



BUILDING BETTER RELATIONSHIPS? INTERROGATING THE 'BLACK BOX' OF A STATUTORY DOMESTIC VIOLENCE PERPETRATOR PROGRAMME

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BUILDING BETTER RELATIONSHIPS?
INTERROGATING THE 'BLACK BOX' OF
A STATUTORY DOMESTIC VIOLENCE
PERPETRATOR PROGRAMME

SUMMARY OF
THESIS AND
KEY FINDINGS
REPORT

JANUARY 2021

Contents

Executive Summary.....	3
1. Introduction.....	4
<i>Setting the scene</i>	4
<i>Key Findings</i>	4
How BBR works.....	4
BBR responsiveness and perceptions of change.....	5
Being responsive to a diverse perpetrator population.....	6
2. Method.....	7
The study.....	7
Access and participant recruitment.....	7
Research design.....	7
The interviews.....	9
The participants.....	9
3. Responding to neurodiversity in domestic abuse perpetration.....	11
Introducing Trevor, Tony, and Ben.....	11
Childhood trauma and young men's gendered pathways to domestic abuse perpetration.....	12
Relationship Violence.....	13
Neurodiversity and barriers to change.....	13
4. Facilitators' responsiveness and wellbeing.....	16
Time, knowledge and confidence, and personal development.....	16
Personal and emotional impact of working with domestically violent men.....	17
5. Understanding programme (dis)engagement.....	19
Dealing with hostility.....	19
Engagement as a two-way performance.....	20

Applying programme concepts as a means of measuring engagement... ..	20
Consequences of the misinterpretations of violence motives and feeling unheard.....	21
6. Reconceptualizing coercive control to facilitate long-term change.....	23
Responding to the emotional and gendered dynamics of domestic abuse.....	23
Exploring men's accounts of gender and change.....	24
7. Conclusion.....	28
8. Key recommendations.....	30
9. Acknowledgements.....	32
References.....	33

Executive Summary.

This report presents the findings from the ESRC funded doctoral project **Building Better Relationships? Interrogating the black box of a statutory domestic violence perpetrator programme.** Building Better Relationships (BBR) is an accredited Her Majesty's Prison and Probation Service (HMPPS) programme for heterosexual men in England and Wales who have been convicted of a domestic abuse-related offence. BBR has been in operation since 2013 and delivered within Community Rehabilitation Companies (CRCs) since the part-privatisation of probation. It is yet to be evaluated.

The overarching aim of the research was to identify what it is that domestically violent men need to help them in building and sustaining better, more egalitarian, and non-abusive/violent relationships. In-depth interviews were undertaken with abusive men mandated attend BBR and practitioners involved in implementing it. The key objectives were to:

- Understand how BBR works.
- Identify whether the theory of change was aligned with the many causes of domestic abuse.
- Explore the process of change as it unfolds and upon what this is contingent.
- Identify factors that facilitate or hinder change.
- Explore the knowledge, skills and wellbeing of facilitators who undertake this work.

The study found that BBR was not responsive to a diverse perpetrator population. Nor was it necessarily redressing male perpetrators' reasons for violence. Focusing on teaching men to **manage** their **reactions** to conflicts was pursued

at the central treatment aim; irrespective of the many complex needs, personal and emotional vulnerabilities, and neurodiverse barriers many of the men faced. Facilitators were not enabled to support men in ways that were commensurate with their own vocational values, and their responsiveness was compounded by a lack of investment in them and exacerbated within the failed Transforming Rehabilitation agenda.

Recommendations for practitioners include, but are not limited to, the need to attract and retain highly skilled and experienced facilitators; a significant improvement in domestic abuse and neurodiverse awareness training that goes beyond that presented in-house; and supportive and/or clinical supervision to counter the potential for collusive practice and promote wellbeing.

Domestically violent men need more responsive interventions which engage with the emotional antecedents and gendered expectations implicated in domestic abuse; and the need for these to be similarly responsive to neurodiverse needs and/or expert informed reasonable adjustments.

Finally, but crucially, there needs to be a fundamental shift in policy with a strategy that secures adequate and long-term funding for the whole domestic abuse sector and more transformative, community-led initiatives.

Overall, this study lights the limitations of positing domestic violence perpetrator programmes as the primary response to men's violence against women without engaging with gender relations or masculinities more generally.

1. Introduction.

Setting the scene

This report presents the findings from the ESRC funded doctoral project **Building Better Relationships? Interrogating the black box of a statutory domestic violence perpetrator programme** undertaken between 2017-2020.

This study emerged at a key stage of the forthcoming Domestic Abuse Act which will see the introduction of enforceable civil route referrals to domestic violence perpetrator programmes (DVPPs). Holding more perpetrators to account and supporting them to reduce their domestic abuse is certainly necessary. But it is also crucial that such interventions are widely available, adequately resourced, responsive to a diverse perpetrator population, and delivered by appropriately qualified, experienced, and supported staff.

Findings from a thematic inspection of domestic abuse work in CRCs by Her Majesty's Inspectorate of Probation (HMIP)¹ suggest that this is not necessarily the case. The report highlighted increasingly high levels of attrition, complex material, and variability in skills, knowledge, and adequate support of facilitators.

We also know now that the Transforming Rehabilitation agenda was 'irredeemably flawed'². Probation supervision and rehabilitation programmes (the latter accelerated by the Covid-19 pandemic) will now be reunified. Yet, as Chief Inspector of Probation, Justin Russell, stated in the final annual inspection of probation services in their current form, reunification will be no 'magic bullet for performance by itself'³. The inspection found widespread poor safeguarding and domestic

abuse practice across the National Probation Service (NPS) and CRCs which, he proposed, can only be improved with adequate funding, staffing, and training. Add to this the dearth of quality pre-sentencing information for those with neurodiverse and complex needs⁴, and it is evident that there is yet much work to be done in establishing responsive criminal justice interventions and systems that can meaningfully engage men to reduce their domestic abuse and safeguard victims.

The current study presents an in-depth picture of the work being undertaken with domestically violent men within the criminal justice system to support them in changing their abusive behaviour. The findings and conclusions are in keeping with insights from HMIP over the last two years; from sentencing to practice, to the harms caused by Transforming Rehabilitation, and with the same caution about treating Probation Reform as a panacea for these issues without a fundamental shift in policy. To be clear, the issues outlined in this report are a matter of inadequate policy, not workforce.

Key Findings

How BBR works

BBR marked a shift away from feminist informed practice towards a General Aggression Model⁵ and (purportedly) informed by desistance-focused research; emphasising the importance of the therapeutic alliance in the client/practitioner relationship and adopting a strengths-based approach. BBR has four core modules, each consisting of six sessions, which cover programme concepts, thinking patterns, emotions, and relationships. Pre, during and post programme individual sessions provide opportuni-

ties to develop personal goals and individualise treatment, often resulting in men disclosing early childhood traumas and difficult experiences and complex feelings. Men are invited to explore their individual learning histories and how these shape and underpin their attitudes to violence. BBR uses a combination of emotion management techniques and cognitive skills to challenge problematic and biased thinking that underpin justifications for violence. In short, it is cognitive behavioural in its approach.

BBR responsiveness and perceptions of change.

While promising an individualised and holistic approach⁶, the painful feelings that are unearthed are left largely unaddressed in the pursuit of teaching men to manage their **reactions** to domestic conflicts, without fully **understanding** or addressing the **meaning** the violence holds. Because of this, the intervention largely appeared to promote superficial, rather than deep emotional, learning. Overall, the study found that:

- Out of nineteen men referred, fourteen commenced the group and only three completed it.
- Individual sessions were viewed by facilitators as an opportunity to get to know men. In some cases, men perceived these sessions favorably either to get things 'off their chest', 'tell their story', or to have a say in what they wanted to achieve.
- The relief at feeling heard and understood was short lived, as the difficult feelings disclosed were translated into emotions to be **managed**, not **understood**, during subsequent groupwork and individual sessions. For two men who completed BBR, this resulted in

feelings of anger, resentment, defensiveness and/or feeling rejection when the programme ended abruptly without any further support. Not feeling heard also appeared to contribute to some men physically dropping out early on.

