

## **“I don’t want to be like my dad”.**

In what ways, if any, can interventions with domestic violence and abuse perpetrators engage and address the relationship between perpetrators and their own parents?

### **Authors**

Opcit Research Ltd:  
Katie McCracken  
Dr. Ana FitzSimons  
Dr. Kelly Bracewell  
Dr. Chloe Gott

University of Sussex:  
Professor Michelle Lefevre

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## Rationale and aims

This report follows an early feasibility study investigating the potential of working with domestic abuse perpetrators by incorporating and addressing their own histories, family dynamics and past childhood experiences of being parented in homes where domestic abuse is present. The study contributes to the evidence base on the impact and influences of previous histories of being parented and witnessing abuse and the feasibility of incorporating these insights into treatment designs.

The study was conceived in response to the emergent evidence base on whole family interventions that acknowledge wider family dynamics as part of a response to domestic abuse, as well as the widely acknowledged evidence that many perpetrators of domestic abuse have witnessed abuse as children between their parents, which we refer to as 'past parenting traumas'. This research acknowledges that, despite the evidence of a link between past parenting traumas and present abusiveness, there is little extant research on if or how these experiences should be addressed in perpetrator interventions.

Our focus is on the potential for addressing past parenting traumas as a way of addressing the underlying causes of abuse and, therefore, reducing it.

The primary aims of the study were to:

- Synthesise existing evidence relevant to how past experiences of being parented and witnessing abuse may impact on current abusive behaviour
- Critically interpret multiple, relevant fields of study to find useful avenues of further enquiry
- Gather evidence from practitioners and researchers in the field of DVA perpetrator interventions
- Provide a theoretical and conceptual framework on which to set out the considerations, challenges and opportunities for working with perpetrators through addressing past parenting traumas.

Thus, our original research questions were:

Primary Research Question: What does existing evidence tell us about the potential influence of the parents of domestic abuse perpetrators, either as a driver for abuse and/or as a potential mitigation for abusive behaviour?

Sub question 1: What is the potential for working with perpetrators' parents to address perpetrators' abusive behaviour, under what circumstances and in what ways?

Sub question 2: What are the potential risks for working with perpetrators' parents to address perpetrator behaviour?

## A shift in study focus

Owing to the iterative and exploratory nature of the study, as described in the methodology section below, the emerging evidence prompted a change of focus in the study. It was rapidly apparent that there is little appetite amongst the respondent

group to develop interventions involving perpetrators' parents in any form of intervention, at the present time. This was, in large part, because questions about how the traumas of past parenting should be addressed remain unresolved. There are significant deficits in the skills, structures and knowledge, amongst the respondent group of DVA perpetrator practitioners, in confidently working with past traumas, including those resulting from witnessing abuse. Thus, the research sub-question 'in what ways, if any, may parents of perpetrators be involved in interventions with DVA perpetrators' was side-lined while the primary research question was addressed. The focus of this study and the core of the findings, therefore, whilst addressing the sub questions, relate to how past traumas of witnessing abuse should be addressed in perpetrator interventions. We hope it will be of use to policymakers, commissioners, services, third sector organisations and other researchers interested in this subject.

## Methodology

This study was conducted using a Critical Interpretive Synthesis methodology, involving a literature review and consultations with professionals working with domestic abuse perpetrators. Critical Interpretive Synthesis encourages a dynamic, iterative approach to question formulation and evidence gathering, as well as reflexive theory-building based on synthesis and critique of qualitative and quantitative forms of evidence (Dixon-Woods et al., 2005; Dixon-Woods et al., 2006).

Our methods included a rapid review of existing literature and interviews with public and third sector practitioners and managers with experience of working with domestic abuse perpetrators.

Our literature search strategy involved applying search terms to databases of peer reviewed literature, iteratively applying new terms to enable exploration of emerging themes; searching websites with repositories of relevant research and analysis (we have used Web of Science, Deepdyve, Google Scholar); reference chaining (searching the reference lists of sources for further relevant sources); and issuing a call for evidence among our professional networks, inviting our contacts to suggest relevant literature.

We began by selecting sources that clearly concerned our topic, approaching the search and selection of report titles purposively and then introduced theoretical sampling, based on emerging analytical themes to interrogate and elaborate the emerging analysis. We prioritised sources for inclusion on the basis of relevance, rather than requiring them to meet particular methodological standards. However, our use of the evidence considers the quality and relevance of the sources we include.

Evidence from the research was analysed for descriptive and explanatory themes, as well as to understand what theoretical frameworks are relevant to address the research questions. Thus, our themes, propositions and subsequent interview discussion guides were developed through an iterative, dialectical process of data analysis and theory building.

We also tracked the critical thinking processes of the researchers conducting the evidence reviews. This ensured that the process of making conceptual links and arguments is documented, noting researchers' own biases and preconceived notions. This allowed the study to remain reflective throughout the field work and

analysis stages. The tracking of critical thinking processes led to new chains of analysis.

### **Interviews with practitioners**

Twenty-four respondents were interviewed. All of these were conducted in one-to-one conversations, except in two cases, who took part in a matched pair interview. The interviews were conducted and recorded on Zoom and were between 30 minutes to one hour in duration. Interviews were conducted following an iterative and synthesising approach in which topics that emerged from each interview were probed further in subsequent interviews. Interviews followed a highly narrative open-ended format and were guided by a discussion guide that broadly followed the research questions. Following the interviews, conversations were transcribed and analysed in a similar manner, using both inductive and deductive analysis to both address our core questions and follow themes and issues that were highlighted by respondents.

### **Findings from the literature review**

Thirty-three studies were selected for review and fully analysed applying the CIS method. The following provides the main findings, organised by key analytical themes.

The themes are summarised as: links between DVA perpetration and earlier exposure to DVA as children; evidence on the overall effectiveness of interventions targeted at DVA perpetrators; psycho-social theories for why people use abuse in intimate relationships; evidence of emergent practice approaches with some relevant to the question of engaging perpetrator parents/working to address parenting traumas as a means of reducing DVA perpetration.

### **Paucity of literature**

An important initial finding is that there is a paucity of literature that directly addresses the underlying mechanisms that link childhood exposure to DVA and later perpetration. However, we have drawn insights from a diversity of research subjects, using these to form a theoretical backdrop on which to explore the research questions more fully.

### **Links between DVA perpetration and earlier exposure to DVA as children**

Several studies indicated the strong correlation to earlier exposure to DVA as children and later DVA perpetration, to the point of saturation. These include inter alia: Dixon et al., 2007; Stover and Coates, 2015; Ellen et al., 2019; Islam et al., 2017; Kaufman-Parks et al., 2018.

