

**Case study**

**August 2018**

# **Up2U: Creating healthy relationships**

## **Portsmouth City Council**

**Sarah Newman**  
Deputy Director Children's Social Care

**Amy Ford**  
Up2U Business and Development Director

Up2U is a programme for people who use domestically abusive and unhealthy behaviours in their relationships. It seeks to reduce the incidents of domestic violence, prevent the cycle of abuse, and reduce the numbers of children in child protection services, edge of care or children in care.

## Commissioning

### Funding

The Up2U service has several strands:

- Strand 1      The Up2U core service is jointly funded through public health, the office of the police commissioner (OPCC) and children's social care via the Troubled Families programme, under the priority area for the reduction and prevention of domestic violence.
  
- Strand 2      The SDAS (Southern Domestic Abuse Service) is funded by Big Lottery through Reaching Communities England and was developed to extend the capacity and delivery area of the core programme. It was also designed to address an identified need through the core programme that the partners of core programme beneficiaries were in need of a very similar service and tailored programme of support.
  
- Strand 3      The Up2U Family Intervention Service is funded through the Home Office's Violence Against Women and Girls (VAWG) service transformation fund and is focused on abusive relationships, for parents known to children's social care. It addresses the issues of unhealthy and co-abusive relationships.
  
- Strand 4      Up2U has a developing trading arm which provides consultancy, training and clinical supervision.

### Commissioning

All of the above strands of the service are interlinked and as a 'whole service approach' the development and performance of the service is shared amongst all commissioners and their associated strategic groups and forums (as appropriate for the purposes of sharing best practice and connecting to emerging local priorities and service improvements).

The core service reports KPIs and outcomes to the aforementioned commissioners and is part of a larger evaluation and randomised controlled trial undertaken by the Universities of Portsmouth and York. Big Lottery has an established reporting structure for Reaching Communities and this is overseen by our delivery partner lead SDAS. The outcomes and KPIs for this programme are closely aligned to those of the core programme ensuring synergy.

The Family Intervention (VAWG) Service reports to the Home Office and bids are currently being developed for funding to externally evaluate this programme in more detail beyond the project reporting to create a robust evidence base to take forward.

### Service objectives

All strands of the service and its current developments share the same stated objectives:

- to reduce the incidents of domestic violence and violence against women and men
  
- to prevent the cycle of abuse

- to reduce the numbers of children in child protection services, edge of care or children in care.

## Context

The core service is accountable to the Domestic Abuse Review Group and managed by the Up2U Business and Development Director who reports into the children's social care governance structure overseen by the Deputy Director of Children's Social Care.

The SDAS service, funded by Big Lottery, is line managed by Southern Domestic Abuse Services and accountable to their board of trustees and Big Lottery for services outcomes, safeguards delivery and quality.

The Family Intervention (VAWG) Service is also line managed by Up2U Business and Development Director and the Up2U Business and Development Deputy under the aforementioned governance structure in children's social care and is delivered closely with the Troubled Family teams. There is the obvious accountability through the line management structure of a service delivering as part of the Trouble Family agenda but with the added accountability to the Home Office.

The Up2U Business and Development Director and Deputy are responsible and accountable for clinical supervision and training for all service delivery.

The core Up2U service and the Family Intervention (VAWG) Service are part of the Children and Families Directorate under the Harm and Exploitation Service and the extended service and partner services programme is part of the voluntary and community sector with the Big Lottery funding Southern Domestic Abuse Services to run the services.

The Director of Children's Services attends the Safer Portsmouth Partnership. The Deputy Director of Children and Families chairs the Domestic Abuse Review Group that in turn reports to the Safer Portsmouth Partnership.

### **Strategic alignment**

The service meets several priorities which cut across several strategic plans and thematic areas for prevention, early intervention, tackling poverty and improving outcomes for the most at risk and vulnerable. These also include community engagement and developing a joint approach through partnership to produce efficiencies, service improvements and cost savings.

### Early help

The Early Help and Prevention Service in Portsmouth is a new way of doing things – providing extra practical help to families early on, stopping problems getting worse. Providing early help is more effective in promoting the welfare of children and their families than reacting later. A key target in the Portsmouth Early Help Strategy is to provide targeted early help services to address the assessed needs of the child and their family which focuses on activity to significantly improve outcomes. The above strategy is part of a wider document set – under the banner of Stronger Futures – which sets out our transformation plans for children and family services in Portsmouth.

These documents include:

- The Restorative Practice Strategy 1 Marmot, Graham Allen, Frank Fields 5

- Single Assessment Framework Practice Guidance
- Future in Mind Transformation Plan
- The Portsmouth Safeguarding Thresholds (PSCB2 )
- Portsmouth Safeguarding and Early Help Compact (PSCB).

The aim in Portsmouth is to work with children, young people and families to help them sustain safe and healthy lives and create the foundations for future success – their stronger future. The Stronger Futures programme aims to build a system of support for children, young people and families which gets the balance right so that more pressure is not put on statutory services in the long term. It is based on an approach which empowers families, drawing on the strengths which even the most vulnerable families possess. Support will be targeted very carefully, aiming to build a system which is affordable and sustainable in the long term. The Up2U programme compliments this approach by offering a strength based intervention for parents/carers who are either using abusive behaviours or a victim of domestic abuse. Families open to early help can be referred to Up2U or self-refer.

The Portsmouth outcomes framework is focused on six key outcomes:

- **Reduced crime and anti-social behaviour:** Children and families are not offending or engaged in criminal, anti-social or other challenging behaviours.
- **Improved education:** Children attend school and parents are supporting their children's education and ensuring that they are ready and able to learn.
- **Improved safety:** Parents are keeping their children safe from harm and parenting them well.
- **Secure employment and housing:** Families are protected from the impact of poverty by reducing parental worklessness and the risk of youth unemployment and ensuring secure housing.
- **Reduced domestic abuse:** Families have healthy relationships including reduction in risk around domestic abuse. All Up2U services directly tackle this outcome, offering therapeutic intervention to both partners.
- **Improved health:** Parents and children have good physical, mental and emotional health.

**Future in Mind** talks about promoting, protecting and improving our children and young people's mental health and wellbeing by making it easier to get support that works, care for the most needy young people and children, services doing things openly and honestly and having the right people with the right skills in the right services at the right time. It talks about people thinking and feeling differently about mental health issues and tackling discrimination. This is the core culture that is developed through the Up2U services and, in line with Future in Mind, supports aims to improve relationships between parents and their children to avoid and reduce problems with mental health and behaviour later on. Up2U promotes resilience, encourages services to work together through brokerage and is working hard to use information better to drive standards.

