

Guidance for safe and effective perpetrator programmes: Article 16 of the Istanbul Convention



A comparative study and recommendations on programmes for perpetrators of domestic and sexual violence

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and sexual violence

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Introduction

Programmes for perpetrators are an important element of preventing and combating violence against women and domestic violence. They help to ensure that perpetrators take responsibility for their acts of violence and, ultimately, do not re-offend. The objective of these programmes is to enhance the safety and well-being of victims by addressing and ending violent behaviour, and by changing the behaviour of individuals committing domestic and sexual violence against women.

Most violence against women is perpetrated by men, as research shows.¹ Unless otherwise indicated, the term “perpetrators” used in this study refers to male perpetrators. It is also important to emphasise that this study employs language based on a person-centred approach, which distinguishes the person from their behaviour. In order to harmonise the terminology of this report, the terms “perpetrators of domestic violence” and “perpetrators of sexual violence” are used in the context of the two types of programmes for perpetrators covered in this research.

The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) embeds preventive and intervention programmes for perpetrators in the framework of a comprehensive strategy to prevent violence against women. It obliges parties to the convention to set up and support programmes for perpetrators, whose primary focus must be to ensure the safety and support of victims.² Article 16 of the Istanbul Convention provides specific obligations regarding the setting up or support for preventive intervention and treatment programmes.

Article 16 - Preventive intervention and treatment programmes

1. Parties shall take the necessary legislative or other measures to set up or support programs aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.
2. Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.
3. In taking the measures referred to in paragraphs 1 and 2, parties shall ensure that the support and safety of victims, as well as the human rights of victims, are of primary concern and that, where appropriate, these programmes are set up and implemented in close coordination with specialist support services for victims.

The Explanatory Report to the Istanbul Convention underlines that parties should establish their own programmes or support existing ones. The decision on how they should be run rests with the parties or programme providers, although the Explanatory Report outlines core elements for programme safety.³ Prior to the Istanbul Convention, minimum standards for working with perpetrators had been developed in a Council of Europe study entitled “Combating violence against women: minimum standards for support services.”⁴ Furthermore, the Council of Europe has provided an overview of the practices in relation to programmes for perpetrators, including guidance in the form of checklists for the establishment of programmes for perpetrators of domestic violence and sexual violence.⁵

1. Violence against women: an EU-wide survey, European Union Agency for Fundamental Rights, 2014, p.7 and pp. 27-32. Hester, M. (2013). Who Does What to Whom? Gender and Domestic Violence Perpetrators in English Police Records. *European Journal of Criminology*, 10(5), 623-637. <https://doi.org/10.1177/1477370813479078>.
2. Council of Europe. (2011a). *Council of Europe Convention on preventing and combating violence against women and domestic violence*. Available at <https://rm.coe.int/168008482e>.
3. Council of Europe. (2011b). *Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence*. Available at <https://rm.coe.int/1680a48903>.
4. Council of Europe. (2008). *Combating violence against women: minimum standards for support services*. Available at: [www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF\(2007\)Study%20rev.en.pdf](http://www.coe.int/t/dg2/equality/domesticviolencecampaign/Source/EG-VAW-CONF(2007)Study%20rev.en.pdf).
5. Hester, M. & Lilley, S. J. (2014). *Domestic and sexual violence perpetrator programmes: Article 16 of the Istanbul Convention*. Available at <https://edoc.coe.int/en/violence-against-women/7144-domestic-and-sexual-violence-perpetrator-programs-article-16-of-the-istanbul-convention.html>.

In addition, the European Network for the Work with Perpetrators of Domestic Violence (WWP EN) provides guidance for the safe and effective work with perpetrators. In 2023, the network published its “European Standards for Perpetrator Programmes,” outlining key elements for setting up programmes for perpetrators based on a victim-centred approach.⁶

In practice, however, challenges remain in aligning existing programmes with the above principles. In monitoring the implementation of the Istanbul Convention, the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) identified shortcomings in ensuring sufficient availability of programmes that are based on a victim-centred and gender-sensitive approach and that work in close co-operation with specialist support services.⁷ The research conducted by the European Network for the Work with Perpetrators also pinpointed common challenges that countries and service providers encounter when establishing and designing programmes for perpetrators that aim to respond to the provisions of the Istanbul Convention.⁸ These challenges relate specifically to the principle of victim-safety orientation in work with perpetrators, the provision of risk assessment and management, and to their level of integration of a gender perspective.

This comparative study provides an overview of existing models and approaches for programmes for perpetrators and their results, responding to the need for such analysis stated in the Declaration on the Prevention of Domestic, Sexual, and Gender-Based Violence (Dublin Declaration) adopted by 38 member states of the Council of Europe in September 2022.⁹ The signatories to this declaration further specified the need to “identify promising practices and develop guidelines for the operation of perpetrator programmes to ensure baseline quality standards in line with the principles of the Istanbul Convention, notably a victim-centred approach that focuses on ensuring victims’ safety and support and full respect for their human rights.”

Corresponding to the above, this study offers guidance for the establishment of safe and effective programmes for perpetrators of domestic and sexual violence, as required under Article 16 of the Istanbul Convention. It draws on promising practices and common challenges encountered in the design and implementation of these programmes. Using qualitative and quantitative research methods, the study’s aim is to provide clear and practical recommendations for the safe and effective implementation of programmes for perpetrators of domestic and sexual violence for use by policy-makers, service providers and practitioners.

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6. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023). *European Standards for Perpetrator Programmes – Standards for Survivor Safety-Oriented Intimate Partner Violence Perpetrator Programmes: Working document*. WWP EN. Available at www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Resources/Standards/European_Standards_for_Perpetrator_Programmes_website.pdf.
 7. Council of Europe. (2022b). *Mid-term Horizontal Review of GREVIO baseline evaluation reports*. Available at <https://rm.coe.int/prems-010522-gbr-grevio-mid-term-horizontal-review-rev-february-2022/1680a58499>.
 8. Jovanović, S. & Vall, B. (2022). *Perpetrator Programmes in the Western Balkans; Mapping the Existing Practices and Ways Forward*. The European Network for the Work With Perpetrators of Domestic Violence (WWP EN). Available at www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Projects/STOPP/WWPEN_STOPP_RegionalReport_220531_WEB.pdf; Jovanović, S., Petrangelo M., & Vall, B. (2022). *Regional Guidance on Working with Perpetrators of Domestic Violence and Early Intervention: Eastern Partnership Region*. UN Women, UNFPA. Available at <https://eca.unwomen.org/sites/default/files/2023-01/UN%20Woman%20-%20EU%204%20Gender%20Equality%5B3%5D.pdf>.
 9. Council of Europe. (2022a). *Declaration of Council of Europe Ministers on the Prevention of Domestic, Sexual and Gender-Based Violence*. Available at <https://rm.coe.int/dublin-declaration-sept-2022/1680a85149>.

Methodology

The objectives of this study are twofold:

1. to map existing programmes for perpetrators in Council of Europe member states and provide a general indication of their quality;
2. to provide recommendations aimed at improving the design and operation of programmes for perpetrators, including guidelines for the setting up and running of such programmes based on quality standards drawn from the provisions of the Istanbul Convention.

The scope of the study reflects the obligation for parties to set up or support “preventive intervention and treatment programmes” pursuant to Article 16 of the Istanbul Convention. More specifically, Article 16 distinguishes programmes for perpetrators of domestic violence on the one hand, and, on the other hand, programmes for perpetrators of sexual violence (including perpetrators of sexual violence against adults, perpetrators of sexual violence against children and young people who engage in harmful sexual behaviour).

The study draws on research carried out by the European Network for the Work with Perpetrators of Domestic Violence, which uses a mixed-method approach combining qualitative and quantitative data analysis of existing programmes for perpetrators was used. This research includes both primary and secondary research.

Primary research

- ▶ **Self-administered questionnaires:** From June to September 2023, 29 self-administered questionnaires were completed by staff members of organisations running programmes for perpetrators of domestic violence and those running programmes for perpetrators of sexual violence. The IMPACT Programme Questionnaire¹⁰ was used and adapted for each type of programme for perpetrators included in this study. This questionnaire includes questions about the characteristics of programmes for perpetrators, such as questions about their location, size, inclusion and exclusion criteria, staff qualifications, procedures, multi-agency co-operation, risk assessment and management tools and measures to ensure quality and evaluation.
- ▶ **Semi-structured interviews:** From June to September 2023, 17 remote semi-structured interviews were conducted with staff members of organisations running programmes for perpetrators of domestic violence to obtain a more in-depth understanding of their specific day-to-day practices.

Secondary research

- ▶ **Literature review:**

Two types of literature review were conducted from June to September 2023:

1. a systematic review of scientific literature through a keyword search employing different combinations of terms, carried out in two major databases (Web of Science and PubMed) and relevant grey literature; and
2. a review of the main publications from the Council of Europe, in particular GREVIO baseline evaluation reports.

10. This survey has been previously used in several research projects run by WWP EN, see for example: Jovanović, S. & Vall, B. (2022), op. cit. (note 8); Jovanović, S. et al. (2022), op. cit. (note 9); Vall et al. (2023), op. cit (note 20).

► **Re-use of previously collected data:**

Qualitative and quantitative data collected in the context of previous projects run by WWP EN was re-analysed and included in this study.

The programmes analysed in this study are the following (see Table 1 for a detailed description):

- **Programmes for perpetrators of domestic violence:** Professionals from 48 programmes for perpetrators of domestic violence in 22 countries¹¹ and Kosovo* answered the self-administered questionnaires. Among these, staff members from 32 programmes participated in the semi-structured interviews.
- Programmes for perpetrators of sexual violence:
 - **Programmes for perpetrators of sexual violence against adults:** 51 programmes from 33 countries across Europe were covered by this research. Among these programmes, professionals from 20 programmes located in 9 European countries answered the questionnaire.¹² In addition, the outcome of the literature review and/or the re-use of data collected during previous projects¹³ covered 31 programmes run in 21 European countries.¹⁴
 - **Programmes for perpetrators of sexual violence against children:** 48 programmes from 20 European countries were included in this research. Among these, professionals working for 21 programmes in 13 European countries¹⁵ answered the questionnaire. In addition, the literature review covered 25 programmes run in 7 European countries.¹⁶
 - **Programmes for children and young people who display harmful sexual behaviour:** 15 programmes run in three European countries, namely Sweden, Switzerland, and the United Kingdom, were identified through literature review.

The programmes included in this study were selected through convenience sampling. These programmes are members of WWP EN and the Confederation of European Probation (CEP), the two main networks providing programmes for perpetrators in Europe. Moreover, WWP EN and CEP have members that work in different contexts and rely on different practices.

All respondents were informed about the objectives of the study and about the anonymous and confidential treatment of the collected data. The surveys and interviews included the collection of some personal data but only the members of the research team were given access to this information as per the principles of confidentiality. No personal data are included in the study and all data were treated confidentially.

Nonetheless, this study has some limitations. First, the samples of respondents for each category of programmes for perpetrators differ from one another. This is due to the different levels of development and advancement of each category of programmes for perpetrators (i.e. programmes for perpetrators of sexual violence against adults, programmes for perpetrators of sexual violence against children, and programmes for children and young people who display harmful sexual behaviour). For example, the quantity of available material and number of entities and organisations active in the field vary per type of programme. Another limitation is the lack of qualitative data on programmes for perpetrators of sexual violence. Finally, data collected as part of this study may not be generalised and do not allow conclusions to be drawn on the level of quality of programmes for perpetrators in a specific country. Indeed, the sample is not considered representative of all programmes for perpetrators at national level. Despite these gaps, the findings of this study provide substantive information on existing programmes for perpetrators of domestic violence and sexual violence in Europe.

The most comprehensive data collected for this study focus on programmes for perpetrators of domestic violence, which were gathered through a self-administered questionnaire, semi-structured interviews and literature review (see Table 1). Regarding programmes for perpetrators of sexual violence against adults and perpetrators of sexual violence against children, data collection was ensured through literature review and

11. Austria, Bulgaria, Croatia, Czechia, Estonia, Finland, Georgia, Germany, Greece, Ireland, Italy, Malta, Norway, Poland, the Republic of Moldova, Romania, Serbia, Slovenia, Spain, Sweden, Ukraine and the United Kingdom.

* All references to Kosovo, whether to the territory, institutions or population, shall be understood in full compliance with United Nations Security Council Resolution 1244 and without prejudice to the status of Kosovo.

12. Germany, Iceland, Italy, Lithuania, Luxembourg, Malta, Spain, Switzerland and Türkiye.

13. McCartan, K., Van der Brugge, W., Špero, J., Inge Svendsen, J., Cutland, M., Morick, Y., Negredo, L., Zavackis, A., Zammit, M. A., & Teet Kajala, T. (2022). *Survey of current practices in the assessment, treatment and management across cep areas*. Confederation of European Probation.

14. Albania, Belgium, Croatia, Czechia, Estonia, Finland, France, Germany, Ireland, Italy, Latvia, Luxembourg, Malta, Norway, the Republic of Moldova, Romania, Slovenia, Spain, Sweden and the United Kingdom.

15. Cyprus, Estonia, Germany, Iceland, Italy, Lithuania, Luxembourg, Malta, Norway, Slovenia, Spain, Sweden and Türkiye.

16. Germany, Finland, Lithuania, Spain, Sweden, Switzerland, and the United Kingdom.

the self-administered survey replies. As shown in Table 1, a total of 131 documents/studies on programmes for perpetrators of domestic violence and programmes for perpetrators of sexual violence were included in the literature review. Furthermore, 89 programmes were covered through the self-administered questionnaire (IMPACT Programme Questionnaire) and the functioning of 32 programmes was analysed through semi-structured interviews.

Table 1. Research methods used to study programmes for perpetrators of domestic violence and programmes for perpetrators of sexual violence

| | Literature review | | IMPACT Programme Questionnaire | | Interviews | | Total programmes per type |
|---|-------------------|---------------|--------------------------------|--|------------|--|---------------------------|
| | | Scope | | Participants | | Participants | |
| Programmes for perpetrators of domestic violence | ✓ | 60 studies | ✓ | Staff from 48 programmes in 22 countries and Kosovo* | ✓ | Staff from 32 programmes in 22 countries and Kosovo* | 48 |
| Programmes for perpetrators of sexual violence against adults | ✓ | 31 programmes | ✓ | Staff from 20 programmes in 9 countries | × | | 51 |
| Programmes for perpetrators of sexual violence against children | ✓ | 25 programmes | ✓ | Staff from 21 programmes in 13 countries | × | | 46 |
| Programmes for children and young people who display harmful sexual behaviour (HSM) | ✓ | 15 programmes | × | | × | | 15 |
| Total programmes per research method | | 131 | | 89 | | 32 | |

Findings related to each type of programme were analysed separately and are presented in the following sections of this report. Promising practices were identified based on the findings gathered through the various research methods (literature review, self-administered questionnaires and semi-structured interviews). Subsequently, promising practices were analysed, while focusing on their compliance with the obligations contained in Article 16 of the Istanbul Convention. Finally, the identified promising practices were further described, highlighting elements of these programmes which can be replicated and transferred to other programmes for perpetrators.

Part 1 – Programmes for perpetrators of domestic violence

Article 16, paragraph 1, of the Istanbul Convention requires parties to set up or support programmes for perpetrators of domestic violence, teaching them “to adopt non-violent behaviour in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.” The Explanatory Report to the Istanbul Convention clarifies that domestic violence intervention programmes should be based on best practices and certain core principles, including encouraging perpetrators to take responsibility for their actions, address negative attitudes towards women, be carried out by skilled and trained facilitators and closely cooperate with relevant stakeholders (e.g. women’s support services, law enforcement agencies, social services, the judiciary, probation services). The Explanatory Report also adds that participation in these programmes may be court-ordered or voluntary, but that in either case, “priority consideration must be given to the needs and safety of victims, including their human rights.”¹⁷

Article 3b of the Istanbul Convention defines domestic violence as “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.” The convention underlines that domestic violence constitutes a form of violence which affects women disproportionately and which is gender-based.

