

**Domestic Violence  
Intervention Project-  
Improving Women  
and Children's  
Safety**



Report and evaluation of the East  
London domestic violence service  
January 2007 – September 2008

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## Executive summary

In response to the problem of domestic violence, in 2006 the London Boroughs of Barking & Dagenham, Newham and Waltham Forest jointly commissioned the Domestic Violence Intervention Project (DVIP) to provide a new cross-borough service in East London. This report analyses the outcomes and impacts of this new service in its first 18 months of operation, from January 2007 to September 2008.

**Section 1 sets out the background** to this new service, including the huge costs to society of domestic violence. It explains the innovation and benefits of commissioning a cross-borough service of this kind, and outlines DVIP's credentials to provide it.

**Section 2 describes the aims of the service.** It focuses on the safety of women who have experienced or are experiencing domestic violence, and that of their children. The service aims, defined as part of the commissioning process, are:

- To increase the safety of women and children
- To empower women to make safer choices for themselves and their children
- To help perpetrators stop their violence and controlling behaviour
- To provide increased referrals options for child protection services where domestic violence is an identified risk to the children
- To reduce the incidence of repeat victimisation.

**Section 3 explains how the service is delivered and the rationale for its model.** DVIP's services are based on the understanding that: violence is learned and can be unlearned; an abuser is responsible for his behaviour; and perpetrators of domestic violence can be helped to stop damaging themselves, their partners and their children. The service has two key elements, which are interrelated and are both essential in improving women and children's safety:

- Treatment programmes for perpetrators of domestic violence, delivered in a groupwork setting, to support them in taking responsibility for and changing their behaviour.
- Fully integrated support services for their partners or ex-partners, providing safety planning and safety-focussed support for themselves and their children.

**Section 4 gives data on referrals** to the service. In its first 18 months it received 202 referrals, with 97 perpetrators completing the assessment and 98 women engaging in on-going support.

**Section 5 presents the service outcomes** and describes how evaluation was conducted. It includes the following key findings.

### **Aims: increase the safety of women and children and empower women to make safer choices for themselves and their children**

Assessments by referring agencies show that the service had a positive impact on women and children's levels of safety.

- 88% of referring social workers assessed the woman as 'much safer' or 'safer' following engagement with DVIP.
- 78% of referring social workers assessed the children's level of safety as 'much safer' or 'safer' following engagement with DVIP

Women service users assessed their own and their children's safety as increased. Across all the evaluations:

- 65% reported feeling safer or much safer since their involvement with DVIP
- 69% assessed their children's level of safety as safer or much safer since their involvement with DVIP
- 93% assessed their quality of life as much improved or improved since their involvement with DVIP.

**Aim: help perpetrators stop their violence and controlling behaviour**

- From **168** appropriate referrals, **97** completed the assessment, **76** entered treatment, **33** completed the violence prevention modules and **14** completed **60** hours and above. There are **20** men still engaged.
- The women's support services have provided support and programmes for **98** partners and ex partners the men referred.

**Aim: help perpetrators stop their violence and controlling behaviour**

Evaluations from women service users showed reductions in violence and controlling behaviour they experienced. Across all evaluations:

- 70% reported that there was no further violence since their involvement with DVIP
- 78% report that abusive behaviour from perpetrators was reduced or eliminated since their involvement with DVIP.

**Aim: provide increased referrals options for child protection services where domestic violence is an identified risk to the children**

The take-up of the project by Children's Services exceeded initial predictions significantly. The project was aiming to have taken 50 referrals by the end of the quarter 3 2007/8. Clearly the partnership between the commissioning leads and project staff has been very effective in promoting this intervention.

Referrers' assessments of the value of the service were overwhelmingly positive. From a structured evaluation of referring social workers conducted at the end of the first year:

- 89% found DVIP's specialist assessment 'very useful' in assisting the care planning process
- 94% found DVIP's assessment report 'very useful' in terms of understanding the use / severity / frequency of domestic violence

**Aim: reduce the incidence of repeat victimisation**

The service achieved a marked reduction in repeat victimisation. When there was continued intervention with the victim and/or perpetrator of domestic violence, the incidence of repeat victimisation was reduced by between **87.5% and 89.3%**.

**Section 6 concludes** that the service has had an extremely successful start, meeting and exceeding its target performance measures. It suggests some areas for further evaluation and service development and includes the statistical evidence of reduced repeat victimisations

# 1 Background to this report

Domestic violence represents a huge cost to the nation, calculated in one study to be as high as £23 billion annually.<sup>1</sup> While these costs are staggering, the effects and impacts of domestic violence extend far beyond the financial. These, too, place a huge burden not only on the women and children who experience them but on the wider society. Home Secretary Jacqui Smith, writing in her capacity as Minister for Women and Equality in 2004 noted that: 'A fifth of all violent crime occurs in the course of, or at the end of, a long term relationship between two people. One in four women will experience this kind of violence during their adult lives.'

In response to the problem, in 2006 the London Boroughs of Barking & Dagenham, Newham, and Waltham Forest commissioned the Domestic Violence Intervention Project (DVIP) to provide treatment programmes for perpetrators of domestic violence with integrated support services for women. These services are designed to increase the safety of the women, partners and ex-partners and children of perpetrators engaging with the treatment programme.