### **Partnership working**

The Up2U service although a bespoke specialist service has integrated delivery as part of the core universal services offer and therefore significantly interacts with:

- children's social care teams, family support, Troubled Families, children in need teams, area teams
- children in care and looked after children's services
- youth offending services, Probation and Youth Justice
- police

- substance misuse services
- voluntary and community services
- education, schools and pupil referral units
- solicitors and courts
- mental health and IAPT (improving access to psychological therapies) teams
- health services (health visitors, GPs, midwives).

## Service aim

### Target service users

The service is targeted at people who use domestically abusive behaviours in their intimate partner relationships.

Up2U recognises that people use domestic abuse for different underlying reasons ranging from childhood trauma and emotional deregulation, learned behaviour, attitudes that support gender differentials, poor conflict resolution to the use of power and control resulting in different typologies of domestic abusers.

### Aims for service users

To help people use non-abusive behaviours through a range of skills that target thinking, feeling and behaviour. The service aims to support service users to:

- take responsibility for their own thinking, emotions and behaviours and learn to use healthy and respectful relationship behaviours
- promote safety within families and reduce the risk of continuing domestic abuse
- address the link between substance misuse and abusive behaviours
- increase their ability to recognise and manage emotions increasing their emotional and mental wellbeing
- prevent the cycle of abuse by modelling healthy relationships to their children.

## Service description

### Structure

#### Staffing

The Whole Service Approach has a 1WTE business and development director and 1WTE deputy.

The core Up2U service has 1WTE Up2U facilitator and the SDAS project employs a 1WTE Up2U coordinator, 2 WTE Up2U facilitators, 2 WTE partner support workers and 1WTE administrator and the Family Intervention (VAWG) service has 1WTE senior domestic abuse worker, 2 WTE Up2U/partner support facilitators.

The programme is moving towards more hybrid roles and will also focus on building the skills of staff in universal settings currently with six WTE social workers, 2 WTE early help staff and 1 WTE health visitor trained in the full Up2U programme. Training can also provide sub threshold precaution work and awareness training to public and voluntary sector staff.

#### Resources

The core and partner services are based in the Civic Office and all provision is hosted in city council

buildings, but there is flexibility to deliver in family hubs, children's centres and community venues. Up2U: Family Intervention is co-located with children's social care.

### **Resources**

The service is aimed to be flexible to meet the needs of beneficiaries and all staff have the flexibility in their work schedules to deliver an outreach model with flexible hours, mobility, etc. Due to lone working and risks to staff, the programme wouldn't be delivered in a beneficiaries home, but can be delivered at a location that has easier access for clients. To ensure consistency and provide structure the facilitators aim to meet the beneficiaries at the same location and time each week.

### **Geographical area/reach**

The core Up2U service delivers to Portsmouth only. The SDAS service covers Portsmouth and South East Hampshire and the Home Office funded Family Intervention (VAWG) service covers Portsmouth North only through children's social care.

## **Process**

### **Referrals**

To avoid lengthy waiting times for referral and to cut out any complicated referral processes which may cause delay when a person is most motivated to change, Up2U operates an informal referral pathway. To be eligible for referral a person must accept that they use abusive or unhealthy behaviours in their relationship and want to change these behaviours. An Up2U worker will arrange to meet up with the referrer and client as soon as possible. Once this meeting has taken place and the person being referred demonstrates that they acknowledge their abusive behaviours and that they want to change, a sign up meeting is arranged for them to start the assessment and engagement element of the programme. To address the high level of dropout rates and low completion rates of many domestic abuse perpetrator programmes, Up2U uses motivational interviewing techniques to engage individuals, working with their resistance to build strong therapeutic relationships to optimise their commitment to the programme.

When someone is accepted onto Up2U core support is offered to their partner/ex-partner to ensure ongoing safety and risk management.

The core Up2U service and the lottery funded SDAS service are open access for anyone who uses abusive behaviours and their partners. Self-referrals are also accepted. The main refers are children's social care and there is an aim to improve the level of referrals made by health professionals and the police.

The Family Intervention (VAWG) service, funded by the Home Office is available only to parents who open to children's social care and this does not accept referrals but cases identified by social workers in the service.

### **Threshold and capacity**

For the core services the threshold is simply a beneficiary using unhealthy and abusive behaviours with a desire to change and for the VAWG services this needs to be identified and supported by their designated social worker.

The capacity of the various strands of the service over a 12 month period is variable and dependent on levels of need and risk at any one time as the support is bespoke and tailored. There are approx. 20

beneficiaries in the core service, approximately 60 in SDAS services. There are also approximately 40 couples working in the Family Intervention (VAWG) service.

- **Work with service users**

Up2U is an assessment led intervention programme responding to individual need, risk and responsivity by offering tailored packages: length of programme can range from six to 40 sessions, with the option of extended sessions where risk and need indicate

- intensity of delivery – for very high risk individuals sessions can be delivered two times per week
- method of delivery by offering group and 1-2-1, many people cannot access or may be disruptive in a group environment
- modules and sessions delivered to each individual will be matched to their typology and need with modules and sessions selected from:
  - Module 1 Engagement and assessment
  - Module 2 Thinking, feeling and behaviour
  - Module 3 Relationships
  - Module 4 Skills for change
  - Module 5 Targeted Sessions – Stalking behaviours
  - Module 6 Targeted Sessions – Unhealthy sexualised behaviours
  - Module 7 Targeted Sessions – Skills for change 2
  - Module 8 Targeted Sessions – Abuse and substance misuse.

(See Appendix one for more on the above modules.)

As Up2U is a needs based intervention, the programme can be tailored to work with both sexes from the age of 16, can be delivered to people who use domestically abusive behaviours in same sex relationships and is suitable for couples where both partners use abusive behaviours.

#### Relapse prevention

To optimise the effectiveness of the Up2U intervention programme relapse prevention runs throughout the programme helping clients to identify their triggers and patterns of abuse. The plan will help them to develop relapse prevention strategies utilising the skills they learn in Up2U to use in high risk situations.

