

# Addressing Unadjudicated Domestic Abuse: An Evaluation of the Promoting Positive Relationships Programme

Kirsten McFarland\*

**Summary:** It is widely recognised that domestic-abuse programmes primarily target criminal justice-involved offenders, court mandated to attend treatment, following a domestic abuse conviction. This has identified a need for the development of an early intervention programme that is more preventative in its approach, by aiming to address unadjudicated domestic abuse. In response, the Probation Board for Northern Ireland (PBNI) was funded by the Department of Justice and the Department of Health to develop and implement the Promoting Positive Relationships Programme (PPRP). Delivered by the PBNI, the PPRP is a community-based programme designed for adult males who have demonstrated the potential to be abusive in intimate partner relationships and whose children have been assessed as at risk by social services within the Health and Social Care System in Northern Ireland (HSCNI).

In conjunction with the 'what works' literature, the consistent self-evaluation of criminal justice-led programmes is fundamental in providing facilitators and stakeholders with an invaluable aid to develop, manage and increase programme effectiveness. On this basis, the current research aimed to evaluate the initial effectiveness of the PPRP, whilst in its pilot period from 2018 to 2021. Specifically, this was to inform an internal evaluation for the PBNI and to aid the implementation and development of this unique approach to domestic abuse intervention in Northern Ireland.

A pre- and post- quasi-experimental design was implemented to evaluate the changes in psychometric scores of 51 participants who had completed the PPRP within the pilot period. Analysis indicated that participants of the PPRP demonstrated improvements on 20 of the 25 psychometric measures, five of which were statistically significant. Overall, the findings indicated positive changes in the thinking styles and attitudes of participants who completed the PPRP. Therefore, it was possible to deduce that, to some extent, the PPRP can assist perpetrators in addressing thinking styles associated with domestic abuse and help to develop more prosocial patterns of thinking. The implications of these findings are discussed further.

**Keywords:** Domestic abuse, unadjudicated, programme effectiveness, non-court-mandated programmes, programme evaluation, psychometric assessments.

\* Kirsten McFarland is a Forensic Psychologist in Training, PBNI (email: Kirsten.McFarland@probation-ni.gov.uk).

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## Introduction

It is widely accepted that domestic abuse is a prevalent societal problem that has devastating consequences for victims and their families (Oliver *et al.*, 2019). Domestic abuse refers to a pattern of threatening, controlling, coercive behaviour, violence or abuse perpetrated against intimate partners or family members, regardless of gender or sexuality (Public Prosecution Service Northern Ireland, 2020). In Northern Ireland (NI), the annual statistics evidence an increasing number of recorded domestic abuse incidents since record-keeping began in 2004 (PSNI Statistics Branch, 2020).

As a result of the increase in the identification, conviction and subsequent sentencing of individuals who commit domestic abuse in Northern Ireland, significant governmental attempts to address these offences emerged. Specifically, the NI Executive's, *Stopping Domestic and Sexual Violence and Abuse Strategy* sets out the commitment to adopt a long-term approach to the prevention of domestic abuse (Department of Justice, 2016). One key aim of this strategy was to focus on the management of domestic abuse perpetrators. This included the development of effective interventions designed to hold these individuals accountable for their behaviour and to provide opportunities to address their offending behaviour. Subsequently, it was recognised that the majority of domestic abuse interventions primarily target criminal justice-involved offenders, who are court mandated to attend treatment following a conviction of domestic abuse. This identified a need for preventative early-intervention services for individuals who have not been convicted of a domestic abuse offence, but who have exhibited abusive or violent behaviours in their relationships. As such, the PBNI was funded by the Department of Justice and the Department of Health to develop and implement the Promoting Positive Relationships Programme (PPRP) within NI.

The PPRP is a community-based, non-court-mandated programme that aims to address unadjudicated domestic abuse. It has been developed and designed by the PBNI, for adult males who have demonstrated the potential to be abusive in intimate partner relationships and whose children have been assessed as at risk by social services within the HSCNI. Participants are referred by social services within the HSCNI and the programme is facilitated by trained staff within the PBNI.

The current research presents a preliminary evaluation of the PPRP to inform the effectiveness of this unique approach to unadjudicated domestic abuse intervention in NI. By examining the short-term changes in participant

attitudes and thinking styles associated with the perpetration of domestic abuse, findings aimed to aid the evaluation, implementation and development of the PPRP.