This report:

- reviews the first 18 months of service delivery across the three boroughs, from January 2007 to September 2008
- presents quantitative and qualitative data for each borough
- measures the service's successes against the stated aims developed at the contracting stage
- Assesses the service outcomes and benefits to date.

## 1.1 A new service and a new cross-borough partnership

This new cross-borough partnership has enabled DVIP to provide comprehensive perpetrator services that address domestic violence within a mobile population across this area of North East London. The service operates from an East London location that is easily accessible for service users from the three commissioning boroughs.

Funding the service as a partnership has enabled the individual boroughs to provide the service at lower costs than would be the case if they were the sole commissioner. A central aim of the joint working arrangements resulting from this new partnership is to promote and encourage best practice in working with perpetrators of domestic violence.

In its first year this new service won recognition from the Office of the Mayor of London as part of its Strategy for London for innovative services and for contributing to the safety of women in London. The London Boroughs of Barking & Dagenham, Newham, and Waltham Forest were also recognised for excellence in commissioning for their joint working arrangements and for cross cutting measures.

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<sup>1</sup> Professor Sylvia Walby - The cost of domestic violence -2004

The impact of domestic violence has increasingly been made visible through research, social policy, child death and domestic murder reviews and thorough work of activists.

- 26% of women over the age of 16 have experienced violence from a partner
- 6% in any one year

The number of women experiencing domestic violence in each partner borough any one year is calculated below by using Walby and Allen's research and the census results for each borough for 2001. (.e.g. population over sixteen x the percentage of women x Walby and Allen's study experiencing Domestic Violence in a year)

<b>Borough</b>	<b>Population</b>	<b>Number of women over 16</b>	<b>Number experiencing DV in any year</b>
Newham	243,891	91,556	5,493
Waltham Forrest	218,341	88,034	5,282
Barking and Dagenham	163,944	65,784	3,947
<b>TOTAL</b>			<b>14,722</b>

Based 2001 census

The full economic cost to the community has also been made clear through the work of Walby and Allen. The costs given below do not include any estimation of the costs to the person in terms of distress or reduced potential.

<b>Agency</b>	<b>UK £Billions</b>
Criminal Justice System	1.017
Health Care	1.396
Social services	.228
Emergency Housing	.158
Civil legal	.312
All services	3.111
Lost economic output	2.672
<b>TOTAL</b>	<b>5.783</b>

(Walby and Allen 2004 – British Crime Survey)

The financial cost to any borough can again be calculated by using the 2001 census figures for the population in borough and calculating the percentage of Walby and Allen's total cost to the UK that would apply to each borough. While this is not an accurate figure (there will be London weighting effect making the real costs higher) it provides some indication of the undermining effect of domestic violence of the wealth of each borough.

<b>Borough</b>	<b>Cost in services in £millions</b>	<b>Lost economic output £Millions</b>	<b>£Total</b>
Barking and Dagenham	8.56	7.35	15.9
Waltham Forrest	11.4	9.8	21.2
Newham	12.7	10.9	23.6
<b>TOTAL</b>			<b>60.7</b>

The numbers of domestic violence crimes reported to the police per borough for the year ending November 2005.

<b>Borough</b>	<b>Domestic Violence Crimes</b>
Waltham Forrest	2,267
Newham	2,817
Barking and Dagenham	2,485
<b>Total</b>	<b>10,359</b>

This research estimates the costs of domestic violence to be between £8.5 and £12.5 million per borough per year in service provision alone. Therefore a programme of this kind has a clear business case in this regard.

Alongside this, DVIP's East London service has an ongoing preventative aim: to reduce in the long term both the direct and indirect costs in terms of policing, health care and other services associated with the problem of domestic violence. Not to mention the fear, distress, injury, loss of autonomy, loss of self, depression, self harm, substance misuse and injustice experienced by the partners of violent men.

## **1.2 DVIP's experience and credentials**

DVIP is recognised as one of the foremost authorities in the UK on multi-faceted intervention approaches that address the problem of violence in relationships. DVIP:

- Was cited by the Home Office as a good practice model [Living without fear 1999]
- Was a central force in the establishment of RESPECT, the national association for DV Perpetrator Programmes and now the accrediting body for work in this field.
- Has provided perpetrator programmes with integrated women's support services since 1992. In addition to East London, DVIP provides these services from two other locations in London including a specialist service to the Arabic-speaking community, the Al-Aman project
- in partnership with CAF/CASS, developed risk assessment services, to assess the risk posed by perpetrators in cases where families are subject to private or public law proceedings in the Family Courts
- Has provided specialist children's services since 2005, offering supervised contact and therapeutic intervention for children exposed to domestic violence from Stephen's Place, its purpose-built children's centre in West London.

## 2 Aims of the East London service

The vast majority of domestic violence does not result in prosecution of the perpetrator<sup>2</sup>, much less their access to programmes designed to change their behaviour in the long term. In recognition of this fact, DVIP's East London service is designed to be accessible to perpetrators outside current criminal justice programmes.

