



UNIVERSITY  
OF HULL

# **The Crossroads programme**

A process evaluation of a combined domestic abuse and substance misuse intervention

August 2025



**HUMBERSIDE**  
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COMMISSIONER



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# Executive summary

## Overview

Crossroads is a domestic abuse perpetrator programme for men who also use substances and who live in Hull. Programme development began in Spring 2023, enrolled its first men in February 2024 and at the time of writing, August 2025, is ongoing. The programme is delivered by a partnership of ReNew, part of Change, Grow, Live (CGL) and Strength to Change, part of Hull City Council and is funded by the Office of the Police and Crime Commissioner for Humberside as part of commitments to the Home Office National Perpetrator Fund. This report is a process evaluation of the programme commissioned by Office for the Police and Crime Commissioner for Humberside.

The purpose of the report is to contextualise the intervention within the wider environment of domestic abuse perpetrator and substance misuse programmes in Hull and internationally. Through a literature review, a theory of change and process description and assessment against standards for programme implementation in custodial settings, the report documents the development and implementation of the programme and considers its effectiveness, sustainability and its potential expansion to other community settings and into custody. As the programme is too early in its development to undertake assessment of its impact on outcomes, this report does not seek to determine the programme's efficacy or effectiveness, but does provide the necessary information, such as programme throughput and theory of change to underpin a future pilot and/or efficacy trial of the intervention.

The report includes:

1. A two-part literature review of (1) evidence-based practices in domestic abuse perpetrator programmes and (2) the intersection between substance misuse and domestic abuse, including the delivery and effectiveness of domestic abuse perpetrator programmes for men in substance abuse treatment.
2. A theory of change detailing the precursors, inputs, activities, outputs and anticipated outcomes for the programme, including barriers and risks to delivery.
3. A summary of the programme operating manual including programme rationale, referral pathways, eligibility criteria, replicability, intervention mechanism, staff and skills requirements and evaluation measures [documentary review].

4. A process diagram documenting the programme throughput including referral patterns, perpetrator adherence to the programme, cohort participation and retention/attrition and fidelity to the operating manual
5. Secondary analysis of programme acceptability and experience from four programme participants.

## Methods

The methods used to create these outputs included a focus group with six members of the delivery team (2 ReNew, 4 Strength to Change), documentary review of Crossroads material including aggregated and anonymised process data and anonymised testimonials from men on the Crossroads project.

All data were collected or obtained under conditions of informed consent and/or a data sharing agreement between ReNew and University of Hull. All research activity was approved by the University of Hull Faculty of Arts Culture and Education Ethics Committee (FACE-24-25-039).

## Key findings

1. Approximately half of referrals to Crossroads came from statutory partners. Around 30% of referrals were internal from ReNew or Strength to Change indicating that there is need for the programme in addition to standard domestic abuse perpetrator programmes or substance misuse treatment.
2. The popularity of the programme has grown quickly and represents a significant proportion of the ReNew client group.
3. The assessment phase is a noteworthy period of attrition from the programme. This is likely a consequence of the time taken between invitation to consent and beginning the programme and could potentially be shortened with more resources. Around one-third of individuals who begin the programme do not complete it. The novelty of the programme makes it difficult to assess the significance of this, but given its long delivery period, this rate of attrition is positive.
4. The flexibility of the programme to meet the behavioural, occupational and familial needs of men on the programme is a significant strength and one that contributes to programme retention. However, half of the men who completed the programme or who are currently enrolled are completing the programme through individual sessions. The delivery of individual-focused programmes in parallel with group-focused is likely to have additional administrative costs.

5. Over 13 months, 5 of the 72 referrals completed the programme while a further 22 are currently enrolled.
6. The process of collaboration between ReNew and Strength to Change is a clear and unanticipated benefit of the Crossroads programme. The respective teams clearly have a great deal of respect for each other's expertise, and the cross-pollination of approaches appears to have yielded benefits beyond the intervention.
7. The testimonial analysis identified Crossroads as a pivotal intervention in facilitating personal transformation, with participants reporting significant behavioural and emotional change and, in some cases, recommending the programme to others.
8. The detailed manual and preparatory paperwork make programme replicability possible but the earlier contextual inputs, such as good inter-agency collaboration would need to be in place.
9. Transfer of the programme to a custodial setting is feasible and would likely meet the National Framework for Intervention Programmes criteria. However, some amendments to eligibility criteria and the role of partners would need to be considered. A robust outcomes framework would need to be established and fidelity to the programme manual would need to be monitored carefully. Additionally, the introduction of versatile 'Next Generation' programmes in prisons may present an attractive alternative to Crossroads.

## Recommendations

1. The eligibility criteria for involvement in the programme should be made more explicit in internal documents and the programme should continue to be promoted as proactively as it has been until now amongst key partners in Health, Social Care and Justice.
2. Crossroads' marketing materials may require revision, as some participants initially perceived the programme as unsuitable until it was explained by staff.
3. Testimonials suggest that staff should be especially attentive to participants' needs and signs of disengagement during the initial weeks of the programme. Many participants reported not noticing the programme's impact at first, with its benefits only becoming apparent after several weeks.
4. Future funding decisions should take programme throughput into account when reassessing programme costs. Additionally, staffing requirements should be reviewed to ensure programmes are adequately resourced and that sufficient personnel are available to support programme completion, based on updated throughput data.



5. An outcomes framework involving process measures, proximal and definitive outcomes should be developed to facilitate understanding of programme effects.
6. Data enabling a future Crossroads effectiveness evaluation should be routinely collected

## A note on language and terminology

We opted to use the term substance misuse in a manner consistent with Webb et al. (2023), i.e., to refer to the entire spectrum of use and misuse, as both can be harmful and meaningful in the context of domestic abuse perpetration. We also use the term substance to describe any potential psychoactive substance (with the exception of caffeine and nicotine), including alcohol. Where relevant, distinctions between substance use and misuse, or between drugs and alcohol, are made accordingly.

There are two types of partners who play essential roles in the functioning of this programme: the domestic abuse victim-survivors who are partners of the men who consent to be part of the programme, and whose safety is the primary outcome of the programme, and the partners who cooperate to deliver the programme – ReNew and Strength to Change and the statutory and voluntary sector organisations in the city, such as Social Work, Early Help and police – who refer men to the programme, without which the programme’s reach would be limited. We have sought to make the distinction between these individual and organisations partners clear throughout.

When discussing activity to address a problematic behaviour, phrases used include programme, intervention and treatment. In the literature, the distinction is not always straightforward, as interventions for domestic abuse perpetrators are commonly referred to as domestic abuse perpetrator programmes. In this report, the term intervention is used to describe the entire process from referral through to assessment, individual and group sessions and the collection of follow-up feedback. Programme often refers specifically to the delivery of the manualised sessions. Manual refers to the document that describe the programme aims and indicative content for the sessions.

# Evidence-led practices in domestic abuse perpetrator programmes

This section begins by providing an overview of the significance and historical development of domestic abuse perpetrator programmes within the United Kingdom, followed by an exploration of the various ways in which success can be conceptualised within these interventions. The discussion then shifts to evidence-based practices in domestic abuse perpetrator programmes, with a particular emphasis on the guidelines established by Respect accreditation (Respect, 2022) and the Home Office standards for delivering these programmes (Westmarland & Kelly, 2023). The section concludes by addressing the common challenges encountered in the delivery of domestic abuse perpetrator programmes, alongside strategies for improving participant retention.

## Domestic abuse perpetrator programmes

A small proportion of domestic abuse perpetrators are responsible for a disproportionately large share of the harm caused (Bland & Ariel, 2015; Godfrey, 2023; Boyd et al., 2025), making the development of targeted strategies to manage high-risk individuals a critical priority for preventing further abuse. Yet despite the extreme peak levels of harm linked to these perpetrators, the level of investment and resources allocated to addressing the issue remains disproportionately low (Sherman, 2025).

Both the Domestic Abuse Act (2021) and the Home Office's Tackling Violence Against Women and Girls (VAWG) Strategy (2021) identify working with perpetrators as a critical step in addressing domestic abuse and prioritise the expansion of perpetrator programmes. The VAWG strategy also highlights the need for further research into the effectiveness of these interventions, as well as into how quality assurance and accreditation can improve the consistency, appropriateness, and robustness of these programmes (Home Office, 2021). In 2022, the cross-government Tackling Domestic Abuse Plan also committed to reducing reoffending and improving the strategic management of perpetrators, including strengthening support systems for victim-survivors and running targeted interventions to address abusive behaviour (Home Office, 2022).

## Background

The first domestic abuse perpetrator programmes in the UK began in the late 1980s with Change in Scotland and the Domestic Violence Intervention Project (DVIP) in London, both of which strongly relied on the Duluth Model (Westmarland & Kelly, 2013). Developed in 1981, the Duluth Coordinated Community Response (CCR) involves a collaborative intervention among agencies such as law enforcement, criminal and civil courts, and other service providers to enhance the safety of victim-survivors (Paymar & Barnes, 2007). The Duluth Model is grounded in a gendered

analysis of domestic abuse, addressing how patriarchal privilege, gender roles, and societal expectations contribute to abusive behaviours (Wild, 2021). Its programme is based on core principles, including: prioritising victim-survivor safety and support while holding perpetrators accountable; promoting a multi-agency approach among services and practitioners who share a common philosophy on domestic abuse; establishing information-sharing agreements that connect practitioners and agencies for active case tracking, management, and data monitoring; holding regular multi-agency meetings to discuss cases and resolve issues; and shifting responsibility for victim-survivor safety from the individuals themselves to the wider system (Paymar & Barnes, 2007).

While the Duluth Model laid important foundations for domestic abuse perpetrator programmes, particularly through its gendered lens and coordinated community response, it has not been without criticism. As the model began to be applied more widely, it came under scrutiny for adopting a confrontational approach aimed at holding perpetrators accountable and for using shame as a technique (Webb et al., 2023). While it is possible that some facilitators employ the Duluth programme in a confrontational manner, Duluth training emphasises facilitation skills that promote critical thinking and a pedagogical approach fostering dialogue in a non-judgmental way; the programme itself does not endorse confrontational or shaming tactics (Paymar & Barnes, 2007). Key components of the Duluth Model – such as its gendered focus and the integrated provision of support for victim-survivors and their children – remain widely recognised as examples of good practice in domestic abuse perpetrator programmes (Wild, 2021). Raising awareness of power dynamics and contextualising violent, abusive, and coercive-controlling behaviours, as well as their impact on others, can help programme participants gain insight into their actions and take responsibility for the harm caused (Parra-Cardona et al., 2013). The Duluth Model remains the most widely recognised and adopted approach and is frequently combined with cognitive behavioural strategies and group work dynamics to support the re-education of abusive men (Hilder & Freeman, 2016).

Building on the foundations laid by the Duluth Model, the current landscape of domestic abuse perpetrator programmes has become significantly more diverse. British community-based programmes tend to draw from a wide range of approaches, including pro-feminist, psychoanalytical, and cognitive behavioural components. Most incorporate group-work exercises to explore the impact of abuse and to develop strategies for change (Downes et al., 2019). Although the majority of these programmes target men in heterosexual relationships who have perpetrated abuse against a partner or ex-partner, there is now a wider range of interventions, including those designed for same-sex couples, female perpetrators, intensive individual case management, couples-based or family- and parenting-focused interventions, and early interventions (aimed at those who are willing to change but do not have any current civil or criminal proceedings related to their behaviour) (Wild, 2021).

Other interventions address high-risk and high-harm perpetrators with multiple needs and may integrate substance misuse or mental health treatment components. Some interventions also include statutory provision delivered through police, the courts, and the criminal justice system (Renehan, 2020). The Building Better Relationships (BBR), for example, is a mandatory attendance perpetrator programme following a Community Order or a Suspended Sentence Order. CARA is also a mandatory domestic abuse awareness intervention following a conditional

caution (Drive Partnership, 2022). The differences between perpetrator programmes are particularly evident between voluntary and non-voluntary enrolment interventions, as each tends to follow a markedly different pathway (Hilder & Freeman, 2016).

### **Key messages:**

- The Duluth Model laid the foundation for domestic abuse perpetrator programmes, emphasising a gendered understanding of abuse and a coordinated multi-agency response to prioritise victim-survivor safety.
- Its programme and training advocates for a pedagogical approach of holding perpetrators accountable by discussing behaviour without shaming or confronting them.
- The main components of the Duluth model such as its gendered focus and the integrated service of providing support for victim-survivors and their children are still applied in various domestic abuse perpetrator programmes in the UK.
- The current landscape of perpetrator programmes in the UK is diverse, drawing on various approaches and tailored to different populations, needs and risk levels.

## **Defining success in domestic abuse perpetrators programmes**

The multiplicity in the provision of domestic abuse perpetrator programmes – with differing scopes, objectives, methods, analytical frameworks, and measures of success – has made it difficult to compare interventions and gain a comprehensive understanding of what works (Cordis Bright & West Midlands Police and Crime Commissioner, 2022). This challenge is compounded by evaluations that are often based on small samples, a narrow definition of success (i.e., measuring only the reduction of violence), and the absence of control groups (Westmarland et al., 2010; Karakurt et al., 2019).

The high variability in the delivery and evaluation of domestic abuse perpetrator programmes appears to have led to mixed results when assessing their effectiveness. While some studies report behavioural change, including reductions in coercive and controlling behaviours (Kelly & Westmarland, 2015), others present inconsistent findings (Miller et al., 2013; Karakurt et al., 2019). The growing body of evidence suggests that these programmes may be effective in reducing violence, but it remains unclear how successful they are in improving outcomes for victim-survivors and their children, particularly when interventions lack support provision for victim-survivors and/or fail to incorporate their feedback (Wild, 2021). In response to such limitations, Project Mirabal proposed a more holistic framework for evaluating the success of perpetrator programmes, placing the safety and wellbeing of victim-survivors and their children at the centre. Rather than focusing solely on the reduction of violence, Project Mirabal identified

a broader set of outcome domains, including increased feelings of safety and space for action among victim-survivors; healthier childhoods through safe and positive shared parenting; improved relationship quality underpinned by respect and effective communication; and greater awareness among perpetrators of the impact of their behaviour on both themselves and others (Westmarland & Kelly, 2013; Wistow et al., 2017).