#### Victim safety

The risk to partners/ex-partners and ensuring their safety is the priority throughout Up2U. The partners/ex-partners of all clients on Up2U are offered support by the Portsmouth IDVA Project (PIP) throughout the programme to ensure risk is managed at all times. Up2U workers and PIP Partner Support meet up weekly for a safety planning meeting to monitor risks and any threats to safety. Referring professionals are also invited to attend this meeting.

#### Increasing risk

If an Up2U client is assessed as having increasing risk of domestic abuse Up2U will notify the referrer and the partner support worker. Where safe and appropriate, Up2U will continue to offer intervention to clients with increasing risk but will monitor this risk and pass on relevant information to other professionals involved in the case.

### Support for children

Up2U recognises the impact of domestic abuse on children and young people. If an Up2U client has children and they are not currently managed through children's services Up2U will refer through the common assessment framework (CAF) processes for support to be put in place.

### Client confidentiality

As this is a therapeutic intervention programme personal information about clients will be kept confidential. However, safeguarding children and victim safety are paramount, if we receive any information that would put children or victims at further risk this information will always be shared with relevant services. In addition, once the assessment report is completed and signed off this will be shared with the referring service.

### Up2U attendance at meetings

Due to the nature of therapeutic confidentiality Up2U does not attend meetings for children or families. If information is required about Up2U involvement an update report detailing the clients attendance, levels of engagement and stage of the programme can be provided.

### Step down arrangements

Once the programme is complete an exit strategy will be in place for all clients detailing a plan for relapse prevention and referrals for ongoing support.

There is a module called moving on which assesses outstanding need which is led by each individual need. Moving on is integral to the programme and engagement with and transition to partner agencies and specialist providers is an essential element of step down, these might include, debt advice , substance misuse, employment, education or training, housing support, etc.

Step up is also an arrangement that Up2U need to prepare for this can be within the programme itself or in partnership with specialist partner agencies, identified through a person centered approach.

## Service outcomes

### Performance indicators/target outcomes

#### Measuring change

Up2U is a programme to help people use non-abusive behaviours through a range of skills that target thinking, feeling and behaviour. Attendance on Up2U is not an outcome and does not evidence change. Outcomes and targets are imbedded in behavioural change analysis. The majority of evidence will be qualitative with little quantitative impact; the project is part of a randomised controlled trial which will evaluate clinical change.

The assessment tools used for Up2U are:

- LS/RNR (Level of Service/Risk, Need, Responsivity) – this helps identify target areas for change that may be linked with future abusive behaviours. It also provides an assessment of future risk of offending or rule breaking behaviours and assesses responsivity factors.
- SARA (Spousal Assault Risk Assessment) – provides an assessment of the risk of domestic violence.
- Safe Lives DASH Perpetrator Version – identifies abusive behaviours that have been or are being used within the relationship. This can also be cross-checked with the assessment used for victims to assess levels of minimisation and denial.



- CRAIQ – this is a self-assessment psychometric questionnaire to assess conflict resolution, impulsivity and aggression.

These assessments enable Up2U to work with the client to produce an assessment report that identifies:

- risk of domestic abuse
- risk of domestic violence
- risk of offending
- patterns of domestic abuse
- typology of abuse
- target areas for intervention for risk reduction
- the elements of the Up2U programme that will be delivered (via modules and sessions) and the delivery order, mode of delivery (ie 1-2-1 or group), the length of delivery and the intensity of delivery (ie number of sessions per week).

Up2U being part of this broader Domestic Abuse Perpetrator Research Review (DAPP) will collect data regarding gender, perpetration and victimisation for analysis and as part of in the evaluation will assess all perpetrators referred to the programme for typology and **their patterns of perpetration**. The Up2U programme will have the ability to respond to typology by offering the modules outlined above that focus on:

- attitudes and values around domestic abuse, gender and violence
- conflict management
- emotional regulation
- anti-social attitudes
- problem solving
- healthy relationships.

Due to the client group referred to Up2U there is an expectation that during assessment and early in intervention there may be a continuation of abusive behaviour as the cycle of change takes time. Up2U also asks referrers to provide impact updates to be used in assessments as it is important to monitor frequency and severity to assess change. The service has also engaged with referrers to assess ways in which Up2U clients' behaviour and thinking present differently before, during and after the programme.

### **Achievements to date**

At the end of 2016/17 33 clients had completed the Up2U programme. Twenty-two of these clients had completed the Up2U programme and were followed up at 12 months after completion. Of this group:

- there were 44 children open to children's social care prior to the Up2U programme, 37 on child protection plans, six in local authority care, one on a child in need plan. Twelve months after clients had completed the Up2U programme only 16 children remained open to children's social care, 28 had been closed.
- In the 12 months prior to starting the Up2U programme there were 22 incidents where clients were suspects of domestic violence and abuse, 18 arrests, and nine convictions for domestic violence and abuse. In the 12 months after completion this was reduced to one incident where clients were suspects of domestic violence and abuse, one arrest and 0 convictions.

- In the 12 months prior to starting the Up2U programme clients were MARAC (Multi-Agency Risk Assessment Conference) offenders 22 times. In the 12 months after completion this was reduced to two times.

Other achievements include:

- becoming a Big Lottery funded service
- the model and approach has been identified as best practice in other areas who have bought consultancy, training and support to deliver the Up2U programme
- the concept of providing support to abusive partners and the language supporting unhealthy and co-abusive behaviours becoming accepted by many moving away from the perpetrator and victim culture, which is so important for behaviour change
- the recovery achievements of beneficiaries through the programme and individual stories of success
- Up2U imbedded as a core programme for Family Support and recognised as best practice for domestic violence work in Portsmouth social care.

### **Lessons learnt**

There have been so many lessons learnt throughout the programme. It has been very difficult to focus on those that should be highlighted, however, these identified are the lessons that are considered to have made the greatest impact on the programme and its development:

- Recognising co-abuse – the project did not set out to find this.
- Understanding power and control.
- The development of the partner support service. Abusers would get the core therapeutic service and non-abusers would get a lesser programme. Understanding unhealthy relationships and co-abusive relationships allowed the programme to recognise that partners asking for support required access to the same behavioural change support.
- That an innovative approach which challenges the victim and perpetrator cultural environment and asks professionals to think about behaviours and their origins as a means to sustaining behavioural changes for all beneficiaries involved in domestic violence services can be quite threatening to the sector and stakeholders within it. Courage, strength and diplomacy are essential when testing and developing new approaches.