A systematic literature review of the relationship between Intimate Partner Violence (IPV) and youth violence (Butler 2020) demonstrated clear evidence that being exposed to IPV resulted in a range of possible outcomes such as displays of antisocial behaviour (Sousa et al., 2011), conduct problems, relationship violence (Ireland and Smith, 2009), IPV perpetration (Smith et al., 2011), IPV victimization

(Narayan et al., 2017), overt peer victimization and relational peer bullying (Knous-Westfall et al., 2012).

The literature review also identified various mediating and moderating mechanisms that underpin exposure to DVA and later perpetration, which we detail below.

### **Mediating and moderating mechanisms**

We noted that a poor-quality child-parent relationship as well as high levels of parent to child aggression, in combination with DVA exposure, is a key independent predictor of later DVA perpetration. A study by Kaufman-Parks et al. (2018) found that both parent-child physical aggression and parent-child relationship quality were key independent predictors in adolescents' and young adults' IPV perpetration.

Tolerance of DVA is also a predictive factor, in combination with witnessing DVA as a child. A study by Islam et al. (2017) found that men who *both* witness past DVA *and* have an attitude that justifies and tolerates DVA against women are more likely to be perpetrators of DVA, compared to individuals who *only* either witness or have justifying attitudes towards DVA. The study indicates that men who had witnessed father-to-mother violence were more likely to perpetrate IPV, suggesting an intergenerational transmission of violence. This transmission of violence may operate through the learning and modelling of attitudes favourable to spousal abuse. In support of this, witnessing inter-parental violence was also associated with the endorsement of attitudes justifying spousal abuse. This suggests the underlying mechanisms of tolerance, social norms and justification of DVA are important linking factors bridging witnessing and perpetrating DVA (Islam et al., 2017).

We also drew interesting conclusions from Krishnakumar and Buehler's (2000) study of the impact of DVA exposure within the childhood home on the quality of the relationship between the non-abusing parent and their child. This posits the 'spill-over' theory, which describes how inter-parental conflict characterized by aggression, frustration, hostility and abuse often 'spills over' into interactions between others in the home, notably those between the parents and children. This results in harsh parenting, lax control, emotional unavailability and lack of support to the child. In this sense, exposure to DVA in the childhood home diminishes the relationship between the child and both the abusive and 'non-abusive' parent.

Krishnakumar and Buehler's evidence is cited by Maríñez-Lora and Cruz (2017) to support the need for interventions that use fathers' desire to improve their relationship with their own children as motivation to stop using abuse in intimate relationships.

### **Evidence for the effectiveness of existing perpetrator interventions**

Part of our research strategy was to examine the evidence on the effectiveness of existing perpetrator interventions and attempt to identify lessons relevant to our study in order to understand the current status of perpetrator interventions. Two important findings emerged in relation to existing interventions for perpetrators of DVA. The first is that the 'Duluth' model of intervention is, still, a highly prevalent model of intervention. The second is that these types of approaches are, as broadly demonstrated, ineffective.

The Duluth model is a behaviour change-focussed intervention programme, delivered as part of a coordinated community response, which incorporates a social

norm change, feminist perspective, and is embedded within a retribution-focused criminal justice frame. Mills et al.'s 2017 study found that, based on the situation in the United States, courts routinely refer those convicted of DVA to 'batterer intervention programmes' (BIPs) that are based on the Duluth model. The authors summarise the Duluth model as an approach in which 'offenders are taught to identify maladaptive behaviors and find non-violent alternatives'.

5 well as to change attitudes regarding power and control in intimate relationships. Of note is the common finding that behavioural change, Duluth type interventions have significant limitations in addressing the underlying problem of DVA. Such programmes have high rates of attrition (Babcock, Green, and Robie, 2004; Jewell and Wormith, 2010; Price and Rosenbaum, 2009), ranging between 30 to 50 percent (Labriola et al., 2007; Gondolf, 2009). Indeed, non-compliance in such programmes, in terms of attendance, remains the single strongest predictor for re-assault (Heckert and Gondolf, 2005).

Importantly, Mills et al. (2019) report that there is limited evidence that attitudinal and behavioural change occurs, once someone has participated in a behaviour change intervention programme (Gondolf, 2000; Jackson et al., 2003). Barnardi et al. (2017) also note that several studies have found domestic abuse perpetrator programmes, based along Duluth lines, to be ineffective.

Several studies theorise reasons why existing perpetrator programmes may be ineffective. These primarily coalesce around conceptual and therapeutic limitations.

Mills and et al. (2019) conducted a randomized controlled trial of restorative justice-informed treatment for domestic violence crimes. As part of this, they review existing perpetrator programmes, finding that, 'Batterer Intervention Programmes (BIPs) use shame to encourage offenders to take responsibility for their abusive actions.' However, the researchers suggest that shame can hinder progress and encourage aggression in those being shamed. The authors advocate and trial a restorative intervention in which the practice aims to restore 'personhood' to the perpetrator in an effort to engage them more meaningfully. The trial found that participants reoffended at significantly lower rates than the control and that offences were less severe also. The primary interest of this finding for the present study is the implication that approaches which seek to restore, rather than punish alone - both in the sense of community and victim reparation as well as in the sense of the offender's identity, psyche and social connections - may be more effective than behaviour change and retributive interventions only.

Similarly, Camp (2018) reports that interventions that currently exist, based broadly on the Duluth model, are not successful because they only focus on external accountability and not on attitudinal or long-term change. To this end, Camp suggests that shame is a key mechanism deployed in 'traditional' interventions, as a means of affecting behaviour change. However, shame is a common feature of many DVA perpetrators' experience in childhood, including those who have been exposed to DVA as children. To re-shame, therefore, can re-ignite the traumas experienced and be counter productive. The author suggests that interventions must be tailored to individual offenders' experiences and motivations and must address each underlying cause of the offending behaviour.

## **Psycho-social theories around the relationship between childhood experiences of violence and violent behavior in adulthood**

We identified some key theories which may provide an explanatory framework linking early exposure to DVA and/or poor experience of being parented to later DVA offending. These all suggest that the relationship between childhood experiences of violence and violent behaviour in adulthood is complex and also requires more exploration and research (Keiski et al., 2016).

