



# Domestic Violence Intervention Project

Information for  
Social Services

2010 /11

DVIP works across London with adults and children affected by domestic violence. Our services are aimed at supporting positive long term change and promoting the construction of healthy relationships. We work in partnership with a wide range of statutory and voluntary agencies.

### Adult services:

- Risk assessments where domestic violence is a contributing factor;
- Services to support mothers following domestic violence;
- Domestic violence intervention programmes for men, incorporating integrated women's support services;
- Services specifically aimed at Arabic speaking communities in London.

### Children's services:

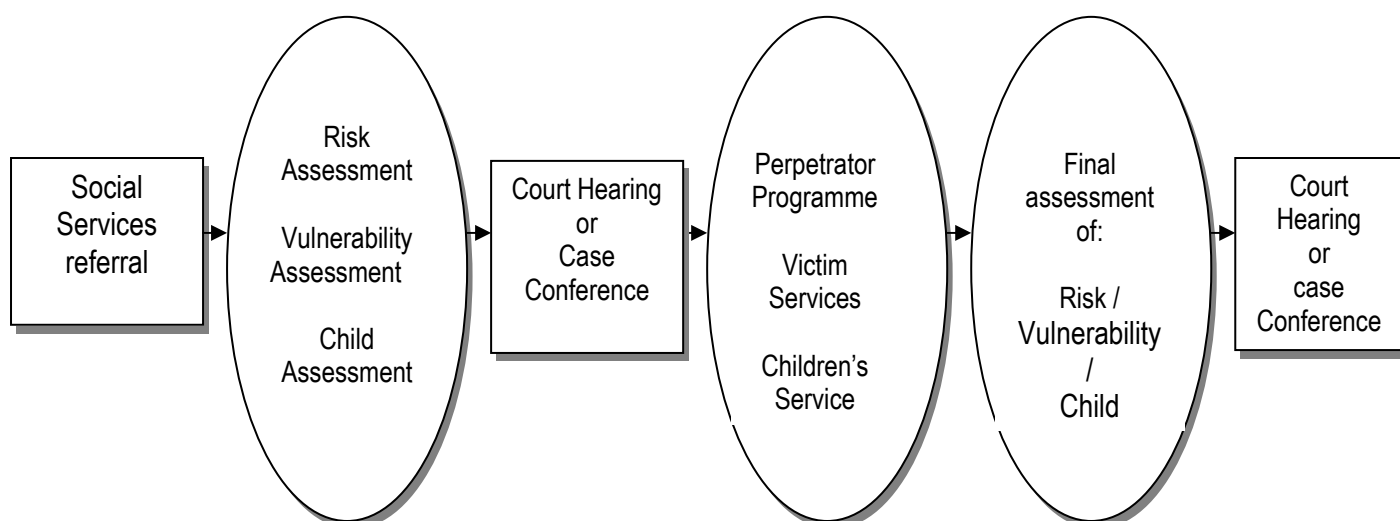
- Individual therapeutic services for children affected by domestic violence;
- Supervised contact services;
- Assessment and interventions with 11-18 year olds who are perpetrating violence or abuse in relationships or against family members, incorporating victim support services.

## Assessment

DVIP works with referrals from social services departments and offers risk assessment for child protection public law cases where domestic violence is a contributing factor:

- Risk Identification Assessments are offered in cases where the child protection thresholds have been reached;
- A fuller Risk Assessment process is offered where Care Proceedings are underway.

All risk assessments involve a series of interviews with the alleged abuser and / or victim and sometimes also an assessment involving the children.



# Risk Identification Reports for Care Planning: Perpetrators

## When to refer

Where the children are already on the Child Protection Register or where registration is under consideration, you can ask for an assessment of the perpetrator's risk to be undertaken by DVIP. Social workers will consider referral for cases where the ending of the domestic violence would result in an increase in safety and possible deregistration of the children.

DVIP currently offer 2 types of Risk Identification (Risk ID) Reports:

- **Standard Risk ID**
- **Summary Risk ID**

## How to determine the most appropriate Risk ID format for your case

### Standard Risk ID:

This assessment will require between 4 and 6 hours interview time with the alleged perpetrator and between 2 and 6 hours with the other parent. We will also consider all relevant documentation as well as input from a range of persons, especially professionals involved closely with the children.