Programmes for perpetrators of domestic violence are set up in most European countries. However, although most of these programmes share some common ground, there is notable diversity in terms of their design, referral pathways, the characteristics of the perpetrators they work with, and their sustainability.

Programmes for perpetrators can operate in prison, probation settings, and other non-custodial settings. These programmes are delivered by both state-run agencies and non-governmental organisations (NGOs). On the one hand, perpetrators’ participation in these preventive intervention and treatment programmes may be ordered by courts or other mandatory referral routes. On the other hand, their attendance may be voluntary, either upon recommendation from other agencies (e.g. child-protection services, health services) or through self-referral. It is crucial for these programmes to be accessible in various settings, as they cater to different groups of perpetrators - those identified by the criminal justice system, civil justice, other stakeholders (e.g. child protection agencies) and those not identified by any agency who may seek help voluntarily.

Most programmes work with men who have committed acts of violence against their female intimate partners. Some programmes are tailored to the needs of specific groups of perpetrators, such as male perpetrators who pose a high risk of causing severe harm to their intimate partners, but also to female perpetrators, perpetrators with addiction problems, fathers who commit acts of violence against the other parent of their child, etc.¹⁸

Research on the outcome of programmes for perpetrators is fragmented and has led to inconclusive results.¹⁹ Discussion about the methodology and instruments used for outcome evaluation has been part of the scientific debate. Recently, new promising approaches to measuring the outcome through a contextualised and

17. Council of Europe. (2011b), op. cit. (note 3; see p. 20).

18. Examples of specifically tailored interventions are: Project DRIVE in the UK, designed for high-risk, high-harm perpetrators (<https://driveproject.org.uk/>); Research program ADVANCE in the UK, designed for perpetrators of IPV who misuse substances (ADVANCE - King’s College London (kcl.ac.uk)); Caring Dads programme designed for perpetrators of IPV who are fathers and is applied internationally (Caring Dads™).

19. Vall, B., López-Martín, X., Grané-Morcillo, J., & Hester, M. (2023). A systematic review of the quality of perpetrator programmes’ outcome studies: towards a new model of outcome measurement. *Trauma, Violence & Abuse*, pp. 1-15. <https://doi.org/10.1177/15248380231203718>.

victim-centred approach has been proposed.²⁰ In this regard, it has been shown that all types of violence had reduced significantly at the end of the programme, according to follow-up information provided by both men who attended the programmes and their former or current partners. Moreover, the impact of the violence had also been reduced for many (ex-)partners of the individuals who attended the programmes, although some still suffered adverse effects and felt afraid at the end of the programme. The results on the impact of violence on children were less prominent, showing that, at the end of the programme, children still felt the consequences of violence.²¹ Further research based on a victim-centred approach is needed to increase the understanding of *what* works in programmes for perpetrators. However, the current research does provide indications of the key elements of safe and effective programmes for perpetrators which can be useful for their setting up and implementation.²²

1.1. Legal and policy framework for programmes for perpetrators of domestic violence

Programmes for perpetrators should be an integral part of the co-ordinated community response to violence against women and domestic violence. This involves close collaboration with various entities such as women's support services, law enforcement agencies, judicial services, probation services, and, when applicable, child protection agencies.²³ The operation of these programmes in isolation from relevant agencies hampers their effectiveness and women's safety. Therefore, a well-established framework for programmes for perpetrators is essential. It should be grounded in solid legal or policy foundations and should include clear referral pathways, multi-agency collaboration, adequate and sustainable funding, and mechanisms for ensuring and evaluating programme quality. Through this comprehensive approach, programmes for perpetrators of domestic violence can contribute more effectively to both addressing and preventing violence.

Various referral pathways to programmes for perpetrators are necessary in order to reach different cohorts of perpetrators.²⁴ This should include mandatory referrals and self-referrals (including following recommendations from various agencies). These programmes should be run in various settings including custodial and non-custodial settings. During its baseline evaluation procedure, GREVIO stressed that programmes for perpetrators of domestic violence should not replace prosecution, conviction, or sentencing and must not undermine fair access to justice for victims.²⁵

In relation to the integration of referral mechanisms within the criminal justice system, GREVIO's evaluations have underlined several shortcomings. In the evaluation of Portugal, GREVIO highlighted that most referrals to programmes for perpetrators occurred as pre-conditions for the suspension of the execution of a prison term or the provisional suspension of criminal proceedings.²⁶ Similarly, in Belgium, GREVIO noted that referral to programmes for perpetrators is often used as an alternative to a conviction, rather than a complement to it, which raises questions about

Promising practices

The Caledonian System in Scotland is a comprehensive long-term programme for perpetrators of domestic violence that is fully publicly funded. Its integrated approach combines a court-ordered programme for abusive men with support services for women and children. Its funding sources are diversified: the Department of Community Justice of Scotland funds programmes for perpetrators, while the Violence against Women Fund of Scotland is allocated to the operation of support services for women and children. Furthermore, the allocated public funding enables programmes for perpetrators to be geographically spread, and there is a plan to further expand the number of services in Scotland.

The Alternative to Violence (AVT) is a non governmental organisation (NGO) providing programmes for perpetrators in 15 cities in Norway. Its programmes receive stable funding from the national and local authorities.

20. Vall, B., Grané-Morcillo, J., Pauncz, A., & Hester, M. (2023). Measuring the Outcome of Perpetrator Programmes through a Contextualised and Victim-Centred Approach: The Impact Project. *Social Sciences*, 12(11), 613. <https://doi.org/10.3390/socsci12110613>; Kelly, L. & Westmarland, N. (2015). *Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report*. London Metropolitan University and Durham University. Available at: https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/28/ProjectMirabalfinalreport.pdf.
21. Vall, B. et al. (2023), op. cit. (note 20).
22. WWP EN (European Network for the Work with Perpetrators of Domestic Violence). (2023), op. cit. (note 6).
23. Council of Europe. (2023a). *4th General Report on GREVIO'S activities*. Available at <https://rm.coe.int/4th-general-report-on-grevio-s-activities/1680aca199> (see paragraph 104).
24. Hester, M. & Lilley, S. J. (2014), op. cit. (note 5).
25. Council of Europe. (2022b), op. cit. (note 7; see paragraph 195).
26. Council of Europe. (2019c). *GREVIO Baseline Evaluation Report Portugal*. Available at <https://rm.coe.int/grevio-reprt-on-portugal/168091f16f> (see paragraph 102).

the dissuasive nature of the criminal justice response.²⁷ In this regard, it should be recalled that pursuant to Article 45 of the Istanbul Convention, parties must ensure that the offences established to prosecute the different forms of violence under its scope are “punishable by effective, proportionate and dissuasive sanctions, taking into account their seriousness.” Thus, there is a need for a detailed analysis of existing legal frameworks for programmes for perpetrators in Europe to fully understand the complexity of embedding programmes into criminal justice systems and to identify best practices. Moreover, GREVIO noted that even where referral pathways exist, referrals to programmes for perpetrators are not consistently enforced. This discrepancy is attributed to factors like low conviction rates, as observed in Austria,²⁸ the necessity for enhanced capacity-building among referring entities, as seen in France,²⁹ or the lack of programmes for perpetrators and decreased funding, as observed in Croatia.³⁰

Programmes for perpetrators must be available country-wide, reaching perpetrators in diverse regions, including both urban and rural areas. GREVIO has called on the authorities to increase the number of available programmes in many countries, including Albania, Denmark, Italy, Montenegro, Portugal, Serbia, and Türkiye.³¹

Programmes for perpetrators need to be adequately funded in order to operate in a sustainable way and to adhere to the standards of safe and quality intervention. By ratifying the Istanbul Convention, governments take on the obligation to set up and support programmes for perpetrators. The European Network for the Work with Perpetrators recommends separating the budget dedicated to programmes for perpetrators from the one allocated to support services for victims of domestic violence, while highlighting that the overall level of funding for the sector needs to be increased.³²

Based on the survey and interview results of this study, 40% of programmes for perpetrators of domestic violence declared that a fixed stable budget line is dedicated to their functioning, which is a promising result. However, most programmes rely on short-term and project-based funding. The interview participants flagged that project-based funding creates many challenges, one of which relates to high staff turnover, which ultimately leads to a loss of experienced practitioners and can have a negative impact on the quality of the intervention. Although insufficient funding is almost universally mentioned as one of the key challenges for the operation of programmes for perpetrators, in some countries, the lack of funding is a more substantial problem. For instance, in Croatia, GREVIO noted that the national government only funds 30% of the budget needed for the sustainable implementation of psychosocial treatment programmes and that the number of licenced professionals has significantly shrunk, which ultimately resulted in a decrease in court-mandated referrals to programmes for perpetrators.³³ Certain countries have attempted to establish programmes for perpetrators without setting aside additional resources. In Bosnia and Herzegovina,

Promising practices

The national network of programmes for perpetrators of domestic violence (BAG TäHG) in Germany has developed standards for working with perpetrators, set up in close co-operation with women’s support services. These standards incorporate key elements to ensure safe work with perpetrators and are aligned with the principles of the Istanbul Convention. Furthermore, these standards are approved by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. BAG TäHG is in charge of implementing the accreditation system, which assesses and monitors adherence to the above standards. In some regions, the accreditation system is linked to funding opportunities, which implies that only programmes that meet specific quality criteria will receive public funding.

The European Network for the Work with Perpetrators of Domestic Violence has developed the European Standards for Perpetrator Work, which can serve as a reference point for establishing minimum standards of safe and effective practices at the national level, especially for countries that do not have their own national standards. Furthermore, WWP EN is working on the development of a European accreditation system for programmes for perpetrators.

27. Council of Europe. (2020b). *GREVIO Baseline Evaluation Report Belgium*. Available at <https://rm.coe.int/grevio-report-on-belgium/16809f9a2c> (see paragraph 91).
28. Council of Europe. (2017). *GREVIO Baseline Evaluation Report Austria*. Available at <https://rm.coe.int/grevio-report-austria-1st-evaluation/1680759619> (see paragraph 85).
29. Council of Europe. (2022b), op. cit. (note 7; see paragraph 203).
30. Council of Europe. (2023b). *GREVIO Baseline Evaluation Report Croatia*. Available at <https://rm.coe.int/baseline-evaluation-report-on-croatia/1680ac76c9> (see paragraph 106).
31. Council of Europe. (2022b), op. cit. (note 7; see paragraph 194).
32. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2018). *Guidelines to Develop Standards for Programmes Working with Perpetrators of Domestic Violence*. WWP EN. Available at www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Resources/Guidelines/WWP_EN_Guidelines_for_Standards_v3_2018.pdf.
33. Council of Europe. (2023a), op. cit. (note 23; see paragraph 106).

Montenegro, Serbia, North Macedonia,³⁴ and Türkiye,³⁵ programmes for perpetrators of domestic violence have been integrated into existing social or health services, such as the centres for social work and mental health centres, creating additional workload for the professionals of these services already engaged in other activities. This lack of dedicated resources often results in programmes with insufficient capacity to provide quality work in line with the Istanbul Convention.

A crucial aspect of the framework supporting programmes for perpetrators is the presence of quality assurance mechanisms at national level. It is vital to recognise that ensuring the quality of programmes for perpetrators should not solely rely on the individual initiatives and responsibility of providers of such programmes. Governments can play a pivotal role in improving programme quality by establishing mechanisms for their monitoring and evaluation.

States have implemented various methods to establish quality assurance mechanisms for programmes for perpetrators. Relevant institutions have developed national standards for working with perpetrators, for example in the North Macedonia,³⁶ the Republic of Moldova³⁷ and the United Kingdom,³⁸ among other countries. Alternatively, programmes for perpetrators, often organised into a national network, have taken the lead in creating standards in Germany,³⁹ Italy,⁴⁰ Serbia⁴¹ and the United Kingdom.⁴² In some cases, the quality assurance mechanisms are set through the accreditation of the national programme for perpetrators of domestic violence, such as in Scotland. However, it is important to note that most European countries lack mechanisms to ensure and monitor the quality of perpetrator programmes. While standards provide a foundation for perpetrator work in a country, compliance with these standards in the practical implementation of programmes must be ensured, for example through accreditation processes. Best practices involve tying adherence to standards to funding, determined through accreditation of perpetrator programmes. Notably, Germany has adopted this approach, as a national network of perpetrator programmes oversee the accreditation process (BAG TäHG) This is a promising practice, as entrusting accreditation to experts working in the field could ensure a more thorough assessment of programmes' compliance with established quality standards. It must, however, be noted that very few countries have set up an accreditation system for programmes for perpetrators.

Promising practices

The NGOs Centro di Ascolto Uomini Maltrattanti (CAM) in Italy, League of Open Men (LOM) in the Czechia, Developing Health and Independence (DHI) in the United Kingdom, Counseling Line for Men and Boys (CLMB) and Counseling Centre for Men and Boys (ZDB) in Albania follow a comprehensive and victim-centred outcome measurement procedure, using the Impact Outcome Monitoring Toolkit. This focuses on a variety of outcomes such as behaviour change, the impact of this behaviour, the well-being and safety of the (ex-)partner, men's motivation in participating in the programme, men's attitudes towards violence and children's well-being. Data on these indicators are collected at different periods of time from men participants and their (ex-)partners.

The Caledonian System in Scotland uses an advanced framework for evaluating the implementation and outcomes of its programmes. The system applies standardised procedures for collecting data across the country. Professionals are trained on data gathering and the importance of the evaluation of their work, while the process is co-ordinated by a dedicated evaluation expert. Furthermore, the Caledonian System commissions external evaluations of its programme.

34. Jovanović, S. & Vall, B. (2022), op. cit. (note 8).

35. Council of Europe. (2018). *GREVIO Baseline Evaluation Report Turkey*. Available at <https://rm.coe.int/grevio-baseline-evaluation-report-turkey/16808e5283>.

36. Jovanović, S. & Vall, B. (2022), op. cit. (note 8).

37. Moldavian Government. (2014). *Regarding the minimum quality standards for services provided within the Assistance and Counselling Centre for Family Aggressors: Annex 2*. Available at www.legis.md/cautare/getResults?doc_id=64111&lang=ro.

38. Kelly, L. & Westmarland, N. (2023). *Standards for Domestic Abuse Perpetrator Interventions*. Durham University, London Metropolitan University. Available at www.gov.uk/government/publications/standards-for-domestic-abuse-perpetrator-interventions.

39. Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ). (2021). *Arbeit mit Tätern in Fällen häuslicher Gewalt: Standard der Bundesarbeitsgemeinschaft Täterarbeit Häusliche Gewalt e.V.* BMFSFJ. Available at www.bmfsfj.de/bmfsfj/service/publikationen/arbeit-mit-taetern-in-faellen-haeuslicher-gewalt-80734.

40. Relive Relazioni Libere dalle Violenze. (n.d.). *Linee guida nazionali dei programmi di trattamento per uomini autori di violenza contro le donne nelle relazioni affettive*. Relive. Available at www.associazionerelive.it/joomla/images/LineeGuidaRelivea.pdf.

41. Jovanović, S. & Vall, B. (2022), op. cit. (note 8).

42. Dines, S. (2022). *The Respect Standard: Accreditation framework for safe, effective, and survivor-focused work with perpetrators of domestic abuse in the UK*. UK Government. Available at https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/1458/Respect_Standard_4th_edition_2022.pdf; Kelly, L. & Westmarland, N. (2023), op. cit. (note 36).