### **Next steps**

The core Up2U service has been running since May 2014. The SDAS service launched following Big Lottery funding in July 2017 and the Home Office Funded Family Intervention (VAWG) service launched in January 2018.

- Imbed the core delivery further and improve referrals from mental health, health & primary care specifically, as well as increasing the level of referrals from police.
- Complete the evaluation and review learning for endorsements and improvements.
- Bring online current developments awaiting launch dates.
- Develop Up2U for young people.
- Promote the model through the traded services for take up in other areas.



# Appendix one

## Modules and sessions

### Module 1 Assessment and engagement

This is a four to six session module delivered to all people referred to Up2U. The sessions are:

- Session 1 – Introduction
- Session 2/3 – About you
- Session 4 – Recognising change
- Session 5 – What do you think?
- Session 6 – Next steps

Motivational interviewing techniques are used to promote positive engagement with the programme, build on motivation to change and to build rapport, all of which have been shown to increase the effectiveness, impact and levels of engagement in intervention. In addition, motivational interviewing techniques optimise the depth and quality of information provided by clients which is used to complete an in-depth assessment.

The assessment tools used for Up2U are:

- LS/RNR (Level of Service/Risk, Need, Responsivity) – this helps identify target areas for change that may be linked with future abusive behaviours. It also provides an assessment of future risk of offending or rule breaking behaviours and assesses responsivity factors.
- SARA (Spousal Assault Risk Assessment) – provides an assessment of the risk of domestic violence.
- Safe Lives DASH Perpetrator Version – identifies abusive behaviours that have been or are being used within the relationship. This can also be cross-checked with the assessment used for victims to assess levels of minimisation and denial.
- CRAIQ – this is a self-assessment psychometric questionnaire to assess conflict resolution, impulsivity and aggression.

These assessments enable Up2U to work with the client to produce an assessment report that identifies:

- risk of domestic abuse
- risk of domestic violence
- risk of offending
- patterns of domestic abuse
- typology of abuse
- target areas for intervention for risk reduction
- the elements of the Up2U programme that will be delivered (which modules and sessions) and the delivery order, mode of delivery (ie 1-2-1 or group), the length of delivery and the intensity of delivery (ie number of sessions per week).

If, after assessment, a client is not appropriate for Up2U, for example due to false compliance or increasing risk, the client will not be offered Up2U intervention and referrers will be notified.

## Module 2 Thinking, feeling and behaviour

This is a six session module that aims to facilitate clients to link how they think and how they feel can influence the ways they act. By learning that they are in control of this process participants can challenge their negative ways of thinking and replace them with positive ways of thinking that do not lead to strong emotional feels and abusive behaviours. Clients are encouraged to create new thinking patterns and actions in place of previous abusive behaviours through experiential learning and considering alternative thinking and behaviours.

This module is based on the main principles of cognitive-behavioural therapy (CBT); this approach has been successfully used with offenders for a number of years. In addition, this is the main therapeutic approach used within mental health services for the treatment of stress, anxiety and depression.

The sessions in module 2 are:

- Session 1 – Introduction to self-talk
- Session 2 – Managing overwhelming feelings
- Session 3 – Challenging negative self-talk/strengthening positive self-talk
- Session 4 – Challenging negative self-talk/strengthening positive self talk part 2
- Session 5 – Breaking the cycle
- Session 6 – Maintaining the change

## Module 3 Relationships

This is a six session module that aims to help clients identify healthy and unhealthy or abusive behaviours they use in their relationships. The main focus is on their intimate partner relationships; however there are also sessions that focus on their relationships with their children, family and friends. A CBT focus remains in this module with additional behavioural and attitudinal concepts from attachment theory and transactional theory, in particular Berne's 'I'm Ok You're Ok' model.

The sessions in modules 3 are:

- Session 1 – Colours: do I matter?
- Session 2 – Colours: do you matter?
- Session 3 – Healthy-v-unhealthy relationships
- Session 4 – Making my relationship healthy
- Session 5 – Relationships with my children
- Session 6 – Relationships with my family and friends

## Module 4 Skills for change

This is a 10 session module focusing on skills to help clients use healthy behaviours within their relationships. Research with violent and abusive clients identifies deficits in emotional recognition and management; attitudes that condone violence or abuse; poor problem solving skills and an inability to assertively manage conflict situations. These problems are identified as part of assessment and sessions are selected to match need.

The sessions in module 4 are:

- Session 1 – Values, attitudes and stereotypes part 1
- Session 2 – Values, attitudes and stereotypes part 2
- Session 3 – Getting the right information
- Session 4 – Recognising your emotions
- Session 5 – Anger and aggression
- Session 6 – Coping with jealousy
- Session 7 – Recognising how other people feel
- Session 8 – Managing stressful situations
- Session 9 – Problem solving part 1
- Session 10 – Managing conflict and assertive negotiation

### Module 5 Targeted sessions – stalking behaviours

Where stalking behaviours are a pattern of overall domestic abuse Up2U will work with clients to change this behaviour. If stalking is the main form of domestic abuse Up2U will refer clients for specialist support.

The sessions in module 5 are:

- Session 1 – Stalking behaviours
- Session 2+ – Stalking behaviours

### Module 6 Targeted sessions – unhealthy sexualised behaviours

Where unhealthy sexual behaviours are part of a pattern of overall domestic abuse Up2U will work with clients to change this behaviour. If sexual abuse is the main form of domestic abuse Up2U will refer clients for specialist support.

The sessions in module 6 are:

- Session 1+ – Unhealthy sexual behaviours

### Module 7 Targeted sessions – Skills for change 2

Up2U recognises that some clients have more complex emotions, thinking patterns and controlling behaviours in their relationships, this module builds on module 4.

The sessions in module 7 are:

- Session 1 – Destructive thinking and feeling
- Session 2 – Coping with shame
- Session 3 – Guilt: taking responsibility
- Session 4 – Paranoid thinking
- Session 5 – Function of control

- Session 6 – Accepting choices

## Module 8 Targeted sessions – Abuse and substance misuse

Up2U recognises the link between substance misuse, in particular alcohol misuse and domestic abuse. When a pattern of abuse exists when a client has used alcohol or drugs but they are not alcohol or drug dependent, professionals from substance misuse services will deliver this module for clients within the Up2U programme. Where Up2U clients are assessed as alcohol or drug dependant clients will be referred to substance misuse services for intervention and multi-agency co-working.