This assessment report addresses:

1. All areas relating to risk including: the history of domestic violence, other violence, alcohol and drug use, the exposure and impact on the children and their wishes, and levels of denial and attitudes towards the abuse. From this, static and dynamic risk indicators will be taken into account in order to outline the main hazards in the case;
2. The impact of the abuse on the victim, and the potential effects of this upon their ability to parent safely and appropriately. Where the victim has chosen not to engage with the assessment, the report will use research-based evidence and knowledge of domestic violence to outline the likely impact of the violence and abuse upon the victim;
3. The nature of the children's attachments will be considered along with the impact of the alleged domestic violence on them;
4. The perpetrator's motivation to change their harmful behaviour and their suitability for participation in a Perpetrator Programme.

Where all or most of the above factors will be useful to you as the referring Social Worker in supporting care planning decisions, you should request this format of report.

### Summary Risk ID:

In some cases, you may not need all of the above information and may primarily require an overview of the risks in relation to domestic violence and the perpetrator's motivation and suitability for the Perpetrator Programme.

The Summary Risk ID assessment will require between 4 – 6 hours interview time with the alleged perpetrator only, and will rely on other information provided by the Social Worker. The other parent (victim) will NOT be invited for interview in these cases.

This assessment report addresses:

1. The nature and extent of the violent and abusive behaviour and how it is likely to have impacted upon the partner and children; a summary of the risk factors, likelihood and severity of future harm with or without treatment intervention;
2. The perpetrator's motivation to take responsibility for the domestic violence and suitability to attend the Perpetrator Programme or 1-2-1 Perpetrator intervention.

We consider the Summary format is an appropriate option only when:

- There is a reasonable level of engagement and openness about the violence by the alleged perpetrator with Social Services;
- You have a comprehensive understanding of the history of domestic violence within the family and its impact upon each family member;
- You have ascertained from the other parent (victim) their experience of the violence so that the perpetrator's account is not given undue weight.

We will discuss with you at referral stage the report format that is likely to be the best to meet your care planning needs, in order to ensure the most efficient and effective use of both your and our resources. ***Please note that once we have sent you the Summary Report, we will NOT be in a position to answer further queries regarding the case. If you require further information, we would ask that you "upgrade" to a Standard Risk ID and the additional information can then be gathered.***

Both formats of Risk Identification Report are only suitable where cases are not in Care Proceedings. The report is not exhaustive since it is not required to be fully Court-compliant. If either parent participates in treatment or support with DVIP, we will provide further reports to you regarding this, including any changes in risk or vulnerability. These can be requested for Case Conferences as they arise.

## Needs Assessment for Care Planning: Victims

### When to refer

Where a mother whose children are At Risk or In Need, is considered to be vulnerable as a result of her experience of domestic violence, but the case is unlikely to reach Court level, she can be referred for an assessment of her needs in relation to parenting and vulnerability. Social workers will consider referral of cases where identification of, and appropriate response to, the woman's needs would result in an increase in safety and possible deregistration of the children.

### Needs Assessment

The assessment will require between 4 and 6 hours interview time with the woman. We will also consider all relevant documentation as well as input from a range of persons, especially professionals involved closely with the children.

The assessment report addresses:

1. The strengths and resilience of the woman, both as an individual and as a mother, in relation to her experiences of domestic violence and its effects;
2. Past and present experiences of abuse in both childhood and adulthood;
3. The support needs of the woman in relation to:
  - Safety Planning
  - Parenting support
  - Mental health
  - Emotional health
  - Disability
  - Social networks of support
  - Substance misuse
  - Education / employment
  - Any other relevant needs
3. Recommendations as to how the support needs might be met. This includes an assessment of suitability of the woman for DVIP's Women's Programme as a means of addressing all or some of the identified needs.

