

Domestic Violence perpetrator interventions Commissioning guidance summary for local commissioners Respect, November 2013, updated January 2015

1. What's the problem?

- The Crime Survey of England and Wales (CSEW) estimates that around 1.5 million women and men experienced one or more incidents of domestic violence from a partner in the last year (CSEW, 2012).
- The cost of domestic violence perpetration was calculated to be £3,856 million nationally in 2008 in total for housing, criminal justice, health and social care costs¹. For criminal justice costs alone it was estimated to be at least £1,261 million².
- Domestic violence is one of the most common reasons for local authority investigation into child welfare and safety. Taking a child into local authority care costs up to £150,000 per year.
- This is likely to mean around 400,000 potential perpetrators of chronic partner abuse, most of whom will not be criminally sanctioned.
- This would require each county in England and Wales to have on average the capacity to work with over 6000 perpetrators each year to meet this demand.
- If just one quarter of this number comes to the attention of a relevant agency or contacts the Respect national Phonenumber or local DVPP directly for help, this would mean needing provision for 1,500 perpetrators per year per county on average.
- Respect staff recently calculated that there is demand for over 40,000 DVPP places for non convicted domestic violence abusers in England alone, from referrals from children's services, police, Relate, and the Respect Phonenumber (presented to Home Office roundtable November 2012).
- The same research found existing capacity was around 3,500 places per year in England alone, a shortfall of 36,500 to meet current demand from referring agencies.
- **The problem is** therefore that domestic violence perpetration costs significant amounts of money to the public purse in general and to the criminal justice system in particular and that current provision of domestic violence perpetrator interventions **meet just under 10% of current demand from** relevant referral sources. The **true need is much higher**.

¹ Walby, 2009

² To calculate the cost per area of PCC responsibility there is the ready reckoner developed by Professor Walby and available on the archived website for the Home Office. All that is needed is the population data.

Perpetrator programmes can, at their best, provide much more than a group work programme. Co-location with social workers, risk and safety management, improved parenting, institutional change are all possible contributions which the best DVPPs can and often do already provide.

2. What's the solution?

As the UK research project 'Mirabal' reported in January 2015, men who complete a Respect accredited perpetrator programme stop using violence and significantly reduce other abuse, whilst their partners/ex-partners feel and are safer (Kelly and Westmarland, 2015).

Previous research in the US found that an adult perpetrator who participates in an effective, well run domestic violence intervention programme is violence free four years after the programme in over 80% of cases³.

The Mirabal research showed that domestic violence perpetrator programmes (DVPPs) are one element of a coordinated community response (CCR) to domestic violence and abuse (DV). They help to focus attention on the perpetrator and offer potential for reducing harm and risk.

The full range of contributions of DVPPs to a coordinated community response (CCR) to domestic violence is much greater than a group/individual intervention with perpetrators. A Respect accredited (see below) programme has safety of victims and children as its aim and focus and can contribute to this aim in a range of unique ways:

1. Carry out assessments of risk and programme suitability
2. Make proactive contact with partners, ex-partners, new partners and others who may be at current or recent risk from the individuals referred;
3. Offer support, information and advocacy as needed to those partners
4. Carry out individual or group work or a combination of the two with perpetrators able and willing to engage with the DVPP;
5. Carry out joint risk and case management between programme workers and partner support workers;
6. Contribute to inter agency risk management and safety planning to protect victims and/or children;

³ Gondolf, 2002

7. Co-locate with children's social workers to assist with risk assessment, case management, engagement with parents, assess parenting capacity etc.
8. Provide specialist reports of current and potential risk from individual clients referred to the programme by family courts, children's services and safeguarding, MARAC or others
9. Provide assessments of likely risk of harm to children on contact visits, to inform court decisions;
10. Improve skills, confidence and knowledge of other frontline agencies in responding to perpetrators.

The victims contacted are often those who are unwilling, unable or unlikely to be in contact with other support services for victims. DVPPs therefore help to extend the reach of the local coordinated community response to victims as well as perpetrators.

3. Where are the gaps in current provision?

As identified above there are gaps in existing provision. The current national provision for non-criminally convicted perpetrators is about 10% of existing demand from referring agencies, with a shortfall of 36,500.

