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Perpetrator Intervention Program Completion Certificates are Dangerous

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Perpetrator intervention program completion certificates are dangerous for adult and child survivors. How can a piece of paper be dangerous?



Perpetrator intervention program completion certificates are dangerous for adult and child survivors. How can a piece of paper be dangerous? It can be dangerous when it convinces a judge or magistrate to grant a perpetrator unsafe access to children. It can be dangerous when it convinces a survivor to give a perpetrator another chance that he doesn't deserve. It can be dangerous when it communicates to a perpetrator a false sense that he has done all the work he needs to do to change. And it can be dangerous when it wrongly communicates to others he's changed, creating pressure on the survivor to forgive and forget. Perpetrator intervention

program certificates (or completion letters) that primarily reflect attendance or participation - and not real and measurable responsibility and behavior change - can actually increase the ability of perpetrators to control and dominate the lives of survivors and their children. This "white paper" outlines steps to keep the attention of systems on defining, measuring and expecting behavior change as a measure of success for domestic violence perpetrators. It also stresses the importance of including the voices of survivors, adult and child, in our formulations of meaningful behavior change. Throughout it offers suggestions and guidance that can be incorporated into the day to day practice of courts, child welfare, perpetrator intervention programs, evaluators and other professionals.

Defining: Real, Meaningful Change

Completion certification and attendance reports are attractive to systems because they offer a simple form of measuring successful involvement with a perpetrator intervention program. This information is used to make decisions as straightforward as, "Did the perpetrator attend or not meet the program requirements?" to more complex questions like, "Should he receive unsupervised custody of his children?" Participation and completion information can also shape the decisions of survivors as well. A survivor may make a decision to remain with an abusive partner who has successfully completed a perpetrator intervention program, believing his completion equals reduced or vanished danger. In these ways, perpetrator programs' communication, through letters and certificates, can profoundly influence the safety and well-being of adult and child survivors. Unfortunately, in many instances, these communications are derived from limited information such as attendance of sessions. Even positive reports around participation in a group discussion can be misleading when they do not capture a perpetrator's engagement with his own behavior but simply reflect whether he spoke during the sessions.

In this way, reports of this nature often are not a direct measurement of perpetrator behavior change that is connected to real improvements in the quality of life, self-determination and safety of survivors.

Program attendance and completion reports may be relevant to safety and change. Data suggests that perpetrators who complete their intervention program are less likely to recidivate and that survivors attribute those changes more to the program participation than other factors.¹ At the same time, professionals cannot assume that positive reports on attendance, completion and re-arrest equal changes in patterns of coercive control and better outcomes for survivors.² In order to keep the improvement in safety, satisfaction and self-determination of adult and child survivors at the center of interventions with perpetrators, it essential to actively

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¹ Gregory and Erez, "The Effects of Batterer Intervention Programs"; Gover et al., "Factors Related to the Completion of Domestic Violence Offender Treatment."

² Coulter and VandeWeerd, "Reducing Domestic Violence and Other Criminal Recidivism."

maintain our attention on perpetrator behaviors. Instead of cursory letters of completion and attendance, systems need to create procedures and processes that focus on defining, measuring and expecting real, meaningful behavior change. It is a shared common language and framework about change that will increase accountability and provide both formal decision-makers and survivors with the tools they need to make the best decisions possible.