Although the Home Office continues to prioritise recidivism tracking – typically through police data collected within two years of programme completion – measures of success should also include the perspectives of victim-survivors and their children (Kelly & Westmarland, 2015; Sherman, 2025). This is especially important for evaluating whether the intervention influenced their space for action and addressed ongoing forms of abuse that often go unreported, such as coercive and controlling behaviours (Barlow & Walklate, 2025). While reductions in physical violence are relatively straightforward to measure and evidence, changes in coercive control are more complex (Renehan, 2020). These behaviours are closely tied to deeply embedded gender norms and socialisation, making change more difficult to achieve and harder to assess — accurate measurement requires ongoing engagement with victim-survivors and their children (Downes et al., 2019).

Despite men who completed the Mirabal programme reporting finding it easier to reduce physical and sexual violence than coercive control, the project identified some reductions in coercive control through victim-survivor feedback (Kelly & Westmarland, 2015). This underscores the importance of addressing not only overt forms of abuse but also financial abuse, controlling behaviours, and the underlying gender dynamics that may sustain them (Downes et al., 2019). The ‘Power and Control Wheel’ developed by the Duluth Model could also be further integrated into perpetrator programmes and support services for victim-survivors, as it offers a valuable framework for understanding abusive behaviour as patterned, repeated, and gendered in nature (Davies et al., 2024).

In addition to incorporating the voices of victim-survivors and measuring changes in coercive control, some researchers (e.g., Parra-Cardona et al., 2013; Roldán-Pardo et al., 2025) have highlighted the value of considering participant satisfaction as another key indicator of programme success. Satisfaction with an intervention has been shown to predict client engagement, motivation for change (Parra-Cardona et al., 2013), and even reductions in recidivism (Roldán-Pardo et al., 2025). Roldán-Pardo et al. (2025) developed a satisfaction scale for domestic abuse perpetrator programmes, which includes measures such as satisfaction with facilitators, programme delivery, the learning process, and the peer group. Parra-Cardona et al. (2013) found that participant satisfaction was closely linked to the adoption of a culturally informed approach, the creation of a safe and supportive environment, the provision of practical skills and tools for change, and the use of a strengths-based model to address participant needs.

### Key messages:

1. The variation between domestic abuse perpetrator programmes, combined with often less robust evaluations, has led to a confusing picture of what works.
2. Overall, evidence suggests that domestic abuse perpetrator programmes can be effective in reducing violence. Project Mirabal also reported reductions in coercive and controlling behaviours, highlighting the importance of addressing these dynamics explicitly.
3. Success in domestic abuse perpetrator programmes should be conceptualised as: (1) reducing violence and abuse; (2) increasing victim-survivors' feelings of safety and their space for action; (3) promoting healthier childhoods by fostering safety and positive shared parenting; (4) underpinning respect and effective communication as keystones to improve relationships; (5) improving men's awareness of the impact of their abuse, both on himself and on others.

## Evidence-led practices in domestic abuse perpetrator programmes

The high variability of service quality in domestic abuse perpetrator programmes in the 1980s and 1990s motivated the development of best practice guidelines and the need for an evaluative process to provide accreditation for adherence to the highest standards in the field (Wild, 2021). The National Practitioner's Network for Domestic Violence Intervention Programmes (1992–2010) sought to develop these standards, serving as a forerunner to Respect (Hilder & Freeman, 2016). Currently, Respect accreditation in the UK provides a systematic assurance process to determine whether interventions follow key standards and maintain service integrity, despite differences in intervention models, approaches, implementations, and evaluations (Kelly & Westmarland, 2015). Respect accreditation outlines the requirements for safe and effective work with domestic abuse perpetrators and for the provision of integrated services to the partners and ex-partners of programme participants, as well as their children (an integrated community response) (Respect, 2022). However, the Drive Partnership estimated that fewer than one in three domestic abuse perpetrator programmes hold Respect accreditation (Wild, 2021).

Respect's (2022) principles for domestic abuse perpetrator programmes stipulate:

### **1. Safety first and no harm.**

The intervention should prioritise the safety and freedom of victim-survivors and their children, ensuring it does not place victim-survivors at increased risk or cause further harm. Risk management should be at the forefront of all decision-making. Respect accreditation also stipulates that domestic abuse perpetrator programmes must provide ongoing support for victim-survivors and their children and must work from the principle that perpetrator programmes should not be used either as an alternative to criminal

justice system proceedings or as an argument for the mitigation of a sentence (Respect, 2022).

**2. Sex- and gender-informed approaches.**

The intervention should be tailored to the sex of both the perpetrator and victim-survivors, and should explore the gendered nature of domestic abuse, gender norms, dynamics, expectations, and the impact of abuse on victim-survivors and their children.

**3. Sustainable change.**

Offer the right intervention at the right time and support men's complex needs either within the intervention or by providing referrals to other services.

**4. Inclusive services, responsive to diverse needs.**

Professionals should understand the local context and make services and service provision more inclusive.

**5. Highly skilled and supported workforce.**

Ensure that staff are well-trained, confident, and supported to deliver services within their remit.

**6. Ongoing monitoring and evaluation.**

Implement ongoing monitoring and evaluation to assess effectiveness and inform improvements for programme delivery.

**7. Commitment to ongoing multi-agency working.**

Adopt an approach of proactive collaboration as part of a coordinated inter-service response.



The authors of Project Mirabal, Professor Nicole Westmarland and Professor Liz Kelly, also created the Standards for Domestic Abuse Perpetrator Interventions (2023), commissioned by the Home Office. Based on previous research and practice-based evidence, **seven standards** were developed in consultancy with other organisations:

**1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victim-survivors, including children.**

According to the Home Office domestic abuse perpetrator programme standards and Respect accreditation, when children are involved, they must be supported and heard as victims in their own right (Respect, 2022; Westmarland & Kelly, 2023). An adapted whole-family approach is therefore key to managing risk and addressing the needs of everyone involved – victim-survivors, children, and perpetrators (Webb et al., 2023). Interventions should provide support for victim-survivors and their children, and this support should ideally be delivered by staff different from those working with perpetrators.

To ensure the effectiveness of this support, Respect outlines several key recommendations. These include adopting a flexible approach to the initial contact with victim-survivors, using a variety of methods; offering to accompany victim-survivors to meetings or appointments with other professionals or services; exploring and addressing children’s needs; providing an outline of the topics that perpetrators will cover during the programme and updating victim-survivors as the programme progresses; and offering a realistic overview of what the programme can and cannot achieve (Respect, 2022).

For these measures to be achieved, it is critical that safety workers establish clear and regular lines of communication with victim-survivors. Strong communication ensures the timely management of risk and the consistent provision of support aimed at enhancing the safety and wellbeing of victim-survivors and their children (Davies et al., 2024). Beyond providing support and managing risk, an integrated service approach – one that supports victim-survivors, their children, and perpetrators with parity – also builds an effective system for monitoring perpetrator behaviour and validating victim-survivor experiences (Kelly & Westmarland, 2015).

Moreover, incorporating victim-survivor voices into the intervention design and delivery is key for better service provision. By creating a ‘feedback loop,’ interventions can be better tailored to meet individual needs, inform support, and facilitate appropriate referrals to other services (Wild, 2021). Including victim-survivor voices can also help clarify programme content, particularly around techniques such as time-out, which perpetrators may misrepresent, as evidenced in the Mirabal project, where inaccuracies were noted in how men explained the use of time-out to their partners (Kelly & Westmarland, 2015). Finally, safety workers within perpetrator programmes can play a crucial role in reaching victim-survivors who might not otherwise engage with support services (Wild, 2021).

## Key messages:

- The main goal of domestic abuse perpetrator programmes should be to make victim-survivors, and their children feel safer and to increase victim-survivors' space for action.
- Interventions should provide support for victim-survivors and their children, and this support should ideally be delivered by staff different from those working with perpetrators.
- Victim-survivor safety workers should establish clear and regular lines of communication to ensure the timely management of risk and the provision of support.

## **2. Interventions should be located within a wider coordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors and children.**

Addressing the needs of the perpetrator, victim-survivor, and their children is not possible through a siloed, fragmented approach. As a holistic framework appears to have greater impact and to elicit longer-term, sustainable change, the emphasis on multi-agency approaches to responding to domestic abuse has been continuously increasing (Davies et al., 2024). One of the key multi-agency initiatives developed to tackle domestic abuse perpetrators is the Multi-Agency Tasking and Coordinated Approach (MATAC), introduced in 2015 in a police force area in Northern England and driven by the regional VAWG strategy (Davies, 2018). MATAC is designed to provide police and other services with opportunities to intervene earlier in cases involving perpetrators who are causing a high level of harm (Robinson & Clancy, 2021). Its aims include improving victims' safety, enhancing criminal justice system outcomes, influencing offender behaviour, and strengthening partnership engagement (Davies, 2018).

Reflecting this growing recognition of the need for collaboration, both the Home Office standards and Respect accreditation advocate that domestic abuse perpetrator programmes should incorporate a coordinated multi-agency mechanism. This should engage services with an established track record of responding to domestic abuse in order to promote change and address dynamic risk factors and complex needs (Bonta & Andrews, 2017; Respect, 2022; Westmarland & Kelly, 2023). A whole-system approach not only fosters truly collaborative work – where stakeholders have a shared understanding of service roles and a strategic alignment of goals and outcomes – but also enables a more effective approach to managing risk, maintaining oversight, and providing high-level support based on participants' risk and needs (Cordis Bright & West Midlands Police and Crime Commissioner, 2022).

However, while multi-agency coordination is crucial, maintaining the integrity of victim support services within this structure remains essential. Despite the necessity for regular case management meetings, the integrated victim support service should remain confidential, with information about victim-survivors and their children only shared when safeguarding concerns arise (Westmarland & Kelly, 2023).

Furthermore, within multi-agency frameworks, services such as children's social care should be discouraged from closing a case solely because a referral has been made to, or an enrolment has occurred in, a domestic abuse perpetrator programme (Westmarland & Kelly, 2023). Being referred to or enrolled in an intervention does not automatically equate to improved outcomes for victim-survivors or children (McMurrin & Theodosi, 2007). In some contexts, most referrals to domestic abuse perpetrator programmes originate from children's services (Kelly & Westmarland, 2015). Children often serve as both an extrinsic motivation for perpetrators to join programmes and an intrinsic motivation to become better parents, particularly when children's social services are already involved (Stanley et al., 2012). Nonetheless, ongoing care must be taken to continuously monitor risk, assess the perpetrator's engagement with the intervention, and track their progress over time.

### **Key messages:**

- Domestic abuse perpetrator programmes should involve a coordinated multi-agency mechanism, engaging services that have an established track record of responding to domestic abuse.
- Services should hold regular case management meetings to discuss cases and solve problems.
- The integrated victim support service should be confidential, and information should not be routinely shared unless there are safeguarding concerns.
- Services such as children's social care should be discouraged from closing a case solely because a referral has been made to, or an enrolment has occurred in, a domestic abuse perpetrator programme.

### **3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.**

Domestic abuse perpetrator programmes require facilitators to create a non-judgemental environment and build rapport with clients to promote reflection and disclosure (Siegel, 2013). However, achieving this requires a careful balance. Given the prevalent high levels of denial, victim-blaming, and resistance to intervention, facilitators need to challenge abusive behaviours, as well as perpetrators' denial, minimisation, and projection of blame onto others or onto their circumstances, without being confrontational or shaming, and without being supportive of or dismissive toward those behaviours (Blacklock, 2003; Lila & Gilchrist, 2023). Accountability should be understood and approached as a commitment to, and process of, recognising and changing harmful behaviour (Westmarland & Kelly, 2023).

Where facilitators are unable to maintain this careful balance – particularly when they are unable to create a safe space for men to share their thoughts and experiences and to treat them with respect – participants may withhold their thoughts and experiences, avoiding disclosure to protect themselves from shame or criticism (Renehan, 2020). In these circumstances,

opportunities may be lost to explore and challenge power imbalances, gender dynamics, and normative expectations of masculinity (ibid).

Central to fostering accountability is helping perpetrators understand the impact of their abuse. Accordingly, programmes should include key components and activities that encourage perpetrators to recognise the harm caused to victim-survivors, their children, and themselves (Stover, 2015). This is especially important given that a large percentage of men participating in domestic abuse perpetrator programmes are fathers or will have contact with children in some capacity, including through future relationships with new partners (Wild, 2021). Interventions that focus on fathering, or that integrate significant fathering components, can not only support men in building positive relationships with their children but also harness their parental motivation to drive meaningful change (Webb et al., 2023). Moreover, emphasising the harm caused to children helps to shift the responsibility for child protection and harm reduction from victim-survivors to the men who perpetrated the abuse (Wild, 2021).

Finally, for the intervention to be able to provide opportunities for long-term, sustainable change in perpetrators it must incorporate a somewhat lengthy programme. The Home Office guidance sets out a minimum expectation of 22 weeks for programmes with group sessions and 16 weekly individual work sessions, and it recommends the delivery of the programme through in-person groupwork sessions whenever possible (Westmarland & Kelly, 2023). The importance of group work has been well established in the literature, providing opportunities for peer learning and for building a supportive environment for discussion (Yalom & Leszcz, 2005; Morrison et al., 2019; Roldán-Pardo et al., 2024). Group work can be particularly beneficial for those who initially mistrust therapists or facilitators and can foster motivation for change among clients who are not yet fully ready for it (Yalom & Leszcz, 2005; Cordis Bright & West Midlands Police and Crime Commissioner, 2022). In the study by Gilchrist et al. (2021), men benefitted from being in a group setting with others who had similar experiences and were able to support each other. Karaburt et al. (2019) also described group-based sessions as cost-effective, flexible, and beneficial for establishing peer influence and social interaction.

### **Key messages:**

- Programme facilitators should build rapport with clients to promote reflection and disclosure. Perpetrators need to be held accountable in a respectful, non-confrontational manner.
- Domestic abuse perpetrator programmes should include key components and activities enabling perpetrators to understand the impact their abuse had on victim-survivors, their children and on them.
- If relevant to the cohort, the programme should include fathering components to help men build positive relationships with their children and harness their parental motivation to change.
- The Home Office guidance sets a minimum expectation of 22 weekly sessions for group-based programmes and 16 weekly sessions for individually delivered work.
- Wherever possible, programmes should be delivered through in-person groupwork sessions.

#### **4. The right intervention should be offered to the right people at the right time.**

When professionals are designing an intervention, it is crucial that they draw from evidence-based recommendations to increase the likelihood of achieving better outcomes for perpetrators, victim-survivors, and their children. For example, interventions should explore the various types of abuse through the lens of power, control, and exploitation, and avoid relying on intervention types such as anger management, which have been deemed inappropriate and ineffective as standalone approaches to addressing domestic abuse (Paymar & Barnes, 2007). However, the inclusion of strategies for violence interruption and emotional regulation, such as recognising internal signs of anger or using time-outs, can be of value when well contextualised within gendered power dynamics, and may be effective in reducing violence (Finkel et al., 2009). The use of time-outs should be framed as an opportunity for men to reflect and analyse their behaviours, while enabling victim-survivors to exercise voice and agency (Wistow et al., 2017).

