EARLY INTERVENTION IN DOMESTIC VIOLENCE AND ABUSE

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Foreword

Domestic Violence and Abuse is the first in a series of reports on different aspects of Early Intervention. We chose to focus on domestic violence and abuse in our first report because it is an important cause of long-term problems for children, families and communities. The damaging impacts of witnessing domestic violence and abuse on children can cast a long shadow with inter-generational consequences sometimes leading to a repetition of abusive and violent behaviours. Moreover, domestic violence and abuse is not confined to a small section of the population but highly prevalent with 30% of women having experienced any domestic abuse since the age of 16 and 1.2% of people aged 16-59 having experienced partner abuse involving severe force in the last year. It also comes with immense costs – it is estimated that the overall costs to society of domestic violence and abuse stands at over £15.7bn. There must be more effective ways of preventing domestic violence and abuse and protecting children and families from its long-term effects.

The Early Intervention Foundation's (EIF) focus is on the flow of evidence between research, practice and policy, with the goal of driving improvements to children's outcomes and breaking intergenerational patterns of disadvantage and dysfunction. Our approach is characterised by three roles: to *assess* the evidence of what works, to *advise* on the best Early Intervention approaches and to *advocate* for a shift in the culture from late to early intervention. A pre-emptive, early approach not only has the potential to improve the lives of children and families, but also represents an intelligent approach to spending – with possible long term savings as a result.

A particular focus of the EIF is on ensuring children and young people have the bedrock of social and emotional skills, resilience and capability they need to function as effective, responsible adults with good levels of autonomy and well-being. In that context Early Intervention refers to the programmes and practices provided to babies, children, young people and their families to help achieve these outcomes. Many such Early Intervention services focus on supporting parenting as a key driver of success.

EIF also provides advice to all interested in Early Intervention including practitioners, Local Councils, Schools, Police and Crime Commissioners, Clinical Commissioning Groups, the voluntary sector and Government on the causes of poor outcomes for children and young people and what has been shown to work to tackle these. We are working initially with 20 Pioneering Early Intervention Places including 18 Local Councils and 2 Police and Crime Commissioners across the country to help make Early Intervention a reality on the ground. Domestic violence and abuse is an issue that has been recurrently highlighted by local commissioners as an issue of serious concern and one which requires improved services. Many practitioners are looking at how to identify at risk groups in the population, better equip local workforces and provide more integrated services that respond to domestic violence and abuse alongside other issues that families may be facing.

This report is not intended as a systematic and exhaustive review of 'What Works' in addressing and preventing domestic violence and abuse. The purpose of this report is to assess the extent to which evidence on domestic violence and abuse indicates

that it can be an important cause of long term problems for children and families, and the role of Early Intervention in pre-empting this. The report combines our 3 'A's – assessment, advice and advocacy. It *assesses* a suite of preventative programmes for children and young people, Early Intervention initiatives for families at risk of domestic violence and abuse and perpetrator programmes. It reflects the feedback we have had from our 20 Pioneering Places and wider research to provide *advice* for local commissioners and others. It goes on to *advocate* for specific actions and tangible recommendations for government and other agencies.

It is important to state that Early Intervention Foundation Reports are the beginning and not the end of a process. Reducing domestic violence and abuse is central to EIF's work which has at its heart giving children a strong start in life and avoiding adverse childhood experiences as the key to functional, well-rounded development. Through this Report and in our future work, the EIF aims to support the improved delivery of services on this issue. Through working with our Early Intervention Places we will continue to highlight innovative and best practice in service delivery and professional practice in responding to domestic violence and abuse. We will seek to highlight the ways in which the energy and commitment of those in many local areas are improving responses to domestic violence and abuse, reducing its occurrence and impact.

We will continue to advocate for change by engaging with local and national government, in particular the Home Office, as the lead department on domestic violence and abuse. We will also work with our current and future Early Intervention Places, fellow What Works organisations, the Voluntary and Community Sector and other expert organisations in the field to maintain momentum. An overriding message from this report is the importance of evaluating promising programmes and practice on domestic violence and abuse prevention. Organisations currently delivering vital services or testing out new programmes are eager to measure their impact and improve their practice. But this requires investment and support from universities, research organisations, government and others.

Our recommendations are included in the Summary and Report. We will advocate with central and local government, commissioners and others for:

1. Proven evidence-based programmes and practice
2. The Action plan on Violence against Women and Girls and a series of improvements to it.
3. More effective support to deliver school-based programmes to scale for example Personal, Social Health Education and Sex and Relationship Education.
4. Strengthening support for couple and family relationships where there is a risk or history of domestic violence and abuse.
5. A comprehensive workforce development plan on domestic violence and abuse for all Early Intervention workers.

6. Improved measurement, evaluation and research of domestic violence and abuse with a particular focus on the impact of Early Intervention in preventing it.

We will review progress on all our recommendations in one year's time.

We wish to help both those who firefight particular domestic violence and abuse cases but also those who can eliminate it at source and break cycles of intergenerational transmission. Our report has found that there is a strong case to show that domestic violence and abuse is highly prevalent, is an important cause of long term problems to children, families and communities, and is associated with significant costs. Improvements in Early Intervention and prevention could have a potentially significant impact on reducing these long-term negative consequences.

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Chief Executive of the Early Intervention Foundation

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The Early Intervention Foundation is very grateful to the many experts and practitioners who contributed to this report by providing evidence, scrutinising findings, and providing insight into the nature of domestic violence and abuse and of practitioner responses as well as motivating change. We are particularly grateful to attendees at expert panel and policy workshops, as well as EIF staff and trustees, for their guidance on the interpretation of findings and input into recommendations. The wealth of information gathered is testament to the tremendous work that has been done by others to develop an evidence base and a corpus of effective practice. As authors and editors we are solely responsible for any errors or important omissions and we hope we have done justice to the existing body of knowledge in our attempts to review and summarise it.

The aim of this report is to support policy-makers, practitioners and commissioners to make informed choices. We have reviewed evidence from authoritative sources and provide examples of promising and innovative approaches. These suggestions must be seen as supplement to rather than a substitute for professional judgement. None of these examples of promising approaches provide guaranteed solutions or quick fixes.

The report includes reference to research and publications of third parties: the What Works centre is not responsible for, and cannot guarantee the accuracy of, those third party materials or any related material.

SUMMARY AND RECOMMENDATIONS

1. PURPOSE OF THIS REPORT

The Early Intervention Foundation (EIF) has been established to tackle the root causes of problems for children and young people, rather than waiting to address symptoms once problems are embedded.

We provide advice to all interested in Early Intervention including practitioners, Local Councils, Police and Crime Commissioners, Clinical Commissioning Groups, the voluntary sector and Government on the causes of poor outcomes for children and young people and what has been shown to work to tackle these. The purpose of this report is to assess the extent to which evidence on domestic violence and abuse indicates that it can be an important cause of long term problems for children and families, and the role of Early Intervention in pre-empting this. Future EIF work will focus on other drivers of poor child outcomes.

A particular focus of the EIF is on ensuring children and young people have the bedrock of social and emotional skills, resilience and capability they need to function as effective, responsible adults with good levels of autonomy and well-being. In that context Early Intervention refers to the programmes and practices provided to babies, children, young people and their families to help enable these outcomes. Many such Early Intervention services focus on supporting parenting as a key driver of success.

Therefore, in this Report as well as assessing the effectiveness of existing services aimed at the prevention of domestic violence and abuse, we have asked whether broader Early Intervention services can also help address domestic violence and abuse or whether in fact, the existence of domestic violence and abuse undermines their effectiveness.

This report is not intended as a systematic and exhaustive review of what works in addressing and preventing domestic violence and abuse. NICE have already conducted an authoritative review on domestic violence and abuse, and have published detailed guidance for practitioners informed by this, outlined in the box below. HMIC and the College of Policing will soon be conducting similar work for Crime and Policing.

There is a great deal of new, emerging evidence, for example from Project Mirabal at the Centre for Research into Violence and Abuse which will conclude in late 2014 with a formal research launch planned for January 2015.[1] There will also be important new research and guidance from the IMPROVE study synthesising by September 2014 research on the cost effectiveness of intervention programmes for children experiencing domestic violence and abuse. This work aims to enhance understanding of what works to heal the negative effects of domestic violence on children's health and well-being. Professor Walby the UNESCO Chair of Gender

[1] For more information see: https://www.dur.ac.uk/criva/projectmirabal/

Research at Lancaster University has also been funded by the ESRC to extend her work on the costs of domestic violence and abuse.

We are indebted to a wide range of very expert and committed advisers who have guided us to the most relevant sources and aided us in their interpretation.

NICE REVIEW AND GUIDANCE

NICE Review and Guidance

Detailed guidance resulting from their authoritative 2013 review was published by NICE on the 26th February 2014. The NICE guidance provides very wide-ranging recommendations for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. The recommendations include: effective strategies for commissioning and the development of integrated care pathways; how to create environments which support safe and appropriate disclosure; improving access to services which improves a comprehensive referral pathway; the provision of tailored services which take account of the needs of different population groups including those with existing mental health conditions.

1.1 Overview

Domestic violence and abuse is an important cause of long-term problems for children, families and communities. It has inter-generational consequences in terms of the repetition of abusive and violent behaviours.

There are a number of innovative approaches that offer promise for preventing domestic violence and abuse. Such prevention and early intervention provides an important opportunity to reduce some of the long-term consequences of such abuse and to deliver long-term savings. These include approaches in schools to develop a zero tolerance approach to domestic violence and abuse, prevention through augmentations to parenting programmes and through support to the quality of parenting relationships. These require further development and testing using rigorous evaluation methods. Much of the available evidence has methodological limitations, and is restricted to very limited groups, and further research is needed. There is also a need for improved identification of domestic violence and abuse.

Although some of the best evidenced programmes to reduce recidivism by perpetrators appear to be ineffective there are many examples of good practice on the ground to address domestic violence and abuse and promising evidence of more effective newer and emerging models of practice.

1.2 The definition and measurement of Domestic Violence and Abuse

The new cross governmental definition of domestic violence and abuse includes all incidents of violence and abuse between family members and those who are, or have been in an intimate relationship. This definition has been extended to include violence between young people aged 16-17 years and encompasses physical, psychological, sexual, financial and emotional abuse and includes controlling and coercive behaviour, female genital mutilation and honour-based violence. In this report we use this definition of domestic violence and abuse to refer to all the above forms of abuse but limit our focus to those in parenting roles. This is a broad definition covering a range of incidents of different levels of severity and consequence.

Measurement of the prevalence of domestic violence and abuse is difficult, and there are a range of sources of measurement, all of which have substantial weaknesses. However, the wide range of available sources all point in the same direction, indicating that domestic violence and abuse is widespread. The number of incidents of the most severe forms of domestic violence and abuse has been stable since 2007/08 despite more general declines in reported crimes of violence.

2. KEY FINDINGS

2.1 Prevalence: Children and young people experience high levels of domestic violence and abuse. The scale of the issue is significant, and also under-reported.

- 8 million people in the UK (24.4% of people between the ages of 16 and 59) have been victims of domestic violence and abuse (6.1% in the year 2011/12) and 25% of young people have witnessed at least one episode of domestic violence and abuse by the age of 18.[i] Estimated prevalence among male victims was 4.4% in 2012/13 and among female victims 7.1%, broadly stable on the previous year.
- There were 838,026 incidents of domestic violence and abuse reported to police in England and Wales in 2012/13, up from 740,000 in 2010/11 and 817,522 in 2011/12. [ii]
- Prosecutions have fallen to 70,702 in 2012/13 from a peak of 82,187 in 2010/11.[iii]
- The percentage of successful convictions has risen, from 71.9% in 2010/11 to 74.3% in 2012/13.[iv]
- Prevalence has tended to be particularly high among young women. 11.3% of 16-19 year old women suffered from domestic violence and abuse in 2012/13, down from 13.7% in 2011/12.[v]
- Nearly one in three (31%) pregnant teenagers at intake to one targeted Early Intervention programme had experienced domestic violence and abuse. [vi]

2.2 Impact: Domestic Violence and Abuse has a powerful but still often neglected long term impact on children, with potential intergenerational impacts and costs.

- Witnessing domestic violence and abuse between parents irrespective of whether it results in direct physical harm to the child can have similar long-term consequences for a child to physical abuse that is targeted at the child. Children who have experienced domestic violence and abuse in the home display increased fear, inhibition, depression, as well as high levels of aggression and antisocial behavior, which can persist into adolescence and adulthood.

- There is also evidence to suggest that such children have later difficulty forming adolescent and adult relationships as a result of an increased propensity for violence, antisocial behaviour and a lack of trust.

- Child Maltreatment and domestic violence and abuse frequently co-exist. Since the 1970s, numerous studies have consistently found that between 65-77% of households where women are subject to domestic violence, children are also physically maltreated.[vii] This is confirmed in CAADA's very informative, *Children's Insights* dataset which shows that 61% of children in Independent Domestic Violence Advocacy services in 2013 were themselves subject to abuse.[viii]

2.3 Costs: In additional to the personal harm, the costs of Domestic Violence and Abuse are substantial.

- In 2001/2 Walby calculated the total single year cost of domestic physical violence in the UK at £22.9 billion. Of these costs, £3.1 billion (13.5%) were to services largely funded by the government including the criminal justice system, health care, social services, housing and civil legal services. There were over £1bn a year of costs in the criminal justice system.[ix]

- Economic output losses (measured as time off work, half borne by employers and half by individuals) were calculated at £2.7 billion (11.8% of all domestic violence costs) and human and emotional costs calculated to be £17.1 billion (76.7% of all domestic violence costs).[x]

- Walby (2009) estimated that the total cost of domestic violence declined between 2001/2 and 2008/09 based on the fall in the estimated rate of prevalence over that period. [xi]

- During the same period, between 2001/02 and 2008/09, there was a proportional increase in police reports (from 35% to 47% of incidents) which resulted in an increase in service use of 24%. Walby finds that the police and criminal justice system were "probably spending about the same level of time and resource of domestic violence in 2008/9 as they did in

2001/2 as a consequence of these contrary trends in the rate of the violence and the propensity to report and use services." [xii]

- Overall, estimated losses to economic output fell from £2.7 billion in 2001/02 to £1.9 billion in 2008/09 and Walby's estimate of the human and emotional costs of domestic violence, falls from £17.1 billion in 2001/02 to £10.0 billion in 2008/09.[xiii]
- Based on existing estimates of prevalence, the overall costs to the public purse of domestic violence remain substantial. If one adds to this the wider long-term impact on mental health and intergenerational effects on child development, not captured in these estimates, there is an overwhelming argument for a preventative approach.
- The cost of non-physical abuse has not yet been as successfully modelled as the costs of physical violence.
- Social Impact Bond approaches are not an immediate and obvious solution. However, greater focus on costs and an investment model approach based on careful appraisal of options and real time monitoring of effectiveness are important elements of some of the most innovative methods of working.

2.4 Policy effectiveness

WHAT DO WE MEAN BY PREVENTION AND EARLY INTERVENTION IN RELATION TO DOMESTIC VIOLENCE AND ABUSE?

There are three key forms of preventive public service activity that respond to the specific challenges of domestic violence and abuse:

- The work of **universal services** in embedding an understanding of good relationships in childhood and adolescence (tends to be called **primary prevention** in health context).
- **Early intervention and activity** to support social and emotional skills and provide other support to groups such as young mothers who are particularly at risk (**secondary prevention**)
- Work to **support victims, safeguard children and reduce the recidivism of perpetrators** (a mixture of **acute services and tertiary prevention**). This category of services would all be classified as late activity because costs at this point tend to be large and problems substantially more irreversible, but these services can nonetheless include preventative elements that aim to prevent recurrence.

2.4.1 Universal services

Both schools and the health system provide universal services that are aimed at preventing domestic violence and abuse. In schools, sex and relationship education and other forms of pastoral support for child development can foster a sense of identity that makes abusive relationships less likely. They can also be a gateway to more targeted and specialist support. Health services can also provide an important

context for the identification of domestic violence and abuse, in particular through GPs and health visitors.

However, there is very little evidence about what works in terms of the identification of domestic violence and abuse or referral to more specialist services. The NICE Review (2013) found that there is relatively little UK evidence available on the capacity of universal primary prevention programmes delivered through schools to achieve behavioural, as opposed to attitudinal, change. However, there are a number of approaches to sex and relationships education for example that have shown promise.

For example, "Safe Dates" has been shown in a randomised control trial in the US to reduce physical, and sexual dating violence at four year follow up.[xiv]

Safe Dates is a school based universal adolescent dating violence prevention programme for 11-18 year olds

2.4.2 Early Intervention

The evidence suggests that programmes that aim to educate and support positive attitudes among young people at risk may be effective.The NICE Review (2013) found modest evidence that Early Intervention programmes for young people at risk may improve knowledge, attitudinal and interpersonal outcomes, and drive modest reductions in violent behaviours. This evidence is not strong enough to suggest scaling up these specific approaches nationally. It indicates that there are promising avenues for the trialling of new approaches and the improved testing of existing ones.

Love U2: Communication Smarts addresses healthy and unhealthy relationship patterns, communication and conflict resolution skills, and general problem solving.

Some studies conducted with young people at high risk for abuse have reported modest reductions in violent behaviours, although these tend to be based on small samples without careful control groups.[xv] Specific programmes found to be promising by NICE (2013) based on US evaluations of this sort included:

- A brief educational programme for low-income youth, "Love U2: Communication Smarts" which resulted in a significant decrease in negative communication and improvements to conflict resolution.
- A court delivered intervention for adjudicated African American male adolescents, "Men Stopping Violence"[xvi] which resulted in higher levels of knowledge of domestic violence and abuse and less patriarchal attitudes.

Men Stopping Violence is a court ordered intervention designed to enhance adolescents' awareness of the nature of their problems with delinquency, and communal and personal responses to violence towards women and girls.

- A relationship education programmes for Hispanic adolescent mothers, "Strengthening Relationships."[xvii] Findings suggest that this relationship education programme for adolescent mothers already engaged in a Pregnancy, Education, and Parenting course had a positive impact on understanding about abuse, development of conflict management skills, and in some cases their ability to leave an abusive relationship.

Strengthening Relationships is a targeted intervention focused on building relationship skills among pregnant and adolescent parents already enrolled in Pregnancy, Education, and Parenting Programmes.

NICE (2013) found that the above prevention programmes tended to focus on attitudinal changes, but also that some studies conducted with young people at high risk for domestic violence and abuse also reported modest improvements in behavioural outcomes (including a reduction in violent behaviours). [xviii]

Because there are few proven approaches to early intervention to prevent domestic violence and abuse, innovation and development is required. For example, a new addition to the US version of the Family Nurse Partnership allows nurses to assess the quality of relationships and helps identify domestic violence and abuse before it starts or in its early stages. It includes universal and targeted components and provides actions for nurses at each stage of the client's readiness to change their situation. A small pilot study has shown this new element to be effective, and an RCT is underway in the US.

The Family Nurse Partnership targets women becoming parents at a young age. Many have a low income, do not live with their partner and have few educational qualifications or steady employment.

Another source of innovation may be through activity to support the quality of couple relationships. For example, in the Supporting Father's Involvement Programme, families with current reported domestic violence and abuse or child protection involvement are excluded from participation, but the programme offers promise as a targeted Early Intervention programme for groups at risk of domestic violence and abuse but where it is not currently happening. It has been subject to two U.S studies showing benefits such as reductions in children's problem behaviours relative to the control group, reductions in parenting stress, reduced violent behaviours (including hitting and screaming) and reduced children's aggressive behaviour.[xix]

The Supporting Father's Involvement Programme is a group-based approach to strengthening relationships with a particular focus on encouraging fathers' involvement with family life.

2.4.3 Late intervention

We have not reviewed the evidence on safeguarding children who have been direct or indirect victims of domestic violence and abuse. Nor have we reviewed the evidence on service provision for victims more generally. The frontline information we have garnered indicates that there are both indications of service reduction and some promising approaches. This needs a proper review in its own right.

In relation to perpetrator programmes, we have found that there is good evidence about differences in effectiveness that indicate a need for approaches to be carefully personalised to the individual rather than generic in approach, treating all cases of domestic violence and abuse as broadly the same. The relative difficulty of achieving success with attempts to reduce recidivism adds to the imperative to focus on developing a stronger suite of preventative practice. However, it is still

critical that perpetrator and survivor programmes are invested in and further tested. There are promising approaches and much that suggests good practice is evident in the our 20 Places and elsewhere.

- Two recent reviews[xx] of programmes delivered in the US showed no benefit to reoffending rates from existing perpetrator programmes[xxi]. Men who commit domestic violence and abuse and are treated after arrest have only slightly lower recidivism rates (36%) than men not treated after arrest (39%). The evidence is contested but the narrow specification of the Duluth model (sometimes thought to be the most common treatment approach for domestic violence and abuse offenders, based solely on gender politics), has been found by a recent meta-analysis of studies in the US to have no effect on recidivism.

  The WSIPP review found a greater degree of effectiveness for an approach based on CBT, relationship enhancement, substance abuse treatment and couples counselling.

- NICE, WSIPP and Babcock (2004) [xxii] all suggest combining perpetrator interventions with support to tackle other problems such as drug and alcohol problems and developing culturally specific interventions[xxiii].

- The lack of autonomy and freedom of movement caused by the coercive and controlling behaviour of the abuser makes providing services to domestic violence and abuse survivors difficult. This has led to increased attention to outreach work that brings the service to the survivor. Evaluations of advocacy and support services for female victims of domestic violence and abuse have emphasised the importance of individual advocacy to enhance wellbeing and safety, tailored to individual need[xxiv]. There are many examples of innovative work going on to support victims alongside and in tandem with the attempt to address the domestic violence and abuse of perpetrators. For some the Duluth model has evolved to do precisely this. There is perhaps too much attention paid to this label. It would aid the debate if providers provided greater specification of specific approaches being adopted.

