



**adva**

against domestic violence and abuse

in Devon

## **ACKNOWLEDGEMENTS 5**

*Staff/participants 5*

*Independent Staff 5*

*Home Office/Government Office for the South West 5*

*Devon County Council 5*

## **EXECUTIVE SUMMARY, FINDINGS & CONCLUSIONS 6**

### **INTRODUCTION 6**

**Establishment of REPAIR & its delivery in Devon 6**

**Outputs 7**

**Findings about referrals & take-up 7**

**Findings about demographics 8**

**Findings about outcomes 8**

**Findings on Cost-benefit 9**

**Conclusions 10**

**Men 10**

**Women 10**

**Children 11**

**General 11**

## **Chapter 1 Background & development of the REPAIR project 13**

*The Invest to Save (ISB) Project Aims & Objectives 14*

## **Chapter 2 The REPAIR programme 15**

*Establishment of REPAIR & its delivery in Devon 16*

**Work with men 16**

**Work with women 17**

**Work with children 17**

**Inter-agency working within REPAIR 18**

## **Chapter 3 Supporting the men 19**

*Key Objectives of the programme 20*

**Potential target group 20**

*PART A: Quantitative data drawn from case monitoring records 20*

**Implementation & take-up 20**

**Relationship status of perpetrator at enrolment on REPAIR 25**

**Outcomes of intervention 26**

*PART B: Quantitative data drawn from independent psychological assessment 32*

**Evaluation & monitoring 32**

**Methodology 32**

**Hypotheses 32**

**Use of statistics 32**

**Psychologist's findings 33**

**Detailed analysis by individual test criterion 34**

**Summary of the psychologist's & project workers' assessments of men 36**

**Findings about referrals & take-up for men 37**

**Findings about demographics 37**

**Findings about outcomes 38**

*PART C: The Workers' perspectives on how the programme achieves change 38*

**REPAIR Managers' reflections on how the programme achieves change 38**

**Messages from participants' & workers' case examples 39**

**Case Study 1: 39**

**Case Study 2: 39**

**Case Study 3: 40**

**Case Study 4: 40**

**Case Study 5: 41**

**Case Study 6: 41**

**Case Study 7: 42**

## **Chapter 4 Supporting the women 43**

*Target group 44*

*Implementation & take-up of service for women 44*

*PART A: Quantitative data drawn from case monitoring records 45*

*Part B: Psychologist's & Workers' assessments of change for women 51*

**1 Polarisation 51**

**2 Correlation of self with partner 52**

**3 Correlation of 'actual self' with 'ideal self' 52**

**4 Change in Rosenberg self-esteem 52**

**5 Change in ROPELOC 53**

**6 Changes as judged by Women's Support Workers 53**

**Findings on referrals & take-up for women 56**

**Findings on demographics of women 56**

**Findings on outcomes for women 56**

## **Chapter 5 Supporting the Children & Young People 57**

*Target group 58*

*Implementation 58*

*PART A: Quantitative data and outcomes for Children & Young People on REPAIR 58*

*Part B: Psychologist's & Workers' findings 61*

**Research tools used 61**

- 1 Self-characterisations 61**
- 2 Richard Butler's (2001) Self-image Profiles 61**
- 3 The Strengths & Difficulties Questionnaire (Goodman 1997) 62**
- 4 Teacher Rating Scale 62**
- 5 Parent Rating Scale 62**

**Case Study 8: 67**

**The perceived changes in one family 67**

*Part C: Children supported, but not part of the REPAIR programme 70*

**Findings on referrals & take-up for children & young people supported by REPAIR 72**

**Findings on demographics for children & young people supported by REPAIR 72**

**Findings on outcomes for children & young people supported by REPAIR 72**

**Findings on children & young people supported outside REPAIR 73**

## **Chapter 6: Cost-benefit analysis 75**

*Background 76*

*Original projections revised & reviewed 76*

**The revised 'original' projection & its rationale 76**

*Actual performance 78*

*'Break even' 79*

*Effectiveness rates 79*

*Alternative Models 79*

*Payback period 81*

**Original model 81**

**Family-based cost model 81**

*Future delivery 82*

*Findings on Cost-benefit 82*

## **Conclusions 85**

*Men 86*

*Women 86*

*Children 87*

*General 87*

## **Bibliography 88**

# CONTENTS



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The psychologist felt very privileged to witness the changes which occurred in the people taking part in the programme. She was able to observe the differences in the men and women at a personal level as well as through their questionnaire scores. She acknowledged that the staff had persevered in very challenging and in-depth work over a long period to help people achieve these changes. Their efforts should not go unrecognised.

