



Perpetrator Intervention Programmes in Emergencies

This evidence digest summarises research on the nature and effectiveness of interventions with perpetrators of intimate partner violence (IPV) aimed at reducing future perpetration. This Evidence Digest complements the recently-produced [Evidence Digest on Working with Men and Boys to Promote Gender Equality and Prevent Gender-Based Violence](#). Links to relevant research and resources follow at the end.

Overview of the Evidence on Perpetrator Intervention Programmes for IPV

Perpetrator intervention programmes¹ target men who are known to be violent in their intimate relationships, often identified through courts or restorative justice systems. Participation can be court-mandated or voluntary. Programmes vary widely in their design, content, delivery, and duration; however, they are largely based on one of the following two models.

Psychoeducational/Pro-Feminist/Duluth Model: Based on feminist and sociological frameworks, this model is psychoeducational in

¹ These are known in different contexts as batterer intervention programmes, perpetrator interventions, perpetrator programmes, men's behaviour-change programs, domestic violence/abuse perpetrator programmes, domestic abuse prevention programmes, and/or abuser intervention programs. For the purposes of harmonisation, this Evidence Digest uses the term 'perpetrator intervention

nature, and occurs in a group format. The Duluth model aims to uncover and address patriarchal views that support violence against women. Programmes aim to assist perpetrators to confront their behaviour and its impact, be accountable for their violent actions, and take responsibility for building more equitable relationships (Vigurs, C. et al., 2015: 18).

Psychotherapeutic/Cognitive-Behavioural Therapy (CBT) Model: Cognitive-behavioural interventions target distorted thinking about self, partner, and violence that contribute to IPV. CBT-based interventions see violence as a learned behaviour that can be unlearned through the

programmes' or 'programmes' even where the source document uses a different term. The majority of the research literature focuses on interventions for IPV perpetrators, which is the subject of this Digest; however, a summary of the research on interventions for perpetrators of non-partner sexual assault can be found in Kerr-Wilson, A. et al. (2020) at the end of the document.

disruption of disordered thinking. CBT-based interventions typically take place in a group. (Vigurs, C. et al., 2015: 18).

Alternative/Integrated Models:

Though most perpetrator intervention models appear to fall within the two categories above, other approaches exist. They typically include elements of one or both of the two primary models, combined with elements to enhance motivation and readiness to change, and/or to address co-occurring alcohol and substance abuse. Couples therapy has also been used by some as an alternative to traditional perpetrator intervention programmes, though many concerns exist about the safety and appropriateness of this approach in situations of IPV.

Regardless of the primary intervention model, most programmes and research studies identified through the reviews in this Evidence Digest use recidivism, or reoffending, rates as the main outcome measure. However, no consensus exists on how to measure recidivism. Some programmes use official reports of perpetrators' violent behaviour (e.g. through new arrest warrants, new court cases, or new incarcerations), while others use victim/partner reports, perpetrator self-reports, and/or couple reports from both perpetrators and partners. Both perpetrator reports and official reports are likely to underestimate the incidence of violence and are therefore considered less reliable than partner or couple reports. Some programmes use improvements in psychological and psychopathological variables as measures of effectiveness, though there is not consensus that such changes are strongly linked with reductions in violent behaviour (Ferrer-Perez, A. & Bosch-Fiol, E. 2018). These evaluation points are useful to understand when examining the

evidence on effectiveness of perpetrator programming.

Given the extensive amount of existing research on this topic, this Evidence Digest focuses on the most relevant peer-reviewed systematic reviews and meta-analyses published since 2010. Reviews are presented in reverse chronological order, beginning with the most recent publications. To the extent possible, reviews are further organized in terms of the intervention model noted above.

Most evidence covers interventions in high-income contexts, particularly the United States and the United Kingdom - and to a lesser extent other countries in Europe - as well as Australia and New Zealand. Evidence from low- and middle-income contexts is extremely limited. No evidence was identified that directly addresses perpetrator intervention programming in emergencies.

Across a wide variety of interventions and contexts, the evidence for the effectiveness of perpetrator intervention programmes is mixed, at best. Some reviews show a small positive effect, though this is often not statistically significant and, in many cases, disappears when partner reports are included as an outcome measure.