The Duluth Model has been the most frequently used domestic violence and abuse perpetrator treatment model for the past three decades. It tends to be based on the theory that domestic violence and abuse is gender-specific behaviour and that men are socialised to take control and to use physical force when necessary to maintain dominance.

2.4.4 Workforce: A lack of professional confidence among the Early Intervention workforce is a primary barrier to addressing domestic violence and abuse

Domestic violence and abuse is a live issue for the Early Intervention Workforce many of whom hear about or suspect it is occurring in their daily work with families.

- The Early Intervention workforce – those working with children and families in roles such as family and parenting support or in settings such as Children's Centres or Schools – consists of people with a range of qualifications and skills. There is no common approach to training in how to tackle domestic violence and abuse across Early Intervention practitioners.

- Among Early Intervention and the children's sector more generally **there is wide variation in screening tools used and guidance provided on dealing with domestic violence and abuse**. Hester (2006) and Magen (2000) both showed that combining screening with training resulted in a threefold increase in domestic violence disclosure. Evidence indicates that the act of disclosure in itself serves to break the shroud of secrecy, reducing children's experience of violence and significantly lessening impact (Stanley 2011, Macfarlane 2005).

- Evidence collected in this study reinforces other studies[xxv] in finding that the Early Intervention workforce may lack confidence when dealing with cases where domestic violence and abuse is present.

- Two thirds of Domestic Violence leads in the EIF's 20 Early Intervention Places[xxvi] saw "a lack of professional confidence among the Early Intervention workforce" as a primary barrier to acting on domestic violence and abuse when it is identified.

- Parenting programmes and Early Intervention services provide a significant opportunity to identify and address domestic violence and abuse. Although identification is insufficient without wider system capability to address domestic violence and abuse once identified or suspected, supporting the development of tools, skills, and confidence of this workforce to be able to identify effectively provides an opportunity to deliver earlier help for domestic violence and abuse and potentially reduce its longer term impact and prevalence.

The Early Intervention Foundation is working closely with 20 Early Intervention "Pioneering Places" across the country, including 18 Local Authorities and 2 Police and Crime Commissioners, to help make Early Intervention a reality throughout all levels of local activity, from governance structures and commissioning, through to actual programmes and practice on the ground. More information is available at: **http://eif.org.uk/places**

3. RECOMMENDATIONS

Overall, we have found that domestic violence and abuse is a significant issue in terms of impact and prevalence, with wide-reaching potential implications for children, family and communities and high resultant costs. Its scale is such that it is vital that concerted action is taken across a very wide range of agencies at national and local levels. It is of concern that so many existing approaches are unproven and that practitioners have signaled uncertainty about how to address problems that are identified. However, there are promising approaches that with more development and testing could enable substantially more effective prevention of domestic violence and abuse.

Local government and local agencies

At a local level, Local Councils, Police and Crime Commissioners, Clinical Commissioning Groups, public health organisations, partnerships such as Health and Wellbeing Boards and our own 20 Early Intervention Places, should ensure that the prevention of domestic violence and abuse is central to local strategies on crime prevention, health and wellbeing and children and young people.

This should include ensuring that prevention and Early Intervention on domestic violence and abuse is represented in local strategies and plans related to Early Help and/or Early Intervention, and that this is informed by the latest evidence and guidance on what works, and in particular the NICE Guidance. The Early Intervention Foundation undertakes similar work advising our initial 20 EI Places on the use of evidence to improve services and would be pleased to help in the communication of this guidance.

National Government

Nationally, the Action Plan on Violence Against Women and Girls (VAWG) is an important tool in delivering concerted action across government departments on the domestic violence and abuse agenda. The focus on prevention and early intervention in the 2014 Action Plan is important. We believe that the Plan could benefit from more specific actions and more clarity on measures of progress. For example, the emphasis in the Plan on a year on year reduction in violence against women is a welcome strong signal of intent but the Plan is not specific on which metrics will be used for assessing performance. Real change may require more explicitly named leadership and accountability for performance on implementation.

The development of new and improved programmes and approaches

A key challenge is the development and improvement of approaches both for preventing domestic violence and abuse, and for addressing it once it has occurred. The rigorous evaluation of these approaches is vital, and needs a collaborative approach between providers, funders, researchers, central and local government and the voluntary sector. We make a number of general suggestions that we will take forward in our work. The government might go further than it has done in the 2014 Action Plan on how it will enhance innovation and evaluation.

The Home Office should support the development of the evidence base on what works in relation to domestic violence and abuse perpetrators. Further development and rigorous trialling of innovative programmes and practice targeting perpetrators of domestic violence and abuse are needed. An example of an innovative programme worthy of further research is the "Strength to Change" perpetrator intervention based in Hull.

Strength to Change is an innovative programme developed in the UK, for male domestic violence and abuse perpetrators, which has been operating in Hull since 2009. Men self-refer to the service and following assessment, are offered extensive individual and group sessions.

We have found some evidence that perpetrator programmes that target domestic violence in a culturally specific context, or at the same time as tackling other issues such as mental health problems and drug and alcohol misuse, have had some success. We recommend that further rigorous evaluation of approaches that aim to tackle domestic violence and abuse in this way should be supported by the Home Office, Department of Health and other funding agencies.

There should be further rigorous testing of preventative programmes that have been shown to effect positive changes in young people's attitudes to domestic violence and abuse. We recommend that the testing of preventative programmes includes rigorous longitudinal measurement of programme effect on young people's behaviour into young adulthood. This should include measurement of behavioural outcomes as well as of attitudes.

Programmes such as "Safe Dates", which has been shown to improve attitudes towards conducting healthy relationships and dating violence, should be subject to rigorous longitudinal evaluation of effectiveness on young people's levels of perpetration and victimisation from domestic violence and abuse into young adulthood.

The development of additional components to Early Intervention parenting programmes offering domestic violence and abuse support is welcomed. The Nurse Family Partnership Intimate Partner Violence intervention is an augmentation to the core early intervention programme with a specific focus on domestic violence and abuse. It is currently being trialled in the U.S. There is also a proposed intervention to rebuild relationships between abused mothers and their children, based on the established Incredible Years parenting programme. Government departments and other funding agencies should consider funding trials and development of these and similar approaches.

In schools

We recommend that DfE consider how to address how to improve the quality and quantity of effective education programmes addressing young people's attitudes and behaviours in relation to domestic violence and abuse, notably Personal, Social and Health Education (PSHE) and Sex and Relationships Education (SRE). This could include working with the PSHE Association, the Early Intervention Foundation and our 20 EI Places, and liaising with the Independent Academies Association and other representative agencies, to develop an effective approach to awareness raising on domestic violence and abuse in all schools.

DfE might also include commissioning advice and guidance for schools on the delivery of effective SRE programmes preventing domestic violence and abuse, which would incorporate guidance on the programmes that have been demonstrated to have a positive effect on young people's attitudes and behaviours. This should be periodically reviewed based on evaluation and monitoring of outcomes.

Relationships

It is important that there is a strong lead across government to make sure all support for families, couples and relationships includes awareness and prevention of domestic violence and abuse at its core. We recommend that in her role as leader of the domestic violence agenda across government, the Home Secretary advocates for the prevention of domestic violence and abuse, and that this features more strongly in all government policy to support family functioning, parenting and positive couple relationships.

The Inter-Ministerial group and any future VAWG Action Plan should set out clear steps to ensure that all government support for families, couples and relationships includes awareness and prevention of domestic violence and abuse.

We recommend Government departments ensure that prevention of domestic violence and abuse is a core component of all relationship support programmes that it commissions directly, and support the further testing of programmes that offer promise in preventing future domestic violence and abuse amongst wider family benefits, such as Supporting Fathers Involvement. The DWP's forthcoming *Family Stability Review* might make prevention of domestic violence and abuse a core theme.

Workforce

Our report has found that a key area for improvement is the confidence and skills of the Early Intervention workforce, to ensure that they can play a vital role in addressing domestic violence and abuse early. We recommend that government departments, working with providers and representatives of the children's workforce, ensure the availability of core training on domestic violence and abuse for all professionals working with children and families, to build a basic level of confidence and competency in handling this issue.

Professional agencies representing more established workforces such as social workers, teachers, health professionals and those working in the criminal justice system should consider how to ensure that existing includes prevention and Early Intervention.

There is a need for a lead body or organization to provide leadership and support for the skills and training of the Early Intervention/family support/family intervention workforce.

Early Intervention parenting programme providers could commit to including knowledge and skills requirements about domestic violence and abuse in all role profiles/job descriptions for those practitioners delivering their programmes, making full use of core training referenced above to support this.

At a local level, incorporating domestic violence and abuse services into visits from midwives and health visitors as well as including screening in primary care settings dealing with at risk groups, can encourage greater identification and take up of services. Therefore, we recommend that Local Councils, CCGs and their partners consider how to ensure that targeted outreach domestic violence and abuse prevention is provided as part of existing outreach and home visiting services for at risk populations, particularly young mothers. It is also important that successful primary care-based screening programmes are more widely implemented. However, improved outcomes will only result if there are appropriate services to follow up. Therefore it is also important that Local Councils and other agencies assess the current provision of services for addressing domestic violence and abuse and take steps to ensure that adequate funding is available where there are gaps. We think this might usefully be a stronger theme of the Government's approach through the VAWG (2014).

Improved measurement, reporting and research

While the broadening of the definition of domestic violence and abuse is welcome, there might usefully be greater clarity in the measurement and reporting of domestic violence and abuse, to ensure we have a full picture of trends and can monitor progress. There is a need for better reporting of the data such that the abusive and psychological element is more accurately estimated and the component elements of physical, psychological, sexual, financial and emotional abuse are more clearly distinguished in the official statistics.

The Home Office and the Office of National Statistics should test and agree improvements to the measurement of domestic violence and abuse through the Crime Survey for England and Wales, particularly in relation to the monitoring of coercive and controlling behaviour.

We propose the DfE commission a survey of attitudes to domestic violence and abuse in schools to explore children and young people's attitudes to domestic violence and abuse, and to assess which preventative programmes to change attitudes may be most useful, and where these could be best targeted. This would then provide a baseline for success of future education programmes.

4. CONCLUSION

We wish to help both those who firefight particular domestic violence and abuse cases but also those who can eliminate it at source and break cycles of intergenerational transmission. Our review has found that there is a strong case to show that domestic violence and abuse is highly prevalent, is an important cause of long term problems to children, families and communities, and is associated with

significant costs. Improvements in Early Intervention and prevention could have a potentially significant impact on reducing these long-term negative consequences.

Chapter 1: Introduction

The Early Intervention Foundation (EIF) has been established to tackle the root causes of problems for children and young people rather than waiting to address the symptoms once such problems are embedded. We have undertaken the research in this report to assess the extent to which domestic violence and abuse can be said to be a root cause of problems of mental and physical health, anti-social behaviour, poor skills and/or unemployment that limit life chances for children and young people and are a cause of demand for expenditure in local services.

The broad term domestic violence and abuse incorporates many types of violent and abusive behaviours including physical and sexual abuse, coercive and emotionally controlling behaviour, financial control, female genital mutilation, forced marriage and honour based violence. There are very different forms of violence and abuse that demand different and nuanced policy responses, even if there are common features. Therefore, we start with definitions.

1.1 The definition of Domestic Violence and Abuse

In April 2013 the cross-government definition of domestic violence and abuse was broadened and amended to include violence between young people aged 16-17 years in a relationship, and to include a focus on coercive control. This new definition encompasses non-physical abusive behaviour and is the definition we use in this report (whilst also limiting our focus to those in parenting roles). The new cross-government definition of domestic violence and abuse is:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."[2]

[2]Home Office (2013) 'Information for Local Areas on the change to the Definition of Domestic Violence and Abuse'

This new definition also includes honour based violence, female genital mutilation and forced marriage.

Although the cross-government definition is clear and specific, definitions of domestic violence and domestic abuse used more generally are diverse and at times conflicting, often for historical reasons or from the requirements of data collection. Differences in terminology may obscure similar content and can result in a lack of clarity in discussions on how to prevent and address domestic violence and abuse. One key example of this is the fact that the Office for National Statistics (ONS) [3] uses the term "domestic abuse" to describe an almost identical set of behaviours covered in the cross-government definition of "domestic violence and abuse". Thus, the definition of "domestic abuse" used by ONS includes incidents of physical force carried out by a current or former partner or other family member while the cross-government definition does not include this in the term "domestic abuse."

Because of our core role in preventing long-term and inter-generational problems, this report addresses questions about the prevalence and impact on children of domestic violence and abuse between those in parenting roles, and what can be done to prevent further cycles of domestic violence and abuse, considering particularly the challenge of addressing problems upstream. We find a very high prevalence of domestic violence and abuse, and a multitude of negative impacts on children exposed to it, that drive poor outcomes and can lead to the transmission of attitudes and behaviours that can continue an intergenerational cycle of witnessing, perpetrating and being subject to violence from partners and family members. The scale is such that alongside the critical importance of getting better help to victims, particularly for the more high risk and severe cases, a greater focus on prevention must be an important part of approaches to tackling domestic violence and abuse.

We use the government definition of domestic violence and abuse, distinguishing where we can which aspect is addressed by specific studies. We use the term domestic violence to refer to physical violence specifically, as part of the more general construct of domestic violence and abuse as defined in the new cross-government definition. Although we summarise evidence on the prevalence of all types of violent and abusive behaviours, the focus of this report is on violence and abuse between those in parenting roles, the impact of this on children's development and the consideration of the evidence on what works to prevent it happening in the first place and of recurring.

The specification of early and late intervention in relation to domestic violence and abuse is difficult because in common with other such causes, it is both an outcome and a driver of outcomes. It is an outcome for prevention services because it is that

[3] ONS, Focus on: Violent Crime and Sexual Offences, 2012/13, pg. 65. Chapter 4

which such services aim to prevent but may also be a part of a pattern of experiences for both perpetrator and victim, and so one event among many.

Nonetheless we can be clear that by Early Intervention we mean, in this case, activity which is intended to prevent a substantial incidence in a person's life of perpetrating or being the victim of domestic violence and abuse. Late intervention is activity subsequent to acts of domestic violence and abuse which aim to prevent further recurrence and/or protect against other consequences.

Our focus is on prevention and Early Intervention, rather than the support and treatment for victims of severe violence and abuse. We recognise the tremendous importance of this later work and widespread concern about the trends in funding for such support. We have addressed this in a number of our recommendations but have not focused on this issue as the central theme of this report.

1.2 The NICE review and other key sources

It is important to be aware that more substantial programmes of research and systematic review have recently been published and others are forthcoming that between them provide a view of what works and what doesn't across the many forms of domestic violence and abuse, at different levels of severity and risk. A particularly important source is the 2013 systematic "Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence" commissioned by the National Institute of Health and Care Excellence (NICE)[4] to support their draft guidance on domestic violence and abuse for health and social care professionals, on what works in preventing or addressing domestic violence and abuse when it occurs, and what doesn't.

NICE REVIEW AND GUIDANCE

Detailed guidance resulting from their authoritative 2013 review was published by NICE on the 26th February 2014. The NICE guidance provides recommendations for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. The recommendations include: effective strategies for commissioning and the development of integrated care pathways; how to create environments which support safe and appropriate disclosure; improving access to services which improves a comprehensive referral pathway; the provision of tailored services which take account of the needs of different population groups including those with existing mental

[4] Prepared by the British Columbia Centre of Excellence for Women's Health 2013, prepared to inform NICE draft guidance

There are also upcoming reviews from the University of Central Lancashire on universal primary prevention, entitled Preventing Domestic Abuse for Children (PEACH), and an upcoming review of the police response to domestic violence and abuse being undertaken by Her Majesty's Inspectorate of Constabulary (HMIC). [5] An important review of prevention, identification, protection and recovery services has also been commissioned by the Welsh Government. All of these reviews are expected to report in 2014.

In September 2013, the Home Secretary ordered Her Majesty's Chief Inspector of Constabulary to undertake a review of police handling of domestic violence, including the use of "community resolutions" (where offenders are cautioned but not charged and are made to apologise to the victim), and the variable quality of the police response across the country. The College of Policing is contributing to this review, which will be the authoritative review of what works for the policing of domestic violence and abuse.

These resources are provided in the compendium of resources that accompanies this report, at Appendix A. We have drawn heavily on a much wider body of work, including particularly important reviews on the prevalence of children witnessing domestic violence and threatening behaviour (Radford, 2013), the evaluation of resulting costs (Walby 2004, 2009), the impact of domestic violence on children's development (Kitzmann et al. 2003), and domestic violence specific interventions and service responses (Stanley, 2011, 2010). For more information on these key sources, please see Appendix A.

1.3 Scope and focus of this report

The objective of this report is to assess the evidence on the scale and impact of domestic violence and abuse and consider the extent to which prevention might offer an important part of the policy response, while also recognising the continuing need to provide safety and prosecution in severe cases. To assess the role of prevention we have considered the evidence on what works and what doesn't, particularly for lower risk and less severe cases that will tend to be prevalent amongst participants in universal and targeted parenting programmes.

The development and take up of effective parenting based Early Intervention programmes is a key concern of the Early Intervention Foundation. These programmes are sometimes the "front door" into specialised and/or statutory services for families, through which additional complexities and difficulties can first become apparent. Therefore, we have also reviewed the current barriers to identification and action on domestic violence and abuse for practitioners delivering parenting based Early Intervention programmes. We also describe how some

[5] Home Secretary commission: Police response to domestic violence and abuse: http://www.hmic.gov.uk/news/news-feed/home-secretary-commission-police-response-to-domestic-violence-and-abuse/ Accessed October 21st, 2013

existing Early Intervention programmes are adapting their approaches to include augmentations for domestic violence and abuse.

Because prevention must also include the attempt to reduce the recidivism of those who commit offences of domestic violence and abuse we have summarised the most up to date evidence on the effectiveness of programmes for perpetrators of domestic violence and abuse.

We do not assess the effectiveness of all types of prevention and treatment for all types of domestic violence and abuse. As highlighted above there are a number of important initiatives doing precisely this. Through the approach set out above we intend rather to demonstrate some important general principles for how Local Councils and other agencies, the VCS, communities and Government can improve provision, particularly across the spectrum of universal prevention and Early Intervention.

[6] It is estimated that around 7.5 million people in the UK between the ages of 16 and 59 had been victims of any domestic violence and abuse since the age of 16 [7] and 25% of young people have witnessed at least one episode of domestic violence and abuse by the age of 18.[8] The Crime Survey for England and Wales 2012/13 found that, overall, 30.0% of women and 16.3% of men aged 16 to 59 had experienced any domestic violence and abuse since the age of 16. These figures were equivalent to an estimated 4.9 million female victims of domestic violence and abuse and 2.7 million male victims. In terms of more severe domestic violence and abuse, 14% of women and 6% of men had experienced any severe force by a partner since the age of 16.[9]

There is a substantial body of evidence, collected over more than 30 years, that demonstrates the lasting negative impact of witnessing domestic violence and abuse on children's psychological and social outcomes. Many studies, including large meta-analyses by Kitzmann (2003) and Holt (2008) have found that children who have witnessed domestic violence but not been the direct target of it have a higher level of fear, inhibition, are more anxious and depressed, and display higher levels of both internalising and externalising disorders than children who have neither witnessed it nor experienced it directly[10]. This exposure results, on average, in higher levels of

[6] ONS, Focus on: Violent Crime and Sexual Offences, 2012/13, pg. 65. Chapter 4

[7] ONS, Focus on: Violent Crime and Sexual Offences, 2012/13, Chapter 4

[8] Cawson, P. (2002) Child maltreatment in the family: the experience of a national sample of young people. London: NSPCC; Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) Partner exploitation and violence in teenage intimate relationships. London: NSPCC.

[9] ONS, Focus on: Violent Crime and Sexual Offences, 2012/13, Chapter 4

[10] Kitzmann, K.M., Gaylord, N.K., Holt, A.R., & Kenny, E.D. (2003). Child witnesses to domestic violence: A meta-analytic reviw. Journal of Consulting and Clinical Psychology, 71, 339-352. P. 345; Edelson, J. (1999) Children's witnessing of adult domestic violence. Journal of Interpersonal Violence, 14, 839–870; Maxwell, C. & Maxwell, S. (2003) Experiencing and witnessing familial aggression and their relationship to physical aggressive behaviors among Filipino adolescents. Journal of Interpersonal Violence, 18, 1432–1451; Zinc, T. & Jacobson, J. (2003) Screening for intimate partner violence when children are present: the victim's perspective. Journal of Interpersonal Violence, 18, 872–889; Adams, C. (2006) The consequence of witnessing family violence on children and implications for family counsellors. The Family Journal, 14, 334–341

antisocial behaviour, violent crime, substance abuse and delinquency, attitudes that condone or accept domestic violence and abuse, and a substantially increased risk of becoming a victim or perpetrator of domestic violence and abuse as an adult.

Because of these long-term consequences and costs simply doing less as budgets decline is not an option. An improved policy response is required. On the basis of this broad review and analysis, we make local and national policy recommendations on both how some of the barriers identified can be overcome and how wider approaches to addressing domestic violence and abuse can be improved.

1.4 Approach

As emphasised above, this report is not based on a formal systematic review of all aspects of the effectiveness of interventions. That work has been and is being conducted elsewhere. We are adopting a "deep dive" approach to this report. In other words, we have reviewed relevant literature and existing reviews, undertaken structured consultation and surveying of the EIF's 20 Pioneer Places, gathered information from the developers and providers of a sample of parenting based Early Intervention programmes, and consulted with a wide range of academic, policy and government experts. This reflects the role of EIF which is to straddle evidence, implementation and advocacy.