The sessions in module 8 are:

- Session 1 – What is substance misuse?
- Session 2 – Substance misuse

## Appendix two

### Domestic abuse perpetrator research review

#### Summary

To design and develop the Domestic Abuse Perpetrator Programme (DAPP) in Portsmouth a review of programme research and academic literature was carried out. **This document provides the rationale for the Portsmouth DAPP design and intended delivery and is not intended as an academic review.** To this end individual references will not be cited throughout this document, the focus will instead be on themes identified throughout the review and how this will inform programme design and delivery. The documents used to inform this review are detailed in the bibliography section.

#### Gender

It is clear from the research reviewed that there is currently a polarisation in the views of why people are domestically abusive and what approach needs to be taken to tackle this. At one end of the spectrum the view is that domestic abuse is a gendered crime committed by men against women with the intention to dominate them for reasons of power and control. At the other end researchers claim that gender is only one risk factor for the perpetration of domestic abuse, claiming that there is a more equal distribution across gender in the perpetration of domestic abuse. From this perspective some research also indicates that women may be more likely to perpetrate domestic abuse, and although it is acknowledged that women are more at risk from domestic homicide and serious injury, the explanation given is that this is because in general men are physically stronger and will therefore be more likely to cause greater harm than when a women perpetrates domestic violence.

One of the key debates underpinning this polarisation is the research used to inform theory. There is research that supports both positions however the methodology used is often criticised. The gendered view of perpetration cites extensive research where gender differences are found, with males being the main perpetrator and females being the victim. The finding here also states that when females perpetrate domestic abuse this is most often the result of self-defensive or self-preservation from suffering on-going abuse. In contrast the 'gender neutral' view argues that much of the research used to support a gendered approach has a gender bias, ie it is based on research that focuses on the male as perpetrator and female as victim thus asks research questions that support this hypothesis. Therefore female perpetration and male victimisation is not explored and this data is not used or discounted. Instead this perspective has sought to use research that explores the experiences of males and females in terms of both perpetration and victimisation, the findings of which support the view that there is a more equal gender distribution for both domestic abuse perpetrators and domestic abuse victims, concluding that gender is not the main risk factor for domestic abuse.

As a result of the above the gender based perspective has promoted perpetrator intervention programmes that target male dominance, power and control following the Duluth Model of psycho-education with some CBT (cognitive behavioural therapy) elements. In contrast the gender neutral approach recommends more needs based interventions, drawing on the wider 'what works' principles that are backed by many years of empirical research and evidence.

The Portsmouth DAPP acknowledges this polarisation but is taking a neutral stance with regard to this debate. We acknowledge that some domestic abuse is about dominance, power and control however, other risk and need factors and female perpetrators will be recognised in the programme design and delivery. Furthermore, to contribute to this debate the DAPP will collect data regarding gender, perpetration and victimisation for analysis.



## **Typology**

Some authors have attempted to understand domestic abuse perpetrators by categorising different types using clusters of behaviours.

One suggestion is that characteristics of and type of abusers can be categorised by three typologies of domestic abusers:

- family only
- dysphoric/borderline
- generally violent/antisocial.

A further suggestion for types of abusers include:

- coercive controlling violence – motivated by power and control
- violence resistance – self defence against violence
- situational couple violence – can be perpetrated by both partners, linked to ability to manage conflict and/or emotional regulation
- separation-instigated violence – starts after the relationship has ended.

The Portsmouth DAPP will assess all perpetrators referred to the programme for typology and their patterns of perpetration. The programme will have the ability to respond to typology by offering modules that focus on:

- attitudes and values behind power and control
- psycho-education – what is abuse?
- psycho-education – the impact of abuse
- conflict management
- emotional regulation
- anti-social attitudes
- problem solving.

## **Risk, need and responsivity – links to other offending populations**

Over a number of years researchers in the reducing reoffending field (eg forensic psychology, prison and probation) have developed an extensive body of evidence through the evaluation of approaches and interventions most linked with reducing recidivism. This is known as the 'what works' principles. The risk, need, responsivity (RNR) model is very influential, whereby any intervention is targeted to match an individual's level of risk, criminogenic needs and is responsive to other needs such as level of motivation and learning style. This model is developed through extensive research which additionally supports the notion that dosage (ie number of hours and intensity of intervention) should be matched to the level of risk and that the type of intervention delivered should be matched to need. A further 'what works' principle has been the success of true CBT in reducing recidivism.

This body of evidence is now being recognised as being a useful approach to adopt with domestic abuse perpetrators. Many in the field recognise that research has shown that a large proportion of perpetrators have pre-existing risk factors such as high exposure to violence as a child, low education, substance misuse, attachment disorders, mental ill health, poor emotional regulation, learnt ways of resolving conflict and non-domestic violence. This has been found to be the case for female perpetrators as well as males, although it should be noted that the research base for female perpetrators is currently smaller.

Furthermore, a growing number of researchers in the field of domestic abuse perpetrators have identified the similarities in risk and criminogenic need between domestic abuse perpetrators and violent offenders. Therefore giving support to using RNR and the 'what works' principles with domestic abuse perpetrators. Currently interventions for violent offenders consist of CBT with a focus on emotional regulation, problem solving, cognitive self-talk and the link to feeling and behaviour, moral reasoning and offence analysis. Although DA perpetrator programmes do touch on these, opportunities for experiential learning and consolidating new CBT skills is limited as the larger focus of these programme is on psycho-education.

As a responsive programme the Portsmouth DAPP will assess all perpetrators for risk of re-offending, risk of serious harm and criminogenic need. Their intervention will be individually tailored to both their typology (section above) and their identified needs. The number of hours and frequency of delivery (dosage) will be matched to their assessed level of risk. To deliver a true CBT programme these skills will be delivered over a period of time to ensure that perpetrators can practice and embed them into their lives. In contrast to other violent offenders it is recognised that domestic abuse is of a more intimate nature, therefore the programme will also focus on the perpetrators thinking, feeling and behaviour within a relationship.

### **Strength based approach**

Perpetrator engagement and motivation to change has been a key theme in the research reviewed, with high attrition rates within many programmes. It has been suggested that this may be due to the use of a 'deficit' based approach outlining to a perpetrator all that is wrong with them and their behaviour. Many researchers both within the domestic abuse field and in the wider offender field have proposed that a strength based approach will enable greater motivation resulting in more positive outcomes. This approach is now used within sexual offending programmes and the National Offender Management Service (now known as Her Majesty's Prison and Probation Service) have developed a new domestic abuse programme 'Building Better Relationships' which uses principles from the strength based 'Good Lives Model', therefore demonstrating the shift to this approach.