While whole-family interventions have faced criticism for failing to address the gendered nature of domestic abuse and the power dynamics between family members, some interventions, such as the SafeLives Whole Picture Strategy, explicitly incorporate key Duluth components (Wild, 2021). Drawing from such evidence-led best practice and ensuring interventions undergo an accreditation process is vital to uphold service standards. Without a robust, theory-informed foundation, interventions will not enable perpetrators to experience breakthroughs and to understand the factors that led them to become abusive (Renehan & Gadd, 2024).

In addition to careful programme design, it is equally important that interventions are targeted appropriately. For the right intervention to be offered to the right people at the right time, professionals must establish a robust assessment process and well-defined eligibility criteria to ensure the intervention is delivered to the intended audience (Westmarland & Kelly, 2023). The assessment process should assist professionals in identifying risk factors and individual needs and developing a treatment plan responsive to what was identified, regardless of whether that treatment will be provided within the intervention or by other services after the client is referred to them (Expósito-Álvarez et al., 2023).

The assessment process should not only enable the identification of the primary perpetrator and ensure that the perpetrator-focused intervention is not delivered to victim-survivors who use resistance, but also ensure that participation in the intervention will not be used as a route to gain a criminal justice proceeding benefit or to maintain or reassert control over an ex-partner through repeated or extended court proceedings (Westmarland & Kelly, 2023). Clients often have an extrinsic reason to participate – either to reduce or avoid a criminal justice sanction or to achieve other goals, such as continuing a relationship or gaining a positive evaluation during proceedings related to child contact or protection (Gilchrist et al., 2021). During the assessment period, professionals should therefore carefully evaluate potential participants' motivation to complete the programme and their genuine willingness to change (Gilchrist et al., 2021).

Building on a solid assessment foundation, facilitators can enhance engagement and outcomes by using reflective motivational strategies, developing safety plans and co-constructing goals with participants, which often focus on interpersonal relationships, self-regulation, developing coping strategies, and continuing to be motivated for long-term change (Expósito-Álvarez et al.,

2024). These practices enable facilitators to employ a risk-need-responsivity approach tailoring the intervention to address individual needs, risk, and personal goals (Gilchrist et al., 2021). Applying a more bespoke strategy has been proven to be effective in increasing positive treatment outcomes, including reducing recidivism (Travers et al., 2021; Richards et al., 2022) and programme drop-out (Perez-Ramirez et al., 2025). However, interventions that allow room for adaptability to actively consider client needs and their dynamic risk management are still few and far between (Expósito-Álvarez et al., 2023).

### **Key messages:**

- For the right intervention to be offered to the right people at the right time, professionals must establish a robust assessment process and well-defined eligibility criteria.
- The assessment process should assist professionals in identifying risk factors and individual needs and developing a treatment plan responsive to what was identified.
- The assessment process should ensure that participation in the intervention is not used as a route to gain a criminal justice proceeding benefit or to maintain or reassert control over an ex-partner through repeated or extended court proceedings.
- During the assessment process, professionals should carefully evaluate the motivation of potential participants to complete the programme and their overall motivation to change.
- The assessment process should ensure the participation in the intervention will not be used as a route to get a criminal justice proceeding benefit or used to maintain or reassert control over an ex-partner through repeated or extended court proceedings.
- Facilitators should use motivational strategies, co-construct goals, and develop safety plans to help prevent dropouts, track progress, and tailor delivery to address individual needs and personal goals where possible.

### **5. Interventions should be delivered equitably with respect to protected characteristics that intersect and overlap.**

Ideally, professionals should conduct an intersectional analysis of the local context to develop a more diverse and culturally appropriate service provision that attends to the diversity of perpetrator and victim-survivor identities, as well as to broader family complexities (Wild, 2021). The programme should then address how the dynamics of power and control can vary between cultures, particularly targeting the cultures represented within the cohort, and how individual, familial, and wider beliefs (such as culture, religion, and community values) can be used to justify abusive behaviours (Westmarland & Kelly, 2023).

Evidence suggests that without culturally sensitive approaches, engagement with programmes may be compromised. Perez-Ramirez et al. (2025) found that non-nationals were substantially more likely to drop out of a domestic abuse programme. This finding raises questions about the

unique challenges non-nationals may face during the intervention, such as language barriers, cultural differences, and a lack of knowledge about the legal system (Perez-Ramirez et al., 2025). For the intervention to be equitable and respect protected characteristics, it must be culturally sensitive in addressing the unique needs of minoritised communities participating in it (Wild, 2021). In most domestic abuse perpetrator programmes, there appears to be little consideration of how race, ethnicity, or culture impacts clients' ability to engage with the programme, and little adaptation to accommodate their needs and those of neurodivergent people (Renehan & Gadd, 2024). Adapting programmes to cater to these needs can improve recruitment, particularly among these communities, and make the programme more meaningful (Westmarland & Kelly, 2023).

Furthermore, ensuring equity in delivery requires acknowledging and addressing the multiple, overlapping barriers minority communities face. Interventions should adopt an intersectional approach to explore how adversities and vulnerabilities can stack together to create additional obstacles to engagement and change (Renehan, 2020; Wild, 2021). The acknowledgement of the difficulties perpetrators may have experienced in the past or will continue to experience in the future can be key to fostering long-term, sustainable change (Wild, 2021).

In addition to cultural responsiveness, equitable programme delivery also depends on adapting interventions to different types of abuse and relationship dynamics. For instance, the content for an intervention addressing familial abuse or abuse in same-sex couples should not mirror that for heterosexual men (Westmarland & Kelly, 2023). Interventions have been found to be more effective when they are responsive both to participant gender and to their specific needs (Summers et al., 2025). Sessions should also accommodate diverse learning styles by incorporating a variety of activities and delivery methods (Bonta & Andrews, 2017). Whenever possible, staff should opt for an interactive approach and employ active learning methods to maximise engagement and treatment outcomes (Gilchrist et al., 2021).

### **Key messages:**

- Professionals should understand the local context to develop a more diverse and culturally appropriate service provision.
- Programmes should explore how the dynamics of power and control can vary between cultures, and how individual, familial, and wider beliefs can be used to justify abusive behaviours.
- Interventions should acknowledge the barriers and disadvantages faced by clients from minority communities and adopt an intersectional approach to explore how multiple adversities and vulnerabilities can combine to create further barriers and difficulties for change.
- Interventions should be adapted both to their target audience and to the different types of abuse they are addressing.
- Facilitators should use an interactive approach and adopt active learning methods.



## **6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.**

Regardless of how thoroughly the intervention has been manualised and how clearly it describes how each session should be delivered, ultimately the success of an intervention depends on it being delivered by appropriately qualified, experienced, and supported staff (Davies et al., 2024). Delivering an effective programme goes beyond simply following a set course of content and exercises (Blacklock, 2003). The skills, experience, and confidence of the staff delivering the programme will deeply impact its effectiveness (Dobash & Dobash, 2000).

To ensure that staff have the necessary skills and confidence, specific standards for delivery teams are essential. For example, the delivery standard of domestic abuse perpetrator programmes typically requires both a man and a woman, except for interventions aimed at same-sex intimate partner violence, which may not require a staff member of the opposite sex and less experienced staff should be partnered with more experienced staff members (Westmarland & Kelly, 2023). Moreover, the Home Office standards recommend that all staff undergo an enhanced Disclosure and Barring Service (DBS) check, receive regular support through internal line management supervision and funded, high-quality external clinical supervision, and complete induction training to improve their knowledge of domestic abuse, local safeguarding, multi-agency processes, the intersection of protected characteristics, and the specific intervention to be delivered (Westmarland & Kelly, 2023).

Beyond formal training and staffing structures, the day-to-day interactions between facilitators and participants also play a crucial role in programme success. Research suggests that when facilitators build rapport with programme participants, foster a strong working alliance, and routinely challenge and evaluate participants' ability to make changes, it leads to more positive outcomes and greater motivation for change (Parra-Cardona et al., 2013; Roldán-Pardo et al., 2025). Similarly, in the study by Sutter-Barrett et al. (2025), facilitators' communication skills were the strongest factor in establishing a connection with clients in a substance misuse intervention, including their ability to ask questions, build rapport, and contextualise and challenge behaviours. This was followed by facilitators' ability to manage resources and make relevant referrals.

However, achieving such quality of interaction depends heavily on facilitators feeling adequately trained, supported, and valued. Renehan's work (2020; 2021) showcases how working with men who perpetrate domestic abuse in an intervention without sufficient knowledge, experience, or support can significantly impact staff well-being, professional identities, and practice. Staff members of the probation domestic abuse perpetrator programme Building Better Relationships (BBR) were expected to be ready to deliver the programme after only five days of training on part of the manual, with little to no shadowing experience (Renehan, 2020). Many of the facilitators did not feel supported or confident delivering a domestic abuse perpetrator programme, impacting how meaningful the programme was for participants (Renehan, 2021). When facilitators have a poor relationship with participants, the intervention can do more harm than good and lead to men experiencing more negative feelings, poorer insight, and greater drug use (Renehan & Gadd, 2024).



Providing staff with ongoing supervision and emotional support is critical. High-quality supervision should not be disregarded, especially given the emotional demands and vicarious trauma associated with working with domestic abuse perpetrators (Westmarland & Kelly, 2023). A purely managerialist supervision approach focused on case administration is often inadequate to address staff's complex needs (Renehan, 2021). Additionally, sector instability and the devaluation of skilled workers – through limited incentives, restricted professional development, and few promotional opportunities – further discourage staff retention (Renehan, 2020). To sustain experienced and effective facilitators, the sector urgently requires more stable funding and pay scales that reflect the complexity and emotional demands of the work (Renehan, 2021). Whenever possible, facilitators should remain consistent across cohorts, enabling the development of trust between facilitators and clients, and strengthening the intervention's potential for meaningful change (Renehan & Gadd, 2024).

### **Key messages:**

- Staff involved in the intervention should go through an enhanced Disclosure and Barring Service (DBS) check.
- Facilitators delivering the programme should be a man and a woman, except for interventions aimed at same-sex intimate partner violence, which may not require a member of staff from the opposite sex.
- Less experienced staff should be partnered with more experienced staff members.
- All staff involved in the intervention should receive induction training to improve their knowledge of domestic abuse, local safeguarding, multi-agency processes, how protected characteristics can intersect, and the intervention to be delivered.
- Staff should receive regular support through internal line management supervision and funded, high-quality external clinical supervision.

## **7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.**

Developing evidence-led principles for what works in domestic abuse perpetrator programmes is only possible through the monitoring and evaluation of interventions to improve practice and expand the knowledge base (Westmarland & Kelly, 2023). Planning for how a programme will be evaluated should be co-produced with the commissioner, providers of the intervention, partners, and, if possible, the evaluators, who should always be an independent entity (Cordis Bright & West Midlands Police and Crime Commissioner, 2022).

All interventions should be manualised and have a written model describing the approach before delivery begins to ensure fidelity (Bonta & Andrews, 2017). All interventions will require an adaptation period to refine and update the manual, written model, and delivery strategies based on the experiences of staff delivering the programme and feedback from clients, victim-survivors, and children (Cordis Bright & West Midlands Police and Crime Commissioner, 2022). However, after this adaptation period, if not before, interventions should, whenever possible, also have a theory of change for the intervention (Westmarland & Kelly, 2023).

Ideally, the evaluation of domestic abuse perpetrator programmes should involve a randomised controlled trial or, at a minimum, follow a quasi-experimental design using a control group and a large sample (Morgan et al., 2023). The methodology should adopt a mixed-methods approach, combining quantitative and qualitative methods, and should analyse a comprehensive range of outcome measures. These could include tracking participant numbers from referral to follow-up, individual and group attendance and engagement data, and police recorded crime rates prior to and after the intervention. Evaluations should also collect the voices of victim-survivors and their children, as well as participant feedback, potentially using the Satisfaction with Domestic Abuse Perpetrator Programme Scale developed and validated by Roldán-Pardo et al. (2025) (Lilley-Walker et al., 2018). Session notes from facilitators could further be used to assess overall delivery and adherence to, or deviation from, the manual (Morgan et al., 2023).

Following the National Statement of Expectations (Home Office, 2016), interventions should seek accreditation from Respect or the Correctional Services Advice and Accreditation Panel (CSAAP), depending on the intervention setting<sup>1</sup>, to demonstrate adherence to best practices (Westmarland & Kelly, 2023). The process of going through accreditation and/or evaluation will require all agencies involved to maintain clear and consistent records of intervention delivery and ensure data is routinely collected according to the intervention's model of work, including gathering feedback from victim-survivors and their children, and adapting service provision in co-production with clients and victim-survivors (Westmarland & Kelly, 2023). Some perpetrators may also require follow-up after the programme or some form of re-engagement in the programme if they struggle after the intervention (Cordis Bright & West Midlands Police and Crime Commissioner, 2022). If possible, follow-up planning should therefore be documented and included in the programme evaluation.

### **Key messages:**

- Interventions should be manualised and have a written model describing their objectives, nature, content, intended outcomes, the groups of domestic abuse perpetrators for whom they are appropriate, and how support for victim-survivors will be integrated.
- Interventions should seek accreditation from Respect or the Correctional Services Advice and Accreditation Panel (CSAAP), depending on the intervention setting.
- The process of going through accreditation and/or evaluation will require all agencies involved to have clear and consistent records of the intervention delivery, with data routinely collected according to the intervention's model of work.
- Interventions should have a mechanism to monitor and evaluate their delivery and effectiveness.
- The evaluation should involve gathering feedback from victim-survivors and their children.
- Interventions should regularly review and adapt service provision in co-production with clients and victim-survivors.

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<sup>1</sup> A list of all CSAAP accredited programmes for prisons can be found [here](#).

## Common difficulties in delivering domestic abuse perpetrator programmes

One of the biggest threats to the long-term success of domestic abuse perpetrator programmes is the lack of stable resources, with many interventions relying on temporary funding that may not be renewed (Gondolf, 2002). This financial instability poses significant challenges to the sustainability and effectiveness of these programmes. Another key difficulty is the extremely small percentage of domestic abuse perpetrators who participate in domestic abuse perpetrator programmes to change their behaviour, estimated to be close to 1% (Kelly & Westmarland, 2015).