Many reviews that do demonstrate effectiveness also show significant methodological flaws, including high drop-out rates of offenders. High drop-out rates are thought to inflate success rates, because drop-out is statistically associated with reoffending, and the variables that predict drop-out tend to also predict recidivism (Murphy, C.M. & Ting, L. A., 2010).

No intervention model consistently shows greater impact than others.

Integrated interventions that include substance abuse, trauma, and motivation enhancement therapies show some promise.

Summary of Reviews

Duluth and CBT-based Models

NB: Most systematic reviews cover studies of both models, or summarise programmes that combine elements of each.

[Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence](#) (Karakurt, G, et al. 2019)

This paper reviews research documenting thirteen studies on the effectiveness of different perpetrator intervention programmes in reducing male IPV perpetration. These programmes included a mix of Duluth and CBT models, as well as 'augmented' models including elements addressing substance abuse and trauma experience.

Only three of the studies used a randomised controlled trial (RCT) design; of these, none showed a significant effect. Two of the studies used a head-to-head design assessing the impact of perpetrator intervention programmes alone versus perpetrator intervention programmes in combination with substance abuse approaches. One of these studies showed increased effectiveness of alcohol abuse elements, while the other did not.

The remaining studies used pre-post design only, without a control or comparison group. These studies indicated that perpetrator intervention programmes were effective in reducing further violence, but due to the study

design, cannot conclusively say that these changes are due to the programme. Within this group of studies, further analysis suggested that CBT models augmented with substance abuse or trauma-related components were more effective than Duluth or CBT models alone, and additional substance abuse components showed more consistent results than trauma-focused components.

The authors emphasize that findings are difficult to aggregate and summarise due to the non-experimental design of evaluations, high attrition rates, and an over-reliance on official reports as the measure of success (rather than other measures such as partner reports of violence).

Overall, this review shows mixed evidence for the effectiveness of perpetrator intervention programmes, but points to the addition of trauma- and substance abuse-focused elements as important areas for further development.

[Cognitive behavioural group therapy for male perpetrators of intimate partner violence: a systematic review](#) (Nesset, M.B. et al., 2019)

Group CBT is a common modality for perpetrator intervention programmes. This systematic review evaluates and updates the evidence published in previous similar reviews in 2007 and 2011 about the effectiveness of CBT approaches. The 2007 systematic review identified six studies, of which only one showed a statistically significant positive effect of CBT. The 2011 systematic review did not identify any new research for inclusion.

In the current review, the authors analysed six new evaluation studies--

conducted in Norway, Spain, Sweden, and the United States. Four were RCTs and two were non-randomized trials.

Three of the four RCTs found a reduction in violence after treatment. However, these results are called into question by the fact that the studies had small sample sizes, and most relied only on self-reports from perpetrators, which are known to be less reliable than partner reports. No effect was found in the two non-randomised trials. The authors noted concerns about the high risk of bias across the studies included in this review.

The authors therefore conclude that there remains insufficient evidence to show that group CBT for IPV perpetrators is effective.

[Batterer Intervention Programs in Spain: An Analysis of Their Effectiveness](#) (Ferrer-Perez, A. & Bosch-Fiol, E. 2018)

This systematic review analyses evidence of effectiveness of perpetrator intervention programmes in Spain. The review identified 47 different perpetrator intervention programmes, of which detailed information was found for 23. Evidence of effectiveness was available for 13 of these. The review concluded that perpetrator intervention programmes led to small, often statistically insignificant reductions in recidivism. Importantly, drop-out rates were consistently high, ranging from 40% to 90%, which raises the possibility of inflated success rates within these results. However, the authors do note that even small reductions in recidivism may represent a significant positive social impact, especially for individual survivors.

This review finds that no solid evidence exists for the greater effectiveness of

either the Duluth or CBT models. Rather, they highlight other programming elements that may be more important to success than the implementation model, especially the voluntary (rather than court-mandated) participation of perpetrators, their level of motivation to change, and the tailoring of interventions to specific perpetrators' characteristics.

[Domestic Violence Intervention Programs for Perpetrators in Latin America and the Caribbean](#). (Esquivel Santoveña, E.E. and da Silva, T., 2016)

Noting that research on the effectiveness of perpetrator intervention programmes in Latin America and the Caribbean (LAC) is extremely limited, this paper documents findings from Brazil, Chile, Costa Rica, the Dominican Republic, Mexico and Nicaragua.

