
- 2.1.5. The perpetrator programme and partner service use the same or comparable risk assessment tools in order to align information and provide a more realistic and comprehensive picture of risk.
- 2.1.6. The perpetrator programme and partner service apply structured professional judgement to identifying risks, using risk assessment tools that contain internationally recognised perpetrator risk factors and survivor vulnerabilities. Both static and dynamic factors are included in the analysis.

PRACTICE NOTE

Structured professional judgement is an approach to assessing risks of violence that combines evidence-based tools (which integrate different risk factors) with practitioners' professional judgement, based on their professional experience.

Static risk factors refer to characteristics or circumstances connected to violent behaviour that remain relatively constant over time and are less likely to change. These factors typically include historical information, such as previous incidents of violence, criminal history and others.

Dynamic risk factors are variables that can change over time and influence the risk of violence or harm. These factors encompass a wide range of psychological, situational, and behavioural elements, such as substance abuse, mental health status, employment instability, pregnancy, changes in relationship dynamics and others.

- 2.1.7. The frequency of joint meetings between the perpetrator programme and partner service regarding the risk assessment corresponds to the identified risk level and relevant factors in the case. At minimum, it occurs in the intake phase, every three months throughout the programme, and before the programme's termination. If possible, monthly meetings are recommended.

2.2. Risk management

The perpetrator programme and partner service have measures in place to manage identified risks for survivors, whether through in-house procedures or in cooperation with external agencies.

■ Indicators:

- 2.2.1. The perpetrator programme has written procedures for internal (e.g., communicating concerns to a supervisor) and external (e.g., sharing information with the police, court, prosecutor, child protection, etc.) management of identified risks.
- 2.2.2. In case of identified possible harm/danger, the perpetrator programme and partner service prepare a risk management plan, which addresses the nature of violence, the perpetrator's risk factors, the survivor's vulnerabilities, and managing potential service-generated risks (such as contacting survivors while a perpetrator is attending the programme, scheduling meetings at times when children can be taken care of, etc.). This planning should not be dependent on the offer of service to the perpetrator.
- 2.2.4. In accordance with national legislation, the perpetrator programme considers informing other entities about the risk. In case of imminent risk of violence, relevant agencies need to be informed.
- 2.2.5. The perpetrator programme takes actions to ensure effective cooperation with other agencies (such as women's support services, police, courts, prosecutors, child protection, health services, etc.) and be a part of the coordinated community response in the country.

3 Programme design and delivery

3.1. Targeting the intervention

The programme is specifically designed for male perpetrators of intimate partner violence and is provided to clients who meet the eligibility criteria.

■ Indicators:

- 3.1.1. The perpetrator programme has a clearly defined target group(s) of adult male perpetrators of intimate partner violence.

PRACTICE NOTE

The organisation providing the perpetrator programme for adult male perpetrators of intimate partner violence can work with other types of perpetrators, in line with their expertise and resources. However, programmes that are not designed for adult male perpetrators of intimate partner violence fall outside the scope of these standards.

- 3.1.2. The perpetrator programme has clear eligibility criteria for admitting perpetrators into the programme.
- 3.1.3. The perpetrator programme communicates its target groups to referral institutions to minimise non-eligible referrals to the programme.
- 3.1.4. The perpetrator programme only accepts perpetrators for whom the programme is designed.
- 3.1.5. The programme is provided to clients from different backgrounds, applying a non-discriminatory approach.

3.2. Programme duration and structure

The perpetrator programme is structured to provide intervention to eligible clients with the explicit goal of stopping violent behaviour.

■ Indicators:

- 3.2.1. The perpetrator programme is provided for a minimum of 6 months (51 hours for group work interventions or 27 hours for one-to-one interventions).

PRACTICE NOTE

The minimum duration of the programme is defined differently for programmes delivering group work and programmes delivering one-to-one work.

If the programme is delivered as a group intervention, the minimum duration is 51 hours:

- ✓ 3 hours for the intake (assessment) phase
- ✓ 48 hours for the phase of intensive work and closing.

If the programme is delivered as one-to-one intervention, the minimum duration is 27 hours:

- ✓ 3 hours for the intake (assessment) phase
- ✓ 24 hours for the phase of intensive work and closing.

Although there is debate on how long perpetrator interventions should be, it is widely acknowledged that behaviour change is a long-term process that requires time for the intervention and space between sessions to assimilate learnings and experiences. This is further elaborated in the section “Evidence-based framework of European standards.”

