

For Better or Worse? Improving the Response to Domestic Abuse Offenders on Probation

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As the Ministry of Justice looks to develop a ‘new generation’ of programmes to reduce reoffending, we reflect on what can be learnt from the only accredited domestic abuse programme in England and Wales, *Building Better Relationships* (BBR). Findings from an ethnographic study of BBR are situated within the Probation Inspectorate’s recent inspection of domestic abuse work within the newly unified Probation Service which revealed a fractured and overstretched workforce. Our central argument is that if we are to avoid making matters worse, practitioners must be equipped with the time, supervision and skill needed to maintain something akin to a ‘therapeutic alliance’, that will endure in moments of crisis in their own lives as well as those of their clients.

KEY WORDS: building better relationships, probation service, therapeutic alliance, domestic abuse, interventions

INTRODUCTION

In 2023, 74,996 people under the supervision of the National Probation Service in England and Wales—96 per cent of whom were men—were known to have perpetrated domestic abuse against a current or former partner (HMIP 2023a¹). This equates to one in three people on probation. The number of men with histories of domestic abuse supervised by probation in England and Wales is likely to increase over the next few years. The police will begin to apply to the magistrates’ courts for Domestic Abuse Protection Orders to protect victims in cases where a conviction has yet to be secured (Home Office 2021). Hence, as the Ministry of Justice looks to develop the ‘next generation of accredited programmes’ to tackle domestic abuse via probation delivery units, it is timely to reflect upon what can be learnt from *Building Better*

¹ A Freedom of Information Request (230911036) clarified that of the 74,996 supervised offenders identified as a current or former perpetrator of domestic abuse 2023, 71,653 were classified as male and 3,343 were classified as female.

Relationships (BBR), the only accredited domestic abuse intervention programme in England and Wales.

We do this here by placing findings from a recent thematic inspection in the context of wider challenges probation officers in England and Wales must surmount, before extrapolating from an ethnographic study of the delivery of BBR. We begin with an overview of BBR and the climate of part privatization of probation services in which it emerged, before explaining the importance of the therapeutic alliance needed for interventions to be effective. After detailing the study's methods, we document the stressful conditions in which many practitioners had to deliver BBR to men who were both troubled and dangerous. We draw attention to the expectations men have of domestic abuse interventions and the interpersonal challenges these present within groupwork interventions and when they conclude. We explore the challenges the delivery of BBR presented, both in terms of being responsive to the needs of domestic abuse offenders and victims and in terms of the issues professionals delivering the intervention in highly pressured contexts had to contend with. Our central argument is that if we are to avoid making matters worse, then those delivering the next generation of programmes for abusive men must be equipped with the time, supervision and skills needed to maintain something akin to a 'therapeutic alliance' with men who have been domestically abusive in full recognition of how complicated the task of sustaining such professional relationships is.

A PROGRAMME WITHOUT INTEGRITY?

BBR is a structured groupwork programme for adult men convicted of Intimate Partner Violence that has been operational in the United Kingdom since 2013. It was rolled out in Community Rehabilitation Companies following the part privatization of probation services in England and Wales (Robinson *et al.* 2017). BBR is loosely informed by cognitive behavioural principles and the desistance literature, the latter evident in its renewed focus on the working alliance between men and BBR facilitators, co-developing future goals, and identifying a 'supporter' who is of 'value' and can be a 'constant presence' in programme attendees' lives (National Offender Management Service [NOMS] 2015: 37). Its introduction was not uncontroversial. Many within the domestic abuse sector regarded its predecessor, the Integrated Domestic Abuse Programme, superior because of its more explicit focus on men's exploitation of gendered power inequalities in the perpetration of domestic abuse (Hughes 2017). On BBR's 10-year anniversary the Probation Inspectorate produced a damning report detailing how 'little appears to have improved in practice' since its inspection 5 years prior, and how some aspects of domestic abuse intervention now offered by the Probation Service 'have deteriorated' (His Majesty's Inspectorate of Probation [HMIP] 2023a: 4). The inspectorate expressed a myriad of concerns exacerbated by the impact of the COVID-19 pandemic and the legacy of partial privatization of offender management ushered in via the Transforming Rehabilitation agenda (HMIP 2019). The renationalization of probation in 2020 to form the Probation Service saw the termination of the subcontracts awarded to 21 Community Rehabilitation Companies. This, nevertheless, yielded acute understaffing problems, to the detriment of the victim safety liaison and quality of contact with perpetrators that is paramount to safe and effective domestic abuse intervention (Kelly and Westmarland 2015; Hester *et al.* 2019).

To date there remains no formal evaluation of the effectiveness of BBR, a Ministry of Justice-commissioned feasibility study discounting the prospect of one because only one of the 21 CRCs commissioned to deliver the programme had 'broadly maintained' the 'programme integrity' i.e. 'the programme delivered met the guidelines set out in the programme and management manual' (Teasdale *et al.* 2023: 7–8). During the period of probation privatization, a core issue was the division of cases between those deemed 'high risk'—who remained supervised by probation officers—and those deemed 'low' and 'medium risk' who, 'irrespective of

the complexity of their cases, became passed to the CRCs' (HMIP 2018: 7). The problem has not gone away as the inquest into the murders of Terri Harris, her two children and her daughter's friend revealed. Their killer (and rapist with respect to one of Harris' daughters), Damian Bendall, had been classified as 'low risk' despite: convictions for robbery, grievous bodily harm and arson; his membership of a far-right organization and history of perpetrating racially motivated attacks; having been designated a 'sexual risk of harm to girls' by the police; reports from a previous partner regarding his 'coercively controlling behaviour' and 'callous' tendencies to 'enjoy violence and to use it in a controlled and instrumental manner'; his habit of borrowing money from his partners to support serious problems with drug and alcohol dependency (HMIP 2023b: 33); and his telling the private contractor who fitted his electronic tag that 'If this relationship goes bad, I will murder my girlfriend and the children' (Vinter 2023). Bendall was, nevertheless, assigned to an inexperienced probation officer who was ill placed to exercise the professional curiosity needed to question the 'superficial compliance' of someone with such a serious offending history (HMIP 2023b). The inquest heard that the murders could have been prevented were it not for a 'flaw in how information was passed on' between the different organizations responsible for managing the risks Bendall posed, and a 'probation service that 'was understaffed' and whose 'workers felt stressed by unmanageable workloads' and suffering 'poor mental and physical health' as a consequence (Vinter 2023; HMIP 2023b: 22).