Motivational interviewing (MI) is widely regarded as a successful intervention to engage clients and is widely used in substance misuse services and work with offenders. It enables programme facilitators to work with a client to establish at what stage of readiness to change they are and to identify their intrinsic motivation. Additionally, MI gives an opportunity to build a therapeutic alliance, which in most fields is considered as important, if not more important, to successful outcomes as the content of a programmes.

The Portsmouth DAPP will have a six week module at the start of the programme to engage and assess perpetrators which will use motivational interviewing; a strength based approach will also be used throughout the programme. All programme facilitators will receive training in motivational interviewing and pro-social modelling.

## **Effect sizes**

Many of the perpetrator programme evaluations in the UK and the US are either too small to show reliable data or have shown small effect sizes (ie they have not shown success in reducing re-assault rates). Furthermore, many meta-analyses of perpetrator programmes have been carried out again showing little or no effect. The exception to this was a longitudinal study by Gondolf that showed great effect four years after completion.

Many of the above studies have been criticised for using flawed methodologies. Firstly, there is an over reliance on police data, although it is widely recognised that domestic abuse is a vastly under reported crime. Many researchers are now including more qualitative measures such as self-reports from the perpetrator and the victim. There are also criticisms targeted at meta-analysis whereby different programme types are measured in the same sample.

A further explanation that has been offered for small effect sizes is the use of a 'one-size-fits-all' approach based on the assumption that men perpetrate domestic abuse for dominance, power and control. As this model is not responsive to need and typology the suggestion is that it may work for this type of perpetrator but not for other types with differing needs, therefore indicating that a more responsive intervention model may produce greater effect sizes.

The Portsmouth DAPP will be developed to be responsive to typology and need. Police data, children's social care data as well as qualitative and quantitative self-reporting by the perpetrator and their partner/ex-partner will be used to measure success. A full evaluation framework will be set up from the outset capturing progress data and completion data. An independent evaluation will be commissioned for the three year period with longitudinal evaluations at one, two and three years after completion.

## **Research and Practice**

Some researchers have highlighted the gap between research and practice, questioning how much each is influencing the other. As highlighted in this review, the Portsmouth DAPP is based on current research and literature in the field of domestic abuse perpetrators; it will also provide a valuable 'practitioner led evaluation' that will contribute to national research in this area.

## **Bibliography**

Aldarondo, E. (2010). Understanding the Contribution of Common Interventions with Men who Batter to the Reduction of Re-assaults. *Juvenile and Family Court Journal*, 61(4), 87-101. Doi: 10.1111/j.1755-6988.2010.01047.x.

Andrews, D.A, Bonta, J.L and Wormith, J.S. (2008). *Levels of Service/Case Management Inventory (LS/CMI). Supplement: A Gender-Informed Risk/Need/Responsivity Assessment*. Toronto: Multi-Health Systems Inc.

Babcock, J. (2009). Forwards. In P, Lehmann and C.A, Simmons (Eds.), *Strengths Based Batterer Intervention: A New Paradigm in Ending Family Violence* (Pp. xiii-xv). New York: Springer Publishing Company.

Blacklock, N and Debonnaire, T. (2011). MARAC as a Mechanism to Engage Perpetrators of Domestic Violence in Behaviour Change Programmes. *Respect/Fresh Start*. Retrieved: [http://respectreskin.client.fatbeehive.com/data/files/Briefingpapers/marac\\_referrals\\_to\\_dvpp\\_\\_fresh\\_st art\\_experiencefinal.pdf](http://respectreskin.client.fatbeehive.com/data/files/Briefingpapers/marac_referrals_to_dvpp__fresh_st art_experiencefinal.pdf).

Bowen, E and Gilchrist, E. (2004). Do Court- and Self-referred Domestic Violence Offender Share the same Characteristics? A preliminary Comparison of Motivation to Change, locus of Control. *Legal and Criminological Psychology*, 9(2), 279-294.

Bowen, E, Gilchrist, E.A and Beech, A.R. (2005). An examination of the impact of community-based rehabilitation on the offending behaviour of male domestic violence offenders and the characteristics associated with recidivism. *Legal and Criminological Psychology*, 10(2), 189-209. Doi: 10.1348/135532505x36778.

Buckinghamshire Safer Communities Team. (). The Provision of a 121 Perpetrator Programme: Specification. Buckingham: Buckingham City Council.

Carney, M, Buttell, F and Dutton, D. (2007). Women who Perpetrate Intimate Partner Violence: A Review of the Literature with Recommendations for Treatment. *Aggression and Violent Behavior*, 12, 108-115. Doi: 10.1016/j.avb.2006.05.002.

Coogan, D and Lauster, E. (2013). Restoring Competence and Confidence-The Non-Violence Resistance as a Response to Child to Parent Violence in Ireland. Galway: Responding to Child to Parent Violence Project.

Corr, M, Gadd, D, Butler, I and Fox, C.L. (). From Boys to Men: Phase Two Key Findings. From Boys to Men Project. The Economic and Social Research Council. Retrieved from: <http://www.boystomenproject.com/wp-content/uploads/2013/03/Key-Findings-Phase-2.pdf>

Cullen, F.T. (2012). Taking Rehabilitation Seriously: Creativity, Science and the Challenge of Offender Change. *Punishment & Society*, 14(1), 94-114. Doi: 10.1177/1462474510385973.

Day, A, Chung, D, O'Leary, P and Carson, Ed. (2009). The role of practitioner in legally coerced programs for male perpetrators of domestic violence. *Psychology Journal*, 6(4), 154-166.

Debbonaire, T. (2010). Work with Domestic Violence Perpetrators. A Review of the Research Literature for Practitioners Wanting to Make Evidence Based Decisions about Interventions. London: Community Care Inform.

Dixon, L and Graham-Kevin, N. (2011). Understanding the Nature and Aetiology of Intimate Partner-Violence and Implications for Practice: A Review of the Evidence Base. *Clinical Psychology Review*, 31, 1145-1155. <http://dx.doi.org/10.1016/j.cpr.2011.07.001>.