- Facilitators were attuned to the reality that they were working with *traumatising* but also *traumatised* men. But they said they were not enabled to support them with complex needs or the difficult feelings they raised.
- The programme material was described by facilitators as 'complex', 'rigid', not 'div relevant' in some cases and afforded them little opportunity or time to personalise treatment or get through all the session material. This meant prioritising 'learning points' over responsiveness to maintain 'programme integrity'.
- Where men were able to articulate acquired skills to challenge the use of, and reduce, their violence, these appeared to be short lived and unlikely to be useful to them in the longer term when faced with the reality of rejection, jealousy, and (simultaneously) perceived masculine entitlement.
- Men's **perceptions** of change were not necessarily reflective of **actual** change and were often contingent upon: receiving support from an abused partner; their capacity to self-reflect without reverting to blame and denial when troubling recognitions⁷ were too difficult to face alone; and the capacity of the facilitators (and having the resources to) withstand and contain the hostilities that were projected onto them.

Being responsive to a diverse perpetrator population

The study found that BBR was not responsive to a diverse perpetrator population, or the many emotional antecedents of and gendered justifications for violent and controlling behaviour. The principles underpinning BBR and the context in which it was delivered was not necessarily redressing male perpetrators' reasons for violence and sometimes aggravating them in ways that were not conducive to building better relationships. Programme engagement and capacity for change was compounded by experiences of:

- Witnessing domestic abuse in childhood, violence by fathers and stepfathers, and inadequate emotional care which impacted men's capacity to deal with issues of trust and intimacy, and feelings of vulnerability, that intimate relationships necessarily bring.
- Early problem labels resulting in missed diagnoses, special education, exclusion, marginalisation, and premature criminalisation.
- Autism, attention difficulties, poor mental health and personal crises sometimes spilling over into what was articulated as 'mental breakdowns' or hearing voices and extreme paranoia.
- Use and abuse of alcohol and substances.
- Homelessness, sofa surfing, and inadequate accommodation post-prison.
- Isolation from, or lack of, significant others who might provide hope, support, and motivation to change.
- Loss of a (perceived) respected status and employment opportu-

nities that comes with a 'perpetrator' label, exacerbating feelings of self-loathing, resentment, and externalization of blame.

- The lack of preparation and post-programme support by probation officers (or any support at all) meaning many men were poorly prepared to engage or motivated to continue along their journey of change.

2. Method.

The study

The study sought to obtain the views and experiences of men mandated to attend BBR and those of the facilitators who delivered it. The overarching aim was to identify what it is that abusive men need to support them to build better relationships in the context of a statutory (or indeed, any) DVPP or interventions. A pilot study identified several key objectives that would be crucial to achieving this. These were to:

- **Examine how BBR ‘works’** rather than measuring *if* it ‘works’ by exploring the experiences and views of domestically violent men and practitioners.
- **Explore men’s individual violence motives and motivation to change** to better understand how gender, masculinities and lived experience (multiple disadvantages, discrimination, childhood neglect and abuse) intersect and shape violent and controlling behaviour and how these impact on their capacity for change.
- **Explore the process of change** as it unfolds to identify upon what this is contingent and what the psychosocial contingencies described above might reveal about the future of programme development and evaluation.
- **Identify what factors are likely to contribute to, or hinder, programme ‘success’:** individual lives and needs, social and gendered expectations, group and facilitator interpersonal dynamics.

- **Explore facilitators’ knowledge, skills, and wellbeing** to understand what motivated them to work with domestically violent men, how personal experiences and social contexts shape their practice, and what impact this type of work had on their wellbeing and personal lives.

Access and participant recruitment

Access to the participating CRC was negotiated via professional contacts and subsequently the senior management team and the National Offender Management Service, now Her Majesty’s Prison and Probation Service (HMPPS). Practitioners were recruited through a presentation workshop and the men (cohort one) attending BBR by introducing myself during a pre-group introductory session. Recruitment of the men proved challenging initially due to the burden placed on practitioners to remind them during their subsequent one-to-one sessions, so I began waiting in the reception area of the CRC and reminded them again. Due to initial concerns regarding low numbers, it was agreed that I would also recruit men from another cohort (cohort two) at a separate but connected site, although sufficient participants were eventually recruited from cohort one for the purposes of this study. Ethical approval was granted via the University of Manchester Research Ethics Committee and all the protocols were reviewed and agreed at local level by the participating CRC.

Research design

I used Appreciative Inquiry (AI) as the research design; the origins of which is within and for organisational development⁸. It has subsequently been adapted to research relationships, diversity and inequalities in prison and for exploring

probation practice⁹¹⁰¹¹¹²¹³. AI is an applied methodology which involves four key phases¹⁴:

- Discovery – identifies best practice and peak performances.
- Dreaming – invites the interviewee to imagine how things might be improved, with both imagined resources and those which have worked in the past.
- Design – invites participants to plan their service drawing upon the relationships and resources identified in the previous stages.
- Destiny – represents the phase in which how these changes can be managed and sustained over time.

Embedded within the AI methodology were several strands of data collection including:

- Five months' onsite observations – usually twice a week.
- Informal discussions.
- Analysis of presentence reports and programme reviews.
- In-depth narrative interviews using the Free Association Narrative Interview Method by Hollway and Jefferson¹⁵ and appreciative questions formulated on the principles of AI.

Using FANIM, I invited participants to tell their stories in ways that privileged what mattered most to them and the method is premised upon the assumption that the meaning and motivation underlying the told narratives are best uncovered through 'spontaneous association' to elicit rich details and insights into a person's unique meanings. This allowed for the expression of emotions that have

been written out of much criminal justice policy, discourse, and practice¹⁶. This method provided the permission that the men and practitioners needed to freely express their frustrations, the many difficulties they faced, their need to be appreciated, and to have their fears and performance recognised so that they could be nurtured and learned from.

In anticipation of such expressed difficulties, appreciative questions were formulated to explore specific areas of delivery and narratives of change which sought to appreciate the best of what was, what is, and 'dreaming' about what could be in DVPP attendance and implementation. Appreciative conversations seek to engage research participants in discussions that look for solutions, instead of pursuing negative spirals. This often involves reframing or 'flipping' negative responses such as asking them to 'imagine the opposite is true', what resources were needed for this to happen, and what it would 'look' and 'feel like' if this were so.

While the interviewees were able to say what they perceived to be important in building better relationships, being appreciative in such a precarious and *un*-appreciative environment – in which working relationships could and should have been upon much more supportive foundations – meant that this imagined better future remained at the 'dreaming' stage. This was because those who had the power to change things were not those who were present in the room for the design and destiny stages and there were few adequate mechanisms in place to address the issues the facilitators had raised, prior to and during the research.

The interviews

The practice manager and women's safety workers participated in one in-depth interview. As mentioned above, these are not included in the current report but will be written about in more depth elsewhere; not least because it is crucial that the victims/survivors' voice is central to understanding how and if DVPPs do 'work', and to what extent¹⁷.

The facilitators participated in two interviews (two weeks apart) shortly after the programme commenced. The interviews involved participants telling stories about a 'week in the life of a facilitator', their experiences of delivering BBR, what motivated them to do this work, what impact it had on them, and how this shaped their practice. Facilitators were also invited to recall areas of good practice, and how they imagined BBR could be improved to help abusive men to build better relationships.

Seven men from cohort one participated in up to four in-depth interviews. Three men who completed BBR (Dale, Trevor, and Tim) participated in three interviews (two near the beginning and one towards the end). Dale also participated in a six-month follow up interview. Two men (Ben and Tony) who did not complete BBR, participated in two and three interviews (respectively), one of these being after each had been removed. Mazz, who dropped out of BBR, participated in two interviews but these are not reported on as one of the interviews was cut short and the data were not sufficiently rich. Richard, who dropped out after one individual session, participated in one interview. Three men from cohort two participated in one interview but these are not included as the focus was to conduct an in-depth cohort study.

All the six men included and attending BBR were invited to tell stories about: the circumstances that had led to the BBR referral; their intimate relationships and their violence and abuse in these; their lives growing up; criminal histories; what they wanted to achieve by attending BBR; and how they perceived the programme had 'worked' (or not) for them. All the interviews were recorded, transcribed verbatim and anonymised, pseudonyms used, and locations omitted.

The participants

All the facilitators were female except one. All were white-British. Most had an undergraduate degree in the broad areas of criminology, sociology, welfare and social work. The majority had at least some (while others had extensive) direct experience of working with offenders or victims previously in some capacity. But, prior to recruitment, only two facilitators had ever delivered group work, none had prior experience in delivering complex behaviour change work with domestic abuse perpetrators, and most said they had little understanding of the nuances of domestic abuse pre-training. Facilitator experience was varied but could be divided into two notable groups: those with two years' experience or less (Jenny, Helen, Dave, and Sarah) and those with five years or more (Anna, Ellie, Tracy, and Grace). Conversely, Helen, Dave, Tracy, and Sarah had left the CRC by the time I returned to present preliminary findings during an interactive presentation.