Two years on from this tragedy academic commentary has conceptualized the impact of the Transforming Rehabilitation agenda as akin to 'systemic workplace harm' that has left the newly unified Probation Service in an 'unsettled and fractured environment' that resembles a 'dysfunctional family' coming back together (Millings *et al.* 2023) with organizational symptomology akin to *post-traumatic stress disorder* (Robinson 2023). Likewise, the 2023 HMIP inspection highlighted that divisions between those who undertake low and high-risk work has generated resentment between those with responsibilities for accredited and structured programmes, and those undertaking one-to-one case work with domestic abuse perpetrators (HMIP 2023a). Probation officer training on domestic abuse has become predominantly online, providing only 'a superficial' 'understanding of the topic' (HMIP 2023a: 40). There remains little consideration of how perpetrators' race, ethnicity, gender, or culture' impact on their ability to 'engage with their sentence' (31) and even less anticipation of the needs of neurodivergent people, many of whom have never been diagnosed as such (CJJI 2021). In terms of more generic requirements, just under half of the 55 people on probation consulted by UserVoice (2023) on behalf of the inspectorate said they did not feel 'heard' or 'get what they need out of appointments' (14)—which were often described as 'rushed' (HMIP 2023a: 40), mere 'check-ins' of little more than ten minutes (43) or 'basic stuff' like 're-doing worksheets' (40). The lack of an 'effective and trusting relationship with their probation practitioner was a source of frustration for many (User Voice 2023: 14). Frequent changes in probation officers could leave people on probation feeling 'distressed and anxious' with some questioning if their supervising officer could handle the emotional disarray the intervention evoked:

Unfortunately, the probation officer does not know how to help with the opened-up feelings and thoughts, and you are left for a week or so until your next appointment, trying to deal with those thoughts that are not beneficial to your overall wellbeing. Probation officers need to be able to help put those emotions back in working order. (HMIP 2023a: 40)

Almost half of the case samples analysed did not receive a specific domestic abuse intervention when they should have done. Ministry of Justice oversight of the accredited domestic abuse perpetrator programme, BBR, was deemed so 'inadequate' (9) that the inspectorate was unable to ascertain if sentencing requirements had been fulfilled. Despite these shortcomings, two thirds of men who had received any kind of domestic abuse intervention claimed it had helped 'them to avoid domestic abuse incidences' though only 57 per cent said this of BBR (User Voice 2023: 13).

Whether *avoiding domestic abuse incidents* is anywhere near equivalent to *building better relationships* is a question that merits much further consideration. While domestic violence should always be avoided, *avoiding conflicts in intimate relationships* can easily leave the feelings that underlie some men's rage unchanged or festering. Indeed, some men consulted for the inspection did wish for more emotional engagement, as well as interventions that were more responsive to their own starting points. Commensurate with academic commentary on interventions for offenders (Hughes 2024), one man on probation explained that he 'already knew' the domestic abuse he had perpetrated was 'the worst thing' he 'had done in' his 'life' (User Voice 2023: 18). Others complained about being 'left out in the wild', outdated content, 'information overload' (27) and the lack of support on offer following the 30 weekly sessions. Such complaints, as we explain below, suggest that some of the core components research in psychotherapy suggests are needed to instil and sustain change have become increasingly hard to main in relationships between probation officers and their clients.

REINSTATING THE THERAPEUTIC ALLIANCE

In what follows, we argue that it is critical to recognize that the effectiveness of interventions—whether in therapy or in the context of probation supervision—are heavily reliant on the quality of relationships between the professionals involved and their clients. In psychotherapy the 'therapeutic alliance' between the client and the therapist is regarded as the key to change. In person-centred counselling this therapeutic alliance depends upon the counsellor exhibiting unconditional positive regard for the client whatever they disclose (Rogers 1961), whereas in relational psychoanalysis the therapist must be able to withstand and detoxify the clients' hostile projections as conveyed in the transference relationship (Benjamin 1988). Such conventions are perhaps impossible to sustain in criminal justice contexts where offender managers have responsibility for the safety of the public—to 'prevent victims'—as well as limits to what they can hear without instigating safeguarding procedures.

This is perhaps why there is often a preference for interventions informed by cognitive behavioural therapy in probation. Cognitive behavioural therapists, however, have developed multi-dimensional inventories to capture the quality of practitioners' relations with clients. The Working Alliance Inventory, for example, includes 36 items that are scoreable using a Likert scale (Horvath and Greenberg 1989; Horvath and Luborsky 1993). Items include: how 'comfortable' both parties 'felt'; how much they 'agree about things' that need to be done in therapy to 'improve' the clients' 'situation'; whether they 'worry about the outcome of the sessions'; how much client and therapist 'liked', 'respected', 'trusted' and 'understood each other'; whether the sessions were clearly purposed, 'responsibilities' were clear and it was evident the therapist could 'help'; whether the therapists were 'concerned' for the clients' 'welfare'; whether both parties were 'honest' about their 'feelings' towards each other; clarity about what kinds of 'change' the therapy could deliver; and whether there was a commitment to continue working towards that 'change' even if the 'wrong thing' was said or disclosures were made that revealed the client had done things the therapist 'did not approve of'. A shortened version of the inventory has been validated for those working with offenders on probation (Tatman and Love 2010).

