

Domestic Violence Perpetrators

Working with the cause of the problem

*If we argue
it doesn't end up
with physical violence...
it can be a normal argument
and I don't have to worry
about my safety*

Woman whose partner
attended a Domestic Violence
Prevention Programme

Stopping violence, preventing harm

respect

The problem

- In 2008-9 there were an estimated 293,000 incidents of domestic violence.¹
- In 2008 in the UK, 73% of female homicide victims knew the main or only suspect at the time of the offence. 48% were killed by their partner, ex-partner or lover. 48% of male homicide victims knew the main or only suspect. Of these 13% were killed by their partner, ex-partner or lover, making 6% of all male homicide victims.
- USA research has shown that the majority of domestic homicides, whether the victim was male or female, are preceded by domestic violence from the male to the female.²
- At least 750,000 children a year witness domestic violence. Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs.³

It costs more to do nothing

- Domestic violence costs England and Wales over £15 billion each year.⁴ This includes health service, police and criminal justice proceedings costs, lost tax because of reduced earnings by victims, increased costs of welfare benefits (if victims cannot work) and lost personal income to victims.
- The cost of taking children into local authority care is estimated to be a minimum of £800 per week, or over £40,000 per year.⁵
- The average annual cost of keeping someone in prison is around £45,000.⁶
- The cost of domestic homicide was estimated by the Home Office to be £107,299 per homicide in 2004, making a total of £13.4 million each year (based on 125 domestic homicides per year).⁷

**The costs continue
until perpetrators stop**

Why communities need to work with domestic violence perpetrators

Support services for victims and children are vital. Refuges, Independent Domestic Violence Advisors (IDVAs) and outreach services save and improve lives every day. And a robust criminal justice system has a crucial role to play in administering justice and protecting current and future victims. But unless communities engage directly with perpetrators, domestic violence will not stop.

- Many perpetrators don't come into contact with the criminal justice system.
- Even if they are convicted and imprisoned, they will soon be back in the community, often back in the same family.
- Most perpetrators have ongoing contact with their children, even if the relationship with the child's mother has ended.
- When one relationship ends, most perpetrators have other relationships, creating new victims.
- One of the most common requests from victims is for someone to work with their partner, to help him change and to keep them safe from his violence.

Domestic Violence Prevention Programmes

DVPPs are community based groupwork programmes which work directly with perpetrators with the aim of changing their behaviour and stopping further abuse and violence. They vary in length, size, number of clients, model of work and organisational setting. However, all programmes which are members of Respect are committed to delivering services in accordance with the Respect Accreditation Standard.⁸ They:

- Provide proactive partner contact for current, former and new partners of programme participants via a dedicated Integrated Support Service (ISS).
- Carry out risk assessments and case management to protect victims and children.
- Deliver group work programmes of sufficient length and quality to ensure the best possible opportunities for change.
- Take referrals from Family Courts, Social Services, health professionals, voluntary sector agencies and perpetrators themselves.
- In addition to direct client work, staff from the DVPP and the ISS also work in partnership with other statutory and voluntary sector organisations as part of a coordinated community response.

Currently almost all UK DVPPs are for male perpetrators who have female partners, reflecting the fact that the majority of domestic violence, particularly dangerous and ongoing domestic violence, is perpetrated by men against women. However many organisations offer individual sessions to female perpetrators who have male partners and for people in same sex relationships and the aim is to develop more specialist services as resources allow.

More families safely together, more families safely apart

DVPPs do not aim to keep families together, or to split families up. They aim to work effectively with perpetrators in order to keep children and partners safe.

Success through change

The best outcome of a man's attendance at a DVPP is obviously when all violence and abuse stops and he is no longer a risk to his partner, ex-partner, future partners and children. Westmarland, Kelly and Chalder-Mills identify 6 indicators of success, based on research with perpetrators, their partners, programme workers and funders:

1. An improved relationship between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication.
2. For partners/ex-partners to have an expanded 'space for action' which empowers through restoring their voice and ability to make choices, whilst improving their well being.
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men on programmes, including an understanding of the impact that domestic violence has had on their partner and children.
6. For children, safer, healthier childhoods in which they feel heard and cared about.

“ ‘Success’, then, means far more than just ‘ending the violence’. It would be quite possible for the physical violence to stop but at the same time for women and children to continue to live in unhealthy atmospheres which are laden with tension and threat. Instead, we propose this more nuanced understanding of success in which the more subtle, though ultimately life enhancing, changes are recognised.”