The age range of the men reported in the key findings was 23 - 49 years old at the time of interview and all were attending a morning BBR group cohort. Evening groups were ordinarily reserved for men

who were in full-time employment, although two of the men I interviewed (Tim and Dale, were working part-time or night shifts, respectively). Informal discussions with the practice and service managers revealed that men who attended the morning groups tended to lead more chaotic lifestyles and more generally were unemployed; had mental health issues and more likely to have issues with alcohol and/or substances.

All the men from cohort one had prior criminal histories including drug offences; violence; robbery; and weapons offences. Three (Ben, Tony, and Tim) had been to prison for these offences and four men (Tony, Trevor, Dale, and Tim) had served custodial sentences for the offence that led to their BBR referral. All had previous offences for domestic abuse and/or police call outs. Five admitted to having substance related issues; three of whom presented with complex addictions (Richard, Tony, and Tim). All reported poor mental health (depression, anxiety) at certain periods in their life (including the present). Tony presented as the most affected by poor mental health and took medication for psychosis and anxiety. Additionally, Ben reported a diagnosis of ADHD and Trevor was awaiting an assessment for autism. Ben, Tony, Trevor, Dale, and Tim had children, although Tim had had no contact with his youngest child for several years due to children's services involvement. Ben and Trevor were seeing, or seeking access to, their children via children's services (and had little or no contact with others from previous relationships). Dale had contact with both his adult and younger child. A total of nineteen men were referred to cohort one but only three men (Dale, Trevor, and Tim) completed BBR, all of whom participated in three interviews.

The four next sections of the report present the main findings from the study.

3. Responding to neurodiversity in domestic abuse perpetration.

The response to neurodiversity in the criminal justice system has for too long been insufficient. Several reports over the last decade or so¹⁸¹⁹ have highlighted the need to develop services that consider a neurodiverse population of victims and offenders, the overlaps between these, and the risk of increased offending and victimisation amongst groups who are disabled. In the context of domestic abuse, specific programmes are currently being road tested in prison for perpetrators who are learning disabled²⁰. Yet, interventions that are responsive to abusive men who do not experience substantive learning difficulties but would be considered disabled under the Equalities Act 2010 because of autism, ADHD, and mental health difficulties, are still woefully missing. Or, at best, considered an add on to mainstream cognitive behavioural rehabilitation programmes.

In the subsequent sections (4,5,6) I will address some key issues regarding practitioner responsiveness, programme (dis)engagement, coercive control, and the need for more responsive interventions to address the emotional difficulties and gendered expectations that are implicated in many men's domestic abuse. These are equally relevant and concerning for abusive men with autism, ADHD, and mental health difficulties. What I mean is that domestic abuse cannot and should not be medicalised; violence is still meaningful behaviour irrespective of disability. But there is a need to address the many additional barriers disabled abusive men face above those who are non-disabled: from having their needs recognised to being able to access

appropriate service provision and knowledgeable practitioners when they are; undynamic responses and failure to make reasonable adjustments; and a whole host of additional barriers to coping within families where the perpetrators' capacity to change is compounded by a range of adversities and disabilities without adequate support.

In this section I draw on the experiences and perspectives of Trevor, Tony, and Ben who had mental health difficulties and (respectively) prospective diagnoses of autism, drug induced psychosis, and ADHD. I set out how their early relationships and adverse experiences shaped and were implicated in their sexist gendered expectations which similarly were used to justify domestic abuse. I then illustrate how interventions that were not suited to neurodiverse needs created further barriers to change.

Introducing Trevor, Tony, and Ben

Trevor, Tony, and Ben had each been referred to BBR following a prison sentence (or remand in Ben's case) for assaulting their (ex) partners. Trevor was the only one out of the three men to complete the programme but I was also able to follow up with both Tony and Ben after they were removed. Trevor, the quietest member of the whole BBR group, was living apart from his family by direction of children's social care. This was described (by him) as challenging for his partner living alone as his daughter had recently been diagnosed with autism. Trevor was awaiting his own assessment and his partner had commented that she had observed similar 'traits' in Trevor to that of their daughter, like an aversion to 'loud noises' and 'sudden changes', and Trevor himself felt that a diagnosis might explain why he 'struggled' with 'jobs and stuff' and got 'angry for no reason'.

Tony had a history of substance abuse and was taking prescribed anti-psychotics and medication for anxiety, depression, and obsessive-compulsive disorder. Tony's anxiety was notable on the many occasions I saw him where I observed him to be sweating profusely, bouncing his legs, and talking at speed. Tony suffered from bouts of depression, auditory hallucinations, and extreme paranoia. He was removed at the end of the second module having missed one group session and two catch up sessions. Tony said this was due to the distance he had to travel, train delays and cancellations, collecting his methadone prescription on time, and sofa-surfing.

Ben, who was homeless at the time of our first interview, moved back to his hometown after attending just a few sessions and joined another programme some distance from where he lived. Ben had been diagnosed with ADHD as a child and felt he had been treated differently by his parents because of this. He had also been 'banned' from many social, medical, and support services (including homeless hostels) because of his 'behaviour', outbursts he explained as responses to professionals saying 'bad things about' him. Ben was subsequently removed after five sessions due to disruptive behaviour and missing sessions. Because of his ADHD, Ben said he found it difficult to sit for long periods and was easily distracted by 'tossers' and 'dick-heads'.

Childhood trauma and young men's gendered pathways to domestic abuse perpetration.

Growing up in disruptive households and without adequate emotional care can have negative consequences for chil-

dren's mental health, education, and forward trajectories²¹. All three men had grown up in abusive, violent, and/or neglectful households. Tony's father, an alcoholic, left when he was four and later died in a 'mental hospital', but he still had memories of 'shouting and screaming' between his parents at weekends. Trevor did not meet his biological father until his late teens and his mother had re-partnered with his stepfather, who singled him out for violence amongst his two younger half-siblings. Trevor recalled being 'beat' up often and his mother being 'punched' and 'kicked' when she tried to intervene. Ben had a similarly unstable childhood, with a father who was a 'bad drinker' because of 'war syndrome or something'. Ben recalled they 'used to always fight' and did not 'speak to [him] now' as he did not 'agree...with his lifestyle choices'.

Adverse experiences can be compounded by inadequate institutional responses to children and young people's understandable reactions to traumas, which can also mask disabilities which are similarly labelled as behavioural or emotional difficulties²²²³²⁴. From a young age, Tony said he had 'always been hyperactive' getting 'in trouble at nursery' and school for 'messing about' and 'swearing at teachers' until he finally got 'kicked out' in his second year of secondary and later from the college he was 'put in' for two days a week. Similarly, Trevor often got 'into trouble at school' and was eventually sent to a 'boarding school' for 'lads' with 'behavioural problems and learning difficulties'. Ben also struggled at school and was 'thrown out' for 'disruptive behaviour' and subsequently from a 'specialist behaviour school' too for 'assaulting a teacher'.

Like many troubling but troubled young men, such labelling, exclusions and marginalisation was just the beginning of premature criminalisation and spiraling trajectories. Tony and Ben had been convicted and imprisoned for several violent and drug offences. Tony had spent most of his adolescence in a 'young offenders' institution and most of his adult years in prison. Besides several convictions for assaulting his sister and his father, Ben had received custodial sentences for 'gangs', 'causing distress on NHS property', and most recently for attacking his sister's boyfriend with a 'little machete' for giving her a 'black eye'.

On the contrary, Trevor's experiences of 'special education' were remembered fondly, 'boarding school' being one of the only two places where he did not feel 'out of place'. Much like his time in the army, Trevor thrived from 'having routine' and where 'everyone was the same'. But his inability to 'get close to any males' due to his stepfather's infidelities and those of his best friend with his wife, or forge friendships or sustain intimate relationships (including his four marriages), had left Trevor feeling like he had 'nobody' in his life and at times 'suicidal'. As such, what was framed as positive experiences, did not forestall a history of general violence, stalking and convictions for assault and domestic abuse; the most recent landing him in prison for the first time in his late 30s.