### ***Attachment theory***

Kaufman-Parks et al. (2018) posit that attachment theory is an important means of understanding the link between exposure to DVA and later perpetration. The authors use attachment theory as a measure of parent-child relationship quality, drawing on work that theorizes how insecure attachments may serve as an alternative explanation for intergenerational continuities in violence. This means that, instead of learning and normalizing violence via modelling behaviours, child maltreatment results in insecure attachment patterns, which manifest in anger, hostility and aggression toward others (Buchanan et al, 1996; Dutton et al., 1994).

Kieski et al. (2016) also draw on attachment theory to explore how childhood experiences of emotional abuse may be related to the quality of adulthood romantic relationships. These findings suggest that individuals begin to form early cognitive models of relationships with others based on the interactions they have with their parents and other adult caregivers. Viewed in this light, DVA may be seen as an effort by the perpetrator to prevent the anticipated or perceived loss of their romantic partner (Dutton et al. 1994; Henderson et al., 2005).

However, a systematic review of literature around attachment theory and DVA conducted in 2018 by Velotti et al. concluded that a great number of studies failed to find significant associations between insecure attachment and DVA victimization or perpetration. However, the authors go on to argue that DVA is not a deterministic phenomenon and the complex and multidimensional relationships between an individual, their resources and the risk factors occurring at different steps of their relationship must be considered. They also noted that the literature reviewed in their paper often neglected the role of other important correlates of DVA. For example, attachment and DVA have rarely been investigated in relation to poverty or among populations of minority women. The authors conclude that additional research is needed to provide a greater understanding of different DVA forms, their links to cultural, situational and structural factors, to aid in the development of prevention and treatment interventions.

### ***Affect regulation***

There has been a recent increase in work that connects the impact of affect regulation theory and domestic abuse. This considers how those who struggle to regulate negative feelings may be more prone to abusive behaviour. This strand of research also focuses on 'affect regulation' as a tool that may help mediate this abusiveness in intimate relationships.

Dankoski et al.'s 2006 study concluded that 'dysregulated affect' may act as a mechanism through which family chaos and attachment processes predict criminal violence against women in adulthood, both within and outside of family relationships. The authors set out recent research which has shown one of the strongest predictors



of conduct disorder, violence, and criminal activity is having parents who are criminally involved (e.g. Hawkins et al., 1998). Whilst the authors point out that the mechanisms for explaining these correlations are not yet well set out, the correlations between affect and abuse may provide insight into the types of thought and emotional processes that characterise abusive behaviour.

A study by Harper et al. (2005) explored how shame and anger contribute to men's use of psychological abuse with dating partners. Specifically, they found that anger appears to serve as a pathway through which shame is expressed as psychological abuse; men with high anger levels may use psychological abuse with a partner when they are angry, regardless of how well they are able to modulate their anger in response to anger-provoking situations. As such, the authors argue that interventions and prevention may need to focus on decreasing overall levels of anger and generalized anger arousal to avoid exceeding a threshold of anger intensity. However, although appropriate and effective affect regulation may benefit men with high levels of anger, the disposition to experience anger itself may be a more critical focus.

Additionally, a study conducted by Stover and Spink (2012) focused on the parenting styles of men who engage in DVA with a history of substance abuse. The authors found that participants often displayed significant difficulty in regulating negative feelings – affect regulation - and also had poor response inhibition. This study, whilst tangential to the key research questions, suggests again the need to go beyond behaviour change modalities. This finding is mirrored in the work of Keiski et al. (2016).

### ***Social Learning***

Social learning theory, proposed by Albert Bandura (1977), emphasizes the importance of observing, modelling, and imitating the behaviours, attitudes, and emotional reactions of others. Social learning theory considers how both environmental and cognitive factors interact to influence human learning and behaviour. There has been significant research on DVA that supports the claim that children model the behaviour and response patterns of their parents and close family members (e.g. Cochran et al., 2011, Benda and Corwyn, 2002; Halford et al., 2000; Hines and Saudino, 2002; Gefner et al., 2000; Skuja and Halford, 2004).

Several more recent studies have applied social learning theory to the subject of domestic violence and intimate partner violence, to explore how children learn violent behaviours and continue to teach these behaviours to their own children, and how an understanding of this can address the causes of these behaviours.

Abbassi and Aslinia (2010) draw on theories which describe how people discover behaviours through vicarious learning; meaning one does not need to be engaged in an actual behaviour directly to learn or model it. Thus, simply witnessing a behaviour is sufficient to learn and later behave in the same manner. They applied this concept of vicarious learning to families experiencing forms of violence, and found it to be a very helpful technique in helping them understand the impact of their behaviours, for both perpetrators and victims of domestic violence.

Anderson and Kras (2007) argue that social learning theory can offer an explanation of intimate personal violence by accounting for the cognitive functioning involved in intimate partner aggression. They state that when a child is exposed to violence in the home, they will cognitively replicate the situations in which it occurred, and the

negative emotions attached to the past experiences will result in violent behaviour. As a result, the authors stress the need for an approach that employs strategies used by both the criminal justice and public health systems, uniting a host of people and agencies to work together toward its prevention.

## Findings from the field work

### The respondent group

Twenty-four respondents took part in interviews to address our research questions. All but two respondents have direct experience with delivering, managing or developing DVA interventions, the remaining two are academic researchers in the DVA and DVA perpetration field. Eighteen respondents named specific interventions they either work with currently or had worked with in the past. These included Building Better Relationships (BBR), Caring Dads, Respect, ReProvide, HELP, IRSC, ADAPT, Drive. Three respondents described having been personally involved in the development of interventions, whilst five were involved in the management and supervision of programmes. The remaining respondents were directly involved in session delivery and direct work with perpetrators. Four respondents also have substantive research experience with DVA perpetrators.

The majority of respondents who provided information on length of service had been working in DVA-related fields for a substantial amount of time, with an average of 18 years' experience where data was provided. Three respondents had more than 30 years' of experience in developing and delivering programs, another three had more than 20 years', three others had more than 10 years' and the rest had between 5 and 10 years' of experience in DVA related areas. Respondents had also worked in several different DVA related roles ranging from perpetrator program facilitation, victim support services, management, to research and program development. The respondent group were located in geographically diverse areas within the UK, including London, Wales, Scotland, the North-West region and Bristol.

Two respondents mentioned working with LGBTQI participant groups whilst one described working exclusively with heterosexual men and women. One respondent mentioned working with perpetrators from diverse cultural and ethnic backgrounds. Two respondents mentioned working with perpetrators who had disabilities. One respondent works with young men in a Youth Offending Service.