## **The effectiveness of domestic-abuse programmes**

The 'what works' approach to evidence-based practice continues to emphasise the need for consistent evaluation to determine the effectiveness of criminal justice-led programmes, including, domestic-abuse programmes (Duriez *et al.*, 2018; Farringer *et al.*, 2019). Despite this, findings related to the effectiveness of domestic-abuse programmes are inconsistent and often yield small effects. For example, a meta-analysis conducted by Karakurt *et al.* (2019) concluded that overall, the various domestic-abuse programmes were effective in reducing violence, while controlled experimental studies did not show statistically significant differences between groups. Conversely, a recent meta-analysis indicated that participants who engaged in domestic-abuse programmes, were approximately three times less likely to commit a further domestic abuse offence, when compared to control groups (Cheng *et al.*, 2021). The existing literature on the effectiveness of domestic-abuse programmes has predominately been determined by recidivism rates (Bates *et al.*, 2017). Generally, these studies are afflicted with high attrition rates, differing definitions of recidivism, inconsistent or limited follow-up periods and small sample sizes, and are less likely to show the impact of treatment on participants (Wong and Bouchard, 2020).

### ***Treatment approaches***

Existing literature consistently demonstrates the limited effectiveness of gender-based domestic-abuse programmes (Cotti *et al.*, 2020; Dixon and Wride, 2020). On the other hand, domestic-abuse programmes have been found to be significantly more effective when they are developed upon contemporary theoretical understandings of domestic abuse, are pertinent to the related risk factors, and target the needs of individual perpetrators (Cleaver *et al.*, 2019; Weber and Bouman, 2020). Similarly, Arce *et al.*'s (2020) meta-analytical review indicated that CBT-based<sup>1</sup> domestic-abuse programmes

<sup>1</sup> A Cognitive Behavioural Therapy (CBT) approach to intervention is frequently used in domestic abuse interventions. These focus on altering problematic thoughts, beliefs, attitudes and emotions to prevent future violent behaviour (Clark, 2011). CBT programmes encourage participants to examine the context of their violent behaviours (e.g. the primary emotions leading to anger, which may result in acts of abuse) and teach a variety of skills (e.g. healthy communication, conflict resolution and assertiveness).

have a greater significant effect, compared to programmes based on the Duluth Model.<sup>2</sup> However, the effectiveness of CBT-based programmes remains largely inconclusive due to the inconsistency in research findings. Nettet et al. (2019) argue that three of the six studies in their meta-analysis evidenced a reduction in physical violence among participants following the completion of CBT-based programmes. However, it is identified that these were small-scale studies, with findings primarily relying on self-report from perpetrators. In conjunction with the implications of generalising such findings, the lack of high-quality randomised controlled trials within the existing empirical research contributes to the ambiguity regarding the effectiveness of CBT-based domestic-abuse programmes (Nettet et al., 2019).

### ***Pre- to post-programme short-term changes***

Research has documented the advantages of measuring programme effectiveness by examining the dynamic, individual risk factors associated with domestic abuse (i.e. attitudes and beliefs), compared to static risk factors (i.e. recidivism), which are slow to change. Disparate from reconviction data, the examination of pre- to post-programme attitudinal change, via psychometric assessment, offers time-efficient programme evaluation, allowing improvements to be implemented more readily (Higgs et al., 2020). Although psychometric assessments inherently rely on self-report and cannot provide an indication of behavioural change (Polaschek, 2017), they have been evidenced to strengthen the quality that quasi-experimental evaluation methods offer (Lilley-Walker et al., 2018).

Existing research suggests that domestic-abuse programmes may be effective at altering perceptions and attitudes towards abusive behaviours (Wong and Bouchard, 2020). For example, Lilley-Walker et al.'s (2018) meta-analysis of European programme evaluations indicated 14 studies that demonstrated statistically significant improvements in irrational beliefs about violence and women or significant decreases in psychopathological symptomatology, from pre- to post- programme. Additionally, Wong and Bouchard's (2020) pilot evaluation evidenced that, following engagement in the pilot domestic-abuse programme, participants increased their use of strategies to help calm themselves when angry. However, as both of these studies failed to validate their outcome measures with victim data, these

<sup>2</sup> Primarily, early intervention aimed at reducing domestic abuse originated from single-factor, feminist understandings of domestic abuse (Weber and Bouman, 2020). Established within the Duluth model (Pence and Paymar, 1993), these understandings argue that domestic abuse is rooted within male patriarchy and beliefs that encourage male dominance over women.

findings may suffer from inherent biases, including perpetrator minimisation and desired responding.