Relationship Violence

All three men admitted to previous jealousies, insecurities, and/or violence that was explained as a reaction to their partners 'walking away', feeling 'pushed out of [their kids] lives', 'losing everything that mattered' to them or 'mental breakdowns'. However, all three men de-

scribed verbally abusive, coercively controlling, harassing, and stalking behaviour that amounted to intimate partner terrorism²⁵. This was rationalised in much more sexist overtones, attributed as understandable responses to unfaithful and failed women, in retaliation or self-defense, or reinterpreted as a psychotic episode; all of which could signal a desire to be rid of the troubling feelings that being labelled a perpetrator engendered.

Neurodiversity and barriers to change

There can be little doubt that all three men's violence and abuse was motivated and justified by perceived male entitlement and invested gender norms. Yet, the personal meaning the violence held can explain why some men are violent towards women when others are not. Emotional vulnerabilities – fear of rejection, loss – rooted partly in childhood experiences and structural adversities, were cast and justified in more masculine and sexist discourses of feminine care and female transgressions, particularly when invested masculine identities came under threat.

However, their mental health (which is, conversely, a dynamic and contingent experience across the life course), learning differences and social/emotional difficulties did present barriers to how they were able to engage and change. But there was little evidence that any reasonable adjustments had been made (an issue of policy, not workforce) to accommodate these, or that practitioners had been enabled to do so themselves.

Tony's, designated facilitator stated how concerned she was about his mental health which appeared to be spiraling:

So there's a chap on our group this morning, whose mental health is horrendous, he's leaving here in rumination spirals, feeling horrendous about what he did, doesn't understand why he did it. I can't sit with him in a group of twelve people and say, right, where has this come from, what's happened in your life to bring you to that moment. I can't do that for him, but I have to sit in there and then let him go with that going through his mind, knowing how bad his mental health is. I can't do anything else (inexperienced facilitator).

As will be discussed later (section 4, 5, 6) facilitators' responsiveness was compounded by the strict adherence to the programme discourse, where 'programme integrity' trumped responsivity and facilitators were trained (and judged by their capacity) to prioritise 'learning points'.

In Trevor's case, it was known that he was awaiting an autism assessment and (according to the pre-sentence report) had a high dependency upon services. Yet, again, there was no evidence that his aversion to noise or his 'strugglin[g] to elaborate' on 'interesting' course material were picked up as diverse sensory, learning, or social needs. Indeed, it was difficult to agree with what was eventually written in his programme review as good progress and relevant application of programme concepts as anything other than having learned through repetition (and likely many years of masking) how to repeat the course material back. When I asked Trevor to tell me how his new learning might have helped him deal with situations in the past, he began to stutter, pause, and appeared genuinely confused:

(Pause) erm, (pause) years a - well cos I was, I was in the army and stuff when I

was married an stuff, I was still in the army, erm, but (pause) yeah it was m - it was a case of it used to be like (pause) I, I was just in the wrong relationships as well that, that's what was doing it for me as well (Trevor, 3rd interview).

Similarly, there was little evidence that reasonable adjustments had been made for Ben in terms of his attention difficulties, which, by his own admission resulted in him 'acting the clown'. However, an honest and insightful reflection by Ben also cast in doubt the utility of 'time out' skills for someone who had a tendency to act first, think later, or even spend his time 'thinking' about how he would retaliate further:

I can't remember what it was called, but yeah, it were like, um, in the domestic setting, like, er, if you, if you're feeling like you're gonna, it's gonna turn into an argument, go out and come back when you say you're gonna back, and then calm down and stuff like that. But like, it depends who you are as to whether that works, innit. Like if I'm pissed off and I go, I go away for ten minutes, that whole ten minutes I'm thinking about what I'm gonna do when I get back. D'ya get what I mean... So, like, obviously they said, I said, I said that to them, I said, "That doesn't work, innit." Yeah, they was like, "Oh, in the next module, there'll be another one, and then as it goes, there'll be different ones and there will be one that you can do," blah-de-blah and all that, innit (Ben, 2nd interview).

There can be little doubt of the challenges these three men would have presented to - often undervalued, overworked and underpaid - professionals who would have had differing agendas and views about victim-perpetrator dichotomies and invisible cut off points

between understandable responses to trauma and rational offending behaviour, or the need to learn about trust and intimacy. The lack of emotional or stable care all three men variably experienced in childhood and the differential treatment and violence they received, does not ordinarily produce the kind of adults who feel confident in their capabilities of loving in ways that are not experienced as destructively intense and controlling. Nor could any programme alone solve the social disadvantages and feelings of powerless these adversities engendered.

Such interpretations also cast doubt in the utility of categorising abusive men according to psychological profiles²⁶ or the nature of their violence²⁷ as simply one type or another to be allocated to alternative interventions²⁸. The purpose of acknowledging the unique and more common features of these men's violence and abuse is to illustrate that they do so meaningfully, not because of their so-called 'mental disorders'. But this should not obviate the need to work in more responsive ways to those with understandably short attention spans, and that also take into account moments where mental distress, 'psychosis', and autistic voices need to be heard and understood.

Crucially, these additional needs should not be treated as 'add ons' to cognitive-behavioural programmes which are just experienced as an extension of the 'careless'²⁹ spaces such men come to occupy. Responsive interventions are those that are able to work with abusive men who, for whatever reason, are likely to struggle in group work environments, not least those who may need reasonable adjustments to be made so that they can have quieter spaces, containing experi-

ences, or alternative understanding approaches to the many difficulties they present with. Rigidly structured manuals do not conform to such a dynamic and holistic approach.

The men who I introduce in the subsequent sections had experienced similar, and in some cases more, traumatic experiences than the men described here. Each of the sections focus on specific areas which include facilitators' responsiveness and wellbeing (4), reasons for programme (dis)engagement (5) and how reconceptualising coercive control as both defensive *and* controlling may offer new ways of imagining programme development and evaluation (6).

4. Facilitators' responsiveness and wellbeing.

Facilitators are critical success factors in supporting desistance, yet they have been forgotten in the debate between whether probation supervision or interventions are most effective in supporting people in moving away from crime³⁰. Programmes do not run by themselves. They are implemented by teams and delivered by facilitators who bring their own experience(s) to the room. Whilst the Programmes Team was well established with dedicated practitioners, there was variability in experience, confidence, and need for support. Time and resources were scarce, but this had been exacerbated in the context of Transforming Rehabilitation where the CRC committed to working on minimum contractual requirements. Facilitators' wellbeing was impacted by both the volume and nature of the work, and because they did not feel valued which ultimately impacted their professional identities. Wellbeing was compounded for those who had their own experiences of trauma, while experiential knowledge appeared to have both positive and negative effects in practice.

Time, knowledge and confidence, and personal development

All of the facilitators described their role as 'busy', 'manic', 'non-stop', and hard work and stressful'. Comments that were qualified during onsite observations. The most significant issue identified was time pressures. Workload had increased through the introduction of one-to-one work, purchased by the NPS. This had left them with little to no time to prepare for or plan sessions, write case notes or post-programme reports. However, their

concerns were met with directions to do tasks 'faster' and to write to a 'bronze standard' to save time. One experienced facilitator stated that there was little time to support new staff and that there was expectation that those who had been there longer could 'take more'. However, the advantage of experience did not forestall an impact on her own wellbeing, particularly when it came to finding time to write up reports before another BBR cohort would need to be prepared for:

I struggle sometimes when it gets to report time and we've, there isn't enough time for reports. So if I've got annual leave or something on there, then somehow you just, you're just supposed to magic time up for that because the next course is starting. Um, and that doesn't work. So I end up being really stressed because there is too much to do and there isn't enough time to do it. And for those weeks until those reports get finished I'm not in a well place (inexperienced facilitator).

There was also variability in confidence and knowledge which affected wellbeing as well as practice. Prior to TR, facilitators were required to have significant experience in delivering general criminal justice programmes, usually two years, before working with domestically violent men referred to accredited interventions. However, since TR, new facilitators undertook all their training in the first six months of employment leading one facilitator to feeling 'horrendous' with the training all 'blur[ring] into one'. New facilitators were immediately placed on the rota to deliver BBR, even leading on sessions they were not familiar with, which included one-to-one work and whole catch-up sessions on their own. One less experienced facilitator, already feeling 'rock bottom', was

called in to cover a BBR session due to staff sickness and said:

I'd been drafted in very last minute... There was catch-ups, there was no time to prep. I'd not done BBR for months and months and it was still a programme I wasn't confident in. My stress levels and the impact on my emotional wellbeing was absolutely shocking... I was stressed all the time, verge of tears all the time. There was – At one point I did cry. I did have a breakdown um, and I, and I cried. Um, so it, it was horrible (inexperienced facilitator).