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### Staff/participants

Donna Apicella	Outreach Assistant Manager	Exeter Women's Aid
Ann Burgoyne	Children & Young People's Worker	Exeter Women's Aid
Viv James	Women's Support Worker	Exeter Women's Aid
Chris Pearson	Manager	Exeter Women's Aid
Tina Feather	Manager (May 2008)	North Devon Women's Aid
Wendy Fudge	Women's Support Worker	North Devon Women's Aid
Kath Jones	Children & Young People's Worker	North Devon Women's Aid
Anne-Marie Parkin	Manager	North Devon Women's Aid
Christine McKenna	Manager	South Devon Women's Aid
Jenny Veale	Assistant Manager	South Devon Women's Aid
Paula Wilson	Children & Young People's Worker	South Devon Women's Aid

### Independent Staff

Richard Dealler	Exeter Project Manager
Sarah Adams	Exeter Co-worker with the men
Neal Bennett	Exeter Cover Worker for the men
Catherine Dare	Group Co-worker with the men
Pete Rosser	Manager, Group Worker & Individual Worker

<sup>1</sup> Feixas, G. et al (2007) Construction of Self and Others in Unipolar Depressive Disorders: a Study using Repertory Grid Technique. Journal of Cognitive Therapy Research DOI: 10.1007/s10608-007-9149-7. Springer Netherlands, Volume 32, Number 3, pp386-400 ISSN 0147-5916 (print) (June 2008) and 1573-2819 (online) (June 2007).

Stephen Miller	Male Cover Worker for Group working with men
Jo Palmer	Female Cover Worker for Group working with the men
Marian Swinfen	South Devon Project Manager
Paul Wolf-Light	Supervisor and Co-worker South Devon

For this report, **Sue Penna Associates** provided:

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- Quantitative and qualitative data from the psychologist
- The cost-benefit analysis.

The analysis of the quantitative data undertaken by Sue Penna Associates was based on data collected by project staff. Sue Penna Associates can take no responsibility for the accuracy of the collection of the original data. Any use of this report by any third party does not absolve them from using due diligence in verifying the report's contents. Any use which a third party makes of this document or any decisions it makes based upon it are the responsibility of the third party. Sue Penna Associates accepts no duty of care or liability of any kind to any such third party and accepts no responsibility for any damages suffered by any third party as a result of action taken, or decisions made, based on this document.

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John Dunworth	Home Office DVA Lead and Project Sponsor
Sam Darby	Home Office Violent Crime Unit
David Warren	Government Office for the South West Lead for Domestic Violence and Abuse

### Devon County Council

Katrina Calcutt	Adva Finance Manager
Rachel Martin	Adva and REPAIR Manager
Roy Tomlinson	Joint REPAIR Manager

## EXECUTIVE SUMMARY, FINDINGS & CONCLUSIONS

### INTRODUCTION

This executive summary identifies key findings from Devon adva's three-year community perpetrator programme, REPAIR, (2005 to 2008). The purpose of the project was to introduce a whole-family intervention model. The original intention of the project was to:

1. Establish a comprehensive prevention model to reduce the overlap of agencies at the point of crisis
2. Reduce the social, educational and emotional impact that domestic violence has on children and young people
3. Lessen behavioural problems and educational underachievement in children of school age and to design methods for monitoring change
4. Establish a voluntary recovery model for father-perpetrators with the subsequent diminution of criminal violence and associated costs to criminal justice agencies
5. Reduce the level of offending by perpetrators through intervention which changes the pattern of their behaviour
6. Increase safety of mother-victims through co-ordinated, multi-agency risk assessment and safety planning
7. Develop self-esteem and resistance to further victimisation amongst survivors
8. Develop skills for mainstream practitioners in identifying and changing current practice in relation to domestic violence
9. Compile an evaluation report and present at a regional conference and ambassador workshops to disseminate findings to influence national and regional domestic violence and abuse strategies.

During implementation of the programme it was necessary to modify some of the original project aims. The bulk remained intact, however, and are covered in the report. Objective 3, above, had to be modified to focus just on those children directly worked with (which proved to fully engage the capacity of the workers employed). This has meant that the wider intention to develop work in Devon's 380+ schools was unrealistic, given the available ISB project resources.