Another important element of the quality assurance framework is the evaluation of the procedures and the outcome of programmes for perpetrators. GREVIO has repeatedly highlighted the importance of scientific research and evaluation of programmes for perpetrators. In most of its baseline evaluation reports, notably on Andorra,⁴³ Belgium,⁴⁴ Finland,⁴⁵ France,⁴⁶ Italy,⁴⁷ Malta,⁴⁸ the Netherlands,⁴⁹ Portugal,⁵⁰ Serbia,⁵¹ Spain,⁵² and Türkiye,⁵³ GREVIO addressed the need for scientific research and evaluation of the short-term and long-term impact of programmes for perpetrators in order to assess whether these programmes actually serve their preventive purpose.⁵⁴

Measuring the success of programmes for perpetrators should go beyond an end to violent behaviour and consider any positive outcome for women who suffered domestic violence. This could include an increase in the level of responsibility men accept for their violent behaviour, increased awareness by perpetrators of the harmful impact of violence on victims, and enhanced safety and freedom for victims. For an effective evaluation on the basis of the above, it is crucial to include data from various sources, including victim testimonies. Continuous monitoring of progress throughout the programme, the comparison of data collected before the programme and at its completion, and employing standardised evaluation tools are essential for an effective evaluation framework. Results from the survey of this study showed that although the majority of the reviewed programmes for perpetrators of domestic violence (84.0%) state that they measure the outcome of their work, most only do it once at the end of the programme. This prevents the comparison of results gathered before and after programme attendance and thus prevents some conclusions to be drawn. Interestingly, only one surveyed organisation conducts assessments before, during, and after the programme. Additionally, only 42,85% of the reviewed programmes for perpetrators of domestic violence reported incorporating feedback from victims in the evaluation of their outcomes. Since the overall aim of programmes for perpetrators are to enhance victims' safety, their input is crucial to determine whether these goals are met.

Many programmes for perpetrators of domestic violence understand the importance of evaluation but describe challenges in its implementation. Interview participants for this study stressed the lack of resources as a barrier to conducting systematic evaluations, as data collection and analysis requires time and expertise, which requires resources that many programmes for perpetrators are lacking. Furthermore, many programmes for perpetrators face challenges in finding adequate evaluation tools specific to domestic violence (e.g. different available tools are not standardised and/or focus on different outcomes), as well as finding an adequate way to implement them.

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43. Council of Europe. (2020a). *GREVIO Baseline Evaluation Report Andorra*. Available at <https://rm.coe.int/grevio-report-andorra/1680a07ebd>.
 44. Council of Europe. (2020b), op. cit. (note 27).
 45. Council of Europe. (2019a). *GREVIO Baseline Evaluation Report Finland*. Available at <https://rm.coe.int/grevio-report-on-finland/168097129d>.
 46. Council of Europe. (2019b). *GREVIO Baseline Evaluation Report France*. Available at <https://rm.coe.int/grevio-inf-2019-16/168098c61a>.
 47. Council of Europe. (2020c). *GREVIO Baseline Evaluation Report Italy*. Available at <https://rm.coe.int/grevio-report-italy-first-baseline-evaluation/168099724e>.
 48. Council of Europe. (2020d). *GREVIO Baseline Evaluation Report Malta*. Available at <https://rm.coe.int/grevio-inf-2020-17-malta-final-report-web/1680a06bd2>.
 49. Council of Europe. (2020e). *GREVIO Baseline Evaluation Report Netherlands*. Available at <https://rm.coe.int/grevio-report-on-netherlands/1680997253>.
 50. Council of Europe. (2019c), op. cit. (note 26).
 51. Council of Europe. (2020f). *GREVIO Baseline Evaluation Report Serbia*. Available at <https://rm.coe.int/grevio-report-on-serbia/16809987e3>.
 52. Council of Europe. (2020g). *GREVIO Baseline Evaluation Report Spain*. Available at <https://rm.coe.int/grevio-s-report-on-spain/1680a08a9f>.
 53. Council of Europe. (2018), op. cit. (note 35).
 54. See GREVIO's baseline evaluation reports on: Andorra, paragraph 84; Belgium, paragraph 95; Finland, paragraph 79; France, paragraphs 120 and 122; Italy, paragraph 117; Malta, paragraph 87; the Netherlands, paragraph 107; Portugal, paragraph 105; Serbia, paragraph 90; Spain, paragraph 112; and Türkiye, paragraph 129.

Recommendations for a framework for safe and effective programmes for perpetrators of domestic violence

Programmes for perpetrators of domestic violence need an adequate legislative, policy, and quality assurance framework to operate effectively. These programmes can be integrated into the national legislative framework as a way of recognising their role in preventing and combating violence against women and domestic violence. Parties to the Istanbul Convention should enable various referral routes to programmes for perpetrators, offering mandatory and voluntary participation as a means of reaching different groups of perpetrators. It is imperative that referrals are not viewed as alternatives to prosecution, conviction, and sentencing, but rather as complementary measures. Governments should ensure that referrals to programmes for perpetrators are widely used by different stakeholders nation-wide, which also requires adequate geographical coverage of such programmes throughout the country. Governments also need to ensure that adequate and dedicated funding is allocated to programmes for perpetrators. The allocation of additional funding dedicated to programmes for perpetrators should not lead to a decrease in the financial and human resources granted to support services for women victims of domestic violence and their children. Integrating programmes for perpetrators into existing social or health services without additional funding and adjustments to the workload of professionals from these services should be avoided, as it may negatively affect the safety and the effectiveness of the intervention.

Parties to the Istanbul Convention must also develop a framework for ensuring the quality of programmes for perpetrators of domestic violence. This can be done through the development of national standards or through the development of a national curriculum for interventions with perpetrators. National standards or curriculum should be paired with an accreditation system. Programmes for perpetrators of domestic violence need to evaluate the implementation and outcomes of their intervention. To this end, it is important to focus on a wide range of outcomes, through the collection of data enabling pre-post comparison (i.e., comparison of differences in observations before and after the intervention), as well as comparison between the perspectives of the victim and the perpetrator. Furthermore, evaluation results should be regularly used to take action to improve programmes for perpetrators.

1.2. Providers of programmes for perpetrators of domestic violence

Programme providers, the settings in which they operate, and the skills of the staff delivering the intervention are among the crucial factors influencing the quality and result of these programmes.

Programmes for perpetrators may be administered by state-run agencies or NGOs and operate within the justice system, social welfare system, health system, or academia. In certain countries, women's rights organisations provide programmes for perpetrators of domestic violence. This is notably the case in Bulgaria, Italy, Albania, Bosnia and Herzegovina, Georgia⁵⁵, North Macedonia⁵⁶ and the Republic of Moldova. In these cases, perpetrator programmes need to be implemented separately from the services for victims. Programmes for perpetrators, including those provided by specialist support services for victims, are not focused on family reunification or mediation.

Programmes for perpetrators of domestic violence located within health-care services may encounter challenges in aligning their practices with the Istanbul Convention. In its baseline evaluation report on Türkiye, GREVIO raised concerns about whether health centres provide an appropriate setting for working with perpetrators of violence and whether health-care professionals are suitably equipped to handle such intervention programmes.⁵⁷ GREVIO specified that its concerns were linked to the fact that health-care institutions tended to equate programmes for perpetrators solely with medical treatment for psychological disorders or addictions. An analysis of programmes for perpetrators in Bosnia and Herzegovina and Montenegro revealed that such programmes run in mental health centres rely on a clinical rather than an approach that would recognise the root causes of domestic violence as linked to gendered inequalities and the desire to control and exert power.⁵⁸ Programmes operating within health services might reinforce the perception that domestic violence is mainly a mental health issue, potentially minimising the perpetrator's accountability. Likewise, programmes in mental health settings may create additional barriers for self-referral, as perpetrators seek to avoid social stigma often associated with mental health problems. It is important to note that not all programmes in healthcare services face these challenges. For instance, programmes for perpetrators run in the health sector in Italy adhere to the standards of the country's national network *Relive (Relazioni Libere dalle Violenze)*,⁵⁹ which align with the principles of the Istanbul Convention.⁶⁰

55. Jovanović, S. et al. (2022), op. cit. (note 9).

56. Jovanović, S. & Vall, B. (2022), op. cit. (note 8).

57. Council of Europe. (2018), op. cit. (note 35; see paragraph 124).

58. Jovanović, S. & Vall, B. (2022), op. cit. (note 8).

59. *Relive Relazioni Libere dalle Violenze*. (n.d.), op. cit. (note 40).

60. Council of Europe. (2020c), op. cit. (note 47; see paragraph 111).

While many programmes for perpetrators of domestic violence are established as separate specialised programmes, GREVIO's baseline evaluation reports and some studies have uncovered a negative trend of integrating these interventions into existing services without equipping them with additional resources and training, as described in the previous section of this paper. This approach can have adverse effects on the safety and the outcome of programmes for perpetrators. Professionals may lack the time to adequately engage in interventions for perpetrators if expected to also run their core activities. Moreover, it might be challenging for professionals to apply a gender-sensitive perspective to working with perpetrators while applying a clinical approach in their work with their other clients, as observed in some cases. Additionally, in some countries, where perpetrator programmes are integrated in social services, professionals may be taking on conflicting roles where they are mandated to provide opinions in child custody cases while simultaneously working with abusive fathers in the context of programmes for perpetrators, or where they are mandated to work concurrently with victim and perpetrator. These practices can pose significant risks to the safety of victims and their children.

The Explanatory Report to the Istanbul Convention emphasises the need for skilled and trained facilitators for programmes for perpetrators.⁶¹ European countries that have regulated this field impose varying requirements concerning the formal education of professionals eligible to work in programmes for perpetrators, typically requiring higher education in areas such as psychology, social work, and similar. It is crucial to note that any formal education should be complemented by specific training on gender-based violence against women and on facilitating programmes for perpetrators. The European Network for the Work with Perpetrators of Domestic Violence has delineated competencies for facilitators, encompassing the knowledge, skills, and values of these professionals.⁶² Additionally, the European Standards for Perpetrator Programmes recommend a minimum of 84 hours of specialised training before professionals start working with perpetrators.⁶³ This training should cover a number of topics, including gender-based violence and domestic violence, risk assessment and management, co-operation with partner support services,⁶⁴ the process of change and motivating perpetrators to change, managing group dynamics, and implementing the adopted curriculum. Furthermore, programmes need to operate in a culturally sensitive manner to ensure broad accessibility.⁶⁵

Facilitators, equipped with essential skills for conducting programmes for perpetrators through specialised pre-training, require continuous support to uphold and enhance the quality of their work. The European Standards for Perpetrator Programmes propose a minimum of six hours of supervision annually, in addition to a minimum of 16 hours of training each year.⁶⁶

Recommendations for the provision of programmes for perpetrators of domestic violence:

Organisations that provide programmes for perpetrators of domestic violence, the settings in which they operate, and the competencies of the staff delivering the service are crucial factors influencing the outcome of these programmes. Programmes should be placed in settings that foster perpetrator accountability while maximising the likelihood of programme attendance.

In choosing a provider, it is important to ensure that programmes for perpetrators are set up as separate specialised programmes, with dedicated human and financial resources. It is imperative to ensure that professionals working with perpetrators are not involved in other professional activities that could adversely affect the establishment of a working relationship with the perpetrator or compromise the prioritisation of the needs of victims (e.g. professional advising family courts in child custody proceedings, or serving as the individual psychologist of the perpetrator or the victim). Similarly, programmes need to be located separately from specialist support services for victims (such as shelters, counselling services), and professionals working with perpetrators should not simultaneously work with victims.

Providers of programmes for perpetrators need to ensure a high level of professional qualification among their staff. This requires specialised training on gender-based violence against women and domestic violence. It also requires specific training on working with perpetrators before taking up their duties, regardless of any previous formal or informal education. Furthermore, services need to ensure that professionals receive continuous support for their practice, including regular supervision of their work and relevant in-service training.

61. Council of Europe. (2011a), op. cit. (note 2; see paragraph 104).

62. WWP EN. (2018), op. cit. (note 32).

63. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023), op. cit. (note 6).

64. For more information on partner intervention, see the subsection "1.3. Safety and wellbeing of victims, particularly women and children".

65. Council of Europe. (2011b), op. cit. (note 3).

66. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023), op. cit. (note 6).

1.3. Safety and well-being of victims, particularly women and children

The safety of victims is paramount in any programme for perpetrators. According to the Istanbul Convention, programmes must prioritise the support for, safety and human rights of the victims and must be established and implemented in close co-operation with specialist support services for victims.⁶⁷ The Explanatory Report to the Istanbul Convention delves deeper into this, pointing out potential service-generated risks, like giving victims a false sense of security when a perpetrator starts the programme.⁶⁸ Additionally, the Council of Europe paper on Article 16 of the Istanbul Convention offers more detailed guidance on ensuring the safety and well-being of women victims of domestic violence.⁶⁹ This involves centring all interventions around the victim's safety, ensuring partner contact to provide information about the programme, and conducting systematic risk assessment and management.

Partner contact

In the context of programmes for perpetrators of domestic violence, the term “partner contact” typically refers to professionals reaching out to the victims of domestic violence to assess their safety, to provide information about the programme, and to ensure they are offered support. Partner contact can be provided by specialised support services for victims (e.g. women's rights organisations, shelters, women's counselling centres) who co-operate with programmes for perpetrators. It can also be provided by dedicated professionals or organisational units within programmes for perpetrators.

While the entire intervention with perpetrators must prioritise the victim's safety, there are two main elements of victim-safety oriented practice: 1) the existence of partner contact services with clear procedures on the roles and responsibilities of programmes for perpetrators and partner contact services and information exchange between them, including referring victims to support; and 2) conducting systematic risk assessment and management in line with Article 51 of the Istanbul Convention.

The role of partner contact services is to ensure that (ex-)partner victims of violence are informed about programme attendance, that risk is adequately assessed and managed, and that victims are offered support, which can include referring them to appropriate support services. Partner contact services should be offered to all female partners or ex-partners at risk of violence for their individual take-up.

Results from the survey and interviews conducted for this study provide valuable insights into the extent to which these victim-safety oriented practices are implemented by programme providers. The results reveal that while most programmes claim to provide some form of support to victims, there are critical shortcomings in the key actions taken to ensure victims' safety.

The primary shortcomings can be summarised as follows:

- ▶ Many programmes for perpetrators do not initiate and/or maintain regular contact with victims. Programmes should ensure that partner contact is offered to women victims of violence. As per the European Standards for Perpetrator Programmes⁷⁰ and Pauncz,⁷¹ all contact with victims must be voluntary

Promising practices

The Caledonian System in Scotland has a unique design which entails the integration of programmes for male perpetrators of domestic violence, support services for women victims and support services for children. Programmes for perpetrators of domestic violence focus on the safety and well-being of women and child victims.

Under existing standards developed by provider networks in Germany, Italy, Serbia and the United Kingdom, programmes cannot operate without a link to a partner contact service. Co-operation between programmes for perpetrators and partner contact services is clearly defined, outlining mutual roles, responsibilities and information exchange. Furthermore, risk assessment and management are integral parts of the programmes, conducted continuously for every client, including through co-operation between programmes for perpetrators and partner contact services.

67. Council of Europe. (2011a), op. cit. (note 2).

68. Council of Europe. (2011a), op. cit. (note 2).

69. Hester, M. & Lilley, S. J. (2014), op. cit. (note 5).

70. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023), op. cit. (note 6).

71. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (n.d.). *Who should provide victim support services?: A review of documents and working papers on collaboration between perpetrator programmes and women's support*. WWP EN. Available at www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/Resources/Expert_Papers/FINAL_WWP_EN_Paper_on_Collaboration_Between_DVPP_and_WSS.pdf

and continuous throughout the programme due to the dynamic nature of individual risk. The research results indicate that 70.4% of programmes for perpetrators contact women victims in the initial stages of their intervention, while nearly 30% do not. Furthermore, only around half maintain contact with victims over the course of the intervention (48.1%) or at the programme's conclusion (51.9%). This implies that many programmes for perpetrators do not sustain contact beyond the initial conversations, which may impact on victim safety, and which undermines the programmes' ability to carry out continuous risk assessment and management. A positive finding is that two-thirds of programmes (63.0%) contact victims if a perpetrator drops out of the programme. While this is reassuring in terms of awareness of victim-safety, the data indicate that one-third of the responding programmes do not follow this approach.