### ***Motivation and readiness to change***

To explore the ambiguity in determining programme effectiveness, emerging research has postulated the impact of varying motivation levels of participants. Specifically, as the majority of the participants are court mandated to engage in domestic-abuse programmes, it has been argued that a lack of intrinsic motivation poses a barrier to effective treatment outcomes (Wong and Bouchard, 2020). Studies are generally consistent in evidencing that the inclusion of motivational strategies, such as stages-of-change-based treatments, strengths-based treatments, Motivational Interviewing (MI), and retention techniques, could overcome some of these limitations, thus increasing programme effectiveness (Murphy, Bradford and Jackson, 2016; Santirso *et al.*, 2020; Santirso, Lila and Gracia, 2020; Soleymani, Britt and Wallace-Bell, 2018). For example, Santirso *et al.*'s (2020) meta-analysis found that the rate of recidivism was 1.46 times greater for participants who engaged in generic domestic-abuse programmes, compared to those who completed motivational domestic-abuse programmes.

However, as these studies are restricted to court-mandated programmes, the generalisability of results is limited. In this regard, research has largely neglected to evaluate the effectiveness of domestic-abuse programmes that are non-court-mandated, including the motivation levels of these participants. Despite this, novel research indicates preliminary positive findings in respect of the effectiveness of such programmes (Wong and Bouchard, 2020; Tarzia *et al.*, 2020; Tutty, Babins-Wagner and Rothery, 2020). Similarly, despite a small sample size, Tutty *et al.* (2020) conclude that compared to court-mandated participants, non-court-mandated participants were less likely to be in the pre-contemplation stage of change and were more likely to be in Action, both before and following programme completion.

Due to the dearth of literature, examining the effects of domestic-abuse programmes on non-court-mandated participants is crucial as these types of perpetrators may differ from court-mandated participants in terms of willingness to change their behaviour. As such, there remains a need to determine whether these programmes are effective in improving the response to male perpetrators of unadjudicated domestic abuse.

## The current study

### *The Promoting Positive Relationships Programme (PPRP)*

The PPRP is a strengths-based programme that adheres to the recognised international standards for the delivery of violence-prevention interventions and requires interagency working, including the essential component of the Partner Safety Worker. It is based on five core modules (i.e. Foundation; Behaviour and Communication; Managing Emotions; Responsible Parenting; and Future Planning), and is delivered over 24 sessions of two-hour duration. These are rooted in CBT principles and are underpinned by the theoretical understanding and application of Dutton's Nested Ecological Theory (Dutton, 2006).<sup>3</sup> Within the CBT approach, the PPRP encourages participants to examine the context of their abusive behaviours and the individual factors that make them susceptible to perpetrating domestic abuse. These sessions have been devised to meet the specific aims of the PPRP, as presented in Table 1.

**Table 1:** *The principal aims of the PPRP*

Aim	Description
1	Promotion of healthy relationships and reduction of risk of abuse against intimate partners and children.
2	Exploration of healthy, unhealthy and abusive relationships. Includes the personal identification of thoughts, feelings, beliefs and physiology in relation to participant's own behaviours.
3	Education on the impact of healthy and abusive behaviours on victims, including children.
4	Development of communication skills, emotional-management techniques, supportive resources and responsible parenting.

Note: PPRP = Promoting Positive Relationships Programme.

<sup>3</sup> Extensive empirical research questioning the validity of applying single-factor, feminist understandings of domestic abuse (e.g. Duluth model) to the treatment of domestic perpetrators influenced a movement of multi-factorial theoretical understandings of domestic-abuse offences. This included Dutton's Nested Ecological Theory. This is a gender-inclusive and ecological approach that recognises the many mechanisms and factors that affect how a person can view relationships. Specifically, how 'power and control' within abusive relationships are affected by what an individual can encounter as a child and broader social pressures (Dutton, 2006). Although it is accepted that this approach cannot explain how the variables interact or how the process of domestic abuse unfolds, it has proven to be a popular framework in guiding the assessment and treatment of perpetrators of domestic abuse (Dixon and Wride, 2020).

The current research aimed to evaluate the preliminary effectiveness of the PPRP and to inform an internal evaluation for the PBNI. This evaluation focused solely on the comparison of pre- and post- psychometric data of individuals who have completed the PPRP, since its inception in 2018. Although the limitations of this evaluation method cannot be ignored, the examination of change in participant thinking style and attitudes provides an initial insight into the effectiveness of the PPRP. In conjunction with the 'what works' literature and the ethos from stakeholders, this is driven by a need to limit domestic-abuse behaviour and to address, prevent, reduce, and ultimately eliminate all forms of abuse against women and children. Future and longer-term evaluation is recommended.

### ***Hypotheses***

- The PPRP participants will show post-programme improvements in their thinking styles and attitudes when compared with pre-programme psychometric results, as measured by the psychometric assessments; Barratt Impulsiveness Scale (BIS-11), Experiences in Close Relationships – Revised (ECR-R), Interpersonal Relationships Scale (IRS), State-Trait Anger Expression Inventory – 2 (STAXI-2) and Paulhus Deception Scales (PDS).
- The PPRP participants will show post-programme improvements in their readiness to change when compared with pre-programme psychometric results, as measured by the University of Rhode Island Change Scale (URICA).