THE EARLY INTERVENTION FOUNDATION'S 20 PIONEERING PLACES

The EIF is working closely with 20 Early Intervention Pioneering Places across the country. These places (18 Local Authorities and 2 Police and Crime Commissioners) are working to make Early Intervention a reality throughout all levels of local activity, from governance structures and commissioning, through to actual programmes and practice on the ground. EIF is supporting each of these places, providing bespoke expertise, advice and evidence.

We identified 15 key bodies of evidence that hold large repositories of evidence pertaining specifically to Early Intervention with children and families. These bodies of evidence were searched for relevant terms[11]. Materials collected via this method were then sifted for relevance and key authors and experts identified.

[11] Initial search terms were domestic + violence, domestic + abuse, partner + violence, early intervention + domestic, early intervention + violence, intervention + violence, intervention + domestic, domestic + violence + evaluation, domestic + violence + intervention, domestic + violence + prevention, domestic + violence + parent, domestic + violence + commissioning.

In addition to a large cache of resources, a list of 29 key experts was identified through this initial literature search, and from members of EIF's Evidence Forum.[12] This group comprised academics, policy experts from central government, and representatives from "what works" centres, Early Intervention Places and the voluntary and charity sector. These experts were then asked to provide comment on the scope of the review and to identify additional resources for inclusion. Additional literature searches were conducted to follow up on resources or lines of enquiry suggested by the expert panel.

We have consulted throughout with representatives from the 20 Early Intervention Places at events, meetings dedicated to the review, through personal correspondence and through comment on scoping documents. A structured internet questionnaire was sent to the domestic violence and abuse lead managers across services in the 20 Places. This survey asked about approaches and strategies for domestic violence identification and prevention, the barriers to intervention for Early Intervention practitioners and asked for details of current approaches to addressing these barriers. The survey asked two sets of questions on the identification and prevention of domestic violence and abuse, one set on responses to domestic violence and abuse across all services, and one set on specific barriers and approaches to identification for Early Intervention Practitioners. Some respondents answered both sets of questions and some answered one set of questions. Respondents from all of the EIF's 20 Early Intervention Places answered questions specifically relating to Early Intervention practitioners. The survey is available to view online.[13]

We have also asked providers of three of the most frequently commissioned parenting based Early Intervention programmes a series of questions about how domestic violence and abuse impacts on programme effectiveness.

A subset of the 29 experts in domestic violence research and prevention policy mentioned above met in mid-October 2013 to consider and comment on early findings from the review.

Following the expert panel meeting, a policy workshop was held in early November 2013 to scrutinise and test the report's findings. Participants then considered the implications of these findings and made local and national policy recommendations.

[12] The EIF Evidence Forum is an informal body of around 100 individuals and organisations working in evidence roles in academia, government and the voluntary and charity sector with an interest in early intervention and/or evidence-based policy more generally.

[13] Preview version of survey available here: https://www.surveymonkey.com/s.aspx?PREVIEW_MODE=DO_NOT_USE_THIS_LINK_FOR_COLLECTION&sm=fFRyYi9EXHotw9PfO0MzHpAQeMl2vAgX1fBDugSw468%3d

Chapter 2: The prevalence of Domestic Violence and Abuse

There are a range of sources of information on the level of domestic violence and abuse and trends in domestic violence and abuse. In this section we provide the core data on general prevalence from the Crime Survey for England and Wales (CSEW, previously the British Crime Survey) and on the prevalence of exposure of children to parental domestic violence and threatening behaviour from the NSPCC's prevalence surveys. We also examine prosecuting rates as recorded by the Crown Prosecution Service (CPS) and reporting and prosecution rates from an analysis of Independent Domestic Violence Advocate service users conducted by Co-ordinated Action on Domestic Abuse (CAADA).

2.1 Challenges of measurement

There are a number of reasons why measuring the prevalence of domestic violence and abuse is difficult. A key issue is that what is measured has changed over time, as definitions have changed. Measuring prevalence is difficult because of the psychological, intimate and private aspect of much domestic violence and abuse. Respondents may not agree about what counts as domestic violence and abuse or may not want to report it. Many people exposed to domestic violence and abuse do not recognise their experiences as such. In her 2011 review for Research in Practice, Stanley (2011) raises the likelihood that underreporting is also a consequence of high prevalence; that domestic violence is so deeply embedded in the pattern of family life in some communities that victims, perpetrators and children may not recognise or define their experiences as domestic violence. This constitutes a barrier to its identification, and to seeking help.[14]

So the data must be treated with caution. However, the Home Office and Office for National Statistics have a very useful and well designed, large survey, the Crime Survey for England and Wales (CSEW, formally the British Crime Survey). There are some complexities in that different parts of the survey ask questions in different ways with implications for how the data are to be interpreted (see box) but the survey has very carefully developed measurement instruments which give the best guide to prevalence and trends.

There are two approaches in this survey to measuring the prevalence of domestic violence and abuse. The first method is through the main face to face interview component. The second is a self-completion module which immediately follows the interview and allows people to answer questions on sensitive topics privately. The

[14] Stanley, N, Research in Practice (2011) Children Experiencing Domestic Violence: A Research Review. London: NSPCC

self-completion component was introduced to the British Crime Survey in the 2004/05 survey. Prior to this, the prevalence of domestic violence was measured through the interview component only. The self-completion component is considered to be the more reliable measure.[15]

[15] Office for National Statistics, Focus On: Violent Crime and Sexual Offences, 2013, p.3

CSEW Modes of Domestic Violence and Abuse Prevalence Recording

The CSEW uses different terminology for the two different modes of prevalence data collection. The face to face interview component of the survey uses the term "domestic violence" to refer to incidents of physical violence which involve partners, ex-partners, other relatives or household members. The self-completion component that follows the face to face interview asks people aged 16 to 59 about experience of any of the following carried out by a current or former partner or family member:

- Prevented you from having your fair share of the household money
- Stopped you from seeing friends and relatives
- Repeatedly belittled you to the extent that you felt worthless
- Frightened you, by threatening to hurt you or someone close to you
- Pushed you, held you down or slapped you
- Kicked, bit, or hit you with a fist or something else, or threw something at you
- Choked or tried to strangle you
- Threatened you with a weapon, for example a stick or a knife
- Threatened to kill you
- Used a weapon against you, for example a stick or a knife
- Used some other kind of force against you

The summary of responses to these questions, combined with sexual assault and stalking by a current or former partner or family member, is referred to as ''domestic abuse'' with the sub-categories of: non-sexual emotional or financial abuse, threats, physical force, sexual assault or stalking carried out by a current or former partner or family member.

The ONS Report "Focus on: Violent Crime and Sexual Offences" states that it is very likely that domestic violence is substantially underreported in CSEW face to face interviews. The self-completion module of the CSEW asks questions on the broader topic of domestic abuse (as defined above) and only 9% of respondents who reported being victims of domestic abuse in the last 12 months in the self-completion component of the survey also stated that they had been victims of domestic violence in the face-to-face interviews. Numerous factors may contribute to the vast discrepancy in reporting rates (including the differences in definition between the terms domestic violence and domestic abuse, with the wider definition of domestic abuse including non-sexual emotional or financial partner abuse and stalking). The Office for National Statistics also suggest that this under reporting may also be due to the lack of privacy inherent in the interview.

These methodological issues for the CSEW survey and their impact on prevalence rates are currently being examined by a study entitled "Is the rate of domestic violence decreasing or increasing? A re-analysis of the British Crime Survey" at Lancaster University lead by Professor Sylvia Walby.

It should be noted that the CSEW data do not include prevalence on honour based violence, forced marriage or Female Genital Mutilation (FGM) as these have been included in the cross-government definition since this data was collected. With this exception, the CSEW category of "domestic abuse" broadly approximates to the

2.2 Self-reported prevalence

The best measure of prevalence, from the self-completion component of the CSEW, showed that in 2012/13 7.1% of women and 4.4% of men aged 16-59 years reported experiencing domestic violence and abuse in the last year; equivalent to an estimated 1.2 million female and 700,000 male victims in England and Wales. Overall, the CSEW estimates that 30.0% of women and 16.3% of men had experienced any domestic abuse since the age of 16, equivalent to an estimated 4.9 million female victims of domestic abuse and 2.7 million male victims in England and Wales.[16]

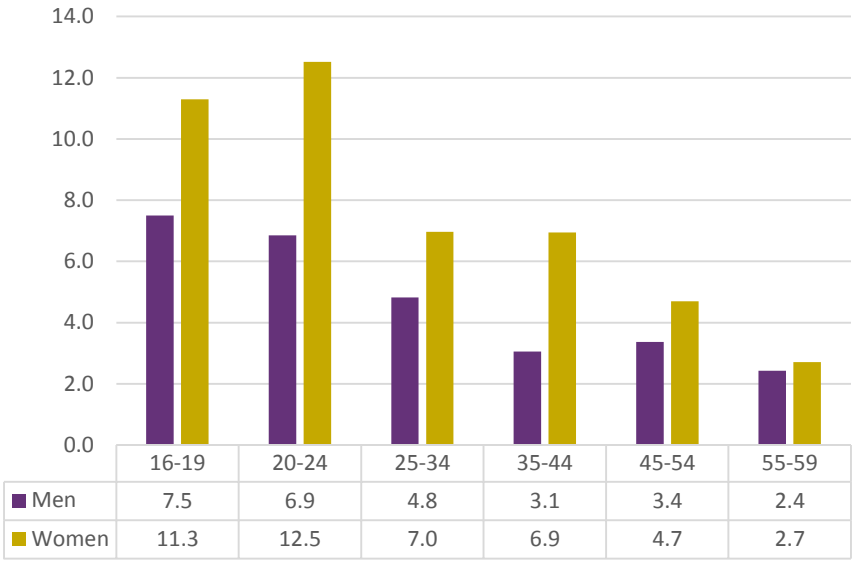
As shown in Figure 1 below, prevalence is highest among young women aged 20-24 years (12.5%, almost twice as high for young men of the same age) and young women aged 16-19 years (11.3%). The rate then decreases with age (7.0% of 25-34 year olds, 6.9% of 35-44 year olds, 4.7% of 45-49 year olds and 2.7% of 55-59 year olds reported being subject to domestic abuse). The percentage of men experiencing domestic abuse also falls with age.[17] Prevalence is substantially higher for females than males for all age groups until 55-59 years, but other studies show that women are more likely to experience severe forms of violence throughout the life course, and more likely to be victims of sexual violence. [18]

Figure 1 % of men and women self-reporting as victims of domestic abuse in the last year by broad age group (CSEW 2012-13)

[16] Crime Survey for England and Wales (CSEW), Chapter 4 – Intimate Personal Violence and Partner Abuse, ONS, 2014

[17] ONS, Op. Cit.

[18] Hester, M 2013, 'Who does what to whom? Gender and domestic violence and perpetrators'. *The Scottish Journal of Criminal Justice Studies*, vol 19., pp. 13-19



In terms of the types of abuse suffered, 4.0% of women reported having experienced non-sexual partner abuse in the last year, compared with 2.8% of men and 2.2% of women were subject to non-sexual family abuse compared with 1.6% of men.[19] The published figures do not identify sexual assault and stalking by partners or family members as separate categories.

In terms of severity of abuse, the latest figures show that, overall, 1.2% of people aged 16-59 had experienced partner abuse involving severe force in the last year. However, when considered as a proportion of those who had experienced any partner abuse in the last year this proportion was 30% (34% for men and 28% for women). Thus, around one in three people who had experienced any partner abuse had experienced severe force. Three per cent of both men and women who had experienced any partner abuse in the last year said it had happened more than 50 times or too many times to count. One in four of the partner abuse group said they had received physical injuries and 45% of women in that group and 32% of men said they had mental or emotional problems as a result of partner abuse in the last year[20].

Table 1: Prevalence of domestic violence and abuse in the last year by abuse type, % of respondents, 2004/05 – 2012/13 (CSEW self-completion)

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Total domestic	7.7	7.8	7.7	:	5.9	5.8	6.1	6.1	5.7

[19] Ibid.

[20] ONS Op. cit Appendix Tables 4.11 to 4.13

violence and abuse									
Partner Non-physical abuse (emotional, financial)	3.1	3.1	3.1	3.0	2.3	2.4	2.4	2.5	2.1
Partner Threats or force	2.7	2.7	2.8	2.4	1.9	2.0	2.1	1.8	1.9
Partner Threats	0.9	1.0	0.9	0.8	0.7	0.8	0.8	0.5	0.7
Partner Force	2.4	2.4	2.4	2.1	1.7	1.7	1.8	1.6	1.6
Partner "Minor" Force	1.4	1.6	1.4	1.3	1.1	1.0	1.1	1.0	0.9
Partner "Severe" Force	1.7	1.5	1.7	1.4	1.2	1.1	1.2	1.2	1.2

Table 1 shows the total overall prevalence of domestic abuse as recorded through the self-completion module for both men and women from its first use in 2004/05 onwards. It shows that prevalence of every kind of domestic abuse fell between the 2004/05 and the 2008/09 surveys and has since been broadly stable.

However, there are slight differences between women and men in the recent trends. Overall, domestic abuse experienced by women in the last year ranged from 8.9% to 9.3% between the survey years 2004/05 to 2006/07. The level then decreased to a prevalence level of 7.5% in the 2008/09 survey. Since then the level has made small but consistent declines which resulted in a statistically significant change between 2004/05 and 2012/13. Domestic abuse experienced by men in the last year also saw a sharp decrease between the survey years 2006/07 and 2008/09 (6.5% to 4.4%). Since then the prevalence has fluctuated between 4.2% and 5.0%, with the latest figure in line with the prevalence seen in the 2008/09 CSEW. While not the lowest figure recorded since the 2004/05 baseline, the latest figure does still represent a statistically significant change between 2004/05 and 2012/13.

Between 2004/05 and 2012/13 all the components of domestic abuse have seen a statistically significant decline except for family abuse (non-sexual) for men and sexual assault for men.

It is noteworthy that the interview component of the CSEW, which requests information on prevalence in a different way and using different definitions finds a similar fall in prevalence in the mid-2000s. That source finds that prevalence of domestic violence fell from 626,000 in 2001/2 to 293,000 in 2008/9[21]. Although the self-completion data reported above are considered to be the more accurate measure, the fact that both sources report declines adds credibility to the finding that there was a decline in this period.

In her landmark work on the costs of domestic violence Walby (2009) suggested that the decline was most likely the result of major policy developments encouraging domestic violence survivors to seek help and the simultaneous improvement in the quality of services available once help has been sought.[22] This is credible but has not been tested through rigorous evaluation. It may also be relevant that the decline in domestic violence and abuse took place in the context of an overall decline in all crime in England and Wales of 16.6% during the same period.[23]

Female Genital Mutilation and Honour Based Violence are covered by the 2013 cross-governmental definition of domestic violence but their prevalence is not recorded in the CSEW. Approximate figures are available for these forms of violence and are summarised below. Based on extrapolation from 2001 census data, a recent report from the Foundation for Women's Health, Research and Development estimates that there are 65,790 women aged 16-49 in England and Wales who have been subjected to FGM.[24] To date there has not been a single prosecution, despite FGM being illegal since 1985 and laws being strengthened in 2003.[25] The 2012/13 CPS 'Violence Against Women and Girls' report states that "areas carried out a range of initiatives to improve prosecutions."[26]

The Foreign and Commonwealth Office's Forced Marriage Unit gave advice or support related to a possible forced marriage in 1,485 cases in 2012,[27] a significant increase on 2007, when the first available figures show that 400 cases were undertaken. In 2012-13, new legislation was passed to criminalise forced marriage and the CPS prosecuted 41 defendants for forced marriage related offences, a figure similar to the 42 prosecutions in 2011/12. Of these, 70.7% were successful, an increase of 16% from 2011-12. 200 defendants were prosecuted for honour-based violence related offences, an increase from 172 the previous year, with 63.0% convicted, an increase of 13% on the previous year.

[21] BCS, cited in Walby, S. (2009). The cost of domestic violence: up-date 2009. Lancaster: Lancaster University.

[22] Walby, Op. Cit.

[23] http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2013/stb-crime--period-ending-march-2013.html Appendix Table A1

[24] Available at http://www.forwarduk.org.uk/resources/resources, last accessed February 11th, 2014

[25] Forward, 2007, A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales

[26] A Call to End Violence against Women and Girls: Action Plan 2013' Home Office (2013), pg. 6

[27] Forced Marriage Unit, Statistics January to December 2012, Home Office and Foreign and Commonwealth Office

2.3 Police reports and criminal justice statistics

2.3.1 Measuring domestic violence and abuse using police reports

A further source of information are police figures. Because "domestic violence" is itself not defined as a crime by law (although physical, sexual and psychological abuse are crimes) and because the law focuses on individual incidents of violence rather than abusive patterns of behaviour, it is very difficult to link the prevalence of domestic violence and abuse as recorded in the CSEW with the total number of police reports and subsequent referrals for charge. It has long been recognised that there is a gap between the prevalence of domestic violence and abuse as an ongoing pattern of behaviour incorporating a range of physical and non-physical forms of abuse and the total number of individual incidents of violence reported to police.

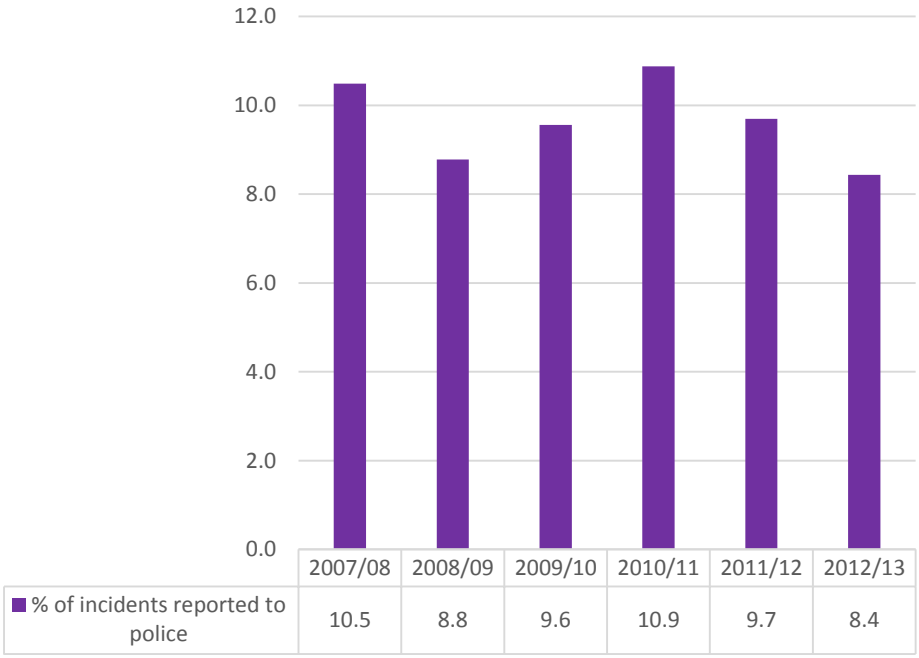
The CSEW found that, 21% of victims of partner abuse had reported the abuse to the police. For those that did not report the abuse, the most common reasons given were the abuse was too trivial or not worth reporting (45%), it was a private, family matter and not the business of the police (31%), and the victim didn't think the police could help (18%). Where the police had come to know about the abuse, they took some sort of action in 75% of cases. The most common action taken by the police was to warn the offender (43%) or arrest the offender (24%). In 18% of cases the offender was charged.

Police and prosecution figures also indicate that the proportion of incidents reported to the police which resulted in a prosecution was small.[28]

Figure 2.% of domestic violence and abuse incidents reported to police that resulted in a prosecution (England and Wales)[29]

[28] See also innovative and important new analysis also including area breakdowns here: http://www.theguardian.com/society/datablog/2014/mar/10/domestic-abuse-sexual-violence-what-the-new-figures-tell-us

[29] Home Office, CSEW, 2014.



	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
% of incidents reported to police	10.5	8.8	9.6	10.9	9.7	8.4

Co-ordinated Action Against Domestic Abuse (CAADA) analysed criminal justice data for the Crown Prosecuting Service (CPS) from 17 Independent Domestic Violence Advisor (IDVA) services across the UK for the year 2011. This analysis offers a different perspective on the proportion of the total amount of domestic violence and abuse that is reported to police. Of the total 2,671 victims supported by these IDVA services, less than a third (32%) reported their abuse to the police, and less than a fifth (19.7% of the total numbers of victims supported) led to a prosecution being initiated by CPS. Of these, 66 (15% of all prosecutions with an outcome recorded) were discontinued by the CPS, 38 (8%) were acquitted, and 350 convicted (77%). In 72 cases the outcome of the case was not known.

The high standard of proof required when there is no acknowledgment of wrongdoing by the perpetrator discourages reporting, as does the adversarial nature of the criminal justice process.[30]

For all of these reasons, data from incidents reported provides an important perspective on prevalence and trends, but one to be distinguished from the survey self-report data and interpreted with caution.

In 2012/13, there were 838,026 incidents of domestic violence and abuse reported to police in England and Wales, a 2.5% increase on the 817,522 incidents reported in 2011/12. It is estimated that these incidents account for 16% of all recorded violent

[30] Farmer, E. & Callan, S. (2012) Beyond Violence: Breaking Cycles of Domestic Abuse. Westminster: Centre for Social Justice.

crime.[31] ONS figures indicate that reports of domestic violence and abuse to police rose sharply between 2007/08 and 2008/09 from 608,438 to 763,976. The total then rose to 775,343 in 2009/10 before decreasing to 755,354 reported incidents in 2010/11. [32]

2.3.2 Domestic violence prosecutions

The 2012-13 Crown Prosecuting Service "Violence against Women and Girls" Crime Report shows an overall pattern of increasing prosecutions alongside an increase in successful prosecutions and more defendants pleading guilty. Figures 3 and 4 show that the total number of prosecutions rose from 63,819 in 2007/08 to a peak of 82,187 in 2010/11. It has since declined to 70,702, 8.4% of all domestic violence and abuse incidents reported to police in 2012/13. The percentage of convictions rose from 68.9% in 2007/08 to 74.3% in 2012/13.