Even more experienced staff were uncertain about some aspects of BBR, particularly in dealing with counter-allegations and generally 'man versus women' issues. The BBR programme material was also described as 'challenging' and facilitators overall felt ill-equipped to support men with complex needs and issues raised around mental health and childhood abuse. But calls for additional training went unheard or left to 'in-house' seminars which were experienced as (and observed to be) unhelpful.

Personal and professional development was also impacted. Faulty video recording equipment meant that practice observations had not taken place for over two years, meaning experienced facilitators had not had their practice monitored within this time and inexperienced facilitators had never had their practice observed. Financial incentives and promotional opportunities were non-existent, and some facilitators said that they were undertaking work only previously designated to (much higher paid) qualified probation officers, which was viewed as profitable for the CRC but had brought about a deterioration in their own working conditions. Ultimately, experienced facilitators were not incentivised to stay.

Personal and emotional impact of working with domestically violent men

The nature of domestic abuse work was also described as more challenging than other interventions. For some female facilitators, becoming a mother for the first time made some of the men's profiles and offences more difficult to digest, while others said that learning about domestic abuse had impacted on their own relationships.

This job changes you as a person. It does. It changes who you are. Just like – like we did the BBR training, like I learnt so much about my relationship and you start to question everything. Like I since started to question was (partner) abusive to me? I'm getting all this new information. Was this happening? Like he's never – he's never raised his hand to me ever and he never would, um, but then I started to question everything he spoke – how he spoke to me. Is this him manipulating? And it wasn't; it was just me overthinking it because of what I was being fed. But – and it happens to a lot of people, that, when they do BBR training (experienced facilitator).

Most significantly was the emotional impact on those with experiential knowledge of abuse. This had led some previous staff to leave, while another felt the pressure to deliver a programme that 'always seemed to have something in it' that touched a nerve. Yet, delivering BBR was viewed as a 'natural progression' and as such they were given 'no choice'. This was justified by line managers (themselves under pressure to work to unmanageable requirements) in that a pre-cautionary warning about domestic abuse work was always given prior to recruitment. However, this was clearly not sufficient to prepare some facilitators for the difficult emotional and unexpected reactions some went on to endure.

However, some of the facilitators had been motivated to do this work *because* of their own experiences. This appeared to have had both positive and negative effects. All the facilitators were attuned to and able to humanise the men with whom they often worked. But those with experiential knowledge of trauma and abuse were able to relate to men in ways that moved beyond the complex material they said they had to deliver:

So sometimes I can get a little bit wrapped up in oh, God, I've got to do what the manual says. I you know, look at this kind of deeper meaning, this deeper understanding and if I kind of, not ignore it 'cause it's very important, but if I don't overthink that and try and just relate, er, to where they're coming from, I think I can just talk to them on a level that helps them to kind of understand what it is that we're talking about or, you know, make things a little bit more simple for them (inexperienced facilitator).

A male facilitator said that he felt well placed as a man to recognise and explore masculinities and feelings of vulnerability. Having experienced domestic abuse himself, he said he could have been where these men were now had he reacted differently. In this sense he felt that his own experiences had helped him to give men alternative 'options' just as he had done. However, over-identifying with one man who had been convicted of the serious assault of a much younger female partner, had led the facilitator to conclude that he was, in fact, the victim of a vindictive verbal attack. This demonstrates that facilitators require regular supportive and/or clinical supervision with an experienced person to limit re-traumatisation *and* counter overidentification and possibilities of collusion with abusive men.

In sum, all the facilitators were attuned and sensitive to the *traumatising* but often *traumatised* men with whom they worked. However, they were unable to deliver on their own values given the narrow cognitive framework of the intervention. The limits of facilitators' responsiveness were compounded by a lack of financial investment in them, the silos in which they worked, and the absence of supportive supervision and personal development on offer to them. The difficulties they experienced were exacerbated within the context of the part-privatisation of probation where contracts were fulfilled on minimum requirements and diluted the service the facilitators strived to provide. This had an impact on their own professional identities and wellbeing, with some questioning if anyone even knew who they were, or what a facilitator did.

5. Understanding programme (dis)engagement.

In part, the rationale for a more individualised and ‘therapeutic’ approach in BBR was to tackle high levels of attrition amongst men attending statutory domestic violence perpetrator programmes³¹. Yet, the HMIP thematic inspection found that less than half of those who were referred to BBR in 2016/2017 completed the programme; a 12% reduction on the previous year³². Whilst prevalence in attrition is well documented, there is little known about what engagement ‘looks like’ or why some men may physically disengage, while others might stay the duration but with seemingly little investment or intention to change.

As well as the barriers faced by those with disabling conditions discussed above, this study found that there were several other compounding factors which contributed to men physically dropping out and/or emotionally switching off at various stages. Of most significance, strict adherence to the programme discourse and treatment aims, resulted in some men feeling unheard, judged, and misunderstood. It also appeared to encourage artificial performances and increased defensiveness, amongst both the group members and the facilitators. A relevant reminder is that only three men from the entire cohort completed the programme.

Dealing with hostility

With limited resources and over-subscriptions of referrals, the facilitators had devised pre-group introductory sessions to prepare men for the wider group, rules and expectations, and to get out of the way the more challenging

‘man verses women’ issues that were seen as contaminating to group processes. These pre-groups were also used as a culling exercise to reduce unmanageable numbers and syphon out the most difficult men. One facilitator described these introductory sessions as ‘hostile environments’ and preparing for the ‘biggest fight of your life’. This comment was qualified during my participant recruitment observations in which one man with literacy issues was being supported to fill out a ‘behavior’ sheet, while another was claiming he was the victim and stirring up the other men to do the same; leading one facilitator to leave the room to compose herself.

Two, one-to-one sessions followed for those who proceeded to the next stage and were described by some men as helpful in setting their own goals, telling their story (more of this below), or generally as a way of understanding the structure of the programme. However, one man (Richard) said having someone he barely knew ‘firing loads of questions’ about ‘personal stuff’ at him was ‘a bit full on’. Furthermore, during his first (and only session) Richard resisted the pressure he said he felt was being placed upon him to ‘think differently’ (cognitive restructuring, the central treatment aim):

She was sort of trying to – it was like she was trying to get me to say, well, no, we want you to think that you would have done something differently and, do you know, try and change the way I’m thinking. It’s like, well, no, no matter what – how much course I do, how much time goes on, I’d have done things exactly the same... I did everything I could to not react in the way I did but it come to that (Richard, interview one).

Engagement as a two-way performance

Reducing hostility, 'rolling with resistance'³³ and prosocial modelling were all strategies facilitators used to keep men engaged. Facilitation was described by one facilitator as a 'performance', who used 'light humour', and being 'open and warm' to get the 'group on-side'. However, this was also described as a laborious task (or 'emotional labour' in the words of Hochschild³⁴), and one made more difficult when personal feelings and troublesome group members collided:

[T]he difficulty is, with all this stuff I talked about being personable, sometimes, when a group member is difficult, it's difficult not to be quite sarky if that makes sense... So, we have just had someone on this group this morning... that was quite difficult last session. He was saying that he can't be bothered doing stuff. You know, he can't be arsed. I'm tired, this, that and the other and the human part of me wants to make every kind of snide remark going and to be fair, for me, I reigned it in and I kind of said, well, you know, we're all adults. We can survive ten minutes of completing a task (experienced facilitator).

This 'performance' appeared to be a two-way street. Those men who stayed the course, said that they valued the relationships they had developed with other men, knowing they were there for the 'same thing' and sharing similar experiences such as alcohol misuse, prison, and homelessness. One man said the men were 'open and honest' with each other, although the content of that honesty shifted between the delivery room and outside:

I might be talking outta turn here, but yeah, it is. Because (pause) you're outside and the woman - we put a bitta responsibility on them for the incident. Wouldn't happen in there [group]. Cos you'd get ripped to shreds. Do you know what I'm saying. So I think it's because we're like outside, we're being, you know what I mean? And then you get back inside and it's like, right, c'mon (Dale, 2nd interview).