The authors find that perpetrator intervention programmes in the region are in their early stages and face significant challenges. They did not find any published studies evaluating perpetrator intervention programmes; instead, they summarise the results of seven empirical studies obtained from programme providers, which show recidivism rates of between 0.8% and 65%. None of these studies documented the use of a comparison group. The authors also report the results of a regional survey with providers of perpetrator intervention programmes. Of all the interventions on which they received information from providers, only slightly more than half kept monitoring records of outcomes. Of these programmes, some had recidivism rates as high as 90%.

Though the state of the evidence in LAC is too limited to draw significant conclusions, the authors highlight a few

programme recommendations from the study, including standardising intake procedures and reporting, tailoring intervention programmes to the needs of perpetrator sub-groups (for example, Indigenous communities, members of the Lesbian, Gay, Bisexual and Transgender community), targeting specific kinds of violence, and developing stronger links between practitioners and academia.

[Survivor Perspectives on IPV Perpetrator intervention programmes: A Systematic Narrative Review](#) (McGinn, T. et al. 2016).

This paper presents a systematic narrative review of the perspectives of IPV survivors on the changes brought about by perpetrator intervention programmes. The review identified 16 articles that met the review criteria, of which five studies were considered to be particularly relevant. The review highlighted mixed findings among the research studies, citing some negative unintended consequences of perpetrator intervention programmes, as well as some survivor (re)interpretations of positive outcomes that give cause for concern about the safety and effectiveness of perpetrator intervention programmes, as well as research methods used in determining effectiveness.

Nine of the 16 studies highlighted survivors' reports of negative changes, citing the intervention as a source of resentment and anger for perpetrators, a way of learning more manipulative tactics, becoming more skilled in abuse and hiding the abuse. Some survivors reported that violence increased, or simply changed in nature, as a result of the perpetrator intervention programme. In four of the five central studies, survivors did not feel that interventions had encouraged the

perpetrator to take responsibility for the violence, and that most still blamed the survivor.

However, many survivors across the studies did describe positive changes in perpetrators' attitudes, for example in being more likely to discuss a disagreement and consider the survivor's perspective. In four of the studies, survivors indicated that an increased knowledge of what constitutes abuse was an important part of the change process for their partners. Some survivors perceived improvements in communication skills and behaviours, the ability to express feelings and to interrupt high risk situations rather than reacting with violence. Others cited reductions in alcohol consumption as a positive impact.

Importantly, the authors note that even where survivors reported increased feelings of safety, this was often relative to their previous experiences (that is, survivors did not feel safe overall, but felt safer than previously), and that for many this increased feeling of safety was unrelated to a reduction in violent behaviour on the part of the perpetrator.

For example, survivors felt that they knew how to change their own behaviour to avoid triggering violent reactions, felt better able to access support through the programme, or felt that the perpetrator limited his more violent behaviours for the duration of the programme because he was being actively monitored. Few survivors felt complete safety, and most remained cautious of future abusive behaviour.

The authors identify three overarching themes from the review that they see as important to consider when designing and implementing perpetrator interventions:

Accountability: While much literature cites perpetrator motivation as an important factor for change in violent behaviour, this review highlights that survivors often see this differently, feeling that they themselves are forced to hold perpetrators to account in order for change to take place. Other accountability measures that survivors mentioned as drivers of change in levels of perpetrator violence included the threat of arrest or incarceration, and pressure from group peers and programme leaders.

Sustainability: The review found that most existing programmes are short-term, such that changes in perpetrators' violent behaviour may be driven by external factors, including supervision by courts or probation officials, rather than internal shifts. Changes in levels of perpetrator IPV achieved through a monitoring/supervision effect are unlikely to be sustained. They also note that some of the deep-rooted barriers to change that survivors identified (including a perpetrator's mental health challenges, abusive experiences in the perpetrator's family of origin, and alcohol consumption) are not a focus of most programmes. However, the authors note that even a short-term monitoring effect can be important in validating the survivors' experience by recognizing the violence as real and worthy of intervention, and in providing respite from violence, even if only in the short-term.

Complexity: The authors find that existing approaches do not adequately provide for the complexity of the problem, including the need to address mental health challenges, relationship dynamics, childhood trauma, and alcohol misuse. The review notes that this complexity is particularly important in considering, and avoiding, potential negative consequences of

interventions, including an escalation in violence behaviour.