CPS quarterly monitoring shows that prosecutions for "Violence against Women and Girls" (including domestic violence) accounted for between 9.9% (in Quarter 2) and 10.9% (in Quarter 4) of all the total CPS caseload through 2012/13.[33] Offences against the person were the most frequently prosecuted offences, accounting for 68% of domestic violence crimes. Criminal damage and public order offences accounted for a further 13% and 5% of domestic violence related crimes respectively. The proportion of guilty pleas also rose by one percentage point over the year to 68.5%, with conviction after trial occurring in 5.7% of cases.[34]

Figure 3 Completed domestic violence and abuse prosecutions by outcome % (England and Wales)[35]

[31] The police record domestic abuse incidents in accordance with the National Standard for Incident Recording (NSIR) but they are not accredited national statistics and hence not subject to the same level of quality assurance as in the main recorded crime collection. In the year reported on here, the police did not record incidents of domestic violence where the victim was 16 or 17 years.

[32] Crime Survey for England and Wales (CSEW), Chapter 4 – Intimate Personal Violence and Partner Abuse, ONS, 2014

[33] 'A Call to End Violence against Women and Girls: Action Plan 2013' Home Office (2013), p.11

[34] Ibid., p16-18

[35] Ibid.

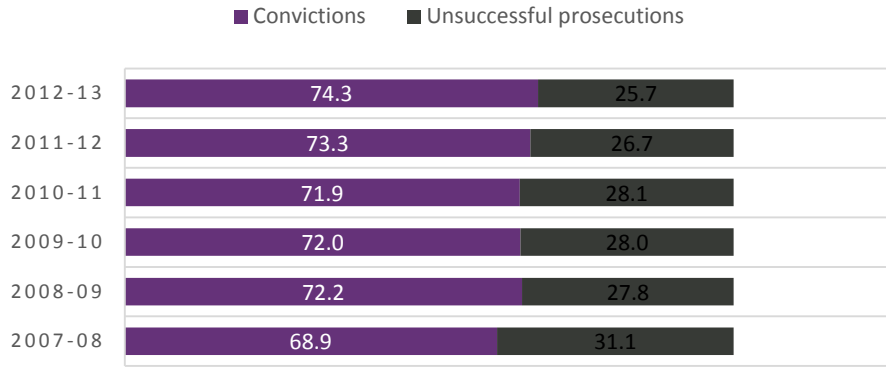
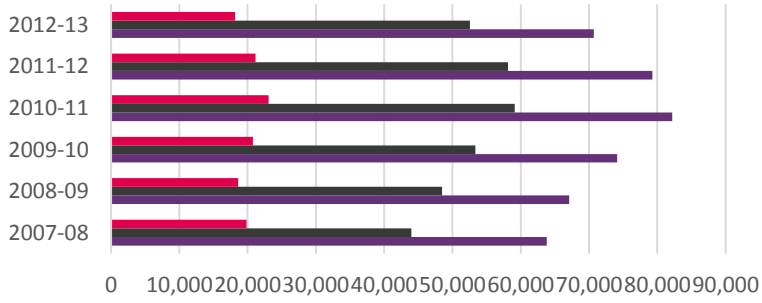


Figure 4.Completed domestic violence and abuse prosecutions by outcome (England and Wales)[36]



	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Unsuccessful	19,842	18,629	20,766	23,086	21,130	18,153
Convictions	43,977	48,465	53,347	59,101	58,138	52,549
Total Prosecutions	63,819	67,094	74,113	82,187	79,268	70,702

2.4 Prevalence of children's exposure to domestic violence and threatening behaviour between parental figures

The NSPCC (Radford, 2011) recently conducted a large study on the prevalence of child maltreatment in the UK, updating its own research from 2000 (Cawson 2002). The study is based on interviews with a nationally representative sample of three groups of children and young people: 18 to 24-year-olds (1,761 in total) and 11 to 17-year-olds (2,275 total) who responded to the survey directly, while 2,160 primary caregivers responded on behalf of children under 11 years of age.[37]

[36] Ibid.

[37] Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N. and Collishaw, S. (2011) Child abuse and neglect in the UK today. London: NSPCC.

As well as extensive data about all forms of child maltreatment, this survey extensively questioned children and their parents/guardians on their exposure, and the impact of exposure, to domestic violence and abuse. The survey asked six questions about "family violence" including four questions about exposure to domestic violence from an adult partner or ex-partner towards the parent, and two questions about other forms of violence between family members other than the child living in the home. Radford found the following prevalence rates among the 4,036 children and young people included in the survey:

- 3.3% of children aged under 11 years had witnessed at least one incidence of domestic violence or threatening behaviour in the preceding 12 months, as had 2.9% of young people aged 11-17 years and 12% of young adults aged 19 – 24 years;
- 12.0% of children aged under 11 years and 18.4% of young people aged 11 – 17 years had witnessed at least one incident of domestic violence or threatening behaviour;
- 24.8% of young adults aged 18- 24 years had witnessed at least one type of domestic violence and abuse (categorised as violence or threatening behaviour between parents) during childhood;
- These figures are similar to those produced by the NSPCC in 2009, which found that 25% of girls and 18% of boys had experienced some form of domestic violence at least once in their childhood.[38]

Although slightly reduced, these figures are very similar to Cawson's findings from the previous NSPCC prevalence study a decade earlier, where of 2,869 young adults, 26% had witnessed domestic violence between their parents at least once during childhood and 5% had witnessed it on multiple occasions[39]. Using Radford's prevalence figures, along with figures for domestic violence exposure in Meltzer's 2009 study of UK children's mental health based on a sample of nearly 7,865 children[40], Stanley concludes that approximately 4.5% of children and young people in the UK have witnessed severe domestic violence (defined as ever having seen one parent kick, choke or beat up the other parent) in their lifetime.[41]

[38] Barter et al., Op. Cit.

[39] Cawson, Op. Cit.

[40] Meltzer, H, Doos, L, Vostanis, P, Goodman, R, The mental health of children who witness domestic violence, Child & family Social Work, November 2009

[41] Stanley, Op. Cit.

2.5 Prevalence among high risk groups

2.5.1 Prevalence during pregnancy

It has been long established that pregnant women are especially at risk of being subject to domestic violence and abuse (McFarlane 1991, Neuberger et al, 1992). The sixth report of the Confidential Enquiry into Maternal and Child Death stated that 30% of domestic violence and abuse begins during pregnancy;[42] [43] and a historical US study estimated that 7% of pregnant women were physically abused by their partners (Dutton, 1988). In the UK, 7% of CAADA's service users for the year 2011/12 were pregnant.[44] An earlier study of a random sample of 290 healthy pregnant women (Helton, 1986) found 15.2% reported being physically abused before their current pregnancy and 8.3% during their current pregnancy.[45] Women's Aid estimates that approximately 3% of all women questioned about domestic violence and abuse on antenatal and postnatal wards had experienced violence during their current pregnancy, but state that this figure is very likely underreported, possibly due to a lack of privacy during screening.[46] It also does not reveal lifetime experience of domestic violence while pregnant. Experiencing domestic violence during pregnancy can have significant implications for the physical and psychological health of both mothers and their babies. Potential consequences of experiencing domestic violence during pregnancy include risks such as later entry into pre-natal care, low birth weight, premature labour, foetal trauma, and unhealthy maternal behaviours including tobacco, alcohol and drug use and related health issues.[47]

Bacchus's (2001) review of 11 US studies of domestic violence prevalence during pregnancy and the post-partum period, spanning the decade from 1985-95, found physical violence prevalence rates ranging from 0.9% using a self-administered questionnaire at the first pre-natal appointment, to 20.2% of a sample of 358 women interviewed during their third trimester in a 1994 study. Two of the included studies found domestic violence prevalence of over 20% during pregnancy; (the

[42] Domestic violence against women in pregnancy: http://www.womensaid.org.uk/page.asp?section=00010001001000040002003 Accessed October 13th, 2013

[43] Confidential Enquiry into Maternal and Child Health, Why Mothers Die 2000–2002 the Sixth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. London: RCOG Press; 2004.

[44] Caada (2011). Insights National Dataset 2011-12: Appendix to A place of greater safety. Insights into Domestic Violence, pg. 23

[45] Hosking, G and Walsh, I (2005) Violence and What to Do about It, The WAVE Report, Surrey, UK: WAVE Trust.

[46] Domestic violence against women in pregnancy: http://www.womensaid.org.uk/page.asp?section=00010001001000040002003 Accessed October 13th, 2013

[47] Jasinski, J, Pregnancy and Domestic Violence: a review of the literature, Trauma, Violence, & Abuse, Vol. 5, No. 1, January 2004 47-64

second with a sample of 502 women, three studies including one with a sample of 275 women interviewed six months post-partum). One study found prevalence of 16% among a sample of 1,203 women interviewed at three points throughout their pregnancies; six studies found prevalence of between 6.6% and 10%, and one study from 1985 found a 3.9% prevalence of physical violence among 742 women interviewed at their first pre-natal appointment.[48] A 2002 study of 892 pregnant women recruited through an antenatal clinic found that 6.4% had experienced domestic violence during the last 12 months. Of these women, 42.1% reported more than one physical assault and 36.8% experienced a blow to the abdomen. Prevalence among women who had also experienced domestic violence prior to the last 12 months was 10.2%.[49]

Another useful source of information is programme data from the Family Nurse Partnership (FNP) in England. FNP is a maternal and early years home visiting programme that offers intensive support to young first time mothers aged 19 years and under. It offers structured home visits delivered by highly trained nurses starting in early pregnancy, continuing until the child's second birthday.[50] The latest information from 2012/13 suggests that at intake to the programme 31% of young women reported they had been abused by someone close to them at some point in their lives, 20% had been physically abused in the last 12 months by someone close to them, 9% had been abused since they became pregnant and 10% were afraid of someone close to them.[51] The FNP National Unit stipulate that these figures are likely to under-report the prevalence of domestic violence and abuse suffered by FNP clients, as they are collected at an early stage of participation when women may not be comfortable disclosing their experiences of abuse. Programme data collected in 2013 at a later point of participation reveals that 22% of clients reported that they had been physically hurt by someone close to them in the 12 months since the birth of their baby.[52] However, Barnes' evaluation at an earlier stage of implementation showed that, based on data collected during 2007/08, only 1% of all young mothers participating in the programme were receiving social services support for domestic violence and abuse at intake to the programme.[53]

The FNP programme was originally developed in the US where it is known as the Nurse Family Partnership (NFP) and has important differences to the UK model.

[48] Bacchus, L. J., Bewley, S. and Mezey, G. (2001), Domestic violence and pregnancy. *The Obstetrician and Gynaecologist*, 3, p. 57

[49] Mezey G, Bacchus L, Haworth A, Bewley S. (2000). An exploration of the prevalence, nature and effect of domestic violence in pregnancy. ESRC study.

[50] http://www.fnp.nhs.uk/about, last accessed

[51] Unpublished intake data provided by FNP National Unit, 2013

[52] Unpublished programme data provided by FNP National Unit, 2013

[53] Ball M, Barnes J, Meadows, P. (2012) Issues emerging from the first 10 pilot sites implementing the Nurse-Family Partnership home-visiting programme in England. London DH.

Nonetheless it is interesting that long term studies of the NFP population in the US have revealed very high levels of domestic violence and abuse. In the 15 year follow up of the original US NFP cohort, 48% of mothers reported some form of domestic violence and abuse since the child's birth, with a frequency range of 0 to 225 incidents over the 15 year follow up period. For those who reported being subject to any domestic violence and abuse the mean number of incidents in the 15 years since the birth of their first child was 43.1 and the median was 11.7 incidents.[54] It should be noted here that in the US, NFP is available to all low income first time mothers, and not limited by age as it is in the UK.

2.5.2 Prevalence and disadvantage

International studies and reviews have repeatedly emphasised the links between domestic violence and abuse and neighbourhood disadvantage (Benson and Fox 2004; Herrenkohl 2008), as well as the association of domestic violence with violence outside the home (Margolin and Gordis 2000). It is important to note here that while there are strong links between deprivation and domestic violence prevalence, there is certainly no deterministic and absolute correlation between the two. Office for National Statistics 2012/13 figures show that domestic violence and abuse affects those across the entire socio-economic spectrum, with 5.2% of women with a degree or diploma and 5.0% of women in managerial or professional occupations having been victims in the past year, compared to 5.8% of women who are long term unemployed or have never worked. However, prevalence is higher for women in routine and manual occupations (9.3%).[55]

Deprivation increases the risk of being subject to domestic violence. Cox's (2003) longitudinal study of a sample of 184 purposively selected low income families deemed to be at high risk of child maltreatment, found that low maternal age, low education and low income were strong indicators for both domestic violence and child maltreatment.[56] Stanley (2011) found that there is increasing UK evidence demonstrating predictive association between domestic violence, poverty and violence external to the home. In his review of the mental health of children who witness domestic violence, Meltzer (2009) reported that children living in 'hard pressed' areas were over six times as likely to experience domestic violence as those in affluent areas. [57]

[54] Eckenrode et al., Op. Cit.
[55] ONS, Op. Cit., pg. 67
[56] Cox, C, Kotch, J and Everson, M (2003) 'A Longitudinal Study of Modifying Influences in the Relationship Between Domestic Violence and Child Maltreatment', *Journal of Family Violence*, 18(1), 5-17.
[57] Meltzer, H., Doos, L., Vostanis, P., Ford, T. and Goodman, R. (2009), The mental health of children who witness domestic violence. *Child and Family Social Work*, 14: 491–501

These figures are supported by the findings of the CSEW, which reports that women who are unemployed (10.0%) or are long term or temporarily sick or ill (14.5%) are more likely to be subject to domestic violence and abuse than employed women. These large differences by employment status are seen for unemployed males (8.6%), but less evident for males who are long term or temporarily sick or ill (6.2%).[58] Similarly, CAADA reports that 27% of their service users in 2011/12 reported had financial problems at intake.[59]

2.5.3 The "Toxic Trio" - domestic violence, mental health and substance misuse

The term "toxic trio" is often used to describe the interaction between domestic violence and abuse, mental ill-health and substance misuse which have been identified as features common in households where child maltreatment occurs.[60] The presence of one, two or all of the "toxic trio" are viewed as indicators of increased risk of harm to children and young people.

There is a very high level of co-occurrence between child maltreatment and domestic violence. In the US, according to the National Survey of Child and Adolescent Well-being, the lifetime and past-year self-reported rates of domestic violence against mothers under investigation for child welfare and neglect were 44.8% and 29.0% respectively[61]. Since the 1970s, numerous studies have consistently found that in 65-77% of households where women are subject to domestic violence, children are also physically maltreated.[62] A similar figure is reported by CAADA in the forthcoming analysis from its *Children's Insights* dataset, due for publication in February 2014. Of 877 children assessed at intake, 61% were themselves subject to physical abuse, in addition to being exposed to the domestic abuse of a parent.[63]

CAADA's records show that from data for 2,653 service users in 2011/12; 35% had current statutory children's and young persons' service involvement at intake; 6% of their service users had drug misuse issues and 12% had alcohol misuse issues; 31% had mental health issues; 19% had attempted or threatened suicide and 16% had

[58] ONS, Op. Cit.
[59] Caada, Op. Cit.
[60] Department of Health (2013) Guidance for health professionals on domestic violence.
[61] Barth, R. P. (1998). Abusive and neglecting parents and the care of their children. In S. Sugarman, M.A. Mason, A. Skolnick (Eds.), Public policy for the evolving American family (pp. 217-235). New York: Oxford University Press.
[62] Osofsky, J.D. (2003) Prevalence of Children's Exposure to Domestic Violence and Child Maltreatment: Implications for Prevention and Intervention, Clinical Child and Family Psychology Review, 6(3)
[63] Caada, Op. Cit.

self-harmed.[64] McNeal and Amato's 12 year longitudinal study reported that married couples where one or both parents had drug and/or alcohol problems were three times as likely to report domestic violence and abuse as parents without drug and alcohol problems (12% vs. 4%).[65]

A recent literature review undertaken by Action for Children[66] on the role of parental substance misuse, domestic violence, parental mental health problems, and poverty and deprivation in neglect, offers very useful evidence on how these factors co-occur. Table 3 on the next page very starkly demonstrates the very high level of co-occurrence of these three factors among families involved at various stages of child protection processes, from referral to Serious Case Review.[67] Up to 65% and no less than 26% of families in any of the studies listed below showed domestic violence as a factor. Three of the seven studies included in the table had a prevalence rate of over 50% and another three had a prevalence rate of over a third. Study details, sample populations and prevalence rates for domestic violence, mental health problems and substance misuse are shown below.

[64] Caada, Op. Cit.

[65] McNeal, C & Amato, P (2000) Parents' marital violence and long term consequences for children, Journal of Family Issue, March 1998, vol. 19 no. 2, p.129

[66] Lewis, J. The role of parental substance misuse, domestic violence, parental mental health problems and poverty and deprivation in neglect: a literature review to inform Action for Children's neglect campaign, Unpublished, Action for Children, 2011

[67] Ibid.

Table 3 Summary of studies identifying prevalence of substance misuse, domestic violence and parental mental health problems in the child protection system

Source: Action for Children – Unpublished literature review, 2011

Study	Location	Sample	Findings
Brandon et al., 2010	England	268 serious case reviews	• 34% involved domestic violence • 27% involved parental mental health problems • 22% involved parental alcohol misuse • 22% involved parental drugs misuse
Forrester and Harwin, 2006	3 London local authorities plus one London district (2 inner, 2 outer)	290 cases files going for long-term allocation to social worker	• 34% involved parental substance misuse (14% alcohol only, 11% drugs only, 9% both) • Of the substance misusing sample: • 26% also parental mental health • 26% also domestic violence
Cleaver et al., 2007	6 England local authorities	357 case files where children referred and concerns about domestic violence and/or parental substance misuse were identified at referral or initial assessment	At initial assessment: • Half were experiencing domestic violence • Over a third involved parents misusing alcohol • A third involved parental drug problem • Just over a quarter involved parental mental -health problem
Gorin, 2004	Inner London local authorities	Children on the child protection register	• 65% experiencing/had experienced domestic violence

			• 63% had substance misuse problems • 57% had mental health problems
Dong et al., 2004	San Diego	Over 26,000 adults attending for medical examination at health appraisal centre of those exposed to neglect (emotional and physical)	• 48-49% exposed to substance abuse • 38 -40% exposed to parental mental health problems • 32-36% exposed to domestic violence • Increased risk of neglect (emotional and physical neglect measured separately) • Substance abuse increases risk by 2.5-3 times • Parental mental health problems increase risk by 3.3-3.4 times • Domestic violence increases risk by 4.0-4.6 times
DiLauro, 2004	New Jersey	140 case files where caregivers referred due to allegation of physical abuse or neglect	• 61% had domestic violence in household • 44% used drugs or problem alcohol
Chambers and Potter, 2009	Colorado	Over 160 substantiated neglect cases	• 57% reported substance abuse by primary carer • 46% reported domestic violence • 27% reported parental mental health problems

Chapter 3: Impact and Costs of Domestic Violence and Abuse

3.1 Impact on children

As demonstrated by the two NSPCC prevalence studies summarised in the prevalence chapter above,[68] 25% of children witness domestic violence and abuse at least once during their childhood. The impact of childhood exposure to domestic violence has been well documented by recent wide ranging reviews (Cawson 2002; Holt 2008; Radford 2011; Stanley 2011). These establish the significant overlap between exposure to domestic violence and child maltreatment and the association between exposure to domestic violence and juvenile and adult offending (Moffitt 1993; Moffitt 2002; Burton 2011).

The impact of domestic violence on children extends far beyond the impact of individual incidence – "the atmosphere of dread that builds up" makes both victim and perpetrator emotionally unavailable to the children. Mothers who are abused can, "become numb, uncommunicative, unresponsive and unable to cope," while violent fathers are, "negative, controlling, authoritarian and punitive in their behaviour, and see fatherhood in terms of their rights rather than the child's needs."[69]

As detailed by McGee (1997) and subsequently highlighted by Meltzer (2009), children need not see domestic violence happening for it to impact on them. Children indirectly witness domestic violence between adults in the home by hearing it from another room, by witnessing the outcome of injuries and broken objects[70], and by noticing and being affected by the resultant depression in the abused parent.[71] These multiple impacts and their interaction with other forms of abuse make it particularly difficult to separate and identify the specific impacts of domestic violence exposure on children. Holt (2008) identifies numerous methodological difficulties in attempting to do so, stating that domestic violence is, "not a homogenous uni-dimensional phenomenon"[72] whose "impact can be neatly

[68] Cawson, Op. Cit.; Radford, L., Aitken, R., Miler, P., Ellis, J., Roberts, J., and Firkic, A. (2011) Meeting the needs of children living with domestic violence in London. Refuge/NSPCC research project.
[69] Lewis, Op. Cit.
[70] Cunningham, A. and Baker, L. (2004). What about me! Seeking to understand the child's view of violence in the family
[71] Meltzer et al., Op. Cit.
[72] Jouriles, E. N., McDonald, R., Norwood, W., Ware, H. S., Spiller, A., and Swank, R. (1998). Knives, guns, and interparent violence: Relations with child behavior problems. Journal of Family Psychology 12, 178–194.

examined in isolation from the potential impact of other stressors or traumas in a child's life"[73]. Despite the difficulty inherent in attempting to isolate the impacts and repercussions of witnessing domestic violence from other co-occurring forms of abuse, there are several large reviews that demonstrate the specific impact of exposure to domestic violence on a child's psychological and social outcomes.