The core aims of the service, as with all DVIP's services are:

- **To increase the safety of women and children**

Programmes designed to address the behaviour of perpetrators can lead to increased risk for the partners and ex-partners of men attending programmes.<sup>3</sup> To mitigate these risks, and to provide safety planning and safety-focused support for women at risk of violence and their children, integrated and fully resourced women's support services are essential to the provision of perpetrator programmes. They are not an optional add-on.

- **To empower women to make safer choices for themselves and their children**

The women's support service *is* the centre of the service. It is an accessible, varied, women-focussed and on-going programme of support and safety planning which places her safety at the centre of all the projects casework and clinical service delivery. The service recognises that information provided by perpetrators of domestic violence can be both misleading and manipulative, and may raise 'false hope' or unrealistic expectations on the part of the victim. It recognises the isolating effects of domestic violence, provides pro-active contact that reaches into her life, names the domestic violence for what it is and holds the perpetrator to account.

- **To help perpetrators stop their violence and controlling behaviour**

Domestic violence can only be fundamentally addressed when the perpetrator of this abuse takes responsibility for his behaviour. The DVIP model is based on the understanding that violence is learned and violence can be unlearned; that the abuser is 100% responsible for his behaviour; and that domestic violence perpetrators can be helped to stop damaging themselves, their partners and their children.<sup>4</sup> The commissioning leads for this programme recognise the fundamental message conveyed when providing a service of this kind: men are responsible for the vast majority of domestic violence and abusers need to be held to account for this abuse.

The East London service has two further aims, specifically developed and built into the service model to deliver added value. These innovations contributed to the recognition of the project by the Mayor's Office. They are:

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<sup>2</sup> For example see British Crime Survey 2004 which demonstrates that less than 40% of domestic violence ever comes to the attention of the police and less than 10% of this is ever prosecuted

<sup>3</sup> Research from the Duluth Project in the USA showed that the leading reason cited by women returning to violent partners was his seeking counselling of some kind.

<sup>4</sup> For example see Gondolf 1996 or Pence & Paymar 1993

- **To provide increased referrals options to child protection services where domestic violence is an identified risk to the children**

The Children In Need census found that domestic violence was present in over 40% of the cases coming to the notice of Children's Services, and domestic violence was found to be present in over 70% of the child protection caseload<sup>5</sup>. It was agreed at an early stage that DVIP would reach out to Children's Services in the three commissioning boroughs. This would provide social workers with an opportunity to refer to the East London service. The service is to assist child protection agencies in risk assessment and case management interventions with perpetrators of domestic violence and, where a couple want to stay together, to offer services that, over time, reduce the risk to children.

- **To reduce the incidence of repeat victimisations**

Domestic violence is widely recognised as the crime with the highest rate of repeat victimisation.<sup>6</sup> The perpetrator knows the victim, the perpetrator and the victim are often co-habiting, and the violence often increases in severity and frequency over time. As most acts of domestic violence do not result in conviction the over-arching aim of a perpetrator programme is to prevent this ongoing violence using long term, safety-focussed programmes. These programmes must work with both victims and perpetrators as part of a co-ordinated community response, regardless of whether or not prosecutions are brought.

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<sup>5</sup> Children in Need census 2005 – available at [www.dfes.gov.uk](http://www.dfes.gov.uk)

<sup>6</sup> British Crime Survey 2004

## **3 How the service is delivered**

### **3.1 Assessment of perpetrators**

Assessment of perpetrators of domestic violence is a challenging and structured process. DVIP assessments take between two and four hours with the perpetrator and, where Children's Services are involved, a further two hours with his partner. The assessment covers the history and risk of violence, as well as motivational and attitudinal issues such as the perpetrator's levels of empathy, minimisation and denial. DVIP has contributed to the development of a number of tools used in this process including inventories, treatment viability tables, risk identification tables and base rate and dynamic risk factor tables evidencing empirically researched and static risk markers alongside, clinical or treatable factors such as levels of hostility or empathy.

### **3.2 Social Services referrals and reporting**

When working with clients referred by Social Services, DVIP undertakes robust risk assessment procedures that focus on the risk of harm to the children involved. We undertake extensive interviews and gather evidence relating to risk. We examine factors including: the history of domestic violence, other violence, alcohol and drug use. We analyse the perpetrator's levels of denial and his attitudes towards the abuse, and also the exposure to violence and impact of violence on the children.

We then provide referring social workers with a report that includes recommendations on how to manage the presenting risk. If the report recommends attendance on the perpetrator programme, we then provide further reports, updating the initial assessment, at week 12, and at week 32 when the programme is completed. This takes around 18 hours of worker time per case, excluding attendance at case conferences.

### **3.3 Perpetrator programmes**

DVIP's programme for perpetrators of domestic violence involves around 60 hours of structured intervention, delivered over 32 weeks in a group setting. The groups run on a rolling programme with a new intake of men every six weeks. Sessions last two and half hours and are held weekly in the evenings.

The programme is designed to help men to understand why they have used abusive behaviour, how they can change this, and how they can work towards constructing respectful relationships with women. Men are challenged to take responsibility for their actions rather than blaming their partners or outside factors for their violence. Men learn to critically assess their gender-based expectations of themselves and their partners.