***The Needs Assessment is NOT intended to highlight deficits in a mother's parenting which might then be used within the Family Court. Any case where Court proceedings are likely or already in progress should be referred for a Vulnerability Assessment.***

## **Full Risk Assessment for the Courts in Child Protection cases**

### **When to refer**

Referrals for Full Risk Assessment can be made in Care Proceedings where domestic violence is a contributing factor. Appropriate cases for referral will be those where domestic violence is thought to contribute a significant element to the overall risk to the children, and in particular, where the ending of the domestic violence might result in a significant increase in safety, or where a greater understanding of the risk resulting from the domestic violence might affect the court's decisions.

### **What does Full Risk Assessment involve?**

The assessment will consider the perspectives of both parents and of the children – the latter to be obtained through direct assessment by DVIP's specialist child psychologist or liaison with Social Workers and Guardians (depending on the nature of the instruction). A Full Risk Assessment will require between 4 and 6 hours interview time with the alleged perpetrator and between 2 and 6 hours with the other parent and between 2 and 6 hours with each child. These sessions may be undertaken one to one or in various combinations with other siblings and parents.

A dual risk assessment, where both parties may pose a significant risk, will take longer, as will a Risk/Vulnerability Assessment where both risk and the vulnerability to re-assault is assessed.

We will also consider all relevant documentation as well as input from a range of persons, especially professionals involved closely with the children.

There will be a detailed risk assessment report that is fully Court-compliant. This report will address:

1. All areas relating to risk including: the history of domestic violence, other violence, alcohol and drug use, the exposure and impact on the children and their wishes, and levels of denial and attitudes towards the abuse. From this, static and dynamic risk indicators will be taken into account in order to outline the main hazards in the case.
2. The impact of the abuse on the victim. In a risk/ vulnerability assessment the impact on the victim's parenting will be assessed alongside their vulnerability to future abuse.
3. The nature of the children's attachments will be considered along with the impact of the alleged domestic violence on them.
4. Finally, recommendations will be made as to the best ways to manage the risks in the interests of the child/ren.

If ordered, the author of the DVIP report will attend Court to give evidence.

As a result of this assessment it may be recommended that the parties access a range of services such as DVIP's Violence Prevention Programme, victim support services, child therapy services, supervised contact or other services external to DVIP. The courts may order risk assessment reviews, yielding **Interim and Completion reports** as required.

## Assessing mothers and children in Court Proceedings

A woman can also be referred independently from her partner for assessment, either with or without her child(ren). This might be for a Vulnerability Assessment and/or for Risk Assessment where there are plausible allegations that she is a perpetrator of violence

In a Risk/ Vulnerability Assessment the impact on the victim's parenting will be assessed alongside their vulnerability to future abuse.

Where children are included in the assessment, the nature of the children's attachments will be considered along with the impact of the alleged domestic violence on them.

Following assessment, packages of services will be recommended to fit an individual woman's needs and those of her child(ren).

## How to make a referral to DVIP for Risk Assessment

Effective assessment requires access to a comprehensive amount of information. Referrers are therefore requested to provide all information relating to the case at the earliest opportunity. It is recommended that, wherever possible, instructions are prepared jointly with all parties concerned. When an assessment has been ordered by the Courts, the order should include for the release of all relevant documentation in order to ensure that Court deadlines are met. All documentation should be made available to DVIP at the point of referral.

# Interventions

## Working with mothers: Women's Programme

DVIP has developed a specialist programme of work for women who either:

- face losing residence of their children because of a perceived inability to protect themselves and their children from domestic violence, or:
- have support needs relating to their past or present experience of domestic violence identified within a Needs Assessment.

Women attend for an agreed contract of work – usually 10 individual sessions and 10 group sessions – amounting to two visits per week - over a 10 week period. This is then followed by a review of how best to continue.

The programme is aimed at helping women to plan and act for their own and their children's safety by:

1. developing safety planning skills
2. exploring attachment to abusing partners
3. offering support
4. giving clear messages about abuse – challenging denial and minimisation and developing a clear understanding of responsibility
5. promoting realistic expectations of our work with their ex/partners
6. giving information about their options and the services available to them
7. considering substance use and abuse
8. developing parenting skills
9. exploring women's experiences of being parented themselves
10. exploring earlier life experiences of abuse
11. teaching anger management skills
12. helping women develop and hold boundaries
13. supporting women to work with protective systems
14. offering advocacy and report writing

Where a referral to the Women's Programme follows a Vulnerability Assessment (in Court proceedings), formal written feedback will be offered at the end of the programme if ordered by the Court.

