

research in practice

Responding to perpetrators of domestic violence & abuse in children's social care settings

Research in Practice & Drive partnership project overview

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Launch event and knowledge exchange

Presentation outline

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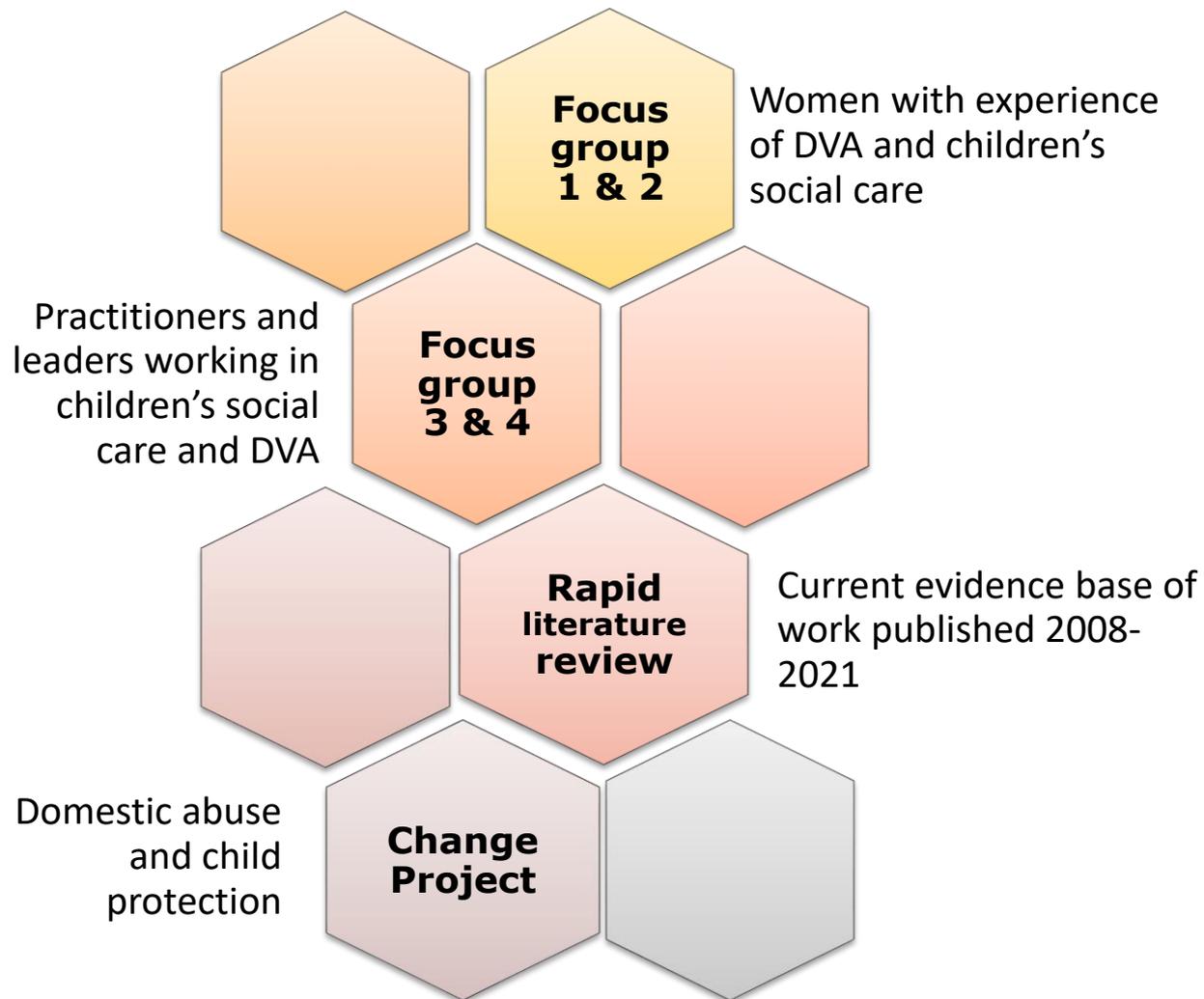
About the project

- > Focused on work with **people who perpetrate domestic violence and/or abuse (DVA) in families involved with children's social care.**
- > **Project aimed to foreground insights from practice, research and lived experience** that may be applied in children's social care work with people who perpetrate DVA. Also aimed to **support policy and practice change within children's social care** where this enables **improved outcomes for adults and children experiencing DVA.**
- > Resources produced include; **Rapid Literature Review, Strategic Briefing and podcast featuring sector leaders.** They suggest **key principles and messages** re. children's social care work with perpetrators of DVA, but do not endorse a particular model of perpetrator intervention.
- > There are some messages **challenging messages** regarding how professional interventions can make **victim-survivors feel.** This underscores the need for **wider systems and culture change** in this highly complex area of practice.