A common-sense rubric

A shared, common-sense, cross-sector approach to real change focuses on three important questions for evaluating perpetrator change:

- *Has the perpetrator admitted to a meaningful portion of what he has done? ('Naming the behaviors')*
- *Is the perpetrator able to talk about the impact of his abusive behaviors on himself and others? ('Claiming the harm')*
- *What relevant changes has the perpetrator made in his behavior pattern? ('Making real changes')*

These three questions can serve as a rubric for assessing a perpetrator's change for service providers, evaluators, case managers, courts and even family members. Reports from perpetrator intervention programs can be formatted to share information about each question. Child welfare can develop case plans that outline the expectation that perpetrators acknowledge their abusive actions, demonstrate an understanding of their impact and show behavior change. Judges and magistrates, child welfare workers, best interest attorneys, and multi-disciplinary teams can use these questions to guide their own assessments and decisions. In court, a judge can ask a perpetrator what he has learned about his own behavior and its impact on others through his participation in a program. A best interest attorney can ask a perpetrator's therapist to describe the behavior change goals for her intervention with her client. Similarly, attorneys for survivors can advocate for their clients by bringing a lack of behavior change to the attention of the court. These questions can provide a shared focal point of communication between all the stakeholders involved in a case, and include a wide range of domains of functioning.³

Naming, Claiming, Making Real

Each question has associated concepts and thinking. The following offers a deeper sense of the thinking behind each one.

"Naming the behaviors" means that perpetrators are expected to acknowledge their own abusive behaviors as part of a process of change. It is difficult to change behaviors that you can't or won't talk about. Outright denial of behaviors and manipulating the perceptions of others about the intent and nature of behaviors is a central organizing feature of patterns of coercive control. It is a form of abuse in its own right and means by which a perpetrator manipulates the perceptions of others often preventing family, friends and systems from intervening through lies and deception. "Naming the behaviors" involves the perpetrator describing the specifics of what he did and said to harm his partner, children and others. These admissions need to go beyond physical violence to include threats, intimidation, emotionally abusive statements, and other behaviors associated with coercive control. For "naming the behaviors" to be meaningful, it must have congruence with the scope

“Token admissions of minor behaviors are not enough.”

³ Cape, Jeffrie and Garvin, David, "Operationalizing Accountability: The Domains and Bases of Accountability."

and severity of his behavior patterns. For example, a perpetrator who admits he raises his voice occasionally may only be acknowledging a fraction of his behavior. It would be wrong to label this acknowledgment of yelling meaningful and relevant if his larger pattern included more egregious and dangerous behavior like physical and sexual assaults, stalking, and threats to harm the children. Token admissions of minor behaviors are not enough. For “Naming the behaviors” to have its fullest value in needs to occur with family members. Acknowledgment of behaviors in a perpetrator intervention program is an important step but it should not be confused with the importance of “Naming the behaviors” with his family or in court and other systems settings. Granting certificates of completion to perpetrators who fail at “naming the behaviors” can be a form of collusion, and a failure of systems to hold perpetrators accountable.

“Real change means survivors have more autonomy and choices, resulting in them spending less time worried about what the perpetrator will do.”

“Claiming the harm” refers to the perpetrators’ willingness and ability to identify how his behaviors have negatively changed the lives of others and himself. Denial of harm is part of how perpetrators convince themselves and others that their behavior is not problematic, and continue their abusive patterns. It is possible for perpetrators to admit to behaviors but deny that they are harmful. “Claiming the harm,” as a step in the measurement of change, ensures that the conversations remain focused on the perpetrator owning the consequences of his choices. To successfully change, the perpetrator needs to reflect on the consequences of his behavior and listen to what his family members want to tell him about how they have been hurt. Professionals interested in promoting real change also need to listen to family members’ voices about how they have been harmed. Defining real change related to patterns of coercive control needs to be tied to an understanding of how the perpetrators’ behaviors have undercut the day to day functioning of their partner and children. “Claiming the harm” also captures another key element of the process of change: how important it is for the perpetrator to own the problem including identifying the decisions and choices associated with the abuse. “Claiming the harm” means moving away from excuses and blame directed at others for the perpetrator’s own choices. For example, a perpetrator who engages in a real process of change would need to admit to how he chose to drink hard liquor instead of beer, to give himself permission to become violent with his partner.