The interviews were conducted and recorded on Zoom and were between 30 minutes to one hour in duration. Interviews were conducted following an iterative and synthesising approach in which topics that emerged from each interview were probed further in subsequent interviews. Interviews followed a highly narrative open-ended format and were guided by a discussion guide that broadly followed the research questions. Following the interviews, conversations were transcribed and analysed in a similar manner, using both inductive and deductive analysis to both address our core questions and follow themes and issues that were highlighted by respondents.

### What is the prevalence and significance of the link between witnessing DVA as children and later perpetration?

Whilst the question of how prevalent the experience of witnessing DVA as children is amongst perpetrators was not directly asked, ten respondents volunteered their views on the issue. All of these respondents considered past witnessing of abuse to be highly prevalent amongst the perpetrator population, although not a universal feature of perpetrators' pasts. Not only had a majority of the perpetrators they work with witnessed abuse in the family home, but they had also encountered abuse or

neglect themselves as children. A range of abusive behaviour was observed and experienced including witnessing arguments, smashing of inanimate objects, physical and sexual violence. Many respondents also reported that perpetrators had directly experienced abuse as children, in conjunction with witnessing abuse. This included overly controlling parenting behaviour, intimidation, child neglect and physical abuse.

*There's a kind of general recognition that men who, you know, [are at] medium or high risk of violence have very often experienced abuse, and trauma of their own in their own lives. And I think there's some, I think there's some evidence basically to, to back that up, particularly among major and criminal justice-based programmes. (DVA perpetrator practitioner)*

*Yes, I'd say that's a significant factor, it's very common for a perpetrator to grow up in an abusive household. (DVA perpetrator practitioner)*

*99% of them will be a product of their circumstance, which is why, you know, parenting is so important. (DVA perpetrator practitioner)*

One respondent noted that, in their view, “as many as 90%” of the people they worked with have had “adverse childhood experiences”, whilst another respondent described how, in one session they had run, all participants described their parents as abusive. Another commented that it “would be very difficult to pick out someone who hasn’t experienced trauma”.

This reflects findings in relevant literature, of a clear and widespread correlation between earlier exposure to DVA as children and later DVA perpetration (eg., Dixon et al., 2007; Stover & Coates, 2015; Ellen et al., 2019; Islam et al., 2017, Kaufman-Parks et al., 2018).

Witnessing and experiencing abuse as children was considered significant by respondents, not only in terms of frequency but also in terms of the profound impacts on children’s emotional health and safety and, later, that of the adults that they become. For example:

*One of the questions we ask is, when was your first time of remembering where you witnessed or experienced violence as a child? And quite often the men respond with, Oh, I saw my parents fighting and arguing. And quite a high percentage, that was physical abuse. (DVA perpetrator practitioner)*

*Traumas [are] not recognised. [This] can lead to school exclusion and premature criminalisation and exploitation. (DVA perpetrator practitioner)*

Growing up in an abusive environment not only has direct negative consequences but also implies an absence of positive ones, where the child lacks positive role modelling. For example:

*There's a lot of absent fathers, as well, in our cohort, so it's...the sort of guy who hasn't had a positive role model, in terms of how to be a man or how to be a father, or whatever. And doesn't know what else to do beyond sort of, you know, having emotional reactions and behaving poorly. (DVA perpetrator practitioner)*

*Yeah, because they don't know how to do it any differently. They haven't learned how to compromise, negotiate, not win arguments. Arguments don't need winning, they need resolution. And we need to give ground. Sometimes we don't want to give ground. But if all you've been bought up watching is dad being in charge. When you're a bloke and you don't get your own way, you're going to do what you know how to do. Which is hit out because you want your own way.*  
(DVA perpetrator practitioner)

### **What are the causal mechanisms linking past parenting traumas with current abusiveness?**

Interviews probed respondents' views and insights into how best to describe the causal or correlational links between earlier parenting traumas and later perpetration. It was clear to researchers that respondents had given these questions a great deal of previous thought, but answers remained elusive to them. There was no clear consensus between respondents about *why* so many perpetrators, in respondents' professional experience, had also witnessed abuse as a child. The link was not well understood although it was well noted. For example:

*I don't know why it causes it, but it does tend to be a repeat pattern.*  
(DVA perpetrator practitioner)

Respondents rehearsed several suggestions to link past experiences to current patterns of abusiveness. These included neural development, attachment formation, negative behaviour modelling, toxic and violent masculinity. For example:

*I think the whole brain development things quite interesting, you know, that the adverse effects on your brain development, if you've, even if your, your mother has been subject to domestic abuse, you know, when you when she's expecting you, and you almost come out, you know, into the world with a high stress level.* (DVA perpetrator practitioner)

*One man has a ridiculous set of expectations of himself and others and when they can't meet those expectations...*(DVA perpetrator practitioner)

*Men are not able to express their feelings. [It's] toxic masculinity.* (DVA perpetrator practitioner)

The notion of trauma was frequently mentioned by respondents as playing an important role in linking past experiences with present abusiveness. 'Trauma' was used to describe childhood experiences as well as to describe a desired practice approach. The phrase 'trauma-informed' was used by three respondents both to describe their current treatment approach as well as an approach that was needed, driven by a growing understanding of the impacts of negative childhood experiences.

*Traumas lead to raw points. Can leave people oversensitive to certain things. Can also leave people quite cold and cut off. Unable to empathise around certain areas.* (DVA perpetrator practitioner)

*We need to be trauma informed. We need a very robust risk assessment and workers who know about that culture.* (DVA perpetrator practitioner)

*I have worked on four DVA interventions. Over time things are becoming more trauma informed.* (DVA perpetrator practitioner)

## **Links between past traumas and current abusiveness are not linear**

However, where a connection between earlier witnessing of abuse and later perpetration was made, respondents noted that this was mediated through a range of complex and inter-woven factors.

*These aren't the only things that are important but you have to include it [experiences of being parented] (DVA perpetrator practitioner and researcher)*

Four respondents stressed that whilst past parenting trauma was an important factor, they would caution against describing the link between witnessing DVA and perpetrating DVA as 'causal'. As one respondent noted, "parenting doesn't happen in a vacuum", and advised that it is also important to consider the role of structural disadvantages in the lives of perpetrators of DVA. Several respondents stressed that whilst past trauma plays a part in why someone is abusive, so too does a lack of opportunity and resources, amongst other factors. One respondent emphasised the need to focus on "fixing the context, not the person".