- ▶ When contacting victims, some partner contact services do not provide them with relevant information. The survey results indicate that the majority inform victims about the programme for perpetrators and its content (72.0%) as well as its limitations (72.0%). This suggests that approximately 30% of the reviewed programmes for perpetrators of domestic violence do not address these issues during partner contact, missing out an opportunity to mitigate potential service-generated risks, such as victims' false sense of security or the possible manipulative use of the programme by the perpetrator.
- ▶ Co-operation and information exchange between programmes for perpetrators and those providing partner contact lack structure and regularity. Only 5.0% of programmes for perpetrators reported having regular meetings with organisations and entities that provide partner contact services, while just 35.0% have protocols that define their co-operation.
- ▶ Programmes for perpetrators do not systematically assess and manage risks, nor do they co-operate with partner contact services in this regard. Two-thirds of the programmes responding to the survey reported applying standardised procedures to assess risk (67.9%) and using specific risk assessment tools (68.0%). This implies that one-third of reviewed programmes for perpetrators do not adopt this approach. Furthermore, 25% of programmes for perpetrators do not collect information from victims to assess risk, and only 28.6% of programmes for perpetrators collaborate with partner contact services to assess risk in each case. Given that working in the field of domestic violence involves dealing with an ongoing and dynamic risk of serious harm or lethality, it is crucial that all interventions, including programmes for perpetrators, have procedures and tools grounded in evidence and best practices. Moreover, research indicates that the victim's perception of her safety significantly influences the correct assessment of risks, which needs to be taken into account.⁷²

While a significant number of programmes for perpetrators regularly gather information about children's safety (64.3%), the survey results indicate that around one-third does not engage in such activity. The interviews identified difficulties that programmes often face in actively contributing to children's safety, including challenges in collaborating with child protection agencies or contributing to ensuring that perpetrators are held accountable for their violence in judicial proceedings concerning children. Additionally, there may be a lack of knowledge and competency to address the issue of child safety in the context of working with perpetrators.

Results from the survey and interviews reveal a need for additional guidance and capacitybuilding, particularly in the areas of ensuring adequate partner contact, collaboration between programmes for perpetrators and partner contact services, and risk assessment and management. Some programmes for perpetrators noted a lack of trust between their programmes and women's rights organisations, which is a barrier to effective collaboration. Additional challenges in effective collaboration between programmes for perpetrators and support services for victims were highlighted in GREVIO's baseline evaluation reports on several parties.⁷³

The results from the survey and interviews carried out for the purpose of this study align with the key challenges identified by GREVIO. More specifically, the shortcomings in ensuring a victimcentred approach and co-operating with specialist support services were observed in almost all GREVIO's baseline evaluation reports published to date. Similarly, in-depth mapping exercises of perpetrator programmes in the Western Balkans⁷⁴ and Eastern Partnership Countries⁷⁵ uncovered similar shortcomings.

72. McGinn, T., Taylor, BB., Taylor, M., & McColgan, M. (2021). A Qualitative Study of the Perspectives of Domestic Violence Survivors on Behavior Change Programs with Perpetrators. *Journal of Interpersonal Violence*, 36(17-18), 9364-9390. <https://doi.org/10.1177/0886260519855663>

73. Council of Europe. (2020g), op. cit. (note 52; see paragraphs 111 and 112).

74. Council of Europe. (2022b), op. cit. (note 7).

75. Jovanović, S. et al. (2022), op. cit. (note 9).

Recommendations on how to ensure victim-safety through programmes for perpetrators of domestic violence:

The primary objective of programmes for perpetrators is to ensure the safety and well-being of victims, particularly women and children, which should guide every aspect of their intervention and action. Several elements contribute to the safety of victims in the context of working with perpetrators.

Firstly, programmes for perpetrators need to have partner contact services. Ideally, partner contact is provided through partnerships with specialised support services for victims, which provide victims with access to a comprehensive range of services. If this is not possible, programmes for perpetrators must set up partner contact services. In cases where the programme for perpetrators is provided by the specialist support service for victims, this service can provide partner contact. In these cases, it is important that co-operation and the information exchange is clearly defined through internal procedures.

Programmes for perpetrators need to conduct continuous risk assessment and management in close co-operation with those providing partner contact services. To this end, they need to integrate both static and dynamic factors, focussing on perpetrator risk factors, victim vulnerabilities and service-generated risks. Risk assessment and management need to incorporate evidence-based tools and procedures.

Co-operation between programmes for perpetrators and partner contact services should reflect a clear understanding of the framework put in place for the exchange of information, including regular meetings which may increase in frequency depending on the level of risk. Furthermore, the principles of victim contact need to be clearly outlined, such as the voluntary nature of victim participation and the type of information received about the programme (for example, addressing victims' hopes and fears and informing her about the content and limitations of such programmes as well as their possible manipulative use).

1.4. Designing programmes for perpetrators of domestic violence

Approach

As outlined in the Explanatory Report to the Istanbul Convention, preventive intervention and treatment programmes should encourage perpetrators to take responsibility for their actions and challenge their negative attitudes and beliefs toward women.⁷⁶ This requires an understanding of violence through broad theoretical frameworks, such as the ecological model, which encompasses societal-level, institutional-level, community-level and individual-level determinants in their intervention with perpetrators.⁷⁷ While programmes for perpetrators primarily address violence at the individual level by working with the perpetrator, it is crucial for programmes to integrate the complex contributing factors across all levels. For example, even though interventions with perpetrators focus on the individual's responsibility and beliefs, perpetrators' awareness of gender inequalities and power imbalance is essential. This underscores the importance for programmes for perpetrators to be gender-sensitive by aiming at promoting gender equality and women's empowerment while de-constructing harmful social norms, in line with Articles 6 and 12 of the Istanbul Convention.

While many programmes for perpetrators of domestic violence in Europe adopt a gender-sensitive approach, this remains a challenge in a significant number of countries. GREVIO has expressed concerns regarding the absence of a gender-sensitive approach in the design and implementation of programmes for perpetrators of domestic violence. Notably, in the Netherlands, GREVIO observed that most programmes adopt a gender-neutral approach to the understanding of domestic violence.⁷⁸ Challenges in implementing gender-sensitive interventions with perpetrators have also been identified in several programmes in the Western Balkans⁷⁹ and Eastern Europe.⁸⁰ According to the survey and interview results with staff members of programmes for perpetrators of domestic violence in Europe, only 64% of these programmes describe their approach as gendersensitive.

Programmes for perpetrators need to ensure that they hold perpetrators accountable for their behaviour and that perpetrators take full responsibility for their acts of violence. At the same time, programmes need to

76. Council of Europe. (2011a), op. cit. (note 2; see paragraph 104).

77. Hester, M. & Lilley, S. J. (2014), op. cit. (note 5).

78. Council of Europe. (2020), op. cit. (note 53; paragraph 106).

79. Jovanović, S. & Vall, B. (2022), op. cit. (note 8).

80. Jovanović, S. et al. (2022), op. cit. (note 9).

treat perpetrators with respect and develop a professional relationship to enhance the likelihood of a positive outcome. There is growing evidence of the positive effect of motivational interviewing strategies on the outcomes of programmes for perpetrators.⁸¹ Studies indicate that integrating motivational interviewing, an approach which focuses on strengthening personal motivation for change, can enhance programme effectiveness and decrease drop-out rates.

Similarly, programmes should prioritise broad accessibility of their services by adopting a culturally sensitive approach that considers diverse cultural and social backgrounds. In this vein, the Explanatory Report to the Istanbul Convention provides that perpetrator programmes need to be carried out by skilled and trained facilitators that “possess the necessary cultural and linguistic skills to enable them to work with a wide diversity of men attending such programmes.”⁸²

Content

While the content of programmes for perpetrators of domestic violence varies across Europe, some essential topics must be included in the curriculum to effectively address violence as a gender-based phenomenon. Programmes for perpetrators should focus on all forms of domestic violence that perpetrators may use, including the full range of coercive, manipulating and abusive behaviour. This includes not only physical and sexual violence, but should also extend to coercive behaviour and psychological violence, including such behaviour online and through technology.⁸³ It is equally important to address the growing use perpetrators make of family law proceedings⁸⁴ and other litigation⁸⁵ as a way of continuing the abuse.⁸⁶ Moreover, these programmes need to focus on the unequal power dynamics between victim and perpetrator and understand domestic violence as a pattern of behaviour aimed at controlling the victim. An additional key element of the work is deconstructing harmful gender stereotypes. According to the survey and interview results carried out for this study, only 51.6% of programmes reviewed have specific sessions or modules that focus on gender roles, stereotypes, masculinity, and how these concepts interplay with violence against women. Many of the remaining programmes mention that the topic of gender stereotypes and masculinities is addressed despite the absence of dedicated sessions as it naturally arises in their conversations. However, having structured sessions would ensure the consistent and thorough exploration of these crucial issues in every case.

Equally importantly, programmes for perpetrators should address the perspective of children living in domestic violence situations as a standard component. Such focus on children, both victims and witnesses, is essential, considering the severe and lasting consequences of such violence on them. A study by Alderson, Westmarland and Kelly found that the positive outcomes of perpetrator programmes on children have several dimensions: changes in the father that benefit children (through stopping or reducing domestic violence), changes in the child-father relationship (improved relationship through improved parenting skills) and changes in the child’s functioning (emotional functioning, cognitive functioning, etc.).⁸⁷ Focussing on children’s needs in programmes for perpetrators can also have positive effects on perpetrator engagement and the outcome of the intervention. Children and their well-being are often key internal motivations that support men in changing their behaviour.⁸⁸

81. Cunha, O., Catarina, T., Almeida, Abrunhosa, R. & Caridade, S. (2023). Effectiveness of the Motivational Interviewing Techniques with Perpetrators of Intimate Partner Violence: A Non-Randomized Clinical Trial. *Journal of Aggression, Maltreatment & Trauma*. 1-20. <https://doi.org/10.1080/10926771.2023.2189043>; Pinto e Silva, T., Cunha, O., & Caridade, S. (2023). Motivational interview techniques and the effectiveness of intervention programs with perpetrators of intimate partner violence: A systematic review. *Trauma, Violence, & Abuse*, 24(4), 2691-2710. <https://doi.org/10.1177/15248380221111472>; Romero-Martínez, Á., Lila, M., Gracia, E., & Moya-Albiol, L. (2019). Improving empathy with motivational strategies in batterer intervention programmes: Results of a randomized controlled trial. *British Journal of Clinical Psychology*, 58(2), 125-139. <https://doi.org/10.1111/bjc.12204>.
82. Council of Europe. (2011a), op. cit. (note 2; see paragraph 104).
83. Hester, M. & Lilley, S. J. (2014), op. cit. (note 5).
84. Elizabeth, V. (2017) Custody Stalking: A Mechanism of Coercively Controlling Mothers Following Separation. *Fem Leg Stud* 25, 185–201. <https://doi.org/10.1007/s10691-017-9349-9>.
85. Gutowski, E.R., Goodman, L.A. Coercive Control in the Courtroom: the Legal Abuse Scale (LAS). *J Fam Viol* 38, 527–542 (2023). <https://doi.org/10.1007/s10896-022-00408-3>.
86. Alsalem, R. (2023). Custody, violence against women and violence against children. *Report of the special rapporteur on violence against women and girls, its causes and consequences*. United Nations. www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children.
87. Alderson, S., Westmarland, N., & Kelly, L. (2013). The need for accountability to, and support for, children of men on domestic violence perpetrator programs. *Child Abuse Review*, 22(3), 182-193. <https://doi.org/10.1002/car.2223>.
88. Di Napoli, I., Procentese, F., Carnevale, S., Esposito, C., & Arcidiacono, C. (2019). Ending intimate partner violence (IPV) and locating men at stake: An ecological approach. *International Journal of Environmental Research and Public Health*, 16(9), 1652. <https://doi.org/10.3390/ijerph16091652>; Henderson, A. F., & Arian, J. C. (2004). *Fathering After Violence: Curriculum Guidelines and Tools for Batterer Intervention Programs*. Fatherhood. Available at www.futureswithoutviolence.org/userfiles/file/Children_and_Families/FAV%20Guidelines%202011.pdf.

Results from the survey and interviews confirm that the desire for better parenting skills and concern for children are key motivators for perpetrators to change. Additionally, specific sessions or modules addressing the effects of violence on children, strategies for safe and engaged fathering and child development were found in 65.4% of the reviewed programmes for perpetrators. However, 29.6% of the programmes state that they address these topics spontaneously during conversations, which raises concerns about the lack of a standardised approach.

The digital dimension of gender-based violence, including domestic violence, is increasingly expanding. GREVIO's General Recommendation No. 1 defines the digital dimension of violence against women as part of the continuum of violence against women and girls which "encompasses both online aspects (activities performed and data available on the internet, including internet intermediaries on the surface web as well as the dark web) and technology-facilitated (activities carried out with the use of technology and communication equipment, including hardware and software) harmful behaviour perpetrated against women and girls."⁸⁹ The Platform of Independent Expert Mechanisms on Discrimination and Violence against Women (EDVAW Platform), which gathers seven United Nations and regional independent women's rights expert mechanisms, including GREVIO, adopted a similar definition.⁹⁰ A study conducted by the Economist Intelligence Unit showed that 74% of women in Europe have experienced or witnessed some form of online and technology-facilitated violence.⁹¹ GREVIO and the EDVAW Platform highlighted the severe consequences of the digital dimension of violence, which can result in physical, psychological and economic harm; relational harm and secondary victimisation; and all-encompassing harm.⁹²

Given the expanding scope and consequences of the digital dimension of gender-based violence against women and girls, programmes for perpetrators must be prepared to identify and address these manifestations of violence. This involves, notably, the integration of the topic of online and technology-facilitated violence into their curricula.

Format and duration

The duration of programmes for perpetrators is often linked to legal or policy framework in which they are set up as well as to the funding streams available, but very often also to the understanding of gender-based violence and the theory of how people change. Research indicates that longer interventions are necessary to achieve changes in deeply entrenched beliefs, such as negative beliefs toward women and girls.⁹³ As regards the minimum duration of programmes for perpetrators, the European Standards for Perpetrator Programmes recommends to dedicate at least 51 hours to group work or 27 hours to one-to-one interventions, which is equivalent to a duration of six months.⁹⁴ The proposed minimum duration of the programmes for perpetrators aligns with the framework outlined in the standards issued by the Home Office in the United Kingdom,

Promising practices

Centro di Ascolto Uomini Maltrattanti (CAM) and Una asa per l'Uomo in Italy integrated the digital dimension of violence into their work with perpetrators as well as their interventions with partners. They developed procedures to include online and technology-facilitated violence in their risk assessment and protection measures for victims (such as procedures on how to identify and safely remove stalkerware). Furthermore, these NGOs have included the topic in their group work with men by presenting online and technology-facilitated violence through the lens of coercive control.

CAM professionals have drafted a manual entitled "Same violence, new tools: How to work with violent men on cyber violence," published by the European Network for the Work with Perpetrators of Domestic Violence in 2020. Furthermore, risk assessment and management are integral parts of the programmes, conducted continuously for every client, including through co-operation between programmes for perpetrators and partner contact services.

89. Council of Europe. (2021a). GREVIO's General Recommendation No. 1 on the digital dimension of violence against women. Available at <https://rm.coe.int/grevio-rec-no-on-digital-violence-against-women/1680a49147> (see paragraph 21).

90. Council of Europe. (2022c). The digital dimension of violence against women as addressed by the seven mechanisms of the EDVAW Platform. Available at <https://rm.coe.int/thematic-report-on-the-digital-dimension-of-violence-against-women-as-/1680a933ae> (see p. 8).

91. Online violence women. (2021). *Measuring the prevalence of online violence against women*. The Economist. Available at <https://onlineviolencewomen.eiu.com/>.

92. Council of Europe. (2021a), op. cit. (note 89; see p. 10).

93. Arce, R., Arias, E., Novo, M., & Fariña, F. (2020). Are Interventions with Batterers Effective? A Meta-analytical Review. *Psychosocial Intervention*, 29(3), 153-164. <https://doi.org/10.5093/pi2020a11>.

94. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023), op. cit. (note 6).

which envisions a duration of 22 weeks.⁹⁵ These standards emphasise that the outcomes of the programmes depend not only on their duration but also on the time between sessions, which allow perpetrators to acquire and apply new skills and beliefs in their everyday life.