- In the following areas the gaps are both acute and chronic: all of Northern Ireland, most of Mid/West Wales, all of East Anglia, parts of the Midlands, most of the South West, large parts of the South East and the rural parts of the North East.
- If there was expansion of provision and of referral processes, to include, for instance, regular referrals from GPs, to whom adults using domestic violence often go for help, the identifiable need would increase further.
- Both probation and non-probation sectors typically work with men in a combination of group and individual work and with women individually.
- Group work programme for female domestic violence perpetrators are still in the early stages of development in the UK, supported by Respect.
- Provision also frequently does not extend to meeting the specific needs of female perpetrators and/or perpetrators in same sex relationships, those whose first language is not English or those who have a disability.
- Respect is working with the University of Manchester, a local programme and a contact group of practitioners to develop evidence based good practice standards and test out an appropriate programme for work with female perpetrators.

4. What about quality assurance?

The [Respect accreditation standard](#) is a well-established and recognised national system of accreditation of DVPPs. The Mirabal research documented the development of Respect's role in creating evidence-informed best practice standards. All the men in the research study were participating in a programme which had been assessed under the Respect standard and fulfilled the requirements. It is the only proactively tested accreditation standard for actual practice with adults using or experiencing domestic violence and has now been shown to support excellent outcomes in programmes. Commissioners requiring adherence to the Respect standard can therefore be confident that they are commissioning against the best available system of quality assurance for this challenging and potentially risky work.

The accreditation standard covers work with men using intimate partner violence, including group work, individual work or a combination of the two. There is no prescribed model of work and the system can be applied to court mandated and non-court mandated work. Respect is currently updating the standard to cover work with female perpetrators.

The accreditation process takes place in two stages. These are 1) Safe Minimum Practice (SMP) which is to ensure the work and structures are meeting essential standards for risk management and safety, and 2) full accreditation, which is to ensure the best possible chance of permanent change.

5. What does a DVPP cost?

One full time perpetrator worker and one full time partner support worker can deal with at least 100 relevant referrals to a DVPP per year. With additional staffing from sessional staff to run programme sessions, and within a wider management and administrative structure to offer supervision and support, the service can be delivered according to the Respect accreditation standard. Including the costs of management, operations, governance, administration, direct work with clients and with other agencies, the cost for this size of DVPP is approximately £150,000 per year.

A DVPP of this size could run at least two groups per week, each with 12 or so individual men and carry out the necessary partner support work. They should also be able to work on an individual basis with women using violence and others who for reasons of sexuality, disability or language could not be included in the group work. This would mean that at least 50 men using violence could get through the group work programme each year.

Additional funding could increase the number of group sessions per week and therefore increase the number of clients per year.

DVPPs have review points during the programme when an individual's progress is reviewed, risk assessments updated and decisions can be made about whether or not the individual needs further intervention or is ready to stop. This also makes best use of resources.

6. Outcomes

As result of the overall intervention, outcomes of well-run DVPPs operating within a coordinated community response are:

1. Usually a cessation of violent and offending behaviour
2. Reduction in other forms of abuse
3. Increased awareness of the impact on children
4. Reductions in risk of future violence and offending behaviour
5. Increases in safety for victims
6. Focus within community responses on the perpetrators causing the harm
7. Increased motivation of perpetrators to change their behaviour and stay changed
8. Increased skills and confidence by other frontline agencies to engage with and respond to domestic violence perpetrators

The Mirabal research found evidence of all of the above outcomes. There are well recognised instruments available to evaluate these externally. Respect has an outcome evaluation tool and system for internal evaluation, developed in consultation with the university of Bristol and with programmes and women's services across the EU.

7. Financial return on investment

Investing in crime prevention saves public money. Research on the Hull DVPP⁴ showed a significant return on investment. For every individual man who received the intervention the estimated saving to the public purse was:

- £63,937 per man;
- £35,058 per partner/ex-partner (in practice here, per woman)
- £1,172 per child.

⁴ Perfect Moment, 2010

This was calculated using the Home office ready reckoner for costs of domestic violence and impact evaluation of the reductions in police call outs and other police interventions for men who attended this programme.