Additionally, many programmes struggle with low treatment adherence, difficulties in fostering personal responsibility for behaviour, low motivation to change, and high attrition rates (Expósito-Alvarez et al., 2023). Attrition rates can range from 15% to 60% (Jewell & Wormith, 2010), but are often above 30% (Akoensi et al., 2013; Gilchrist et al., 2021). The reasons for attrition are diverse, including a lack of consent to participate, a lack of desire to continue, or external factors such as illness or competing commitments (Gilchrist et al., 2021).

Further complicating retention, certain groups of participants are more likely to drop out. Attrition rates are higher among younger participants, those who are unemployed, and individuals considered to be high-risk (Jewell & Wormith, 2010; Perez-Ramirez et al., 2025). Participants who drop out of the study tend to be more vulnerable (e.g., suffering from depression or living in temporary accommodation or homelessness) (Gilchrist et al., 2021). Perpetrators with substance misuse issues are another group prone to dropping out of domestic abuse programmes (Lila et al., 2020; Perez-Ramirez et al., 2025). This is particularly concerning, as victim-survivors are more likely to stay with men who enrol in these programmes, and those who drop out are at higher risk of reoffending (Gondolf, 2008; McMurren & Theodosi, 2007; Cunha et al., 2022). Therefore, retention strategies are crucial to improve engagement, help participants complete the programme, and enhance outcomes for both perpetrators and victim-survivors (Expósito-Álvarez et al., 2023).

## Retention strategies

1. Adopt a flexible approach for clients at risk of dropping out due to their unstable lifestyles (Jewell & Wormith, 2010).
2. Use an empathetic, non-confrontational approach throughout the programme (Expósito-Álvarez et al., 2024).
3. Use inclusive and diverse learning strategies to ensure all clients find the programme meaningful and can keep up with its progression (Jewell & Wormith, 2010).
4. Use motivational strategies (Expósito-Álvarez et al., 2024). Motivational strategies and their positive impact on engagement have been gathering significant evidence-based support (McMurren, 2011; Santirso et al., 2020). Setting goals seems to be an effective

strategy to reduce drop-out rates and improve outcomes, especially among men with other vulnerabilities or those evaluated as higher risk (Santirso et al., 2020). Establishing goals and tracking progress can also lead to men attributing more responsibility to their behaviour and achieving better outcomes (McMurrin, 2011).

5. Chase programme participants when they do not attend sessions and provide catch-up sessions (Jewell & Wormith, 2010).
6. Ensure programme participants have a strong support system (Expósito-Álvarez et al., 2024).

# The intersection between substance misuse and domestic abuse

This section explores the complex and gendered relationship between substance misuse and domestic abuse, emphasising that while substance misuse is neither a necessary nor sufficient cause of abuse, it often contributes to its occurrence (Klostermann & Fals-Stewart, 2006; Leonard & Quigley, 2017). It also examines the potential mismatches between how perpetrators and victim-survivors frame the abuse, whilst considering how substance co-dependency between perpetrators and victim-survivors can intensify controlling dynamics and create additional barriers to seeking support. Given that men who perpetrate intimate partner violence and misuse substances present with greater risk factors and higher rates of dropout and reoffending, this section highlights the importance of integrating substance misuse treatment within domestic abuse interventions. It further reviews evidence on the effectiveness of interventions that address both substance misuse and domestic abuse.

## Substance misuse and domestic abuse

Substance misuse is, in some cases, inextricably intertwined with domestic abuse (Clare et al., 2021). There is consensus in the literature that drug use or drug- and alcohol-related problems are linked to increased aggression and abuse, with this relationship becoming even stronger when substance consumption becomes problematic<sup>2</sup> (McMurran & Theodosi, 2007; Foran & O’Leary, 2008). Although the contribution of substances to the perpetration of domestic abuse may partly stem from changes in the inhibition of abusive behaviours and the interpretation of cues that potentially instigate violence, the impact of a substance-use lifestyle extends well beyond the pharmacological effects of intoxication (Gilchrist et al., 2021; Webb et al., 2023). The dynamics of acquisition, craving, and withdrawal also play a role in contributing to domestic abuse (Moore et al., 2008; Gilchrist et al., 2021).

Beyond the immediate effects of intoxication, victim-survivors have highlighted additional risk factors that further entangle substance misuse with domestic abuse. Key among these are trauma exposure and mental health issues (Love et al., 2021). Some men have trauma and emotional dysregulation as underlying drivers of both substance misuse and abusive behaviour (Gilchrist et al., 2023). Although most people who experience trauma or mental health challenges do not go on to misuse substances or perpetrate domestic abuse, the evidence suggests an important link between these vulnerabilities (Webb et al., 2023). The concept of the "toxic trio" – mental health issues, drug or alcohol problems, and domestic abuse – illustrates how perpetrators may struggle to develop healthy coping strategies, instead using substances to self-medicate and exert coercive control over their partners (Gadd et al., 2019). When everything feels

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<sup>2</sup> The distinction between use and misuse (or becoming a problem) refers to when the use represents a harmful pattern over time (Webb et al., 2023).

out of control, perpetrators may attempt to regain power through both substance misuse and abusive control (Gadd et al., 2019; Gilchrist et al., 2019).

The relationship between substance misuse and domestic abuse represents a complex interplay (Cafferky et al., 2018). While there is a close relationship between the two and substantial overlap, with co-occurrence being the norm rather than the exception, the simplistic depiction of substance misuse directly causing abuse has long been debunked because it failed to reflect the coercive dynamics of power, control, and the complex realities of victim-survivor experiences (Gadd et al., 2019).

Substance misuse can be an easy aspect for perpetrators to blame and hide behind; it can be used as an excuse or shield, allowing them to place some distance between themselves and their behaviour (Gilchrist et al., 2019; Webb et al., 2023). Perpetrators often describe substance misuse as a direct cause of domestic abuse, and even victim-survivors can view some of the abuse as a direct effect of a substance-induced state of disinhibition and paranoia (Webb et al., 2023). However, there are clear gendered dynamics in the complex intertwining between substance misuse and domestic abuse. The relationship between the two is stronger in men, especially when they hold values and attitudes of male dominance (Peralta et al., 2010; Cafferky et al., 2018).

Multiple studies (e.g., Gilchrist et al., 2019, Love et al., 2021, and Radcliffe et al., 2021) also drew attention to contradictions between perpetrators' stated intentions and the outcomes of their behaviours from the perspective of victim-survivors, as well as to discrepancies in their recollections. Abusive men described their violence as situational, transactional, and insubstantial events, often fuelled by substance misuse, which they claimed led conflicts to get out of hand (Radcliffe et al., 2021). If they did not attribute direct responsibility for their behaviour to the pharmacological effects of intoxication or withdrawal, they often placed the blame on their personal circumstances, such as being at 'rock-bottom' (Expósito-Álvarez et al., 2023).

In contrast, some victim-survivors described their partner's 'loss of control' as spatially contingent (i.e., occurring only in environments where the abuse could not be witnessed by others) and viewed intoxication and withdrawal as part of a complex abusive pattern characterised by control and emotional instability (Gilchrist et al., 2019). Women contextualised the abuse as a way of reasserting patriarchal authority: as happening within a context of sexual jealousy, going against his wishes, or defying his ideas of female impropriety (Radcliffe et al., 2021). While men described their violence as inconsequential, women discussed the long-lasting impact of the emotional and psychological toll of the abuse (Love et al., 2021). Victim-survivor accounts portrayed the abuse as being much more callous and deliberate than men were willing to admit (Radcliffe et al., 2021). These contradictions indicate how some abusive men have deeply entrenched 'defence dynamics' and may feel the need to impose their own versions of reality, especially when they have other vulnerabilities such as substance misuse issues (Roffman et al., 2008; Gadd et al., 2019). Even when these victim-survivors seek help, their risk may be disregarded due to their own dependency issues (Gadd et al., 2019). For example, Sharps et al. (2001) found that almost half (41%) of the analysed sample of victims of intimate partner homicide had sought help a year prior to their deaths for a mental health or behavioural issue, including substance misuse.

The dynamics grow even more complex when both the perpetrator and victim-survivor misuse substances. In such cases, coercive controlling behaviours can extend to perpetrators managing victim-survivors' dependency by either increasing or restricting their access to substances, or by coercing them to raise funds for drugs, for example, by forcing the victim-survivor into sex work (Gilchrist et al., 2019; Radcliffe et al., 2021). Although some of the men introduced their partners to drugs, the later control of their access is often framed within a narrative of 'protection' (Gilchrist et al., 2023). In these substance co-dependent relationships, victim-survivors may be more vulnerable to abuse and experience additional barriers to seeking support. They may feel increased stigma and shame because of their victimisation and their own drinking or drug use, which perpetrators exploit by using the victim-survivors' histories to shame and demean them, or by threatening to expose them for raising children in a potentially unsafe environment, thus furthering their control (Gadd et al., 2019; Gilchrist et al., 2019).

Ultimately, substance misuse is neither a necessary condition nor a sufficient cause to explain domestic abuse, but it plays a functional role in contributing to its occurrence (Klostermann & Fals-Stewart, 2006; Leonard & Quigley, 2017). No single risk factor is enough to explain the development or maintenance of domestic abuse; the factors contributing to it are multidimensional, dynamic, and person-specific (Webb et al., 2023). Although substance recovery may lead to short-term reductions in domestic abuse, simply removing substance misuse will not eliminate abusive behaviour. Perpetrators also need to learn about the important dynamics of power and control, understand the impact of their abuse, and develop strategies for change (Murphy & Ting, 2010; Gilchrist et al., 2023; Foster et al., 2025).

### Key messages

- Substance misuse has a close and complex interplay with domestic abuse.
- Substance misuse is neither a necessary condition nor a sufficient cause to explain domestic abuse, but it contributes to its occurrence.
- The relationship between substance misuse and domestic abuse reflects its gendered dynamics.
- Perpetrators described the abuse as circumstantial, inconsequential, or a direct result of intoxication, while victim-survivors contextualised the abuse and its link with the perpetrator's substance misuse lifestyle within a pattern of coercive and controlling behaviours.
- Substance co-dependency (by both perpetrator and victim-survivor) can create further controlling dynamics and increase victim-survivor vulnerabilities and barriers to seeking support. This rapid literature review establishes the importance of exploring responsibility, gender norms, and dynamics of power and control – especially those linked to substance misuse – within domestic abuse perpetrator programmes.

## Importance of linking intimate partner abuse and substance misuse in interventions

Intimate partner violence and substance misuse tend to be addressed as separate problems and treated through separate interventions by different organisations (Lila et al., 2020). Even substance misuse treatment providers may fail to recognise the importance of referring men to domestic abuse perpetrator programmes when clients present with both problems (Schumacher et al., 2003). This separation fails to account for the interconnected and complex needs of many perpetrators, particularly when substance misuse exacerbates the risk and severity of harm.

Building on this, governmental agencies have increasingly emphasised the need to identify and address the complex needs of domestic abuse perpetrators, including those associated with trauma and substance misuse (Home Office, 2016; 2021). Given the added complexities of domestic abuse dynamics when substance misuse is involved, and the heightened risks it poses to victim-survivors, the lack of perpetrator programmes linking intimate partner violence perpetration and substance misuse represents a significant gap in service provision – one that initiatives such as the Advance programme and Crossroads have begun to address.

Understanding the profile of men who perpetrate intimate partner violence and also misuse substances further highlights the necessity of integrated approaches. These individuals tend to present with more risk factors, have higher rates of dropout and recidivism, and display greater emotional dysregulation, anger, impulsivity, and exposure to trauma and stressful life events than perpetrators without substance misuse issues (Jewell & Hormith, 2010; Ribera et al., 2025). They are also more likely to experience personality disorders and impaired executive functioning (Expósito-Alvarez et al., 2023). Common cognitive and emotional challenges, such as emotion regulation difficulties, insecure attachment, distorted thinking, and low distress tolerance, appear to underlie both substance misuse and domestic abuse perpetration (Webb et al., 2023).

In line with these findings, evaluations of integrated interventions further underline the importance of addressing substance misuse alongside mental health components. For example, Drive's evaluation highlighted the significant costs associated with substance misuse among domestic abuse victim-survivors and perpetrators (Hester et al., 2019), while a recent quantitative analysis of domestic homicide reviews found that more than half of perpetrators had vulnerabilities related to both substance misuse and mental health issues (Home Office, 2022). Interventions that incorporate cognitive behavioural therapies to address information processing styles, or mindfulness-based approaches to strengthen emotional regulation, can be particularly effective—especially when combined with established models such as the Duluth principles (Voith et al., 2020; Gilchrist et al., 2022). Moreover, including trauma treatment components can further enhance the likelihood of success by improving emotional, behavioural, and cognitive pathways that might otherwise lead to violence (Karakurt et al., 2019).

Given the complexity of these interlinked risk factors, there is substantial support in the literature for implementing tailored interventions based on individual needs, such as substance misuse, rather than adopting a standardised approach assumed to work for all perpetrators (Akoensi et al., 2013; Stephens-Lewis et al., 2021). According to Bonta and Andrews (2017), interventions are more likely to succeed when they target high-risk participants, address dynamic risk factors,



employ cognitive behavioural methods, ensure the fidelity of manualised interventions, and adapt to individual learning styles. Since no single programme has been proven universally effective for all domestic abuse perpetrators, consensus in the literature suggests that interventions must be bespoke and sufficiently intensive to promote and sustain meaningful behavioural change. Although longer and more in-depth interventions can increase the risk of dropout, they are more likely to achieve sustainable reductions in abuse (Kelly & Westmarland, 2015; Cordis Bright & West Midlands Police and Crime Commissioner, 2022).

Domestic abuse perpetrator interventions that integrate substance misuse treatment or specifically address substance misuse components tend to be more effective in reducing intimate partner violence than those that do not (Karakurt et al., 2019). Even when it is not possible to embed substance misuse treatment within the main programme, perpetrator interventions should still screen for substance misuse, evaluate the client's needs during assessment, and establish strong referral pathways to specialist services capable of addressing those needs (Wild, 2021). Despite the strong evidence base supporting interventions that simultaneously tackle substance misuse, trauma, and intimate partner violence, such integrated approaches have yet to become standard practice within the domestic abuse sector (Webb et al., 2023).