A perpetrator who is “claiming the harm”:

- Has a sense of personal responsibility for the choice to be abusive and comprehension of how others experienced those behaviors
- Seeks to understand the intent and internal drivers behind those behaviours⁴
- Avoids blame and minimization of other people, substances or mental health issues for his behavior
- Owns his behaviors towards his partner and children as a parenting choice
- Understands change as a long, on-going process versus a one-time event.
- Makes changes without any expectation of how others will respond.

“Claiming the harm” may or may not involve making apologies. Apologies are often offered without any associated real accounting of behaviors, e.g., “I’m sorry for things I did that might have hurt you” or any real efforts at change. Apologies can also be offered as an attempt to manipulate someone into dropping their anger or coming back to a relationship. The value of apologies needs to be defined by the person who is on the receiving end, not the person making the apology. It also cannot be disconnected from broader change

⁴ Personal correspondence, David Garvin, January 10, 2020

efforts. It can be useful to compare the statements “I was wrong for the way I acted towards you” versus “I’m sorry for how I acted.” “I’m sorry” can carry a lot more wiggle room around responsibility and ownership of the behavior and its impact. “I was wrong” can be a much more powerful and impactful statement with less room for excuses, justifications and blame. It also can be useful to understand that someone who is “Claiming the Harm” will ask their survivors, “I want to hear from you how what I did hurt you” and offer to do what the survivor needs to help repair the damage.

“The perpetrator needs to approach the change process with the humility that comes with knowing that it is a long term process, that the past cannot be changed, his family members cannot be coerced to forgive or forget, and the only thing that he can control is how he chooses to act now and in the future.”

Where perpetrators have caused significant damage to people and relationships, it may take weeks, months or years for him to understand the depth of the pain he has caused fully, and even more time to fully change the behaviors associated with that knowledge. When trust has been destroyed, it may never come back. If a perpetrator expects others to stay in a relationship or give up anger because he has admitted to his behaviors or has acknowledged their pain, this becomes another form of control. Processes, like granting completion certificates, that suggest that the perpetrator has taken full responsibility for the impact of his

behavior can reinforce the perpetrator’s unrealistic and controlling expectations of others. A survivor may feel her own pressure to change her expectations if she believes the perpetrator program has indicated her partner has “completed” his work.

“Making real change” related to coercive control means that the perpetrator changes his behavior in a way that increases the safety, self-determination and satisfaction or quality of life of his partner and their children. These changes must be defined from the perspective of the family members he has harmed. The victims of the perpetrator have the right to decide what his changes mean to them, what changes are significant and meaningful, and what those changes mean for their relationship with the perpetrator. It is up to the adult and child survivors to define what, if any, kind of relationship they want with the perpetrator. Domestic violence perpetrators’ behaviors impact each person within a family differently. His abusive behaviors changed the day-to-day life of his family across numerous domains including physical and emotional safety and daily activities like school, work and play. The family’s ecology may also have changed as a result of his abuse including employment, relationships to family and friends, access to education and housing. Each person who has been impacted by the perpetrator will have their own needs and desires related to his behavior. For example, an adult survivor may not need or want the perpetrator to engage in behaviors that rebuild trust because she is finished with her relationship with him. In contrast, his child may need and want a level of behavior change that rebuilds their relationship and helps them heal from the hurt.

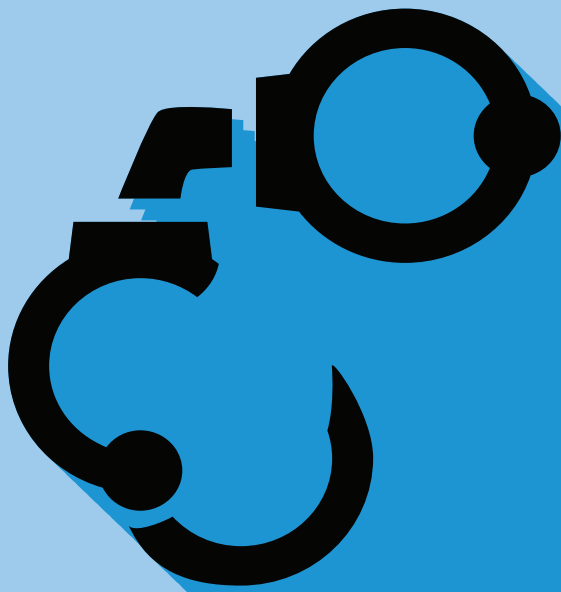
“It is important to remember that behavior changes today does not guarantee behavior change tomorrow.”