[What Works: Crime Reduction Systematic Review Series. No. 5. The Impact of Domestic Violence Perpetrator intervention programmes on Victim and Criminal Justice outcomes: A Systematic Review of Reviews of Research Evidence](#) (Vigurs, C. 2015)

This systematic review included 106 reviews published between 2004 and 2013. Overall, the findings were inconclusive for the effectiveness of perpetrator intervention programmes as a whole, or in any one model being more effective than another.

Two studies showed that both Duluth and CBT interventions showed modest reductions in violence (with no significant difference between them). However, in one of these reviews, the reductions disappeared when victim reporting was included as an outcome measure, showing that the apparent changes may have been driven by perpetrators under-reporting their violent behaviour, or by a decrease in official reports to police (without a corresponding decrease in violence).

In addition, throughout this review, studies with a weaker design consistently reported larger positive effects than more reliable experimental studies, raising the possibility that observed changes were due to factors other than the programme itself. Study drop-out rates were consistently high. Where high drop-out rates were observed, the authors suggest that results may be biased as those who remain in the programme are likely not to be comparable with those who leave (for example, they may have higher levels of motivation to change).

The authors note that although there seems to be general agreement that perpetrators are a heterogeneous group, perpetrator intervention programmes do not reflect this need for tailoring. Perpetrator intervention programmes may be beneficial for some, and ineffective or detrimental for others. The authors hypothesise that an approach tailored to different perpetrator characteristics or motivations may be more effective. In this systematic review, for example, programmes that addressed factors such as the motivation or readiness to change seemed to show some increased effect, including through increased numbers of perpetrators completing the programme, and decreased recidivism.

[Batterer intervention programmes: A meta-analytic review of effectiveness](#) (Arias, E., Arce, R., and Vilariño, M., 2013)

This review analysed a total of 19 research articles from 1975 to 2013, assessing Duluth model and CBT-based perpetrator intervention programmes, as well as 'Other Types of Interventions' (OTI) including anger management, psychodynamic counselling, and Mind-Body Bridging.

Overall, perpetrator intervention programmes were not shown to be effective. Some programmes showed a small and not statistically significant positive effect, while others showed a negative effect. This did not differ significantly with the type of intervention, with the exception of OTIs, of which psychological-psychiatric treatment tailored to the perpetrator was shown to be more effective.

Recidivism rates as measured by couple reports were shown to be significantly higher than rates based on

official reports, with important implications for outcomes. For example, long-term interventions showed significant positive impact when based on official reports but showed no impact in couple reports. Results based only on official reports are therefore likely to have inflated positive effects.

The authors highlight some important implications for policy and practice. Firstly, programmes tailored to the specific needs and experiences of individual perpetrators enhance efficiency, while programmes based on a standard manual are less effective and may have negative effects. Secondly, conventional interventions have often focused exclusively on the individual psychodynamics of the perpetrator, without addressing other elements such as social bonding that may be important in reducing violence. The review highlights some evidence that multimodal interventions – including individual as well as group sessions – achieve better outcomes than group sessions alone.

The authors call for increased attention to techniques that involve active, focused, collaborative learning; the implementation of treatment programmes by specialized and trained staff; and additional judicial measures, such as increased frequency of probation monitoring.

[The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence](#) (Eckhardt, C, et al. 2013)

This review involved a detailed analysis of all research studies on the effectiveness of perpetrator intervention programmes undertaken since 1990 that were published in peer-reviewed journals and that used a

randomized or quasi-experimental design involving a comparison group. Of the 30 studies included in the review, 20 studies addressed “traditional” interventions – Duluth or CBT-based models – and 10 addressed “alternative” formats, including motivation enhancement, substance abuse, and case management approaches. Overall, authors note that evidence on perpetrator intervention programmes was inconclusive, due in part to methodological flaws with some of the studies. Even so, more recent research evaluating alternative formats showed some promising evidence.

In terms of traditional interventions, based on either Duluth or CBT models, roughly half of the studies reviewed showed that these interventions were more effective than a no-treatment control. However, once three studies with significant methodological flaws were removed, the remaining studies showed that these interventions were no more effective for the study group than for the comparison group.

The authors note some promising results in studies evaluating perpetrator intervention programmes that address motivation and change-readiness. Again, however, the available effectiveness studies showed serious limitations that call the results into question.