### **Key messages:**

- Men who perpetrate intimate partner violence and have substance misuse issues tend to have more risk factors and are more likely to drop out and reoffend than those without substance misuse issues.
- Interventions targeting cognitive and emotional processes, such as how perpetrators process information and emotions, or using mindfulness techniques, can be more effective at addressing both issues, especially when combined with Duluth principles.
- Including trauma treatment components in the intervention can increase the chances of success.
- Domestic abuse perpetrator interventions that include substance misuse treatment and target substance misuse components within the programme seem to be more effective in reducing intimate partner violence than those that do not.
- The longer the length and depth of the intervention, the likelier it is to result in long-lasting, sustainable change, despite also increasing the chances of dropout.

# The Crossroads programme

## Theory of change

This section uses a theory of change framework to describe the development and implementation of the Crossroads programme. A framework can inform the understanding of process and outcome data as well as facilitating replication of the intervention in similar context or inform the transfer of the intervention to a different context. In this case, it was also used to highlight where features, such as a comprehensive, reproducible outcomes framework were absent and to suggest how these can be addressed to facilitate expansion of the programme.

The theory of change was developed using a combination of primary data collection and review of secondary documents, such as the programme manual and other programme resources as well as the existing literature on interventions. Where we felt a quotation from a programme team member was a useful illustration of a point, we have directly quoted a focus group member.

Theories of change can be presented in a variety of formats and can serve different purposes. Often, they are presented as flowcharts or graph, but when complex, can be accompanied by text, which we have done. We have chosen to provide both a narrative and a theory of change graph. Figure 1 provides a detailed theory of change including the superordinate and subordinate components. The section that follows provide a narrative summary of the component parts.

The purpose of the text in a theory of change can vary: some approaches are static and act as a 'roadmap' for reproducing an intervention, while others use the chronological nature of the theory of change to describe a process of developing and implementing an intervention. Given the complexity of the programme and its developmental and novel nature, we have chosen a narrative approach that describes how the different features of the programme evolved.

The theory of change graphs can be read in approximately chronological order from top to bottom with many earlier features being causes or facilitators of later components. As the system, which features multiple agencies and actors is complex, we have chosen not to attempt to visualise the likely causal mechanisms in the model. However, where there was a clear causal connection (e.g. funding was a prerequisite of programme development), these have been identified in the theory of change narrative.



Figure 1. Detailed theory of change featuring superordinate and subordinate theory components

## Precursors

In a theory of change, precursors are the factors that pre-existed in an intervention ecosystem and that generally acted as facilitators and motivators to the programme being created. These can include tangible factors, such as funding and infrastructure, but also motivating factors like demand, need and discovery as well as relationships and culture.

## Unmet service need for domestic abuse perpetrators who use substances

In the report *Break the Cycle: Understanding Multiple Unmet Needs in Hull* (Hull City Council, 2024), it was estimated that 8,300 people in Hull have substance misuse issues, and that 20,000 adults over the age of 16 have been affected by domestic abuse, one of the highest rates in England. Local domestic abuse services have experienced a 100% increase in demand since the COVID-19 pandemic (ibid). The local demand for substance misuse treatment also appears to be higher than the national average, particularly following perpetrators' release from prison or during ongoing contact with probation services (Hull City Council, 2025). However, it should be noted that these estimates, based on local organisational data, are likely to underestimate the true scale of the problem, as many cases of domestic abuse and substance misuse may never come to the attention of agencies. Overall, compared to other cities across England, Hull has higher rates of poverty, homelessness, substance misuse, and domestic abuse, alongside lower educational attainment (ibid).

## Mature local service collaboration

Community-based substance misuse treatment in Hull is delivered by ReNew Hull, a service provided by Change, Grow, Live (CGL) through local governmental funding through Hull City Council. ReNew have been delivering drug and alcohol services in Hull under their current name since 2017 through community and in-patient services. Staff are based at four sites in the city, which also provide client services. Potential clients can self-refer through an online portal, walk-in and be referred from other services. People engaging in community-based substance misuse programmes often display unstable or 'chaotic' lifestyles compared to the general population. For community-based substance misuse treatment programmes, this can mean erratic attendance and engagement patterns and high attrition rates (Jewell & Wormith, 2010). As a result, treatment programmes require flexibility to be presented in non-sequential ways.

Community-based perpetrator programme in Hull delivered by Strength to Change, a service provided by Hull City Council. The service has been delivering domestic abuse perpetrator programmes in the city since 2009 and offers a perpetrator programme to men who are abusive towards their partners. Men can self-refer through a phoneline. The service is based in the

Bransholme area and is in an adjacent office to one of the four ReNew sites. Voluntary domestic abuse perpetrator programmes have a number of noteworthy barriers to participation as well as high rates of programme attrition (Akoensi et al., 2012; Gilchrist et al., 2021). Historically, domestic abuse perpetrator programmes have required potential participants with substance misuse problems to address those before engaging with the domestic abuse programme (Day et al., 2009).

Hull Domestic Abuse Partnership (DAP) is an organisation offering support to victims of domestic abuse and is a Hull City Council service, operating alongside Strength to Change Through this partnership, services are closely connected to Hull city local authority and to local statutory services. DAP and Strength to Change work together support victims and hold perpetrators accountable and work to prioritise prevention of domestic abuse over response by targeting the root causes of domestic abuse. Compared to other areas across England and Wales, domestic abuse provision can be described as cooperative and centralised, which allows efficient sharing of information and resources. More importantly, having DAP and Strength to Change, integrated into the local authority places Crossroads in an exceptional position for a domestic abuse perpetrator programme, enabling:

1. The intervention to be provided free of charge.
2. Crossroads has been imbedded into the core Strength to Change service offer and is a local authority led service, with Renew as strategic delivery partners.
3. Greater growth, with Crossroads having access to more grants, training opportunities, and additional resources that smaller agencies may not.
4. Integration within a wider multi-agency network.
5. Smoother, less bureaucratic multi-agency collaboration. Being embedded within a local authority alongside key agencies such as social care and the police facilitates information sharing—for example, enabling police to provide the full call and crime history of men who consent to participate in Strength to Change. Additionally, when caseworkers refer individuals to Crossroads, they are not required to complete referral paperwork.
6. Strength to Change have a daily presence in the DAP team who are co-located in the main operational police station, streamlining and expediting the referral process.

The intervention's unique context – characterised by physically and socially connected services – enables genuine multi-agency collaboration. This integration facilitates more effective case tracking, management, and follow-up mechanisms across services, while also promoting men's engagement in complementary support, thereby reaching more individuals than Strength to Change could alone.

## Organisational and programme funding

In addition to organisational funding noted above, the Crossroads programme, including preparation and delivery was funded by the Office of the Police and Crime Commissioner, within commitments to the Home Office National Perpetrator fund. This funding was specifically to provide Crossroad over two years.

## Existing evidence and programme for domestic abuse-substance misuse link

Although the co-occurrence of substance misuse and domestic abuse – both perpetration (Day et al., 2009; Gadd et al., 2019) and victimisation (Mason & O’Rinn, 2014) – is well-established, services for these issues have tended to operate independently. Recently, research has begun to illuminate the intersection between domestic abuse perpetration and substance abuse and suggest ways in which the two issues can be addressed concurrently to reduce harm to partners and family members. The ADVANCE programme (Gilchrist et al., 2021) was developed in the late 2010s as a method of delivering such an intervention. The ADVANCE programme includes a theory of change and programme manual that, alongside expertise Strength to Change programme, the Strength to Change and ReNew programme resources, as well as team expertise, underpinned the development of the Crossroads manual. As the ADVANCE programme was only delivered online to eligible UK clients as a result of the COVID lockdowns, there remained a knowledge and experience gap in how to deliver this programme in person, which the programme team worked through.

## Inputs

In a theory of change, inputs refer to factors that are necessary for delivery. They typically involve preparatory work including terms of reference and rules for delivery, ways of working and documentation. They can be viewed as the foundations of the programme, without which it could not function effectively or with fidelity to the programme design.

## Eligibility

Identifying who was and was not suitable, and therefore, eligible, for the programme was a crucial step in planning delivery and imagining the mechanism for how the programme would effect change. The intersection of domestic abuse and substance misuse required consideration of programme eligibility criteria for each need and how these might interact. In summary, eligibility was based on four components: recognition of a partner abuse and substance misuse problem, motivation to address these issues and voluntary participation. Specifically, the eligibility criteria are:

1. Participants must be a man aged 18 years or over and reside in Hull.
2. Participants must self-report a history of substance misuse and perpetrating intimate partner abuse.
3. Participants must be willing to provide information about current, former, and future partners during the programme so that victim-survivors' safety workers can make contact. This includes victim-survivors with whom the participant shares children, particularly if he is currently in contact with them or is seeking contact.
4. Participants must give consent for staff to contact current or former partners, as well as relevant agencies. They must also agree to be contacted after the programme to support evaluation of its effectiveness.
5. Participants must not be on bail or in custody for an offence related to domestic abuse.
6. Participation must be entirely voluntary. Men cannot complete Crossroads as part of a probation licence.
7. Participants must acknowledge abusive behaviour towards a partner or ex-partner.
8. Participants must have recovery-related treatment needs and set goals for addressing these issues.



The required place of residence is not explicitly stated in the intervention paperwork, but it is assumed that men need to be residing in Hull, but the same requirement may not apply to victim-survivors, however there is no information in the referral or assessment paperwork about these criteria.

Factors such as intellectual disability, severe substance dependence, and other health conditions may prohibit an individual from participating. Currently, these factors are identified during the assessment process but are not explicitly mentioned in the intervention documents.

## Adaptable, integrated services

The team from Strength to Change and ReNew brought together significant expertise in domestic abuse and substance misuse treatment, respectively, but also implicit assumptions of how programmes for the independent issues are run, the expectations of the participants and the flexibility/rigidity of the programme structure. It was not inevitable that the programme teams would integrate well, nor that the programme approach would be fully endorsed by all. That the programme has been successful indicates that team management was effective, the programme team members were adaptable and that the environment for collaboration was suitable.

It became apparent to the team that domestic abuse perpetrator programmes are more linear and sequential than substance misuse programmes, reflecting the more chaotic lifestyles of men with substance misuse needs. Similarly, factors such as self-hatred and shame relating to domestic abuse were more substantial obstacles to group work than is typical in substance misuse programmes.

“ Rather than saying, “We’re going to run a group on a Wednesday dinner time”, we’ve gone right, okay, you need a night, so we’ll try and do a night group, or day group. Again, try and make it as accessible as possible for them. (RES2)

“ The chance of suddenly being ill or on holiday or a family thing is realistic, and obviously with some of the guys it’s like, yeah, they’re definitely going to miss some appointments. But then it’s that if they’re interested enough to come in and come in a bit earlier and do this or come in twice in that week. We’re not making anyone come, they’re coming in because they’re interested. (RES5)

As a result, the team and the programme structure required a new flexibility and set of expectations about the men on the Crossroads programme, but also their way of working as a team. Practically, this required building the programme timetable around the cohort, having multiple opportunities for men to ‘catch up’ on missed sessions and the option of individual delivery. It also required the team to be adaptable and understanding of this new population and their needs. This has created staffing and logistical burdens that the team have worked around.



“ Shift work and jobs have got in the way. So where possible, we’ve tried to be really flexible in that. If we have a dropout rate, we try and offer one to ones still, but then the difficulty with that is as well staff capacity, because for us to be Respect accredited, for example, there has to be ReNew and a Strength to Change worker facilitating that appointment, ideally. Man and woman. (RES1)

## Logistical, legal and delivery preparation

Preparation for the programme took approximately eleven months. This involved integrating the teams, establishing information sharing agreements with multi-agency partners, developing the programme manual and creating risk and safety protocols.

The programme participation criteria involved men giving consent for information about them held, at the time or in the future, by multiple statutory agencies to be shared with the team. This required maintaining good relationships with local partners, already in place due to Strength to Change, ensuring the lawful basis for data sharing and reassuring multi-agency partners about how the data would be used. As noted above, the good working relationship between local agencies facilitated this process but, in addition, the programme team spent time with the various agencies maintaining relationships and marketing the programme.

## Programme manual

The programme manual was a crucial input for the programme. Work on the manual by team members from Strength to Change and ReNew began around August 2023 in preparation for the February 2024 enrolment. Using ADVANCE as a starting point, the programme team expanded the delivery of the programme to in-person, group-based work and incorporated a wide range of expertise from within the organisation and local statutory services, as well as gathering insights from men who had completed programmes with Strength to Change and ReNew. While some of the material was taken from existing programmes, many of the resources, such as videos were created for the programme. The manual has undertaken three revisions and was described as a ‘living document’ that is regularly adjusted and updated based on feedback and team insights.

The manualised Crossroads programme consists of 26 two-hour weekly group sessions, with a minimum of three men per cohort. Each cohort is led by the same two facilitators, a man and a woman, comprising one staff member from ReNew and another from Strength to Change. Although the Crossroads intervention includes individual sessions prior to the start of the programme, as far as possible, delivery is conducted entirely through group sessions. However, the programme flowchart later in the document (Figure 2) demonstrates that this was only the case for half of the men who have completed or who are currently completing the programme. These delivery elements, including the use of group sessions facilitated by two staff members of different sexes and a minimum programme duration of 26 weeks, align with the Home Office

standards (2023) for evidence-based delivery of domestic abuse perpetrator programmes, as outlined in the first part of the literature review.

The group sessions are divided into six modules, each lasting approximately one month. Key topics include assisting men in creating and implementing a safety plan; helping them understand what constitutes abusive behaviour and how their substance misuse may contribute to it; encouraging reflection on personal responsibility and vulnerability; recognising patterns of negative thinking and self-talk, including denial and shame; developing a comprehensive awareness of the impact their abuse has had on partners, ex-partners, children, and themselves; managing emotions; and developing strategies for long-term, sustainable change.

The intervention is informed by an understanding of how a substance misuse lifestyle can contribute to abuse and adopts a trauma-informed perspective, in which risk is dynamically assessed, including from the perspectives of victim-survivors, the men's own struggles and engagement, and the safety plans co-produced with facilitators based on each man's risk factors and treatment needs. The programme's delivery is rooted in holding men to account while treating them with respect and offering opportunities and strategies for long-term, sustainable change, in line with the third Home Office standard for domestic abuse perpetrator programmes.

*“ We can still hold people to account whilst also helping people move forward within their recovery in a supportive way, where they feel supported by that. (RES1)*

The content of the Crossroads programme also aligns with the Home Office evidence-based guidelines for the delivery of domestic abuse perpetrator programmes (Westmarland & Kelly, 2023), which stipulate that such programmes should include key components and activities that enable perpetrators to understand the impact their abuse has had on victim-survivors, their children, and themselves. The guidelines also emphasise the importance of including fathering components to help men build positive relationships with their children and harness their parental motivation to change. Although the topics covered may sometimes introduce discomfort, effective behavioural change is only possible when the intervention focuses on men's narratives of their behaviour and how these may differ from those of the victim-survivors or their children (Gilchrist et al., 2019).