Real change means survivors have more autonomy and choices, resulting in them spending less time worrying about what the perpetrator will do. The household environment is more stable and nurturing for the children. For example, when a perpetrator engages in real change, a survivor can drop the children off with him for

a visit without worrying about their safety and well-being. Or a child's bad report card can be shared with the perpetrator without the survivor being worried about being attacked and blamed for the child's poor performance. She can speak her mind about issues and associate with whomever she chooses, whether its friends, families or a new partner, without fear of punishment or abusive consequences. Her vulnerabilities, like mental health issues, are not used against her. "Naming the behavior" and "Claiming the harm" can be considered part of "Making real change." "Making real change" also often involves accepting the limits of the perpetrator's ability to repair hurt. The perpetrator needs to approach the change process with the humility comes with knowing that it is a long term process, that the past cannot be changed, his family members cannot be coerced to forgive or forget, and the only thing that he can control is he how chooses to act now and in the future.

It is important to remember that behavior changes today does not guarantee behavior change tomorrow. Someone who has been violent and made significant changes may return to old patterns in the future, especially if the abusive behavior intersected with substance use and/or mental health issues. Ideally, change is assessed over time, not just once.

Measuring: Listening to the voices of adult and child survivors



From a survivors' point of view, each of these aspects of change may have value.⁵ Listening to the voices of adult and child survivors teaches us that the measurements of perpetrator change must extend beyond the cessation of physical violence to include the impact of coercive control on their lives.⁶ Knowing that perpetrator's behaviors attack safety, self-determination and satisfaction, our measurements of change need to reflect those areas. Cessation of physical violence and threatening behavior is critical but cannot be the exclusive measure. If systems are going to be true allies to adult and child survivors, their processes need to incorporate their perspectives around accountability and change. A survivor is likely to feel more relief when a perpetrator's cessation of violence for a period of time is accompanied by "Naming the behavior" and "Claiming the harm" as opposed to the cessation of violence without those other behaviors. For example, for a survivor whose partner has been unwilling to admit to any behavior, a shift to "naming the behavior" may increase her sense of physical and emotional safety and make her feel less crazy and guilty. Writing and research on restorative and therapeutic justice point to the value to survivors of perpetrator acknowledging their behavior and

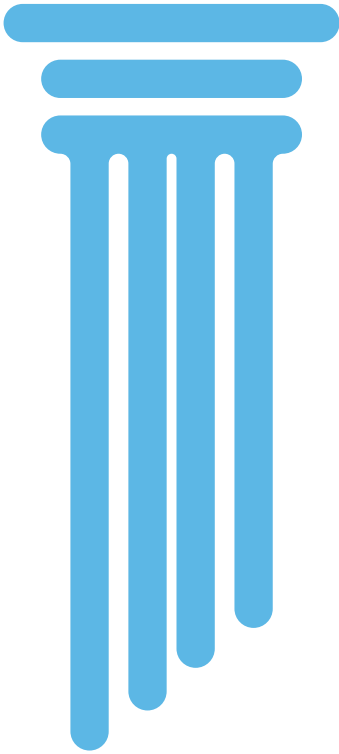
⁵ Coulter and VandeWeerd, "Reducing Domestic Violence and Other Criminal Recidivism."

⁶ Katz, "Beyond the Physical Incident Model."