As for the format of the intervention with perpetrators of domestic violence, programmes in Europe implement one-to-one sessions, group sessions or a combination of both. While recognising that, in specific circumstances, one-to-one sessions may be the best or the only option (where language or other barriers exist or for lack of sufficient participants for a group session), there are advantages in integrating group work into programmes for perpetrators. Research findings suggest that the group process has a positive impact on challenging and changing attitudes and beliefs, as well as on adopting socially acceptable behaviour, such as non-violence and equality in intimate relationships.⁹⁶

Different types of perpetrators

Although there are some similarities in working with different types of perpetrators, such as assessing the risks of violence or teaching non-violent communication skills, each typology requires a tailored approach.⁹⁷ Results from the survey and interviews carried out for this study reveal that most programmes are specifically designed for working with male perpetrators of violence against their female partners, which is consistent with previous findings.⁹⁸ However, many programmes also reported that they work with female perpetrators (64.3%), perpetrators in same-sex relationships (71.4%), or perpetrators of violence in other relationships, such as child-parent or parent-child relationships (60.7%). Some programmes for perpetrators do not currently work with these groups of perpetrators but expressed a willingness to do so, while others describe adapting their work, often by offering one-to-one sessions. However, some programmes admit all referred perpetrators to a single programme, typically designed for male perpetrators of intimate partner violence. This approach has led to situations where female victims, acting in self-defence, are considered as perpetrators and referred to programmes for perpetrators, as observed in the Republic of Moldova.⁹⁹ Additionally, it results in female victims of violence being placed in the same groups as their abusers, which is in contradiction with the requirements of Article 16 of the Istanbul Convention, as was noted by GREVIO in its baseline evaluation report on Croatia.¹⁰⁰

The findings of this study also underline the need for enhanced capacity-building targeted not only at professionals running programmes for perpetrators, but at stakeholders in charge of referrals to enhance their understanding of the unique dynamics and needs of diverse groups of perpetrators, particularly female perpetrators. Likewise, there is a need for the development of specialised programmes for different target groups. Working with female perpetrators requires careful and specialised assessment, which may include the need to focus on previous victimisation, as is done in some cases.¹⁰¹ In Croatia, GREVIO has stressed that due to the gender-neutral nature of laws and policies, many female perpetrators are ordered by courts to attend treatment programmes originally developed for male perpetrators of domestic violence.¹⁰²

95. Kelly, L. & Westmarland, N. (2023), op. cit. (note 36).

96. Murphy, Ch.M., Eckhardt, Ch.I., Clifford, J.M., LaMotte, A.D., Meis, L.A. (2020). Group session Individual Versus Group Cognitive-Behavioral Therapy for Partner Violent Men: A Preliminary Randomized Trial. *Journal of Interpersonal Violence*, 35(15-16), 2846-2868. <https://doi.org/10.1177/0886260517705666>.

97. Oğuztüzün, Ç., Koyutürk, M., & Karakurt, G. (2023). Systematic Investigation of Meta-Analysis Data on Treatment Effectiveness for Physical, Psychological, and Sexual Intimate Partner Violence Perpetration. *Psychosocial Intervention*, 32(2), 59-68. <https://doi.org/10.5093/pi2023a6>; Arias, E., Arce, R., & Vilariño, M. (2013). Batterer intervention programmes: A meta-analytic review of effectiveness. *Psychosocial Intervention*, 22(2), 153-160. <https://doi.org/10.5093/in2013a18>; Butters, R. P., Droubay, B. A., Seawright, J. L., Tollefson, D. R., Lundahl, B., & Whitaker, L. (2021). Intimate partner violence perpetrator treatment: Tailoring interventions to individual needs. *Clinical Social Work Journal*, 49, 391-404. <https://doi.org/10.1007/s10615-020-00763-y>; Travers, Á., McDonagh, T., Cunningham, T., Armour, C., & Hansen, M. (2021). The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis. *Clinical Psychology Review*, 84, 101974. <https://doi.org/10.1016/j.cpr.2021.101974>.

98. Geldschläger, H., Ginés, O., Nax, D., & Ponce, A. (2014). *Outcome Measurement in European Perpetrator Programs: A Survey*. Available at www.work-with-perpetrators.eu/fileadmin/WWP_Network/redakteure/IMPACT/Daphne_III_Impact_-_Working_paper_1_-_Outcome_Measurement_in_European_Perpetrator_Programs_-_A_Survey.pdf.

99. Jovanović, S. et al. (2022), op. cit. (note 9).

100. Council of Europe. (2023b), op. cit. (note 30; see paragraph 105).

101. McKee, S. A., & Hilton, N. Z. (2019). Co-occurring substance use, PTSD, and IPV victimization: Implications for female offender services. *Trauma, Violence, & Abuse*, 20(3), 303-314. <https://doi.org/10.1177/1524838017708782>; Graves, K. N., Sechrist, S. M., White, J. W., & Paradise, M. J. (2005). Intimate partner violence perpetrated by college women within the context of a history of victimization. *Psychology of women quarterly*, 29(3), 278-289. <https://doi.org/10.1111/j.1471-6402.2005.00222.x>.

102. Council of Europe. (2023b), op. cit. (note 30; see paragraph 105).

Recommendations for the design of quality programmes for perpetrators of domestic violence:

Programmes for perpetrators should adopt an ecological model with a gender-sensitive approach, based on the principle that violence is an unacceptable choice and the sole responsibility of the perpetrator. The focus should be on supporting perpetrators to take responsibility for their actions, while treating them with respect and using effective strategies to enhance motivation for change. Measures should be in place to maximise programme completion rates. Programmes for perpetrators should apply a culturally-sensitive approach in order to ensure wide levels of acceptance.

Addressing all forms of violence, including physical and sexual, coercive control, and digital dimensions of violence in the content of these programmes is crucial. To ensure a standardised approach and focus on key topics (such as working on gender stereotypes, understanding the impact of violence on children and fathering), these subjects should be included in specific sessions or modules of the programme curriculum.

While the duration of programmes varies based on the context and target group, a minimum of six months is recommended, while longer intervention is encouraged. Clear in-take criteria, based on the programme design and organisational resources, should be set by the programme and communicated to professionals in charge of referrals. Furthermore, programmes should develop specialised treatment for different target groups. When working with female perpetrators, programmes should ensure that all female perpetrators undergo an assessment with a focus on their possible prior victimisation, adjust the work accordingly and refer them to specialist support services if needed.

1.5. Checklist for programmes for perpetrators of domestic violence

The following checklist is designed to support policy-makers, governments, international organisations and service providers in setting up effective, victim-centred and safety-oriented programmes for perpetrators. Furthermore, the checklist can help to assess existing programmes for perpetrators and their alignment with the provisions of the Istanbul Convention. The list consolidates insights from GREVIO's baseline evaluation reports and research on programmes for perpetrators in Europe.

The standards included in the checklist are applicable to any type of programme for perpetrators of domestic violence, whether delivered in prison or probation settings or in the community.

The list is organised into four sections: 1) the necessary framework, 2) the role of programme providers, 3) the focus on the safety and well-being of victims, and 4) programme design. It is important to note that in order to be effective and safe, a programme should meet the indicators in all four areas.

The framework for programmes for perpetrators of domestic violence in the country should have the following characteristics:

- ▶ Programmes for perpetrators of domestic violence feature in the legal or policy framework.
- ▶ There are clear referral routes to programmes for perpetrators of domestic violence, which include both mandatory and voluntary referrals.
- ▶ Referrals to programmes for perpetrators of domestic violence are not ordered as alternatives to prosecution, conviction or sentencing.
- ▶ Relevant entities (e.g. courts and child protection services) refer perpetrators to such programmes.
- ▶ Programmes for perpetrators are available and adequately geographically distributed.
- ▶ Programmes for perpetrators have adequate and stable funds to operate in a sustainable manner and to fulfil quality standards.
- ▶ Funding for perpetrator programmes does not affect funding for specialist support services for victims.
- ▶ Parties develop and adopt (minimum) standards for programmes for perpetrators of domestic violence, which are in line with the Istanbul Convention and best practices, including guidance published on the implementation of Article 16 of the Istanbul Convention¹⁰³ and/or the European Standards for Perpetrator Programmes.¹⁰⁴

103. Council of Europe. (2011a), op. cit. (note 2); Council of Europe. (2011b), op. cit. (note 3); Council of Europe (2008), op. cit. (note 4), Hester, M. & Lilley, S. J. (2014), op. cit. (note 5).

104. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023), op. cit. (note 6).

The framework for programmes for perpetrators of domestic violence in the country should have the following characteristics:

- ▶ A framework, such as an accreditation or licensing system, exists to assess and monitor the compliance of programmes for perpetrators with minimum quality standards.
- ▶ Programmes for perpetrators of domestic violence evaluate both the implementation and outcome of their work. Data collection occurs at different periods of time throughout the programme, enabling comparisons of findings before and after the programme. This includes collecting data to facilitate comparisons between the victim's and the perpetrators' viewpoints, whenever possible.
- ▶ Data collected as part of the evaluation process is analysed and used for the improvement of programmes for perpetrators of domestic violence.

The provider of a programme for perpetrators of domestic violence:

- ▶ is placed in a setting that fosters the accountability of perpetrators while maximising the likelihood of programme attendance.
- ▶ is a specialised entity with dedicated financial, human and other resources.
- ▶ ensures that professionals working with perpetrators are not involved in other professional activities that could adversely affect the establishment of a working relationship with the perpetrator or compromise the prioritisation of the needs of the victim (e.g. case manager advising child custody proceedings or acting as individual psychiatrist of the perpetrator or the victim).
- ▶ is located separately from specialist support services for victims (such as shelters and counselling services).
- ▶ ensures that professionals working with perpetrators do not simultaneously work with their victims.
- ▶ ensures that professionals receive specialised training for working with perpetrators before taking up their duties.
- ▶ ensures that professionals receive continuous support for their practice, including regular supervision of their work and relevant on-going training.

Programmes for perpetrators of domestic violence should prioritise the safety of victims by:

- ▶ ensuring that programmes for perpetrators of domestic violence are run in collaboration with entities providing partner contact services.
- ▶ prioritising the safety and well-being of victims, particularly women and children, in all actions and decisions.
- ▶ choosing an appropriate model for providing partner contact services within the context of working with perpetrators, ideally through established partnerships with specialist support services for victims. The latter include women's rights organisations that provide victims with access to a comprehensive range of services within the same location (one-stop-shop services).¹⁰⁵ If this is not possible, programmes should set up partner contact services.
- ▶ carrying out continuous risk assessment and management in close co-operation with partner contact services.
- ▶ integrating both static (e.g. criminal history, previous acts of violence) and dynamic factors (e.g. employment status, substance abuse, pregnancy) into risk assessments, focussing on perpetrators' risk factors, the vulnerability of the victims, and service-generated risks (e.g. risks inherent to possibly manipulative use of attendance in programme or a false sense of safety following the enrolment of the abuser in the programme). To this end, programmes must apply evidence-based tools and procedures.
- ▶ adopting clear procedures for co-operation and information exchange between programmes for perpetrators and partner contact services. All staff should be trained on the implementation of these procedures.
- ▶ ensuring that partner contact services inform the victim about the programme for perpetrators (such as content, approach, duration) and its limitations and address her concerns and fears. Furthermore, the programme should guarantee that the victim is informed about the possible manipulative use of the programme by the perpetrator.

105. This is not applicable in cases in which a women's support service has set up a perpetrator programme. In those cases, the organisation creates procedures for co-operation between its two services (perpetrator programmes and victim support services).

Programmes for perpetrators of domestic violence should prioritise the safety of victims by:

- ▶ ensuring that the victim's engagement with partner contact services is voluntary. If accepted, programmes should define the dynamics and mode of contact. The frequency of this contact should be aligned with the identified risks and the victim's needs, as assessed at the beginning, throughout and at the end of the programme.
- ▶ Maintaining on-going contact and co-operation with partner contact services to identify potential risks, particularly any risk of recidivism. Joint meetings between programmes for perpetrators and partner contact services are conducted at least once during the in-take phase, every three months thereafter for the duration of the programme and once during the closing phase.

The design of programmes for perpetrators should:

- ▶ incorporate a broad theoretical framework that emphasises an understanding of how violence can be ended at societal, institutional, community and individual levels.
- ▶ address domestic violence as a gender-based issue, which is rooted in gender inequality, power and control. It focusses on all forms of violence, including physical violence, sexual violence and coercive control, as well as online and technology-facilitated violence.
- ▶ understand domestic violence as a choice, which is never acceptable and the sole responsibility of the perpetrator. Support perpetrators in taking responsibility for their actions.
- ▶ implement strategies to enhance perpetrators' motivation to change, and respectfully challenge their strategies of denial, minimisation, justification or blaming others.
- ▶ have measures in place to maximise programme completion rates.
- ▶ ensure that working on gender stereotypes and masculinities is an integral part of the programme by including these topics in specific sessions or modules.
- ▶ ensure that understanding the consequences of intimate partner violence and domestic violence on children, developing positive parental skills, and understanding a child's development form an integral part of the programme by including the topic in specific sessions or modules.
- ▶ ensure that the minimum duration of the programme is six months, and include group work, whenever possible.
- ▶ be based on a culturally-sensitive approach and take measures to ensure the wide accessibility of the programme.
- ▶ have clear in-take criteria based on the design of the programme and the resources of the provider. It should also be ensured that the in-take criteria are communicated clearly to the stakeholders in charge of the referral of perpetrators.
- ▶ implement specialised programmes for different target groups. It should be ensured that all female perpetrators undergo an assessment with a focus on their possible prior victimisation and that the facilitators of the programmes adjust their work accordingly.

Part 2 – Programmes for perpetrators of sexual violence

Article 16, paragraph 2, of the Istanbul Convention contains the obligation to set up or support treatment programmes for perpetrators of sexual assault and rape. These programmes should be “specifically designed to treat convicted sex offenders, in and outside prison, with a view to minimising recidivism.” Considering that many different models of programmes exist across Council of Europe member states, the drafters gave some discretion to the parties and/or service providers on how to run such programmes, while stressing that “their ultimate aim must be preventing re-offending and successfully reintegrating perpetrators into the community.”

Article 36 of the Istanbul Convention requires the criminalisation of sexual violence, including rape. It covers all sexual acts which are committed against another person without her or his freely given consent and which are carried out intentionally. In implementing this provision, parties to the convention must enact criminal legislation which encompasses the notion of lack of freely given consent to any sexual acts, which should be “assessed in the context of the surrounding circumstances.”¹⁰⁶ Article 36, paragraph 3, specifies that the obligation to ensure that the criminal offences of sexual violence and rape encompass all non-consensual sexual acts, irrespective of the relationship between the perpetrator and the victim. However, the 4th General Report on GREVIO’s Activities stresses that “the criminalisation of sexual violence, including rape, by parties to the convention is characterised by different definitions and scopes of protection, and various behaviour, different sanctions and aggravating and mitigating circumstances.”¹⁰⁷ Therefore, programmes for perpetrators of sexual violence tend to vary across countries as they depend on the legal framework in place, including criminal laws on sexual violence, which ultimately affect the scope of sexual acts and of perpetrators covered by these programmes.

In 2021, the Committee of Ministers of the Council of Europe adopted the Recommendation CM/Rec(2021)6 regarding the assessment, treatment and reintegration of persons accused or convicted of a sexual offence.¹⁰⁸ Under this recommendation, sexual offence is defined as “any act or behaviour of a sexual nature or intent that is subject to criminal sanctions or measures under national law. A sexual offence may involve physical, emotional or psychological pressure or violence and may be a contact offence (such as rape, or sexual assault, including touching) or a non-contact offence (such as grooming, exhibitionism, voyeurism or creating, downloading or viewing child sexual abuse imagery).” The recommendation stresses that individuals convicted of a sexual offence who are in prison or under probation supervision should have access to interventions and/or treatment addressing their offending behaviour and needs. As a general principle, it recommends that “interventions and treatments should be evidence-based, proportionate and part of a comprehensive approach which helps individuals to address their offending behaviours.” Importantly, the recommendation suggests that comprehensive and regular risk assessment be carried out “as a prerequisite for taking informed decisions regarding the management, interventions and/or treatment of individuals accused or convicted of a sexual offence.” It also adds that “treatment and intervention programmes should be implemented by specially trained prison and probation staff and be closely supervised by qualified professionals.” Finally, the recommendation points out that “where appropriate, prison services and probation agencies should liaise with other criminal justice agencies as well as with victim support services and other agencies as appropriate, to ensure that the needs of victims are met and in order to avoid continuing victimisation.”