## **Methodology**

### ***Design***

A pre- and post- quasi-experimental design was implemented to enable a preliminary evaluation of the effectiveness of the PPRP, whilst in its pilot period from 2018 to 2021, to inform an internal evaluation for the PBNI. Specifically, the changes in the pre- and post-programme psychometric assessment scores were examined.

### ***Sample***

The sample consisted of 51 males who completed the PPRP within the pilot period, from 2018 to 2021. Individuals were referred to the PPRP by social workers within the five Trust areas in HSCNI. The mean age of participants was 37.78 years (SD = 1.28).

From the 79 participants who had initially commenced the PPRP, 64.6 per cent (51) had a complete set of pre- and post- psychometric data, 20.3 per cent (16) had missing psychometric data and 5.2 per cent (12) failed to complete the programme. For the purposes of the current research, only participants who had a complete set of pre- and post- psychometric data were included in the final sample of 51.

## **Measures**

Before treatment commences, facilitators use a battery of psychological self-report measures to determine the deficits and treatment needs of potential participants. These measures assess the dynamic, individual risk factors empirically evidenced in the perpetration of domestic abuse and are targeted in the intervention. The PPRP participants complete a battery of six psychometric measures, prior to the commencement of the programme, and again on completion. They include the Interpersonal Relationships Scale (IRS), Experiences in Close Relationships – Revised (ECR-R), State-Trait Anger Expression Inventory-II (STAXI-II), Barratt Impulsiveness Scale-II (BIS-II), University of Rhode Island Change Assessment Scale (URICA) and Paulhus Deception Scale (PDS).

### *Interpersonal Relationships Scale (IRS; Hupka and Rusch, 2001)*

A 27-item self-report measure that assesses six aspects of jealousy: Threat to Exclusivity is assessed by seven items (e.g. 'When my partner dances with someone else, I feel very uneasy'  $\alpha = .79$ ), Dependency is assessed by four items (e.g. 'I often feel I couldn't exist without him/her';  $\alpha = .84$ ); Sexual Possessiveness is assessed by three items (e.g. 'It would bother me if my lover frequently had satisfying sexual relations with someone else';  $\alpha = .63$ ); Distrust is assessed by three items (e.g. 'When I am away from my mate for any length of time, I do not become suspicious of my mate's whereabouts' (reverse scored);  $\alpha = .61$ ); Envy/Self-deprecation is assessed by seven items (e.g. 'I often find myself idealising persons or objects';  $\alpha = .85$ ); finally, Competition/Vindictiveness is assessed by three items (e.g. 'I always try to "even the score"');  $\alpha = .65$ ). Responses are indicated on a six-point scale (1 – strongly agree; 6 – strongly disagree). Higher scores on this measure indicate lower levels of jealousy.

### *Experiences in Close Relationships – Revised (ECR-R; Fraley, Waller and Brennan, 2000)*

A 36-item self-report measure used to assess adult romantic attachment. This is measured across two 18-item subscales: Anxiety (i.e. the extent to which

people are insecure versus secure about their partner's availability and responsiveness, e.g. 'I often worry that my romantic partner doesn't really love me') and Avoidance (i.e. the extent to which people are uncomfortable being close to others versus secure depending on others, e.g. 'I find it difficult to allow myself to depend on romantic partners'). Respondents use a seven-point Likert-type scale, ranging from 1 (disagree strongly) to 7 (agree strongly) to indicate how they generally experience relationships. Higher scores indicate higher levels of attachment-related anxiety and/or attachment-related avoidance. The commonly used estimate of internal consistency tends to be .90 or higher for each ECR-R scale.

*State-Trait Anger Expression Inventory-II (STAXI-II; Spielberger, 1999)*

A 57-item self-report measure categorised into six scales in which individuals respond using a four-point Likert-type scale: 1) The State Anger scale measures the intensity of anger as an emotional state at a particular time, and includes three subscales (i.e. Feeling Angry, Feel Like Expressing Anger Verbally, Feel Like Expressing Anger Physically); 2) The Trait Anger scale assesses how often angry feelings are experienced over time, and includes two subscales (i.e. Angry Temperament and Angry Reaction); 3) The Anger Expression Out scale assesses the expression of angry feelings towards others in the environment; 4) The Anger Expression In scale assesses the suppression of angry feelings; 5) The Anger Control Out scale measures the extent to which respondents control angry feelings by preventing the expression of anger toward others in the environment; and 6) The Anger Control In scale measures the extent to which respondents control angry feelings by calming down. The Anger Expression Index provides a measure of total anger expression. Higher scores indicate higher deficits in experiencing/expressing/controlling anger effectively. In accordance with the manual, internal reliability for STAXI-II scales and subscales have been evidenced to be at an acceptable level, irrespective of age, gender and psychopathology (Spielberger, 1999).