⁷ Quince Hopkins, "Tempering Idealism with Realism: Using Restorative Justice Processes to Promote Acceptance of Responsibility in Cases of Intimate Partner Violence."

⁸ Lamb, Humphreys, and Hegarty, "'Your Behaviour Has Consequences.'"

the harm it has caused to others.⁷ Children of abusive fathers identify that acknowledgment of past behaviors, commitment to change, and behavioral and attitudinal steps to rebuild trust are what they want from that parent.⁸



The Project Mirabal offers one excellent example of how the voices of survivors can a) help give professionals a perspective on perpetrators and change, and b) offer a window into the complexity and depth and breadth of responsibility and behavior change. Based on pilot interviews with adult and child survivors, men's perpetrator program staff, and perpetrators themselves, the Mirabal Project defined a useful and nuanced six-factor view of change.⁹ These measurements are consistent with the overall themes of "Naming the Behaviors," "Claiming the Harm," and "Making Real Change." In the research on the effectiveness of perpetrator intervention programs, change was evaluated to the following areas revolving around improvements in the quality of life for adult and child survivors:

1. An improved relationship underpinned by respect and effective communication.
2. Expanded 'space for action' for women which restores their voice and ability to make choices, while improving their well-being.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men, including an understanding of the impact that domestic violence has had on their partner and children.
6. For children, safer, healthier childhoods in which they feel heard and cared about.

In the Project final report, each of these items is further operationalized with specific behavioral changes for perpetrators and experiential changes in the lives of adult and child survivors. The authors noted that of particular importance to survivors were the changes associated with the perpetrators' shift toward more respectful communication, and the expanded 'space for action.' Both these items speak to the dangers of definitions of change that are limited to only rearrests or no further incidents of violence. When we listen to the voices of survivors, we can hear the importance of more than just the cessation of physical violence. We hear the desire for perpetrator change that leads to increased self-determination and satisfaction in their lives.

The voice of children is also important for the measurement of perpetrator change.¹⁰ This has often been a missing piece in the perpetrator intervention programming and, therefore, also a missing piece of the discussion of measuring change. A team in Victoria Australia has brought those voices into the discussion of perpetrators as parents and change. The children in this study spoke about how they wanted their abusive fathers to address their past behaviors, commit to change and make efforts to rebuild trust. The research team identified factors that were components of these needs including apologizing and taking consequences, admitting being wrong, acknowledging harm, change behavior and attitudes, and investment in their relationship. Scotland's Caledonian perpetrator intervention model solicits children's feedback on the perpetrator's change using a framework informed by Scotland's child welfare well-being framework ("Getting It Right for Every

⁹ Kelly and Westmarland, Nicole, "Domestic Violence Perpetrator Programmes: Steps toward Change"; Westmarland, Kelly, and Chalder-Mills, "Domestic Violence Perpetrator Programmes: What Counts as Success."

¹⁰ Lamb, Humphreys, and Hegarty, "'Your Behaviour Has Consequences.'"

¹¹ Personal correspondence, Rory McCrae, January 10, 2020.

Child”).¹¹ Including the voices of children is one of the biggest challenges for creating a shared framework around perpetrator change. Given that child welfare is a growing referral source for perpetrator intervention programs, this gap takes on even greater significance.

There is complexity associated with the conversation around survivors and perpetrator programs. Perpetrator intervention programs can be useful for survivors for different reasons. For example, some survivors may benefit from his participation in a program simply because someone is finally telling her abusive partner that he has a problem, and he needs to do something about it. Other survivors may feel heard and listened to when a program seeks her input through a victim advocate component. In other instances, the value of the program is that it provides another point of monitoring the perpetrator. Monitoring may offer the survivor a temporary benefit even if his participation is unlikely to produce real behavior change. For other survivors, his failed engagement with services is useful because it removes any vestiges of hope for change and reduces her guilt about leaving the relationship. It is important to understand, acknowledge and value all these perspectives.