Overall, this means that for every £1 invested in a DVPP, the return is:

- £2.24 in reduced criminality (excluding set-up costs)
- £2.57 in net savings to the Health Service
- £10 in savings to all public agencies
- £14 in total savings when Human & Emotional costs are included (including all set-up costs⁵).
- Given the average cost of taking one child into care is £130,000 per year, if a DVPP averts just one care proceedings, it will have recovered its entire annual staffing costs.

8. Potential for joint commissioning

The most cost effective model for commissioning is local commissioning from a consortium of relevant funders to commission an organisation to deliver group-work interventions with allied integrated support services for victims, assessment, risk management and participation in local coordinated responses.

These funders could include health, local authority children's services, criminal justice and family courts, or one or more commissioning agencies and others purchasing places.

The National Institute for Clinical Excellence (NICE) published guidelines for health commissioners to respond to domestic violence, including recommendations for [responses to perpetrators](#) early in 2014. [NB: Sunderland PCT was the first health trust to commission a DVPP and others have followed.]. The recommendation read as follows:

Recommendation 14 Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse

Health and wellbeing boards and commissioners who commission perpetrator interventions should:

- Commission robust evaluations of the interventions to inform future commissioning.
- Identify, and link with, existing initiatives that work with people who perpetrate domestic violence and abuse.

⁵ Ibid.

- Commission tailored interventions for people who perpetrate domestic violence and abuse, in accordance with national standards and based on the local needs assessment (see recommendation [1](#)).
- Ensure interventions primarily aim to increase the safety of the perpetrator's partner and children (if they have any). Ensure this is monitored and reported. In addition, staff should report on the perpetrators' attitudinal change, their understanding of violence and accountability, and their ability and willingness to seek help.
- Link perpetrator services with services providing specialist support for those experiencing domestic violence and abuse (including children and young people). For example, link ongoing risk assessments of the perpetrator with safety planning and support provided by specialist services. [NICE Guidelines PH50 Domestic violence and abuse, Feder et al, 2014]

These recommendations reflect the requirements of the Respect accreditation standard. The positive findings of the Mirabal research (Kelly and Westmarland, 2015) that men completing Respect accredited programmes almost always stop using all forms of violence and reduce most forms of abuse, provide further support for using this standard as an evidence based instrument of quality control.

Local authorities also commission or are considering commissioning DVPPs, for example, Brighton.

Family court services currently fund individual places on accredited DVPPs when referred by Cafcass because of domestic violence identified during disputed child contact applications

The potential for joint commissioning is strong.

Respect staff help local commissioners to commission programmes and organisations to set up, maintain and develop high quality interventions, with technical support, training, inspection for accreditation and networking/conferences to share expertise.

Thangam Debonnaire for Respect, January 2015

APPENDIX

[Respect briefing paper on the evidence base for perpetrator programmes, Debbonaire, 2015.](#)

[Briefing on how Respect accredited programmes respond to factors leading to perpetration, Debbonaire, January 2015](#)

Structure of the DVPP sector

There are two parts to the provision: DVPPs for criminally convicted offenders mandated to attend programmes, run by the probation service, using specific manuals accredited by the Correctional Services Accreditation Panel (CSAP); DVPPs for individuals referred/mandated by Cafcass, child protection or other agencies or self-referred. The latter programmes use a range of models, operating from voluntary sector, local authority or health organisations.

Policy framework

The following policies for police and crime are relevant for establishing DVPPs:

<https://www.gov.uk/government/policies/reducing-and-preventing-crime--2>

<https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>

<https://www.gov.uk/government/policies/reducing-reoffending-and-improving-rehabilitation>

<https://www.gov.uk/government/policies/helping-the-police-fight-crime-more-effectively>

<https://www.gov.uk/government/policies/making-the-criminal-justice-system-more-efficient>

Referral pathways

The commissioning of a DVPP by PCC should be seen as a measure to prevent crime and protect the public, two core duties of the police and of the PCC.

A DVPP commissioned by a Police and Crime commissioner could take referrals from a range of sources, including child protection, family courts, criminal and civil courts, police, mental health and substance misuse services, counselling services, Relate, victims' services and self-referrals.

Implications for existing policing and inter agency work

There is the potential for police to be able to refer individuals for whom there is insufficient evidence to arrest or charge – however, this should not be used as an alternative to criminal charges. To do so would be to undermine the strength of the potential criminal justice response.



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