This is not an anger management or counselling group. It is a programme specifically designed to address domestic violence. It draws on a wide range of approaches including cognitive, behavioural, social learning theory, psychodrama, psychotherapeutic and relationship skills teaching. This enables DVIP to create a challenging environment while offering support for personal change. About a third of the sessions focus on ending physical and sexual violence. The rest of the programme focuses on ending other forms of abuse, on parenting and on developing relationship skills.

### **3.4 Integrated women's support services**

When a man contacts DVIP he is required to give details of his most recent partner. Whether or not he is accepted on the group work programme, the women's support service-staff make contact, initially by letter and information pack. Following this, pro-active contact is made and the service is delivered via a range of interventions including: one to one & structured group programmes, on-going telephone work and out-reach meetings arranged at children's centres or social work offices.

The women's support service has five main aims:

- To increase women's safety by direct safety-planning work, and also by ensuring that the woman's safety is considered as the paramount factor in all interventions and casework decisions.
- To improve women's mental and emotional health and well-being, which is instrumental in increasing her safety. A woman who cannot function in life because of the psychological effects of abuse is far more likely to stay in or return to a violent relationship or harm herself in some way.<sup>7</sup>
- To give clear messages about domestic violence and develop women's understanding about domestic violence, by putting their own experiences into a different context. This is supported by the ethos of the service and the structured group work programme.
- To promote realistic expectations about the perpetrator programme in women whose partner or ex-partner is attending.
- To promote women's empowerment and work for change alongside other groups focusing on women's needs, and to connect women to local services.

The service places the individual woman and her needs at the centre of the work, to ensure that she feels valued and respected and make decisions based on her experience and understanding of the risks rather than the perpetrators representation of the programme.

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<sup>7</sup> For examples see Dobash and Dobash 1995, Humphreys 2002, Mullender 1996

## 4 Analysis of referrals to the service

### 4.1 Men

Since January 2007 there have been 202 referrals, 168 of which were appropriate for assessment, 97 completed the assessment, 76 entered treatment, 33 completed the violence prevention modules and 14 completed 60 hours and above. There are 20 men still engaged.

The table below give a brief breakdown of main referral routes, referred onwards, and numbers completing separate aspects of the service. Full demographic and waiting times etc. is reported on quarterly to the three commissioning boroughs but the tables give an over-view of service delivery.

#### 4.1.1 Barking & Dagenham

Men referred into programme	57
Did not attend at all	23
Inappropriate / referred on	8
Social Services	50
Completed assessment	26
Risk Identification Reports	17
Not acceptable (due to denial / hostility)	6
Non attenders post assessment	6
Completing 1 <sup>st</sup> Stage	10
Completed 2 <sup>nd</sup> stage	3
Currently attending group	6
Individual work provided	1
Awaiting assessment	4

#### 4.1.2 Newham

Men referred into programme	78
Did not attend at all	23
Social Services	49
Inappropriate / referred on	16
Completed assessment	39
Risk Identification Report	19
Not acceptable (due to denial / hostility)	4
Non attenders post assessment	7
Completing 1 <sup>st</sup> Stage	12
Completed 2 <sup>nd</sup> stage	6
Currently attending group	7
Individual work provided	5 (3 interpreter)
Awaiting assessment	6

#### 4.1.3 Waltham Forest

Men referred into programme	67
Did not attend at all	25
Inappropriate / referred on	10
Social Services	36
Completed assessment	32
Risk Identification Reports	13
Not acceptable (due to denial / hostility)	3
Non attenders post assessment	8
Completing 1 <sup>st</sup> Stage	11
Completed 2 <sup>nd</sup> stage	5
Currently attending group	7
Individual work provided	1
Awaiting assessment	0

## 4.2 Women

In its first 18 months the service:

- Supported 98 women, who have a total of 161 children
- Held 62 weeks of structured group sessions, attended by 23 women.

### 4.2.1 Barking & Dagenham

Percentage (ex) partners engaged post assessment	92%	
Numbers of women supported	30	
Number involved with child protection services	25	
Total number of children	61	
Average contacts per woman	5.6	
Average pro-active attempts per case	9	
Number of women attending structured group-work programmes	5	

### 4.2.2 Newham

Percentage (ex) partners engaged post assessment	92%	
Numbers of women supported	38	
Number involved with child protection services	35	
Total number of children	59	
Average contacts per woman	4.7	
Average pro-active attempts per case	7	
Number of women attending structured group-work programmes	10	

### 4.2.3 Waltham Forest

Percentage (ex) partners engaged post assessment	92%	
Numbers of women supported	30	
Number involved with child protection services	20	
Total number of children	41	
Average contacts per woman	6	
Average pro-active attempts per case	9	
Number of women attending structured group-work programmes	8	

## 5 Service outcomes and evaluation

It is widely recognised<sup>8</sup> that intimate partner violence has the highest rate of repeat victimisation of all crimes. Many different bodies share the responsibility of responding to and protecting the victims of this crime, including the community safety, policing and child protection agencies. As noted above, DVIP's East London service aims to protect the victims of domestic violence from immediate harm, and in the long term to reduce the violence, including the harm to children of violent men.

### 5.1 Reducing repeat victimisation

The service achieves a significant reduction in repeat victimisation. When DVIP has a continued intervention with the victim and/or perpetrator of domestic violence, the number of incidences of repeat victimisation is reduced by between **87.5% and 89.3%**.