The importance of a shared framework

A shared understanding of what real change involves, and the tools to assess it, are key elements of any system that wants to hold perpetrators responsible for their behavior. As a former director of a perpetrator intervention program, I'm keenly aware of the value and limitations of these types of programs. In our program, we would attempt to communicate these limitations to both the perpetrators' partners and referring agencies. During our partner contact calls, survivors would often ask us to give her a sense of her partner's progress. Instead of giving her our opinion, we would ask her questions about whether he was behaving differently. We would help her connect her observations with what we knew about a real change process. With this assistance, she could come to her own conclusions about how much he was or wasn't, gaining from participating in a group. Often, our input allowed her to see, that despite his regular attendance, he was neither "naming his behaviors," "claiming his harm" nor "making real change."

“Substance abuse and mental health providers who are providing services to clients with histories of domestic violence perpetration need to be cautious about how the conclusions they reach about implications of their treatment for the cessation of violent and abusive behavior. Domestic violence-informed practitioners need to consider evaluate coercive control as separate variable from substance abuse and mental health concerns.”

A good, victim-centered perpetrator program can help improve safety and quality of life for adult and child survivors and keep the perpetrator's responsibility on the radar for other agencies and the wider system.¹² Similar to our communications with survivors, my agency's reports to referral sources would usually include education around the change process. We wanted to offer referring agencies context for making their own assessment of his participation. We wanted our reports on his group involvement to be integrated with other pieces of information, e.g., his baseline behavior pattern, reports from the survivor, compliance with court orders, new arrests. The reports would make it clear that his attendance or participation in the program was not the best indicator of change. We would remind the referring agency that the real measure of success was behavior change and that this information needed to come from other sources.

¹¹ Ormston, Mullholland, and Setterfield, "Caledonian System Evaluation: Analysis of a Programme for Tackling Domestic Abuse in Scotland"; Kelly and Westmarland, Nicole, "Domestic Violence Perpetrator Programmes: Steps toward Change."

Real change and complexity

The intersection of domestic violence, mental health and substance abuse issues adds another layer of complexity to the measurement of real change. Neither mental health nor substance abuse is understood to “cause” domestic violence. It also cannot be assumed that there is a) a direct correlation between substance use and violence, b) a correlation between violence and perpetrator mental health issues and



Adult and child survivors may experience change differently when they associate their partner's abuse with substance use or mental health issues. “

c) that treating mental health or substance abuse issues in someone who has also perpetrated violence will automatically end all concerns about coercive control. Substance abuse or mental health issues may be factors that both contribute to the abusive behavior and hinder the success of a referral to a perpetrator intervention program. Partners of perpetrators, who felt like his involvement in a perpetrator intervention program didn't work, identified both psychological issues and substance abuse as two of the reasons for failure.¹³ While many perpetrators have their own trauma histories, it cannot be assumed that treating that trauma history will automatically change controlling and abusive behavior. Decisions about treatment modalities and timing need to be decided after applying a perpetrator pattern-based assessment that examines the intersection of these issues.

The following are a few examples of how intersections need to be considered when establishing a baseline around the perpetrators' behavior pattern:

- How is his violence and coercive control different when he is under the influence of substances?
- How is violence and coercive control different when his mental health is being treated?
- Does he use a mental health diagnosis to avoid responsibility for his controlling behavior?
- Are threats of self-harm real, a means to control other people or both?

Adult and child survivors may experience change differently when they associate their partner's abuse with substance use or mental health issues. For example, a perpetrator who was only violent when he was drinking may have an easier time rebuilding trust around the abuse when he is in recovery from substances. Similarly, when a perpetrator with a mental health diagnosis stops medications or ends treatment, family members' fears may automatically increase if they associate his untreated issues with increased abuse.

¹³ Gregory and Erez, “The Effects of Batterer Intervention Programs.”