Randomized control trials that have assessed the effectiveness of cognitive behavioural therapy (CBT) using inventories that control for the quality of the therapeutic alliance reveal it to be both critical to the outcome and determinative of attendance rates: the client's perception of the quality of the therapy shaping their levels of engagement (Dunn and Bentall 2007). Studies of clients with substance use and mental health problems reveal that both supportive counselling and CBT can improve outcomes if offered *in addition to 'routine care'*, but only if the therapeutic alliance is highly rated by the client (Goldsmith *et al.* 2015). Importantly,

‘improving the alliance causes a better outcome’ (Goldsmith *et al.* 2015: 2370). Conversely, when the therapeutic alliance is poor, outcomes can be ‘detrimental’, i.e. worse than they would have been had there been no therapeutic programme on offer (Goldsmith *et al.* 2015). Indeed, a poor relationship between the client and therapist delivering a CBT-style intervention can engender more ‘negative symptoms’, ‘poorer insight’ and ‘greater’ drug use than providing no therapy at all (Berry *et al.* 2016). Such problems—with substance use and mental health—are of course, common, among the populations who become criminalized for offences involving violence against women, as are histories of child abuse, neglect and the trauma of seeing one’s mother domestically abused (Gadd *et al.* 2015; Hilton *et al.* 2019). When unsupported by trusting working relationships between offenders and probation officers, interventions for domestic abusers risk doing more harm than good. This, as we show below, became a significant problem when BBR was delivered by the Community Rehabilitation Companies, despite the services’ claim that such an alliance was integral to their treatment aims.

METHODOLOGY

In what follows we set out the findings from an ESRC funded doctoral project—conducted by the first author and supervised by the second—that used observations, document analysis and narrative interviews with a cohort of programme attendees and the CRC practitioners working with them during the period of Transforming Rehabilitation. The study received permission from the National Offender Management Service (NOMS, now His Majesty’s Prison and Probation Service, HMPPS). Ethical approval was granted by The University of Manchester Ethics Committee and agreed at the local CRC level by its senior management. The location and names of participating sites and interviewees were anonymized, to enable practitioners and those on probation to speak candidly without fear of reprisal.

In-depth narrative accounts were elicited through interviews underpinned by both the principles of free association (Hollway and Jefferson 2000) and appreciatively orientated questions (Lavis *et al.* 2017), the former revealing (often hard to articulate) anxieties and motives of those subject to BBR and those who delivered it, while the latter captured hopes as participants reimagined an intervention that would really build better relationships. Participants included 11 CRC practitioners including eight BBR programme facilitators, two Partner Link Workers (now Domestic Abuse Support Officers) and one programme practice manager. Ten men mandated to BBR from two separate areas and cohorts took part in interviews. For concision the accounts of six men from one cohort with the richest follow-up interviews are included here alongside practitioners’ accounts from both sites² (see Renehan 2022, where some men’s stories are detailed in more depth). All but three practitioners engaged in two interviews, the others just one; and the BBR mandated men participated in between 1 and 4 interviews before, during and/or post programme drop out or completion. The interview transcripts totalled 1,493 pages. Data collection also included onsite observations (excluding the delivery of groupwork), usually twice weekly, affording opportunities for casual discussions (for which consent was gained). These observations and discussions captured the pressures of the working environment beyond interview accounts: everyday disclosures of worries among men on the programme about how their lives were unravelling outside of the CRC premises, as well as partial disclosures from facilitators that were typically foreshortened just moments before entering the room where they were about to deliver a BBR session. The interviews and observations were further complemented by analysis of pre-sentence reports and (for three men who finished the course) post-programme reviews.

2 Follow-up was not possible with the men in the second site who in many ways had poorer outcomes with two committing further offences and one imprisoned for these.

The latter were used to draw contrasts between what the men said about themselves and what CRC staff concluded about their progress (or not).

Data analysis entailed producing a chronology of events in the programme attendees' lives and subsequently constructing detailed 'pen portraits' (Hollway and Jefferson 2000) of each participant, including the practitioners, that illustrated the narrated biographical experiences that lay behind specific claims about relationships and the intervention work. Detailed descriptions included childhood adversities, difficult familial and intimate relationships and struggles with substance use, loss, insecurities and poverty, as well as rich accounts of engagement with the programme. Our focus below is on the complexity of what it took within the intervention and in the wider lives of those attending and delivering it to contemplate building better relationships, the latter of whom regarded their workloads as akin to working on a conveyor belt.

Managing the conveyor belt

Reflecting on their broader experiences of delivering interventions, CRC workers in this study routinely expressed frustration with numerous issues. These included: the lack of time to reflect and make sessions more responsive to the diversity of needs of programme participants; the increasing workloads of a depleting workforce; and diminishing confidence in the effectiveness of their work amidst a lack of practical and emotional support from managers. Such pressures evoked considerable anxiety at times to the extent that facilitators reported (and were observed to be) 'feeling stressed' (Tracy), 'horrendous' (Jenny), 'anxious' (Dave) and experiencing 'breakdown' (Sarah). On receiving reports of these pressures, Sarah explained how CRC managers advised facilitators to reduce the quality of the reflective aspects of the intervention, inadvertently increasing the worries felt by a team that knew such actions could compromise the safety of women and children. This also undermined the professional identity that provided meaning and purpose to the delivery of the BBR programme:

[W]e were complaining about how under pressure we all are, how stressed we all are, how we don't have time to do things and... [they said] "don't spend too long on your notes... get down the important bits... we're only aiming for bronze standard" which says to me "we're not bothered about the standard of work that you're doing... go for a lower standard, but more of it", rather than the highest standard but we're taking slightly longer to work with people. It... offended me a little bit [be]cause these are real people that we're working with. That doesn't sit right with me because I'm not a "bronze standard" working person.