*“ During this programme, you're going to experience discomfort in talking about what you've done, because actually unless it sits with you, the impact you've had on your partner and your children, why would you be motivated to change? (RES5)*

Considering that some sessions may be particularly difficult for certain men, depending on the struggles they are facing at the time, facilitators described how it is essential for them to remain attuned to the men's needs. In some circumstances, they may exercise their professional judgement to adapt the content based on men's risk and needs according to the responsivity

model. In such cases, the timeframe for the programme delivery will be extended. The delivery can also be extended when facilitators decide to continue exploring a real-life scenario brought up during the session, instead of delivering the manualised content planned for that week.

All sessions begin with a short period of mindfulness and silent reflection, during which participants are encouraged to notice their bodies, hearts, and thoughts. They are then invited to reflect on their purpose for being in the group, what brought them there, what they hope to achieve, and how much they are putting into practice what they have already learned. This quiet period is followed by a group check-in. The practice aims to help men become more attuned to their feelings, bodies, and potential warning signs or triggers. Each session also ends with a brief check-out activity, where participants are asked to reflect on the session, how they feel, and what they are taking away with them as part of their learning and practice.

Although all sessions are manualised and include a wide range of activities to accommodate different learning styles, ensuring a consistent and equitable approach, the programme maintains flexibility to adapt to individual needs and participants' protected characteristics, as recommended in the Home Office standards for delivering domestic abuse perpetrator programmes (Westmarland & Kelly, 2023). Exceptions to group session delivery apply when clients require catch-up appointments, would benefit from additional individual sessions, or are unable to attend the regular programme sessions.

Crossroads integrates the principles of the risk-need-responsivity model in place of a standardised, one-size-fits-all approach. The risk-need-responsivity model, commonly used in offending behaviour interventions, involves screening men into different levels of service by adjusting the duration and intensity of the programme based on assessed risk and need. For example, when men test positive in a substance screening test, they may be required to complete additional individual appointments with Crossroads staff and/or be referred to further substance treatment services. Crossroads demonstrates good practice by acknowledging and responding to the individual needs of perpetrators, by conducting catch-up individual sessions when necessary and adapting the mode of delivery when men are unable to attend regular programme sessions due to other commitments.

The risk-need-responsivity principle is also evident in Crossroads' approach of consistently encouraging men to share their feelings and experiences, and in embedding mindfulness practices into group sessions. This acknowledges the importance of discussing the changes in men's lives and how these may affect their ability to cope and influence the emotions they carry, including how such emotions can manifest as rage and result in harm to loved ones. Crossroads group sessions are designed to give facilitators discretion and flexibility to adapt the content based on what participants bring to the discussion and their individual needs.

Programmes delivered through group work also have the advantage of promoting positive interactions, group cohesion, and peer influence (Yalom & Leszcz, 2005). As the facilitators and cohort remain the same until the end of the programme – although men can join the cohort until the end of week three – participants develop bonds with the facilitators and with each other, allowing them to show increasing vulnerability. Facilitators described how some men began to view group work as a safe space to offload and seek support.

“ *They really get to know each other; they’ve shared each other’s stories and things. It’s all about building that trust with everybody. (RES5)*

The emphasis on men’s personal experiences and needs – through standardised reflection moments at the beginning and end of each session, and frequent discussions of men’s lived experiences related to the session topic – combined with facilitators’ flexibility and responsiveness, ensures that the manualised programme does not overshadow the valuable insights that emerge from the complex narratives men share about their relationships and behaviours. This adaptable approach meets the Home Office domestic abuse standard of providing the right intervention at the right time. While the programme has been designed for its target audience (men who display abusive behaviours and have any form of substance misuse issue), and manualised to ensure consistency, its delivery extends beyond simply following the planned content.

“ *We believe what we’re facilitating, it’s not just oh right, here’s session 10, this is what we’re doing this week. (RES1)*

## Setup

Setup factors can be viewed as a bridge between inputs and delivery activities. They tend to be proximal to the delivery activity, but not a defining feature of the programme. As with inputs, they are crucial to effective delivery with fidelity to the programme design.

## Marketing and reception

The Crossroads programme meets demand through a referral process. Individuals can self-refer through a dedicated phone number, can be referred from ‘in-house’ or from other local services (see programme flowchart, Figure 2). As a new programme, there was extensive work by the team to market the programme to partners, such as police, probation, Early Help, and through the Statutory domestic abuse board, as well as producing marketing material, such as posters, for the public. This marketing involved describing the programme and its goals as well as establishing the eligibility criteria and emphasising the voluntary nature of programme participation.

Crossroads recruitment began in early 2024. Given the short timeframe between the start of recruitment and this rapid evaluation, it is noteworthy that Crossroads is already consistently recruiting approximately one client for every three Strength to Change clients, which was regarded as an impressively quick trajectory given that Strength to Change has been in place since 2009. However, considering the local scale of need, the numbers for both domestic abuse perpetrator programmes remain low.

## Screening, agreeing terms and enrolment

Despite the local need and the strong body of research evidence highlighting the importance of linking substance misuse and intimate partner violence, men do not necessarily identify the intervention as something they need or that could benefit their lives. Recruitment often requires a careful balance between explaining what the programme entails without discouraging participation, as many men do not yet fully recognise the abusive dynamics in their behaviour as abuse (Webb et al., 2023). The use of de-stigmatising language during the referral and recruitment phases, as well as the use of motivational interviewing techniques, can help bridge this gap and encourage more men to participate (Gilchrist et al., 2021).

The process for screening and determining eligibility is as follows:

1. The programme team receive a referral.
2. First contact (can occur via phone call or in person). At this stage, eligibility criteria are reviewed—particularly whether the man acknowledges his abusive behaviour. He will

also be informed that current or former partners will be contacted and offered support once the consent form is signed.

3. First in-person appointment. This meeting takes place within five days of the initial contact. During the session, clients are asked to read and sign a consent form. This is a robust document that authorises information sharing with victim-survivors and between relevant agencies for up to a year following the intervention, or longer in cases involving social care. If men are unable to read or fully understand the document, staff will provide a full explanation.
4. Assessment process. This begins after the consent form is signed and typically lasts up to six weeks. During this period, men attend weekly appointments, one with a specialist from ReNew and another with a specialist from Strength to Change, to further assess their readiness and suitability for the intervention. During the assessment, staff will request information from various agencies regarding the man's history with their organisation, including any records held by Humberside Police. The assessment focuses on understanding the man's concerns about his behaviour, his personal reasons for participating in the programme, and his motivation to complete it and make lasting changes. Men will also complete the Abuse Checklist, the Harassment Inventory, the Drug and Alcohol Use Inventory, and the Children's Exposure to Domestic Violence Checklist to help the programme team determine the risk level of each case and to assist the man in setting goals for change and identifying what he hopes to gain from the programme.
5. Handover meeting. A case management meeting is held to allow programme facilitators to become familiar with the client and understand his goals for change.
6. Weekly individual meetings until the cohort is assembled and the programme begins.

Depending on when the next cohort is scheduled to begin, men will continue attending weekly meetings until the start date. This waiting period can range from the next day to several months. During this time, appointments will focus on initiating individual work rather than solely conducting welfare checks. These sessions may include tailored discussions exploring the man's current situation and, where relevant, introducing key concepts that will be covered in more depth during the programme.

The enrolment process is also flexible to accommodate men who need time to stabilise before the programme begins. This tailored approach, which considers individual needs, is particularly important for interventions involving substance misuse. Clients experiencing withdrawal may not be motivated, ready to fully engage, or even able to attend appointments. This approach also helps address common barriers faced by domestic abuse perpetrator programmes, such as a lack of engagement due to participants feeling overwhelmed, unmotivated, unreceptive, or not ready to begin (Sutter-Barrett et al., 2025).

## Standardised goal setting

Crossroads aims to (1) de-escalate men's substance misuse lifestyle; (2) make men recognise and accept full responsibility for their actions, attitudes and feelings; (3) provide support and tools enabling men to learn how to deal with internal and external conflict in appropriate ways to cease their violent and abusive behaviour; (4) and more importantly Crossroads aims to improve the safety of victim-survivors and their children and to provide them space for action. This is done on an individual basis using the tools and information gleaned from the assessment process.

## Partner consent

As part of the consent process, men are informed that their current or former intimate partners will be contacted. Victim-survivors do not need to provide consent for the initial contact to take place. This procedure prevents the possibility of men manipulating whether victim-survivors engage with safety workers, for example, by falsely claiming that their partners do not consent to being contacted. However, for women to receive further contact or support, their consent will be required after the initial outreach. If children are involved, the victim support workers will also maintain close contact with them and, where applicable, notify the children's social worker about the man's enrolment in the intervention.

Staff will frame the need to contact current or former intimate partners as a way to ensure that the men are being as truthful and open as possible. The goal is not to change victim-survivor behaviour in any way or to reconcile the couple, but rather to further motivate the men to change their behaviour and to provide support for victim-survivors and their children so they feel safer and supported.

Having the support of victim-survivors and their children as the main goal not only aligns with the Home Office first standard for domestic abuse perpetrator programmes but also showcases who the ultimate beneficiaries of the intervention should be. The four members of staff working as victim-survivors safety workers, take active steps to ensure victim-survivors as well as their children feel supported, safer and are aware of their options. Victim-survivors are offered direct support, ranging from regular telephone contact, information about other relevant services, such as solicitors and housing, therapeutic programmes to support the healing process, as well as other options victim-survivors may need to empower and assist them to foster their personal development. All of the client's intimate partners who have had or have some level of involvement with them can be given information about what the intervention involves, what can and cannot achieve, and about the support available to them. The support will begin as soon as men's support starts, even if they are still waiting for the upcoming cohort. Victim-survivor support will also continue even if men drop out of the programme. This is uncommon for domestic abuse perpetrator programmes, and it is only possible due to the alignment of Strength to Change and the Domestic Abuse Partnership (DAP).

## Delivery activities

Delivery activities are the day-to-day defining features of the programme that, in theory, allow the programme to achieve its goals.

### Manualised group-based programme

The structure of the programme and the necessary adaptation options have been described above. Figure 2 describes the flow of individual through the programme between February 2024 and March 2025. To date, five men have completed the programme, 22 men are currently in the programme and two men are waiting for a programme to start. From the point of referral, 45 men were lost from the programme at different stages through processes such as ineligibility and drop-out. This represents an attrition since referral rate of 63%. As of March 2025, of those who were eligible, consented to take part and began the programme, two-thirds of men have either completed or are currently being retained.

During the last session of the programme, facilitators will discuss next steps with clients to explore onward referrals that meet men's future goals. Rather than having a standard pathway for future support provision, the referrals made are bespoke, with some men joining other programmes such as Father for Change and others continuing to access services such as housing support.

### Well-managed and reflective programme administration

Administering a programme for this population requires the ability to respond quickly to non-attendance, management of individual needs and excellent record-keeping by two programme administrators to monitor programme attendance and adherence. In addition, programme team undergo individual supervision to support their wellbeing and clinical practice.



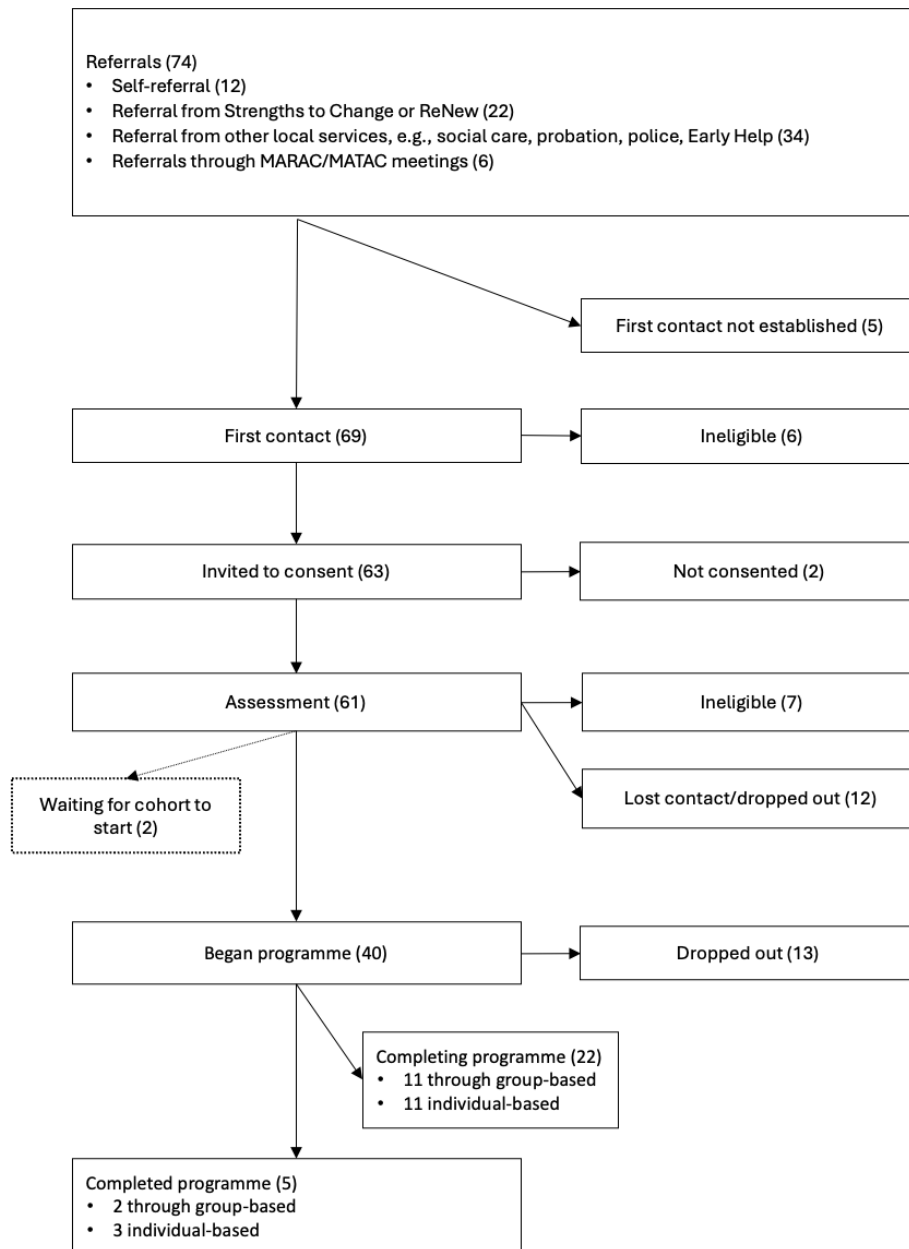


Figure 2. Flow of individuals through the Crossroads programme, February 2024-March 2025

## Outputs

Outputs are short-term products and changes emanating from delivery activities. They are not usually the long-term goal of the programme but are necessary stages or achievements for delivering those goals. They can also offer insight into how change is achieved and are often more achievable, consistent and visible than outcomes.