When a perpetrator has intersecting issues of substance abuse and/or mental health, treatment for those issues cannot be substituted for perpetrator intervention programming. Siloed programming, e.g., programs that don't communicate with each other, are more likely to produce incomplete or erroneous assessments which may reduce accountability and communicate dangerous messages about change. The following are questions that can be asked about the treatment plan for perpetrators with intersecting issues:

- Was a referral to a substance abuse or mental health program inappropriately substituted for a referral to a perpetrator intervention program?
- Was a referral to perpetrator intervention program referral accompanied by a referral to other types of treatment when additional problems existed or were suspected?
- Have the mental health and/or substance abuse providers been given information about the perpetrator's pattern of coercive control?
- What is the coordination between the mental health and/or substance abuse providers and the perpetrator intervention program staff?
- Do the substance abuse and/or mental health treatment plans for the perpetrator include the cessation of coercive control as one of the treatment goals?

Substance abuse and mental health providers who are providing services to clients with histories of domestic violence perpetration need to be cautious about how the conclusions they reach about implications of their treatment for the cessation of violent and abusive behavior. Domestic violence-informed practitioners need to consider evaluating coercive control as separate variables from substance abuse and mental health concerns. Substance abuse and mental health programs should seek to gain permission to communicate with the perpetrator intervention program staff in order to share information and coordinate treatment. Similarly, perpetrator intervention programs need to include assessment of the intersection of coercive control, substance abuse and mental health in their assessments of perpetrators and coordinate with other practitioners providing treatment. All three types of programs need to speak to intersections in any reporting related to behavior change.

Real change and intersectionalities

Domestic violence occurs within societal contexts that confer different types of privilege, and vulnerabilities on both survivors and perpetrators. Bias may interfere with assessments of change based on real, meaningful behavior change. For example, perpetrators with education or affluence may be wrongly perceived as less dangerous than they actually are. For other perpetrators, perpetrator intervention programs may not be culturally safe environments where they can talk about their behavior without fear of being judged based on race, ethnicity, class or other traits. Perpetrators with privilege may feel emboldened to avoid engagement in real change because their status helps them avoid consequences for their behaviors.

When we talk about survivors' defining real change, their definitions will be shaped by their cultural context and their wider experience of privilege and vulnerability. The unique perspectives and needs of the individual survivors need to be identified. What is important, what is defined as increase self-determination, what is satisfaction, and what is safety, must be examined. For example, survivors have the right to want to be safe, for their children to be safe, and to maintain their presence in their own home or community. Survivors even have the right to say what they want to remain in a relationship with their partner, the father of their children,

and to be safe. This is often the desire of survivors who come from cultures and communities with a strong emphasis on family and community health and well-being. When professionals judge a survivors' wishes for her partner or her relationship, instead of talking about the reality of the perpetrator's capacity to change, we make her choices the problem versus his lack of transformation. While this is an issue that all survivors may confront, it often falls most heavily on survivors from marginalized communities.

Real change and perpetrators as parents

Real change needs to include change related to parenting and co-parenting. Many traditional perpetrator intervention programs do not heavily address parenting and co-parenting. Despite this lack of focus on perpetrators as parents, there is data that suggests perpetrator intervention programs may benefit children.¹⁴ When we consider the changes made by a perpetrator who has been referred to a men's behavior change program, we need to ask questions about how his behavior has changed in relation to the children.

Expecting: Accountability cannot be outsourced

Child welfare, the courts and the wider community cannot outsource accountability to even the best perpetrator program.¹⁵ Similarly, Caring Dads, one of the most common programs for perpetrators as parents, emphasizes the importance of cross-system collaboration to improve outcomes for children and families.¹⁶ We cannot afford a lazy, program completion focused approach to the question of change. Referring agencies need to examine their responsibility for providing quality information to perpetrator programs. This includes changing referral forms and processes to share available information about the perpetrator's pattern of behavior with the intervention program. For example, statutory child welfare often has extensive information about a perpetrator's pattern of behavior across families. Sharing this information with a perpetrator intervention program can increase the efficacy of the intervention, and the quality of the cross-systems efforts at accountability. Data collection, funding, and decision making that focuses on completion versus change only serve to reinforce a shallow definition of accountability and low standards regarding change.