*The Barratt Impulsiveness Scale-II (BIS-II; Patton, Stanford and Barratt, 1995)*

A 30-item self-report measure assessing impulsivity across three domains: Motor Impulsivity (impetuous action), Cognitive Impulsivity (rapid shifts and impatience with complexity) and Non-Planning (lack of concern for the future). Individuals respond to each statement on a four-point scale from

1 (rarely/never) to 4 (almost always/always). Higher scores indicate higher levels of Cognitive, Motor or Non-Planning Impulsivity. The published internal consistency coefficients range from 0.72 to 0.85.

*University of Rhode Island Change Assessment Scale (URICA; McConaughy, Prochaska and Velicer, 1983)*

A 32-item, self-report measure based on the Transtheoretical Model of intentional behavioural change (McConaughy, Prochaska and Velicer, 1983). Individuals are asked to respond to items on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) on how often they use each thought or situation to help them avoid the problem behaviour. Results of this questionnaire indicate whether the individual's readiness score is in the Pre-Contemplative (e.g. no plan to change a certain behaviour), Contemplative (e.g. becomes aware of a desire to change behaviour), Preparation to Action (planning to change and marks the beginning of actual change in the criterion behaviour) or Maintenance (successfully attained and maintained behaviour change) stage of change. Individuals with readiness scores of 8 or lower are classified as Pre-Contemplators; 9 to 11 as Contemplators; and 12 to 14 as Preparers into Action Takers. The internal consistency of the URICA is good with coefficient alphas typically ranging from 0.79 to 0.89 for the four subscales (McConaughy, Prochaska and Velicer, 1983).

*Paulhus Deception Scale (PDS; Paulhus, 1998)*

This 40-item questionnaire examines the validity of self-report responses and the tendency to give socially desirable responses. This is measured on two scales: Impression Management (IM) and Self-Deceptive Enhancement (SDE), which requires individuals to respond to each item on a five-point scale from 1 (very true) to 5 (very untrue). IM measures the individual's conscious use of faking, lying and inflating self-descriptions, and SDE measures the individual's unconscious bias towards inflated or over-confident self-descriptions. Higher scorers tend to have unrealistically positive perceptions of themselves, which do not reflect their true character. This measure has been evidenced to demonstrate good internal consistency.

## **Procedure**

Prior to commencing the research, ethical approval was gained from the PBNi Research Approval and Ethics Committee. For research purposes, participants

were asked to provide written consent for their psychometric assessments at the pre-programme stage. The psychometric assessments were completed prior to the first programme session and following the final session of the programme. A PPRP facilitator was present to issue standardised instructions and ensure that suitable conditions of completion were maintained.

Participant data, including, raw pre- and post-programme psychometric scores, originated from the PBN database of 79 males who participated in the PPRP within the pilot period, from 2018 to 2021. For the purposes of the current research, participants were excluded from the final data sample if they had incomplete psychometric data or if they did not complete the programme. This led to the finalised data set of 51.

### ***Data analysis***

Initial analysis included the comparison of mean pre- and post-programme psychometric data. Preceding further data analysis, normality tests were conducted for each measure. According to the results, either non-parametric or parametric tests were run. To explore the differences between the pre- and post-programme psychometric scores, paired-samples t-tests were conducted for the psychometric data that did not violate assumptions of normality (i.e. ECR-R Attachment-Related Anxiety, ECR-R Attachment-Related Avoidance, BIS-II Motor Impulsivity and BIS-II Non-Planning). As the data from the remaining 21 psychometric measures did violate normality assumptions, Wilcoxon Signed Rank Tests were applied. The effect sizes were calculated for each psychometric measure.

## **Results**

### ***Summary of pre- and post-PPRP psychometric scores***

The means and standard deviations for participants' pre- and post-programme psychometric scores are presented in Table 2. These pre- and post-programme mean scores indicated the expected improvements on 20 of the 25 psychometric measures. This included the URICA, which indicated the expected post-programme results for this measure. This result indicated that, on average, participants remained at the Contemplation Stage of Change, both before and following participation in the PPRP. Conversely, Table 2 reveals that the measures Sexual Possessiveness, Threat to Exclusive Companionship, Anger Control Out, Anger Control In, and PDS did not indicate post-programme results in the expected direction.