This diminishment of professional values also permeated the facilitators accounts of delivering BBR. Programme facilitators explained that the volume of programme attendees rendered BBR delivery much like a 'conveyor belt'. Staff were cognisant of the many emotional problems and social adversities encountered by the men before them, but most lacked the time and practical knowledge needed to engage with these complexities either within or outside the scheduled sessions. Interconnected issues such as substance dependencies, poor mental health and shame invoked denials—sometimes articulated as hostility—were key factors practitioners identified as impacting on the men's capacity to engage.

I suppose it'd be just that we... would have the time to be able to be properly responsive... and I suppose... that we'd have proper training in knowing and being able to support people... with specific needs. (Tracy, facilitator)

Tracy explained that it could be 'disheartening' delivering an intervention with men who were not willing or ready to engage and when the support they and/or their families needed to become so was not in place: 'When you're kind of saying this isn't the right time for this

person they're not accepting anything, it's a fight from start to finish.' Another BBR facilitator, Anna, highlighted that some men had 'a lot of vulnerabilities', 'self-harm and 'suicidal' thoughts disclosed within sessions (Tracy), suggesting that they were desperate to form relationships of trust, but practitioners were obliged to suddenly 'just cut that off'. This often rendered the men attending BBR unreachable to time-pressed staff delivering time-limited interventions. Dave similarly castigated BBR for raising expectations of change before abandoning men when they most needed the support to secure it:

cos it seems that ... they get nothing, or whatever, up to a certain point until they land in this room ... and then three to four months later we sling them out. (Dave, facilitator)

Getting dumped

It was in the absence of such throughcare that the task of building better relationships became reduced to avoiding domestic abuse incidents. Practice managers acknowledged as much. They knew they had to find ways of getting facilitators to prepare men on the programme for being 'dumped': a term that tacitly acknowledged that failures to support clients could resonate with the pain of relationship break-ups they were having to contend with at home:

You can't deal with everything and sometimes I think that they are there to sort everything out but they're not. They're there to facilitate discussion and raise any issues for the men and then to look at what other options and alternatives there are ... but it's not up to them to get that support. It's about communicating that. They have an offender manager and that is the offender manager's role, which frustrates me because the guys get dumped on the programme and they get left, and I use the term 'dumped' because sometimes they do. It's... like "well, I don't have to see them now for the next four months". That, for me, is criminal. (Jess, Practice Manager)

In turn, the operational boundaries of cognitive behavioural philosophy (Knight *et al.* 2016) were used to legitimize providing a substandard service in the context of severe under-resourcing. This was further obscured by separating programme delivery from the purportedly more highly skilled work of case management. Thus, BBR facilitators' frustrations were compounded by the expectation that they should take on work that was previously undertaken with more qualified and appropriately remunerated staff, while failing to invest in or incentivize them with promotional or professional development opportunities (Renehan 2021). Without consultation or reward, the facilitators began to feel undervalued and taken for granted:

When I started it wasn't our grade that did it [case management]. It was the higher grade that did it ... But then eventually it just kind of filtered down ... [A]t the time I was like ... working with a higher-risk client like, "what an opportunity". But then you realise, well actually, people who are on ten grand more a year than me were doing that and now, all of a sudden it's because we're the cheaper ones. (Anna, facilitator)

While practice and intervention managers were ultimately accountable to the Ministry of Justice who dictated the parameters of interventions and available resources, enforcement of these parameters generated tensions between line managers and facilitators at the operational level. During privatization these tensions were exacerbated when those working with domestic abuse offenders were denied the clinical supervision needed to develop their skills and manage the impact of hearing difficult disclosures. Post (re)unification, the inspectorate noted that clinical supervision 'is no longer routine in all areas but remains mandatory in some' (HMIP 2023a: 27). In both contexts, problems emerge when performance appraisals are used by managers

to substitute for clinical supervision, the former sometimes mutating into performance management. As one programme facilitator, Jenny, explained, appraisals within her CRC went 'nowhere' while managerial supervision amounted to little more than a superficial exchange of 'how's everything going', not least because staff anticipated unhelpful responses:

I suppose maybe that part of it is ... me not wanting to bring things up for fear of the response that I'll get because ... I feel like I'll just get told, "Well, it's your job." (Tracy, facilitator)

The two Partner Link Workers—a role that 'provides an essential service that has been undervalued and overlooked' in interventions, the primary purpose of which is to enhance the safety of domestically abused women and children (Woolford and Mccarthy 2023: 160)—corroborated the BBR facilitators' accounts. The PLWs described a service where staff 'anxiety' was 'through the roof' and people 'going off sick' with 'work related stress' to a point which it had 'never been before':

I've never seen this level of... anxiety before... and unsettledness... They [probation practitioners] came into this job because they wanted to deliver a service to offenders and the time they actually spend with offenders now is very little. (Terri, PLW)

Serving the female partners of 200 men registered to BBR with the equivalent of just 1.6 full time staff, the PLWs reported feeling the same 'stress' and 'pressures' as the BBR facilitators. Hours that should have been allocated to vital home visits were often disrupted to cover office reception cover and to deliver 'one-to-ones and some group work' when other staff were absent. Aside from the 'conflict of interest' this posed, it made for a partner support service in which some victims, the majority of whom are women, felt 'betrayed':

They see that their partner's doing probation ... getting an awful lot of support, or ex-partner, and they kind of feel that that's unfair and a bit unjust. (Glenda, PLW)