Where referral follows a Needs Assessment (outside of Court), progress can be fed back to the Social Worker via reports for Case Conference, and informal updates in between as agreed between workers.

# Therapeutic work with children

## Therapists and Therapeutic Model

Our therapeutic work and child assessment work is carried out by team of workers trained in therapy and/or counselling and headed up by a Chartered Psychologist. All staff receive regular clinical supervision.

Therapeutic work with children is provided from DVIP's Centre, Stephen's Place – a purpose-built, child-friendly setting. The service is flexible and holistic, considering the needs of a child as a whole within the wider family context. Therapeutic sessions are tailored to the child's age and needs. The basis of this therapy is predominantly child-centred (non-directive), however this will vary with the child's age and according to whether there are specific issues that need to be addressed.

For young children, a play therapy model will be offered, making use of children's natural medium for communication and development. For older children, depending on the individual's needs, a more integrative therapy might be favoured but this is likely still to include techniques from the creative therapies such as art therapy.

## Duration of the work

Initially the first few sessions will focus on whether or not therapy is a suitable option for the child. The service would look to work with the child for a period of six months followed by a review with the option of extending to a year. Sessions vary from 40 - 60 minutes, once a week.

## Parallel work with parents / primary carers

Often children can present with challenging behaviour during certain phases of therapy and parents and primary carers need help in understanding such behaviours so that they are able to support the child. Having a child see a therapist can also be very anxiety provoking for parents who naturally want to know what is being done with their child. We will therefore have regular review sessions to address the progress of therapy in which the child will often participate. These reviews provide an opportunity for the parent to discuss their concerns and to review the work and for the child to speak directly to their parent about their therapy if they wish to do so.

It is difficult to work towards change with a child without supporting wider change in the family system and it can be unhelpful for the child to become viewed as 'the problem'. Additional parallel work with the parent/s will also therefore be an essential element of the therapy and a child will not be seen without a commitment to this. The frequency of parents' sessions will vary depending on what is felt appropriate.

## Confidentiality

The content of the therapy sessions are private and confidential. Therefore information about what takes place within the sessions will not be shared with parents or agencies. The only exception to this will be if child protection issues emerge. During these circumstances, information will be released to appropriate agencies in order to safeguard the child. The therapy is **not** a form of assessment.

## Referrals

We will see children / young persons from ages 3-18.

## Working with men: DVIP's Perpetrator Programme

Attendance on a domestic violence prevention programme is one of the possible risk management measures that can be recommended.

The group work programme involves 32 structured sessions 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 are taught to critically assess their gender-based expectations of themselves and their partners. The DVIP programme is not a traditional anger management or counselling group.

The group work programme is 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 us to create a challenging environment while offering support for personal change.

About a third of the total sessions focus on ending physical and sexual violence. The larger part of the programme focuses on ending other forms of abuse, parenting and developing relationship skills. The groups run on a rolling programme with a new intake of men every six weeks. Group sessions last 2 ½ hours and are held weekly in the evenings.

### Follow-on Group

DVIP runs a fortnightly follow on group for men who have completed the structured group work programme, providing ongoing support for men to maintain the changes they have made and encouraging non-abusive and respectful behaviour. Sessions last for two hours.

### Individual work

In our experience, individual work does not have the same potential for supportive confrontation. It does not provide the same opportunities for men to learn from each other and break the silence that many abusers create. Individual work is only offered to men who are attending the groups but need extra support where interpreters may be needed, where crisis support is sought or where there are particular concerns about partner safety or suicide risk.