Kitzmann's meta–analysis of 118 published and unpublished studies, dating from 1978 to 2000, examined associations between exposure to domestic violence and childhood outcomes, including social problems and internalizing and externalising symptoms. Included studies used multiple regression analyses and quasi-experimental group comparisons with one or more control. [74] The study indicates the very broad finding that children exposed to domestic violence without suffering physical harm themselves display similar psychological and social outcomes as children who have been abused but not exposed to violence between parents - increased fear, inhibition and other internalising behaviours, and are more anxious and more depressed than other children[75]. Meltzer (2009) found that witnessing severe domestic violence and abuse is associated with a tripling in the likelihood of a child having conduct disorder, and that younger children aged six and under exhibit greater psycho-social effects of witnessing domestic violence and abuse.[76]

Macfarlane et al. (2003) compared 330 children of abused mothers in the US with a comparison group of children of non-abused mothers matched for age and ethnicity, and found that children aged 6-18 years of abused mothers had significantly higher internalising, externalising, and total behaviour problems.[77] Again causality is unclear but abuse is a very substantial and clear signal of risk. Table 4 below presents the mean domain scores for across the internalising, externalising and total problem behaviour domains for both groups of children.

Table 4: Child Behaviour Checklist Scores of children of abused and non-abused mothers (ages 6-18 years) [78]

Cohort	CBCL Internalising Behaviour	CBCL Externalising Behaviour	Total Problem Behaviours

[73] Holt, S., Buckley, H. and Whelan, S (2008) The impact of exposure to domestic violence on children and young people: a review of the literature. Child abuse and neglect, 32(8), 797–810

[74] Kitzmann et al., Op. Cit. P. 345.

[75] Ibid., P. 345; Meltzer et al., Op. Cit.

[76] Meltzer et al., Op. Cit.

[77] McFarlane J. M., Groff, J. Y., O'Brien, J. A., and Watson, K. (2003) Behaviors of children who are exposed and not exposed to intimate partner violence: An analysis of 330 Black, White, and Hispanic children. Pediatrics, 112, e202–e207.

[78] Ibid.

Children of abused mothers	58.5 (±12.1)	55.5 (±12.4)	57.6 (±12.3)
Children of non-abused mothers	52.9 (±13.7)	49.7 (±10.6)	51.0 (±13.0)

The higher level of aggression and antisocial behaviour, and greater propensity for behavioural problems shown by children who have witnessed domestic violence between parents can also lead to the exhibition of trauma symptoms and behaviours close to that of post-traumatic stress disorder, which can persist from early or middle childhood into adolescence.[79]

CAADA has developed a new version of their *Insights* outcomes measurement tool and national dataset specifically focused on the experiences of children who accessed specialist children's support projects in four Independent Domestic Violence Advocacy (IDVA) services.[80] In addition to providing comparable data on children's exposure to harm, wellbeing and outcomes post intervention from specialist services, *Children's Insights* gathers non-controlled pre and post intervention views and feelings of anxiety, safety and wellbeing directly from the children (877 at intake and 526 at exit in the forthcoming dataset). It reports that:

- 50% of children frequently felt worried at entry into the IDVA service. This dropped to 22% at exit (i.e. after receiving support).
- 44% frequently felt unhappy at entry into the service. This dropped to 14% at exit.
- 57% found it difficult to control their emotions at entry into the service. This reduced to 19% after receiving support.
- 58% found it difficult to fall asleep and stay asleep at entry into the service. This dropped to 31% at exit.
- At entry into the service 39% felt like it was their fault when bad things happened. This dropped to 17% after engagement.
- At entry into the service 47% frequently felt angry. This reduced to 20% after receiving support.[81]

[79]Eiden, R. (1999) Exposure to violence and behavior problems during early childhood. Journal of Interpersonal Violence, 14, 1299–1312, Becker, K. and McCloskey, L. (2002) Attention and conduct problems in children exposed to family violence. American Journal of Orthopsychiatry, 72, 83–91.
[80] We are grateful to CAADA for access to the results of the very useful *Children's Insights survey,* an extensive source of data, the first publication from which is due in February 2014.
[81] Caada, *Children's Insights* unpublished slide pack, 2013

These figures are striking, though of course must be interpreted carefully. Many of the children were interviewed very soon after their removal from extremely traumatic and unstable situations. The improvements seen in the measures could potentially result from removal from these situations as well as from intervention effectiveness.

As outlined by Meltzer (2009), age and gender influence the impacts described above, and younger children tend to exhibit greater damage than older children. As shown by Moore and Pepler (1998), a child's learning potential can be substantially compromised by poorly developed verbal skills, competing demands for their energy at home, exhaustion and absenteeism, all of which can result from exposure to domestic violence and abuse.[82] Levendosky states that adolescence represents the point where a child's exposure to domestic violence begins to impact beyond the boundaries of self and family, increased difficulty forming relationships with peers, the development of an avoidant attachment style and a lack of trust possibly resulting in violence and victimisation in their adult relationships. [83]

Although it is by no means inevitable that children exposed to domestic violence will themselves become abusers or victims in adulthood, Holt outlines evidence to support the "intergenerational transmission of violence theory" that children who witness and experience violence are more likely to use or tolerate violence as adults.[84] Gelles and Cavanagh estimate the intergenerational transmission of violence at 30% (+/-5%), i.e. that 30% of children who witness domestic violence and abuse between parents go on to become violent or victims of violence in their adult relationships[85]. McNeal and Amato's evaluation (2000) of a 12 year longitudinal study of the offspring of 2,034 married couples supports this notion of a broad, though far from absolute or deterministic inter-generational continuity of impact. Their study found, (after controlling for parent's income, sex of child, age of children and ethnicity), that young adults exposed to domestic violence and abuse between the ages of 7 to 19 years were 1.89 times more likely to experience violence in their relationships between ages 19 and 31 than those not exposed to domestic violence and abuse as children.[86]

[82] Moore, T., and Pepler, D. J. (1998) Correlates of adjustment in children at risk. In G.W. Holden, R. A. Geffner, and E. N. Jouriles (Eds.), Children exposed to marital violence: Theory, research, and applied issues (pp. 157–184).Washington, DC: American Psychological Association.

[83]Holt et al., Op. Cit., p. 803.

[84] Ibid. p. 797

[85] Gelles, R. J., & Cavanaugh, M. M. (2005) Violence, abuse and neglect in families and intimate relationships. In P. C. McHenry & S. J. Price (Eds.), Families & change: Coping with stressful events and transitions (3rd ed., pp. 129–154). Thousand Oaks: Sage Publications

[86] Amato, P. R. (2000) The Consequences of Divorce for Adults and Children. Journal of Marriage and Family, 62: 1269–1287

Additionally, Steinberg's study of pathways to delinquency shows that young offenders are more likely to have been exposed to domestic violence than non-offenders of the same age,[87] and are also more likely to become involved in antisocial behaviour, violent crime, substance abuse, further delinquency and adult criminality. [88]

3.2 Costs of domestic violence

Since the late 1980s a number of attempts to calculate the total cost of domestic violence and abuse have been made internationally. The first UK study, conducted by Stanko (1998), calculated the service cost implications of domestic violence in the London Borough of Hackney, specifically the costs for the police, civil justice, housing and refuge, social and health services.

Stanko estimated that these costs together amounted to £5.1 million per year for the borough in 1996, and that the cases on which the costs were based represented around two thirds of all of the formal contacts for help made by women in the borough, which brought the total estimated cost of all services accessed to £7.5 million per year.[89] The Home Office used these figures when addressing the cost of domestic violence for the Domestic Violence Bill 2003. It estimated that Stanko's costs for Hackney, if extrapolated to the entire UK population, would amount to £2.25 billion for services accessed and £4.5 billion if emotional trauma and lost productivity were included.[90]

The most thorough and widely used calculation of the costs of domestic violence in the UK comes from Walby's (2004) landmark study. She enumerated three major categories of the cost of domestic violence. These were:

1) Service costs, largely borne by the government, including the criminal justice system and police, health care, social services, housing and civil legal services. Service costs are also borne by the voluntary and charity sector
2) Economic output losses, sustained by employers and employees
3) Human and emotional costs borne by the individual victim[91]

Walby calculated the total single year cost of domestic violence in the UK in 2001/02 at £22.9 billion, across these three categories. Using the same criteria

[87] Steinberg, L. (2000) Youth violence: Do parents and families make a difference? National Institute of Justice Journal, April, 30-38.
[88] Edelson, Op. Cit., 33–49.
[89]Stanko, E., Crisp, D., Hale, C. and Lucraft, H. (1998) Counting the Costs: Estimating the Impact of Domestic
Violence in the London Borough of Hackney. Swindon: Crime Concern. p 7.
[90]Walby, S. and Allan, J. (2004) Domestic violence, sexual assault and stalking: findings from the British Crime Survey. Home Office Research Study 276. London: Home Office, Research, Development and Statistics Directorate, pg. 20
[91]Walby & Allan, Op. Cit, Executive Summary.

and methodology, her 2009 update estimated that by 2008/09 the total cost of domestic violence had declined to £15.7 billion, as shown in Table 5 below.

The largest component in the fall resulted from a decrease in the rate of domestic violence as recorded in the main interview component of the British Crime Survey (BCS, now known as the CSEW). Whilst acknowledging the difficulty in measuring prevalence using the interview part of the BCS alone, Walby states that numerous question format changes for the self-reported measure render it incomparable prior to 2004/05. Hence the interview component provides the most reliable measure of *trends* in prevalence, with consistent data covering the eight year comparison period from 2001/02 to 2008/09.

Over this period, domestic violence and abuse prevalence reported through the (imperfect but consistently measured) interview component of the BCS fell by 53%, from 626,000 cases in 2001/2 to 293,000 cases in 2008/09.

Walby surmises that this remarkable fall was most likely the result of major policy developments encouraging domestic violence survivors to seek help, alongside an improvement in the quality of services available once help was sought. Although we are not aware of any formal evaluation of causal impact, Walby hypothesises that policy contributed to the decline in occurrences of domestic violence and the increased use of services through the introduction of more frequent enquiries as to the causes of injuries; new hospital-based services such as Sexual Assault Referral Centres in Health Services; the development and extension of injunctions and other civil legal remedies that might increase service use; and a significant change in the media portrayal of domestic violence in the years between 2001/02 and 2008/09.[92]

Table 5 Costs of Domestic Violence 2001/2, 2008/9

	Costs 2001/2 £ billion	% of all 2001/02 costs	Costs 2008/9 £ billion	% of all 2008/09 costs
Services	3.1	13.5	3.9	24.8
Criminal justice system	1	4.4	1.3	8.3
Health care	1.4	6.1	1.7	10.8
Social Services	0.2	0.9	0.3	1.9
Housing and refuges	0.2	0.9	0.2	1.3
Civil legal services	0.3	1.3	0.4	2.5

[92] Walby, Op. Cit, pg. 7

Losses to economic output	2.7	11.8	1.9	12.1
Human and emotional costs	17.1	74.7	10	63.7
Total costs	22.9	100	15.7	100
Services	3.1	13.5	3.9	24.8

Walby states that although a decrease in the incidence of domestic violence may be expected to lead to a decrease in engagement with domestic violence services (if contacts with such services occur in fixed proportion to the total cases of domestic violence), this has not been the case. The BCS found that in 2001/2 only 35% of domestic violence incidents were reported to the police; by 2008/09 this had risen to 47%. She asserts that the police and criminal justice system were "probably spending about the same level of time and resource on domestic violence in 2008/09 as they did in 2001/02 as a consequence of these contrary trends in 'real' rate of the violence and the propensity to report and use services."[93]

This increase in police reporting (as a proportion of total prevalence) in turn drove an increase in the utilisation of public services, the cost of which increased by 26% between 2001/02 and 2008/09 despite the prevalence of domestic violence falling by more than half over the same period. This increase in the use of services may also have contributed to the reduction in the overall incidence of domestic violence, by reducing the number of reoccurrences. Correspondingly, there was a reduction in the losses to economic output (which fell by 30%, from £2.7 billion in 2001/02 to £1.9 billion in 2008/09), and a very substantial decrease in human and emotional costs (from £17.1 billion in 2001/02 to 10.0 billion in 2008/09[94]).

The estimated human and emotional costs of domestic violence are based on a methodology originally developed by the Department of Transport to calculate the costs of injuries and thus the true cost of road traffic accidents; this was subsequently used by the Home Office to estimate the total cost of crime. This £7.1 billion (58.3%) reduction in the human and emotional costs resulting from domestic violence is the most striking change among the three cost categories, and the largest contributing factor to the overall fall in costs. However, because of the shortcomings of the BCS interview component as measurement

[93] Ibid., pg. 6
[94] Walby, S. (2009) update, available at www.lancaster.ac.uk/fass/doc.../**Cost**_of_domestic_violence_update.doc Last accessed January 3rd, 2014

prevalence (these include estimates of very high rates of underreporting and large discrepancies between prevalence recorded in the interview and in self-reporting) the findings on the level of cost will be more accurate than estimates of the change.

Chapter 4: Approaches to preventing Domestic Violence and Abuse

4.1 Introduction

There are three broad types of approaches to the prevention of domestic violence and abuse [95]:

1) **Universal services** (called **primary prevention** in a public health context[96]) can seek to address violence before it has ever occurred, often administered to teenagers through school based or educational campaigns.

2) **Early Intervention (secondary prevention)** involves identifying and intervening with those who are at particular risk of domestic violence and abuse, with a specific focus on populations among whom there is a high prevalence, for example young pregnant women or families with children at risk of child maltreatment.

3) **Late prevention (Tertiary or remedial prevention)** involves intervening after violence has been clearly identified and is causing harm. Examples of tertiary prevention include treatment services for victims or perpetrators of domestic violence and abuse.

In this chapter we set out findings from the NICE Review (2013) and other sources about what works and what does not at each of these stages of prevention. The NICE review assesses the evidence on four types of interventions, namely those:

1. preventing domestic violence from ever happening in the first place;
2. helping all those working in health and social care to safely identify and, where appropriate, intervene to prevent, domestic violence;
3. helping all those working in health and social care to respond to domestic violence;
4. identifying and responding to children who are exposed to domestic violence in the various settings identified.

They also consider partnership approaches for assessing and responding to domestic violence.

We do not provide an overview of all types of preventative approaches for the full range of experiences of domestic violence and abuse. We provide a case study approach, highlighting programmes that have shown promise as well as those that

[95]NICE (2013) Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence, Prepared by the British Columbia Centre of Excellence for Women's Health
[96] E.g., Guterman (2004)

have been found not to work and drawing out general lessons for innovation and development.

Although we focus on programmes that enable prevention it is important to emphasise that programmes, as discrete packages of activity, can only be effective if they are delivered appropriately, to the right people at the right times. Often this requires interaction between different elements of service provision, such as when a parenting programme provider refers a case where domestic violence is suspected to an advocacy, safeguarding or criminal justice service. These aspects of system interaction may be critical in achieving effective prevention of or response to domestic violence and abuse, but are not normally addressed by the programme evaluation literature. Aldarondo (2010) emphasises the importance of seeing interventions as part of a wider system of legal and social policy by which it is intended that perpetrators are identified, prosecuted and receive interventions to reduce recidivism.[97] The intervention is an important part of a wider system and so cannot easily be studied in isolation.

The NICE Review found that although there is modest evidence of effective approaches to improve the identification of domestic violence, there remain significant challenges in achieving improved outcomes subsequent to referral. Few studies have examined subsequent outcomes for victims identified as at risk. It is also important to emphasise that not all programmes can be neatly classified in terms of whether they are designed to be preventative (early) or to address domestic violence and abuse when it is identified (late).

We discuss below the interesting case study of the Family Nurse Partnership (FNP) which is a parenting based Early Intervention programme that may sometimes be the "front door" into targeted services for families, the first point at which domestic violence and abuse is disclosed or otherwise identified. Many Early Intervention parenting based programmes include aims that support the prevention of domestic violence and abuse and its impact on children as part of their wider focus on healthy relationships. However, such parenting programmes are not designed for tackling domestic violence and abuse directly and most programme developers and providers recommend that they should not be applied for participants where domestic violence and abuse is present. Nonetheless, the presence of domestic violence and abuse in the family may limit or undermine the effectiveness of parenting programmes if it is not disclosed. In other cases, such programmes might support the prevention of domestic violence and abuse through enhancement of confidence and self-efficacy of parents. The evidence on which of these outcomes is most likely is mixed.

The best evidence we are aware of on the degree to which the presence of domestic violence and abuse between parents participating in parenting programmes reduces or undermines the effectiveness of such programmes comes from Eckenrode (2000).

[97] Etiony Aldarondo (2010). "Understanding the contribution of common interventions with men who batter to the reduction of re-assaults." Juvenile and Family Court Journal. 61, no 4. National Council of Juvenile and Family Court Judges.

This was a 15 year follow up of the original Nurse Family Partnership study cohort from the Elmira, New York trial, with 324 mothers and children of the original cohort recruited between 1978 and 1980. Eckenrode found that the higher the incidence of domestic violence and abuse suffered, the less effective NFP was in one of its primary aims of curtailing child maltreatment. Eckenrode concluded that the presence of domestic violence and abuse limits the effectiveness of NFP in preventing and reducing child maltreatment and may limit the effectiveness of other interventions aiming to reduce child maltreatment. It is not known whether the same result would apply for the UK version of the programme although the forthcoming randomised control evaluation will help shed light on this.

For these reasons and because of the focus of the Early Intervention Foundation on parenting programmes as an important form of Early Intervention to prevent a wider array of social and economic problems, we also report on the development of innovative augmentations to these programmes to address elements of domestic violence and abuse.

We have focused on the Family Nurse Partnership (FNP) for particular attention because it targets a group at high risk of experiencing domestic violence and abuse, pregnant young women. We have also focused on FNP in particular as the programme provider recognises this risk and is working to help women and their partners to understand and acknowledge their experiences of domestic violence and abuse and to maintain safety for the mother and child. Because of this additional focus on understanding clients' experiences of domestic violence and abuse and the close relationship that develops between Family Nurses and clients FNP may be able to develop and enhance its focus on preventing and identifying domestic violence and abuse.

First we consider universal programmes.

4.2 Universal Services (Primary prevention)

Universal primary prevention programmes aim to shape views and behaviours before violence and abuse has ever occurred. Programmes for young people have been delivered in North America since the mid-1980s (Jaffe et al 1992; Avery- Leaf et al 1997; Foshee et al 1998; Wolfe and Jaffe 1999) and in the UK from the mid-1990s onwards (Stanley et al 2010a). Ellis's (2004) mapping study in England, Wales and Northern Ireland identified 102 local authorities where such programmes had been delivered. Of these, 82% addressed domestic violence and abuse, and 40% of the total addressed 'dating' violence.[98] Ellis found that most programmes, whilst often initiated by specialist domestic violence and abuse organisations or crime partnerships, were delivered in mainstream schools, with just over a third also running in special schools.[99]

[98] Stanley, Op. Cit.
[99] Ibid.

There have been a number of reviews on the success of these programmes in recent years, and as Guterman (2004) points out, these reviews reveal that many programmes are implemented with minimal evidence supporting their effectiveness. Furthermore, the reviews show that the limited research available on the effectiveness of such programmes has for various reasons frequently employed methodologically flawed approaches.[100]

4.2.1 Methodological issues with universal prevention programme studies

The NICE review describes in detail two systematic reviews that have been completed into the effectiveness of universal primary domestic violence and abuse prevention programmes targeting young people. Murray and Graybeal (2007) describe a number of methodological limitations of the existing body of evidence on domestic violence and abuse prevention. These include varying definitions of domestic violence and abuse, a lack of long term follow up and problems with sample validity caused by participants dropping out of studies. Whitaker (2006) analysed the limited evidence available on universal primary interventions for domestic violence and abuse for adolescents, focussing on programmes to prevent adolescent dating violence. Two thirds of relevant studies were found to be low quality, lacking in behavioural measures, without a long-term follow-up, with low or unreported retention rates and with little attention paid to programme fidelity.

Both systematic reviews assert that although the limited available evidence indicates positive effects on knowledge and attitudes among young people, these indicators are substantially easier to change than those focused on behaviour and that the extent to which behaviour change results is unclear.[101]

4.2.2 What works, and doesn't work, in universal prevention

While Whitaker states that there is not enough evidence available to make strong conclusions about the efficacy of adolescent dating violence programmes, he did find that nine of the 11 studies included found some degree of positive effect on knowledge, attitude or behaviour, with five studies indicating positive behaviour change resulting from programmes.

Of these five studies (Avery-Leaf et al., 1997; Lavoie et al., 1995; Macgowan, 1997; Weisz and Black, 2001; Foshee, 2004)[102] four found some positive behaviour change, in addition to attitudinal change, in pilot testing or in a single evaluation, but were not scaled up or subject to follow up assessment. The fifth study, Foshee's (2004) evaluation of the US programme Safe Dates, was a rigorous longitudinal randomised controlled trial (RCT) and is described in the box below.

[100] Murray, C. E., & J. Graybeal. (2007) Methodological Review of Intimate Partner Violence Prevention Research. J Interpers Violence, 22(10): 1250-1269

[101] NICE (2013) 'Domestic violence and abuse - identification and prevention: draft guidance'

[102] Whitaker, D.J., Morrison, S., Lindquist, C., Hawkins, S.R., O'Neil, J.A., Nesius, A.M., Mathew, A., & Reese, L. (2006) A Critical Review of Interventions for the Primary Prevention of Perpetration of Partner Violence, Aggression and Violent Behaviour, 11(2), 151-166

Case Study: Safe Dates

Safe Dates is a school based universal adolescent dating violence prevention programme for 11-18 year olds. It is administered in ten 45-50 minutes sessions and aims to prevent dating violence perpetration by changing norms associated with partner violence, decreasing gender stereotyping, and improving conflict management skills.