[Domestic Violence Perpetrator Programs in Europe, Part II: A Systematic Review of the State of Evidence](#) (Akoensi, T.D. et al. 2012)

This systematic review examines the research on the effectiveness of perpetrator intervention programmes across Europe, based on 12 studies. The studies showed positive effects, but the authors note a variety of methodological problems that prevent

effects from being attributed to the interventions. Only one study included a comparison group, of which the comparability was questionable. Most studies used small sample sizes, with the result that the effect could not conclusively be attributed to the programme. Most studies also showed high drop-out rates – up to 75%, and rarely below 30% - and seven of the studies relied on perpetrator self-reports as an outcome measure.

Overall, the authors find that the quality of the studies prevents any firm conclusions about the effectiveness of perpetrator intervention programmes.

[Interventions for Perpetrators of Intimate Partner Violence: A Review of Efficacy Research and Recent Trends](#) (Murphy, C.M. & Ting, L. A., 2010.)

This review summarises previous reviews and provides a detailed analysis of more recent empirical research on perpetrator intervention programmes. The authors find that perpetrator intervention programmes are modestly effective, at best, and that no specific program approach is consistently more effective than others. The overall effects of perpetrator intervention programmes are positive – but small –when using official recidivism reports as the measure. When victim reports are used as the outcome measure, effects are either very small, or slightly negative. The authors therefore find that perpetrator intervention programmes cannot be considered to be highly effective.

The review did not find evidence that culturally targeted interventions produced greater results than standard treatment. Comprehensive, integrated services (including case management) may improve outcomes, especially if targeted to the reduction of substance

abuse, and efforts to address substance abuse problems more generally in the context of perpetrator intervention programmes may show some promise, though the evidence remains limited and inconclusive. The authors find that the most promise is seen in programming that aims to enhance motivation to change, including motivational interviewing (based on theories that individuals move through different stages of readiness before making, and maintaining, changes in their behaviour).

The review notes several limitations in the assessed studies that make it difficult to draw strong conclusions, including important differences in methodology between studies; small sample sizes; high attrition rates and, in some cases, exclusion of perpetrators who continue to actively use violence (and potential resulting study bias); and likely under-reporting of recidivism in studies that use only official reports and do not incorporate victim data. Findings cannot be generalised to the overall population of IPV perpetrators, as many studies only included individuals who consented to participate in interventions, and it is likely that these individuals hold important differences in motivation to those who do not agree to participate.

Alternative & Integrated Models

[Couples Therapy for Intimate Partner Violence: A Systematic Review and Meta-Analysis](#) (Karakurt, G. et al, 2016)

This systematic review summarises the results of six studies evaluating the effectiveness of couples' therapy as an alternative treatment for IPV, highlighting the existing lack of evidence for the effectiveness of traditional perpetrator intervention

programmes. The authors note that the appropriateness and safety of couples therapy for IPV is the subject of strong debate.

The analysis of the combined data shows a moderately significant positive effect, meaning that according to this review, couples therapy is a slightly better treatment approach than standard (Duluth or CBT-based) treatments, when working with certain violent couples. The authors note that further research is needed to confirm these findings; that couples therapy is only viable under select conditions; and that strict safety measures and screening must be in place to ensure that participation in the therapy is not coerced nor used as a tool of coercion against partners. More broadly, the review acknowledges that Couples Therapy is controversial, due to questions about appropriateness, effectiveness, and safety.

[Alcohol interventions, alcohol policy and intimate partner violence: a systematic review](#) (Wilson, M.W., Graham, K. and Taft, A. 2014)

NB: This systematic review addresses a broad range of interventions aimed at reducing alcohol consumption, including tax increases and reducing the density of alcohol outlets. Only the interventions aimed directly (individually or in their couple) at known IPV perpetrators are considered here.

This systematic review examined evidence about the effect of alcohol interventions on IPV perpetration at the population, community, relationship and individual levels, including a variety of research methods across different disciplines.

Five studies combining alcohol abuse and perpetrator intervention programmes met design criteria. These

used a randomized controlled design; however, two were excluded due to small sample size and high attrition rates. In the remaining studies, evidence of the positive impact of individual treatment interventions was limited.

Controlled studies of combined alcohol and IPV interventions for couples found significant initial positive effects on the reduction of both behaviours, but the reductions were not sustained. None of the studies of alcohol treatment only - using couples or individual approaches - met design criteria.