106. Council of Europe. (2011b), op. cit. (note 3; see paragraph 193).

107. Council of Europe. (2023a), op. cit. (note 23).

108. Council of Europe. (2021b). *Recommendation CM/Rec(2021)6 of the Committee of Ministers to member States regarding the assessment, management and reintegration of persons accused or convicted of a sexual offence*. Available at <https://rm.coe.int/0900001680a4397a>.

In line with the above recommendation of the Committee of Minister of the Council of Europe, the Confederation of European Probation (CEP) conducted a survey among its members to understand the range and remit of programmes for perpetrators of sexual violence across Europe.¹⁰⁹ The survey found that:

- ▶ respondents reported that in the reviewed countries there was a certain level of understanding of sexual abuse in society, resulting in a certain level of public support for the re-integration of perpetrators convicted for a sexual offence in the post-conviction phase.
- ▶ the majority of respondents believed that prevention of sexual abuse was a priority in their country and believed that their government (68%), criminal justice professionals (79%) and treatment providers/therapists (75%) had a good understanding of this problem and were committed to addressing it. However, when asked about the name of existing programmes available across the country, few respondents were able to name several programmes.
- ▶ respondents argued that a more robust evidence-based approach was needed to support the allocation of adequate funding and the rolling out of these preventive initiatives. It is important to note that in some countries, there was no national evidence-based approach or tools at all, while in other countries, there was no evidence-based approach or tools for specific aspects such as risk assessment, treatment effectiveness, trauma-informed practice, or prevention.

Previous research reflects the finding that the prevention of sexual violence is supported across Europe but is not consistently implemented or funded.¹¹⁰ In academic literature, there is growing consensus about what constitutes sexual violence prevention,¹¹¹ while recognising that professional practices and policies differ nationally and internationally in respect of the four prevention levels (i.e., primary, secondary, tertiary and quaternary prevention). Primary prevention refers to any intervention before the violence initially occurs and focusses on raising social awareness of sexual violence. Secondary prevention takes place immediately after violence has occurred and is aimed at working with people at risk of re-offending. Tertiary prevention is based on a long-term approach after the violence has occurred and includes the treatment and rehabilitation of perpetrators. Finally, quaternary prevention aims at mitigating the negative consequences of any intervention by focussing on harm reduction, desistance, and community integration. All of these levels of prevention must be implemented using a socio-ecological approach which considers the interplay between individual, interpersonal, community and societal factors.¹¹² It allows for an understanding of the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence, at the different aforementioned levels.

Any intervention focussed on sexual abuse needs to be evidence-based, holistic (i.e. focused on the individual in a comprehensive way), strength-based (i.e. focussing on encouraging positive behaviour and attitudes among participants and helping them to understand how they can change negative behaviour and beliefs associated with offending) and trauma-informed. It is clear from the mapping of prevention policies and practices that programmes related to the prevention of child sexual abuse are more developed than those related to the prevention of sexual violence against adults.¹¹³ It was also found that secondary prevention is the least well-defined of all prevention levels, with the fewest services and/or interventions available.

Considering the complex task of preventing sexual violence and the limited number of existing programmes for perpetrators of sexual violence, this study has identified and considered the following three broad categories of preventive intervention and treatment programmes:

1. Programmes for perpetrators of sexual violence against adults, especially women;
2. Programmes for perpetrators of sexual violence against children;
3. Programmes for children and young people who engage in harmful sexual behaviour.

For each of these three areas, the focus will be on programmes for perpetrators of sexual violence, leaving aside programmes for those who have not yet committed sexual violence, namely primary prevention programmes and some secondary prevention programmes.

109. McCartan, K. et al. (2022), op. cit. (note 13).

110. McCartan, K., Uzieblo, K., & Smid, W. J. (2020). Professionals' understandings of and attitudes to the prevention of sexual abuse: An international exploratory study. *International Journal of Offender Therapy and Comparative Criminology*, 65(8), pp. 815831. <https://doi.org/10.1177/0306624x20919706>.

111. McCartan, K. et al. (2020), op. cit. (note 110).

112. Di Gioia, R., Beslay, L., Cassar, A., & Pawula, A. (2022). *Classification criteria for child sexual abuse and exploitation prevention programmes*. European Commission, Joint Research Centre. Available at <https://data.europa.eu/doi/10.2760/725913>.

113. European Commission. (2022). *2PS - Prevent & Protect Through Support*. CORDIS. Available at <https://cordis.europa.eu/project/id/101073949>.

2.1. Programmes for perpetrators of sexual violence against adults, especially against women

Preventive intervention and treatment programmes for perpetrators of sexual violence are essential in all cases of sexual violence but are less established in the context of sexual assault and rape against adult victims. Most research and practice is targeted at perpetrators of sexual violence against children and young people (see sections 2.2. and 2.3) whereas preventive intervention and treatment programmes for perpetrators of sexual violence against adults, particularly women, are less developed. As a result, programmes for perpetrators of sexual violence against adults often face resistance based on social beliefs and gender stereotypes and are not always incorporated into sexual crime policies.¹¹⁴ However, in recent years, there has been a gradual development of these preventive intervention programmes, including treatment and reintegration programmes, although regional and cultural differences in their content and delivery persists.¹¹⁵

Pursuant to Article 16, paragraph 2, of the Istanbul Convention, parties have the obligation to set up or support treatment programmes for perpetrators of sexual assault and rape. These are programmes that must be specifically designed to treat convicted perpetrators of sexual violence, in and outside prison, with a view to minimising recidivism.¹¹⁶ GREVIO has noted that in most countries, programmes for perpetrators of sexual violence that operate in line with Article 16 of the convention are rarely available.¹¹⁷ Despite differences across Europe, programmes for perpetrators of sexual violence are often based on a medical or pharmacological approach, much to GREVIO's concern.¹¹⁸ As spelt out in GREVIO's findings, sexual violence should not be considered the result of the perpetrator's inability to control his sex drive, but rather as a means to exercise gender-based power and domination over women and their bodies, as is the case with any other type of violence against women.¹¹⁹

A report from the Confederation of European Probation showed that among probation programmes which participated in the research, four indicated that their countries did not provide treatment for persons convicted of a sexual offence.¹²⁰ In the countries surveyed, 41.7% of respondents stated that their treatment programmes were accredited and based on a multiagency approach to the management of those convicted of a sexual offence (58.3%). Most participants stated that, in their country, there were no examples of alternative approaches to the reintegration of people convicted of a sexual offence (54.2%). Some countries use the Circles of Support and Accountability model, a voluntary intervention programme for men who have committed sexual violence that involves small groups of community volunteers which support the re-integration of perpetrators into society after release from prison.

The Confederation of European Probation report also described the above findings regarding national differences in the running of programmes for perpetrators of sexual violence.¹²¹ With respect to treatment programmes, over half of all countries had a programme for male adults (58%) and male juveniles (54%) convicted of a sexual offence. Fewer countries had programmes available for female adults (33%), female juveniles (8%), people with mental health problems (12%) and people with learning difficulties (29%) convicted of sexual offences. In this regard, it is important to note that most convicted perpetrators of sexual violence are men, which explains the need for a higher number of available programmes for male perpetrators of sexual violence. Nonetheless, programmes should be available for various target groups, as their needs are different.

Programmes for perpetrators of sexual violence against adults show varying degrees of success. The literature review conducted in the context of this study yielded inconclusive results, as different tools are used and a great variety of approaches are followed by existing programmes. The main challenge stated by respondents to the survey conducted within this study is the lack of evidence-based programmes for perpetrators of sexual violence (55%). This result is consistent with the fact that most respondents (60%) indicated that they do not evaluate the outcomes of their programme.

114. Uzieblo, K., Smid, W., & McCartan, K. (2022). *At the crossroads: Future directions in sex offender treatment and management*. Palgrave MacMillan.; Proulx, J., Cortoni, F., Craig, L.A., & Letourneau, E.J. (2020). *The Wiley Handbook on What Works with Sexual Offenders: Contemporary Perspectives in Theory, Assessment, Treatment and Prevention*. Wiley.

115. Frenken, J. (1999). Sexual offender treatment in Europe: An impression of cross-cultural differences. *Sexual Abuse*, 11(1), 87-93. <https://doi.org/10.1177/107906329901100107>; McCartan, K. et al. (2022), op. cit. (note 13).

116. Council of Europe. (2011a), op. cit. (note 2).

117. Council of Europe (2022b), op. cit. (note 7; see paragraph 197).

118. Council of Europe. (2018), op. cit. (note 35).

119. Council of Europe. (2018), op. cit. (note 35).

120. McCartan, K. et al. (2022), op. cit. (note 13).

121. McCartan, K. et al. (2022), op. cit. (note 13).

The specific competencies and training of staff members working in programmes for perpetrators of sexual violence against adults are unclear. Survey respondents indicated that a lack of specific competencies of staff members (35%) and lack of human resources to conduct rehabilitation activities (35%) are among the main challenges in their work. Most respondents provide in-service education for their staff members (90%), supervision (85%) and team sessions (85%). As recommended by the European Standards for Perpetrator Programmes, the regular training of professionals is crucial.¹²² Therefore, staff should receive adequate and continuous training to ensure they are equipped with the skills and knowledge to perform their duties to the highest standards.¹²³

The information obtained through desk-based research does not allow for conclusions to be drawn as regards the level of gender-sensitivity in the approaches of programmes. The survey results, however, indicated that half of respondents (50%) applied a gendersensitive approach to their intervention. More detailed questions about this approach revealed that this mainly consisted in offering separate groups for male and female perpetrators, without any programme content based on a gender perspective. Other respondents reported applying a gender-sensitive approach by acknowledging that violence is mostly perpetrated by men, or referring to the manuals which apply a gender-sensitive approach. Such approaches offer a more promising basis for the integration of a gender-based understanding of sexual violence in programmes for perpetrators of sexual violence. More generally, however, the findings from the survey indicate strong challenges in rooting work with perpetrators of sexual violence in a gendersensitive approach. This mirrors the findings in relation to the level of gendersensitivity of programmes for perpetrators of domestic violence.

The survey results also indicate that a range of risk assessment tools are in use by professionals across and within countries, pointing to a lack of consistency in standardisation. Indeed, risk assessment procedures in use are often specific to a particular national or local context. This raises concerns because risk assessment can play a central role in judicial decisions (75%), the development of individual treatment programmes (83%) and individual management/supervision programmes (87%), as stated by professionals participating in the survey conducted by the Confederation of European Probation referred to above. The results of the survey carried out for this study showed, however, that only 30% surveyed programmes assess the risk continuously by conducting at least some assessments at the beginning of the programme, during the programme and at the end. Another 30% do so at programme uptake and end, while 35% of programmes measure risk exclusively at the programme's beginning. This shows that most programmes consider risk levels mainly as static which is similar to conceptualisations of risk among programmes for perpetrators of domestic violence.

Another result of the survey conducted for this study is that treatment programmes for persons convicted of sexual offences are based on a general psycho-educational and cognitive behavioural approach, focussing on risk management and harm reduction. This is in line with the findings made in the report of the Confederation of European Probation. The main approaches used in the treatment of persons convicted of a sexual offence were mostly based on one or more of the following models: the Good Lives model and/or the Risk Need Responsivity model through individual and/or group programmes based on cognitive behavioural therapy. While the main content of these programmes aims at addressing perpetrators' negative impulsive and sexual behaviour, some respondents also indicated that these programmes focus on enhancing empathy with the

Promising practices

The prison-based Core Sex Offender Treatment Programme (SOTP) in the United Kingdom is an accredited treatment programme. It requires that all professionals working on custodial programmes for perpetrators of sexual offences undergo a national comprehensive selection process followed by training, through which their understanding, competencies and abilities will be assessed. These professionals must first be deemed suitable to become a facilitator (through a psychometric assessment and interviews). Subsequently, they must attend training on the fundamental skills necessary to work with perpetrators of sexual offences. Finally, they have to attend the Core Sex Offender Treatment Programme - the core tertiary prevention programme for male adults convicted of sexual offences. Staff members who complete this training will be allowed to facilitate the treatment programme under the supervision of a manager or a designated supervisor.

Promising practices

The Sex Offender Control Programme (SOCP) in Spain is provided in prisons to persons convicted of a sexual offence. Promisingly, this programme has been thoroughly assessed by external experts, and its outcomes and the diverse risk factors for the different types of perpetrators of sexual violence have been analysed.

122. WWP EN [European Network for the Work with Perpetrators of Domestic Violence]. (2023), op. cit. (note 6).

123. Council of Europe. (2021b), op. cit. (note 108).

victim. In addition, in the context of restorative justice and restorative practices in the treatment and rehabilitation of those convicted of a sexual offence, an innovative project run in Scotland, called Thriving Survivors, is based on a victim-centred perspective.¹²⁴ However, the Committee of Ministers of the Council of Europe has stressed that “participation in restorative justice interventions” in the context of sexual violence should only be facilitated “where available and appropriate.”¹²⁵ In addition, Article 48 of the Istanbul Convention prohibits mandatory alternative dispute resolution processes, including mediation and reconciliation in relation to all forms of violence against women.

Recommendations for the setting up and running of programmes for perpetrators of sexual violence against adults:

Programmes for perpetrators of sexual violence against adults should prioritise victims’ safety, human rights, and well-being throughout all stages of their work. Recognising that sexual violence against women is rooted in gender inequalities and notions of male power and superiority, these programmes should actively challenge beliefs that justify men’s violence against women. They are crucial in supporting perpetrators in understanding the consequences of their actions and taking responsibility.

Such programmes should focus on past factors such as dysfunctional attachment, experiences of abuse and socialisation, as well as present factors associated with sexual offending (including behavioural re-conditioning for inappropriate sexual arousal). Furthermore, programmes should address future factors involving the development of relapse prevention skills. Programmes also need to incorporate an individually tailored, strength-based approach, balancing material on sexual abuse context and general criminological material. Importantly, the notion of consent, sexual autonomy and personal integrity should be covered by these programmes. The integration of interventions on on-line and off-line sexual violence is also essential.

Monitoring and continuous risk assessment is necessary, as is the need to identifying general criminological risks as well as specific risks related to sexual violence. The programmes should adapt and respond to individual needs, considering mental health, neurodiversity, and other related issues, which enables professionals to work with individuals while considering their specific needs. Participation should be offered on both a mandatory and a voluntary basis. Staff delivering the specific programme should be welltrained, continuously building their competencies and undergoing regular supervision.

Collaboration with other relevant agencies is crucial, and co-ordinated community responses are an integral element.

Programmes should conduct regular evaluations of their work to ensure their effectiveness and responsiveness. This evaluation should focus on programme outcomes including aspects beyond recidivism, such as changes in beliefs, motivation to change, increased empathy, etc. Programmes need to be built on theory and evidence-based results.

2.2. Programmes for perpetrators of sexual violence against children

Programmes for perpetrators of sexual violence against child victims require specific safeguards. The Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention), ratified by all Council of Europe member states as well as the Russian Federation and Tunisia , establishes obligations regarding intervention programmes and measures for individuals convicted of sexual abuse and other offences and individuals subject to criminal proceedings on related charges (Articles 15 and 16). The Lanzarote Convention also requires parties to set up preventive intervention programmes for individuals who fear that they might commit any of the above offences (Article 7).

Article 18, paragraph 1, of the Lanzarote Convention defines the offence of sexual abuse of a child as the intentional conduct of engaging in sexual activities with a child who, according to national law, has not reached the legal age for sexual activities. Article 18, paragraph 2, also criminalises engagement in sexual activities with any child where “use is made of coercion, force or threats,” where a person abuses “a recognised position of trust, authority or influence over the child,” or where “abuse is made of a particularly vulnerable situation of the child.” Its Explanatory Report specifies that the constituent elements of these offences should be assessed

124. Thriving Survivors. (2022). *Restorative Justice National Service for Sexual harm - Information*. Thriving Survivors Ltd. Available at www.thrivingsurvivors.co.uk/_files/ugd/b7bff6_1c43ea7a343d4acf89f73828fdf1354c.pdf.