Current landscape and scale of the issue

- › **Domestic Abuse Act (2021)**; extends legal measures to hold perpetrators to account and has introduced statutory duty for new perpetrator strategy.
- › Women (cis and trans), non-binary people and men (cis and trans) can all be victim-survivors of DVA. Statistics indicate DVA is **experienced in the majority of cases by women (cis and trans)**, and **perpetrated in most cases, by men**.
- › Office for National Statistics (ONS) indicate that **1.6 million women (aged 16 to 74), and 757 000 men (aged 16 to 74) reported experiencing some form of DVA** during the year ending March 2020 in England and Wales (ONS, 2020).
- › The Children's Commissioner in England reported that **830, 000 children experienced DVA in their own homes** (Children's Commissioner, 2020).
- › Notable differences in root causes of violence against women in contrast to that of men – nature of violence and abuse (**amount, severity, impact**) (Hester, 2013; Myhill, 2015, 2017; Walby & Towers, 2017), and support needs of women and men which are important to note in the **context of service provision** (Respect, 2019).

Sources used during this project



Rapid Literature Review

1. Key messages: background

- Research on work with people who perpetrate DVA first emerged **at least three decades ago** (see e.g., Dobash & Dobash, 2000; Gondolf, 1987b, 1987a, 1997; Pence et al., 1993).
- The evidence base **continues to grow** with an **increase in interest and funding** for services, research and evaluation in recent years.
- Several programmes and approaches **indicate positive outcomes for adult and child victim-survivors**, as well as behaviour change among different cohorts of perpetrators of abuse, including **serial and high-harm perpetrators** of DVA
- Most common intervention (UK) is the **domestic violence perpetrator program (DVPP)**. **Westmarland et al (2010) evaluation (Project Mirabal)** of DVPPs evidenced outcomes and set out 6 measures of success which extend beyond the cessation of physical violence.

2. Key messages: approaches and programmes

- › Value in retaining **a range of approaches and programmes** to respond to perpetrators of DVA, to improve outcomes for adult and child victim-survivors.
- › Safe and effective perpetrator interventions should be provided within the context of a **coordinated community response**, which includes support for victim-survivors, as set out in the Respect Standard (3rd edition 2017).
- › **Healthcare and substance use treatment settings** represent key locations for DVA screening and earlier intervention.
- › **Evidence suggests interventions require** (Cordis Bright, 2019; Respect et al., 2021)
 - A multi-agency, multi-sector response across a range of different settings
 - A combination of different types of engagement including 121 and group work
 - Broad and varied referral pathways
 - Information sharing across the services involved in supporting families
 - Robust risk assessment and management and good governance

3. Key messages: intersectional identities

- › Peoples' experiences of DVA, in terms of both victimhood and perpetration, are shaped by their **intersectional identities**.
- › An intersectional analysis can provide more **nuanced prevention approaches and programmes**, which attend to the diversity of perpetrator identities, family complexities, and respond to 'gaps' in current provision.
- › Potential value in developing interventions which take account of **intersectional inequalities** in the lives of minoritised people who perpetrate DVA – research with families who have experienced **(recurrent) care proceedings** offer useful learning in this context.
- › When delivering perpetrator interventions, it is important to be alert to the intersections of **institutionalised racism** and or **trans/bi/homophobia**.
- › Dominant understandings and responses to DVA can in some cases obscure the experiences of **non-binary, lesbian, gay and bisexual and trans people** who both experience and perpetrate DVA.

5. Key messages: children's social care responses

- › Mothers are **disproportionately held to account for DVA in families**, with far too little focus placed on addressing the perpetrator of DVA, in child protection social work.
- › Work with men who perpetrate DVA in families in children's social care settings can **improve safety outcomes for mother and child victim-survivors**, and better hold perpetrators of DVA to account for their abuse.
- › Fathers are often **absent** in children's social care proceedings and are not routinely contacted or engaged during proceedings.
- › **Social workers encounter a range of barriers and challenges** when working with people who perpetrate DVA in families. It can be an **uncertain** or **frightening** area of practice and the workforce are often ill-equipped to respond appropriately.