## Al-Aman

Al-Aman is DVIP's Arabic-speaking communities' outreach project and provides client services and community outreach work in Hammersmith and Fulham, Kensington and Chelsea and Westminster, although referrals can be taken from any area of London if the client is able to attend the Hammersmith office. All services and materials are available in Arabic. Perpetrators are offered a similar programme of work as our standard Violence Prevention Programme, with some aspects tailored to issues arising with the Arabic-speaking communities.

## Stephen's Place – Supervised child contact

Stephen's Place provides children and young people with a safe and neutral environment where they can meet with a non-resident parent or family member. The centre is bright, warm and child-oriented with themed rooms offering a wide variety of play equipment chosen to support the contact parent/s interacting easily with their child(ren).

Wherever possible we use the same supervisor and room throughout the course of the supervised contact. This has a significant impact on the child's ability to settle. Stephen's Place believe that contact should serve a positive therapeutic purpose for the child. We offer considerable support to contact parents – both before and after sessions – to enable them to develop their relationship with the child.

Our workers all receive regular clinical therapeutic supervision.

### Why supervised contact?

Supervised Child Contact is used when it has been determined that a child has suffered or is at risk of suffering harm during contact. Supervised contact ensures the physical safety and emotional well being of a child. It also assists in building and sustaining positive relationships between the child and members of their non-resident family. Stephen's Place employs supervisors who are skilled and confident enough to intervene immediately and firmly if necessary and can work professionally in a planned way with vulnerable children and distressed adults. Supervised contact at Stephen's Place is undertaken in line with DFES definitions and involves:

- Individual supervision of contact meetings with the supervisor in constant sight and sound of the child, which in turn requires they have the support of a nearby colleague.
- Provision of culturally sensitive services in community languages wherever possible
- Preparation for contact; including each party visiting Stephen's Place and meeting the Contact Supervisor prior to the contact sessions commencing. These pre-contact meetings allow us to assess the case, to clarify our terms and conditions, answer any outstanding questions and plan activities and contact parameters to suit the needs of the specific child/ren and parent/s.
- Referral on to other services as appropriate – such as parenting and domestic violence services - some of which may be recommended as conditions of using our services.
- Provision of separate waiting rooms, as well as staggered arrival and departure arrangements for parents who do not wish to have contact with each other
- A high commitment of resources including continuity of supervision and the professional oversight of staff.
- Access to all relevant court papers and transcripts of any judgments in order to supervise effectively (the party making the referral should ensure that the court gives permission for such disclosure).
- All contact being closely observed and recorded in a manner appropriate to the purpose of protecting children and working in a planned way with parents.
- A venue that provides privacy and confidentiality to each child and family and is structured to provide maximum safety to all concerned and maximum stimulation for children.
- Contact that is usually time limited with specified aims and regular reviews of progress.
- Confidentiality limited only by the terms of our child protection policy, by court orders, or by the prior agreement of all parties.
- Provision of observational reports or more detailed assessments and reports as agreed.

## Training and Consultancy

DVIP offers a range of training courses that can be tailored to the needs of specific groups. All trainers are experienced practitioners in the field. Courses range from half-day to seven days and cover issues such as:

- domestic violence awareness for front line workers in related fields
- engaging with perpetrators - for front line workers in related fields
- working safely and positively with mothers who have experienced abuse
- working with perpetrators within a specialist intervention project
- working with victims within an intervention project
- report writing and assessment
- working with young perpetrators

Sometimes our training is commissioned by a single agency, but sometimes agencies come together to buy in training. DVIP has published a comprehensive manual on domestic violence intervention work that supports our training programme.

Additionally, we offer consultancy to other projects either at the development stage, or further on down the line when they want to rethink their policies, structures or service provision. Consultancy can be for a day or for six months depending on other projects needs and our availability.

A training information pack is available upon request.

## Schedule of fees 10/11

DVIP offer risk assessment services designed to support decision making and care planning by assessing the risk and submitting a report which encompasses risk to women and children from domestic violence and recommends risk management strategies.

DVIP offer 2 main types of assessments designed to support a) cases in public or private law court proceedings or b) to support care planning in cases that haven't entered the court arena.

The schedule below details the separate fee structures for the 2 types of assessments. In addition DVIP will charge for court attendances, additional travel arrangements, interpreting costs and other attendant costs as required for each case.