3.2.2. The perpetrator programme consists of clearly defined phases; an intake (assessment) phase, a phase of intensive work, closing phase, and follow-up phase.

3.2.2. Work with clients through all phases of the programme is accurately recorded in the case files.

3.2.3. The perpetrator programme has criteria for the suspension of perpetrators as well as procedures to safely enact suspensions, including consideration for the impact on survivors. All decisions and actions undertaken are clearly recorded on the file.

INTAKE PHASE

3.2.4. The intake phase is focussed on assessing the risk of violence, establishing a working relationship, supporting the perpetrator’s motivation and assessing their eligibility for the programme.

3.2.5. The intake phase consists of one-to-one sessions. The number of meetings corresponds to the time needed to reach the goals of this phase – not less than 3 hours.

3.2.6. The programme shares the outcomes of the intake phase with the perpetrator, partner service and referrer. While doing so, the programme considers the potential risks of sharing this information and puts measures in place to mitigate them.

INTENSIVE WORK PHASE

3.2.7. The phase of intensive work is focussed on stopping perpetrators’ violence while ensuring survivors’ safety.

3.2.8. The duration of the programme is appropriate to the target group’s needs and is not shorter than 48 hours for group interventions or 24 hours for one-to-one interventions.

3.2.9. The programme can be in group format (open or closed) and/or one-to-one meetings. The format’s choice reflects the target group’s needs and maximises the programme’s impact.

3.2.10. Where the programme is delivered in a group setting, the size and structure of the group enable effective work and participation of all its members.

CLOSING PHASE

- 3.2.11. The closing phase of the programme is designed to summarise the programme's outcomes for the client and to highlight outstanding areas of risk, both of which are determined collaboratively by the perpetrator programme and partner service.
- 3.2.12. The programme considers a range of outcomes, prioritising the survivor's perspective (see section 4).
- 3.2.13. When reporting to the referring agency, the programme describes the progress and outcomes attained by the client. Where there is further work required or outstanding areas of risk, this is also communicated clearly.
- 3.2.14. The programme organises an "exit meeting" with the perpetrator to reflect on the outcomes of the programme, discuss unresolved needs, explain the follow-up phase, and support perpetrators to connect with other services in the community if needed. This meeting can take place in an individual or group format.

FOLLOW-UP PHASE

- 3.2.15. The follow-up phase aims to support the long-term safety of survivors and stop violence, as well as to understand the programme's outcomes.

PRACTICE NOTE

Some programmes might face challenges in reaching perpetrators after the intervention has ended, especially if participation in follow-up meetings is not made mandatory by the referral entity. Likewise, for some programmes, limited resources might present a barrier to conducting the follow-up phase. However, it is important that programmes maximise their efforts to reach perpetrators and motivate them to engage in the follow-up intervention.

- 3.2.16. The follow-up phase consists of a minimum of two meetings over 12 months, following the exit from the programme. These sessions can be conducted as individual or group meetings and may be held in person, online or over the phone.
- 3.2.17. The programme strives to maximise client attendance in the follow-up phase and records all actions undertaken in this respect.

3.3. Programme goals, approach and content

Addressing violence and ensuring the safety and well-being of survivors are primary goals of the perpetrator programme. In its work with perpetrators, the programme addresses the root causes of violence and fosters internal motivation to change along with personal accountability.

■ Indicators:

3.3.1. The programme has established minimum desirable outcomes for working with perpetrators. These outcomes include but are not limited to:

- a) Stopping violence in intimate relationships.
- b) Understanding intimate partner violence as a gender-based phenomenon, its forms, and its relation to power and control.
- c) Understanding own violence and related beliefs.
- d) Understanding violence as a personal choice.
- e) Development of internal motivation for change.
- f) Understanding the consequences of violence on (ex)partner, children and perpetrator himself.
- g) Exploration of own masculine identity, understanding its relation to violence, and transformation of gender beliefs that contribute to violence.
- j) Increased awareness of own emotions and ability to manage emotions in a non-violent way.
- i) Adoption of healthy ways of supporting children and providing boundaries.

3.3.2. Working with a perpetrator is based on the following principles:

- a) Intimate partner violence is a manifestation of gender inequality and the sole responsibility of the perpetrator.
- b) Working with violence requires understanding the complex factors and pathways that enable and influence perpetrators' use of violence, such as through an ecological model.
- c) Transforming gender stereotypes is a comprehensive process which needs to be reflected in the programme's content, personal attitudes of facilitators, co-facilitators' relationship and dynamic, and the organisation of the work.
- d) Change is a process which requires a balance between valuing a client as a person of intrinsic worth and challenging his violent behaviour.
- e) A detailed focus on the violent behaviour, reconstructing their concrete actions, thoughts and feelings, helps perpetrators recognise their active role in committing violence.