A four year longitudinal follow-up evaluation of DVPPs in the USA showed a clear de-escalation of re-assault and other abuse over time, with the vast majority of men reaching sustained non-violence. At 30 months after DVPP intake, 80% of the men had not been violent to their partners in the previous year, and at 48 months, 90% had not been violent in the previous year.¹⁰

Every perpetrator who stops being violent lessens the burden on the police and the NHS

Feedback was obtained from 17 women whose partners had attended all or part of a DVPP during the year 2009-10.¹¹

- Almost all the women said that the violence and most of the abusive behaviour had completely stopped and that they hadn't been physically abused in the previous three months.
- All but one had been physically abused regularly before the start of the programme and by the end of the programme the violence had stopped for a minimum of 3 months.

This represents a clear change in the risk to these women and their children.

Success through risk management

Of course, no behaviour change programme will be 100% successful in effecting lasting change, whether it be stopping smoking, losing weight or ending the propensity for violence. Where change hasn't happened and the perpetrator remains a risk, DVPPs are able to monitor, assess and help to manage that risk, through comprehensive case management which combines information from the man and the woman, as well as from other agencies.

Multi Agency Risk Assessment Conferences (MARACs) assess, monitor and respond to current risks of domestic violence and stalking, while Safeguarding Boards protect children from harm. The presence of DVPPs in these local networks is critical. When they are not present, the lack of information from and about the perpetrator is often significant.¹²

DVPPs give perpetrators time to discuss alternative belief systems and strategies which support change and have been shown to reduce physical violence, controlling behaviour, jealousy and forced sex – all critical factors in the MARAC risk assessment tool, the DASH.¹³

DVPPs are uniquely able to carry out risk assessment and management of those who are outside of the criminal justice system

Success through supporting victims

All DVPPs have an integral Independent Support Service (ISS) which contacts all partners, relevant ex-partners and new partners of every DVPP participant, to offer support, advocacy and information about the programme and their partner's attendance:

- New partners who are potentially at risk are offered advocacy and support.
- Women who are no longer in contact with the perpetrator but want to make child contact safe and appropriate for their children are supported to do so.
- Women who have never approached an organisation for help are offered advocacy, support and information (if they want it), reaching women coping in isolation with no other formal support.
- Women are able to feed back information about any new incidents of abuse or violence to the ISS to pass on to the DVPP, and agree how this information will be used to enhance their safety, making sure it doesn't put them at more risk.
- Women can use the monitoring and oversight function of the DVPP to help them leave safely.

ISS support is particularly crucial when the man is not changing and risks remain or increase

“ Before I came here, I blamed my partner for everything. Now I can see that it was me. I realise how much damage my violence did to my partner and how frightening it was for my kids. Now I'm trying to put things right. ”

A man attending a Domestic Violence Perpetrator Programme

Marie and Aaron had approached Relate couples counselling agency, saying they were having difficulties in their relationship but wanted to stay together. During the screening process, it became clear that Aaron was violent and abusive to Marie. The counsellor identified that couples counselling wasn't appropriate and referred Aaron to a DVPP while continuing to offer support to Marie.

The DVPP contacted Aaron and the ISS contacted Marie. Both were assessed using the DASH risk assessment tool. Aaron's account was significantly minimised in comparison to Marie's. The combined results provided one risk assessment, which showed that Aaron presented a fairly low level of risk.

While on the DVPP he began talking about various controlling behaviours he was continuing to use, as well as past abuse against Marie and it became apparent that Aaron was extremely jealous and controlling. During the session on sexual abuse he talked about coercing Marie into sex and sexual acts. Aaron seemed unaware that this was abusive and continued to show no understanding that this was unacceptable. This information was new, having not come to light in the original risk assessments.

The DVPP worker took the new information to case management. Together with the ISS worker and their manager, they completed a new risk assessment which identified a much higher risk than previously assessed.

The ISS met with Marie and carefully discussed the things which Aaron had mentioned in group. Marie had felt too ashamed of what had happened to mention the sexual abuse previously and was very upset, but confirmed that Aaron was regularly sexually abusive and continued to be so.

Without the DVPP/ISS there wouldn't have been such a comprehensive risk assessment informed by new information and by both partners. Marie may not have seen the risks she was living with or had the support she needed to leave, or she may have left without a safety plan in place. Leaving is the most dangerous time and it is possible that, given the risk, a homicide was prevented in this case.

She admitted she was very scared of Aaron and he'd recently started saying that he'd never let her go. She agreed that it would be a good idea to involve other agencies through the local MARAC and the ISS worker helped her to start planning for her safety.