Foshee's (2004) evaluation of the "Safe Dates" programme found positive attitude changes in regard to dating violence norms, communication skills and responses to anger among 957 eighth graders in North Carolina. At four year follow up, she found that adolescents who participated in Safe Dates reported statistically significantly less physical, serious physical and sexual dating violence perpetration than those in the randomly assigned matched control schools. Foshee also found that participation in Safe Dates led to a statistically significant reduction in sexual victimisation, but no statistically significant effect on psychological abuse victimisation. The Safe Dates group reported less physical abuse victimisation at follow up than the control group. Positive changes in attitudes towards gender stereotyping, conflict resolution skills and awareness of community services were also reported.

Improvements in factors found to reduce dating violence such as conflict management and awareness of dating violence services were maintained at one year follow up. It is important to note there was no positive effect of Safe Dates on physical victimisation for those with prior experience as a victim or perpetrator of physical dating violence.

Whitaker found that three of the 11 studies on the efficacy of adolescent dating violence programmes (Hilton et al., 1998; Jones, 1991; Pacific et al., 2001) showed no positive effect on attitudes or behaviour in relation to dating violence. One study (Jaffe et al., 1992) indicated negative attitudinal changes for boys at a six-week follow up. The programme in question was a half or full-day classroom or auditorium based intervention founded on feminist and social learning theory, and delivered by community speakers and police department representatives.

4.2.3 Areas for further development

Whitaker asserts that a wider approach to programme development is needed with interventions based on a broader range of theoretical positions and a greater emphasis on targeted and personalised rather than universal interventions.

The reviews we have summarised above also emphasise the importance of designing universal interventions so that they are able to measure the effect of programmes on the perpetration of domestic violence and abuse long term, in addition to measuring impact on adolescent's attitudes. However, as Stanley (2010) points out, to date there is little UK evidence available on the capacity of universal primary prevention programmes delivered through schools to achieve this behavioural, as

opposed to attitudinal, change. More work is needed to determine the ability of programmes to sustain change (whether attitudinal or behavioural) over the medium term, and to demonstrate that programmes such as Safe Dates, which has been found to improve attitudes in relation to domestic violence and abuse, can have a long term impact on perpetration behaviour. Rigorous longitudinal evaluation of programme effectiveness on young people's levels of perpetration and victimisation in relation to domestic violence and abuse into young adulthood, including measurement of domestic violence and abuse through observational measurement, is required.

4.3 Early Intervention (Secondary prevention)

Early Intervention in this context is preventative activity with individuals who have exhibited particular behaviours or have characteristics associated with an increased risk of domestic violence and abuse[103].

Wolfe (1999) described the limited evaluative data available on Early Intervention programmes for domestic violence and abuse, nonetheless finding that early evidence pointed to promising strategies and approaches. These included home visits, collaborative efforts between child protection agencies and domestic violence and abuse service providers, prevention efforts that address violence both in homes and in communities, school-based programmes with teachers equipped to handle disclosures and concerns and public education campaigns tailored to address the unique perspectives and circumstances of specific segments of the population[104].

We do not review all of these approaches here. Because of our focus on children and young people, relationships and parenting we summarise evidence on these forms of Early Intervention, recognising that the other types of approach are important but will be the theme of further guidance from NICE. In particular we focus on:

- Early Intervention for young people
- Early Intervention with couples at risk of domestic violence
- Augmented parenting programmes – the examples of Family Nurse Partnerships and Incredible Years

4.3.1 Early intervention for young people

The NICE Review found only moderate evidence that Early Intervention programmes for young people at risk of partner violence may improve knowledge, attitudes towards violence and gender roles and interpersonal outcomes, though some

[103] D. A. Wolfe and P. G. Jaffe (1999) Emerging strategies in the prevention of domestic violence. Future Child 9, 3p.133-44
[104] Ibid., p. 143

studies conducted with young people at high risk for abuse have reported modest reductions in violent behaviours.[105]

The NICE Review examined studies since 2000 in a large range of countries and with a fairly wide set of inclusion criteria that included evaluation designs that did not have before and after data, or were qualitative or observational. Despite these wide criteria, only 14 studies were identified that included evaluation of preventative interventions with young people. This included five studies of Early Intervention (secondary prevention) targeting diverse sub-groups of young people known to be at risk of experiencing domestic violence and abuse, all US studies. The evaluations of these approaches suffered from methodological weaknesses such as lack of control groups, small sample sizes and likely bias in measurement. However, they found a degree of impact on knowledge and attitude, and to some extent in reducing violent behaviour. NICE conclude:

> "While there is weak evidence on primary prevention programs for young people, there is modest evidence that prevention programs that target young people at risk for partner violence may improve knowledge, attitudinal and interpersonal outcomes."[106]

The 5 programmes are described below as examples of potentially promising approaches.

The Young Parenthood Programme (YPP) is a ten-week co-parenting counselling and IPV prevention programme, to support young couples (first-time mothers, aged 14 to 18 years and their partners) in managing unplanned pregnancy and parenthood, and prevention of IPV. The aims are to help young parents develop of positive relationship skills, express positive emotions, providing support, manage conflict and hostility, express personal needs and feelings, develop listening skills, and encourage empathy. A NICE Review (2013) concludes that "while the intervention appeared to have a slight preventive impact, this effect was not sustained at 18-month postpartum follow-up, and IPV increasing among both groups". (Florsheim et al., 2011)

Love U2: Communication Smarts is an Early Intervention programme for economically and socially disadvantaged youth, aged 11 to 18 years, who are at high risk for relationship violence. The curriculum, in 7 modules, addresses healthy and unhealthy relationship patterns, communication and conflict resolution skills, and general problem solving. In a US-based before and after study, participants had a significant decrease in the demand-withdrawal and mutual avoidance patterns of communication, and a significant decrease in the withdraw dynamic for conflict resolution, decrease in conflict engagement and a significant improvement in attitudes towards couple violence. (Antle et al., 2011)

[105] NICE, Op. Cit., p.11
[106] NICE, op. cit. p50.

Men Stopping Violence is an education-based programme that aims to prevent IPV among African American males. It is a court ordered intervention designed to enhance adolescents' awareness of the nature of their problems regarding their delinquency, and communal and personal responses to violence towards women and girls. Based on the feminist theory, it offers a view of the cultural and historical mechanisms that support violence against women. In a US-based RCT, with a wait-list control, the intervention group reported high levels of knowledge and less patriarchal attitudes than the control group which was 3-month follow-up. (Salazar and Cook, 2006)

Strengthening Relationships, guided by the social learning theory, is designed to support parents in developing and maintaining healthy relationships by teaching interpersonal and relationship skills. It is targeted at pregnant and adolescent parents already enrolled in Pregnancy, Education, and Parenting Programmes. Findings from focus groups indicated that participants learnt and used new conflict management strategies and ways of ending abusive relationships. (Toews et al., 2011)

Familias En Nuestra Escuela programme is aimed at increasing ethnic pride, self-efficacy for self-control and attitudes about gender and violence among Hispanic high school students. In a US-based before and after study, ethnic pride was found to increase significantly from pre- to post- intervention ($p<0.05$). No other measures were significant, although there were positive changes in gender attitudes, self-efficacy for self-control, couple violence and incidents of violence. (NICE Review, p. 34) (Enriquez et al., 2012)

4.3.2 Early Intervention with couples at risk of domestic violence

We have not found a systematic review of approaches to preventing domestic violence through support for couple relationships. However, this may be a promising approach in families where there is high risk of low severity domestic violence and abuse that might be prevented.

Supporting Father's Involvement is an interesting example of a promising and innovative programme being trialled in the UK that was originally designed to reduce couple conflict but has recently been shown to have a promising secondary preventative application for couples at risk of low severity domestic violence and abuse. The Supporting Father's Involvement Programme developed by Phillip and Carolyn Cowan, Kyle Pruett and Marsha Kline Pruett, targets low income families where the parents are experiencing high levels of conflict. It is a couples, group based approach particularly concerned with improving fathers' involvement in family life within low income families with relatively high levels of conflict.

Families with current reported domestic violence and abuse concerns, or current child protection involvement are excluded from participation but the programme has been shown to reduce future domestic violence and abuse incidents. The intervention has been subject to a US RCT involving more than 270 low-income families, which showed that a 16-week couples group, led by trained mental health professionals, resulted in a reduction in parenting stress, an increase in father

involvement in the tasks of child care, maintenance of couple relationship satisfaction, and stable children's problem behaviours (in contrast with increasing problems in the control group) over an 18 month follow up period.[107] A benchmarked non-controlled second study of another 270 low income couples participating in Supporting Fathers Involvement not only maintained the levels of couple relationship satisfaction seen in the original RCT, but also significantly reduced parenting stress, reduced violent behaviours (including hitting and screaming), reduced children's aggressive behaviour and increased father involvement in the family.[108]

The curtailment of violent behaviours indicates that Supporting Fathers Involvement has potential as a secondary prevention approach to assist families at risk of domestic violence and abuse, but who are not currently experiencing it. The programme is in the early stages of development as Early Intervention to prevent domestic violence and abuse. We include it here as an example of a promising and innovative approach, requiring further testing.

4.3.3 Augmented parenting programmes – the example of Family Nurse Partnerships

In the UK the Family Nurse Partnership (or Nurse Family Partnership in the US) is provided for women becoming parents at a young age, with an eligibility criteria recently broadened in the UK to under 20 years. Many have a low income, do not live with their partner and have few educational qualifications or steady employment. In addition, many have other significant vulnerabilities including physical health difficulties, mental health problems, experience of domestic violence and abuse and homelessness.[109] The programme involves weekly visiting in the home during pregnancy followed by a fortnightly visiting programme for two years following birth. It uses a psycho-educational approach to provide intensive, ongoing support to first time young mothers to improve maternal health and behaviours in pregnancy, quality of caregiving child and maternal health, and to increase confidence, self-efficacy and economic self-sufficiency.[110]

NFP in the US has been heavily evaluated with three Randomised Control Trials with three distinct cohorts across rural and urban areas with up to 19 years follow-up data available. These studies have shown NFP to have multiple beneficial effects on

[107] Cowan, Philip A., Cowan, Carolyn Pape, Pruett, Marsha Kline, Pruett, Kyle, & Wong, Jessie J. (2009). Promoting fathers' engagement with children: Preventive interventions for low-income families. *Journal of Marriage and the Family, 71*(3), 663-679.
[108] Cowan, P.A., Cowan, C.P., M.K Pruett, K. Pruett, Gilette, P., Evaluating a couples group to enhance father involvement in low-income families using a benchmark comparison, Family Relations, in press.
[109] Barnes, J, Ball, M., Meadows P., Belsky J (2009) Nurse Family Partnership Programme: Implementation in England – Second Year in 10 Pilot Sites: the infancy period. London DCSF
[110] The Family Nurse 2014 Partnership http://fnp.nhs.uk/about Last accessed on January 11th, 2014

outcomes for mothers and children, including improved maternal and child health and a reduction in injuries and child maltreatment incidence. [111] [112] [113]

Research undertaken on the NFP programme in the US between the 1980s and 1990s finds a number of reasons why the multiple benefits of NFP have not translated into a reduction in the frequency and severity of domestic violence and abuse, including that such a reduction is not set as part of the programme's evaluative framework (unlike a reduction in the rate of child maltreatment) and that domestic violence and abuse frequently co-occur with many other complicating factors including health and mental health issues, drug and alcohol misuse, as well as housing issues, lack of family and community support structures.

A 2006 survey of NFP nurses and supervisors in the US indicated that almost 40% felt that they did not have sufficient knowledge and skills to address domestic violence and abuse when they found it, and importantly, 72% reported that the presence of domestic violence and abuse in the home made delivering NFP with a high level of fidelity either somewhat or very difficult. Jack (2012) states that these survey results were indicative of the fact that NFP training included only a minimal amount of information on assessing domestic violence and abuse and client safety, and its effects on the successful delivery of the programme.[114] Barnes found similar limitations for FNP in the English context in her study of first FNP pilot sites in 2007/08, with, at that stage of the programme's rollout in the UK, many nurses telling of visits where the prescribed work had to be abandoned due to an incident of domestic violence and abuse, and emphasising that delivering the programme, and maintaining fidelity, is very difficult in these circumstances.[115]

Jack has developed a new NFP programme augmentation to address domestic violence and abuse in the US. The intervention is embedded within the existing NFP programme and includes universal and targeted components that provide an opportunity to take full advantage of the strong rapport and trust that develops between nurses and their clients through the relationship established over the extended two year plus programme delivery period. Working within clients' homes also allows nurses to assess the quality of relationships within the home and to

[111] Olds et al., Op. Cit.; Kitzman, H., Olds, D. L, Henderson, C. R., et al. (1997) Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial. *JAMA*, 278(8):644-652 Olds, D., L., Joann Robinson, Ruth O'Brien, Dennis W. Luckey, Lisa M. Pettitt, Charles R. Henderson Jr., Rosanna K. Ng, Karen L. Sheff, Jon Korfmacher, Susan Hiatt, and Ayelet Talmi. 2002. "Home Visiting by Paraprofessionals and by Nurses: A Randomized, Controlled Trial."Pediatrics, 110(3), 486–96.

[112] Jack et al., Op. Cit.

[113] Olds, D.L., Henderson, C.R. Jr., Tatelbaum, R., and Chamberlin, R. Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation. *Pediatrics* (1986) 77, 16–28; Eckenrode et al., Op. Cit.

[114] Jack et al., Op. Cit.

[115] Ball et al., Op. Cit.

potentially identify domestic violence and abuse before it starts or in its early stages.[116] A US randomised control trial to test the effectiveness of the intervention is underway. A pilot feasibility study indicates that the intervention is effective in educating NFP nurses and that the intervention is acceptable to both nurses and clients[117].

We have focused on the case study of FNP but note too that there is also a proposition to adapt The Incredible Years parenting programme to specifically address mothers who have experienced domestic violence and abuse and have recently left violent relationships.

The Incredible Years is a collaborative parenting programme designed to build on parents' strengths and expertise across a range of topics including play, praise, incentives, limit setting, problem solving and discipline. The programme uses video clips, discussion and role playing to help parents develop strategies for challenging angry, negative and depressive self-talk, to increase parenting self-esteem and confidence and to help parents practice the skills needed to help manage their child's behaviour.[118] Incredible Years utilises cognitive social learning theory in a series of three interlocking training programmes for parents, children and teachers. The parenting programmes span the age range of 0-12 years. The child and teacher programmes span the age range of 3 – 8 years.

The programme has been shown to be effective in the treatment of children's aggressive behaviour problems and ADHD, the prevention of conduct problems, delinquency, violence and drug abuse, the promotion of child social competence, emotional regulation, positive attributions, academic readiness and problem solving. It also improves parent-child interactions, builds positive parent-child relationships and attachment, improves parental functioning, encourages less harsh and more nurturing parenting, and increases parental social support and problem solving.[119] [120]

There is no specific domestic violence and abuse focus within the programme and no evaluation of the impact of domestic violence and abuse on the efficacy of Incredible Years has been made to date. However, a trial is proposed for a new Incredible Years intervention to: a) empower women in their parenting role, and b) attend to the consequences of children's exposure to domestic violence and abuse in terms of their emotions and behaviour. [121]The new version which is at an early stage of

[116] Bekemeier, B. (1996) Public health nurses and the prevention and intervention in family violence. Public Health Nurse.

[117]Ibid., pg. 12

[118] Gardner, F, Burton J, and Klimes, I "Randomised Controlled Trial of a Parenting Intervention in the Voluntary Sector for Reducing Child Conduct Problems: Outcomes and Mechanisms of Change," *Journal of Child Psychology and Psychiatry,* Vol. 47, No. 11, 2006, pp. 1123-1132

[119] The Incredible Years programme: http://incredibleyears.com/about/incredible-years-series/ Last accessed January 6th, 2014

[120] Letarte, M. J., Normandeau, S., & Allard, J. (2010). Effectiveness of a parent training programme "Incredible Years" in a child protection service. *Child abuse & neglect*, *34*(4), 253-261

[121] Conversation with Vashti Berry, Lead evaluator of Incredible Years Intimate Partner Violence Intervention, October 16th, 2013

development combines Basic and Advanced components of Incredible Years for women that have fled a violent relationship. The proposed intervention focuses not only on parenting skills and parent-child interaction but also on the women's own communication, anger management, depression management, relationships and problem solving. The rationale for it is that standard parenting interventions do not acknowledge and work with these important contextual factors for families where there is domestic violence. The developers suggest such an approach would both empower women/mothers individually within their own relationships and improve parenting capacity and skills.

4.4 Late intervention (tertiary or remedial prevention)

Late intervention describes a very broad terrain of activity including advocacy approaches, support and treatment services for victims, safeguarding activity for children in families where domestic violence and abuse is present, programmes to reduce the recidivism of perpetrators and criminal justice proceedings. It is regrettable that more is not known about the relative prevalence, nature and impact of these different forms of service activity. This gap in knowledge will be addressed in part by the forthcoming review of the police response to domestic violence and abuse being undertaken by Her Majesty's Inspectorate of Constabulary. There is also important research being conducted through Project Mirabal at the Centre for Research into Violence and Abuse which will conclude in late 2014 with a formal research launch planned for January 2015.[122] There will also be important new research and guidance from the IMPROVE study, funded by the NIHR Public Health Research Programme, to synthesise by September 2014 research on the cost effectiveness of intervention programmes for children experiencing domestic violence and abuse. This work aims to enhance understanding of what works to heal the negative effects of domestic violence on children's health and well-being[123].

We do not review the evidence across this wide terrain of different sorts of programme and activity. Instead as with earlier sections we focus on summarising some key findings from important recent reviews. Although we recognise the vital importance of advocacy and support services for victims of domestic violence and abuse, and widespread concern about the level of funding available for them, as well as broad evidence that advocates and case managers are proving to be a central component to effective provision, we have not directly reviewed this sort of activity in this report. Instead we have focused on important debates about perpetrator programmes. This is a contested field, with important studies in the US finding low effectiveness. There is much innovation and development work going on to improve perpetrator programmes in the UK and elsewhere but as yet only early signs of promise and insufficient evaluation. Effectiveness of interventions for perpetrators of sexual violence are proving particularly ineffective. There is more promising

[122] For more information see: https://www.dur.ac.uk/criva/projectmirabal/
[123] For further information contact Gene Feder at gene.feder@bristol.ac.uk

evidence of effectiveness for interventions for perpetrators of other forms of domestic violence and abuse. Although, these distinctions can sometimes be hard to draw in practice.

The finding that well evaluated programmes for perpetrators of domestic violence and abuse in the US have tended to be ineffective is useful learning and should be taken into account in programme development but does not mean that this important strand of activity should be halted. Not enough is known about the nature and extent of provision in the UK and so the application to a UK context must be undertaken with care. Reducing recidivism is a key component of prevention, without which wider activity is unlikely to be successful. Therefore, it is important that providers and policy-makers continue to learn from the evaluation evidence and test new approaches.

4.4.1 Male perpetrator programmes

Interventions designed to reduce recidivism among perpetrators of domestic violence and abuse have attracted significant controversy in recent years,[124] leading some experts to suggest that treatment programmes may increase the risk of harm by contributing to a false sense of security among women whose partners have previously sought treatment.[125] In this chapter we focus on programmes designed to reduce recidivism of male perpetrators of domestic violence as an important form of late intervention. The NICE Review and a review by the Washington State Institute for Public Policy (WSIPP) building on earlier reviews, provide some clarity about the effectiveness of particular forms of perpetrator programme. Below, we describe these reviews and consider their implications for the future provision of interventions to reduce domestic violence and abuse perpetration.

4.4.2 Duluth Model interventions

Much of the debate on the effectiveness of these programmes focuses on the provision of the "Duluth Model" of perpetrator intervention. Developed in Duluth, Minnesota in the early 1980s; the Duluth Model has been the most frequently used domestic violence and abuse perpetrator treatment model over the past three decades. Despite its wide use, the exact specification of the Duluth model is contested. The WSIPP study focuses on the specific perpetrator programme element of the Duluth model which tends to assume that domestic violence and abuse "is a gender-specific behaviour which is socially and historically constructed. Men are

[124] Jack, S. M., Ford-Gilboe, M., Wathen, C. N., Davidov, D. M., McNaughton, D. B., Coben, J. H., & MacMillan, H. L. (2012). Development of a nurse home visitation intervention for intimate partner violence. *BMC Health Services Research*, *12*(1), 50

[125] Babcock, J. C., Green, C. E., Robie, C. (2004). Does batterers' treatment work? A meta-analytic review of domestic violence treatment. Clinical Psychology Review, 23, 1023-1053, pg. 1024

socialised to take control and to use physical force when necessary to maintain dominance."[126]

Duluth programme providers tend to emphasise more the system elements of the approach with a range of approaches to treatment including Cognitive Behavioural Therapy (CBT) and a holistic approach to treatment based in US community psychology that emphasises the importance of a coordinated community response and not just a standalone perpetrator programme.

The criticism of the narrow frame of the Duluth model of perpetrator programme is often that it insufficiently reflects the issues of mental illness, substance abuse, anger, stress or dysfunctional relationships that may underpin domestic violence and abuse. The approach tends not to consider the intervention to be therapy nor to use standard mental health diagnostic tools. Instead, in its narrow form is said to seek to challenge the perpetrator's perceived right to control or dominate his partner through the use of the "Power and Control Wheel" which illustrates that violence is part of a pattern of intimidation, male privilege, isolation and emotional and economic abuse.[127]

Babcock's (2004) meta-analysis of 5 experimental and 17 quasi-experimental studies examining perpetrator programmes (all of which featured comparison groups and victim report or police records as the index of recidivism) tested the relative impacts of three interventions (narrow Duluth model, Cognitive Behavioural Therapy and other interventions grouped together in the meta-analysis). Babcock's findings echoed an earlier study by Rosenfeld (1992) which concluded that men who are arrested and complete treatment have only slightly lower recidivism rates (36%) than men who are arrested but refuse treatment, drop out of treatment or otherwise remain untreated (39%). Babcock found that the size of the treatment effect did not vary significantly across the three grouped treatment types, with only small effect sizes for Duluth Model and CBT based treatments. Babcock states that for each treatment type "regardless of reporting method, study design, and type of treatment, the effect on recidivism rates remains in the small range."[128]

WSIPP (2013) has more recently undertaken a meta-analysis of 34 studies from the US and Canada on the effect of group-based treatment for male perpetrators of domestic violence and abuse on recidivism. It found a greater reduction in recidivism for non-Duluth based models (namely CBT, relationship enhancement, substance abuse treatment and couples counselling), where an average reduction in recidivism of 33% (statistically significant) from baseline was observed.