**Table 2:** Summary of pre- and post-programme psychometric scores

Psychometric Measure	Pre-Programme (n=51)		Post- Programme (n=51)	
	M	SD	M	SD
IRS: Threat to exclusive companionship	33.88	6.33	34.00	6.14
IRS: Self-deprecation/Envy	29.39	5.93	31.47	4.24
IRS: Dependency	17.92	5.60	18.82	5.16
IRS: Sexual possessiveness	9.29	4.13	8.39	3.01
IRS: Competition vindictiveness	13.53	3.48	15.37	2.41
IRS: Distrust	14.18	3.60	14.43	4.07
ECR-R: Attachment-related anxiety	50.71	19.43	49.49	15.77
ECR-R: Attachment-related avoidance	50.75	17.44	48.39	16.84
STAXI-II: State anger scales	16.53	3.31	15.67	1.62
STAXI-II: Feeling angry	5.92	1.68	5.61	1.30
STAXI-II: Feel like expressing anger verbally	5.49	1.49	5.08	0.66
STAXI-II: Feel like expressing anger physically	5.12	0.38	4.98	0.14
STAXI-II: Trait anger scales	16.88	4.92	15.63	3.82
STAXI-II: Angry temperament	7.04	2.71	6.37	1.77
STAXI-II: Angry reaction	6.47	2.02	6.04	2.05
STAXI-II: Anger expression out	14.96	3.53	13.78	2.79
STAXI-II: Anger expression in	16.35	4.25	13.20	3.78
STAXI-II: Anger control out	24.00	7.78	25.35	5.69
STAXI-II: Anger control in	22.98	5.99	25.98	5.91
STAXI-II: Anger expression index	32.76	16.34	23.65	13.37
BIS-II: Motor impulsivity	20.10	4.35	19.71	4.88
BIS-II: Cognitive impulsivity	22.82	4.57	21.41	4.86
BIS-II: Non-planning	20.63	4.86	20.02	4.83
URICA	10.64	2.73	10.93	1.75
PDS	12.10	6.73	13.22	7.01

Note: PPRP = Promoting Positive Relationships Programme; IRS = Interpersonal Relationships Scale; ECR-R = Experiences in Close Relationships – Revised; STAXI-II = State-Trait Anger Expression Inventory – II; BIS-II = The Barratt Impulsiveness Scale. URICA = University of Rhode Island Change Assessment Scale. PDS = Paulhus Deception Scale. A decrease in scores between pre- and post- programme represents positive improvement on all of the measures except the IRS and URICA, in which an increase in scores represents improvement on this measure.

### **Statistical analysis of pre- and post-PPRP psychometric scores**

Paired t-tests and Wilcoxon Signed Rank Tests indicated that out of the 20 psychometric measures showing a positive shift between pre- and post-psychometric scores, five achieved statistical significance in the expected direction. As evidenced within Table 3, these included: Self-deprecation/Envy, with a small effect size; Competition Vindictiveness, with a medium effect size; State Anger Physical, with a small effect size; Anger Expression Out, with a medium effect size; and Anger Index, with a medium effect size. Effect-size analysis indicated a small difference in the expected direction for the 20 psychometric measures that did not achieve statistically significant difference.

Conversely, two of the psychometric measures showed statistically significant differences in participant scores from pre- to post-programme, in the unexpected direction. These measures included: Anger Control Out, with a small effect size; Anger Control In, with a medium effect size. Additionally, a Wilcoxon Signed Rank Test revealed no significant differences, with a small effect size between the pre- and post-programme scores on the URICA.

**Table 3:** Statistically significant Wilcoxon Signed Rank Tests comparing the differences between pre- and post-PPRP psychometric scores

	Pre- Programme (n=51)	Post- Programme (n=51)	z value	Sig	Effect size (r)
<i>Psychometric Measure</i>	<i>Md</i>	<i>Md</i>			
IRS: Self-deprecation/Envy	30.00	33.00	-2.88	.004**	0.29
IRS: Competition vindictiveness	14.00	15.00	-3.08	.002**	0.30
STAXI-II: State anger physical	5.00	5.00	-2.33	.020*	0.23
STAXI-II: Anger expression out	16.00	13.00	-3.72	.001**	0.37
STAXI-II: Anger control out	24.00	27.00	-2.12	.034*	0.21
STAXI-II: Anger control in	23.00	27.00	-3.10	.002**	0.31
STAXI-II: Anger index	31.00	23.00	-3.43	.001**	0.34

Note: PPRP = Promoting Positive Relationships Programme; IRS = Interpersonal Relationships Scale; STAXI-II = State-Trait Anger Expression Inventory – II; BIS-II = The Barratt Impulsiveness Scale. URICA = University of Rhode Island Change Assessment Scale. PDS = Paulhus Deception Scale. A decrease in scores between pre- and post-programme represents positive improvement on all of the measures except the IRS and URICAS, in which an increase in scores represents improvement on this measure.