Dale said that being 'alpha male' meant that their similar experiences of violence from their partners were not reported to the police. Nor, evidently, were they welcome in the delivery room, no doubt because of the lack of knowledge or confidence that facilitators had in dealing with such issues and the limited time they had to impart the compulsory programme 'learning points'. Unfortunately, this meant that lived experiences that could have led to meaningful and insightful discussions around masculinities, vulnerabilities, and gender expectations, remained the 'white elephant in the room'³⁵.

Applying programme concepts as a means of measuring engagement

One criticism that has been aimed at DVPPs is the reliance upon abusive men's accounts of change which could more accurately be described as learning to 'talk the talk' rather than 'walk the walk'³⁶. This was not missed on the facilitators who were aware that they were forced to take what men said at 'face value' while acknowledging they may just be giving 'lip service'.

Testing engagement through the application and articulation of programme concepts and skills, as shown in section 3, was problematic amongst men with disabling conditions. Where these did hold more promise, as will be shown in

section 6, they were relatively short lived. In other cases, and in Tim's words (described in more detail below) there was 'no one to use the fucking tools on'. Indeed, focusing solely on how to 'own' and control his anger appeared only to make him feel unheard and aggravated his feelings of resentment towards his ex-partner.

There was also agreement amongst the facilitators that many men had difficulties beyond what the programme had been developed to deal with, meaning some complied with attendance which did not necessarily translate into engagement or behavioural change:

[T]hat gets disheartening as well. When you're kind of saying this isn't the right time for this person they're not accepting anything, it's a fight from start to finish.... You just think, what's the point? If they just wanna go through the motions, yeah, we'll go through the motions. If you want a completion at the end of it, yeah, we'll do that. But it's taking nothing from it. It's not really a completion. It's just someone having sat through so many hours of, of us (experienced facilitator).

Consequences of the misinterpretations of violence motives and feeling unheard.

Tim's story

Tim had a history of domestic abuse perpetration. But while there were more recent examples of relationship violence, Tim was more specifically preoccupied with his relationship with ex-partner Nel that had broken down six years previous. Tim and Nel had separated after a ten (or so) year relationship, which had shortly followed the birth of their son. According to Tim, Nel, suffering from 'postnatal depression' and 'already fucking mental anyway', suddenly moved out one day. Tim said he handed

in the keys to his council house and followed Nel but had been met with threats that she would call the police if he refused to leave. A further visit to Nel resulted in a non-molestation order and restricted (and subsequently no) access to his son.

Tim, whose childhood and adolescence had been spent residing in care, women's refuges, and 'shit hole charity blocks' was resentful of Nel, who he said had left him 'homeless' and had taken his son. Following their break-up, Tim said he suffered a 'mental breakdown' and a 'six-year spiral of shit' ensued, including alcohol addiction and 'drink-fueled' chaos whilst living in a block 'full of fucking pissheads', instead of being in his 'perfect little house' with his son and 'with a... women who [he] fucking loved'. While Tim did admit to being violent towards Nel, he said this was only at the end once 'everything was lost' and not anything like the 'real domestic violence' that he had witnessed as a child.

Tim (15 months abstinent and living in a bail hostel some distance from home), had initially expressed how pleased he was with the BBR induction because he had 'actually told [his] story' and felt 'listened' to and 'understood'. However, during our second interview he presented as angry and agitated. Tim said that he had 'had enough', talking about 'some girl' he had not seen for 'fucking, like four years' and all BBR was 'doing' for him was 'bringing up loads of shit from [his] past'. Tim said he had tried to tell the (stand in) designated facilitator during a one-to-one session that it was him that 'used to get battered' but:

She [facilitator] said, "Well, it sounds like you feel like you shouldn't be here?".

It doesn't matter what I feel. The law sent me here, didn't it? If you want to know the fucking bloody truth, that's the truth. Know what I mean?...I fucking hate it. I hate it but there's no go— I absolutely fucking hate it. I hate it...hate Nel and all the shit she's done at the end of the relationship...and making me fucking homeless (Tim, 2nd interview).

By the third module, Tim's designated facilitator wrote that he began 'appearing quite withdrawn' which Tim attributed to 'periods of depression and being away from his family'. During informal discussions, I discovered Tim had been 'back on the drink' which he could 'feel...getting hold again' and was worried he would end up dead like many of his friends and family.

While Tim attended every session and completed his 'homework' tasks, it was concluded that Tim refused to take responsibility or 'own his anger' and his 'bitter tone' towards his ex-partner was evidence that he had failed to move on, such as he had claimed. Yet, there was evidence that Tim's invested resentment towards Nel was about the need to be rid of some troubling recognitions that were too difficult to face up to alone without risking 'another mental breakdown'. However, like many abusive men, the only way of avoiding the stigma and shame that comes with being a domestic abuser, was by investing in sexist and victim-blaming discourses which cast him in a better light.

BBR had not been developed with the time, space, or response-abled facilitators in mind to reveal why Tim was so invested in hating Nel as a means of disowning his own inadequacies. Furthermore, his drinking was seen as a risk factor for further offending, instead of

an honest reflection of the personal struggles that he was experiencing. Consequentially, misinterpreting (at least in part) Tim's reasons for violence, resulted in him feeling unheard and appeared to aggravate his hate towards Nel and ultimately his emotional disengagement from the programme.

In sum, the misconception that violent men can simply be taught to control their anger and misogyny through various cognitive and mindfulness techniques, the focus of current practice in accredited criminal justice programmes, seriously underestimates the complexity of human behaviour and the responsive interventions and practitioners that are needed to support abusive men in accomplishing this. Tim's adverse experiences, and how these were implicated in his domestic abuse and sexist rationalisations, are evidence of the need to explore the relationship between masculinity, violence, and personal crisis³⁷.

As mentioned previously, all the men interviewed had experienced childhood abuse, neglect, violence, abandonment, and/or domestic abuse. These experiences were compounded by school exclusions, premature criminalisation, substance abuse, and the lasting effects of inadequate emotional care in childhood and identifications with their own fathers shaped investments in violent masculinities and harmful gender norms. It was evident that even with more responsive interventions and response-abled practitioners, these cannot alone address the structural disadvantages these men experienced or the sexist and gendered worlds they would once again be catapulted back into when the programme had finished.

6. Reconceptualizing coercive control to facilitate long-term change.

It is well documented that working with domestically violent men is challenging work – not least because of the tendency to deny, minimise, and blame³⁸³⁹. While such tendencies are often recounted as male perpetrators' attempts to manipulate or disown responsibility, mitigating the personal and social consequences of engaging in shameful acts and avoiding stigmatisation are processes that all people engage in (to varying degrees) to be rid of the uncomfortable feelings that troubling recognitions engender⁴⁰.

As discussed earlier (section 3), there is a small, but growing, consensus that men's gendered pathways to domestic abuse stem (in part) from adverse childhood experiences, structural disadvantages, and inadequate emotional care. Such vulnerabilities play out in gendered ways. For those men with few containing experiences and amongst whom their capacity to trust is significantly reduced, controlling a partner is just as likely to be about lacking the resources to cope with jealousy, rejection, and loss as it is about (and explains the occurrence of) the harmful gendered expectations in which only some men invest. It is the mis-conceptualisation and dual re-conceptualisation of coercive control, I propose, which may explain why DVPPs are less effective at reducing its incidence and holds some hope for moving towards more responsive interventions.

Responding to the emotional and gendered dynamics of domestic abuse

BBR, a (purportedly) desistance-focused and therapeutic programme, seeks to

build on strengths, encourage self-determination by focusing on men's personal goals, and is premised upon the view that supporting them to desist is better accomplished by developing a therapeutic alliance with practitioners. Change is, as such, understood to be a relational process. BBR also sought to overcome some of the criticisms aimed at pro-feminist interventions more narrowly centred on power and control to explain abusive men's violence motives by adopting an individualised approach.

Facilitators said they now encouraged men to consider how their own histories shape their behaviour. In effect, this meant examining men's pasts in some detail – parental violence, domestic abuse, and antisocial peers, for example – to explore how an individual's pro-violent attitudes develop. These 'attitudes' are targeted for restructuring on the premise that once men learn to control their emotions, they will have time to question deficit thinking and use newly acquired communication skills instead of being violent.