Two participants mentioned that they viewed the 'cycle of violence' theory, in which abusive behaviour of one generation is caused by witnessing or experiencing it from a previous, as flawed and out of date. One respondent described the connection between witnessing and perpetrating abuse thus:

*[it] can be linked as a potential cause but not set in stone. The cycle of violence theory is well recognised as a bit flawed now, but experiences of parenting are still important. It increases the risk I suppose. It's linked to other experiences, like a cumulative effect. Depends what else happens. Especially when there is a lack of interventions for children and young people to talk about abuse. (DVA perpetrator practitioner)*

However, despite reticence about the strength and direction of the link between past witnessing and present abuse, all respondents - practitioners and researchers alike - indicated that it is necessary to better understand the mechanisms linking these. This was considered important if sustainable improvements in abusive behaviour are to be achieved.

This mirrors the findings from the literature review – that there is a lack of evidence on the underlying mechanisms that link childhood exposure to DVA and later perpetration, although there is strong descriptive evidence of the connection.

## **How do respondents describe their models?**

Respondents described a broad range of models for working with perpetrators of DVA. Overall, there was a strong sense that respondents' approaches to practice were diverse, containing elements of different models, and were less likely to focus on one very rigid approach. For example, one respondent described using a holistic range of models, including CBT and person-centred working, alongside more specific interventions such as First Time Inside and Connecting Communities. Another respondent described taking a 'safety-led' approach, which used a mixture of CBT, mindfulness, conflict resolution techniques, non-violent communication, and therapeutic relationships.

Some respondents named specific models that they use, or upon which their work was based, whilst others focused more on describing particular themes and processes that underpinned the work they did.

Three respondents explicitly mentioned the Duluth model as forming part of their practice approach, but this was described as being used in combination with other forms of practice. For example, one respondent noted that they use:

*A bit of Duluth, it's a bit of CBT. And it's a bit of what comes into the room.*  
(DVA perpetrator practitioner)

Another respondent mentioned using both the Duluth model and CBT in combination, where the Duluth elements were used each session for a 'check in', with a particular focus on the power and control. However, this was done in conjunction with CBT processes.

Many others described the Duluth model as "outdated", and that practice had and needed to be evolved further. As one respondent commented, Duluth is:

*a heavily politicised area of work. People are hostile to Duluth. It's really good but it's only part of it.* (DVA perpetrator practitioner)

This view relates to a number of other comments made by respondents that DVA perpetrator programmes should not be based on a manual and that facilitators should be given flexibility to address the issues that perpetrators present with. For example:

*The answer is never a programme. A programme is only part of the intervention. We need to look at cases in an open and neutral way.* (DVA perpetrator practitioner)

*Programmes focus on a manual. The prime focus should be on a facilitator. They need to have basic counselling and listening skills.* (DVA perpetrator practitioner)

*Facilitator is key. We don't need a manual, we have guidelines.* (DVA perpetrator practitioner)

This focus on flexibility and drawing together a range of processes was found throughout the interviews. One respondent stressed that "we utilise the skills of the facilitators", saying "for me, it's the ability of the facilitators to engage the men during that process of change in that group, and not necessarily stick to a timetable of delivery."

Eight respondents described using a model which drew on or was grounded in CBT, suggesting that this was something of a core principle for many of the organisations involved in the research.

Another specific model mentioned by three respondents was the BBR (Building Better Relationships) model. This was described by one respondent as being

*More contemporary [than Duluth], in that it's more focused on an individual and their strengths and an idea that there could be a whole host of reasons*

*why somebody finds themselves behaving domestically, abusively. (DVA perpetrator practitioner)*

Another respondent stated that BBR “focuses on understanding where behaviour is coming from rather than individual histories”, for example looking at triggers and traditional attitudes towards women. Again, the respondent indicated that the BBR model they implement is also underpinned by CBT.

Accountability emerged as a key theme for many respondents when discussing the models they used. One respondent stated:

*I would say a lot of it is about building up insight and awareness as to why they're using the behaviour, really focusing on that as a way to then look at change. And it's quite a large part of it is about trying to make perpetrators very accountable for their actions, but removing the barriers of shame. (DVA perpetrator practitioner)*

Ensuring accountability whilst avoiding shaming was an important consideration for many respondents in their work with perpetrators. One respondent described this as:

*Recognising that, you are completely responsible for your behaviour, and that you're completely responsible for managing your own internal experiences. And by that, I mean, not just your thoughts, but also your life. (DVA perpetrator practitioner)*

Another respondent stressed that:

*We don't say, 'you're a terrible person, you should be locked up'. We ask why they might do things and respond this way. We talk about their childhood experiences. They actually like the wheel to help them reflect on their own experiences and see on paper what they are doing now. They have this realisation that's how they behave, and they will say they never wanted to be like their dad...it helps them to think critically. (DVA perpetrator practitioner)*

The focus on accountability also relates back to the correlation between witnessing or experiencing DVA and then going on to perpetrate it. As one respondent stated:

*So actually, part of our courses actually is the impact of domestic abuse on children. And so we look at how we were parented, how we parent, our own children, and actually the impacts of domestic abuse within the household on the children and how that is then going to affect their subsequent relationships. (DVA perpetrator practitioner)*

By focusing on how perpetrators are themselves functioning as parents, some practitioners described how they are able to develop accountability through thinking about how their own parents might have been accountable.



## **Deficits and challenges for delivering perpetrator interventions that address previous traumas**

Given the lack of reliance on a codified manual or treatment modality, the relationship between the facilitator and the participant was highlighted by several respondents as an important factor in dealing with past parenting traumas. However, several respondents noted a lack of skills and resources needed to effectively process the issues and challenges presented in perpetrator work. In particular, there was a common suggestion, amongst practitioner respondents, that whilst earlier witnessing of DVA was an extremely common experience amongst perpetrators, there was insufficient knowledge about or resources to address it. Some practitioners reported being ill-equipped or trained to address the issue, if past traumas of witnessing abuse “came up” (DVA practitioner respondent) in conversation:

*So we're, we're kind of very aware as workers, I think that if somebody does become triggered with their own childhood stuff, that there's not really an effective service to go to. I mean, it's important for us to make the links between some of the experiences of childhood and adult behaviour. But, you know, you're very, very cautious not to go any deeper, I mean, certainly no deeper than someone is really prepared to share. (DVA perpetrator practitioner)*

Other practitioners suggested that addressing past traumatic experiences in childhood such as witnessing abuse was explicitly not the objective or responsibility of their service:

*If it's something really significant for a guy who can't afford counselling, we will look at other avenues of getting that band support to deal with that, because we're dealing with his behaviour, and now, not what he's experienced as a child. (DVA perpetrator practitioner)*

The importance of the relationship between facilitators and participants, several respondents suggested, means that more training and support is required for those doing this kind of work. As one respondent expressed:

*I'm not trying to downplay the fact that they aren't given some additional training. But I know from speaking to facilitators, when they would like to talk about their pain, their difficulties, their experiences of working in these programmes, which no one's ever done before.... they said, we're struggling. We're struggling with knowing how to do all of these things. (DVA perpetrator practitioner)*

*Who are the facilitators? Recruitment, training, emotional support? Who is talking about them and their lives? What we need are really good facilitators. (DVA perpetrator practitioner)*

Relatedly, several respondents suggested that a manual or a rigid model could only go so far, and that the effectiveness of any intervention depended, ultimately, on the relationship and skill of the facilitator. In relation to BBR, for example, one respondent noted:

*I find BBR frustrating, because it's just doesn't give any space to follow the men...there's, there's anxiety about having to cover the material...Whereas skilled facilitators would say I like it, because it gives me this space to follow what the men bring to the group. And different facilitators bring very different things. I think it's about training and enabling facilitators to be more skilled in their practice and judgement, rather than kind of designing this programme, which is more of a kind of an injection of this idea that you inject people with the right programme, and then that fixes them, rather than thinking is an intervention is fundamentally relational. (DVA perpetrator practitioner)*

This ties in with themes of empathy, which also emerged as a grounding principle throughout many of the interviews. One respondent described their model as “trying to get very patient”, taking a tuned in and empathic approach. They emphasised the “need to be aware of the impact you have and the consequence of that...to work within the relationship dynamic”.

### **Group work versus one-to-one work**

Throughout the interviews, respondents frequently stressed both the pros and cons of working in groups or one on one work. In particular, for addressing and processing past traumas and its influence on current behaviours, one-to-one work was preferred. As one respondent noted:

*In a group, they're less likely to want to talk about their own childhood stuff. But of course, it's still there. So when they see the material or talk through the material, it can be quite triggering. (DVA perpetrator practitioner)*

*It's just that none of [the interventions I know about] are long enough and it's not always appropriate to discuss things in a group setting. (DVA perpetrator practitioner)*

However, around half of the respondents expressly mentioned working in groups and emphasised that it was important to have a combination of methods. In one respondent's view, group work was “beneficial” because it created a shared understanding of experience. Another said that the “important factor is a mix of group and one to one sessions to give people the opportunity to open up and do that work”.

### **How might past parenting traumas be addressed in perpetrator interventions?**

Following discussions about the extent and nature of the relationship between witnessing domestic abuse and violence and later DVA perpetration and current treatment modalities, respondents were asked to consider directly whether or not, and in what ways, addressing the past experiences of being parented would be a productive way forward. The question was asked in an open-ended format, so that respondents could assemble thoughts and insights in their own way. Respondents also voiced their opinion on this question, unprompted, when asked for their ‘gut reaction’ to the title and purpose of the study. Responses, in general terms, were overwhelmingly in the affirmative whilst cautious: that, in some way, addressing the link between past witnessing of and present perpetration of DVA should be researched and developed further, as part of a preferred approach to address

previous traumas which impact on current cognitive, emotional and behavioural sequela. Only 3 out of 24 respondents foregrounded discouragement in their response to this question, whilst 21 led with cautious encouragement, as in the following:

*Q) What was your gut reaction when I first described the purpose of our study?*

*A) Interesting. We have a lot of men who are like, 'I didn't want to be like my dad and here I am'. (DVA perpetrator practitioner)*

*Q) What was your gut reaction when I first described the purpose of our study?*

*A) Really great, that's brilliant. Feel like it's an obvious answer. It's so common I'm surprised it's not done more. (DVA perpetrator practitioner).*

However, initial encouragement and support for the notion of addressing the issues of past parenting trauma was always linked with caveats about the practical and therapeutic limitations and risks, not only to DVA victims but also to the perpetrators themselves:

*There is definitely [a need]. But I'm not very hopeful given the mental health services crisis in this country in the current circumstances. (DVA perpetrator practitioner).*

*It might be helpful to increase understanding, build resilience but you have to accept your behaviour has an impact; you can't continue to blame previous experience on current behaviour. (DVA perpetrator practitioner).*

*It could potentially be a really good intervention. If done right it could go well. All the 'pre' work (individual and wellbeing work) needs to be done first, like with alcohol, gambling – what support is in place for them? (DVA perpetrator practitioner).*

The most reticent voices amongst respondents expressed concern about engaging in family dynamics where there had previously been or is current DVA, in particular how this might impact on the victim (most often expressed as perpetrators' mothers) of abuse:

*My gut reaction [to the research questions]? Not a shock. But I would be concerned if interventions took parenting as an overriding factor. (DVA perpetrator practitioner).*

*I'm not sure how it could be implemented. It needs to be part of a wider community response... with some sort of acknowledgement about harm done. [There is likely to be] a focus on mothers [which means that pain] can be pushed onto the mothers and this leads to victim blaming. I would be concerned if just focused on family dynamics. (DVA perpetrator practitioner).*

## Practitioner skill and confidence

Six DVA practitioner respondents, including one in a dual researcher-practitioner role, directly pointed to their own or colleagues' lack of professional resources including skill, confidence and time as being an important barrier to developing an adequate response to past parenting traumas amongst DVA perpetrators. These barriers manifest as mutually reinforcing combinations – lack of time, because perpetrators on funded programmes are provided a limited number of weeks; and lack of skill and confidence, because practitioners are not able to practice these in depth. However, whilst these respondents expressed the potential necessity of working in depth with the historic causes of DVA perpetration, their treatment modality was not designed to accommodate such work. Several practitioners described how onward referral to more 'in-depth' support was the ordained and accepted process. Whilst this means a procedure exists for when perpetrators present with traumas, its effectiveness depends heavily on there being in-depth, one-to-one therapeutic support available outside of the perpetrator intervention. This is not always the case. Thus, many practitioner respondents, as well as practitioners described by respondents, are often confronted with perpetrators' past traumas and experiences that they are unable to address. This includes traumas connected with their experiences of being parented as well as their current relationships with parents. Practitioners sometimes described how they avoided these issues and attempted not to "probe too deep":

*I would love to have, you know, maybe an in-house counsellor that you could kind of get a reasonably quick referral into when you realise that, you know, there is an issue with childhood trauma. (DVA perpetrator practitioner).*

*[We would like] more of a therapeutic approach. Funders want 6 sessions for everything. It's not realistic. That can only provide basic DVA awareness. The average case is open 3-6 months. (DVA perpetrator practitioner).*

*[There is] no scope in this programme to address issues in a therapeutic approach. (DVA perpetrator practitioner).*

This is not to suggest that practitioners are doing the wrong thing in avoiding probing too far into past parenting experiences. Rather, in general terms, respondents described how the current philosophies of practice are not designed for and, therefore, do not produce practitioners capable of in depth, psycho-therapeutic work of the kind they also described as necessary for addressing the issue of past childhood experiences of witnessing abuse.