Whilst the project partially met Objective 8, it has not been possible to expand the learning in the wider mainstream agencies. It has, however, led to the

introduction of two new county-wide training courses, 'Tackling Perpetrators' and 'Preventing Murder', the content of which has been directly influenced by the experience of workers engaged in the REPAIR programme.

Additionally, two DVDs have been produced, one looking at two male perpetrators' response to the interventions they experienced, the other looking at the impact on the whole family. These have been used in national and international conferences and workshops and will form a core part of adva's future communication and training strategies.

### Establishment of REPAIR & its delivery in Devon

The project was managed within the existing adva partnership team led by the adva Manager as part of a wider brief of responsibilities. This had the advantage of its being integrated into a much wider community intervention model of provision, enabling referrals from the programme, follow-up and ongoing support, once the programme interventions had ended (especially for women and children).

Devon's population of 750,000 is widely dispersed across a largely rural county. This required the establishment of three geographically separate projects: Exeter/ East/Mid Devon; North Devon/Torridge; and South Devon including South Hams, Teignbridge and West Devon. This area-based approach was the most appropriate model of delivery, enabling reasonable access for workers and clients.

The management and delivery involved the following staff:

- Project and financial management, based within Devon County Council
- Three area REPAIR Managers (part-time consultants)
- Three area Co-workers (part-time consultants)
- Multiple Cover Workers for men's group work
- Chaperones in each area to ensure the safety of workers during evening and group work
- Three Women's Support Workers, part-time, hosted by three independent Women's Aid Trusts within the geographic areas
- Pattern-changing group work staff in each location
- Three Children & Young People's Workers, full-time, hosted by Women's Aid
- Two supervisors who supported all project workers
- An independent evaluation team.



The delivery of the one-to-one and group work for the men had to be located in neutral premises within each of the areas. The other elements of the work either took place within the Women's Aid premises or neutral venues across the county.

The complexity of establishing programmes in three dispersed rural areas was increased by the need to recruit independent men's workers without any readily available host agency to employ them - hence the decision to use self-employed contractors.

To run a community programme of this nature requires highly skilled individuals for all elements of the work. There is a shortage of people with the necessary skills and experience in running community-based perpetrator programmes such as this, particularly in a rural area like Devon.

It was essential to develop a client database for the programme and, as nothing existed locally or nationally at the time, Sue Penna Associates developed a customised, web-based database system.

## Outputs

Detailed analysis of the outputs is contained in the separate chapters on men, women and children. Key outputs are:

- 334 men made contact with the REPAIR programme of which 34% (115) started the assessment and one-to-one part of the programme
- 36% (42) of the 115 men who started the assessment and one-to-one went onto the group work element of the programme
- The known overall completion rate is 23% (26 of 115)
- The potential overall completion rate is 37% (42 of 115)
- 96 women were referred to REPAIR, and 76 received support
- 43 children and young people whose fathers were on the programme took up support through REPAIR; 33 of these (77%) completed their support programme
- The majority of children whose fathers completed the programme saw improvements in self-esteem, self-image and peer relationships
- 165 children and young people received support outside of REPAIR during the three-year period
- North Devon area supported between three and four times the number of children compared with either the Exeter or South Devon areas

- The majority of children supported lived with a single parent (mother)
- For the children served (both inside and outside the REPAIR programme), the results of interventions were positive, most noticeably with improvements in emotional literacy; improved relationships with mother and siblings; decreased anxiety, stress and anger; and less disturbed sleep.

## Findings about referrals & take-up

- 66% of initial contacts by male perpetrators do not proceed to assessment for a variety of reasons (which were not systematically identified as part of this evaluation). **Learning point:** a programme like this needs to have the capacity to manage the high level of contacts, as well as deal with assessments, one-to-one and group work
- A three-year funded programme needs a period to build up the project, recruit staff, promote referrals and an exit period to close down referrals. This means, at best, delivering two years of full assessment, one-to-one and group work. Given the duration of the programme (42 weeks minimum), this means only 8 completions per area, per year. Over three areas in two years this would be a maximum of 48 completers against an actual figure of 42
- Men who themselves apply - i.e., where no agency originated the contact - have a higher chance of making it from contact to the assessment stage of the programme. This could reflect motivation levels at contact stage
- A high percentage (79%) of women referred to the programme engaged with it (96 referrals, with 76 supported)
- A high percentage of women stay with the programme, once referred, despite their partners or ex-partners leaving the programme (42 men remained engaged, 76 women)
- Pattern-changing is a programme taken up by 50% of the women within three months of engaging for support
- Pattern-changing is completed by 75% of the women who start the 14-week support programme
- 61% (47 of 76) take up more than six sessions of support from the Women's Support Worker
- There is a significant number of children (60%) associated with the perpetrators who do not take up support for one reason or another (72 of 115)
- 92% of children referred for support under REPAIR take up that support.