The effectiveness of non-Duluth based interventions reported by WSIPP contrasts with the minimal effect reported by both Rosenfeld and Babcock. The WSIPP review

[126] Ganley, A. (1996). Understanding domestic violence. In: W. Warshaw & A. Ganley (eds.), Improving Health Care Response

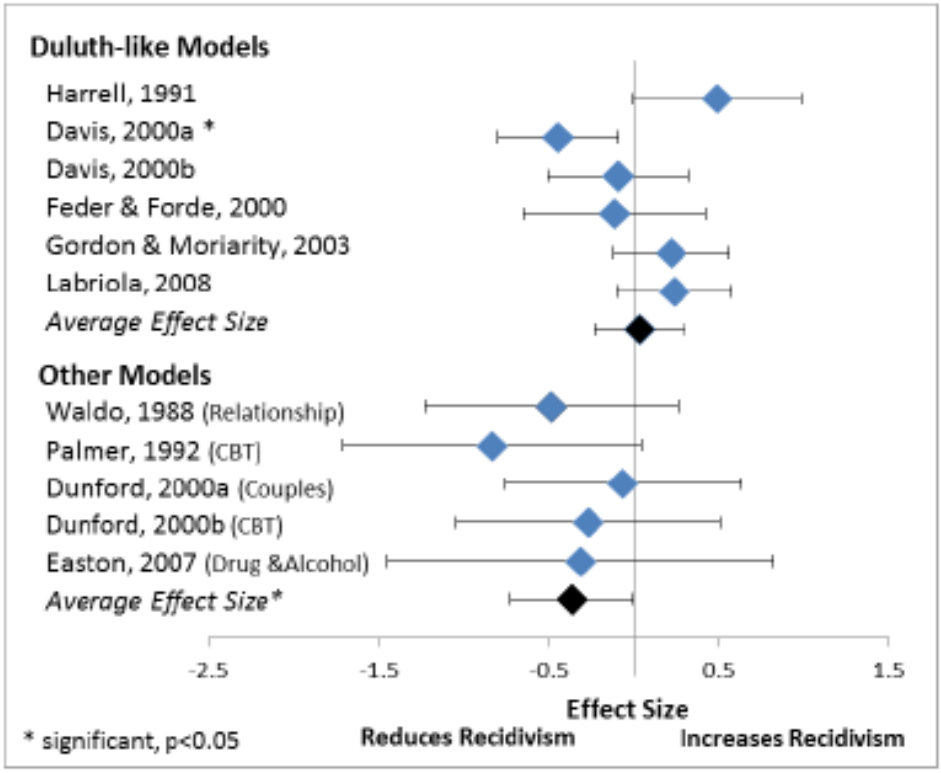
[127] Miller, M., Drake, E., & Nafziger, M. (2013). What works to reduce recidivism by domestic violence offenders? (Document No. 13-01-1201). Olympia: Washington State Institute for Public Policy, pg. 2

[128] Ibid., pg. 1045

concludes that, despite it being the most common treatment approach for domestic violence and abuse offenders, the narrow Duluth model in particular has no effect on recidivism

Figure 4, below, shows the individual and average effect size on recidivism found in six studies of narrow Duluth based approaches and five studies of other approaches (two studies of CBT and one study each or relationship therapy, couples therapy and a combined drug /alcohol and domestic violence approach). It shows that the average effect of the narrow Duluth based models is to slightly increase recidivism (with a small positive or negative effect when potential error is included) and that whilst there is a wide range of effects shown by the other included models, all have a positive effect on recidivism and the average effect of these other models (including potential error) is positive.

Figure 4: Effectiveness of Duluth like and other perpetrator treatment models (Source: WSSIP, *What works to reduce recidivism by domestic violence offenders?* 2013)[129]



While the WSIPP review was not able to determine a strong enough evidence base for any individual or specific type of intervention, it did reiterate the promise of tailoring non-Duluth approaches for specific populations, an approach described by Babcock almost a decade earlier. The WSIPP meta-analysis found five rigorous

[129] We are grateful for WSIPP and the individual authors for permission to use this chart

evaluations of the four diverse non-Duluth based intervention models, which, as outlined above, reduced recidivism by a statistically significant 33%. However, these interventions are so varied in their approach that WSIPP could not identify a particular group-based treatment approach to replace the Duluth-like model required by Washington State law.[130]

4.4.3 Group and individual interventions

The recent NICE review differentiated perpetrator programmes delivered individually from those in a group setting, and found moderate evidence that programmes delivered to individual perpetrators (including case management, an individual level intervention combined with community outreach services, solution focused therapy, educational interventions, and motivational interviewing approaches) may reduce aggressive feelings towards partners, increase understandings of violence and accountability, and increase short-term help seeking. NICE found the evidence on these programmes to be mixed and inconsistent, with some interventions leading to improvements in violent behaviours or recidivism, while other similar programmes show no effect. Overall, individually delivered interventions appeared to have a greater effect on attitudinal outcomes than recidivism/ violence outcomes, which, when measured improved in some but not all studies.[131]

The group approaches for perpetrators considered by NICE included family of origin group therapy, a solution and goal focused group treatment programme, CBT, unstructured supportive group therapy, group counselling, and group sessions based on the narrow Duluth model. Both short (16 weeks or less) and longer duration group approaches were assessed. The review found mixed and inconsistent evidence for reducing recidivism amongst both short and long duration group based approaches. Some studies reported a reduction in recidivism or other abuse measures, and a few studies reported improvements in some, but not all abuse measures or no improvement at all. However, NICE did find moderate evidence that short (16 weeks or less) group interventions improved measures of changes in attitudes, including: motivation/ readiness to change, accountability for abuse, and demonstrating empathy. Examples of psychological outcomes include measures of: anxiety, self-esteem, depression, and stress immediately following the intervention.

4.4.4 Promising areas for further development

The debate about the “Duluth” model is a very good example of the tensions between the requirements of evaluation on the one hand and the locally variable and the self-generated approaches of much local practice on the other. Much of the current provision of protection and treatment for victims of domestic violence and

[130] Ibid., pg. 6
[131] NICE Op. Cit p. 15

abuse that is available in the UK has been developed by volunteers and other very committed individuals and groups with a strong concern to help victims but little formal training in or funds for evaluation.

The finding that perpetrator programmes based solely in feminist theory do not reduce recidivism is an important signal that more should be done to develop and test approaches grounded in other theoretical frameworks. Babcock states that although none of the three treatment models included in the meta-analysis was shown to be superior to the others, funders should not dismiss these programmes altogether. Improvements should be sought by tailoring and refining of the available programmes for specific clientele, rather than rigidly adhering to any single method. Babcock points to the positive effects on recidivism of targeting domestic violence and abuse perpetrators with individually tailored programmes, reflecting specific personal histories.[132]

NICE and WSIPP, following Babcock, both suggest that programmes might be more effective if tailored to specific clientele. Promising but inconclusive results have been found by Gondolf (2008, 2009) for culturally tailored perpetrator programmes, those targeting men also receiving mental health treatment, and programmes undertaken as part of an intensive case management approach.[133]

There are also indications of promise from approaches in the UK that enable integrated models of working between the statutory and voluntary sectors, for example, where Domestic Violence Intervention project (DVIP), Violence Prevention Programme Practitioners and Women's Support Practitioners have been co-located alongside Hackney Children and Young People's Services (HCYPS)[134]. These approaches build on learning about the requirement to go beyond a sole focus on patriarchy and power as the cause of male partner violence and recognise the individual factors that may be important, and also, crucially, achieve wider system reform that enable better identification of risk, prompt referral and more confident action.

Activities in the Hackney example have included joint home visits and assessments by Social Workers and DVIP practitioners; provision of interventions with 11-18 year olds using violence within families; consultations regarding over 200 families; interactive training workshops to meet Social Workers' identified skills development needs; and delivery of a support group for women as well as ongoing delivery of the perpetrator programme. The internal Hackney evaluation indicates promise but more needs to be done to test approaches rigorously with the use of

[132] Babcock et al., Op. Cit., pg. 1049

[133] Gondolf, E. W. (2008). Outcomes of case management for African-American men in batterer counselling. *Journal of Family Violence, 23(3),* 173-181

[134] http://www.dvip.org/

comparison groups and longitudinal monitoring of outcomes to demonstrate effectiveness.

Whilst there is a lack of conclusive data on the efficacy and effectiveness of specific approaches none of the studies included in the review recommend that domestic violence and abuse perpetrator programmes be stopped. There is a need for more large scale, randomised controlled trials to support the testing and development of promising and innovative approaches based on what is already known.[135]

4.4.5 "Strength to Change" - an innovative programme

As an example of a promising approach that would benefit from more rigorous evaluation, the Strength to Change service for male domestic violence and abuse perpetrators which was designed in the UK and has been operating in Hull since 2009.

"Strength to Change"

Men self-refer to the service after exposure to a marketing campaign and receive a minimum of 10 weekly hour long individual sessions followed by group sessions over 40 weeks.

The programme has undergone preliminary evaluation after 18 months of operation based on case file reviews, in depth interviews with 47 men and their partners and analysis of police data before and after treatment on domestic violence incidents and related criminal offences. Hull police data indicates that, men are involved in substantially fewer domestic violence and abuse call outs than prior to their involvement with the scheme (66% reductions in call outs for those who have finished involvement with the scheme, and a 76% reduction for men who are still involved with the scheme when compared to call out levels two years prior to engagement with the programme).[1] Without a control group for comparison the results can only be interpreted cautiously.

[135] NICE (2013) 'Domestic violence and abuse - identification and prevention: draft guidance'

Chapter 5: Barriers to identification and action for Early Intervention practitioners

Preventing and tackling domestic violence is a one of the most significant problems facing local commissioners in many of the areas EIF are working with. Whilst there is little disagreement about the importance of this issue as a driver of poor outcomes for children, it is often felt current services are currently not responding well enough to supporting victims or preventing the occurrence of this issue. The fact that domestic violence and abuse is a cross cutting issue not solely owned by any one local service (such as safeguarding or community safety) can mean that leadership and oversight is shared locally and so activity can be difficult to corral.

Many of the areas we are supporting have identified the improvement of domestic violence services as a priority and are looking at how to better identify 'at risk' groups in the population, respond to referrals, better equip local workforces and provide more integrated services that respond to domestic violence and abuse alongside other issues that families may be facing.

By Early Intervention practitioners we mean those working in roles such as children's centre staff, nursery nurses, family support, Early Intervention parenting programme practitioners and outreach workers. This is a very diverse workforce with different levels of training and experience often working

Through this review and going forward, the EIF aim to support the delivery of services on this issue. Through working with our 'Early Intervention Places' we will highlight interesting and best practice in service provision on this important issue. We will seek to highlight the ways in which the energy and commitment of those in many local areas are improving responses to domestic violence and abuse, reducing its occurrence and impact.

Domestic violence and abuse is a live issue for the Early Intervention Workforce many of whom hear about or suspect it is occurring in their daily work with families. In this final section we include findings from a review of issues for Early Intervention practitioners in identifying and responding to domestic violence and abuse. Of course, Early Intervention (EI) practitioners are not the primary providers of support and treatment for domestic violence and abuse, and are often not trained to deal with this issue, particularly for the more severe cases of domestic violence and abuse. However, as indicated above, there will be many instances where the clients of this workforce will be experiencing domestic violence and abuse, particularly at medium and relatively low levels of severity. Their experiences in attempting to identify and respond to domestic violence and abuse are revealing of wider system tensions and challenges in addressing domestic violence and abuse more broadly.

Therefore we have explored the barriers experienced by this workforce. The findings are drawn from the literature reviewed earlier in this report, from consultation with domestic violence and abuse and Early Intervention strategy leads in the EIF's Early Intervention Places, from the results of a survey sent to a variety of professionals working in Police, Nursing and Health Visiting, Education, Children's and Adult Social

Services as well as from the domestic violence and abuse and Early Intervention strategy leads mentioned above. We have also sought feedback from the developers of a small number of parenting programmes. These barriers have also been presented to, and informed by input, from academics and policy experts from across government and the voluntary and charity sector.

The barriers discussed below are mainly features of the Early Intervention services or workforce. It is important to emphasise upfront the recurrent concern by many of those involved in local delivery that even if domestic violence and abuse is identified by an Early Intervention practitioner the referral to social workers, police or other agencies will not lead to action either because the relevant agency is over-committed or because ether there is no relevant service available. This highlights the importance of considering service provision overall on this important issue. Early Intervention services and the role they play are just one part of the system and monitoring the provision of services and their effectiveness is crucial.

It is our intention that the identification of these barriers will encourage coordinated action by our Early Intervention Places and national policy makers. Our aim in identifying these issues is to contribute to a dialogue between programme and service providers and practitioners nationally so that examples of good practice - where barriers have successfully been addressed, or where work towards that is underway - can be identified, shared, and implemented.

5.1 The prevention of domestic violence and abuse is not a basic aim of most parenting based Early Intervention programmes

Whilst this statement may seem fairly obvious, the fact that domestic violence and abuse prevention is not built into the design of many Early Intervention parenting support programmes can limit the potential for an appropriate response. This issue was identified as one of the three most important by respondents in 11 of the EIF's 20 Early Intervention Places. Whilst most parenting based Early Intervention Programmes are administered among populations where risk of low and medium severity domestic violence and abuse is high (including parents with high levels of conflict and those at risk of child maltreatment) most programmes do not monitor prevalence of domestic violence and abuse among participants, and most do not have ways of addressing it embedded within their core versions. This is a concern as the presence of domestic violence and abuse in the family may limit or undermine the effectiveness of parenting programmes if it is not disclosed.

An exception to this is Family Nurse Partnership (FNP), where just under a third of young mothers enrolled are affected by domestic violence and abuse and for which child safety and supporting maternal development is a core concern. The Family Nurse Partnership National Unit have emphasised that the identification and disclosure of domestic violence and abuse is very important within FNP provision, providing referral onto other services for more specialist support where domestic violence is identified. The safety of child and mother is paramount within FNP but

there is also a concern where relevant and appropriate to help women (and their partners) to understand and acknowledge domestic violence and abuse, whilst also keeping the child and the mother safe.

The primary focus of many parenting programmes, to address and equip parents with effective ways of dealing with conflict and anger in relation to family relationships, assumes that the parental relationship operates on equal terms, with both parents able to speak and act freely. This equality does not exist when domestic violence and abuse is present, and mainstream parenting based Early Intervention programmes are not usually effective in this environment.[136]

For this reason, the development of domestic violence and abuse specific augmentations to the most frequently commissioned programmes, as outlined in the previous section, is an important development in this area.

5.2 There are varying statutory thresholds across agencies and triggers to action across professions

As emphasised in the Department of Health's recently published 'Professional Guidance on Domestic Violence and Abuse for Health Visiting and School Nursing Programmes',[137] Early Intervention practitioners are by the very nature of their role, often the first to become aware of issues, such as domestic violence and abuse, within the families they work with. However, there are often gaps in support available for parents undertaking these Early Intervention programmes who are victims of domestic violence and abuse.[138]

Structured questioning of Early Intervention managers and domestic violence and abuse strategy leads in the EIF's Early Intervention Places revealed a frequent concern that a discrepancy exists between the threshold at which Early Intervention practitioners make a referral for domestic violence and abuse and the threshold for children's services or social services acting on that referral.

A study of police notifications (Stanley, 2010) found that only 28 (15%) of 184 families subject to a child protection referral resulting from a police notification, received an assessment or additional service following a child maltreatment notification related to domestic violence and abuse. Of those families, 19 (10%) already had open cases and 60% of all referrals were released without further action being taken. According to Stanley, only 5% of notifications triggered a new service and the notification system used large amounts of child protection resource to draw large numbers of families into the child protection system, only to release them with

[136] Phone call with Domestic Violence and Abuse strategy lead in EIF Early Intervention place, 6th October, 2013

[137] Department of Health (2013) Guidance for health professionals on domestic violence.

[138] Incredible Years Intimate Partner Violence trial proposal

no further action initiated and no additional service offered. Similarly, the NSPCC study (2009) on police and children's social service responses to domestic violence and abuse found that practitioners acknowledged that very few families received a service from children's services as the result of a domestic violence and abuse notification alone, and emphasised the need for children's and adult social services, police and health to develop multi-agency Early Intervention services for families experiencing domestic violence and abuse.[139] The importance of a family focus in services around domestic violence and abuse rather than focussing on vulnerable women or vulnerable children in isolation was also strongly emphasised by commissioners working on our Early Intervention Places.[140]

Stanley states that "repeated stop-start interventions, which are curtailed when parents separate, are inadequate to deal with the long-term embedded problem that is domestic violence and abuse."[141] This phenomena has lead Humphries (2008) to argue that a statutory child protection response to domestic violence and abuse notifications is "not effective, efficacious, efficient or ethical" and that resources for assisting children exposed to domestic violence and abuse should be diverted away from child protection to the community sector.[142]

While child protection responses to domestic violence and abuse are often necessary, the varying threshold triggers and the level of frequent inaction resulting from this discrepancy indicates that a child protection response alone is not the most appropriate action. A service response focused on the immediate safety of the victim that ensures that both the victim and child are in a safe environment away from immediate harm, in combination with child protection assessment is most likely to ensure safety for both victim and child.

5.3 There can be a lack of professional confidence to act among Early Intervention practitioners

Many Early Intervention practitioners are not trained to deal with disclosures of domestic violence and abuse and therefore may be unsure how to act on signals that a parent may want to disclose domestic violence and abuse or discuss their experiences. The NFP Intimate Partner Violence intervention study identified the difficulty that Family Nurses in the US experience in not knowing how to facilitate disclosure when they have a "gut feeling" that a client is being abused, and noted that this is a major source of frustration for practitioners.[143]

[139] Stanley, Op. Cit, pg. 6
[140] EIF workshop FULL REF?
[141] Ibid, pg. 4-5
[142] Humphreys C (2008) 'Problems in the system of mandatory reporting of children living with domestic violence' Journal of Family Studies 14 (2) 228-239
[143] Jack et al., Op. Cit.

This lack of confidence among the Early Intervention workforce in their ability to identify and act to elicit disclosure when they suspect domestic violence and abuse is taking place is a primary barrier to the identification of domestic violence and abuse and action to tackle it.[144] Brandon's (2006) evaluation of the implementation of the Common Assessment Framework and the Lead Practitioner role in 12 trial sites in England found that "non-social-care practitioners experienced a lack of skills and confidence in relation to asking families about complex issues such as domestic violence and abuse".[145] A lack of professional confidence amongst the Early Intervention workforce was the second most frequently selected barrier among survey respondents. When presented with each of the seven barriers identified here, domestic violence and abuse leads in 13 of the EIF's 20 Early Intervention Places selected "lack of professional confidence in ability to elicit and act on disclosure" as one of the three most important barriers.

While it is expected that a broad workforce, consisting largely of para-professionals, may not act with the same professional confidence as their fully qualified and frequently (although not always) more experienced social care colleagues, there are relatively simple steps that can be taken to ensure that domestic violence and abuse is identified and acted upon early and appropriately. These include providing high quality training and supervision, the opportunity for reflection, clear and concise guidance and an emphasis on domestic violence and abuse awareness in supervision. It is difficult to determine the frequency of "non-referrals" resulting from the family support workforce lacking the confidence to act on their suspicions. Communication with experts in the EIFs Early Intervention Places have revealed that a lack of confidence among parenting programme practitioners in how to deal with domestic violence and abuse when the perpetrator is a continued presence is an issue of particular concern.[146] Additionally, potentially heightened levels of conflict among parents engaged in parenting based Early Intervention programmes can result in difficulties given the lack of training many Early Intervention practitioners have in dealing with relationship issues and the resulting conflict. This lack of training means that many opportunities to identify couples at high risk of domestic violence and abuse may be lost.

5.4 There is a lack of universal screening tools across services and application is patchy

As the programmes included in this review are not designed as specific domestic violence and abuse interventions, screening tools for domestic violence and abuse

[144] Meeting with Strategic Early Intervention Manager in Early Intervention Place,, 30th September 2013

[145] Brandon M, Howe A, Dagley V, Salter C and Warren C (2006) 'What Appears to be Helping or Hindering Practitioners in Implementing the Common Assessment Framework and Lead Professional Working?' *Child Abuse Review* 15 (6) 396-413

[146] Conversation with Domestic Violence and Abuse Lead in Early Intervention Place 6th Oct 2013

are often not considered core materials by practitioners, and can be applied in a non-routine and ad hoc manner.[147] This low level of routine screening in parenting based Early Intervention programmes not only reduces the identification of domestic violence and abuse at what is often the first opportunity to act, but can also adversely affect practitioner awareness and vigilance, lowering sensitivity and detection rates among non-specialists.

There are several examples of where the inclusion of domestic violence and abuse screening tools in routine enquiries by family support workers and health visitors have resulted in increased awareness from non-domestic violence and abuse specialist practitioners, and large subsequent increases in identification and disclosure. These are outlined below as possible approaches for addressing this barrier.