3.3.4. The perpetrator programme has defined the work content, including topics, session structure, and materials. These elements are tailored to facilitate the achievement of planned outcomes.

4 Quality assurance and evaluation

4.1. Competent staff

Staff demonstrate and build competence in delivering safe and effective interventions by participating in regular and ongoing training and professional development.

■ Indicators:

STAFF RECRUITMENT AND SELECTION

- 4.1.1. The perpetrator programme defines the competencies (knowledge, skills and values) required by their staff to deliver the work effectively. These competencies correspond to the model of work and specifics of the programme and can be acquired through formal education or relevant professional development.
- 4.1.2. The perpetrator programme focusses on assessing candidates' competencies (knowledge, skills and values) during recruitment. The programme has established criteria for candidates' professional backgrounds, training and relevant work experience.
- 4.1.2. During the recruitment process, the perpetrator programme explores candidates' personal experiences of domestic violence and the possible impact of these experiences on the work.
- 4.1.4. Staff competencies are developed for the professionals working in the perpetrator programme, as well as those working in the partner service if both components are provided by the same organisation.

CAPACITY BUILDING

- 4.1.6. Staff receive training in the specific model of work used by the perpetrator programme and/or the partner service. Training may be conducted internally or externally.

PRACTICE NOTE

It is important that both the perpetrator programme and partner service staff are trained in the specific model of work. Even if professionals who provide partner contact and support services are highly qualified for supporting survivors and working in the field of gender-based violence, additional training is needed regarding the perpetrator programme, supporting survivors in that context, and understanding procedures for collaboration with the perpetrator programme.

- 4.1.7. Perpetrator programme staff have at least 84 hours of specialised training before starting the work. Training topics include violence against women, gender and the intersection of gender and IPV, motivational interviewing, risk assessment and management, child protection, mental health and substance abuse issues, emotional regulation, programme execution across all phases (intake, intensive work, closing and follow-up), and inter-cultural sensitivity and awareness.

4.1.8. New staff also receive on-the-job training.

PRACTICE NOTE

When new programmes are established or when there is a significant increase in the number of programmes being delivered, it may not be possible to pair new facilitators with more experienced ones. Therefore, it is important that organisations consider other appropriate ways to mentor and support new staff.

4.1.9. Staff receive regular supervision, which may be internal and/or external. Staff receive at least 6 hours of supervision per year.

4.1.10. Staff receive at least 16 hours of training per year on topics related to their work.

4.2. Evaluation

The perpetrator programme has measures in place to evaluate the process and outcomes of the work and use them to improve the quality of intervention.

■ Indicators:

STAFF RECRUITMENT AND SELECTION

4.3.1. The perpetrator programme conducts ongoing evaluations of the process and outcomes of their work. At minimum, evaluations are informed by perpetrators; when possible, they also incorporate data from survivors and external agencies.

4.3.2. The perpetrator programme collects data on referral, drop-out and completion rates; variations in adherence to the adopted model of work; collaboration between the perpetrator programme and partner support intervention; organisational management processes; and cooperation with external agencies.

4.3.3. Outcomes focus on (but are not limited to): reduction/cessation of violent behaviour (in all its forms, including but not limited to physical violence, sexual violence, coercive control), safety and quality of life of (ex-)partners and their children, motivation of perpetrators, violence-related beliefs of perpetrators, personal explanations of causes of violence, and parenting.

4.3.4. The data collection methodology enables pre-post comparison. When possible, data is collected at several intervals throughout the course of the work, allowing for comparison between survivors' and perpetrators' perspectives.

4.3.5. The perpetrator programme conducts data analysis on the process and outcomes of the work and produces results that include findings and recommendations.

4.3.6. The perpetrator programme updates and adjusts its work in accordance with evaluation findings.

5. Organisational Management

5.1. Organisation and management structures

Management structures are clearly defined and ensure the delivery of high-quality interventions.

■ Indicators:

5.1.1. All staff have clearly defined roles and responsibilities.

5.1.4. The perpetrator programme considers the importance and implications of the gender of their staff in order to achieve their mission and attain desired outcomes of the work.