There was little initial training for the PLWs attempting one-to-one support for victims who considered themselves to have been 'thrown into the deep end' and left to 'get on with it' and 'fend for' themselves (Terri, PLW). Both described what amounted to a postcode lottery for service users and 'battling' to signpost women to providers of safety planning, legal advice, housing and counselling. Multi-agency points of contact who had worked 'really well together' had been lost through probation privatization, while the demand for support was just 'piling and piling' with staff increasingly lacking the 'time to listen'. This, in turn, was creating an organizational chasm between the work with offenders and the work to support victims, despite such services being vital to effective intervention. It was also anathema to multi-agency working:

We have not got the capacity to be doing that at the minute ... So there is possibly agencies out there that actually don't even know about us. We're not able to go to team meetings at the minute in other areas or offices because we have not got the time [to be] getting your face out there and ... known. A lot of members of staff at the minute do not know what we do. (Glenda, PLW)

The troubled minds of troubling men

The men attending BBR also worried about their dependence on an intervention that was sufficiently resourced to support them. All six men at site one presented with complex histories of exclusion, victimization and criminalization. Four (Tony, Trevor, Dale and Tim) had

been incarcerated for domestic abuse offences that led to their BBR referral. Three (Ben, Tony and Tim) had spent (extensive) periods in prison for robbery, drug related and other violent crimes. Dale, Tim and Trevor had prolific domestic abuse histories, amounting to several convictions each for assault and harassment, restrictions imparted via criminal injunctions and, in Trevor's case, a mandated accredited domestic abuse programme 9 years prior. By way of contrast, Richard, Tony and Ben described their domestic abuse offences as 'out of character' occurrences within relationships that had suddenly become 'volatile' (Richard), because of 'jealousy' and 'paranoia' (Tony), or as Ben put it, 'technically' domestic abuse that was not at the 'severe end of it'. Tim, who had acute problems with alcohol dependency, considered the assaults he had perpetrated as 'not real domestic violence' like that he had witnessed his mother being subjected to. Yet, as we show below, in each instance such characterizations needed careful consideration and exploration. In each case, the entrenched defensiveness derivative of both shame at having 'lost it' and the pain of having lost valued relationships and the semblance of stability these supported needed surmounting before accounts of violence could be understood.

Dale, 49, for example, described a childhood in which he was singled out for violence by his father, though he still blamed his mother (the victim of his father's domestic abuse) for failing to intervene and reassure him when he was a terrified little boy. As an adult who had destroyed his own intimate relationships through violence, Dale was now increasingly afraid of being alone: 'I don't wanna be on me own. I don't wanna be, you know, rest of me life me, I just want to be normal'. Despite using the BBR tools like 'self-talk' and 'time out' with some success, Dale's partner had nevertheless left him, causing him to feel 'let down' by the programme and aggrieved to have been abandoned by BBR facilitators to his 'obnoxious' probation officer. Dale relayed his concerns to the CRC worker who had explained the course was 'finishing':

I said, "I'm scared of reoffending again." And she said, "Dale" she said, "Don't worry." She said, "I wish I had a pound for everybody who thinks that when they're leaving this course..." And, and the one thing that has really, really pissed me off and it's put me on a downer about the course... I have to keep really thinking in me mind about the good I got from the first three modules... The course [finishes] and it's game over. "Right, go on, jog on". (Dale, programme completer)

Dale was not alone in identifying the BBR course as about the only thing he had left going for him. Tim, a 40-year-old man in alcohol dependency recovery and living in a bail hostel, recalled a childhood spent at women's refuges while his mother tried to escape an abusive (step)father. As a young adult he lived in 'shit hole charity blocks' with 'pissheads' and had to 'work' his 'way up from the ground' to secure a council house for him, his partner and child. Now he had 'lost' it 'all', having 'completely fucked up' at home:

It was like going back from fucking, me perfect little house... having a baby with a ... women who I fucking loved, and me fucking job, to absolutely fucking nothing... I had no money. I was on the dole. From having everything I'd worked for... to go back to nothing again. (Tim, programme completer)

Having undertaken BBR, Tim was committed to 'using the tools' he picked up from BBR but foresaw little opportunity to do so:

I will use the tools, but as I say, who am I fucking using the tools on now? ... There's no one to use the fucking tools on. Not really.

For some men, the pain of losing relationships with partners and children made it difficult to accept, publicly, that their violence was a problem. Richard, aged 35 years, recalled how his mother and a series of stepmothers left him when he was a boy, inducing ‘trust issues’ that were played out in his intimate relationships. A long-term heroin and ‘crack’ user, Richard explained how both he and his partner became ‘paranoid’ as they ‘started doing drugs’ together. According to Richard, his partner was ‘paranoid’ that he ‘was seeing other people.’ To deal with her paranoia she had been ‘flirting with [his] friends.’ Though the violence that followed was, from Richard’s perspective, ‘fifty-fifty’, the police ‘took her side’ and social services ‘blamed everything’ on him and put their children on a ‘risk register’ because the couple continued to see each other. Though willing to concede that there had been ‘times when’ he had gone ‘over the top’ and that he needed to ‘walk away... before... things get too serious’, Richard could not bring himself to admit to his CRC worker that he should have behaved differently:

She was trying to get me to sort of say, oh... would you have done things differently? Then I said, “No, I – I would have done things exactly the same.” She was sort of trying to... try and change the way I’m thinking. (Richard, pre-group programme drop-out)

Tony, aged 30, a long-term heroin and cocaine user on medication also to alleviate psychosis, similarly attributed his violence to (drug induced) ‘paranoia’. The domestic abuse he perpetrated occurred after he accused his partner, Rachel, whose home he had moved into upon release from prison, of infidelity. Even though it had been his infidelities that had brought the relationship to an end, Tony subjected Rachel to endless accusations. Unable to ‘take’ Rachel telling him she didn’t love him anymore. Tony ‘lost’ his head:

I couldn’t walk away... I know it sounds crazy, but in my mind, I just couldn’t seem to let her go. So, let’s just hope and pray that this BBR course stops it from – so I can learn the tools to be able to do it. (Tony, programme drop out, second module)

Ben, aged 23, was another man who hoped that attending BBR would somehow repair his relationship. A homeless man, who had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Ben recalled being ‘treated differently’ most of his life, having been excluded from school and sent to a pupil referral unit. At the time of programme inception he was also struggling to gain access to sheltered accommodation. Ben’s dismissal from the course was a culmination of periods of absence and ‘warnings’ for his ‘behaviour’ in sessions. In one BBR session Ben refused to ‘sit down and bite’ his ‘tongue’ as the facilitator read from classroom-style worksheets:

I got a few warnings in the sessions, like for me behaviour... The woman who leads the course... she talks dead slow, like... Just like giving her cheek, like, “Do you get paid by the word or sommat?”