125. Council of Europe. (2011b), op. cit. (note 108).

with regard to the case-law of the European Court of Human Rights.¹²⁶ In its judgement in the case of *M.C. v. Bulgaria*, the Court recognised states' positive obligation to criminalise and effectively prosecute "any non-consensual sexual act, including in the absence of physical resistance by the victim."¹²⁷

In addition to Article 18, the Lanzarote Convention also requires the criminalisation of other specific forms of child sexual abuse, including child sexual exploitation in prostitution, among other offences.¹²⁸

Importantly, Articles 15, 16 and 17 of the Lanzarote Convention set out specific obligations concerning intervention programmes or measures for perpetrators under criminal investigation and convicted perpetrators of sexual violence against children.

Article 15 – General principles

1. Each Party shall ensure or promote, in accordance with its internal law, effective intervention programmes or measures for the persons referred to in Article 16, paragraphs 1 and 2, with a view to preventing and minimising the risks of repeated offences of a sexual nature against children. Such programmes or measures shall be accessible at any time during the proceedings, inside and outside prison, according to the conditions laid down in internal law.
2. Each Party shall ensure or promote, in accordance with its internal law, the development of partnerships or other forms of co-operation between the competent authorities, in particular health-care services and the social services, and the judicial authorities and other bodies responsible for following the persons referred to in Article 16, paragraphs 1 and 2.
3. Each Party shall provide, in accordance with its internal law, for an assessment of the dangerousness and possible risks of repetition of the offences established in accordance with this Convention, by the persons referred to in Article 16, paragraphs 1 and 2, with the aim of identifying appropriate programmes or measures.
4. Each Party shall provide, in accordance with its internal law, for an assessment of the effectiveness of the programmes and measures implemented.

Article 16 – Recipients of intervention programmes and measures

1. Each Party shall ensure, in accordance with its internal law, that persons subject to criminal proceedings for any of the offences established in accordance with this Convention may have access to the programmes or measures mentioned in Article 15, paragraph 1, under conditions which are neither detrimental nor contrary to the rights of the defence and to the requirements of a fair and impartial trial, and particularly with due respect for the rules governing the principle of the presumption of innocence.
2. Each Party shall ensure, in accordance with its internal law, that persons convicted of any of the offences established in accordance with this Convention may have access to the programmes or measures mentioned in Article 15, paragraph 1.
3. Each Party shall ensure, in accordance with its internal law, that intervention programmes or measures are developed or adapted to meet the developmental needs of children who sexually offend, including those who are below the age of criminal responsibility, with the aim of addressing their sexual behavioural problems.

Article 17 – Information and consent

1. Each Party shall ensure, in accordance with its internal law, that the persons referred to in Article 16 to whom intervention programmes or measures have been proposed are fully informed of the reasons for the proposal and consent to the programme or measure in full knowledge of the facts.
2. Each Party shall ensure, in accordance with its internal law, that persons to whom intervention programmes or measures have been proposed may refuse them and, in the case of convicted persons, that they are made aware of the possible consequences a refusal might have.

126. Council of Europe. (2007). Explanatory Report to the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Available at <https://rm.coe.int/16800d3832> (see paragraph 121).

127. Council of Europe. (2003). European Court of Human Rights, *M.C. v. Bulgaria*, Appl. No. 39272/98. Available at www.coe.int/t/dg2/equality/domesticviolencecampaign/resources/M.C.v.BULGARIA_en.asp (see paragraph 166).

128. E.g. child sexual exploitation in prostitution ("child prostitution") and the producing, offering, distribution, procuring, possessing and knowingly obtaining access to child sexual abuse materials ("child pornography"), the corruption of children, the solicitation of children for sexual purposes ("grooming").

In addition, Article 7 of the Lanzarote Convention contains specific obligations regarding preventive intervention programmes. This provision requires parties to “ensure that persons who fear that they might commit any of the offences established in accordance with this Convention may have access, where appropriate, to effective intervention programmes or measures designed to evaluate and prevent the risk of offences being committed.”

Similarly, the Directive on combating the sexual abuse and sexual exploitation of children and child pornography (2011/93/EU) of the European Union has set out obligations for its member states to invest in preventive intervention programmes targeting people who fear they may commit any offence of sexual abuse against children.¹²⁹ It also requires measures to be taken to ensure the availability of intervention programmes, in and outside prison, for people subjected to criminal proceedings and convicted perpetrators of sexual violence in order to avoid recidivism.¹³⁰ The European Commission’s Joint Research Centre has made efforts to facilitate access to such programmes, to map and to disseminate information on perpetrator prevention initiatives.¹³¹

In Council of Europe member states, programmes for perpetrators of sexual violence against children differ in many aspects. These include the type of service provider (either state agencies or NGOs), the level of prevention aimed at (primary, secondary, tertiary and quaternary), their target population (adults or children who sexually offend) and their key methodological features (approach, length, format). Although several primary prevention programmes exist, this section will focus on secondary and tertiary prevention programmes.

Moreover, programmes for perpetrators of sexual violence against children are less numerous than programmes for perpetrators of domestic violence. Pathways towards mandatory programmes consist mainly in court orders (67%), as responses to the survey conducted for this study showed. Mandatory programmes are also frequently attended as part of probation measures (52%) or upon referral by professionals working in prison (43%). Referral by the police and/or social services is less common (19%). No referrals by support services for victims, child protection services or services for alcohol and substance abuse were identified in the survey.

Another challenge for programmes for perpetrators of sexual violence against children consists in ensuring the adequate evaluation of their work. The literature review conducted for this study revealed that while most studies mention some form of evaluation measure, differences in their level of comprehensiveness and adequacy exist. In academic studies, evaluation is generally quantitative and is conducted via validated tests. While some studies include other measures related to emotional regulation and quality of life, there is often a narrow focus on recidivism as a key indicator or programme satisfaction among users as a quality guarantee. The results of the survey among programme providers showed that most programmes do not evaluate the outcomes of their work (57%), and those that do so base their evaluation on programme satisfaction or self-assessment questionnaires completed by users. These may also be based on the professionals’ assessments of the progress made by the users. Finally, another key challenge is the lack of evidencebased programmes for perpetrators of sexual violence, as shown in the survey responses (62%). It is important to note that for many programmes, success is often assessed through programme completion rates rather than behavioural change and attitudinal shift. As with other preventive interventions, these programmes struggle to capture health and well-being outcomes.

Programmes for perpetrators of sexual violence against children are provided both by statutory agencies and NGOs. It is difficult to determine the level of training and competencies of staff in this field, as programmes are quite varied, and the available studies as identified in the literature review did not specify this information.

Promising practices

The European Commission Joint Research Centre has developed classification criteria to map existing programmes for perpetrators of sexual violence against children at the level of European Union member states and analyse their quality. This will include the development of a prevention platform to support member states and other stakeholders in implementing these programmes.

NGO Lucy Faithfull Foundation (LFF) in the United Kingdom has developed a child sexual abuse prevention toolkit to be used internationally. Moreover, it has created a database of existing programmes for perpetrators of sexual violence against children that classifies the programmes according to different criteria (target group, country language, rating, delivery mode, etc.).

129. European Union. (2011). Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA. Official Journal of the European Union. Available at <http://data.europa.eu/eli/dir/2011/93/oj> (see article 22).

130. Council of Europe. (1989). CCPR General Comment No. 17: Article 24 (Rights of the child) adopted at the Thirty-fifth session of the Human Rights Committee. Available at www.refworld.org/pdfid/45139b464.pdf.

131. Di Gioia, R. & Beslay, L. (2023). Help seeker and Perpetrator Prevention Initiatives - Child Sexual Abuse and Exploitation. European Commission, Joint Research Centre. Available at <https://data.europa.eu/doi/10.2760/600662>; Di Gioia, R. & Beslay, L. (2018). Fighting child sexual abuse: prevention policies for offenders. European Commission, Joint Research Centre. Available at <https://data.europa.eu/doi/10.2760/48791>; Di Gioia, R. et al. (2022), op. cit. (note 112).

However, one of the main challenges these programmes face is the lack of trained staff, as reported by 43% of the programmes surveyed for the purposes of this study, making the lack of human resources a key challenge. Most surveyed organisations stated that they provide inservice training for their staff members (95%), that team sessions are organised, and that staff receive supervision (90%).

The use of risk assessment tools by programmes for perpetrators of sexual violence against children is another key issue. Academic literature often lacks specific information on risk assessment tools, as well as the frequency of their use. Specific details are also missing regarding potential differences between risk assessments for male and female perpetrators. Results from the survey of this study indicate that nearly all organisations running programmes for perpetrators of sexual violence against children use risk assessment tools (95%), even though the types of tools vary across programmes. Of these, only half assess risk exclusively during the intake phase (48%), pointing to shortcomings in dynamic risk assessment over time. The other half of the programmes surveyed assess risk either at intake and end (24%), or more promisingly even, at three points in time: intake, during and upon completion of the programme (29%).

Programmes for perpetrators of sexual violence against children offer different kinds of interventions depending on whether they are intended as secondary prevention or tertiary prevention. The target population for secondary prevention programmes includes individuals who fear they may commit sexual abuse against children or individuals which are under criminal investigation for sexual abuse against children. The choice of target population depends on the national legal and policy framework in place. Results from the literature review and the survey conducted for this study indicate that secondary prevention programmes are mostly self-referral programmes, namely websites where individuals can independently complete online modules.¹³² These programmes are generally anonymous, and some involve a forum option which provides a space where participants can interact. Other secondary prevention programmes offer helplines, some of which offer additional services such as self-help materials but also individual and/or group sessions after initial contact has been made.

Tertiary prevention programmes are offered to individuals who have already been convicted of a criminal offence. These programmes involve both prison-based and community-based interventions through individual and/or group sessions. Most of these programmes offer individual sessions (42.4%), while others balance group and individual sessions (27%). Some programmes provide only group sessions (24%). A small number of programmes also organise group meetings of a non-therapeutic nature, using for example the Circles of Support Accountability model (3%). Interestingly, one tertiary prevention programme is web-based, and two others consist of online applications used to monitor electronic devices of perpetrators of sexual violence against children, particularly in relation to offences of child sexual abuse and exploitation.

The duration of these programmes varies from a few weeks to unlimited. However, it should be noted that information on programme duration was not always provided by survey respondents, presenting some limitations of this study.

Regarding the content or model in use, the large majority of secondary and tertiary programmes are based on cognitive behavioural therapy or a combination of cognitive behavioural therapy and other therapeutic approaches. The Risk Needs Responsivity approach and the Good Lives Model are the most commonly used models.

The results of the survey conducted for this study show that most programmes for perpetrators of sexual violence against children serve both male and female adults (95%) with a quarter being devoted to adult males only (24%). However, there was no variation in the risk assessment tools for male and female adults. According to the survey results, more than half of staff members of programmes for perpetrators of

Promising practices

In Sweden, the Relations and co-existence programme (ROS) is delivered in prisons and facilities for open care of convicts. This programme focusses on increasing perpetrators' ability to feel empathy and their understanding of how to handle emotions and relationships. It includes both individual and group sessions. A child-friendly version of the ROS programme also exists for children and young people who display harmful sexual behaviour.

The Circles of Support and Accountability (CoSA) started in Canada in the mid-1990s as a community integration project for medium and high-risk men convicted of sexual offences. It has since undergone multiple evaluations across the world and currently exists in over ten countries. It is seen as a promising practice by the European Union. Although CoSA was designed to be a tertiary level intervention programme, it is more often considered a quaternary one.

132. Examples of specific online modules are: ReDirection programme (www.mielenterveystalo.fi/en/self-help/redirection-self-help-program-stop-using-csam); Troubled-desire programme (<https://troubled-desire.com/en/>); Project Bridge (www.iterapi.se/sites/bridge/#).

sexual violence against children stated that they do not follow a gender-specific approach in their intervention (52%).

A very small number of programmes (less than 5%) are tailored to the needs of persons with severe mental health issues. Furthermore, several programmes that responded to the survey are generic programmes for perpetrators of sexual violence which also accept perpetrators of sexual offences against children, without, however, specifying whether this entailed an approach adapted to the age of the victim. Moreover, it is sometimes unclear whether programmes that embrace both secondary and tertiary prevention implement sessions that bring together individuals who have not yet offended and those already convicted. Research indicates a strong need to offer separate approaches for each of these groups because of the adverse effect it may have on those who have not yet offended. This latter group would draw greater benefits from an enhanced emphasis on goals related to improvements in their general well-being, while those who have offended may require more intensive treatment. Research underlined that, for example, in the Dunkelfeld prevention project, a prevention and treatment programme for individuals at risk of committing sexual violence against children in Germany, *“those with and without an offence history appeared to respond differently to treatment; that is, the within-group treatment effects were most pronounced for those with a history of offending and there was no significant treatment change in those without a history of offending.”*¹³³ It was further noted that the Dunkelfeld project made some adjustments to address the negative effects of mixing individuals with and without a history of consuming child sexual abuse materials in a single group.¹³⁴

Recommendations for the setting up and the running of programmes for perpetrators of sexual violence against children:

Programmes for perpetrators of sexual violence against children should prioritise children’s rights and well-being and should focus on a human rights approach. These programmes should be tailored to the needs of the different perpetrators’ profiles and their relationship with the victims.

These programmes should conceptualise risk as dynamic, which should be assessed and managed throughout the duration of the entire programme. Different risks for different types of perpetrators should be identified, and risk assessment tools should be tailored to capture these differences.¹³⁵ Aspects such as the perpetrator’s sex, age, type of offence and type of relationship with the victim are crucial factors to consider when assessing risks.

Programmes for perpetrators of sexual violence against children should be embedded in an integrated approach involving all relevant stakeholders.

These programmes should also be gender-sensitive and age-sensitive, tackling social norms associated with gender and age in the context of child sexual abuse. For example, these programmes should address negative representations of children (e.g. as individuals deprived of agency or non-rights holders) and how gender-based stereotypes affect boys’ and girls’ risks of facing sexual violence. Programmes should also adopt an intersectional perspective (e.g. a disability sensitive approach). The delivery of these programmes should be carried out by trained and competent staff with knowledge of child sexual abuse and the ability to deploy a tailored intervention.

Programmes should evaluate their work in a consistent manner and should include longitudinal monitoring. Aspects beyond recidivism should be included in the evaluation, such as the quality of life, thought processes and empathy toward the victim, among others. Finally, feedback from programme users, family members or child victims should be collected wherever possible. Programmes also need to be built on theory- and evidence-based results.

133. Stephens, S., Elchuk, D., Davidson, M., & Williams, S. (2022). A Review of Childhood Sexual Abuse Perpetration Prevention Programs. *Current Psychiatry Reports*, 24(11), 679-685. <https://doi.org/10.1007/s11920-022-01375-8>.

134. Ibid.

135. See also recommendations made by the Joint Research Centre at Di Gioia, R. & Beslay, L. (2018), op. cit. (note 131).

2.3. Programmes for children and young people who display harmful sexual behaviour

When sexual violence against children is committed by other children, additional safeguarding measures must be taken when designing intervention programmes tailored to their age and needs. Article 16, paragraph 3, of the Lanzarote Convention requires parties to “ensure, in accordance with its internal law, that intervention programmes or measures are developed or adapted to meet the developmental needs of children who sexually offend, including those who are below the age of criminal responsibility, with the aim of addressing their sexual behavioural problems.”