Dutton, D and Corvo, K. (2006). Transforming a Flawed Policy: A call to revive Psychology and Science in Domestic Violence Research and Practice. *Aggressive and Violent Behaviour*, 11, 457-483.

Edleson, J.L. (2012). Groupwork with Men who Batter: What the Research Literature Indicates. Harrisburg, PA: VAWnet, a Project of the National Resource Centre on Domestic Violence. Retrieved \_/\_/\_ from: <http://www.vawnet.org>

Fangan, N and Kelly, C. (2010). Safeguarding Children who are Subject to Domestic Abuse. Salford: Salford Safeguarding Children Board.

Farmer, E and Callan, S. (2012). *Beyond Violence: Breaking Cycles of Domestic Abuse*. Policy Report. London: Centre for Social Justice.

Farrall, M. (October, 25, 2013). *A More Effective Approach to Perpetrators*. Men Ending Domestic Violence. Presented at the MEND seminar, Clonmel Park Hotel.

Fisher, E. (2011). *Perpetrators of Domestic Violence: Co-Ordinating Responses to Complex Needs*. Irish Probation Journal, 8, 124-141. Retrieved:  
[http://www.probation.ie/pws/websitepublishingdec09.nsf/AttachmentsByTitle/IPJ+2011-+Perpetrators+of+Domestic+Violence+---+Co-ordinating+Responses+to+Complex+Needs/\\$FILE/Fisher.pdf](http://www.probation.ie/pws/websitepublishingdec09.nsf/AttachmentsByTitle/IPJ+2011-+Perpetrators+of+Domestic+Violence+---+Co-ordinating+Responses+to+Complex+Needs/$FILE/Fisher.pdf)

Fox, C.L, Corr, M, Gadd, D and Butler, I. (). *From Boys to Men: Phase One Key Findings*. From Boys to Men Project. The Economic and Social Research Council. Retrieved from:  
<http://www.boystomenproject.com/wp-content/uploads/2012/12/Key-Findings-Phase-1.pdf>

Gadd, D, Corr, M, Fox, C.L and Butler, I. (). *From Boys to Men: Phase Three Key Findings*. From Boys to Men Project. The Economic and Social Research Council. Retrieved from:  
<http://www.boystomenproject.com/wp-content/uploads/2012/12/Key-Findings-Phase-3.pdf>

Galvani, S. (2010). *Factsheet-Alcohol Concern's Information and Statistical Digest: Grasping the Nettle: Alcohol and Domestic Violence (Revised Ed.)*. Alcohol Concern

Gilchrist, E, Johnson, R, Takriti, R, Weston, S, Beech, A, Kebell, M. (2003). *Domestic Violence Offender: Characteristics and Offending Related Needs*. Home Office Findings 217. Retrieved:  
<http://webarchive.nationalarchives.gov.uk/20110218135832/http://rds.homeoffice.gov.uk/rds/pdfs2/r217.pdf>.

Gondolf, E.W. (2004). *Evaluating Batter Counseling Programs: A Difficult Task Showing Some Effects and Implications*. *Aggression and Violent Behaviour*, 9, 605-631. Doi: 10.1016/j.avb.2003.06.001.x

Gondolf, E.W. (2009). *The Survival of Batterer Programs? Responding to "Evidence-Based Practice" and Improving Program Operation*. Paper Presented to Batterer Intervention: Doing the Work and Measuring the Progress, December 3-4, 2009.

Gondolf, E, W. (2011). *The Weak Evidence for Better Program Alternatives*. *Aggression and Violent Behavior*, 16, 347-353. Doi: 10.1016/j.avb.2011.04.011.

Gudjonsson, G.H and Sigurdsson, J.F. (2004). *Motivation of Offending and Personality*. *Legal and Criminological Psychology*, 9(1), 69-81.

Graham-Kevan, N and Archer, J. (2009). *Control Tactics and Partner Violence in Heterosexual Relationships*. *Evolution and Human Behaviour*, 30, 445-452. Doi: 10.1016/j.evolhumanbehav.2009.06.007.

Graham-Kevan, N. (). *Does Gender Matter? Presentation to....*

- Hanson, R.K, Helmus, L and Bourgon, G. (2007). The Validity of Risk Assessments for Intimate Partner Violence: A Meta-Analysis. Public Safety Canada. Retrieved: <http://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ntmt-prtnr-vlnce/index-eng.aspx>
- Hester, M and Westmarland, N. (2007). Domestic Violence Perpetrators. *Criminal Justice Matters* 66, 34-39.
- Hester, M. (2009). Who Does What to Whom? Gender and Domestic Violence Perpetrators. Bristol: University of Bristol in association with the Northern Rock Foundation.
- H M Government. (2013). A Call to End Violence Against Women and Girls. Action Plan 2013. London: H M Government.
- Hollin, C.R and Palmer, E.J. (2006). Criminogenic need and Women Offenders: A Critique of the Literature. *Legal and Criminological Psychology*, 11(2), 179-195. Doi: 10.1348/135532505x57991
- Holtzworth-Munroe, A. (2005). Male Versus Female Intimate Partner Violence: Putting Controversial Findings into Context. *Journal of Marriage and Family*, 67, 1120-1125. Doi: 10.1111/j.1741-3737.2005.00203.x
- Holtzworth-Munroe, A and Stuart, G.L. (1994). Typologies of Male Batters: Three Subtypes and the Differences among Them. *Psychological Bulletin*, 116(3), 476-497. Retrieved: [http://psych.indiana.edu/tradition/Holtzworth-Munroe\\_and\\_Stuart\\_1994.pdf](http://psych.indiana.edu/tradition/Holtzworth-Munroe_and_Stuart_1994.pdf).
- Huffine, C. (2009). Forwards. In P, Lehmann and C.A, Simmons (Eds.), *Strengths Based Batterer Intervention: A New Paradigm in Ending Family Violence* (Pp. xv-xvi). New York: Springer Publishing Company.
- Hughes, C and Willis, D. (). *Linx against Violence and Abuse*. The Hampton Trust.
- Johnson, M.P and Ferraro, K.J. (2000). Research on Domestic Violence in the 1990s: Making Distinctions. *Journal of Marriage and Family*, 62(4), 948-963. Doi: 10.1111/j.1741-3737.2000.00948.x
- Johnson, M.P. (2005). Apples and Oranges in Child Custody Disputes: Intimate Terrorism Vs. Situational Couple Violence. *Journal of Child Custody*, 2(4), 43-52.
- Kelly, J.B and Johnson, M.P. (2008). Differentiation among Types of Intimate Partner Violence for Interventions. *Family Court Review*, 46(3), 476-499. Doi: 10.1111/j.1744-1617.2008.00215.
- Kelly, L. (2012). The Need for Accountability to, and Support for, Children of Men on Domestic Violence Perpetrator Programmes. *Child Abuse Review*, 22, 182-193. Doi: 10.1002/car.2223.
- Lancashire Probation Trust. (). *Building Better Relationships Programme: Enforcement, Rehabilitation and Public Protection*. Preston: Lancashire Probation Trust.
- Lawrence, J. (2012). *Deconstructing Practitioners' Understandings of Intimate Partner Violence and Abuse: Implications for Practice and Supervision*. PhD Thesis, University of East London. Retrieved: <http://roar.uel.ac.uk/1790/>.