The review found, overall, a relationship between a reduction in alcohol consumption and a reduction in IPV, but due to the design of the available research studies, the review could not confirm that this was because of the interventions. The authors propose the addition of alcohol abuse elements to IPV programmes as an important area for future study.

Conclusion

Overall, the systematic reviews included in this Evidence Digest do not support the effectiveness of perpetrator intervention programmes. While some reviews show positive effects, these are generally small, and many of the effects disappear once more reliable outcome measures are used. Some negative effects are reported. Studies with stronger designs tend to show lower effectiveness, calling into question the validity of the evidence for positive effects.

Analysis of the perspectives of survivors shows that even positive changes in perpetrators' attitudes and behaviours, and survivors' feelings of safety, are complex and sometimes

ambiguous, and often based on the survivor's increased access to services and support, changes in the survivors' own behaviour, or the supervision effect of the intervention (which tends to be short term and therefore not sustainable).

Some alternative approaches show promising results, particularly in integrating substance abuse, trauma-focused and motivation-enhancing approaches in perpetrator intervention programmes. Couples therapy may also show some promising results under select conditions for certain couples; however, significant concerns exist about the safety of this approach, and more research is needed before any definitive conclusions can be drawn.

There is extremely limited evidence for perpetrator intervention programmes in middle- or low-income countries, and no evidence from humanitarian settings. Nonetheless, the fact that such programmes are not generally shown to be effective even in high-resource contexts creates significant concern for their implementation, and safety, in humanitarian settings, where resources are scarce and criminal justice systems are under-developed. Moreover, findings from several reviews within this Evidence Digest indicate that programmes may be more effective when they are tailored to the individual characteristics of perpetrators, which may require an investment of resources (both human resources and time) not generally available in emergencies.

In summary, the existing evidence base does not provide a strong rationale for investment in perpetrator intervention programmes in humanitarian settings.

Additional Research and Resources

Babcock, J. et al (2016) [Domestic Violence Perpetrator Programs: A Proposal for Evidence-Based Standards in the United States](#) *Partner Abuse*, 7(4): 355-460.

Crane, C.A. & Easton, C.J. (2017) [Integrated treatment options for male perpetrators of intimate partner violence](#), *Drug and Alcohol Review*, 36:24–33.

Ellsburg, M. et al (2014), [Prevention of Violence Against Women and Girls: What Does the Evidence Say?](#) *The Lancet*: November 2014.

Heise, L. (2002) [What works to prevent partner violence? An evidence overview](#), London: STRIVE.

Hester, M. et al (2014), [Overview and Analysis of Research Studies Evaluating European Perpetrator intervention programmes: Working paper 2 from the Daphne III project "IMPACT: Evaluation of European Perpetrator intervention programmes"](#).

Kerr-Wilson, A. et al. (2020). [A rigorous global evidence review of interventions to prevent violence against women and girls](#), Pretoria, South Africa: What Works to prevent violence among women and girls global Programme. **NB: This review is not included among the primary resources in this Digest as it does not explicitly focus on perpetrator intervention programmes. However, some programmes described in the review, including those addressing alcohol and substance abuse, may be relevant for this topic (see, for example, the case study above).*

Mackay, E., et al. (2015). [Perpetrator intervention programmes in Australia: Part one – Literature review. State of knowledge paper](#). Sydney, NSW: ANROWS.

McCloskey, L.A. et al. (2016), [Determinants of Intimate Partner Violence in Sub-Saharan Africa: A Review of Prevention and Intervention Programs](#), *Partner Abuse*, 7(3): 277-315.

Mazerolle, L. (2018) [Criminal Justice Responses to Domestic and Family Violence: A Rapid Review of the Evaluation Literature: Final Report](#). Brisbane: University of Queensland.

Niaz, U., Hassan, S. and Tariq, Q. (2017) [Situational Analysis of Intimate Partner Violence Interventions in South Asian and Middle Eastern Countries](#). *Partner Abuse*, 8(1).

Pallatino, C.L. et al. (2019) [The Role of Accountability in Batterers Intervention Programs and Community Response to Intimate Partner Violence](#). *Journal of Family Violence*, 34:631–643.

The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

*The GBV AoR Helpdesk
You can contact the GBV AoR Helpdesk by emailing us at:
enquiries@gbviehelpdesk.org.uk
The Helpdesk is available 09.00 to 17.30 GMT Monday to Friday.
Our services are free and confidential.*