## Findings about demographics

- The work did not explore the relationship between younger age (under 30 years old), rates of completion and risk-level. **Learning point:** An analysis of the correlation between younger age (under 30 years old), rates of completion and risk-level should feature in evaluation in any future project or programme
- While timing activities to make them accessible for people matters, the evidence suggests that for those who are motivated, full-time employment is not a barrier to attending programmes
- This programme reached managers, professional occupations and associate professionals. Comparative research on the Probation-run programme for convicted offenders (IDAP) would be useful to test if a community programme such as REPAIR reaches a different employment/social group
- At least half of the women supported were in employment
- Physical ill-health, depression and anxiety are the most common medical issues affecting both men and women
- The majority of women supported had not previously been in an abusive relationship
- 58% (23 of 39) of the children supported were between 11 and 17 years of age; the remainder were under 11 years old
- The majority of children supported were not living with their father, but had contact with him. Most of the children were living with a single parent (mother) or with their natural mother and a stepfather.

## Findings about outcomes

- Of the 19 men on whom full psychological assessment was undertaken, 15 saw their risk-level reduced; 12 saw their self-esteem increased; 16 became less rigid in their thinking; 18 saw themselves as more similar to their partners (so possibly less likely to abuse) and 14 saw their sense of personal-effectiveness increased
- Using self-reporting measures, 27 (64%) of the 42 men who completed 'beginning risk assessments' and 'end risk assessments' showed reductions in levels of risk
- The data suggests that abuse starts early in relationships and can go on for a lengthy period. This suggests that the earlier the intervention with men, the more chance it has of reducing long-term abuse

- There is a significant reduction in incidents reported by men over time. This indicates that the longer the men are on the programme, the less likely they are to be involved in domestic violence and abuse incidents. This reflects a real change because men's awareness of, and their honesty about, what is abuse is enhanced by being on the programme
- Both one-to-one and group work have a valid role to play in reducing incidents of domestic violence and abuse
- Some modules of group work proved more sensitive than others and made integration of new members to the group more difficult. **Learning point:** It is important to build flexibility into the delivery of a community perpetrator programme like REPAIR to allow men to enter group work at an appropriate time for themselves and others already on the group
- The programme is most successful for those men who complete both one-to-one and group work
- Outcomes for men seem to indicate positive life changes, such as increased self-esteem and improved stability of relationships with children and partners
- Women are initially slow to engage and it takes them time to build up a relationship of trust with the Women's Support Workers
- Women report a steady decline in the number of abusive incidents they experience over the course of the intervention with their partner/ex-partner
- Women report increased self-esteem, resistance to victimisation, and increased safety planning and safety at the end of their intervention support
- Women are less likely than men to move on to another relationship after intervention
- The psychologist's findings show 11 of the 13 women showed improvement in their well-being
- The psychologist's findings show significant improvement in women's self-esteem, which is likely to improve their resilience to withstand future abuse
- The psychologist's findings show that women's well-being and safety improves, regardless of what happens to the partner/ex-partner on the programme
- The women's recovery was not dependent on the man changing. It appears to be about the support she is offered
- Women who were interviewed expressed how it helped them to know that the workers for both men and women were communicating with each other. This enhanced their sense of support and confidence in the



programme

- Women's Support Workers' experience is that most of these women have not previously sought any help to deal with their domestic abuse, hence the men's decision to seek help is also triggering intervention with women
- The psychologist's findings showed an overall improvement in 14 of the 15 girls assessed; and an improvement in two of the five boys assessed
- The intervention workers were all female. This may affect the gender take-up variation between boys and girls. **Learning point:** Workers note that boys seem to rely more on peer support and are less likely - especially as teenagers - to engage with a professional worker
- The majority of young people, both those on the REPAIR programme and those worked with from other referral sources, showed positive changes as a result of the interventions. These are demonstrated through improved relationship with mother; decreased anxiety, stress and anger; improved relationship with siblings and peers; and improved emotional literacy and behaviour at school
- The psychologist's interpretation is that children whose fathers completed the programme did better than children whose fathers did not. This has not been tested statistically due to low numbers
- The needs of children under five years old were not picked up in this work because of the lack of skill and capacity of workers to work with this age group
- Data has been collected on 20 of the 43 children. **Learning point:** It would be useful to know the sex of the remaining 23 children to see the male/female split of support. Future work should ensure that this is recorded.