By way of contrast, Trevor aged 39, who had felt ‘out of place’ most of his life, struggled to reflect meaningfully on his previous relationships and use of violence, despite taking the course and its concepts seriously. This might have been because Trevor was autistic—he was awaiting a diagnosis—and it had taken him a long time to realize, as he freely admitted, that it was him who had become ‘the problem.’ In previous relationships where he had been violent, Trevor blamed his partners’ wrongdoing and ‘things that’s happened.’ One such ‘thing’ was Trevor’s drinking, which he did to help him ‘associate’ and alleviate feelings of isolation; a not uncommon response to social anxiety among neurodivergent people who are often stigmatized as too different or indifferent to warrant or want close or intimate relationships (Milton 2012; Pearson and Rose 2023).

Relating inside and outside the room

Such testimonies reveal the high expectations of BBR some programme attendees initially have for it: expectations that derive from emotional needs that are not always plainly expressed and which are often a product of painful lives, past and present. These expectations present challenges for groupwork facilitators who know they need to connect but are poorly supported not just in terms of the time, infrastructure and the professional oversight needed to do this work well but also the impact that delivery has on those facilitators who have experienced similar pains in their own lives (Morran 2008). Here, the frustrations about such practical limitations were compounded by this often-neglected reality that working with domestic abuse perpetrators can be unsettling for many practitioners, not least for those managing losses and insecurities in their own intimate and family relationships. Two female facilitators, Grace and Jenny, had broken up (temporarily) with partners after BBR programme participants' stories had resonated with them. While Grace quickly rationalized her partner's 'abusive' and 'manipulating' behaviour as unfounded, Jenny recalled a visceral reaction to such resonations; reminding her of how 'vocal' her partner would get in 'arguments' 'after he'd been drinking'. The intensity of Jenny's feelings was interwoven with difficult childhood memories that resurfaced suddenly during BBR sessions:

It reminded me of my parents when I was a kid, listening to them row cos you do the impact on children and stuff. And that, the first time I was in that session, I was a bit like, pfft, I could really do with getting out of here. (Jenny, facilitator)

Similarly, Sarah recalled uncomfortable feelings about childhood and intimate relationships arising again as she engaged with abusive men on BBR. As 'an angry teenager', Sarah 'lost her mind' during her parents' separation along with the 'frustration' she still felt at being blamed for it. By and large, 'really positive' experiences of pastoral care, counselling and working with people whose feelings of anger she could help to relieve had kept her 'on track'. Sarah drew on these experiences to counter the limits to being responsive the BBR programme manual imposed:

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

Similarly, Helen still felt 'resentment' towards her parents for the 'big impact' their 'bitter' divorce had on her, the domestic abuse she and her siblings subsequently saw their stepfather perpetrating, and their mother's inability to protect them. Like Sarah, Helen had attended 'counselling' and 'CBT' intermittently, which had helped but not eradicated her discomfort: 'sometimes things' still came 'back' in the course of her work. Helen thought her own experiences of divorcing parents and domestic abuse had helped her walk 'in the shoes' of some of the men on BBR: 'I've been that child that's been impacted by, you know, abuse'. Helen would advise men who 'don't get on with their ex-partners' to consider the 'long-term effect' on their children and grandchildren. She knew this to be easier said than done, however, for she and her siblings still talked about the 'impact' their experiences had on them:

So, I think there's a lot, as kids (pause) and looking back, (pause) [there's] a lot of resentment and bitterness towards our parents because of how our life could have been to what it was. (Helen, facilitator)

Likewise, Dave reflected on his own experiences of reporting domestic abuse by his (ex)wife before they divorced, which put him in the 'fortunate position' to teaching men on BBR not to 'retaliate'. Dave felt particularly 'sorry for' for one past BBR participant whom he believed had just 'cracked' when his much younger partner had called him a 'paedo'. Dave had therefore gone 'the extra mile' to support this man:

You know when you said before about working with men, has it ever had an effect on me? I really did feel for [man attending programme] cos I thought if... I wasn't so mindful meself, "I could be sat where you are" because I could understand the amount of pressure he'd been under and stuff and he'd reacted.

Facilitators were, nevertheless, often unable to withstand the BBR participants' hostile criticisms of them, even when they were generally understood as defensive reactions against shame and loss in the aftermath of violence. The starkest example of what sometimes emerged as two-way hostilities occurred during pre-group sessions, itself an exercise devised to screen out the most difficult of participants and to anticipate what facilitators called 'man verses women' issues (Ellie, facilitator). These were also the aspects of practice that engendered the most anxiety. Observations revealed the intensity of the interactions, BBR participants 'being disruptive', claiming to be 'victims' engaged in 'one off' violence, and calling a woman facilitator, who had left the room to manage her own frustrations, a 'snitch' (field notes). Indicative of the difficulties facilitators experienced in managing such emotional dynamics, Sarah (facilitator) likened these sessions to 'hostile environments' that necessitated preparing 'behind the scenes' for the 'biggest fight of your life':

there's probably all sorts of skills and things that we use in order to manage it, but at the time you're just like a swan on the exterior but underneath... your legs are going mad. I don't know how I did it.