PRACTICE NOTE

It is important to consider how the gender of professionals working with perpetrators plays out in the work, as programmes should promote gender equality and focus on transforming patriarchal structures.

Programmes should find ways to ensure that women's voices are acknowledged and heard and that programmes do not become men-exclusive spaces. The presence of female facilitators can help perpetrators identify their own stereotypes and beliefs. Likewise, male facilitators can model equality and vulnerability, while co-gender facilitation teams can model respectful relationships.

The most common way to achieve this is to have both male and female facilitators. However, programmes can apply different approaches to work toward the same principles, depending on their context. For example, if it is not possible to form co-gendered facilitation teams due to a lack of male facilitators, the perpetrator programme may have two female facilitators, with a male facilitator joining sessions on certain topics (such as masculinity or sexuality).

It is important that cultural context is not used as a justification for excluding women from facilitator roles (i.e., claiming that men in a certain community will not want to engage with female facilitators).

5.1.5. Equality between the perpetrator programme and partner service is ensured in all aspects, such as working conditions and salary. This applies to all cases the perpetrator programme can have an influence on.

PRACTICE NOTE

Equality is a value that should be manifested in all aspects of the work. Perpetrator programmes need to reflect on the power dynamics between the programme and partner service and foster equality.

If the partner service and perpetrator programme are provided by the same organisation, this can be achieved by ensuring equality in working conditions, such as contractual arrangements and salaries.

If the partner service is provided by an external organisation, the perpetrator programme can initiate discussions on equality between these two services, advocate for equal conditions, support women's support organisations in their efforts for better working conditions, and similar.

5.2. Resources

The perpetrator programme and partner support intervention have adequate resources to implement the interventions.

■ Indicators:

- 5.2.1. The perpetrator programme and partner service premises are sufficient for the implementation of activities and enable confidentiality for their clients.
- 5.2.2. The perpetrator programme and partner service have secure storage space for programme documentation.
- 5.2.3. The staff of the perpetrator programme and partner service have adequate time and resources to conduct the intervention in adherence with the established model of work.

Evidence-based framework of European standards

As described in the section “Development of the standards,” the European standards are based on scientific evidence gathered through a literature review and analysis of results of IMPACT Toolkit data from across European programmes.

Regarding the IMPACT Toolkit analysis, it is important to mention that given the limited number of observed cases and the high dropout rate (60%), the majority of variables subjected to linear regression analysis yielded statistically non-significant results. Nevertheless, the results do provide empirical indications of potential trends related to factors that affect programme efficacy in reducing the occurrence and manifestations (number of forms) of violent behaviour among perpetrators. Moreover, when available, scientific evidence has also been added through the literature review.

Safety and well-being of survivors

As for the safety and well-being of survivors, results of the IMPACT Toolkit analysis indicated that contacting (ex-)partners and having specific units providing survivor support (Appendix, Table 5) contribute to improved outcomes. Moreover, collaborating with women's support services and facilitating interagency coordination based on (ex-)partner needs (see Appendix, Table 6/A) also improve programme outcomes. These results support the importance of contacting partners, especially when this intervention is tailored to meet survivor needs. Moreover, these results also support the need for collaboration with women's support services.

The IMPACT toolkit analysis further explored the relationship between the purpose of (ex-)partner contact and programme outcomes. When programmes contact the (ex-)partner with the objective to (a) disseminate information concerning the programme's content and methodology, (b) provide survivor services, (c) understand the partner's experience of violence, (d) giving emotional support for victims, (e) assess the risk of violence, or (f) evaluate the programme's efficacy, the final programme outcomes are improved (i.e., a decrease in both the frequency and variety of violent behaviours). These results are reflected in the proposed standards, which outline the need for (ex-)partner contact for all the aforementioned objectives at various stages of the programme.

Having at least one child significantly influences positive programme outcomes, while the child's age, as indicated in Table 9 (Appendix), does not exert any discernible impact. These results support previous research that states that fatherhood is a crucial factor in perpetrator motivation to change (Meyer, 2016; Stanley et al., 2012). Therefore, it is essential that perpetrator programmes work with a clear focus on children, as reflected in these standards. Moreover, results of the IMPACT Toolkit showed that if, at the beginning of the programme, the perpetrator or their (ex-)partner perceived that the abuse had no consequences on the children, the programme outcome was worse. On the other hand, if either party believed at the start of the programme that the child was upset or angry with the perpetrator, the programme outcomes were more positive (Appendix, Table 10). Therefore, it is crucial that perpetrator programmes have a clear understanding of the ways in which children are impacted by intimate partner violence and effectively communicate this impact to perpetrators (as indicated in the Standards).