### Fewer unreached individuals

A core component of the programme rationale is that it offers a more specific intervention for individuals at the intersection of domestic abuse and substance misuse. While targeting two factors rather than one is likely to attract a smaller number of people than a programme targeting one issue, it is possible that discussing domestic abuse through the lens of substance misuse, or vice versa, may appeal to men who would not normally seek help for substance misuse or for domestic abuse. Furthermore, seeking support for one issue does not preclude their doing a follow-on programme, such as Crossroads. As demonstrated in Figure 2, 31% of the referrals to Crossroads came from Strength to Change or ReNew showing that, with their respective client groups, there is demand for targeted work at the interaction of domestic abuse and substance misuse.

Moreover, the outreach of the safety workers to individuals who may have previously been hidden from services further expands Crossroads' impact. The importance of this reach became particularly evident when a woman, who was previously not engaged with any other services, was supported by the safety workers. After she experienced an overdose, her involvement with the service enabled a timely response that ultimately saved her life. Other Crossroads case studies highlight the continuous and bespoke support provided by safety workers, empowering victim-survivors to feel supported and heard. This support has led to meaningful changes in their lives, including recovery and the pursuit of new opportunities, for instance, one victim-survivor enrolled in university in the foundation year of the midwifery degree.

### High capacity for retention

The programme and manual are designed to be adaptable to the needs and lifestyles of the cohort members. While it is desirable for all men on the programme to undertake the group-based aspects of the programme, this is an unfeasible ambition. Accordingly, around half of the men who began the programme completed it via individual sessions.

Despite the flexibility in Crossroads, 13 of the 40 men who began the programme dropped out. At present, it is difficult to attach significance to this number because of the lack of comparable programmes. While this attrition rate is far higher than the single person of the 40 who dropped out of the online ADVANCE-D (Gilchrist et al., 2020), the programmes are not comparable and

retention rates are not yet available for the in-person ADVANCE programme although the authors have noted that the retention rate is lower. In addition, because attrition can be explicit (formally resigning from the programme) or implicit (failing to attend sessions), it is important that future iterations of Crossroads continue to measure attrition in terms of session attendance and formal resignation<sup>3</sup>

## Integrated partnership working

Before Crossroads, the Strength to Change domestic abuse perpetrator programme already included multiple men with substance misuse issues, who needed to be referred to other services, if they were not already engaging with a drug service. However, the work would not be as joined together as it is now; Crossroads was the catalyst for truly integrated multi-agency work.

“ So that was the rationale where there’s always been a figure that’s been known but historically programmes such as ours have always kind of referred to substance misuse services. We’ve looked at it within our sessions, but we’ve never had that specialised crossbreed thing. (RES4)

Strengths to Change facilitators discussed how difficult it was to navigate the barriers of multi-agency information sharing, as the other substance treatment services required additional consent from participants that was not frontloaded into the consent form given to the domestic abuse programme participants. This barrier oftentimes meant services were not able to share information about whether men had been attending their service. More importantly, there were clear differences on the goals of both services.

“ It was hard to get information from ReNew regarding clients that we worked with because there was a different consent basis kind of going on. And ReNew’s priority was the substance misuse and the alcohol reduction, and not so much the harm that they were causing to partners. (RES4)

The integration of services has enabled the Crossroads intervention to function as a kind of two-for-one service provision: if men are required to complete alcohol treatment or drug rehabilitation as part of their sentence, then Crossroads can also address their abusive behaviour as an added benefit. Moreover, if men need to use both services, Strength to Change and ReNew, they now have the option to combine appointments, interact with the same workers for all services, and access both services in one location. This one-stop, wraparound service is more trauma-informed and appears to build men’s trust more quickly. It also facilitates staff coverage during

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<sup>3</sup> This data collection is undertaken as part of programme monitoring but was not requested for this report.

leave, as some core Strength to Change staff have been upskilled to deliver key ReNew services, such as drug screenings.

*“ Because they’re having the same workers each week, the trust is built quicker, I feel, and it is more trauma informed. (RES1)*

The truly integrated work between agencies in the Crossroads intervention meets the second Home Office standard for the delivery of domestic abuse perpetrators specifying that the intervention should involve a co-ordinated community response which ensures that all agencies involved have a clearly delineated role and share the responsibility of enabling change in victim-survivor lives, their children as well as for the men participating in the programme. All members of staff who participated in the focus group agreed that the integration of services was one of the biggest strengths of Crossroads. Clients cannot even distinguish between ReNew and Strength to Change services; to them, everything is Crossroads.

*“ The integration work between the substance misuse services and ourselves, it’s like we’re one service really. It’s amazing. They don’t know the difference between the ReNew work and- To them, it’s just like we’re Crossroads, that’s how seamless it is. (RES4)*

Crossroads facilitators also discussed the non-anticipated benefits of the multi-agency work:

**1. Solve quick issues and anxieties that could otherwise impact men’s focus before the scheduled session**

*“ If someone’s coming to an appointment and they have a concern about their prescription, for example, if they were prescribed Methadone with us, if I’m there to alleviate that anxiety by looking on my computer and just saying, ‘Yeah, your script’s at the pharmacy,’ or whatever it is, that then allows them to engage fully within the session ahead. (RES1)*

**2. Conducive to better outcomes in emergency situations**

*“ Because it was crisis, crisis, crisis, but because there’s that multiagency approach, the end product was that she was safe all day. (RES5)*

**3. Allows for keeping track of men even they drop out of the programme**

*“ We’ve had guys who have dropped out then because the partners are still getting support, there’s eyes onto them, we’ll continue working with them, just on a substance point of view to get them stabilised and continuing prescriptions or detox or anything. So, we’ve still got eyes on, even though they’re not actively doing meaningful behaviour change work. (RES2)*

## Accepting responsibility and dealing with difficulty

The programme enables men to recognise and accept responsibility for the harm that their abusive behaviour has caused to partners and family members. Through a range of cognitive-behavioural techniques, men develop and practise the skills to deal with personal and interpersonal conflict in a non-violent and non-controlling way. Consequently, an immediate output of the programme are the recognition of these harms, acceptance of responsibility and the acquisition of skills.

## Improved feelings of safety

Although the support provided varies according to victim-survivors wishes and needs – with some receiving regular support either on the phone or face to face and others only wanting updates or occasional support – the benefits for the victim-survivors using the service are multidimensional.

Via programme team members, partners have reported greater engagement with and trust of support services, better insights into their partner's abusive behaviour and knowledge about how they might leave the relationship. The progressive rapport building between the safety workers and victim-survivors seems to empower them to share their experiences of abuse and to give them a voice. Partners have also reported that the structured timing of Crossroads has given them predictable periods of respite from the uncertainty of their partner's abusive behaviour. These immediate outputs of the programme are necessary steps towards actual improved safety.

## Outcomes

Outcomes are the defining goals of the programme and, in most cases, the most desirable factors to measure in determining programme effectiveness. These goals can often be challenging to achieve and attributing change in these outcomes to the programme is very difficult.

Consistent with the format of the programme, the outcomes for the programme described by the programme team are reduced substance misuse, reduced abusive behaviour and improved safety in partners and family members of the men on the programme. In order to triangulate these assertions with the views of the men who completed the programme, the Evaluation section below uses a bottom-up approach to identify possible outputs and outcomes that could be evaluated at the individual level with men on the programme and their partners. The main findings of that work have informed the proximal outcomes discussed below.

At present, although within-programme monitoring takes place, using Outcome Stars, Crossroads does not have a standardised outcome framework (or pre-post testing that would allow change to be determined). However, the infrastructure (i.e. availability of measures, opportunity for measurement and lawful basis for outcome assessment such as consent) are present and could be implemented with relatively little change to the intervention. In order for these to be used for evaluation purposes, a small change would be required to the informed consent documents and this additional purpose of data processing made clear to participants.

The following could be undertaken, allowing a robust process and effectiveness evaluation to be undertaken.

## Process measures

1. Referrals should be assigned a unique identifier that will allow them to be followed consistently through the programme while maintaining privacy.
2. Progress through the programme should be monitored to inform process evaluation. This should include data on frequency and patterns in attendance, participation (such as completion of homework and session engagement).

## Proximal outcomes

A proximal outcome is an outcome that ‘falls short’ of the overall goal of the programme, but that serves as an indicator of progress. In Crossroads, as substance misuse is a facilitator of domestic abuse, reduced substance misuse or less risky substance misuse is a proximal indicator of progress towards the main outcome. Similarly, self-reported reductions in abusive behaviours or cognitions that facilitate abuse are an indication that partner safety is improving.

An advantage of proximal outcome are they can be used both as part of the intervention (e.g. to guide sessions) and as an outcome.

1. Substance misuse: The intervention paperwork currently uses a substance misuse inventory and alcohol use inventory that is completed via self-report. This could be measured repeatedly.
2. Abusive behaviours: The men's abuse checklist and harassment inventory are currently used as part of the programme. These self-report measures could be used as proximal outcomes.
3. Partner-survivor experience: It is likely that a bespoke measure of partner experience would need to be created. From the accounts of programme team members, indicators of progress that could be measured include partner willingness to engage with support services, understanding of abusive behaviour and its causes and mental wellbeing.

Other proximal indicators identified through men's testimonials include:

4. Motivation to change.
5. Awareness of abusive behaviours and understanding of domestic abuse.
6. Feelings of personal accountability.
7. Confidence in using strategies for de-escalation.

It is likely that these could be assessed using single item or few item scales but may need to be developed explicitly for the programme or are already being evaluated through Outcome Stars.

## Main outcomes

Improved partner safety is the primary outcome of the programme and should, accordingly, be assessed with the involvement of that partner. There are a range of domestic abuse victimisation scales that could be used including the Abusive Behaviour Inventory-Revised (*The Abusive Behavior Inventory by Shepard & Campbell, 1992*) that is designed to be completed by abusive men and partners independently and Revised Controlling Behaviours scale (Graham-Kevan & Archer, 2005). Both of these scales are used in the ADVANCE-D trial (Gilchrist et al., 2024).

In addition to self-reported partner safety, police records on calls for service for domestic abuse, arrest and charge/caution are also available as participants consent to data sharing for the programme.

## Barriers and risks

All interventions to address challenging behaviour face challenges to delivery and barriers to engagement by the intervention population. We have detailed a number of these, as observed by the programme team, but the nature of programme avoidance, rejection and attrition means that many of the men who did not engage or dropped out of the programme were not available for interview. Consequently, some of the barriers faced remain unknown to us. Nonetheless, the programme team's experience with this population can provide a valuable starting point.

### Heavy programme commitment

The scale of the programme is likely to have proved a barrier to some individuals. The study flowchart shows that around 20% of men drop out of the programme or lost contact during the six-week assessment period. Many might see the six-week assessment period, in addition to time waiting to begin the programme, as long. In addition, the assessment itself is challenging and some individuals, particularly those involved in a domestic abuse perpetrator programme for the first time but feel uncomfortable with the process.

Following the assessment, at 26 weeks, the programme is also considerably longer than other domestic abuse perpetrator programmes, but a necessity to obtain Respect's accreditation. The 30% drop-out rate during this stage of the programme is more likely to be attributable to programme length than programme content, but individual needs will vary.

### Stigma around domestic abuse and discomfort with partner involvement

The programme team reported that the domestic abuse component of the programme carries with it a stigma that some men found challenging. The involvement of partners in the programme also caused discomfort for some men. This is reflected in the attrition rate during the assessment period when partner involvement is initiated.

Despite the barriers to participation that feelings such as shame and discomfort and the stigma of domestic abuse perpetration create, the programme team and the programme manual have used these factors as learning opportunities to retain the programme cohort.

### Risks to programme sustainability

A number of risks to programme sustainability and effectiveness were observed:



The uncertainty of funding for programmes like Crossroads is a constant threat as it creates job precarity for programme team members. In particular, short-term funding can mean that skilled and experienced staff begin to seek alternative, secure employment well before the end of the programme. The level of rare skills at the intersection of domestic abuse and substance misuse developed by programme team members should not be undervalued and would be challenging to replace.

A further risk to programme sustainability is a misalignment of staffing provision and programme length. As noted in Figure 2, a small number of men (5) have successfully completed the programme in twelve months, while a further 22 are still engaged suggesting that the flow of individuals through the programme is likely slower than anticipated and that programme resources should be adjusted accordingly.

## Developing Crossroads for delivery in a custodial setting

The Correctional Services Accreditation and Advisory Panel (CAASP) has published seven 'Effective Intervention Principles' that are necessary for a programme delivered in a HMPPS setting to be approved and accredited (*National Framework for Interventions Policy Framework*, 2023). In the section that follow, Crossroads is assessed against these criteria with implications for transfer to a custodial setting being identified.

The programme may need to be adapted to address the unique challenges and barriers associated with implementation in a custodial setting. This is being attempted elsewhere: the ADVANCE programme, which began as an online and community-based programme has recently begun delivering an adapted intervention for men convicted of domestic abuse and under probation supervision in the community ([ADVANCE-D](#); (*ADVANCE-D Programme for Men Convicted of Domestic Abuse Serving a Community Sentence*, n.d.).

### **1) The intervention is informed by evidence and/or has a credible rationale**

Although interventions at the intersection of domestic abuse perpetration and substance misuse are novel, there is strong co-occurrence of these problems and convincing qualitative and quantitative evidence that the two issues exacerbate each other. The programme manual is informed by evidence and programmes from these two areas and the cognitive-behavioural and relapse prevention intervention mechanisms are clearly articulated throughout the intervention and in this report.

### **2) The intervention addresses factors relevant to reducing reoffending and promoting desistance**

The primary outcome of the programme is reduced perpetration of domestic abuse, which is a form of offending, while substance misuse can be both an offence or commonly co-occurs with offending. Domestic abuse perpetrator and substance misuse programmes are well-established in custodial settings.

### **3) The design of the intervention allows it to be replicated**

The programme has an extensive manual that can be delivered by skilled staff in a custodial setting. Its structure and technique will be familiar to individuals with experience of custodial programme delivery, such as eligibility criteria and group- and individual-based sessions. A challenge to programme fidelity is the involvement of a partner on a frequent and meaningful basis while a man is in custody.