\*p < .05

\*\*p < .001

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## Discussion

This research aimed to evaluate the effectiveness of the PPRP, whilst in its pilot period from 2018 to 2021, to inform a preliminary internal evaluation for the PBNI. It was hypothesised that participants of the PPRP would show post-programme improvements in their thinking styles and attitudes, as measured by psychometric assessments.

Analysis of pre- and post-programme psychometric results indicated that on 20 of the 25 psychometric measures, PPRP participants showed expected improvements in their scores following treatment. Five of the psychometric measures showed a significant improvement in results from pre- to post-programme; two relating to self-reported jealousy and three relating to self-reported anger. Conversely, five psychometric measures did not indicate positive results in the expected direction – two relating to self-reported jealousy, two relating to self-reported anger, and the psychometric measure relating to the validity of self-report responses.

These findings indicated that hypothesis 1 could be partially accepted. Whilst preliminary, the results indicate positive short-term changes in the thinking styles and attitudes of participants who completed the PPRP. Therefore, it is possible to deduce that, to some extent, the PPRP can assist perpetrators in addressing thinking styles associated with domestic abuse and help develop more prosocial patterns of thinking. These results are consistent with the limited body of research that suggests the effectiveness of addressing unadjudicated domestic abuse via non-court-mandated programmes (e.g. Palmstierna *et al.*, 2012; Tarzia *et al.*, 2020; Tutty *et al.*, 2020; Wong and Bouchard, 2020).

Preliminary findings may be attributable to the PPRP drawing upon empirically supported theory to help participants to understand how their domestic-abuse behaviour is manifested. This coincides with previous research that promotes the effectiveness of domestic-abuse programmes, which move beyond gendered theories of treatment towards a developmental approach and are based on the wealth of information that exists about the associated risk factors (Lilley-Walker *et al.*, 2018) – specifically, the understanding that not one singular factor can be associated with domestic-abuse perpetration, or can explain why some people are more likely to perpetrate domestic abuse (Bates *et al.*, 2020). Rather, it is a question of understanding domestic abuse as the outcome of a complex interaction between individual, relationship, community, and societal factors (Dutton,

2006). This framework supports intervention across multiple levels to prevent domestic abuse (Arce *et al.*, 2020; Cotti *et al.*, 2020; Dixon and Wride, 2020).

In combination, these preliminary findings may provide additional empirical support for the greater effectiveness of domestic-abuse programmes that include CBT-based approaches (e.g. emotion management, communication, conflict resolution), as opposed to those that focus solely on theoretical principles such as gender roles (Nesset *et al.*, 2019). Therefore, the PPRP may be helping men to understand the impacts of their behaviours more effectively, by taking a combined approach to intervention. This suggests that it may be a more successful strategy to increase participant awareness and understanding of the origins of their aggression and pro-violent attitudes, and to alter distorted beliefs and associated abusive behaviours through taught skills and strategies.

Despite this, it cannot be ignored that, although there were improvements across the majority of psychometric measures, a large proportion of these were not found to be statistically significant between pre- and post-programme. Additionally, two of the psychometric measures relating to anger showed a significant degeneration in participant scores from pre- to post-programme. In contrast to Wong and Bouchard's (2020) study, this suggested that following the completion of the PPRP, the level of increase that participants reported in having control over their anger expressed outwardly and inwardly became more problematic. In conjunction with the findings from previously conducted meta-analysis (Arce *et al.*, 2020; Cotti *et al.*, 2020; Graham-Kevan and Bates, 2020; Nesset *et al.*, 2019), these results pose ambiguity issues regarding the effectiveness of domestic-abuse programmes, including the PPRP.

Because of the methodological limitations of the current research, it was not possible to quantify conclusively the reasoning for these findings. However, to ensure its effectiveness in addressing unadjudicated domestic abuse, there are several considerations that must be further explored. For example, it is well established that the successful reduction of cognitive and attitudinal change is challenging, due to the variety of risk factors associated with domestic-abuse perpetration (Farringer *et al.*, 2019; Karakurt *et al.*, 2019; Stanley, 2019). As the PPRP is delivered in a group-based format, the capacity to address the individual risk needs for each participant to the extent required to make long-term change is likely to pose further challenges. On this basis, it may be beneficial for the PPRP to consider the incorporation of content about pertinent individual risk factors and associated skill-building exercises in response to these needs.