However, the deep emotional learning that is required for self-reflection, personal growth and long-term change was woefully missing and the practice of eliciting painful memories without ever planning to address or work through these, even if facilitators had felt equipped and supported to do so, raised serious ethical questions. Facilitators said they often worked with men who presented with mental health issues, histories of abuse and self-harm and did not feel they had the skills, time, or resources to support them. The men were described as often having been 'dumped' on the programme, with little (if any) preparatory work undertaken by the probation officer, or continuing

support during their attendance (likely an issue of policy rather than work-force). Additionally, all the facilitators were unanimous in their concern that there was no adequate follow-on support. On the one hand this was about sustaining change and relapse prevention, but this was also about the ethics of spending time with men, trying to build a therapeutic alliance, for this to then just abruptly end:

There's a lot of vulnerabilities and I think, like I said, a lot of them do form this relationship, erm and this trust, and then we just cut that off (experienced facilitator).

These concerns were similarly echoed by two men who had finished the group, but most notably by 'Dale' (whose BBR journey I provide in more detail below). While Dale felt unable to disclose his feelings in a 'classroom full of blokes', he stated that the one-to-one sessions always made him feel a 'bit taller' after being able to get things 'off his chest'. However, the abrupt end to the programme with no follow-on support had left him feeling low, resentful, and worried he would reoffend:

"I'm on a bit of a downer... because it's just like, pfft, right, last one... see ya later, bye, whoosh, and off they toddle. You know what I mean? It's like... Well, I'm left in, in, in world on me own now and what, what am I gonna do?" (Dale, 3rd interview).

Furthermore, de-centralising gender as a motivating factor in domestic abuse perpetration, meant that the harmful gendered norms and sexist justifications that abusive men invested in to mitigate their abuse was not being sufficiently addressed:

Sometimes exercises don't, sometimes you could forget it was about domestic abuse... but things like you've got other issues, like revenge porn, stalking, harassment, those kinds of things are not really – The programme doesn't necessarily seem strong enough sometimes to address some of those issues. I know with harassment, when we've had people who've been on the groups particularly, they're very slippery (experienced facilitator).

Facilitating change and being responsive to men's complex needs had also been exacerbated within the context of Transforming Rehabilitation. The lack of time, owing largely to the addition of one-to-one work, had left facilitators running around like 'headless chickens' and 'running into sessions' ill prepared. Two facilitators likened implementing BBR to working on a 'conveyor belt'; getting men to 'open[] up and disclos[e]', but doing 'your piece' then 'moving on'. Facilitators said that working under conditions that assimilated a conveyor belt meant that they did not have time to be 'responsive' to men. This was diametrically opposed to the intentions of BBR which promised to be a 'holistic' and 'individualised approach' with 'bolt on' modules to address men's specific needs.

Exploring men's accounts of gender and change

Dale's story

Dale had been referred to BBR for assaulting his partner, Lucy (with whom he also worked), whilst on a suspended sentence for assaulting his previous partner. Dale had served the remainder of his sentence in prison and his conviction had also resulted in him losing his (much respected) job in the steel industry. Dale said that he and Lucy had been out for 'a couple of drinks' which ended

up in a 'silly row' and 'basically' Lucy trying to get 'out the door' in 'her knickers'. Dale said he 'basically stopped her from going' by putting his 'hands on her to push her back' as she had had 'three or four drinks' and should not have been driving. Dale was arrested after Lucy 'started screaming' (an overreaction according to Dale due to her previous experiences of domestic abuse) which was overheard by the neighbours who called the police.

As the sessions proceeded, Dale said he could see that he was his 'father's son' who was 'nowt but a fucking bully'. As a child, Dale disclosed that his father had singled him out for violence amongst his siblings, who would confidently go off and play, while he could never leave his mother's side. However, (unsurprisingly for a child and adult victim of domestic abuse herself) the emotional reassurances Dale craved did not materialise, leaving what presented as a deeply self-loathing man whose own vulnerabilities and sexist investments were disowned and projected onto his (many) partners.

Dale admitted that he was 'confrontational' and 'controlling' and would make one of his (ex) wives 'feel match box size' to prevent her going out, and physically stop others (such as Lucy) when they did not submit to his verbally demeaning attacks; most often masked in the aftermath of the assault within a more masculine discourse of moral guardian and protector. As the sessions and interviews proceeded, Dale began to reflect on his own sexist behaviour, infidelities, and the painful realisation that this was not the behaviour of a man that most women would be likely to stay with:

So I think that's an underlying problem now, because I think, well, I did it, so

they'll be doing it to me... so I think because of what I was, I'm frightened of it being done to me, bottled it up [cries].

During this second interview, Dale presented in such a low mood that I raised this with a facilitator. However, Dale did revisit specific incidents and claimed how different things might have been if he had only had the 'skills' that he was learning about now - like 'time out', 'picking holes' in his beliefs, and in particular the difference it would have made if he had just let Lucy go that night, who was actually going to see a friend who Dale 'did 'not like'.

Although not revealed until our third interview, however, Dale's low mood was owing to that Lucy had recently ended their relationship again; a detail that was omitted due to there being a restraining order in place. Dale said that he had been doing well in the first few weeks of BBR, but then he 'were just going controlling' questioning Lucy about, 'why are you doing this', and 'why are you doing that' and 'like just pecking her head'.

During the third interview, Dale said he was now 'in a good place' claiming that BBR had 'really, really helped' him. However, this favourable outlook coincided with his reconciliation with Lucy who had commented upon his progress which had given him 'a massive boost' as he felt he must be 'doing sommat right'. Dale started to see himself as a 'work in progress' and was determined to challenge himself from now on 'if girlfriend, whatever's late' and tell himself 'she's not cheating on me'. Dale hoped that this would eventually become 'second nature' so that he would no longer have to 'talk to meself'.

Whilst not doubting the sincerity of Dale's claims, my reservations about how useful these conceptual tools might be to him beyond intellectualising, and in the long-term, were confirmed during our subsequent meetings. During a 'three-day-bender', Dale was unhappy about an upcoming trip Lucy had planned with a friend he did not like. Dale had checked her phone and, when she removed this from him, had called her a 'fat cow' as she must have been 'hiding something' so told her to 'go fuck herself'. When presented with difficult situations in which old fears arose, Dale resorted to belittling tactics, projecting his own vulnerabilities and jealousy onto Lucy who refused to contain these by calling him 'vile' and 'cruel'. This separation with Lucy coincided with the end of the programme. Dale claimed to have 'switched off' during the last module and was no longer so complimentary about BBR. Dale was scared of reoffending and said he felt 'let down' by the programme where he had been given 'all these tools' but subsequently 'boot[ed] out the door'.

Six months after BBR, during a follow-up interview, Dale and Lucy's relationship had yet again broken down several months earlier. He said it had been a 'long, hard twelve, thirteen month'; still struggling to find a job in steel industry, and he said he was 'pulled' on the street and felt constantly 'judged' by people who once respected him in his local community. His relationship with his father was at an all time low, and even though he had tried to talk to his mother about his difficult feelings, she was too 'old school' to understand. No follow-up work had been completed with his probation officer, nor, according to him, had any other support being offered, despite making his worries about reoffending known.

Approaching fifty, Dale was afraid of having a new relationship with 'feelings' but also 'sad' that the opportunity had probably 'passed [him] by now'. Reflecting on the incident with Lucy, Dale said she was a bit 'cuckooed' anyway and he should just have let her go:

But that night I'd - she was trying to get outta door to drive her car, she'd had a few drinks, she were in her bra and knickers cos we'd been pissed - a random argument that, you know, ninety percent country probably has, you know what I mean. But because I were pushing her back and saying, "You're not going, you're not..." she was screaming. Yeah. I should a just let her go and get done for drink driving" (Dale, six-month follow up interview).

Dale's violence narratives were recounted almost identically to those during our first interview which showed that change was not a linear process. It was evident that Dale had made some effort to incorporate some of the programme concepts and skills into his life and to some effect. However, Dale's perception of the success of BBR was highly contingent upon receiving Lucy's support. When this was not forthcoming (albeit an understandable response to Dale's continued sexist and controlling behaviour) acknowledging his own inadequacies and troubling recognitions was too painful to face, or cast in more masculine discourse as not worth the bother.

Abusive men's use of coercive control is underpinned by their investments in harmful gender norms and, as such, challenging gendered expectations is key to supporting them to change in the context of perpetrator programmes⁴¹. However, Dale's story and BBR journey highlights the limitations of (often poorly executed)

cognitive-behavioural skills-based programme in the longer term that are not responsive to the vulnerabilities, pain, loss or suffering that some men express, however unpalatable these stories may be. In Dale's case, BBR failed to reveal how his violent and coercively controlling behaviour was both driven by sexist entitlement *and* his dependency upon women to make him feel loveable. It failed to address the anxiety this triggered in him and how this ultimately shaped his investment in gender norms, gendered expectations, and violent and sexist masculinities - when most other men do not.