Stanley emphasises that in instances where practitioner awareness of domestic violence and abuse in families remains low, screening tools can serve to raise practitioner's sensitivity to the issue as well as increasing detection rates. Hester (2006) describes an initiative that enabled NSPCC practitioners, health visitors and social care staff to combine their routine enquiries with mothers about domestic violence and abuse with increased opportunities for training and reflection on their experience of the screening approach. Hester describes a more than threefold increase in the rate of disclosure over a two year period, an increase also found in an earlier study developed by Magen et al (2000) on the effectiveness of a similar screening, training and reflection model for pregnant women delivered just by child welfare preventative services in New York.[148] Similarly, Stanley outlines a further study (Bacchus, 2004) where identification rates in maternity clinics in a London hospital increased substantially when routine enquiry about domestic violence and abuse by midwives was introduced.[149] These studies conclude that women are unlikely to disclose domestic violence and abuse unless asked directly. It is therefore necessary that a uniform approach to routine enquiry is maintained, and that there are clear pathways for practitioners to follow from enquiry to the provision of services.

[147] *Little, M., Berry, V., Morpeth, L., Blower, S., Axford, N., Taylor, R., Bywater, T., Lehtonen, M., Tobin, K. The Impact of Three Evidence-Based Programmes Delivered in Public Systems in Birmingham, UK International Journal of Conflict and Violence. 2012. IJCV: Vol. 6 (2) 2012, pp. 260–272.*

[148] Hester M (2006) 'Asking about Domestic Violence: Implications for practice' in Humphreys C and Stanley N (eds), Domestic Violence and Child Protection: Directions for good practice. London: Jessica Kingsley Publishers; Magen, R., Conroy, K., & Tufo, A. (2000). Domestic violence in child welfare preventative services: Results from an intake screening questionnaire. *Children and Youth Services Review*, 22, 174–251.

[149] Stanley, Op. Cit., pg. 64

As summarised by Stanley, evidence for the effectiveness of standardised screening indicates that the act of disclosure in itself serves to break the shroud of secrecy that perpetuates domestic violence and abuse, thus reducing the children's experience of violence and significantly lessening the impact on their behaviour. In a US study (McFarlane et al., 2003) of two simple questions on exposure to violence from a partner, administered to 360 women with recent experience of domestic violence and abuse by nurses in primary care services and women's and children clinics, there was found to be a significant improvement in children's behaviour at two years follow up post screening, with all children gaining a statistically significant improvement in Child Behaviour Checklist scores 24 months after screening.[150]

5.5 There is a lack of uniformity and clear integrated pathways in the approaches used across services

The McFarlane et al. study (2003) is from the US but the wider literature (e.g., Stanley 2011, Hester 2006, Niven and Ball's "Sure Start Local Programmes and Domestic Abuse" 2007) has revealed that the lack of clear and consistent pathways for practitioners to make referrals to specialised domestic violence and abuse services is a significant barrier for the family support workforce.

This finding was echoed by those working in our Early Intervention Places who emphasised the importance of ensuring that all professionals that come into contact with victims and perpetrators of domestic violence and abuse have the same local protocols and referral pathways in place. They have also indicated the importance of consistent training across professions so that practitioners are using the same measures of severity and frequency of violence, and have fully integrated services.

5.6 There is a lack of guidance developed specifically for Early Intervention Practitioners

Pithouse's (2008) evaluation of the introduction of the Common Assessment Framework (CAF) found that it was used inconsistently. The amount and quality of information concerning the effect of domestic violence and abuse on children included in the CAF was often limited and ineffectual in terms of leading to increased identification of domestic violence and abuse.[151]

[150] McFarlane JM, Groff JY, O'Brien JA, Watson K (2003) Behaviors of children following a randomized controlled treatment programme for their abused mothers. Issues in Comprehensive Pediatric Nursing [2005, 28(4):195-211.

[151] Pithouse, A. (2008), 'Early Intervention in the Round: A Great Idea, but …', *British Journal of Social Work*, 38, 1536–1552

The Department of Health has recognised that there is a need for greater continuity in communication between agencies and more clarity in handover of responsibility between professionals. It has recently issued a new four page guidance document for Health Visitors and School Nurses. This guidance emphasises that nurses and health visitors should use every visit to "assess, listen, action and document" their concerns.[152]

5.7 There is a lack of universal training standards in domestic violence and abuse identification

Throughout the focus groups that informed the development of the Nurse Family Partnership Intimate Partner Violence, Intervention nurses also expressed a need for greater opportunities to develop skills in the comprehensive assessment of domestic violence and abuse and risk assessment, engaging women in safety planning, motivational interviewing and tailoring interventions to suit the situation and readiness to address the abuse. US Nurses, who have different professional experiences and training to their UK counterparts, suggested that these needs could be met through the development of interactive workshops, video training and through the provision of written scripts on how to talk about domestic violence and abuse with clients and how to introduce assessment tools within home visits.[153]

This barrier was identified by domestic violence and abuse leads in 10 of the 20 Early Intervention Pioneering Places as one of the three most important for Early Intervention practitioners.

The Home Office's 2013 action plan, "A Call to End Violence against Women and Girls", includes plans to "develop training for health visitors to support families when they suspect violence against women or children may be a factor" and "produce a universal academic module (six days duration) for frontline professionals on violence against women and girls . . . for frontline practitioners including nurses, teachers and social workers so that they can access a formal standard of training which is directly relevant to their work."[154] This formal and universal training across professions is a welcome development, and is progressing towards implementation in 2015.

[152] Department of Health (2013) Guidance for health professionals on domestic violence, pg. 1

[154] A Call to End Violence against Women and Girls: Action Plan 2013' Home Office (2013)

Chapter 6. Conclusions and Recommendations

Overall, we have found that DV&A is a significant issue in terms of impact and prevalence, with wide-reaching potential implications for children, family and communities and high resultant costs. Its scale is such that it is vital that concerted action is taken across a very wide range of agencies at national and local levels. It is of concern that so many existing approaches are unproven and that practitioners have signaled uncertainty about how to address problems that are identified. However, there are promising approaches that with more development and testing could enable substantially more effective prevention of DV&A.

We make a range of recommendations reflecting the wide range of institutions and agencies that will be essential in enhancing early intervention and prevention. The Government clearly has a key role but so do communities, the voluntary sector and local Government.

We have found a lack of proven approaches that are ready to be taken to scale, so more innovation and evaluation is required. This requires support from Government and other research funders. The Early Intervention Foundation stands ready to offer support, information and brokering to enable the kind of system and culture change required to substantially improve the evidence base.

However, improved action need not wait for improved evidence, the two must move forward in tandom, and we set out below what we have found to be the key steps in developing and implementing a sustained and long-term approach.

Local government and local agencies

At a local level, Local Councils, Police and Crime Commissioners, Clinical Commissioning Groups, public health organisations, partnerships such as Health and Wellbeing Boards and our own 20 Early Intervention Places, should ensure that the prevention of DV&A is central to local strategies on crime prevention, health and wellbeing and children and young people.

This should include ensuring that prevention and Early Intervention on DV&A is represented in local strategies and plans related to Early Help and/or Early Intervention, and that this is informed by the latest evidence and guidance on what works, and in particular the NICE Guidance. The Early Intervention Foundation undertakes similar work advising our initial 20 EI Places on the use of evidence to improve services and would be pleased to help in the communication of this guidance.

National Government

Nationally, the Action Plan on Violence Against Women and Girls (VAWG) is an important tool in delivering concerted action across government departments on the DV&A agenda. The focus on prevention and early intervention in the 2014 Action Plan is important. However, we believe that the Plan could benefit from more specific actions and more clarity on measures of progress. For example, the emphasis in the Plan on a year on year reduction in violence against women is a

welcome strong signal of intent but the Plan is not specific on which metrics will be used for assessing performance. Real change may require more explicitly named leadership and accountability for performance on implementation.

The development of new and improved programmes and approaches

A key challenge is the development and improvement of approaches both for preventing DV&A, and for addressing it once it has occurred. The rigorous evaluation of these approaches is vital, and needs a collaborative approach between providers, funders, researchers, central and local government and the voluntary sector. We make a number of general suggestions that we will take forward in our work. The government might go further than it has done in the 2014 Action Plan on how it will enhance innovation and evaluation.

The Home Office should support the development of the evidence base on what works in relation to DV&A perpetrators. Further development and rigorous trialling of innovative programmes and practice targeting perpetrators of domestic violence and abuse are needed. An example of an innovative programme worthy of further research is the "Strength to Change" perpetrator intervention based in Hull.

Strength to Change is an innovative programme developed in the UK, for male domestic violence and abuse perpetrators, which has been operating in Hull since 2009. Men self-refer to the service and following assessment, are offered extensive individual and group sessions.

We have found some evidence that perpetrator programmes that target DV in a culturally specific context, or at the same time as tackling other issues such as mental health problems and drug and alcohol misuse, have had some success. We recommend that further rigorous evaluation of approaches that aim to tackle DV&A in this way should be supported by the Home Office, Department of Health and other funding agencies.

There should be further rigorous testing of preventative programmes that have been shown to effect positive changes in young people's attitudes to DV&A. We recommend that the testing of preventative programmes includes rigorous longitudinal measurement of programme effect on young people's behaviour into young adulthood. This should include measurement of behavioural outcomes as well as of attitudes.

Programmes such as "Safe Dates", which has been shown to improve attitudes towards conducting healthy relationships and dating violence, should be subject to rigorous longitudinal evaluation of effectiveness on young people's levels of perpetration and victimisation from domestic violence and abuse into young adulthood.

The development of additional components to Early Intervention parenting programmes offering DV&A support is welcomed. The Nurse Family Partnership Intimate Partner Violence intervention is an augmentation to the core early intervention programme with a specific focus on DV&A. It is currently being trialled

in the U.S. There is also a proposed intervention to rebuild relationships between abused mothers and their children, based on the established Incredible Years parenting programme. Government departments and other funding agencies should consider funding trials and development of these and similar approaches.

In schools

We recommend that DfE consider how to address how to improve the quality and quantity of effective education programmes addressing young people's attitudes and behaviours in relation to DV&A, notably Personal, Social and Health (PSHE) Education and Sex and Relationships Education (SRE). This could include working with the PSHE Association, the Early Intervention Foundation and our 20 EI Places, and liaising with the Independent Academies Association and other representative agencies, to develop an effective approach to awareness raising on DV&A in all schools.

It could also include commissioning advice and guidance for schools on the delivery of effective SRE programmes preventing DV&A, which would incorporate guidance on the programmes that have been demonstrated to have a positive effect on young people's attitudes and behaviours. This should be periodically reviewed based on evaluation and monitoring of outcomes.

Relationships

It is important that there is a strong lead across government to make sure all support for families, couples and relationships includes awareness and prevention of DV&A at its core. We recommend that in her role as leader of the DV agenda across government, the Home Secretary advocates for the prevention of DV&A, and that this features more strongly in all government policy to support family functioning, parenting and positive couple relationships.

The Inter-Ministerial group and any future VAWG Action Plan should set out clear steps to ensure that all government support for families, couples and relationships includes awareness and prevention of DV&A.

We recommend Government departments ensure that prevention of DV&A is a core component of all relationship support programmes that it commissions directly, and support the further testing of programmes that offer promise in preventing future DV&A amongst wider family benefits, such as Supporting Fathers Involvement. The DWP's forthcoming *Family Stability Review* might make prevention of DV&A a core theme.

Workforce

Our report has found that a key area for improvement is the confidence and skills of the Early Intervention workforce, to ensure that they can play a vital role in addressing DV&A early. We recommend that government departments, working with providers and representatives of the children's workforce, ensure the

availability of core training on DV&A for all professionals working with children and families, to build a basic level of confidence and competency in handling this issue.

Professional agencies representing more established workforces such as social workers, teachers, health professionals and those working in the criminal justice system should consider how to ensure that existing includes prevention and Early Intervention.

There is a need for a lead body or organization to provide leadership and support for the skills and training of the Early Intervention/family support/family intervention workforce.

Early Intervention parenting programme providers could commit to including knowledge and skills requirements about DV&A in all role profiles/job descriptions for those practitioners delivering their programmes, making full use of core training referenced above to support this.

At a local level, incorporating DV&A services into visits from midwives and health visitors as well as including screening in primary care settings dealing with at risk groups, can encourage greater identification and take up of services. Therefore, we recommend that Local Councils, CCGs and their partners consider how to ensure that targeted outreach DV&A prevention is provided as part of existing outreach and home visiting services for at risk populations, particularly young mothers. It is also important that successful primary care-based screening programmes are more widely implemented. However, improved outcomes will only result if there are appropriate services to follow up. Therefore it is also important that Local Councils and other agencies assess the current provision of services for addressing DV&A and take steps to ensure that adequate funding is available where there are gaps. We think this might usefully be a stronger theme of the Government's approach through the VAWG (2014).

Improved measurement, reporting and research

While the broadening of the definition of DV&A is welcome, there might usefully be greater clarity in the measurement and reporting of DV&A, to ensure we have a full picture of trends and can monitor progress. There is a need for better reporting of the data such that the abusive and psychological element is more accurately estimated and the component elements of physical, psychological, sexual, financial and emotional abuse are more clearly distinguished in the official statistics.
The Home Office and the Office of National Statistics should test and agree improvements to the measurement of DV&A through the Crime Survey for England and Wales, particularly in relation to the monitoring of coercive and controlling behaviour.

We propose the DfE commission a survey of attitudes to DV&A in schools to explore children and young people's attitudes to DV&A, and to assess which preventative programmes to change attitudes may be most useful, and where these could be best

targeted. This would then provide a baseline for success of future education programmes.

Appendix A: Compendium of Resources

This compendium is a tool designed to allow immediate access to some of the most important and informative resources used throughout the Early Intervention Foundation's review of Domestic Violence and Abuse.

It includes links to the recent exhaustive review on prevention approaches by NICE (commissioned to support their guidance for health and social care workers) as well as the most pertinent UK crime and prosecutions statistics on domestic violence and abuse, Government publications including the Violence against Women and Girls action plan and the cross-governmental definition of domestic violence and abuse. Recourses and data from Co-Ordinated Action on Domestic Abuse (CAADA) and links to the research reports that have most heavily informed our review.

The compendium will continue to be updated as new recourses become available and will be housed at www.eif.org.uk as part of the upcoming Early Intervention Guidebook.

Publication	Organisation	Description	Link
NICE Resources			
Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence Prepared by the British Columbia Centre of Excellence for Women's Health 2013	NICE	Systematic review of prevention approaches written to inform the NICE guidance for health and social care professionals. This review examines interventions to identify, prevent, reduce and respond to domestic violence between family members or between people who are (or who have been) intimate partners.	http://www.nice.org.uk/nicemedia/live/12116/64791/64791.pdf

NICE (2013) 'Domestic violence and abuse - identification and prevention: draft guidance'	NICE	Draft guidance for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. Full guidance materials will be available late February 2014.	http://guidance.nice.org.uk/PHG/44
Crime Statistics			
IVDA Prosecutions Insights Executive Summary	Crown Prosecutions Service / CAADA	Analysis of police report and subsequent prosecutions rates from CAADA's analysis of Independent Domestic Violence Advocacy Services. CAADA Insights dataset comprises of data collected by Independent Domestic Violence Advisors during the course of their work with victims of domestic abuse.	http://www.cps.gov.uk/publications/docs/idva_dv_prosecutions_insights_executive_summary.pdf
Crime Statistics England and Wales (CSEW)	Office for National Statistics	Annual report produced by the Office for National Statistics on crime levels in England and Wales.	http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime/stb-focus-on--violent-crime-and-sexual-offences-2011-12.html#tab-Types-of-violence-–-domestic-violence--sexual-offences-and-intimate-violence

CSEW statistics on annual prevalence of violent crime and intimate violence	Office for National Statistics	ONS and CSEW research on crime statistics in England and Wales.	http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-on-violent-crime-and-sexual-offences--2012-13/rpt---chapter-4---intimate-personal-violence-and-partner-abuse.html
Violence Against Women and Girls Crime Report 2012-13	The Crown Prosecution Service	This report is an analysis of the key prosecution issues in each Violence against Women (VAWG) strand - domestic violence, rape, sexual offences, human trafficking, prostitution, forced marriage, honour based violence, female genital mutilation, child abuse and pornography.	http://www.cps.gov.uk/publications/docs/cps_vawg_report_2013.pdf
Government Publications			
Violence Against Women and Girls Action Plan	Home Office	An updated Action Plan on how to prevent violence against women and girls, outlining what government been done and what more can government will do – including how we will tackle new and emerging issues.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181088/vawg-action-plan-2013.pdf

Department of Health. (2013) Health Visiting and School Nursing Programmes: supporting implementation of the new service model. Domestic violence and abuse - professional guidance.	Department of Health	The guidance aims to increase knowledge within the field and support improved integration and partnership working with others who have an interest in preventing, working in and identifying domestic violence and abuse, and supporting those affected.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/211018/9576-TSO-Health_Visiting_Domestic_Violence_A3_Posters_WEB.pdf
Cross-governmental Definition of Domestic Violence	Home Office	Information for Local Areas on the change to the Definition of Domestic Violence and Abuse.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf
Early Intervention: The Next Steps (2011)	Allen Review 1st report	A review for the government outlining evidence and policy recommendations on promoting Early Intervention.	http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf
CAADA publications			
IDVA Insights into domestic violence prosecutions 2011	Coordinated Action Against Domestic Abuse (CAADA)	Data from the CAADA Insights Service on IDVA services and domestic violence and abuse prosecutions. CAADA Insights dataset comprises of data collected by Independent Domestic Violence Advisors during the course of their work with victims of domestic abuse.	http://www.cps.gov.uk/publications/docs/idva_dv_prosecutions_insights_executive_summary.pdf

CAADA Website	Coordinated Action Against Domestic Abuse (CAADA)	Co-ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. CAADA provides practical help to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children.	http://www.caada.org.uk/
CAADA Insights National Dataset	Coordinated Action Against Domestic Abuse (CAADA)	This report contains data from more than 2,500 victim cases collected by 14 specialist domestic abuse services which used the CAADA Insights outcome measurement service in the year to March 2012.	http://www.caada.org.uk/policy/Appendix_CAADA_Insights_National_Dataset_2011-12.pdf
Programmes			
Sure Start Local Programmes and Domestic Violence (2007). National Evaluation Report.	Domestic Violence and Abuse Sure Start	This study looked at the practice through which SSLPs gained the trust of parents who needed help with domestic abuse. It also aimed to establish how SSLPs developed partnerships with local agencies, services and networks, and the essentials of providing services for domestic abuse which are sensitive and confidential via an integrated programme aimed at young families.	http://www.ness.bbk.ac.uk/implementation/documents/1510.pdf
Website for The Incredible Years Parenting Programme	Incredible Years	The Incredible Years programmes for parents, teachers, and children reduce challenging behaviours in children and increase their social and self-control skills.	http://incredibleyears.com/about/incredible-years-series/

Website for RCT on the use of Triple P to provide parenting support to domestic violence and abuse perpetrators.	Triple P	This trial aims to determine whether Pathways Triple P which has established efficacy with parents at risk of child maltreatment, is effective with parents who have a history of domestic violence.	http://www.gcu.ac.uk/triplep/research/currentresearch/parentingsupportforoffenders/
Full list of the rigorous published research on Nurse Family Partnership in the US and Family Nurse Partnership in the UK	Family Nurse Partnership	The Family Nurse Partnership has one of the strongest evidence bases of any childhood preventive programme. It is based on robust and scientific research about what makes a difference to the outcomes of vulnerable babies and their families.	http://www.fnp.nhs.uk/research-and-development
Research Reports			
Cawson, P. (2002) Child maltreatment in the family: the experience of a national sample of young people. London: NSPCC	NSPCC	This paper gives a summary of the first report on a major national study undertaken to explore the childhood experience of young people in the UK, including their experience of abuse and neglect, collectively described as maltreatment.	http://www.nspcc.org.uk/Inform/publications/downloads/childmaltreatmentintheukexecsummary_wdf48006.pdf
Child Abuse and neglect in the UK Today	NSPCC	Thorough prevalence study (updating Cawson's study listed below) on all aspects of childhood abuse and neglect, including domestic violence and abuse	http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf84181.pdf

Walby costs update (2009)	University of Lancaster	Update to original costs study based on decline in prevalence reported by interview components of CSEW between 2001/2 and 2008/9.	www.lancaster.ac.uk/fass/doc.../Cost_of_domestic_violence_update.doc
What Works to Reduce Recidivism by Domestic Violence Offenders	WSIPP - Washington State Institute for Public Policy	A report for WSIPP to: a) update its analysis of the national and international literature on domestic violence (domestic violence) treatment; b) report on other interventions effective at reducing recidivism by domestic violence offenders and criminal offenders in general; and c) survey other states' laws regarding domestic violence treatment for offenders.	http://www.wsipp.wa.gov/ReportFile/1119/Wsipp_What-Works-to-Reduce-Recidivism-by-Domestic-Violence-Offenders_Full-Report.pdf
Walby, S (2004) The Cost of Domestic Violence.	National Statistics Women and Equality Unit	Analysis of the economic cost of domestic violence in the UK filling the gaps in the existing data. Walby estimates that domestic violence is costing society £23 billion a year.	http://www.devon.gov.uk/cost_of_dv_report_sept04.pdf
Stanley, N, Research in Practice (2011) Children Experiencing Domestic Violence: A Research Review. London	Research in Practice	This research in practice review explores the research and evidence around children's experience of domestic violence and the role of multiagency service responses and interventions.	http://www.rip.org.uk/research-evidence/research-reviews
Stanley, N., Miller, P., Richardson Foster, H., and Thomson, G. (2010) Children and families experiencing domestic violence:	NSPCC	This research examines both the notification process itself and the subsequent service pathways followed by families brought to the attention of children's social services in this	http://www.nspcc.org.uk/Inform/research/findings/children

Police and children's social services' responses. London: NSPCC		way and which agencies contributed to services for families experiencing domestic violence.	_experiencing_domestic_violence_summary_wdf68552.pdf

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