#### 5.1.1 Outcomes data and how the reduction was calculated

We added up the total number of incidents of violence per case per borough [i.e. that took place and were recorded] pre-assessment. Where referral information was not completely clear in terms of number of police call outs we noted it as such and assumed three police call outs as this is the number usually needed to activate a children's services investigation. We subtracted the number of incidents that took place in cases with which we no longer have involvement. The number of incidents remaining represents the total recorded, before assessment, in the cases where we continued to have involvement. This is the figure from which we calculated the percentage decrease. (The cases *not* used in making this calculation are shaded in the tables).

The analysis is based on evidence available to the project from the start of service delivery in January 2007 to the start of September 2008. As a voluntary organisation, DVIP does not have access to police and Social Services databases on repeat call outs. The tables [below] draw data from the following:

- Risk identification reports completed DVIP for Children's Services. Children's Services usually become involved with perpetrators due to concerns about the exposure of a child or children to domestic violence. These cases come to the attention of social workers after a number of police callouts / repeat victimisations. Most cases are activated after a set number of callouts over the course of a year. These cases, referred by statutory services, include social services chronologies, child protection and police case conference reports.
- Evidence of violence that was recorded prior to assessment for the programme
- Evidence of violence gathered in the course of specialist assessment by DVIP
- Outcomes over the course of treatment interventions.

Across the project there have been **47** such assessments completed.

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<sup>8</sup> The 2000 British Crime Survey for England & Wales. Home Office Statistical Bulletin 18/00. London. Home Office

We have also included in the tables data on the violence disclosed by the perpetrator at assessment listed as inventory violence in the tables. We have included this for two reasons:

1. It shows that repeat victimisations in terms of police call outs represent a very small proportion of the actual violence experienced by victims and survivors of domestic violence
2. It shows that evidence collected during specialist assessment of perpetrators of domestic violence contributes to the wider community response to this violence, and has a vital role to play in helping protect women and children.

However, we have not used the data of perpetrator-disclosed violence to evidence a reduction in repeat victimisations as most of this is unknown to other services and is a hidden cost. Moreover, as it is gathered from the perpetrators themselves the levels are likely to be significantly minimised. It is important to note however as the evidence gathered by specialist perpetrator assessments can contribute to child protection decisions to proceed to the courts or support women in helping make decisions around taking civil actions.

We have noted the programme engagement and coded case outcomes where known and whether or not the victim has engaged with the women's support services.

## **5.2 Increasing referral options for children's services**

An agreed aim of the service was to increase the referral options for Children's Services where a perpetrator of domestic violence is still having contact with his children or the couple want to stay together.

The take-up of the project by children's services has been extensive and far exceeded initial predictions and targets set at the contract stage.

### **5.2.1 Referrers' assessments**

DVIP developed a social worker evaluation tool to provide qualitative analysis of outcomes of the intervention required. This consists of a questionnaire for social workers who refer cases for assessment, which they fill in on completion of the service's assessment and intervention. Key findings were as follows.

- In 89% of cases Social Workers found assessment 'very useful'
- In 89% of cases Social Workers found assessment 'very useful in assisting care planning process'
- In 94% of cases Social Workers found reports 'very useful in terms of understanding use / severity / frequency of domestic violence'
- In 94% of cases Social Workers found that the existence of DVIP has helped the agency in responding to domestic violence
- In 72% of cases Social Workers recorded that the existence of DVIP has positively influenced the agencies perception of domestic violence
- In 88% of cases Social Workers assessed her level of safety as much safer or safer following engaging with DVIP
- In 78% of cases Social Workers assessed the children's level of safety as much safer or safer following engaging with DVIP

## **5.2.2 Note: on longer-term evaluation of service impacts on the Child Protection Register**

Over time we would also expect the availability of the programme and increasing numbers of successful interventions to reduce the numbers of children on the Child Protection Register. There are however caveats to using this as a straightforward measure of success:

- Numbers of children on the register are also affected by many other factors not linked to the availability of the programme. For example, it is a well known fact that numbers tend to increase in the aftermath of high profile cases nationally of child deaths due to abuse
- In individual cases a decision to remove a child from the register does not necessarily indicate decreased risk. Such a decision may be made for example because risk has increased and public law proceedings have been initiated.
- More informed processes of risk assessment in relation to domestic violence – to which this service contributes – may lead to an increase in the number of children placed on the Register, in cases where previously factors may have been overlooked.

To evaluate the service's impact in this respect, there would need to be a specific and detailed analysis of the outcomes of cases of perpetrators referred where children are on the register, with comparative analysis of cases not referred.

## **5.3 Women's support services**

We completed three evaluations of the women's support services, after three, six and 18 months. We conducted these using an anonymised self-report questionnaire that women service users complete. It covers violence, emotional abuse, intimidation and the woman's own perceptions of her and her children's safety. 47 of these questionnaires have been completed to date.