6. Key messages: whole family approaches

- > Whole family interventions have emerged over the last decade or so and **engage all family members**, including those that harm.
- > Whole family approaches seek to **redress the imbalance regarding the management of risk in families**, which is typically placed on the non-abusing parent, as well as to hold perpetrators of abuse to account.
- > The success of whole family intervention is likely to rely upon an approach that is **multi-layered** in so far as it works with families, couples and individuals, is **multi-disciplinary, multi-agency** and one that operates across a **range of settings** including within **homes, schools and healthcare settings**.
- > Some whole family approaches incorporate a **typology-based** understanding of DVA, which may enable a more nuanced perpetrator intervention.

Voices of lived experience: data from focus groups

Please note: The insights discussed here reflect the views of the participants involved in the focus groups, and should not be assumed to be a representative or generalisable sample.

“It is always on the mother, it is never on the father who is the perpetrator, it is always on the mother to do better when she is the one at breaking point really, you are pushing this person to do better who can’t, who is **doing her absolute best, she has got all the things, she is trying her very best and it’s just never, for me, **[it] is never, for the father to do better.**”**

Lived experience group

“But there is just not the involvement with the people causing the harm that I would really like there to be. It is like there is a phone call [to the perpetrator of abuse] and if they don’t engage, ‘okay, never mind’, end of. They are not expected to then engage.”

Professionals group

1. Key themes in the data

- **Absence of the father & increased scrutiny and responsabilisation of the mother:** Disproportionate focus on the mother victim-survivor, rather than the perpetrator of abuse who is not routinely engaged in child protection proceedings.
- **Not listening to women and children:** victim-survivors' voices are obscured in the formulation of response to DVA, and perpetrator tactics not understood or recognised. This is coupled with failure to recognise safety strategies continually implement.
- **A child protection system that is punitive and unsupportive:** the system that is meant to protect is regarded as unsafe and not protective of those most in need.
- **Mothers as risk:** rather than viewing the dynamics and impacts of abuse on mothers, mothers are construed as safeguarding risk themselves.

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“I think it is imperative to mention the fear factor. Striking fear into people who have been controlled for ages, so many people will tell you, **“I went from being abused by that person to then being abused by the local authority and controlled by the local authority and I think that is really difficult for women because they [CSC] need to understand when you come in, you need to come in to a nurturing place.”**”

Lived experience group

“I didn’t want to seek help because I was scared [children’s social care] **would take my children away** from me, so it comes down to an element of trust. So if you can’t speak to social services, because all they want to do is take away your children from you, you need to do [that]. You are not going to speak to them and get the support that you need”.

Lived experience group

2. Key themes in the data

- › **Replication of harmful/abusive behaviours:** mothers experience CSC intervention as mirroring that of the perpetrator.
- › **Threat of child removal:** The threat of child removal routinely used against mothers by CSC professionals.
- › **‘One size fits all’:** the inadequacy of a uniform response that requires the mother to leave and a failure to address the cause of the problem.
- › **Need for better learning and development:** all groups discussed the need for more nuanced, comprehensive learning to be made available for children’s social care practitioners.
- › **Lack of whole family engagement:** need to work with whole families, including the person causing harm within the context of child protection work.

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“The main thing that has to be done to change is really training in domestic abuse for social services. [...] I can't help thinking if social workers were [...] **better informed**, before all of these things started, all of our cases might have ended up differently [...]

There needs to be full, thorough training. [...] [I]t has to be something more than a 5 minute safeguarding training because their **lack of understanding is what tears people like us apart**”.

Lived experience group

“It is that one fits all – ‘**you should leave**’. Well practically could she leave? I have not got this big pot on **money** in my back pocket. Practically I may be unable [to leave]. But you can move me, you can change my locks and you can do all of this, but **you are not dealing with the root cause** – that perpetrator is either going to draw me back in, or abuse again and it is that spotlight that social care are missing.”