### Findings on Cost-benefit

- In order to reach the target families, the project had to engage with a much higher number of people, many of whom will undoubtedly have benefited in the process, i.e., there are significant additional savings made through developing this model that are not directly tracked. This meant that a total of 334 men had some contact and engagement with the project; 464 women benefited from the wider Pattern-changing programme; and 165 additional children were supported via referrals from REPAIR, MARAC and women's outreach services. **Learning point:** The original projection of the number of people who would access REPAIR proved to be too ambitious. However,

adjustments to the project did mean that the overall numbers of men and women served by the ISB programme were higher than original targets

- The experience of the overall management and delivery of the REPAIR programme indicates that to cover the three geographical areas would be an annual cost of £186,390 – much cheaper than the original calculation of £257,833. This reduction is primarily from reduced costs associated with supporting children whose fathers are on the perpetrator programme (actual take-up did not require a full-time post per area, as originally expected)
- Learning from the ISB project has enabled the development of an alternative model which can now be applied in future delivery of the REPAIR programme. **Learning point:** If this model had been applied from the beginning of the programme, the net benefit to society would have been £492,525. It also shows that in a future two-year period only 54 families need to be served to save money
- The future plan would be to deliver to 24 families per year across Devon. Using the final cost-benefit figures, the total cost to society to *not work* with these families is £345,280. Comparing this with the new REPAIR costs of £186,390 means the net benefit to society per annum would be £158,890
- The relative underperformance (against original bid targets) does not, of course, detract from the project's value in starting to build a body of data, suggesting lines of enquiry for the future, and/or developing the database system to allow the data to be collected and analysed
- The model assumed 100% effectiveness at averting the costs of domestic violence and abuse in 1,800 cases and treated all parties – including individual children within the same family unit - as cases for costing purposes. **Learning point:** The bar was set too high at the outset in terms of financial benefit
- **Learning point:** The project's staggered recruitment meant that it was only at the end coming into a position to look at 24-month follow-ups; and 48-month follow-ups should be taking place in 2011. Notwithstanding, adva has the beginning of a longitudinal study sample for follow-up that would allow comparison of efficacy figures from other studies and, thus, establishment of more realistic 'success' rates for use in ongoing cost-benefit analysis.

## Conclusions

Overall, the original intentions of the project, as modified by subsequent implementation, have been met.

A comprehensive community-based, multi-agency, whole-family intervention model was successfully established in three areas of Devon.

The majority of men, women and children supported saw improvements. For men, the improvements were a reduction in risk and abusive behaviours. For women, the improvements were an increase in safety, self-esteem and better relationships. Children experienced an improvement in relationships and confidence.

The objectives that were not achievable were those that subsequently were recognised to be unrealistic, i.e., the project was not able to reach very high numbers of children and thus affect their educational achievement, nor was it able to capture reported offending behaviours of the perpetrators because access to police data systems was not gained.

The experience of running a three-year family-based intervention model has raised as many questions as it has answered. We have endeavoured to cover these within this conclusion section as guidance for future development.

Above all, the experience has enabled adva as a partnership to have greater clarity about how it will run a family-based intervention model in the future.

## Men

- Psychological testing showed that the programme resulted in significant changes in risk-level, self-esteem and personal effectiveness. The latter includes factors such as coping with change, stress management, self-efficacy and locus of control. This was related to elements of the programme which concentrated on self-worth, communication and social skills, and taking responsibility for oneself which are key to reducing risk and enhancing family safety
- The entry point onto the programme arises when men refer themselves. There is some evidence that men have blocked work with their partners and children
- Voluntary referrals where men have not followed up on initial contact with the programme means there is no monitoring or follow-through on

what happens to them or their risk to society

- There has been an increasing belief in the need to more rigorously assess the variations of need and motivation within men to determine the type of intervention to best suit individuals. Adva's involvement in the European Union-funded Daphne II programme to prevent violence against women identified some excellent practice in Austria in intensive psychological assessment of men, matching individual needs to varying types of intervention
- As men are the first point of contact in this family-based intervention model, this can give a disproportionate emphasis to work with them rather than more holistic family-based interventions
- The project has shown that it can attract a large number of referrals, but the structure of the programme meant that only a small percentage of family participants completed the full range of intervention. This suggests that a more differentiated approach, with a range of interventions, would better suit society
- Given the intensity of the 42-week programme, follow-up support groups would help to sustain the progress made by men and provide a useful ongoing method of monitoring behaviour.