Aaron was not involved in discussions about referring him to a MARAC but he found out by threatening Marie and making her tell him. He then aggressively confronted the DVPP workers. However, by the time he did this, Marie had phoned the ISS worker saying she wanted to leave. The DVPP and ISS workers planned together what they would do. The jealous and controlling behaviours, coupled with Aaron's statement about not letting Marie leave, led them to believe there was a high risk of violence or even homicide. The ISS worker arranged a refuge place for Marie immediately. The DVPP worker knew that Aaron was likely to be angry and upset when he discovered Marie had left and rang him to offer extra support. They talked to him about letting go and helped him plan strategies to keep him from harming himself, Marie or others. Aaron remains a high risk to Marie and any future partners, but by focusing support on him the DVPP was able to contain the risk he posed at this critical time.

Frank rang the Respect Phonenumber,¹⁴ following an incident of violence where he had grabbed his partner Kelly by the hair and thrown her to the floor, causing bruising to her face and a sprained wrist. This was not the first time Frank had been violent but it was the first time Kelly had been visibly injured.

The Phonenumber workers spent some time talking with him about what had happened and then referred him to a local DVPP. Kelly was initially reluctant for Frank to involve outside agencies. She felt that she and Frank had a nice family and good way of life. They both had successful jobs and two children together, Adam and Amelie. She felt ashamed at admitting she was a victim of domestic violence as she always imagined this was something that happened to other people. Nonetheless, when the ISS contacted her, she agreed to regular updates about Frank's progress.

On the programme Frank quickly learnt how to be non-violent, but he struggled to be non-controlling. There continued to be times when he was verbally and emotionally abusive to Kelly, leaving her feeling hurt and scared that he might be violent again. These moments always seemed to surprise him and leave him deeply ashamed. The DVPP workers and group participants helped him to examine these incidents more thoroughly and raised his awareness so he identified that the abuse usually took place after a social event. Frank was then able to plan more carefully and use rehearsed strategies to remain calm on such occasions. Kelly felt safer and more relaxed as a result.

Frank was asked to conduct a re-enactment exercise in the group. With the guidance of DVPP workers, he re-enacted the worst incident of violence he had committed, step-by-step, stopping just before he used violence. Until this exercise he had always maintained that the children had never been aware of the abuse. However, during this re-enactment he had to account for the children's whereabouts and it quickly became obvious to him and the group that both Adam and Amelie were aware and very distressed by him hurting their mother.

This was an important contributory factor in getting Frank to end his verbal and emotional abuse too. He had already developed an increased awareness of his own stresses. Further awareness of the effects of his behaviour upon the children as witnesses to violence helped positively motivate Frank to remain non-abusive. This was confirmed by the ISS contact with Kelly and by the end of the programme Frank had achieved a sustained period of non-violent and non-abusive behaviour. Kelly felt she and the children were safe to continue living with him, knowing that the ISS was there, should things change.

Without the DVPP/ISS it is likely that the domestic violence would have continued, perhaps leading to more serious violence, greater impact on the children, police call outs, involvement of the criminal justice system and health services.

Reducing the risk of homicide

The risk of homicide is an ever present concern for DVPPs. Most use a risk assessment tool. There are a range of risk identification and assessment tools in use. The most commonly used one in the UK is probably the CAADA DASH risk identification checklist.¹⁵ This is similar to Campbell's Danger Assessment tool¹⁶ which lists 20 key risk factors associated with homicide, including:

- Past/recent physical violence.
- Past use or threat of weapons against current partner – women who were threatened or assaulted with a gun or other weapon were 20 times more likely than other women to be murdered.
- Sexual violence.
- Threats of murder – women whose partners threatened them with murder were 15 times more likely than other women to be killed.
- Extreme jealousy.
- Controlling behaviour.

Recent UK research found that some domestic homicides were preceded by apparently little or no physical violence but a regime of extreme gender control, including coercion, sexual coercion, jealous surveillance and stalking, violence to previous partners and the perpetrator having depression, mental health issues and being at risk of suicide.¹⁷

Examining 50 randomly selected risk identification reports for clients assessed in two Respect member projects during 2010,¹⁸ we found that:

- At least 26 demonstrated more than four of the factors on the Danger Assessment tool as risk indicators for homicide at initial assessment including all four of the factors listed by Regan et al;
- Of these 8 included the use and current threat of use of weapons;
- 1 demonstrated more than 8 factors including use of weapons.

DVPPs are well placed to identify the risk of domestic homicide, and, through a combination of group work, risk management and multi-agency working, reduce that risk. They can provide critical and often unique information to help the state to fulfil its due diligence duties¹⁹ towards known victims.