Lehmann, P and Simmons, C.A. (2009). The state of Batterer Intervention Programs: An Analytical Discussion. In P, Lehmann and C.A, Simmons (Eds.), *Strengths Based Batterer Intervention: A New Paradigm in Ending Family Violence* (Pp. 3-37). New York: Springer Publishing Company.

Leicester City Council. (2012). *Changing Specialist Domestic Violence Services in Leicester 2012: Consultation Findings Report*. Leicester: Leicester City Council.

Mitchell, I.J and Gilchrist, E. (2006). Domestic Violence and Panic Attacks-Common Neural Mechanisms? *Legal and Criminological Psychology*, 11(2), 267-282. Doi: 10.1348/135532505x80788.

Nicholls, T.L, Pritchard, M.M, Reeves, K.A and Hilterman, E. (2013). Risk Assessment in Intimate Partner Violence: A Systematic Review of Contemporary Approaches. *Partner Abuse*, 4(1), 76-168. Doi: 10.1891/1946-6560.4.1.e15.

NSPCC. (). NSPCC Domestic Violence Campaign Briefing 6.

Owen, P. (November, 29, 2012). *Changing Perpetrator Behaviour: The Necessity, the Possibility and the Reality*. Presentation to the Domestic Violence Coordination Network.

Paymar, M and Barnes, G. (2006). *Countering Confusion about the Duluth Model*. Duluth: Domestic Violence Intervention Programs.

Phillips, L. (2013). *Evaluation of the Bracknell Forest Council Domestic Abuse Perpetrator Service (DAPS)*. Darlington: Reason.

Pitches, H. (). *Stopping Violence Programme*. Safer Bristol Crime and Drugs Partnership. Bristol: Bristol City Council.

Polaschek, D.L.L. (2012). An appraisal of the Risk-Need-Responsivity (RNR) Model of Offender Rehabilitation and its Application in Correctional Treatment. *Legal and Criminological Psychology*, 17(1), 1-17. Doi:10.1111/j.2044-8333.2011.02038.

Respect. (2010). *Respect Adaptation of the CSSDA Risk Identification Checklist (RIC) for Gathering and Analysing Information from and about Perpetrators: Guidance for work with Survivors and Perpetrators of domestic Abuse in Domestic Violence Perpetrator Programmes*.

Respect. (2012). *Multi-Site Research into Perpetrator Programme Outcomes*. Respect Website, Retrieved: <http://www.respect.co.uk.net/pages/multi-site-research-into-perpetrator-programme-outcomes.html>

Salter, M. (2012). *Managing Recidivism amongst High Risk Violent Men*. Australian Domestic & Family Violence Clearinghouse. Sydney: The university of New south Wales

Straus, M.A. (2007). Processes Explaining the Concealment and Distortion of Evidence on Gender Symmetry in Partner Violence. *The European Journal of Criminological Policy Research*, 13(74), 227-232. Doi: 10.1007/s10610-007-9060-5

Splitz Support Service. (2012). *End of Year Performance Monitory Report*. Bristol: Splitz Support Service.

Tunariu, A.D. (2007). Bridging to Change: Expanding Relate's Capacity to Provide Work with Clients who Use Domestic Violence and Abuse and to Meet the Needs of Clients Whose Lives are Affected by it: A Review of Three Domestic Violence and Abuse Prevention Programmes (DVA-PP). London: School of Psychology, University of East London.

Vose, B, Lowenkamp, C.T, Smith, P and Cullen, F.T. (2009). Gender and the Predictive Validity of the LSI-R: A study of Parolees and Probationers. *Journal of Contemporary Criminal Justice Online*. Doi: 10.1177/1043986209344797.

Ward, T and Brown, M. (2004). The Good Lives Model and the Conceptual Issues in Offender Rehabilitation. *Psychology, Crime & Law*, 10(3), 243-257. Doi: 10.1080/10683160410001662744.

Westmarland, N, Kelly, L and Chalder-Mills, J. (2010). What Counts as Success? (Briefing note). London: Respect.

Westmarland, N and Kelly, L. (2013). Why Extending Measurements of Success in Domestic Violence Perpetrator Programmes Matters for Social Work. *British Journal of Social Work*, 43, 1092-1110. Doi: 10.1093/bsjw/bcs049/.

Williamson, E. and Hester, M. (2009). Evaluation of the South Tyneside Domestic Abuse Perpetrator Programme 2006-2008: Final Report. Bristol: University of Bristol.

Wilson, M. (2003). Perpetrator Programmes for Male Domestic Violence Offenders: What do we know about Effectiveness? Towards Effective Practice, Paper 4. Edinburgh: Criminal Justice Social Work Development Centre for Scotland.

Wright, E.M, Voorhis, P.V, Bauman and Salisbury, E. (2007). Gender-Responsive Risk/Need Assessment: Final Report. Paper Prepared for the Minnesota Department of Corrections and the Advisory Task Force on the Women and Juvenile Female Offender in Corrections. National Institute of Correction. Retrieved: <http://nicic.gov/library/023740>.





**Local Government Association**  
18 Smith Square  
London SW1P 3HZ

Telephone 020 7664 3000  
Fax 020 7664 3030  
Email [info@local.gov.uk](mailto:info@local.gov.uk)  
[www.local.gov.uk](http://www.local.gov.uk)

© Local Government Association

For a copy in Braille, larger print or audio,  
please contact us on 020 7664 3000.  
We consider requests on an individual basis.