## Women

- Even though the process is triggered by a *man's* referral, the resulting programme can lead to increased safety and support work for their victims, potentially making them safer
- The majority of women supported were new to domestic violence and abuse support services, demonstrating the benefits to another catchment group
- Women require support within a wide range of services, e.g., Women's Safety Workers, outreach, pattern-changing, counselling and drop-in. This means that there are wider benefits for women if programmes for male perpetrators are part of a wider package of services addressing domestic violence and abuse
- It is important that programmes offer ongoing support to women even if a perpetrator drops off the programme. This was not originally built into the project plan and has caused increased demand on Women's Aid. It indicates the importance of an effective project being part of a wider network of support to victims and children.

## Children

- In a model like this, fewer children than perpetrators will be engaged. This is due to the fact that: many of the children associated with men were below the age of five or over 18 years; not all men will have children; not all women wanted their children to be supported; and some men on the programme no longer had contact with their children. Given the increased vulnerability to serious injury or death for under-fives, work with this age group and their parents has to be a core feature future work
- This work needs to be integrated with wider partnership support work for children and young people (e.g., linking to MARAC or to women supported through outreach work)
- The extent of children's work has been lower than expected and raises the question of whether a family-based intervention model should, perhaps, be generated from the child's perspective, rather than the perpetrator. This would emphasise that in the long-term it is work with children and families as a whole that will change the dynamics of domestic violence and abuse.

## General

- It is hard to generate whole-family-based interventions given the geographic dispersal and the ages of children associated with perpetrators
- This community-based programme attracted referrals from a wide section of the population: vicars, teachers, social workers, postmen, etc. Anecdotal evidence from the Home Office and Probation is that this is a different demographic group from those attending IDAP. This indicates the value of open access community programmes, as it is not just IDAP clients who cause serious violence and homicide
- A conclusion from this work is that it is possible to achieve change in men's behaviour leading to all three elements of the family benefiting. Longitudinal studies comparing this sort of intervention with programmes that only work on men's behaviour would be needed to look at the lasting impact on all those affected by domestic violence and abuse in a family. The findings from this project - where some men stay the 42-week course while others drop off at different stages - raises the question of whether work with perpetrators should have at its heart achieving long-term change in their behaviour or short-term mediation of violence and abuse
- Workers who have supported men, women and children on this

programme have highlighted that working together as united, integrated teams has led to improved understanding and communication about the dynamics of domestic violence and abuse in families

- Information-sharing at case management level has been vitally important in keeping workers abreast of subtle changes in clients' situations and ensuring safety
- The Domestic Violence Panel, run in North Devon, is an ideal multi-agency approach to tackling family dynamics
- Joint and regular supervision has proved to be extremely beneficial for men's, women's and children's workers because it has facilitated the exchange of detailed information about the families
- Recruiting takes up a significant part of the first year. This, in effect, reduces a three-year project to a delivery period of 30 months, at best
- There is a lack of trained staff in most aspects of programmes such as this. This is an issue which needs to be addressed nationally
- The diversity of cultures within organisations affects the implementation and management of projects across large geographical areas. These differences imply a more significant overall project management element is needed. Alongside this are needed more opportunities for staff exchange, contact and communication outside face-to-face work of the programme
- It is vitally important to have a robust case-management database on which to record and share information between workers and to generate outcome reports. It is also important to establish a common level of computer literacy amongst all participating workers to achieve full effectiveness from such a system
- In establishing a three-year programme, it is essential to allow at least nine months set-up time. It is also important to allow for staff turnover and recruitment. Flexibility at the Home Office has enabled us to absorb this by an agreement to extend the funding period into a fourth year to enable us to collect data on a two-and-half-year period
- The geographic variations in the way agencies interact in Devon has had an impact on referrals and operating practices. For example, contracting three different Women's Aid organisations has had an impact on how support to women and children has been delivered, influenced by the cultures of organisations, the skills of workers and the levels of engagement between agencies
- Predicting absolute costs for a project of this scale and complexity over a three-year period proved difficult. Flexibility from funders, as shown by the Home Office, is crucial to enable the redirection of funds under