Thus, how coercive control is framed - in terms of gender, power and/or psychology - will have consequences for how programmes are developed, delivered, and ultimately how effective they will be. Although they are unlikely to address the wider gendered and multiple disadvantages which play into men's violence abuse and the worlds in which such men (and women) live.

7. Conclusion.

The overarching aim of the research was to identify what it is that domestically violent men need to help them in building and sustaining better, more egalitarian, and non-abusive/violent relationships. A key objective was to explore *how* BBR works. Based on the experiences of the men and facilitators interviewed for this study, the short answer to this would be, not very well. On the one hand this is evident in that only three men managed to stay the course. But it is the narrow cognitive framework, albeit sold as a strengths-based, therapeutic model, that presents the biggest challenge to facilitating change amongst a highly complex, neurodiverse, traumatising but traumatised group of men. Not to mention that facilitators were not enabled to do a job they were professionally, and even sometimes personally, invested in.

There were points at which those men who completed were able to reflect on their behaviour as wrong; although it was unclear to what extent this was necessarily an 'effect' of the programme given they all admitted this to varying degrees from the outset. The application of programme learning was perhaps most evident in Dale's accounts, who was able to 'think' about how things could have and would have been different if he could only apply the skills. However, these were relatively short lived when faced with old insecurities and jealousies were resurrected.

For others there was, in Tim's words, 'no one to use the fucking tools on' and focusing solely on how to own and control his anger only served to make him feel unheard and appeared to aggravate his feelings of resentment towards his ex-partner. For others still, the programme

had not been developed, nor any reasonable adjustments made, to reduce barriers to their engagement. Neurodiversity in the criminal justice system has for far too long been the poor relation, and, at best, those with so-called personality disorders, autism and ADHD have been shoehorned into programmes for those with substantial learning difficulties, or treated as needing bolt on modules, interventions, or medication to complement, rather than replace, cognitive-behavioural programmes.

In addition, facilitators were not enabled to support men with their diverse and complex needs and left unable to deliver on their own values given the narrow cognitive framework in which they worked, which meant prioritising 'learning points' from a manual to comply with programme integrity. The lack of more nuanced domestic abuse and therapeutic training, external collaborations, opportunities for personal and professional development, and a sense of feeling undervalued and overworked made for very difficult listening. These issues were not solely about the consequences of Transforming Rehabilitation, but they certainly been exacerbated by it.

The increasingly pressured workload and the impact this was having on facilitators and their capacity to be responsive to men had been raised on many occasions. But delivering rehabilitation services on minimal contract requirements meant that there was little hope that the resources, time, and support they needed would ever materialise. While there were some mechanisms in place to raise concerns about the often complex, rigid, and unsuitable programme material, these were insufficiently effective to justify the burdensome task of completing the process.

In theory, it 'may' make sense (to some) to teach abusive men the skills to recognise and reduce their anger – providing them with the mental space to challenge unhelpful thoughts and ruminations unclouded by rage – and the tools to communicate more openly with partners. But this study found that these skills are unlikely to be useful in the longer term for those men whose personal vulnerabilities, masked within their hostile and defensive projections, engendered feelings of powerless, resentment, jealousy, and rage. With few containing experiences growing up, it is difficult to imagine how any of the men interviewed for this research study could usefully rely on a cognitive bag of tools as a replacement for what needed to be deep emotional learning, reflection, learning about trust and intimacy, and working through the troubling recognitions that were too difficult to face alone.

Thus, teaching men to manage their reactions to conflicts instead of understanding the meaning of their violence and the emotions that give rise to this, is likely to only ever result in superficial engagement, at best, whilst some men will be put off from engaging at all. What this study has concluded and highlighted is that abusive men are expected to take responsibility for their behaviour when interventions and practitioners are not *response-abled* – that is sufficiently enabled to be responsive to them. It also highlights the limitations of positing domestic violence perpetrator programmes as the primary response to men's violence against women and underscores the need for more transformative, community-led initiatives that focus on repairing harms, as opposed to criminalising a minority of abusive men – among them those whose capacity to change is probably the most limited – without engaging

with gender relations or masculinities more generally.

8. Key recommendations.

Recruitment

- Facilitators should have sufficient knowledge around the gender power relations in society, how this feeds into abusive relationships, and feel confident in addressing this in the context of delivery.
- Significant experience/and or qualifications in delivering therapeutic, gender informed interventions and working with domestically violent men.
- Pay should reflect the complex nature and skill required to work with perpetrators of abuse to attract (and retain) the highest caliber of staff.

Training and development

- The practice of training new staff within the first six months of their appointment in *all* criminal justice programmes should be stopped with immediate effect.
- Working with domestic abuse perpetrators is a highly skilled and therapeutic task. Five days training in how to deliver activities from a manual is not sufficient.
- Facilitators should only lead on sessions once they are sufficiently skilled and confident in doing so.
- Facilitators should be actively involved in conferences, seminars, and have access to (and have time to read) the most up to date research in their field.
- Practice development should be undertaken regularly by a skilled and senior practitioner. Checking specific pre-determined skills from a monitoring form is not adequate and restricts both practice

development and responsivity principles.

- Facilitators should have neurodiversity awareness and reasonable adjustments training to develop needs planning.
- Therapeutic and trauma informed training should be a requirement.
- Facilitators should play a wider role in programme development which would be informed by practice-based evidence.

Practitioner wellbeing

- Delivering interventions with domestically violent men should always be about choice and enthusiasm for the job – not a ‘natural progression’.
- Clinical, enhanced and/or skilled reflective and trauma informed supervision is essential for wellbeing and countering overidentifications and (inadvertently) collusive practice. This could also take shape in the form of regular group debriefs/supervision.
- Facilitators should be recognised for the work they do through pecuniary, promotional and/or personal development. This would foster a sense of feeling valued and respected and would likely limit retention issues amongst more experienced practitioners.

Promoting and fostering change

- Significantly increase the one-to-one sessions in advance of the group sessions to reduce hostilities, explore personal difficulties and vulnerabilities, and ensure adequate support is in place so that men are well prepared to engage and not set up to fail.

- Learning strategies to reduce highly emotive feelings and reduce the incidence of abuse are necessary but these could be introduced more strategically during one-to-one sessions to reduce potential risk.
- Skills-based learning should be undertaken in the knowledge that these are unlikely to be useful in the long-term without sufficient attention to the personal vulnerabilities some abusive men face.
- Responsiveness involves being attuned to the many emotional difficulties abusive men present with and how this is implicated in gendered violence.
- Exploring unhealthy gendered expectations and masculinities making use of the many experiences and material abusive men bring to the room.

Responsiveness to neurodiversity

- Interventions that are responsive to a (neuro)diverse perpetrator population are essential. This includes, but is not limited to, integrated support for substance-addicted perpetrators, those experiencing emotional and mental distress, and reasonable adjustments for those men who experience attention difficulties and/or who are autistic.
- Reasonable adjustments may include capacity for one-to-one sessions, a sensory-sensitive environment and/or equipment such as headphones, adjusted lighting/colour scheme, and/or room layout. Pre-visits to the building/room could also be beneficial.

- Programmes also need to be autism friendly to ensure the material/information is not being misinterpreted. Expert advice from organisations who support disabled people should be sought at the very minimum for programme and workforce development.
- Pre-sentence reports should involve an assessment of need and adequate service provision which is sought **prior** to referrals to rehabilitation programmes. These assessments should also consider the whole family's needs prior to, during, and post intervention.

Policy

- Fundamental shift in policy that secures adequate and long-term funding for the domestic abuse sector – including specialist, local victim/survivor advocacy and perpetrator services. Providing these should be a statutory duty.
- Early intervention in the lives of those where domestic abuse is known to be happening with particular and specific support provided to families where there is a disabled person – child or adult.
- Widely available mental health support for men, women and children given the known pathways from childhood traumas to gendered violence, and the effects of living in its aftermath.
- Prevention of domestic abuse through clear messaging that involves sustained engagement with and support to communities, employers, and educational establishments to tackle gender inequality more widely.

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To request a copy of the whole thesis, which includes the full interview schedule, please visit www.nicole.renehan.com or email: nicole.renehan@manchester.ac.uk or n.renehan@lancaster.ac.uk

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