Across all three evaluations:

- 70% of respondents reported no further violence since their partner's involvement with DVIP
  - 30% of respondents reported that while there was violence it was less severe / frequent
- 78% of respondents reported that abusive behaviour from perpetrators is reduced or eliminated
  - 22% reported that abusive behaviour is at the same level as it was prior to intervention
- 65% of respondents reported feeling safer or much safer since involved with DVIP
  - 35% assessed their level of safety as the same
- 69% of respondents assessed their children's level of safety as safer or much safer since involved with DVIP
  - 31% assessed their level of safety as the same
- 93% of respondents assessed their quality of life as much improved or improved since involvement with DVIP
  - 7% assessed their quality of life as the same

While these results show positive outcomes for the majority of women, they also confirm that even significant attendance at a programme cannot guarantee a complete cessation of violence. They also highlight the need for services for perpetrators to be accompanied by adequate support for their partners and ex-partners. A small selection of comments from the evaluations illustrates this:

*“If I didn’t have access to the service I would have probably killed myself”*

*“It’s been a really, really amazing help”*

*“This is the only place where I don’t feel like I’m some kind of alien”*

*“It’s been really useful to meet with the group – I don’t feel so alone”*

*“DVIP has been a brilliant programme & really woke me up to what domestic violence really is – not just physical”*

### **5.3.1 Note: on future evaluations of women’s support services**

Ongoing evaluations are going to be conducted in partnership with RESPECT (the national association for organisations providing perpetrator services) which may mean changes to the way in which the data is reported on. DVIP is participating in a long term, multi-site evaluation based on women’s reports, in partnership with RESPECT and similar programmes nationwide. We will be collecting data that includes more details of the violence women have experienced prior to intervention and a more detailed count of the actual violence used, i.e. choking, punching, slapping etc. This data will contribute to the first longitudinal multi site evaluation of its kind in the UK.

### **5.4 Further outcomes and benefits to the wider community**

For this report we also wanted to try and give a ‘flavour’ of the complex work DVIP is involved in. We therefore decided to include some brief case sketches that we hope convey the range and contribution of DVIP programmes. We have included examples that reflect the reporting and assessment aspects of the work, the integral contribution of the women’s services work, completers on the perpetrator programme and some-one at a mid point, where there are grounds for optimism but risk remains substantial and our reporting crucial.

It is not within the scope of this report to provide a discussion around various ‘batterer typologies’ (for an excellent discussion see Gondolph 1995). What we can say however is that, from experience, there are broadly three ‘types’ of perpetrator that present at a programme. The first will be a relatively secure and stable man who, subject to the same influences and expectations of authority and service in his relationship as many men, will have used violence to control his partner. He will benefit from and will often gain a great deal from a psycho-educational group-work programme and can usually make substantial changes. The second grouping (perhaps the largest) will have experienced a great deal of social exclusion, childhood damage in terms of witnessing domestic violence or physical abuse and will frequently present with evidence of ‘crimonogenic’ behaviours and needs

throughout his personal history. The programme for this group must be seen as a start of a journey. These men will perhaps need long term psychotherapeutic support over many years to undo some of the damage they have experienced, and in turn, inflict on others. For this group, the aims of a programme intervention is about reducing his dangerousness, increasing the gap between impulse and action and, in the best outcomes, providing a bridge to further work and support. The final, and thankfully rare, 'type' of man presenting at a service could be described as 'personality disordered' or so damaged and damaging that a programme of this kind cannot hope to effect substantial change, and indeed is at risk of increasing risk as the language of treatment is manipulated or other professionals decision making is altered on the basis of programme attendance. Our duty towards these men and the people at risk of his violence is to risk manage, risk report, support the women and children in danger and, at times, manage this man away from the treatment programmes. This is one of the reasons DVIP's reporting structures are so important and why our risk identification model is vital in terms of providing safety focussed risk management outside of attendance on the programme intervention.

We hope these 'case sketches' reflect the range of our work.

#### **5.4.1 Case sketches**

Case **N13** was referred to the project for assessment and programme intervention; upon assessment of the perpetrator, including his hostility and chaotic alcohol use, it was concluded that this case was not realistic in terms of programme intervention. However, the report supported an application from Children's Services for care proceedings and contributed to a decision by Children's Services to remove his partner to a place of safety.

In case **B&D4**, the perpetrator's levels of denial and hostility were such that DVIP assessors concluded that he was unable, at time of referral, to address his behaviour. The subsequent DVIP report contributed significantly to a Social Services application to deny direct contact with the perpetrator's children, which also protected the victim from further contact and harassment. The woman was able to engage with the women's support services, and her involvement contributed a lot of support to other women attending.

Case **WF11** resulted in a very similar outcome, with a hostile and violent perpetrator prevented from having direct contact and his (ex) partner. She engaged with the women's support services and contributed significantly to the programme.

In case **WF1**, the perpetrator was violent shortly after completing the assessment. The resultant DVIP report went via Children's Services to the Probation Service, and lent support to a successful pre-sentence report (PSR) request for a custodial sentence. Children's Services were still concerned about the perpetrator's ex-partner, her vulnerability and the impact on her of his violence. Although the perpetrator did not participate in a programme, in this case his ex-partner was able to engage with the service and completed a structured group-work intervention. At the time of this report, she is still in contact with the service.

The perpetrator may be due for release relatively soon. DVIP will be involved in safety planning for her around this event, and will liaise with Children's Services or CAFCASS if the perpetrator attempts to seek contact after his release.