## Guideline Costs for DVIP services available to Social Services

### Family Court work: Assessments for cases in public or private law proceedings.

Service	What the service involves	Circumstances under which referral for this service might occur
<p><b>Full risk assessments for cases in public or private law proceedings</b></p>	<p>The man will be interviewed for between 4 &amp; 6 hours and his (ex)-partner for between 2 &amp; 6 hours. The assessor will consider all relevant documentation and liaise with the SSD and may make limited investigations if allegations are not evidenced. The report will conclude levels and areas of risk of physical and emotional harm to the woman and indirectly to the children as a result of domestic violence. It will recommend risk management strategies, one of which might be to offer the man a place on the perpetrator programme. As such, it encompasses the programme assessment. The report will thoroughly back up and explain the recommendations made. The whole process takes DVIP around 4 ½ full days of worker time (based on 32 hours). The women's services automatically become available and will proactively contact her and offer support beyond the assessment.</p>	<p>This risk assessment process is designed to assess risk and make a robust and thorough report on this suitable for adversarial and other court proceedings.</p> <p>The risk assessment is designed to be sensitive to changes over time and can become the first step in the ongoing monitoring of risk while a man is on a perpetrator programme or other intervention.</p> <p>The report writer (with expert witness status) will be able to attend court if necessary to support their report.</p>
<p><b>Full risk assessment, including assessment of impact on and needs of children</b></p>	<p>A full risk assessment will require between 4 and 6 hours interview time with the alleged perpetrator and between 2 and 6 hours with the other parent and between 2 and 6 hours with each child. These sessions may be undertaken one to one or in various combinations with other siblings and parents.</p>	<p>Where direct assessment by DVIP's specialist child psychologist is requested alongside assessment of parent/s</p> <p>The report writer/s (with expert witness status) will be able to attend court if necessary to support their report</p>
<p><b>Service</b></p>	<p><b>What the service involves</b></p>	<p><b>Circumstances under which referral for this service might occur</b></p>

<p><b>Risk/ vulnerability assessment of victim alone</b></p>	<p>Breakdown of costs will depend upon the requirements of the case. Please ask for and estimate of costs after discussion of the case with the risk assessor.</p>	<p>In a risk/ vulnerability assessment the impact of abuse on the victim's parenting will be assessed alongside their vulnerability to future abuse. It will look at these in detail and recommend risk management strategies and treatment options.</p>
<p><b>'Joint' risk assessment</b></p>	<p>Breakdown of costs will depend upon the requirements of the case. Please ask for and estimate of costs after discussion of the case with the risk assessor.</p>	<p>In a joint risk assessment the risk posed by the perpetrator will be assessed as in a full risk assessment. There will also be an assessment of the impact of abuse on the victim's parenting, alongside their vulnerability to future abuse. It will look at these in detail and recommend risk management strategies and treatment options. It is also possible to assess cases where the risk of violence is thought to come from both parents.</p>
<p><b>Full final risk assessment</b></p>	<p>Where a man's attendance on the programme was recommended by a full risk assessment, then a full final assessment is produced upon completion. Once more, the report is adequately robust and detailed to stand up to adversarial court proceedings (based on 20 hours).</p>	<p>The full final risk assessment re-visits both parties as well as all the risk indicators considered in the original report and sets out where changes have been made. The overall risks of physical and emotional harm to the woman and children are again measured with recommendations as to whether and how these might now be managed.</p>

**Assessments and recommendations to support risk management and care planning where children are at risk but cases are not in the court arena.**