The different circumstances for access to substances between community and custodial settings may also affect how an individual experiences the programme. Other studies (e.g., Sutter et al., 2025) have identified further barriers to implementing substance misuse treatment interventions with incarcerated populations. These include setting-specific restrictions (such as limited or difficult access to clients), inadequate meeting spaces (often lacking the necessary conditions for confidentiality and meaningful dialogue), fragmented communication with staff, clients presenting with greater socio-economic and health-related vulnerabilities, discontinuity of care (due to reincarceration, relocation, or loss to follow-up), and generally limited resource availability.

The intervention is delivered firstly through one-to-one meetings where an individual is assessed for programme eligibility and participation. Group sessions take place in a private room with a small group of men (typically, fewer than eight) and two facilitators. The sessions occasionally used audio-visual material. Therefore, the availability of space and technical facilities in a custodial setting would need to be considered.

#### **4) The intervention appropriately targets participants**

The intervention has a clearly established set of eligibility criteria and a robust assessment strategy to determine eligibility along with detailed and accessible consent documentation.

An important consideration when applying the Crossroads intervention in custodial settings would be the need to revise some of its eligibility criteria. The Respect accreditation process stipulates that interventions should not include perpetrators with pending criminal justice proceedings. In such cases, it may be more appropriate to pursue accreditation through the Correctional Services Advice and Accreditation Panel (CSAAP) instead.

Adapting Crossroads for custody may require learning from existing domestic abuse perpetrator programmes with CSAAP accreditation that are already being delivered in such contexts—particularly those focused on domestic abuse or substance misuse treatment (a list of all CSAAP-accredited programmes for prisons can be found [here](#)).

There are also practical implications for eligibility criteria. In the community, it takes a minimum of 32 weeks to complete the programme (six weeks assessment and 26 weeks of sessions). For me in custody, parole progression decisions (e.g. moving to a lower security prison) or other movement between prisons and release could impact on programme attrition/retention. Consequently, remaining custody time will need to be considered as an eligibility criterion, which may also affect the characteristics of the cohort (i.e. have perpetrated more serious offences).

#### **5) The intervention should be designed to motivate, engage and retain participants, with a focus on developing useful skills (as opposed to only raising awareness)**

The programme is grounded in cognitive-behavioural therapy and relapse prevention, which seeks to challenge problematic cognitive styles and to replace these with prosocial cognitive and

behavioural techniques. This approach is consistent with a range of established offending behaviour programmes currently delivered in custody.

The programme is designed to be flexible to the needs of the cohort, facilitating retention. However, the implications of providing individual sessions for men who are unwilling or unable to participate in group session will have resourcing and, potentially programme fidelity considerations.

**6) The intervention is delivered as intended by staff with appropriate skills and quality assured**

While amendments from the community-based programme would be necessary and programme length would affect eligibility criteria, the programme manual is a coherent and detailed modularised document that can be used to provide consistent delivery across custodial settings.

**7) The intervention design shows a commitment to evaluation and learning**

As noted above, the programme does not currently have a standardised outcomes framework although clear outcomes can be derived. In the case where outcomes are dependent on partner self-report or administrative data, their feasibility and validity would need to be considered carefully.

It should be noted that meeting the criteria for the NFIP alone will not be sufficient for the introduction of a programme to a custodial setting: it must also address a need that is not being met by other programmes. The new 'Next Generation' of accredited offending behaviour programmes being rolled out includes the 'Building Choices' programme, which is a highly versatile cognitive-behavioural programme that is designed to be adapted for a wide range of offending behaviours. Like Crossroads, Building Choices is comprised of 26 sessions (21 group sessions and five individual sessions), suggesting the programmes will have comparable administrative and staffing costs. The unique selling point of Crossroads will need to be stated clearly to prison governors judging the attractiveness of a new programme.

## Testimonial analysis

This section presents a thematic analysis of the testimonials of four men, comprising the entire first Crossroads cohort, all of whom completed the programme. The analysis begins by examining the core theme of Crossroads as a pivotal intervention in facilitating change and growth. Within this theme, several subthemes influencing participants' transformation are explored, including intrinsic and extrinsic motivation to change, self-awareness, personal accountability, strategies for de-escalation, and substance misuse. The second core theme considers the perceived impact of Crossroads on participants, both during and after the programme, as well as on those around them. Finally, the analysis addresses whether participants would recommend Crossroads, and, if so, to whom.

### Crossroads as the root for change and growth

The anecdotal analysis of testimonials from the first Crossroads cohort demonstrates the intervention's strong impact. All participants reported that the programme was effective in facilitating personal change. Their testimonies consistently reflected significant behavioural and emotional shifts attributed to their participation. One participant remarked, *"100 per cent it's helped me and made me think twice about hitting someone or what-have-you and stepping back"* (Testimonial 1). Another noted, *"I feel the change in myself... I'd hate to think where I'd be now if I hadn't started this group. Probably in prison"* (Testimonial 2).

### Motivation to change

Participants' narratives highlight a deep, intrinsic motivation for self-improvement, grounded in a desire to change harmful behaviours, build healthier relationships, and get their lives in order. As one participant reflected, *"I didn't want [my partner] to be frightened of me and things like that, and the way I was acting just wasn't acceptable"* (Testimonial 2). Another reinforced this sentiment, stating simply, *"I want to change myself"* (Testimonial 1).

Some men expressed that their motivation stemmed from a desire to change not only for themselves but also for their partners, families, and especially their children: *"I've got children to think about, partners to think about, you know, and family and that, but most of all myself"* (Testimonial 2). Fatherhood emerged as a particularly powerful catalyst for change. Several participants directly linked what they learned in the programme to becoming better parents. One man shared, *"I made a promise to my boy, no going backwards, and if that means I change for the better, then that can't be a bad thing"* (Testimonial 3). Others spoke about how the programme helped them explore how to be more present and supportive fathers, as well as how to foster more positive relationships with their children. As one participant described, *"As you get further down the course, you realise there's other things in your life what it can help you out with... like*

*the children and how to be a better parent and make better decisions and to be there for them” (Testimonial 2).*

## Accountability and awareness

All four men also emphasised that the Crossroads programme was instrumental in helping them recognise and accept responsibility for their own behaviour. One participant reflected, *“It made me realise that instead of me blaming everybody and everything for my problems it made me realise that I was actually the sole person that was causing the problems. It was hard to see that first” (Testimonial 4).*

Men’s sense of responsibility for their behaviour was strengthened through increased self-awareness and a deeper understanding of abusive dynamics. Participants described how the programme helped them critically reflect on their attitudes and actions. One man highlighted the pivotal moment when he recognised the concept of coercive control: *“The biggest part, the eye-opener, the penny dropping was the coercive control... that really changed the way I am around people” (Testimonial 3).* Another added, *“You learn more about yourself than you do your own” (Testimonial 1),* emphasising the depth of self-exploration the programme encouraged.

Crossroads also focused on the impact of men’s actions on others, challenging harmful behaviours and providing contextual understanding. For some, this functioned as a stark moment of realisation. As one participant described, *“Yeah, told me the truth and how it really is. It’s a reality check basically” (Testimonial 1).*

## Strategies for de-escalation

Building self-awareness and recognising their responsibility for their actions helped participants develop both the motivation and the strategies needed to de-escalate everyday conflicts. All four men reported actively applying the techniques they learned in the programme, such as taking time to think before reacting and letting go of minor frustrations. These practices were described as beneficial across various areas of their daily lives and interactions. While they acknowledged that change is an ongoing process, they also shared a sense of tangible progress. One participant stated, *“I’ve adapted a lot of the tools into everyday life and yeah, it has helped” (Testimonial 3).* Another reflected on his emotional regulation, saying, *“I was one of them that went straight from one to 100, no in-between, I’d just start kicking off. I will take a bit more time out to think things through and yeah, even my kids and my mum seem to see a difference in me. I’ve still got a long way, but I think over the period I’ve been here, I’ve changed massively” (Testimonial 2).*

## Substance misuse and self-control

The connection between substance misuse and violent behaviour was explicitly acknowledged by one participant, who emphasised the importance of addressing substance misuse as a foundation for change. He explained, *“When you’ve taken away the substance abuse, that has made it a lot easier to control myself. I was violent all the time and aggressive and I wasn’t a trustworthy person, but I am the complete opposite now – don’t take drugs, don’t smoke, don’t drink”* (Testimonial 4). This account suggests that engaging in substance misuse treatment can serve as a crucial precursor to effective programme participation, helping to lay the groundwork for sustained behavioural change.

## Impact of the programme

Half of the men spoke about being in a deeply negative or vulnerable place before starting the Crossroads programme, describing it as a turning point in their lives. One participant shared, *“I was in a dark place at the time and you guys showed me the light”* (Testimonial 1). Another described the programme as lifesaving: *“I was in a real bad way before I started this. This course has been a bit of a lifesaver to me”* (Testimonial 2). For others, Crossroads played a critical role in addressing issues of self-hatred and low self-esteem. As one man reflected, *“At the beginning I had no self-confidence whatsoever, whereas now I feel like a million pound”* (Testimonial 4).

Importantly, participants noted that the changes they experienced were not only felt internally but were also visible to others in their lives. Their children, (ex-)partners, family members, and friends reportedly observed noticeable differences. One participant shared, *“I talk to my mum about it, I tell my ex-partner about it, and they’re really happy that I not only sat the course but finished the course. And what I tell them, only about my own experience, they can see the calm side”* (Testimonial 3). Another reinforced this, stating, *“The people around me, my kids, they don’t know I’ve been on this programme, they just see how I was like then and then see how I am now, and they seem a lot happier and a lot more comfortable around me. It was like everyone was standing on eggshells, my mum, my kids, my partner, and some of my friends, and I think they see a complete change now. We’re just a lot closer”* (Testimonial 4).

## Emotionally challenging and in-depth programme

In the testimonials gathered from clients, most spoke about how well thought out the programme progression and delivery were. Although some initially expected the programme to be superficial, they did not realise how much they were learning and engaging with it until the end of the intervention. One participant noted, *“I didn’t think it was having any effect on me”* (Testimonial 2), and another reiterated, *“I thought it was a pointless thing, but as I started doing it more, getting into it, I did see the benefits of it, and I did feel like it was worth coming. And now I definitely feel like it was worth coming”* (Testimonial 4).

Several men reflected on the unexpected depth of the programme. As one explained, *“I didn’t think it’d take it to places where it’s taken me... you touch on things and you hear things that I’ve never heard before”* (Testimonial 2). Another concurred, *“There were some deep sessions that really hit the point”* (Testimonial 3). Despite finding aspects of the course difficult, participants recognised this depth as integral to their personal transformation.

Despite the course having been emotionally challenging and difficult, the programme was effective and worth it. *“I’d say it’s the hardest programme I’ve ever done, but it’s been the most effective programme”* (Testimonial 1). Another participant noted, *“Sometimes it can be a good laugh ... and sometimes it can be hard talking about things”* (Testimonial 2).

## Staff and programme delivery

Crossroads facilitators delivering the programme were described in extremely positive terms in the testimonials. Even though some men were reticent and nervous about participating in the programme, facilitators made them feel comfortable from day one: *“I was nervous. Talking to strangers about things like that, like something that’s ruined your life really, separated family. It’s hard, but the first session I believe we left that room with all doors open. It was just so relieving to know that you could just talk”* (Testimonial 3).

Participants consistently highlighted the role of facilitators in creating a supportive yet challenging environment: *“You make us believe we’ve got the power to make our lives better... you have to make us realise what we’ve done wrong, but you make us feel like we’re doing everything right when we get here”* (Testimonial 4). Facilitators’ empathy, patience, and ability to adapt to individual needs were frequently credited with fostering engagement and trust: *“The staff are lovely, they do as much as they can to help you”* (Testimonial 2). Another shared that staff *“always made me feel like coming here was well worth it, and by the end of it, I realise just now how valuable it was”* (Testimonial 3).

Other participants discussed the advantage of attending the programme sessions in a group: *“I think it was also important to the other people at the table that there were people there for them to talk amongst. Yeah, it was a clever programme”* (Testimonial 3).

## Recommending the programme

All men explained that they would recommend Crossroads to others facing similar challenges. Some added that the programme is particularly relevant for those feeling hopeless and beyond help: *“If people think they’ve got no cause or no one can help them or owt like that, I advise them to come on this course”* (Testimonial 2). One of the men had already recommended the programme to a friend and said he would recommend it to anyone with any sort of substance misuse issue or self-hatred: *“I have recommended, I’ve got a friend who’s doing it now. I talk to*



*him about it often, to be honest. I would definitely recommend it to everybody who's got any issues with domestic abuse, drugs, alcohol, self-hatred"* (Testimonial 4).

Others mentioned that although the programme is life-changing, participants need to be motivated and engage in the sessions: *"You'd have to want to do it. You can't just come here and sit down and not talk, you have to participate, you've got to talk. Even if you just took a little bit away, it's got to be good. If you're looking at the number and you feel like ringing it, there's a reason, and just ring it, because it has changed my life"* (Testimonial 3).

Although referrals from previous Crossroads participants are the ultimate demonstration of participant satisfaction, it is important to note that the marketing materials may not be communicating the intended message. Some participants explained they did not believe Crossroads was for them when they were referred to the programme and looked at the Crossroads website: *"Reading about it from the website, I didn't think it was for me. But when I got here and it was explained, the Crossroads and the structure of that, it was put together, it sounded quite interesting"* (Testimonial 3).

## Conclusion

The thematic analysis highlights the significant impact that a well-structured and empathetically delivered domestic abuse perpetrator programme, encompassing substance misuse treatment components, can have in fostering participants' motivation for change, self-awareness, and responsibility. Participants identified improvements in emotional regulation, interpersonal relationships, and parenting, attributing these shifts largely to the group-based model and the supportive, yet challenging, facilitation style. The depth of engagement achieved suggests the programme's effectiveness, but the high emotional demands and the complexity of behavioural change processes involved in the substance misuse treatment and in changing their violent and coercive controlling behaviours may suggest the need to create avenues for long-term support when clients need it to be truly conducive to long-lasting, sustainable change. Some participants reflected about the ongoing and unfinished nature of change, with many acknowledging the persistent risk of relapse and the need for continued personal effort. Future evaluations should therefore consider the provision of post-programme follow-up to maintain momentum and consolidate gains. Moreover, Crossroads staff should consider altering marketing materials if these have not changed since the first cohort.

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