Harmful sexual behaviour

Robust research on the actual prevalence of children and young people who display harmful sexual behaviour is limited. However, a publication of the Council of Europe Steering Committee for the Rights of the Child (CDENF) and its Working Group on Responses to Violence Against Children (CDENF-GT-VAE) estimates that around one quarter to one third of all sexual abuse is committed by children under the age of 18.¹³⁶ The publication clarifies that harmful sexual behaviour “covers a broad spectrum of behaviour” displayed by children that are “developmentally inappropriate, may be harmful towards self or others and/or be abusive towards another child, young person or adult.” It further clarifies that the term “harmful sexual behaviour” is not limited to illegal acts and “opens up the possibility that the harm arising from the child’s sexual behaviour may be both self-directed as well as harmful to others who experience the behaviour.”¹³⁷

Sexual offences committed by children and young people or harmful sexual behaviour displayed by children and young people¹³⁸ differ from offences committed by adults.¹³⁹ Research indicates that a significant number of children who display harmful sexual behaviour also have a learning disability or have experienced trauma, including prior (sexual) abuse or neglect, as well as other emotional, behavioural and peer-related difficulties.¹⁴⁰ However, it is important to note that most children and young people who display harmful sexual behaviour do not commit sexual violence as adults.¹⁴¹ Recent research has shown that sexual abuse against a sibling is one of the most common forms of harmful sexual behaviour among children and young people, many of which have often themselves been previously subjected to child abuse.¹⁴² Moreover, for the majority of children, their sexual behaviour may not be reflective of individual pathology but of abusive cultural norms.¹⁴³ Therefore, it is important to recognise that context and prior experience of abuse can play a significant role where children display harmful sexual behaviour.

Children and young people who engage in harmful sexual behaviour are treated differently than adult perpetrators in terms of intervention strategies and approaches. The most accepted framework for understanding harmful sexual behaviour displayed by children and young people is viewing such behaviour as a continuum of sexual activity.¹⁴⁴ While it is argued that sexual and sexualised behaviour is a normal part of child development,¹⁴⁵ it becomes of concern when they reach the threshold of sexual abuse and violence (the end of the spectrum). Such behaviour can also be harmful to the development of those children who exhibit it, even where it remains below the threshold of violence towards others. The above-described framework of a continuum of sexual activity can be applied to all four levels of prevention (primary, secondary, tertiary and quaternary prevention) and can apply a socio-ecological approach, which refers to an all-encompassing approach that considers different levels of intervention: individual, relational and community level. This model considers the complex interplay between individual, relationship, community and societal factors and allows for an understanding of the range of factors that increase or decrease the risk of perpetration. One example is the Brook Trafficking Light Tool in the United Kingdom, which can be used not only as a secondary prevention initiative to stop harmful sexual behaviour from emerging, but for tertiary prevention as well.¹⁴⁶ Another example is contextual safeguarding, which involves working with young people and their families and communities to

136. Hackett, S. (2020). Sexual violence and harmful sexual behaviour displayed by children: Nature, causes, consequences and responses. Council of Europe. Available at <https://rm.coe.int/09000016809eb593>.

137. Ibid.

138. National Institute for Health and Care Excellence. (2016). *Harmful sexual behaviour among children and young people*. NICE. Available at www.nice.org.uk/guidance/NG55.

139. National Society for the Prevention of Cruelty to Children. (2021). *Harmful sexual behaviour: statistics briefing*. NSPCC. Available at <https://learning.nspcc.org.uk/research-resources/statistics-briefings/harmful-sexual-behaviour-hsb>.

140. National Society for the Prevention of Cruelty to Children. (2021), op. cit. (note 139).

141. National Society for the Prevention of Cruelty to Children. (2021), op. cit. (note 139).

142. King-Hill, S., McCartan, K. F., & Gilsman, A. (2023). *Understanding and Responding to Sibling Sexual Abuse*. Palgrave MacMillan.

143. Hackett, S. (2020), op. cit. (note 136).

144. Hackett, S. (2010). Children and young people with harmful sexual behaviours. In Barter, C. and Berridge, D. (eds.) *Children Behaving Badly? Peer Violence between Children and Young People*. Wiley-Blackwell.

145. National Society for the Prevention of Cruelty to Children. (2023). *Harmful sexual behaviour*. NSPCC. Available at <https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour>.

146. King-Hill, S., Gilsenan, A., & McCartan, K. (2023). Professional responses to sibling sexual abuse. *Journal of Sexual Aggression*, 29(3), 1-15. <https://doi.org/10.1080/13552600.2023.2241482>.

respond to sexual abuse and reduce the likelihood of re-offending.¹⁴⁷ Contextual safeguarding bridges tertiary and quaternary prevention and applies a socioecological approach.

Similar to adult programmes, most treatment programmes for children and young people who engage in harmful sexual behaviour, are psycho-educational and cognitive behavioural.¹⁴⁸ The literature review conducted for this study shows that very little information is available on risk assessment for juveniles, which may be related to on-going debates over adequate risk assessment for youth. Programmes for young people who display harmful sexual behaviour often cover a large age range. Occasionally, information on targeted approaches based on age is provided in the literature, but this is often limited and lacking in depth or detail. Genderspecific approaches for girls were only mentioned cursorily by one programme that took part in the survey conducted for this study. In addition, there is limited information on multi-agency collaboration, which should be a key priority. As with programmes targeting adults, there is confusion over evaluation criteria to be applied, and the young age of programme participants adds further complexity to the issue.

Some promising examples of programmes and approaches for children displaying harmful sexual behaviour exist. These include the UK-based programme Turn the Page,¹⁴⁹ the development of rounded, multi-systemic therapies for children displaying harmful sexual behaviour.¹⁵⁰ Regarding harmful sexual behaviour, Turn the Page not only covers preventive intervention programmes for the child who committed harm but also includes prevention targeted at their family and wider peer groups.¹⁵¹ This is especially relevant in the context of intrafamily sexual abuse, for which a mapping tool has been developed to help professionals understand how to improve treatment programmes.¹⁵² Another promising example is the Sensoa Flag System in Belgium, developed by Sensoa, a Flemish expertise centre for sexual health. This tool has been developed to assess and respond to risky sexual behaviour among children and young people. It is similar to the Brook Traffic Light System developed by the National Society for the Prevention of Cruelty to Children (NSPCC) in the United Kingdom. Moreover, the examples in the box are worth taking note of.¹⁵³

As regards quaternary prevention with young individuals convicted of a sexual offence (i.e. ongoing harm reduction, desistance from offending and community integration), this is an emerging and underdeveloped area.¹⁵⁴ It is also a contested area which was initially seen as purely tertiary. An example of purely quaternary programmes would be the Circles of Support and Accountability young person's service, which is primarily a mentoring, role modelling and support service for convicted youth in the United Kingdom.¹⁵⁵

Promising practices

Resilience-based approaches and the Good Lives Model (GLM) have been consistently recommended as promising practices and applied in different countries. They have also been recommended by the Council of Europe Working Group on Responses to Violence against Children (CDENF-GT-VAE).

Core elements of the resilience-based approach include:

- ▶ developing supportive relationships for young people with at least one key non-abusive adult in their lives;
- ▶ helping young people to build positive and reciprocal peer relationships;
- ▶ encouraging school success and educational achievement;
- ▶ nurturing young people's talents and interests;
- ▶ building family resilience by offering primary caregivers a safe person they can confide in;
- ▶ encouraging participation and planning so that young people and families are at the centre of the planning process; and
- ▶ giving young people opportunities to set and achieve goals and pro-social ambitions.

Similarly, the Good Lives Model also follows a strength-based approach. It proposes that the concept of psychological well-being should be central to interventions with sexual violence perpetrators, determining the form and content of rehabilitation, alongside that of risk management.

147. Firmin, C. (2020). *Contextual Safeguarding*. HM Inspectorate of Probation. Available at www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2020/11/Academic-Insights-Contextual-Safeguarding-CF-Nov-20-for-design.pdf.

148. National Institute for Health and Care Excellence. (2016), op. cit. (note 138).

149. National Society for the Prevention of Cruelty to Children. (2018). *Turn the Page manualised treatment programme: final evaluation report*. NSPCC. Available at <https://learning.nspcc.org.uk/research-resources/2017/turn-the-page-final-evaluation>.

150. Hackett, S., Holmes, D., & Branigan, P. (2016). *Harmful sexual behaviour framework: An evidence-informed operational framework for children and young people displaying harmful sexual behaviours*. NSPCC. Available at <https://durham-repository.worktribe.com/output/1606288>; Avon and Wiltshire Mental Health Partnership NHS Trust. (2023). *Be Safe Service*. AWP. Available at www.awp.nhs.uk/camhs/camhs-services/HSB-services/be-safe.

151. Firmin, C. (2020), op. cit. (note 147).

152. King-Hill, S., & Gilson, A. (2023). *Sibling Sexual Behaviour Mapping Tool*. University of Birmingham. Available at www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/research/projects/2022/sibling-sexual-behaviour-mapping/index.aspx.

153. Hackett, S. (2020). Sexual violence and harmful sexual behaviour displayed by children: Nature, causes, consequences and responses. Available at <https://rm.coe.int/cdenf-gt-vae-2020-04-hackett-harmful-sexual-behaviour-final/16809eb593>.

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155. Circles South West. (2023). Young people's service. CSW. Available at <https://circles-southwest.org.uk/services/young-peoples-services/>.

Recommendations for programmes working with children and young people who display sexual harmful behaviour

Programmes designed for children who display sexual harmful behaviour should be tailored to the child's developmental age, stage and capacity. Consideration of the social and developmental context of the child, along with the potential impact of their behaviour and actions, is crucial. These programmes should establish effective assessment and referral pathways to ensure that the child receives the most tailored intervention. Additionally, a focus on service users' engagement is essential to ensure programmes are fit for purpose and accessible, and that they cater to the needs of service users. This becomes particularly challenging when working with children, which requires additional safeguards, for which consideration of promising practices in this area can be of help. The delivery of these programmes should be carried out by trained and competent staff. It should be grounded in an individualised preventive intervention and treatment model that employs a strength-based or resilience-based approach (i.e. building on existing strengths in a person's behaviour or actions to help them to change their harmful sexual behaviour).

Programmes need to move beyond a focus on the individual young person to address the behavioural drivers that occur at the family, peer, school and community levels in which the young person is embedded.¹⁵⁶

Trauma-informed approaches should be employed, aiming to identify and respond to past trauma in the lives of the children attending the programmes. Furthermore, programmes need to recognise the importance of the family system and peer network. Addressing the role of pornography in abuse, abuse rationalisation and the reinforcement of harmful sexual behaviour is crucial, while treating online and off-line sexually harmful behaviour with the same level of consideration.

2.4. Checklists for programmes for perpetrators of sexual violence

The checklists for programmes for perpetrators of sexual violence are designed to provide guidance to policy-makers, governments, international organisations and providers of such programmes. The list consolidates insights from GREVIO's baseline evaluation reports, documents from the Council of Europe and research on existing programmes in Europe (see sections 2.1-2.3).

The guidance is applicable to programmes for perpetrators of sexual violence that operate in prison, probation or community settings. It is divided into three main sections: 1) programmes for perpetrators of sexual violence against adults, specifically women; 2) programmes for perpetrators of sexual violence against children; and 3) programmes for children and young people who display harmful sexual behaviour.

Programmes for perpetrators of sexual violence against adults, specifically women, need to:

- ▶ prioritise victims' safety, privacy, human rights and well-being at all times.
- ▶ work with the understanding that sexual violence against women is rooted in gender inequalities, and challenge beliefs that justify men's violence against women.
- ▶ encourage perpetrators to understand the consequences of their actions and take responsibility.
- ▶ focus on elements from the past (dysfunctional attachment, sexual/physical/emotional abuse suffered, socialisation), present (factors associated with the maintenance of sexual offending), and future (development of relapse prevention skills).
- ▶ address concepts of consent, sexual autonomy, and personal integrity.
- ▶ incorporate an individually tailored, strength-based approach while balancing material on sexual abuse context and general criminological material.
- ▶ integrate consideration for both on-line and off-line dimensions of sexual violence.
- ▶ continuously conduct risk assessment with a view to identifying both general risks of recidivism and specific risks related to sexual violence.
- ▶ adapt and respond to the needs of the individual in order to work with them at their level of understanding, which means considering mental health, neurodiversity, and other related issues.
- ▶ be offered on a mandatory and a voluntary basis.
- ▶ have staff trained for the delivery of the specific programme, who continuously develop their competencies and undergo regular supervision.
- ▶ work in partnership with other relevant agencies.
- ▶ conduct regular evaluations of their work, including on the basis of evaluation criteria that go beyond recidivism such as changes in beliefs, the motivation to change, or an increase in empathy.

¹⁵⁶ Hackett, S. (2020), op. cit. (note 153).

Programmes for perpetrators of sexual violence against children need to:

- ▶ prioritise children's rights and well-being, safety and privacy.
- ▶ tailor to different types of perpetrator profiles.
- ▶ Continuously conduct risk assessment with tools tailored to various perpetrator profiles.
- ▶ follow the socio-ecological model in their approach and be gender-sensitive.¹⁵⁷
- ▶ be run by trained and competent staff.
- ▶ evaluate their work in a consistent manner, including through longitudinal monitoring. Aspects such as recidivism, quality of life and empathy should be included in the evaluation. Feedback should be gathered from other relevant actors (e.g. family members or, whenever possible, children victimised).

Programmes for children and young people who display sexual harmful behaviour need to:

- ▶ be framed around the child's developmental age, stage and capacity
- ▶ consider the social and developmental context of the child, as well as the impact this may have had on their behaviour and actions.
- ▶ develop effective assessment and referral pathways so the child can receive the best and most appropriate intervention possible.
- ▶ be delivered by trained, competent staff.
- ▶ be gender- and age-sensitive.
- ▶ be grounded in an individualised treatment model that is resilience-based and/or strength-based.
- ▶ be based upon service users' engagement to make sure programmes are fit for purpose, accessible and readily used by service users. When working with children, more consideration should be given to best practices in this area.
- ▶ be trauma-informed and seek to identify and respond to past trauma among service users.
- ▶ be aware of the importance of the family system and peer network, taking this into consideration at all times.
- ▶ address the role of pornography in abuse, abuse rationalisation, and in reinforcing harmful behaviour, while giving equal consideration to on-line and off-line sexually harmful behaviour.

157. This model considers the complex interplay between individual, relationship, community and societal factors. It enables an understanding of the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence at each of the different aforementioned levels.

Conclusion

Preventive intervention and treatment programmes for perpetrators of domestic violence and perpetrators of sexual violence contribute to preventing and combating violence against women and domestic violence. The comparative overview provided in this study explains the type and nature of such programmes, identifies promising practices and offers practical recommendations in the form of checklists for further use. It fills the gap identified in the Dublin Declaration and is an important contribution towards achieving higher levels of implementation of crucial standards of the Istanbul Convention.

To this end, this study demonstrates that programmes for perpetrators of domestic violence need to be implemented in a framework that encompasses broad availability, multiple referral mechanisms and effective multiagency work while ensuring adequate resources. Programmes should be delivered by competent and specialised staff in settings that foster perpetrator accountability while maximising the likelihood of programme attendance. The safety of victims is paramount in all activities of programmes for perpetrators of domestic violence. These programmes need to ensure collaboration with partner services. Such collaboration must entail timely information about the programme to women and girls and that their needs and concerns are addressed. In that sense, regular risk assessment and management should be undertaken throughout the course of the programme. Furthermore, programmes should address the root causes of violence, be gender-sensitive and support perpetrators in taking responsibility for their acts of violence.

Programmes for perpetrators of sexual violence cover a wide range of perpetrators, including adult, youth and children who commit violence against different victims (adults or children, within or outside the context of domestic violence). These programmes must be specifically designed for the particular population they address and must undertake regular risk assessment. Finally, all programmes for perpetrators of sexual violence must prioritise victims' safety, human rights and well-being at all stages and encourage perpetrators to understand and take responsibility for the consequences of their actions.

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Based on a mapping of existing programmes for perpetrators of domestic and sexual violence in Council of Europe member states, this study provides essential guidance and recommendations for the design and implementation of such programmes. This guidance is based on quality standards drawn from the provisions of the Council of Europe Convention on preventing and combating violence against women and domestic violence (also known as the Istanbul Convention).

The Istanbul Convention is the first treaty to recognise the fundamental contribution which preventive intervention and treatment programmes make in preventing sexual and domestic violence. Article 16 requires parties to the convention to establish such programmes, where they do not exist, or support any existing programmes for perpetrators of domestic violence, sexual assault and rape - with the safety of victims as the primary focus. It sets important standards for such work, including co-operation with specialist support services for victims, intervention by skilled and trained facilitators and a focus on perpetrator responsibility and attitudes.

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The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

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