Service	What the service involves	Circumstances under which referral for this service might occur
<p><b>Standard Risk Identification Report</b> (To support care planning but not cases in the public law arena)</p>	<p>The man will be interviewed for at least two hours and his (ex)-partner for at least one hour. The assessor will consider all relevant documentation and liaise with the social worker. The report will conclude levels and areas of risk of physical and emotional harm to the woman and indirectly to the children as a result of domestic violence. It will recommend risk management strategies, one of which might be to offer the man a place on the perpetrator programme. As such, it also encompasses the programme assessment. The report will briefly explain the recommendations made. The whole process takes DVIP around two and a half days of worker time (18.5 hours).</p> <p>The women's services automatically become available and will proactively contact the woman and offer support beyond the assessment.</p>	<p>The report resulting from a standard risk identification assessment is appropriate for families where the children are about to be, or are already registered. The assessment is intended to be considered in the making of the care plan. However, it only briefly explains the research and theory supporting its recommendations and conclusions, and as such is inadequate for court proceedings – especially adversarial proceedings.</p> <p>The risk assessment is designed to be sensitive to changes over time and can become the first step in monitoring changes in risk following the implementation of the care plan and/or while the man is attending the DVIP programme.</p>
<p><b>Summary Risk Identification Report</b></p>	<p>At least 2 hours interview time with the perpetrator, identifying current and likely future risks of harm to partner and children due to domestic violence. Motivation to change and suitability for the perpetrator programme are also assessed. The assessment and writing of the report represents around 10 hours work.</p> <p>The women's services automatically become available and will proactively contact the woman and offer support beyond the perpetrator's assessment.</p>	<p>The summary report from this assessment is intended primarily to provide a referral route into the perpetrator programme, where the Social Worker already has a comprehensive knowledge of the violence history, its impact on the victim and children, and has a reasonable level of engagement with the perpetrator.</p>

## Direct work with children

Service	What the service involves	Circumstances under which referral for this service might occur
<p><b>Needs Assessment (women only)</b></p>	<p>The woman will be interviewed for at least 2 hours and her support needs identified in relation to experience of domestic violence. History of abuse is explored and her strengths as a mother identified. Recommendations are made as to the most effective methods of assisting the woman in meeting her support needs.</p> <p>This includes an assessment of the woman's suitability for DVIP's Women's Programme.</p>	<p>The report from a Needs Assessment is useful when the fulfillment of a woman's support needs is likely to reduce the risks to children and is therefore likely to remain outside of Care Proceedings.</p> <p>It is not intended to highlight deficits in parenting, or to pathologise a mother's experience of abuse.</p>
<p><b>Supervised contact</b></p>	<p>Supervised contact session – normally 2 hours per session with one supervisor and one cover worker – costs include up to ½ hour preparation and debrief time with contact parent / resident carer or child(ren) as required.</p>	<p>Supervised contact provides a safe medium for contact to take place in situations where the risk of abuse (physical, emotional or sexual) may otherwise be too great. We specialise in cases where work on developing the parent-child relationship is considered integral to the contact.</p>
<p><b>Assessed supervised contact</b></p>	<p>Planning:            Meetings with each parent:            History of case, discussion of issues/difficulties to date, information clarified &amp; recorded            Dates/times agreed            Contracts agreed &amp; signed            Plan of intervention devised</p> <p>Introduction:            Parent &amp; child attend centre for introduction to staff, centre &amp; processes involved</p> <p>Assessed contact sessions:            x 6 @ 2hrs each            Preparation &amp; recording            Professional observation &amp; intervention            Parenting debrief meeting x 2 @ 1hr each            Midway Review            Final family courts compliant assessment report.</p>	

<p><b>Assessment for therapeutic work with children</b></p>	<p>DVIP will first meet with the children and one or both parents together. This will be followed but at least one, and up to 3 meetings with each child individually.</p> <p>The purpose of this is purely as a suitability assessment for further work with the child.</p> <p>Therapeutic work with children is aimed at providing the space for them to think about and make sense of what they are going through. It is not intended to be a part of a family courts or child protection assessment. Therapeutic work needs to be confidential and the confidentiality of the child would be broken only if it were absolutely necessary to do so in the interests of child protection. We do not, therefore, provide reports to the courts or social services on this work except insofar as to make recommendations, which may include the child or children being offered therapeutic support at DVIP.</p>	<p>Where parents are already being assessed or attending programmes at DVIP, and where parents and children are agreeable to the referral, an assessment will be carried out to consider whether we can offer a suitable service.</p>
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### Other services for adults