In contrast, these findings may reflect participants' enhanced self-awareness and ability to monitor and understand their use of aggression, as a result of engaging in the educational and skills-based PPRP. Although this may be negated by the evident increased socially desirable responses, as measured by the PDS, these are areas that warrant further exploration. This poses further queries regarding how all domestic-abuse programmes are evaluated and what outcomes measure the success of effectiveness. The short-term attitudinal changes, whilst an important measurement, fail to reflect the extent of behavioural change that female partners, perpetrators, practitioners and funders are likely to hope to be achieved through the completion of the PPRP. It is essential that future evaluations seek to explore these findings further and in a timely manner.

It was hypothesised that participants of the PPRP would show post-programme improvements in their readiness to change when compared with pre-programme psychometric results. This hypothesis was partially supported. The improvements of the participants' pre- to post-programme scores on this measure indicated positive results. Crucially, this corresponds with contemporary research that promotes the inclusion of motivational strategies within domestic-abuse programmes, to promote readiness and commitment to change (Murphy *et al.*, 2016; Santirso *et al.*, 2020). This preliminary finding provides further evidence that, in addition to the theoretical foundations of the PPRP, incorporating motivation strategies to programme delivery may increase its ability to address unadjudicated domestic-abuse behaviours effectively.

Despite these positive findings, no statistical difference was found between the pre- and post-psychometric scores on this measure, and, on average, participants remained in the Contemplator Stage post-programme. These findings contrast to Tutty *et al.*'s (2020) research. This reinforces the theory that differences may exist between non-court-mandated and court-mandated perpetrators. As such, future research is essential to continue to examine the differences in these sub-groups (e.g. programme attendance, engagement, completion and motivation to change their behaviour and attitudes) to aid the development of the effectiveness of the PPRP.

Although the PPRP has been developed within strengths-based and Motivational Interviewing (MI), these are approaches that are dependent on treatment delivery and the skills of programme facilitators. The present research does not reveal the extent of the training or experience level of PPRP facilitators, nor the fidelity of MI skills facilitated during programme

delivery. Without this information, it is not possible to comment on the influence this may have had over the present research findings. Despite this, from advancing research, it is evident that the sustained integration of MI throughout the delivery of domestic-abuse programmes can predict positive behavioural change (Santirso *et al.*, 2020), and conversely, inconsistent application of MI can predict damaging clinical outcomes (Soleymani *et al.*, 2018). In conjunction with the 'what works' literature, this knowledge highlights essential considerations of the treatment delivery and integrity (Latessa, 2018) of the PPRP that will be essential to consider moving forward. This extends significantly beyond MI skills, including the ongoing need for effective treatment management to address the training and supervision of the programme facilitators to ensure its effectiveness.

### ***Limitations and future research***

As the current research presented preliminary findings of the effectiveness of the piloted PPRP, it is critical to detail methodological limitations – for example, the use of a quasi-experimental design. Utilising psychometric assessments as an outcome measure has helped to identify specific positive effects of the PPRP. However, by presenting only short-term attitudinal change, the current research does not indicate behavioural change, nor whether the identified attitudinal changes were maintained long term. Furthermore, the use of self-report measures to reflect the differences in attitudes and thinking is entirely dependent on the willingness of the PPRP participant to divulge sensitive information. Future research using more robust experimental and qualitative evaluation approaches should be undertaken to confirm the results of this preliminary analysis. For example, an integrated model, in which psychometric data are combined with behavioural data – i.e. reconviction data – will be beneficial.

The generalisability of the results is limited by the non-random selection of participants, lack of a comparison group and the relatively small sample size, which was further reduced as participants who did not complete the PPRP or who failed to complete the self-report psychometric measures were excluded from the dataset. As a smaller sample size and subsequent low statistical power makes the detection of statistically significant differences difficult, limited conclusions can be drawn. Consequently, conclusions must be generalised with caution, as findings may reflect only this particular set of participants, whilst the impact for excluded participants remains unknown. It will therefore be important to continue with this research to achieve a long-

term longitudinal study required to draw conclusions about behavioural stability and to detect most of the recidivism that may occur. Despite these limitations, the need for a larger and randomly selected sample was balanced with the need to produce a time-efficient evaluation of a newly implemented programme.

Finally, it is emphasised that the PPRP was delivered to males who were not court mandated to complete the programme. Because of the potential differences between men who choose to attend a domestic-abuse programme, and those who are court mandated, the findings of this study should not be generalised to men who are court mandated. Therefore, further research should seek to address the differences between these two sub-groups. Additionally, as the PPRP is a gender-specific programme, the findings cannot be generalised to females who perpetrate domestic abuse.

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