different budget headings

- In trying to secure maximum investment in service delivery, management, evaluation and other infrastructure costs can be given inadequate prominence
- Evaluations of programmes such as this are not widely available, especially in relation to measuring changes in behaviour and attitude. This makes comparisons with national, community-based perpetrator programmes difficult
- The complex nature of the organisations, individuals and geography made it very hard to establish this as one identifiable project across the county
- In order to reach the target families, the project had to engage with a much higher number of people, many of whom will undoubtedly have benefited in the process. As a result, there are significant additional savings made through developing this model that are not directly tracked. 334 men had some contact and engagement with the project; 464 women benefited from the wider Pattern-changing programme; and 165 additional children were supported via referrals from REPAIR, MARAC and women's outreach services.



# CHAPTER 1

Background & development of the REPAIR project

## Chapter 1 Background & development of the REPAIR project

Initial work by the adva (Against Domestic Violence & Abuse) partnership on domestic abuse in Devon started in 2001 with a mapping study looking at the extent of the problem and its financial, social and emotional consequences for agencies and victims. This resulted in the first county-wide, multi-agency strategy from 2002 which identified the need for a wide range of services, mostly to support victims.

Through the expansion and development of the work, this traditional way of dealing with domestic abuse identified the need for a more holistic approach which worked with perpetrators, their victims and the children.

A pilot project was established in North Devon from a twelve-month grant from Government Office for the South West to establish a community-based programme for perpetrators. This was based on an adaptation of the Duluth model, previously run by Ahimsa in Plymouth.<sup>2</sup> Its essence was a brief assessment period for the men, a group work programme and regular support for survivors.

The pilot was successful and demonstrated demand for a county-wide, community-based programme working with children, thus embracing all three elements of the family. At the time, this holistic family-based approach was innovative for the South West region.

The pilot project also highlighted the importance of engaging more agencies to safeguard and support the needs of the wider family, and to manage the safety and risk.

### ***The Invest to Save (ISB) Project Aims & Objectives***

The adva partnership bid to the Treasury was finalised and submitted in early January 2005 with approval given in mid-April 2005. The original bid objectives were to:

- 1 Establish a comprehensive prevention model to reduce the overlap of agencies at the point of crisis
- 2 Reduce the social, educational and emotional impact that domestic violence has on children and young people

2 <http://www.fatherhoodinstitute.org/index.php?id=5&clD=175>

- 3 Lessen behavioural problems and educational underachievement in children of school age and to design methods for monitoring change
- 4 Establish a voluntary recovery model for father-perpetrators with the subsequent diminution of criminal violence and associated costs to criminal justice agencies
- 5 Reduce the level of offending by perpetrators through intervention which changes the pattern of their behaviour
- 6 Increase the safety of mother-victims through co-ordinated, multi-agency risk-assessment and safety planning
- 7 Develop self-esteem and resistance to further victimisation amongst survivors
- 8 Develop the skills of mainstream practitioners in identifying and changing current practice in relation to domestic violence
- 9 Write an evaluation report and present findings to a regional conference and ambassador workshops, and influence national and regional domestic violence strategies.

During implementation of the programme, it was necessary to modify some of the original project aims. The majority of the project aims remained intact and these are reviewed in this report. Objective 3 (above) had to be modified to focus just on those children directly worked with as these fully engaged the capacity of the workers employed. This has meant that the original intention to develop work in Devon's 380+ schools was unrealistic, given the available ISB project resources.

Whilst the project partially met Objective 8 (above), it has not been possible to expand the learning in the wider mainstream agencies. It has, however, led to the introduction of two new county-wide training courses, 'Tackling Perpetrators' and 'Preventing Murder', the content of which has been directly influenced by the experience of workers engaged in the REPAIR programme.

Additionally, two DVDs have been produced, one looking at two male perpetrators' responses to interventions they experienced, the other looking at the impact on the whole family. These have been used in national and international conferences and workshops and will form core part of adva's communication and training strategies.