Lived experience
group

“Yes okay children's services are children's based, and they are children focused but what you need to do is you need to **support the whole family unit**. [...] [T]he victim can almost be targeted negatively, and what you need when you are in that position, you may be physically injured, you are probably traumatised for various reasons, you are psychologically in a bit of a mess, [...] [is] you need to **support everybody not just the child**, for the child to thrive...[...] You need to nurture everybody that is involved with the child, not just the child and I think that is a big part of it.”

Lived experience group

3. Key themes in the data

- > **Lack of understanding of complexities of DVA, particularly CCB:** dominant framing as physical harm, combined with an over emphasis on proof which exacerbates lack of understanding of coercive controlling behaviours (CCB).
- > **Cultural awareness and responsivity:** the ways in which DVA is understood in different communities is not readily acknowledged, particularly regarding the strategies some mothers use to keep their children safe, and in relation to the ways in which DVA is understood.
- > **Needs-led approach with perpetrators of DVA:** mobilise an approach which is responsive to the needs of people causing harm, in order to make victim-survivors safer and change perpetrator behaviour.

“[T]here are **cultural differences** you know, in our community we wouldn’t necessarily want to go to the police, we wouldn’t necessarily [...] know how to find a support worker [...]. We need to work on more visibility, and for **spaces** for people like myself in the Black community that we can go to, because I didn’t know [...].

So I think that it is really important when they are thinking about [...] developing whatever you guys are working on, [...] that cultural overview – really **look at the words that are being used**. Like the word ‘perpetrator’ that means nothing to people in my community, you know? What is a ‘perpetrator’?”

Lived experience group

“I think if we can try to get there in the **early stages** more often and looking at [perpetrators] in a similar way [...] as we would a victim, **giving them support** as well. This has come from a place healing of doing a lot of work on myself and sometimes we do need to treat perpetrators a little bit like a victim [...]

[A]lso in situations like this it is really important for perpetrators to know how much **painful impact** they are having on those they are harming”.

Lived experience group

“[T]he only way to appropriately challenge [the perpetrator of DVA] is to **offer [...] perpetrators the same services that victims** could be offered with an IDVA [...]. Because if someone isn't **monitoring that perpetrator**, the victim is the only one in the centre with any understanding of the **risk** and is monitoring that daily and without that challenge from multiple services and social care actually talking to other services...”.

Professionals group 21

Strategic Briefing

1. Key messages: Shifting responsibility

- Evidence from research, practice and lived experience underscore the need to reform current children's social care practices so that the **responsibility and onus for protecting children and reducing risk** is placed on perpetrators of DVA.
- Children's social care is too often **not experienced as a protective or supportive** system by some mothers, but instead as one that is **threatening and punitive**.
- Work with people who perpetrate DVA in families has key implications for child protection policy, particularly so that greater efforts are made **to hold perpetrators of DVA to account for their behaviour**, but also for **practitioner safety, learning and development**.

2. Key messages: Children's social care practice

- > Social workers are **uniquely placed to hold perpetrators of DVA to account**, but this complex work requires appropriate **learning and development opportunities** which are nuanced, specialised and victim-survivor focused.
- > Practitioners require **ongoing support, safe spaces and professional relationships** within which to process the emotional impact of this work.
- > The tasks of **refocusing practice attention onto perpetrators of DVA**, and of **partnering with victim-survivors** by social care practitioners, entails substantial **organisational and culture change** which requires **senior management support, advocacy and organisational infrastructure**.
- > Work with perpetrators of DVA relies on **multi-sectoral engagement and collaboration**, particularly when working with whole families, including across adults' and children's social care. This entails robust cross-agency working.

3. Key messages: the evidence base

- › Lack of **consensus** regarding perpetrator intervention **efficacy** (Akoensi et al., 2013; Hamilton et al., 2013; Kuskoff et al., 2021).
- › Mainly due to **variations in methodological and analytical approach**, interpretation of data, and a lack of agreement around **what constitutes 'success'** when working with people who harm (Westmarland et al., 2010).
- Need to measure outcomes and to evaluate services using methods that capture the **views and lived experiences of adult and child victim-survivors**, particularly of **children and (ex)partners** of people on perpetrator programs, especially those from **marginalised and/or minoritised communities**.
- › Important to **enhance understanding of existing evidence base** among children's social care professionals.
- › **Collective and shared responsibility** across multiple agencies, policy and commissioning arenas to work towards expanding the evidence base in a way that **centres victim-survivors** and which is **practice led and informed**.

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Questions?