Case **WF7** had a history of repeated strangulation, with over 20 incidents evidenced over the course of the relationship, all of which caused his partner to lose consciousness. Having received formal training in violence, a significant risk indicator in itself, project assessors felt at assessment that he demonstrated no awareness of the impact of his behaviour whatsoever. He has now completed the programme and through partner empathy work, parenting work and a thorough exploration of his behaviour he has gained a degree of insight. Although this case has been one of the most severe that programme staff have encountered during the course of the project, we feel that through his engagement with the VPP he has reduced the dangerousness of his behaviour.

Case **B&D3** also presented as very high risk at assessment, with a history of severe violence including sexual violence, and a poor prognosis in terms of completing such an intensive piece of therapeutic intervention. He had been victimised by his stepfather as a child and found it almost intolerable to hear anger without becoming defensive and aggressive. Despite an initially poor assessment, the perpetrator did complete the programme and, across the dynamic risk factors assessed, we are able to report significant improvements. In this case, alongside the personal history aspects of the programme mentioned above, one exercise of note occurred towards the end of his participation in the programme. During the module on Women's Anger the perpetrator took part in an exercise in which a woman group-worker shouted at him persistently. Trained group-workers were able to analyse and process his physical / emotional responses, and take him through ways to use self-talk and focusing to calm himself down in the face of anger. Incidents of this nature had previously been intolerable for him to experience without becoming defensive and aggressive, and provide insight into the effectiveness of the programme, even in cases where initial prognosis is poor. Most importantly, six months after completion there has been no evidence of further violence either from the victim herself or from statutory agencies.

Case **N11** has completed the modules on physical violence and is still attending the programme. At assessment he presented a distorted, persecutory and blaming picture of his partner. While DVIP assessors were initially unconvinced of his suitability for treatment, he was given a place on the programme and is making much better progress than the assessment indicated. He is now able to report his behaviour with a much less distorted, persecutory and blaming picture of his partner, and he is, at least at this point 'saying the right things'.

#### **5.4.2 Note: on transfer of cases**

At this point a note of concern has to be raised. The full DVIP assessment is a valuable, labour-intensive, and costly resource that weighs and presents the evidence of domestic violence, the risk indicated by the Adapted CAADA tool, the levels of denial, hostility and minimisation present in the perpetrator; the report also makes recommendations around contact, supervision, the levels of exposure to violence of children, and attendance of the perpetrator on the programme. There are however a significant number of cases where the full DVIP assessment and report have been completed and filed with Children's Services and where the perpetrator has still not engaged. It is beyond the scope of this report to address what may have happened to these cases at this vital stage, but the development of closer working relationships across all the bodies responsible for protecting the victims of this crime must be considered a priority, and further evaluation of the transfer process may help to ensure that such a valuable resource is not lost or overlooked in the future. It is the view of DVIP that in order to continue this level of Social Services work, and prevent cases being lost in the process of transfer, the programme must be more fully resourced, with an increased staff presence.

## 6 Conclusions: looking to the future

This report shows that the service has had an extremely successful start, meeting and exceeding its target performance measures.

The primary focus maintained by the project has been and continues to be the increased safety of women who have experienced or are experiencing domestic violence, and their children. The project has **significantly reduced the incidence of repeat victimisation**, so prevalent in cases of intimate partner abuse and in so doing has contributed to a reduction in the many, wide-ranging and long-term costs associated with domestic violence. These include costs to policing, Children's Services, and housing.

However, we have not had the resources to track cases where perpetrators have not engaged with the intervention or to examine in detail or compare decision-making post-assessment from partner agencies. We propose that **further, fully-resourced longitudinal study** of the project's outcomes is needed in this respect.

The service has also helped to **foster greater understanding and awareness of the impact of domestic violence**, and to **develop the responses** of partner agencies such as Children's Services. Take-up of this service by Children's Services has far exceeded initial targets. In a structured evaluation of the project, social workers in the commissioning boroughs reported that East London service had positively influenced their awareness and understanding of the extent and nature of domestic violence / intimate partner abuse, and has helped in developing their response to it.

To continue to develop the service and meet demand, we recognise that developing **closer working relationships** across all the bodies responsible for protecting the victims of domestic violence is a priority. Specialist assessment of perpetrators of domestic violence makes a significant contribution to the wider community response to domestic violence; however it is a challenging process that demands considerable amounts of expert time and resources.

DVIP is proud to have been involved in establishing this important service, and proud to be able to report so positively on its first 18 months. DVIP would like to take this opportunity to thank the London Boroughs of Barking & Dagenham, Newham and Waltham Forest for their support in commissioning this innovative work. We look forward to building together on the momentum we have achieved and continuing to develop the service in this complex and challenging area.