Other respondents noted, in general, the level of practitioner expertise and lack of professional prestige involved in the perpetrator programme sector as a whole, which means there are too few skills available amongst perpetrator programme workers to address traumas connected with past parenting.

*BBR has a huge manual. More experienced facilitators are frustrated with having to cover everything in the manual rather than be led by the men. (DVA perpetrator practitioner).*

*There's not enough training and support for staff to be responsive. (DVA perpetrator practitioner).*

*People working with sex offenders have more training, more support. In comparison, those on perpetrator programmes .. There was a complete difference in staffing, training. There's no requirement for mandatory training and therapy. (DVA perpetrator practitioner).*

### **The limitations of group work in addressing past parenting traumas**

Allied to the issue of lacking practitioner confidence and expertise in working with past parenting traumas and witnessing abuse is the issue of programme format. Ten practitioner respondents explicitly described their programmes as consisting of at least a component of group work. Most of these respondents' programmes were only delivered as group work. Respondents described their view that this format is not conducive to more in depth, therapeutic work to address past parenting traumas, or any discussion that requires focusing on an individual's histories and feelings in any depth.

*One of the missing links is group work. It's not appropriate to delve into someone's traumatic background. (DVA perpetrator practitioner).*

*And in a group, they're less likely to want to talk about their own childhood stuff. (DVA perpetrator practitioner).*

Relatedly, perpetrators themselves were described as being reticent about engaging in in depth, one-to-one therapeutic work. One respondent described how such support is not culturally acceptable and another that such support is not affordable or accessible financially:

*It's not like America, not everyone wants a psychologist. It's not trendy. (DVA perpetrator practitioner).*

*Not every family can afford the one-to-one therapy. They may need it to address their family. (DVA perpetrator practitioner).*

### **Should and how should perpetrators' parents or family members be involved practically?**

The question of whether to or how to involve the parents of perpetrators directly in an intervention was initially inspired by a growing understanding of the potential for whole family working and restorative justice type approaches both to address DVA perpetration and criminal justice more widely. In this sense, it was imagined that primary research would probe the practicalities of involving perpetrators' parents, (either the non-abusive parent or the abusive one, in different ways) in family group work, or as support or resources. This could be modelled on the ways that restorative justice models such as circles of support operate. However, the primary research quickly revealed that respondents were not yet ready to consider the practical aspects of such an intervention or the treatment modalities, given the limitations of experience in dealing with perpetrators' past traumas more generally.

As we have seen above, discussions grounded on whether there was an appetite for further exploration of how to approach past parenting traumas and witnessing of abuse. However, important characteristics of the current and former relationships between perpetrators and their parents, and how perpetrators think about their parents, emerged throughout the discussions and are worth describing as they may be relevant when thinking about potential treatment modalities.

Perpetrators' current relationships to their parents were described as either highly fraught and broken or emotionally closed, rendering them incapable of processing present or past difficulties effectively:

*And some of our guys don't have that contact with their dads because of that [past] behaviour. And some still do and get on really well. We had a guy in group three weeks ago, who just broke down while we were looking at attachment. (DVA perpetrator practitioner)*

*In addition to the expected issues that arise in restorative justice-type approaches, there are likely to be even more intense and dysregulated emotions among perpetrators due to (likely) very long-simmering traumatic memories and emotions surrounding traumatic experiences during childhood. This will require facilitators to be especially well-trained in dealing with such intense and complex emotional dysregulation experiences etc. (email communication from DVA researcher and practitioner, USA)*

Four respondents, including two practitioners and two researchers, indicated their view that any work that directly involved perpetrators' parents could, potentially, place the abused parent at risk of re-traumatisation or direct danger if they are still in the abusive relationship. Further, two respondents expressed concern that the abused parent, in most cases the mother, would be depended upon to provide support and care when they/she are in a vulnerable state themselves.

Finally, two practitioner respondents who had previously begun to explore involving perpetrators' family as a support resource reported problems of engagement. One reported that perpetrators had not wanted to involve anyone else in their sessions. Respondents did not understand the reasons why this was the case but offered:

*[In group work with restorative justice the men were asked] to bring in extended family as a support person. But it rarely happens.. and they rarely bring anyone.. Men are often isolated. No one has ever brought in a person to support them. (DVA perpetrator practitioner and researcher, USA)*

In another case, the practitioner had talked with victims to find out their views on if and how perpetrators' parents may be involved in a whole family, restorative justice way. The victims had expressed that it was a good idea in principle but in practice, in their case, not feasible because:

*Family members of the perpetrator were not supportive of the intervention, and they were blaming survivors. So saying, well, she, you know, she was very demanding, or she was a difficult woman or, you know, whatever. (DVA perpetrator practitioner)*

## Towards an approach in addressing perpetrators' experiences of being parented

The primary data revealed little in terms of ideas for how to practically or therapeutically address the connection between past traumatic parenting experiences and present perpetrator behaviour. Instead, it focused on the prima facie connection between the two and the structural and practical deficits that exist in forging an approach. This may be a product of respondents working within a system that does not prioritise addressing the underlying psychological levers that may cause offending behaviour. Thus, respondents generally recommended strategies for addressing these issues that focused on providing external support that is additional to that currently on offer, in the form of specialist counsellors or therapists. Nevertheless, there was a strong consensus amongst respondents that attempts to heal the wounds caused by past parenting traumas involving witnessing DVA as a child could be a useful and important way forward.

To develop an approach to addressing perpetrators' experiences of being parented, the authors referred again to the literature in connection with the insights provided by practitioner and researcher respondents. Several themes emerged from this process as detailed below.