For those men who remained on the programme following the introductory pre-group session, an invitation to tell personal stories was offered during individual sessions for the purposes of setting 'personal goals' and 'treatment targets'. The extent to which BBR participants and facilitators, respectively, are able (or willing) to reveal or hear painful stories in this context was captured in Richard's account of sessions that were 'a bit full on':

Well, I've - I've only just met her, do you know what I mean? It's quite hard to be quite personal with someone I just met. (pause) Just like firing loads of questions at you about personal stuff... when you've never met someone, you don't know them, do you know what I mean? I find it quite hard to, you know, tell them like stuff.

The chance to talk was nevertheless welcomed by most men on BBR. Tim explained how he had 'actually enjoyed' his first encounters with facilitators, and was 'glad' he had 'actually told' his 'story' to 'someone' who would 'actually listen':

She listened like and she understood... I felt that she's looked at my point of view quite pacifically where I wanna be... what's my goal off the BBR... to get access to my child.

Similarly, Dale always felt 'taller' in his 'shoulders' after individual sessions, explaining how he was able to get difficult feelings 'off' his 'chest'; something he said was not possible in a 'classroom full of blokes':

By way of contrast, facilitators spoke of presenting a ‘pro-social’ and ‘non-judgmental’ front towards BBR attendees, in line with their training on the technicalities of groupwork and developing a working alliance. For Anna, this was conceptualized as a ‘performance’, using ‘light humour’ while sometimes suppressing intense irritation.

[T]he difficulty... with... being personable, sometimes, when a group member is difficult, it’s difficult not to be quite sarky... because you kind of build up this rapport with people. But I will always be direct with people. ... That was quite difficult last session. He was saying that he can’t be bothered doing stuff... He can’t be arsed. I’m tired... And the human part of me wants to make every kind of snide remark... I reigned it in and I kind of said... “We’re all adults. We can survive ten minutes of completing a task”. And that to me is not the worst thing I could have said, but also, kind of putting it a little bit out there as if to say, ... “Stop acting like a child”.

Men subject to criminal justice interventions are not usually oblivious to such facades, for they also learn how to play out the programme discourse (Fox 1999; Hughes 2024). Dale, mirroring Anna, depicted the group environment as ‘open and honest’—until, that is, the BBR participants went for a ‘ciggie’ outside:

I might be talking outta turn here, but yeah, it is. Because (pause) you’re outside and the woman – we put a bitta of responsibility on them for the incident. Wouldn’t happen in there [group]. Cos you’d get ripped to shreds... So, I think it’s because we’re like outside, we’re being, you know what I mean?

Self-identifying as an ‘alpha male’, Dale complained that men’s shared experiences of being subjected to women’s violence were not reported to the police. Nor were they shared or, evidently, welcome in the BBR delivery room—given the facilitators had of their own accord devised the pre-group sessions as an opportunity to resolve such challenges before the programme commenced. Likewise, opportunities to explore the projection of blame as a manifestation of shame, loss and the disowning of vulnerable feelings were not forthcoming. While cognisant of the difficulties men have in telling their stories multiple times as a consequence of different facilitators unexpectedly running group sessions, Tracy expressed frustration at Tim’s continued tendency to blame his partner:

Everything’s about his partner... and how badly she’s treated him. (Laughs) Yes. And you think, right, okay, so we’re getting to a halfway point and— But he did say... “But I’ve let it go. I’ve forgiven her,” and I’m like, “Hmm, well you’re still going on about it”, so...

Tracy’s disbelief was spotted by Tim, who complained that she could not accept the ‘truth’ that he ‘used to get battered’:

She [Tracy] said, “Well, it sounds like you feel like you shouldn’t be here?” It doesn’t matter what I feel. The law sent me here, didn’t it? If you want to know the fucking bloody truth, that’s the truth. Know what I mean?... I absolutely fucking hate it... I hate Nel [ex-partner] and all the shit she’s done at the end of the relationship... and making me fucking homeless.

After 30 weeks of BBR, Tim’s ‘bitter tone’ and inability to ‘let go’ was recorded formally as evidence that he ‘may not be as far down this path as he feels’ (Anna, programme review), his ‘withdrawn’ presentation, ‘depression’ and ‘loneliness’ read as potential ‘risk factors’ to be addressed through his ‘case manager’, a ‘body map’ and other worksheets.

CONCLUSION

In what many regard as the foundational text of trauma-informed therapy, [Herman \(1992: 136\)](#) explains that:

The alliance of therapy cannot be taken for granted; it must be painstakingly built by the effort of both patient and therapist. Therapy requires a collaborative working relationship in which both parties act on the basis of their implicit confidence in the value and efficacy of persuasion rather than coercion, ideas rather [than] force, mutuality rather than authoritarian control. These are precisely the beliefs that have been shattered by the traumatic experiences.

When we think about domestic abuse our attention is often drawn to the ways in which perpetrators have inflicted coercion, force and authoritarian control on their partners and children. This may render many ill-suited to therapeutic intervention. Though as we have heard from both the service users consulted by the probation inspectorate and the participants in this study, many domestic abusers are keen to talk and hope to change. Though often ashamed of what they have done and reluctant to accept full responsibility for it, they nevertheless pin their hopes for change on the working relationships held out to them by programme facilitators. Many are also victims of trauma left long unresolved or even unacknowledged since their own childhoods. This trauma often includes the harms of childhood abuse and neglect; harms that are compounded by experiences of poor schooling, social exclusion, substance dependency and criminalization. As with other victims of trauma, abusive men who were once abused boys, or young men who were systematically excluded and discriminated against, often express helplessness in group-work sessions, fluctuating between idealising or denigrating programme facilitators who they hope will rescue them but fear will judge them before abandoning them. As in intimate relationships where they have behaved abusively, some fear abandonment when the intervention ends, questioning whether they have received the support they need to build better relationships.