Service	What the service involves	Circumstances under which referral for this service might occur
<p><b>Perpetrator Programme</b></p>	<p>DVIP's perpetrator programme takes a total of 32 sessions to complete. It is delivered mainly in small groups, meeting weekly for three hours. Most sessions begin at 7pm in the evening.</p> <p>The programme primarily follows a cognitive-behavioural model of structured group work, but incorporates drama and psychotherapeutic techniques. The programme aims to change perpetrators' attitudes, beliefs and motivation; as well as affecting them on a level of emotion and empathy. It is designed to help participants examine and explore difference between their own and their partner's social and cultural expectations of relationships and parenting.</p> <p>It also provides a forum for participants to learn and practice alternative, caring and respectful ways of relating to their (ex)-partners and children.</p>	<p>When the DVIP assessment, standard risk assessment or full risk assessment have recommended that the man is suitable for the programme and the man is willing to sign up to DVIP contract of participation.</p>

<p><b>One-to-one sessions</b></p>	<p>Whilst the group programme is the intervention of choice for the majority of perpetrators, additional one-to-one sessions can be offered as part of an extended assessment period or to deliver specific treatment objectives. They can also be offered to help men who, for some reason, are struggling with the group work, or to see them through a temporary crisis. Or when extra support is needed around understanding some aspects of the material.</p>	<p>Some clients will be seen on an individual basis where English is not at a standard where they could benefit from the group programme</p>
<p><b>Female perpetrators</b></p>	<p>Work with female perpetrators of domestic violence will be arranged on an individual basis and will be agreed subject to a suitability assessment and staffing capacity.</p>	
<p><b>Male victims</b></p>	<p>Work with male victims of domestic violence will be arranged on an individual basis and will be agreed subject to a suitability assessment and staffing capacity.</p>	
<p><b>Perpetrators and victims of same-sex domestic violence</b></p>	<p>Work with men or women in same-sex relationships will be arranged on an individual basis and will be agreed subject to a suitability assessment and staffing capacity.</p>	
<p><b>Women's programme</b></p>	<p>Women attend the programme for an agreed contract of work – usually 10 individual sessions and 10 group sessions – amounting to two visits per week - over a 10 week period. This is then followed by a review of how best to continue.</p> <p>All these services are aimed at helping women to plan and act for their own and their children's safety by enabling them to explore and make sense of their experiences of domestic violence and increasing their control over their own lives</p>	<p>When the DVIP assessment has recommended that the woman is suitable for the programme and that she is willing to sign up to DVIP's contract of participation.</p>

# Domestic Violence Intervention Project

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## **Violence Prevention Programme**

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Email: [info@dvip.org](mailto:info@dvip.org)

## **Women's Service**

Tel: 020 7928 4813  
Email: [wss@dvip.org](mailto:wss@dvip.org)

## **Al-Aman**

For men from Arabic speaking communities  
Tel: 020 8748 2577  
Email: [Meriam@dvip.org](mailto:Meriam@dvip.org)

## **Al-Aman**

For women from Arabic speaking communities  
Tel: 020 8563 2250  
Email: [Mohamed@dvip.org](mailto:Mohamed@dvip.org)

## **Family Courts Service Team**

For family courts risk assessments and the safe contact project  
Tel: 020 7593 0027  
Email: [RiskAssessment@dvip.org](mailto:RiskAssessment@dvip.org)

## **Stephen's Place Children's Centre**

For supervised contact and therapeutic work with children  
Tel: 020 8741 8020  
[ChildSupportServices@dvip.org](mailto:ChildSupportServices@dvip.org)

## **YUVA – Young Perpetrators Project**

For assessment and interventions with adolescents perpetrating violence against partners or family members  
Tel: 020 7928 2322  
Email: [Shem@dvip.org](mailto:Shem@dvip.org)

## **Training/Policy/ Campaigns/ Funding and Development**

Tel: 020 7928 4620  
Email: [Gjori@dvip.org](mailto:Gjori@dvip.org)

## **Enquiries regarding Service Delivery**

Tel: 020 7928 4620  
Email: [Liz@dvip.org](mailto:Liz@dvip.org)