Assessing and managing risks

When programmes contact the (ex-)partner to assess the risk of violence, there is an improved final programme outcome in terms of a decrease in both frequency and variety of violent behaviours. These results are in line with the proposed standards that entail assessing risk as part of partner contact.

There is significant evidence that coordinated community response enhances programme outcomes (Babcock & Steiner, 1999; Frank, 1999; Healy, Smith & O'Sullivan, 1998; Murphy, Musser, & Matton, 1998; Syers & Edleson, 1992). Furthermore, in his review of perpetrator programmes outcomes, Aldarondo (2010) found that coordination among multiple agencies can reduce the likelihood of further risk of abuse and, in the mid-term, recidivism. Similarly, the IMPACT Toolkit analysis results indicated that enhanced collaboration with multiple stakeholders, such as law enforcement agencies, hospitals, police, criminal and civil courts, etc., significantly contributes to improved programme outcomes (Appendix, Table 6/B). Therefore, multi-agency collaboration is an important factor in enhanced programme outcomes.

Programme design and delivery

Research has shown that the more tailored the interventions are, the better the outcomes (Butters et al., 2021; Travers et al., 2021). Preliminary evidence suggests that assigning perpetrators to treatment levels based on initial assessments may hold promising results (Coulter and VandeWeerd 2009).

Research has also indicated that risk is dynamic and should therefore be understood as a process rather than a final goal (Graham et al., 2019). Recommendations from the literature on risk assessment include the importance of using risk assessment tools together with practitioner expertise to contextualise risk scores (Messing, 2019). Moreover, risk assessment has to help produce a risk-informed safety plan (Campbell, 2001) while accounting for individual perpetrator needs (which should also guide case formulation and treatment assignment) (Van der Put et al., 2019).

As for the content and approach of the programme, results from the IMPACT Toolkit analysis indicated that emotional regulation and topics related to individual trauma significantly resonate with perpetrators. In contrast, these themes seemed to have minimal impact on (ex-)partners. This supports the understanding that programmes should not be reduced to emotional management courses, as although many perpetrators may favour this approach, it will not improve the lives of survivors. Importantly, these categories showed effect only examined together, not individually. These results support the inclusion of an ecological model in perpetrator programmes.

There is no agreement in research about the importance of including a gender-sensitive approach in perpetrator programmes. On the one hand, some research states that including gender aspects is not related to better programme outcomes (van Niekerk & Boonzaier, 2014), while other studies found that including thematic discussions with a focus on gender issues and promoting gender equality showed a decrease in abusive behaviour among programme participants (Lima & Büchele, 2011). Similar results were demonstrated by Billand & Paiva (2017), with men in the programme increasing their awareness of their own abusive behaviour. Moreover, research has shown the link between traditional gender norms and intimate partner violence (Rollero & De Piccoli, 2020; Rollero, Bergagna, Tartaglia, 2019). In terms of the model that yields better programme outcomes, there is also discrepancy in research.

In terms of the approach to be followed, research results are also inconclusive. Some studies have identified cognitive behavioural therapy (CBT) as an approach that achieves better outcomes (Cotti, et al., 2020). Other studies did not find differences between CBT and the Duluth Model (Babcock et al., 2004), whereas others found better outcomes for the Duluth Model (Ganon et al., 2019). Finally, some found better outcomes when the Duluth model and the CBT were combined (Arce et al., 2020). According to the analysis of IMPACT Toolkit results, the Duluth Model demonstrates a self-sufficient efficacy, functioning independently of other approaches. Therefore, those programmes that state they follow the Duluth model, which includes a strong focus on the gendered nature of intimate partner violence, have better outcomes (Appendix, Table 12). Similarly, Babcock and LaTaillade (2000), comparing effect sizes across models, found a moderate effect size for Duluth-type psycho-educational programmes compared to other models. Gondolf (2011) concluded that evidence does not support any specific approach. It is important to emphasise that as found by Lilley-Walker et al. (2018), the application of the Duluth Model tended to be more narrowly conceived than the more holistic Duluth approach of a co-ordinated community response. In many cases, when programmes identified themselves as following the Duluth Model, they usually meant a focus on men's responsibility for their behaviour and use of CBT to enhance attitudinal and behavioural change in male perpetrators.