## Barking & Dagenham

Perpetrator	Referral source	Police / chronology evidence	Inventory violence	RA Report	Disclosed violence	Repeat evidenced	Sessions	Case status	Woman engaged
B&D1	CS	3	4	Y	N/K	N/K	0	R	Y
B&D2	CS	2	20+	Y	0	0	6	non-mol	Y
B&D3	CS	3	20+	Y	0	0	32	DR	Y
B&D4	CS	2	10 to 15	Y	0	0	0	R	Y
B&D5	CS	Un-clear	20+	Y	1	1	12	DR	Y
B&D6	CS	1	1	Y	1	1	24	non-mol	Y
B&D7	CS	2	5 to 10	Y	0	0	12		Y
B&D8	CS	1	5 to 10	Y	0	0	completed	DR	Y
B&D9	CS	2	5 to 10	Y	N/K	N/K	0	DR	N
B&D10	CS	13	5 to 10	Y	N/K	N/K	0	DR	Y
B&D11	CS	4	5 to 10	Y	0	0	0	C	Y
B&D12	CS	Un-clear	5 to 10	Y	N/K	N/K	0	non-mol	Y
B&D13	CS	7	3	Y	1	1	12	CP	Y
B&D14	CS	1	1	Y	N/K	N/K	0	CP	N
B&D15	CS	3	5 to 10	Y	0	0	12	DR	Y
B&D16	CS	3	0	Y	0	0	0	DR	N

Total repeats pre-assessment	Total evidenced pre-programme	Total reports	Total evidence during programme	% decrease repeat victimisation = total – N/K / disclosed
<b>53 incidents (28)</b>	<b>111</b>	<b>16</b>	<b>3</b>	<b>89.3% decrease</b>

CS – Children’s services, DR – De-registered, PSO – prohibited steps order, CPR – child protection register, T – case transferred, R – partner placed in refuge, Non Mol – Non molestation order, Sus – perpetrator suspended, NK – Not known, C – Custody

## Newham

Perpetrator	Referral source	Police / chronology evidence	Inventory violence	RA Report	Disclosed violence	Repeat evidenced	Sessions	Case status	Woman engaged
N1	CS	4	4	Y	2	2	17	T	Y
N2	CS	Unclear	10	Y	N/K	N/K	0	C	Y
N3	CS	2	4	Y	0	0	15	DR	Y
N4	CS	Unclear	1	Y	0	0	15	DR	Y
N5	CS	2	2	Y	0	0	8	DR	Y
N6	CS	10+	20+	Y	0	0	10	PSO	Y
N7	CS	7	1	Y	2	2	12	sus	Y
N8	CS	3	20+	Y	N/K	N/K	0	DR	Y
N9	CS	Unclear	20+	Y	N/K	N/K	0	N/K	N
N10	CS	1	2	Y	N/K	N/K	0	N/K	Y
N11	CS	3	10 to 15	Y	0	0	12	CPR	Y
N12	CS	3	10 to 15	Y	1	1	6	non-mol	Y
N13	CS	5	20+	Y	0	0	0	CP	Y
N14	CS	1	20+	Y	1	1	32	DR	Y
N15	CS	20+	20+	Y	0	0	12	CP	Y
N16	CS	4	2	Y	0	0	6	CPR	Y
N17	CS	2	5 to 10	Y	0	0	8	CPR	Y
N18	CS	2	20+	Y	0	0	2	CPR	Y

Total repeats pre-assessment	Total evidenced pre-programme	Total reports	Total evidence during programme	% decrease repeat victimisation = total – N/K / disclosed
<b>78 incidents (66)</b>	<b>169</b>	<b>20</b>	<b>6</b>	<b>87.5% decrease</b>

CS – Children’s services, DR – De-registered, PSO – prohibited steps order, CPR – child protection register, T – case transferred, R – partner placed in refuge, Non Mol – Non molestation order, Sus – perpetrator suspended, NK – Not known, C – Custody

## Waltham Forest

Perpetrator	Referral source	Police / chronology evidence	Inventory violence	RA Report	Disclosed violence	Repeat evidenced	Sessions	Case status	Woman engaged
WF1	CS	4	5	Y	1	1	0	C	Y
WF2	CS	3	3	Y	N/K	N/K	0	DR	Y
WF3	CS	1	5	Y	N/K	N/K	0	DR	Y
WF4	CS	2	5	Y	0	0	completed	DR	Y
WF5	CS	2	15 - 20	Y	N/K	N/K	0	N/K	Y
WF6	CS	3	20+	Y	N/K	N/K	0	N/K	Y
WF7	CS	Unclear	20+	Y	2	2	completed	CPR	Y
WF8	CS	2	2	Y	0	0	completed	DR	Y
WF9	CS	8	10 to 15	Y	0	0	0	CP	N
WF10	CS	2	2	Y	N/K	N/K	0	N/K	N
WF11	CS	Unclear	10 to 15	Y	0	0	0	non-mol	Y
WF12	CS	3	3	Y	0	0	12	CPR	Y
WF13	CS	2	10 to 15	Y	0	0	12	CPR	N

Total repeats pre-assessment	Total evidenced pre-programme	Total reports	Total evidence during programme	% decrease in repeat victimisation = total – N/K / disclosed
<b>32 incidents (28)</b>	<b>107</b>	<b>13</b>	<b>3</b>	<b>89.3% decrease</b>

CS – Children’s services, DR – De-registered, PSO – prohibited steps order, CPR – child protection register, T – case transferred, R – partner placed in refuge, Non Mol – Non molestation order, Sus – perpetrator suspended, NK – Not known, C – Custody