A system that holds perpetrators responsible as parents sets up structures and processes to keep the focus on real change. In staffings, in supervision, in courts, in evaluations, in discussions with survivors and even conversations with the perpetrator himself, questions about real change must be raised. For example, perpetrators who have attended a program need to be able to provide a judge or magistrate with credible answers to the following questions:



Through your participation in your program,

- What have you identified as abusive behaviors on your part?
- How have those behaviors impacted your children, your partner and the functioning of your family?
- What have you been doing differently because of your participation in this program?

The answers to these questions cannot stand alone. They need to be measured against what is known about his behavior pattern, the reports of family members, and other information sources about any behavior change. For professionals, any evaluation of a perpetrator's change starts with baseline information about his

¹⁴ Kelly and Westmarland, Nicole, "Domestic Violence Perpetrator Programmes: Steps toward Change."

¹⁵ Gondolf, "Evaluating Batterer Counseling Programs"; Vlasis, Campbell, and Green, "Foundations for Family and Domestic Violence Perpetrator Intervention Systems."

pattern of behavior. Child welfare workers and other professionals, who are engaging the survivor and other family members can ask parallel questions to gather more information about the perpetrator and change. Here are some examples:



Through his participation in his program,

- How has he acknowledged his behavior to you?
- In what ways has he acknowledged to you, and the children, how his behavior has been harmful?
- What has he been doing differently because of his participation in his program?

This type of wrap-around assessment of the perpetrator should be the standard. By engaging in these assessments of perpetrator change, we increase the likelihood that a perpetrators' involvement with a program will not be able to manipulate the system and his family. When information from service providers, survivors and perpetrators is triangulated, using a behavioral change focus, systems will increase accountability and promote meaningful change.

Conclusion

Certificates of completion for perpetrators intervention programs can misdirect attention, with real negative consequences for survivors, away from real change. While perpetrator intervention programs can have meaningful positive benefits for adult and child survivors, accountability and change will be enhanced when there is a shared framework around defining, measuring and expecting change. "Naming the behavior," "Claiming the harm," and "Making real changes" offers a shared, common sense rubric for guiding decision-makers, caseworkers, lawyers and others to keep their focus on what matters most to adult and child survivors. In particular, child welfare and family courts need to pay strong attention to the need for a shared understanding around the role of intervention programs and their relationship to better outcomes for adult and child survivors. As one recent UK study demonstrated, family court and statutory child welfare were the two largest referrers to perpetrator intervention programs.¹⁷ Listening to the voices of survivors, assessing perpetrators' patterns of behavior, sharing information across programs and setting behavioral change goals all can contribute to better outcomes for families.

¹⁷ Westmarland, Kelly, and Chalder-Mills, "Domestic Violence Perpetrator Programmes: What Counts as Success."

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OUR MISSION is to create, nurture and sustain a global network of domestic violence-informed child welfare professionals, communities and systems. At Safe & Together, we use a perpetrator pattern-based framework that is informed by a gender analysis that informs every aspect of our work. Safe & Together makes sure you have the tools and practical skills to bring on transformational change in the lives you touch. Practical, how-to skills and focused trainings are grounded in real-world scenarios and experience.



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With more than almost 30 years' experience in the domestic violence field, David's international training and consulting focus on improving systems' responses to domestic violence when children are involved. Through years of work with child welfare systems, David has developed the Safe & Together™ Model to improve case practice and cross-system collaboration in domestic violence cases involving children. He has also identified how a perpetrator pattern-based approach can improve our ability to help families and promote the development of domestic violence-informed child welfare systems



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