In terms of programme length, results are diverse and inconclusive, as many studies do not include this information or include it in different formats (i.e., the time unit varies between hours, weeks, years and number of sessions). A recent review of 46 studies found great variety in perpetrator programme duration, which ranged from 10 to 35 weeks, with weekly sessions in most of the programmes (Vall et al., 2023). Whereas Gondolf (1999) and Edleson and Syers (1990) did not find differences in outcomes according to length of the programmes studied.⁷ Despite these results, longer programmes might benefit perpetrators' sense of accountability (Bennet & Williams, 2001). Moreover, research suggests that perpetrators who re-offend do so within six months of their enrolment to the programme (Gondolf, 1999). In this case, it is better to retain perpetrators in the programme for at least this period of time to try to prevent this re-offence.

Quality assurance and evaluation

Quality assurance procedures are often not specified in the scientific literature. Gannon et al. (2019) suggest that specific facilitator qualifications (holding a degree in psychology) and regular supervision can enhance programme outcomes. Moreover, Holma et al. (2006) also highlighted the importance of facilitation skills for improving programme outcomes. Results of the IMPACT Toolkit analysis provide more evidence in this respect, especially in what refers to staff training, indicating that when staff have specific training on addressing gender-based violence (GBV), perpetrators perceive better programme outcomes. This does not happen when staff have general training only, but when this general training is enhanced with specific GBV training. Therefore, having staff trained on GBV has a strong impact on the programme outcome.

In the case of perpetrators, the effectiveness of supervision is evident when coupled with other quality assurance measures. Conversely, for (ex-)partners, supervision appears to yield positive outcomes independently, without the need for supplementary measures (Appendix, Table 13). Results

⁷ Gondolf's (1999) multi-site study included four programmes which varied in length from three to nine months. In his study, at 15-month follow-up, there were no significant differences between the outcome of these programmes (re-assault, threats, or victim quality of life). Edleson and Syer (1990) randomly assigned batterers to a more intense condition (32 sessions over 16 weeks) and less intense condition (12 sessions over 12 weeks), and at six-month follow-up, there were no differences in outcome (victim-reported re-assault).

for evaluation, with the IMPACT Toolkit data, did not yield relevant results. In this respect, it is important to emphasise that few programmes assess the quality of their work, which has an influence on the final results. Despite this, IMPACT toolkit results showed that when programmes contact the (ex-)partner with the objective to evaluate the programme's efficacy, there is an improved outcome at the end of the programme (both the frequency and variety of violent behaviours decrease). These results are in line with the proposed standards and support the importance of including the survivors' perspective in the programme evaluation. Research has emphasised the importance of collecting outcome data at different points in time, as well as collecting data on the process of change and related to men who drop-out from the programme (Lilley-Walker et al, 2018). The importance of including, at minimum, the survivors' voice within the evaluation has also been highlighted in research (Kelly and Westmarland, 2015; Vall et al., 2021, 2023; McGinn et al., 2016). Finally, an expanded understanding of success that encompasses other variables in addition to recidivism⁸ has also been proposed in research (Kelly and Westmarland, 2015; Vall et al., 2021, 2023; Lila et al., 2013; Gondolf and Beeman 2003; McGinn et al. 2021; Travers et al. 2021).

Management of the organisation

Concerning organisational management, in the case of straightforward group sessions, a mixed-gender facilitation team proves to be more effective (Appendix, Table 11) according to analysis of the IMPACT Toolkit results.

The IMPACT Toolkit analysis showed that the presence of a greater number of full-time workers enhances programme outcomes for clients, while, notably, does not impact the programme from the victim's standpoint (Appendix, Table 14).

⁸ Including, for example, measures of survivor safety and wellbeing as well as the impact and harm caused to victims

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The European Network for the Work with Perpetrators of Domestic Violence (WWP EN)

Founded in 2014, the European Network for the Work with Perpetrators of Domestic Violence (WWP EN) is a membership organisation with members including perpetrator programmes, research institutes, and victim/survivor support services. We unite our members across Europe for a common goal: accountable, effective, and victim-centred perpetrator work.

We believe that gender-based violence violates women's human rights and aim to create a gender equitable world by supporting member organisations in their work with those who choose to use violence in intimate partnerships, predominantly men.

As an umbrella organisation, WWP EN supports its members in offering and developing responsible, victim-focused perpetrator work. As part of our capacity-building, we offer innovative and essential training for perpetrator programmes. Additionally, we work to promote the Istanbul Convention together with a growing network of European and global partners.

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