**Every life saved –
as well as being of untold human value
– saves the public purse**

Safeguarding children

Children's services and Cafcass both have specific legal duties to provide services for children and/or their carers to ensure that their needs are promoted and their safety kept paramount. DVPPs are well placed to assist both agencies to fulfil their statutory duties by working with men who are applying for child contact and who may be a danger to their children or their mother:

- Providing specialist risk assessments to help inform decisions about contact and protect children from unsafe parenting.
- Delivering group work with fathers which promotes safe post-separation fathering, to stop their violence and help them to become safer parents.
- Supporting partners, ex-partners and new partners through proactive contact.
- Monitoring violent fathers at times of increased risk such as separation, and helping to manage that risk effectively.
- Promoting safe post separation fathering and positive relationships between children and fathers as well as helping to protect children from unsafe fathering.
- Providing the Family Court with the option to require attendance on a DVPP as a Contact Activity under the Children and Adoption Act 2006.
- Keeping children out of care.

Case study - A family safely apart

Nathan and Kim separated a year ago because of Nathan's violence and abuse, which culminated in an incident where he was violent in front of their children Jordan (9) and Zak (7) and Nathan hadn't seen the children since. He was desperate to resume contact and applied for an order to do so through the family court. The court instructed him to attend a DVPP for risk assessment and to complete the groupwork programme. The programme was required to provide an initial assessment and then report on Nathan's progress half way through and at the end of the programme.

During the programme, Nathan started a new relationship with Lisa. He gave her contact details to the DVPP workers as required. The ISS then contacted Lisa, who said she didn't need any support and that Nathan hadn't been violent to her. She said that Nathan had admitted his past violence towards Kim and she was pleased to know he was attending the DVPP.

If Nathan ever was violent or abusive, she knew she could call the ISS. Just knowing this – and knowing that Nathan knew it – made her feel safer.

The DVPP's half way report was largely positive. Nathan had remained non-violent and not attempted to contact Kim or the children, despite desperately wanting to.

However, he needed to work more on his empathy for Kim and workers thought that he still underestimated the likely effect upon the children of witnessing violence. In the court proceedings Nathan admitted he had been violent and abusive to Kim and took responsibility for it. Kim had also been in regular contact with the ISS and was pleased with how Nathan appeared to be changing. However she was still worried about the impacts of contact on the children and wasn't sure she could trust him. Nathan was granted supervised contact with the children at this point.

Nathan continued to engage well with the programme and appeared profoundly affected by the sessions relating to children and the impacts of his behaviour towards Kim. In the week before his first supervised contact session he discussed with the group how he would handle things – particularly how he might deal with his children's anger towards him or answer difficult questions about his past violence. The next week he reported how useful this had been as Jordan had directly challenged him, asking "why did you hit mum?" and if he hadn't been prepared he wouldn't have known what to do. He said he would probably have tried to avoid the question or would have played down how serious it was. Instead he was able to fully admit what he did, explain it was wrong, say how much he regretted it

Without the DVPP/ISS Nathan may not have been granted contact, perhaps leading to him trying to track the children down, growing increasingly angry at – and a risk to – Kim. If he was granted contact it is likely that this wouldn't have been safe or positive leading to a breakdown of contact and further court proceedings. And without addressing his domestic violence, Nathan may well have gone on to be violent to Lisa too. All of which would have cost the state a considerable amount of money.

and give the children a heartfelt apology.

By the time of the final court hearing Nathan and Kim hadn't seen each other for nearly two years. Kim approached Nathan through her lawyer and asked to speak with him. He was able to tell her what he had learnt on the programme, saying that he was totally responsible for the violence, that she was not to blame and that he deeply regretted the harm he had caused to her and the children. Kim felt safe enough to tell him how angry, afraid and hurt she had been. She felt more confident that Nathan was in the right place to be a decent father – and also knew who to contact with any future concerns. At the final hearing Nathan was granted unsupervised contact which has been reliable, safe and positive to date.

The future for DVPPs

DVPPs have a unique role to play in any community. By working with the cause of the problem, they are able to stop domestic violence at its source, by changing the behaviour and managing the risk of perpetrators. This not only reduces the harm and misery suffered by so many victims and children, but also saves the state money.

¹ Walker, A., Flatley, J., Kershaw, C. and Moon, D. (2009) *Crime in England and Wales 2008/09 – Volume 1* (Home Office Statistical Bulletin, Home Office, London, 2009). <http://rds.homeoffice.gov.uk/rds/pdfs09/hosb1109vol1.pdf>

² Campbell, JC, Webster, D, Koziol-McLain, J (2003) Risk factors for femicide in abusive relationships: Results from a multisite case control study. In *American Journal of Public Health, 93, 1089-1097.*

³ Hester, M. & Pearson, C. (1998) *From Periphery to Centre: Domestic Violence in Work with Abused Children*, Policy Press.