While probation officers are charged with holding perpetrators to account on behalf of victims, their powers to do so are, in everyday practice, heavily contingent on their capacity to become someone whose opinions, expertise and judgement matters to abusive men who are typically hesitant to fully admit to the harms they have caused: the supportive 'constant presence' in mind, if rarely in the presence of those with heavy caseloads, envisaged originally as vital to the success of BBR ([NOMS 2015: 37](#)). Managing such dynamics is emotionally demanding work. The effectiveness of this work is diminished when probation staff feel unsupported, are not provided with proper clinical supervision, and when they operate in contexts that do not provide the headspace needed to think through the emotions being expressed by abusive men in the room ([Westaby et al. 2020](#)). The viability of this emotional labour can be easily compromised by job insecurity and the lack of recognition practitioners need to help them withstand the hostility that is directed at them by a client group that is itself in crisis. When fears of abandonment among clients ending the programme are projected onto frontline workers who are still coming to terms with issues of gender and power in their own pasts and current relationships, the scope for attempting to build the trusting relationships becomes precarious. Organizational divisions within the probation service can institutionalize such challenges as enduring problems, those who deliver programmes feeling devalued when compared with higher ranked and higher paid staff whose job it is to manage the risk of the same clients without having also to engage with their words and behaviour in the groupwork context. Policymakers anticipating the increase in demand for programmes that will come with the implementation of Domestic Abuse Protection Orders need to anticipate the institutionalization of this organizational dynamic, whether the additional demands are managed in-house within the probation service or devolved to the voluntary and community sector or private providers of programmes.

Without a therapeutic alliance of sorts, many of these programmes will struggle to achieve more than helping men who have been abusive to *avoid* 'losing' it in the short term. And in some cases, this may be the only change that is sustainable in the absence of a more multifaceted response to men who have proved enduringly dangerous. In such cases, the truth is that offender managers can only provide some modest protection to the public, preventing some future victimization, by encouraging men at risk of becoming abusive to not get involved with new partners, to live alone, walk away from arguments, take time outs when things get heated or find other activities to occupy them. Sometimes this will be enough to avoid an assault being perpetrated, though it rarely reduces the fear and terror some adult and child victims and survivors contend with daily (Kelly and Westmarland 2015). Interventions that fail to establish any kind of trusting relationship have little chance of instilling change that lasts among men; of changing the kinds of men they want to be, or revealing to them the kinds of fathers and partners they might become by enabling them to discover what better modes of relating feels like. This, of course, requires highly responsive practice and workers who are supported in being so responsive, and which is cognisant of the tensions between the need to build rapport to maintain engagement (Holmes 2023) and the harm associated with disconnecting from service users who still want support after the programme ends. It also depends on permitting those working with abusive men to exercise sufficient discretion to deviate from the intervention manual when the client group reveal unmet needs that require more nuanced forms of redress.

Hence, the more ambitious goal might be to have relationship programmes that everyone, maybe most men—whether on probation or not—want to take because they know it will genuinely help them secure better relationships over the life course. Given how many domestic abuse offenders have lived lives blighted by social adversities, victimization and trauma, helping men simply to avoid the arguments that have, for them, precursored perpetrating abuse is of important but limited value. Despite feeling ashamed of their previous behaviour, many male domestic abuse offenders continue to look to intimacy as a means of reconnecting in a world where they are isolated and estranged (Morran 2013; Gadd *et al.* 2019). Enrolling them on group-work programmes when basic needs such as housing are not met, then 'dumping' them from interventions because time has run out or because they cannot take to the mode of learning, is counterproductive at best in this context. Rather we must deliver support over the long term to a populace for whom accepting the need to engage is the first of many steps to picking up the tools needed for change that rarely comes quickly. Such support needs to be equally cognisant of wider structural inequalities and harmful gender norms that shape some men's expectations of intimate relationships (Downes *et al.* 2019), including their claims to authority within them and their less frequently acknowledged hopes that their children or partners can help them overcome emotional insecurities deriving from both their past and present situations. Many convicted domestic abuse perpetrators are also economically dependent on their partners for the provision of a home, especially if they are substance dependent, long term unemployed or recently released from custody (HMIP 2022, 2023c). This is something many men on domestic abuse intervention programmes often need support with and precisely why it is essential that probation officers work with abusive men's partners and former partners to ensure they are not entrapped into continuing to share a home with men who put them in danger.

Those charged with leading probation teams need also to be prepared that securing change among domestic abuse perpetrators will unsettle the personal and professional lives of those attempting to deliver effective practice (Renehan 2021). Building better relationships with men who present a high risk of violence to women and children, who are often multiply disadvantaged, reluctant to engage, and instrumental in how they navigate intimate relationships that they also 'need' to work out, is hugely demanding, time-consuming, highly skilled work that needs to be nurtured and valued as such (Phillips *et al.* 2016). While senior civil servants

charged with (re)uniting the Probation Service seek to ‘make good’ on decades of upheaval (Annison *et al.* 2023), in the longer term the key to probation officers’ success will be contingent on the support of the public, especially victims, and this in turn will be depend on the extent to which the government are willing to explain and promote the vital role offender managers play in maintaining public safety. As this study has shown, those who deliver these vital interventions need to feel confident that they are working within the context of a professional alliance that shares their vision of change and which will endure in moments of crisis in their own lives as well in those of their clients. Sometimes these crises do conclude tragically with fatalities, the horrors of which are felt both by those who lose loved ones and those doing their best to manage the dangers posed by the sizeable minority of men under probation supervision. All parties in such instances need enduring support in rebuilding better relationships.

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DATA AVAILABILITY

The data associated with this research project is not accessible as consent was not received to make data publicly available at the time it was collected.

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