### Understanding and dealing with shame

The literature indicates that shame is a common governing emotion for DVA perpetrators. Shame arises from the traumas of past parenting and forms a common emotional background for many DVA perpetrators, linking perpetration to poverty, drug and alcohol abuse, cultures of violence and recidivism. Shame is also an important component of the criminal justice-oriented perpetrator programme system, as one of its primary aims is to hold perpetrators to account. Practitioner respondents did not suggest that shame was the in-itself goal of their programmes but that it is difficult to avoid shaming when also encouraging accountability. Thus, to reach accountability without shame may be an important treatment goal. This is enforced in the literature as well as in interviews:

*There has been a change, especially in the prison setting. In the past it was focused on looking at 'old' behaviour. Now it has changed. Men do have shame around the things they've done. The focus is now on future behaviour.* (DVA perpetrator practitioner)

*We are much better at being less judgemental. Shame is a barrier to the men involved.* (DVA perpetrator practitioner)

*We don't want to be collusive but we don't want to be persecutory. If we shame people then that change won't last long.* (DVA perpetrator practitioner)

The point here is that any attempt to address the past traumatic experiences of being parented or, indeed, to involve parents or family members in behaviour change work must tread a careful line between avoiding shaming and supporting accountability. These considerations are already well thought through within the restorative justice paradigm of criminal justice work including working with sexual offenders. Broadly,

restorative justice is promising in this space in its attempts to restore the perpetrator to personhood, including their sense of responsibility and accountability, as well as restoring the community to the victim, through achieving a sense of justice and explanation. The notion of justice in this context may also include justice towards the child who later became a perpetrator, without allowing this consideration to become a justification for current abuse. Relevant to this, several respondents mentioned the lack of support that children who witness and experience abuse at home receive, both in the past as well as currently:

*There is a lack of interventions for children and young people to talk about abuse.* (DVA perpetrator practitioner)

*The [worst case of a] perpetrator had experienced 25 significant adverse events [as a child]. There's a revolving door in the Children's Social Care system.* (DVA perpetrator practitioner)

### **Providing an individually tailored approach to understanding the impact of past traumas**

The literature, supported by some comments within the primary data, supports the notion that to effectively change behaviour in a long-lasting way, the underlying psychological causes of DVA must be addressed. However, this is difficult to achieve within a group setting or without one-to-one support that focuses on individual histories and motivations and the past parenting experiences that are likely to form part of this. Several respondents within the primary data made similar points: that traumas are as diverse as the people experiencing them and should be addressed with sufficient complexity to process their interacting and intersecting effects:

*Parent relations don't exist in a vacuum. Parental relationships are only one facet. There are in family and out family factors.* (DVA perpetrator practitioner and researcher)

*There needs to be a bit more individually tailored [work] I think but it's not therapy.* (DVA perpetrator practitioner)

This individual-centred approach contrasts with how one respondent described a widespread existing intervention, Building Better Relationships (BBR):

*BBR focuses on understanding where behaviour is coming from rather than individual histories e.g. triggers, traditional attitudes towards women.* (DVA perpetrator practitioner)

### **Parenting experiences and emotional dysregulation**

According to literature, poor experiences of being parented can lead to the inability to process negative emotions such as fear or rejection as well as intensifying the frequency and experience of negative emotions. Several respondents corroborated this account and either directly commented on or in other ways described negative patterns of emotional processing and resulting behaviour common to DVA



perpetrators. These traits render perpetrators difficult to work with, particularly in terms of connecting with family members or strategizing ways for monitoring and changing their behaviour, sometimes with an adjoining alcohol or drug problem.

*[Past parenting] comes up for men in our groups along with their chaotic lifestyles.* (DVA perpetrator practitioner and researcher)

*Men [perpetrators] are often isolated.* (DVA perpetrator practitioner and researcher)

Working with these issues and complications means that highly skilled staff are needed to navigate the hazards of complex, heightened, trauma-affected emotions and behaviours, especially in regard to dealing with past parenting and witnessing abuse. This finding is relevant to perpetrator work more generally but especially concerning any work that addresses an important root of these issues – parenting traumas.

### **Summary and recommendations for future programming and research**

This study began with soft hypotheses formed from extensive existing research that highlights how a large proportion of DVA perpetrators have witnessed DVA in their childhood home. These traumatic experiences result in several potential mechanisms that can underpin offending behaviour including poor attachment formation, emotional dysregulation and social learning. In addition, shame often features in perpetrators' emotional landscape and interventions that ignite this feeling may therefore be counterproductive. An important original hypothesis was A) involving a parent or parent figure who has a positive bond with the perpetrator in a form of family group work may help to manage and reinforce positive behaviour. This evolved into a different research focus to explore whether B) that by addressing the wounds caused by past parenting traumas, longer term and meaningful attitudinal and behaviour change may be produced.

However, the primary data did not provide sufficient consensus or support for hypothesis A. It did, however, confirm that addressing past traumas and, potentially, current familial circumstances and present family dynamics may be a useful way forward. There was broad support for the aims of this study as well as, potentially, establishing a way to address past parenting in some form in treatment. Yet, there were few ideas about how this might work and how the challenges raised may be resolved. This may be because respondents were, in the large majority, from DVA perpetrator programmes that do not focus on longer term individual therapy but rather, aim towards behaviour management within an ecological understanding of the causes of DVA. They were not able, therefore, to draw from experience in providing potential solutions to the challenges they described. Moreover, and rightly, there was a consistent and frequent concern amongst respondents that perpetrators should never be given an opportunity to 'blame' others for their behaviour and that to do so might risk victims' safety and well-being. This may be responsible for a degree of reticence about addressing past parenting traumas and witnessing abuse. Despite this, there remained support for the notion that in some way addressing previous traumas of childhood and how these play out in the motivations, mechanisms and sequela of abuse should be pursued.

In terms of involving perpetrators' parents themselves in an intervention, there was a large amount of scepticism, although several respondents supported the idea in principle, even to the extent that two reported their own attempts at starting such an approach. In practice, these attempts had failed. For those respondents who had not tried such an approach, there was fear that the relationship between perpetrators and their parents was either too damaged or the abused parent too vulnerable for this to work.

Thus, the take away finding from this research is that a) involving perpetrators' parents directly in offending reduction or behaviour management is not a recommended way forward. Secondly b) that addressing previous wounds and traumas caused by previous parenting experiences and witnessing abuse may be beneficial – and this approach appears to be the most promising at this stage.

Two academic respondents suggested that a useful way forward would be to test, develop and test again a treatment module, including training of practitioners, to address past parenting traumas within a trauma-informed approach. This may be part of an existing trauma-informed intervention alone or in conjunction with a restorative justice type of approach. Locating such a trial within a restorative justice type of frame is justified as these have already rehearsed and compiled evidence around how to navigate the central issue of balancing responsibility with avoiding shame. The impacts of such an intervention, in terms of reductions in offending, severity of offending, changes in attitude or other criminogenic factors could be compared to another intervention offering the same treatment minus the 'past parenting module'. Naturally, the impacts on and views of victims and their families should form a central concern of such a project and impacts measured in terms of victim satisfaction and support.

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