⁴ Comprehensive research (Walby, 2004, partially updated in Walby, 2009) has provided a clear and detailed assessment of the costs in the UK, by category of expenditure as well as per individual victim, or by incident, wherever possible. These are likely to be underestimates of the actual costs, as the researcher made conservative estimates only.

Details of cost	Amount
Wounding case proceeding through the Criminal Justice Services (police and court, not including prison)	£118,299 (if resulting in homicide)
£9,127 (serious wounding)	
£1,000 (other wounding)	
£215 (common assault)	
Cost per sexual assault case proceeding through the CJS (as above)	£3,837
Total estimated cost to the police for responding to sexual violence from intimate partner	nearly £500 million
Total estimated cost for mental health services for domestic violence victims	£176 million pa
Total estimated national cost to Social Services responding to domestic violence in child care cases	£228 million pa
Total estimated national cost of visits to GPs for treatment for injuries, including prescriptions, treatment time and travel costs for victims	£62,194,000
Total cost of treating injuries from domestic violence, including hospital and ambulance costs, GP visits etc	£1,220,247,000 (over £1 billion pa)
TOTAL national cost of domestic violence 2008	£15,730,000,000 (over £15 billion)

⁵ London Borough of Haringey, 2010.

⁶ "For 2008-09 the overall cost of a prison place was £45,000 (to nearest £1,000). This includes expenditure met by NOMS national and regional structures, including Prison Service administration, and the YJB. It does not include expenditure met by other Government Departments (e.g. for health and education)." Hansard, 25 Mar 2010, Column 450W www.publications.parliament.uk/pa/cm200910/cmhansrd/cm100325/text/100325w0008.htm

⁷ Walby, S (2004) *The Cost of Domestic Violence*. London: Women and Equality Unit.

⁸ Blacklock, N (2007) *The Respect Accreditation Standard* www.respect.uk.net/pages/accreditation-project.htm

⁹ Westmarland, N., Kelly, L. and Chalder-Mills, J. (2010) *Domestic Violence Perpetrator Programmes: What Counts as Success?* London: Respect. http://www.respect.uk.net/data/files/respect_research_briefing_note_1_what_counts_as_success.pdf

¹⁰ Gondolf, E. W., (2002) *Batterer Intervention Systems: Issues, Outcomes, and Recommendations*. California, US: Sage Publications; Gondolf, E. W. (2004). Evaluating batterer counseling programs: A difficult task showing some effects. In *Aggression and Violent Behavior, 9(6), 605-631.*

¹¹ Respect first year report on accredited programmes 2010 (in press).

¹² Howarth, E. Stimpson, L., Barran, D., Robinson, A (2009) *Safety in Numbers: A multi Site evaluation of Independent Domestic Violence Advisor Services*. Bristol: CAADA http://www.caada.org.uk/research/Safety_in_Numbers_full_report.pdf

¹³ CAADA (2009) *Domestic Abuse, Stalking and 'Honour'-based Violence (DASH) Risk Identification Checklist* http://www.caada.org.uk/practitioner_resources/Quick%20Start%20Guidance%20&%20RIC%2009062009.pdf

¹⁴ The Respect Phoneline for perpetrators of domestic violence 0845 122 8609 www.respectphoneline.org.uk

¹⁵ CAADA (2009) *ibid.*

¹⁶ Campbell, J. C., Webster, D., and Koziol-McLain, J. (2003) Risk factors for femicide in abusive relationships: Results from a multi site case control study. In *American Journal of Public Health, 93, 1089-1097.*

¹⁷ Regan, L., Kelly, L. Morris, A. and Dibb, R. (2007) *'If only we'd known': an exploratory study of seven intimate partner homicides in Engleshire*. London: CWASU.

¹⁸ Respect first year report on accredited programmes 2010 (in press)

It costs more to do nothing

Respect is the UK membership association for Domestic Violence Prevention Programmes and Integrated Support Services. Our vision is to end violence and abuse in intimate partner and close family relationships. Our key aim is to increase the safety and well-being of victims by promoting, supporting, delivering and developing effective interventions with perpetrators.

Respect runs:

Respect Phonenumber for perpetrators of domestic violence

0845 122 8609

www.respectphonenumber.org.uk

Men's Advice Line for male victims

0808 801 0327

www.mensadvice.org.uk

Respect and our members have worked hard to make ourselves accountable, to monitor and evaluate our own work and to commission independent research to scrutinise this work to a high academic standard. For full details of this research see:

www.respect.uk.net/pages/respect-multi-site-research-into-perpetrator-programme-outcomes.html

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