## CHAPTER 2

The REPAIR programme

## Chapter 2 The REPAIR programme

Drawing on the pilot experience in North Devon, running a community-based programme for perpetrators based on the Duluth model, and early experiences of implementing the ISB programme, the initial objectives were revised and sharpened into:

- Facilitating men to manage and reduce their abusive impulses so as to ensure the safety of any women and children with whom they were in a relationship (Risk Management).
- Facilitating men to become responsible and loving human beings in relationship with their partners and children so as to support the well-being of all concerned (Transformation)
- To maintain and support the safety and well-being of women and children.

### *Establishment of REPAIR & its delivery in Devon*

The project was managed within the existing adva partnership team led by the adva Manager as part of a wider brief of responsibilities. This had the advantage of its being integrated into a much wider community-based intervention model of provision across the county. It also enabled referrals onto the programme, and follow-on work, once the programme interventions had ended (especially for women and children).

Three geographically separate projects were established: Exeter/East/Mid Devon; North Devon/Torridge; and South Devon including South Hams, Teignbridge and West Devon. Devon's population of 750,000 is widely dispersed across a largely rural county. This area-based approach was considered the most appropriate model of delivery as it enabled reasonable access to the service for workers and clients.

The management and delivery of REPAIR involved the following staff:

- Project and financial management, based within Devon County Council
- Three area-based REPAIR Managers (part-time consultants)
- Three area-based Co-workers, (part-time consultants)
- Area Cover Workers for men's group work
- Chaperones in each area to ensure the safety of workers during evening

group work

- Three Women's Support Workers, part-time, hosted by three independent Women's Aid Trusts within the geographic areas
- Pattern-changing group work staff in each location
- Three Children & Young People's Workers, full-time, hosted by Women's Aids
- Two supervisors who supported all project workers
- An independent evaluation team.

The delivery of the one-to-one and group work for the men had to be located in neutral premises within each of the areas. The other elements of the work either took place within the Women's Aid premises or neutral venues across the county.

The above reflects the complexity of a project like this in a large, rural area. It is particularly complex, given the recruitment of independent men's workers with no readily available host agency to employ them, hence the decision to use self-employed contractors.

To run a community programme of this nature requires highly skilled individuals for all elements of the work. There is a shortage of people with necessary skills and experience in running Duluth-based programmes, such as this, particularly in a rural area like Devon. Fortunately, two of the three project REPAIR managers had also run Duluth programmes within Probation.

It was essential to develop a client database for the programme and, as nothing existed locally or nationally at the time, Sue Penna Associates developed a customised, web-based database system.

### **Work with men**

There are two distinct elements for men on the programme: the assessment and individual sessions; and the group-work sessions. A detailed description of these is given in a Supplement to this report, but, in outline:

- **Assessment /individual sessions** comprise ten one-hour sessions, facilitated by either a male or female worker. Much of this work is cognitive behavioural, focusing on motivation, responsibility, safety and acknowledgement
- **Group work** comprises 30 two-and-a-half-hours sessions. The group

functions as a rolling unit, so that when a man completes 30 sessions, or drops out, he is replaced by another. The maximum number of participants at any one time is usually eight. Facilitation is usually carried out by a man and a woman. The 30 sessions of group work are loosely divided into five six-session modules. These modular themes are not rigidly defined. Rather, they are seen as guidelines and reminders so as to ensure that all relevant issues within each module have been addressed during any thirty-session period. The themes for each module, described in terms of abusive behaviour and appropriate behaviour, are as follows:

- 1) Intimidation & Coercion/Respect & Negotiation
- 2) Emotional Abuse/Intimacy & Love
- 3) Gender & Privilege/Partnership & Participation
- 4) Sexual Abuse/Sexual Respect
- 5) Abusive Parenting/Responsible Parenting.

### **Work with women**

In accordance with the recommendation of Respect (the National Association of Domestic Violence Practitioners), REPAIR provides an integrated Women's Service for the partners of men referred to the programme.

REPAIR recognises that the very offer of a service to the woman's partner is likely to be the most significant factor in her decision to stay in, or leave, an abusive relationship. REPAIR also recognises that male clients deny, minimise and justify their abusive behaviour and some have at times attempted to abuse the service by making false claims to their partners about their attendance or about their counsellor's recommendations.

In order to pre-empt any such abuse, the Women's Service aims to have regular contact, either by telephone or face-to-face, with their current or ex-partner (where there are children) to enable REPAIR to assess risk; to gauge the man's minimisation, motivation and commitment; to emphasise that the man's violence and abuse is entirely his responsibility; to provide the woman with information about legal and support services; to provide the woman with supportive befriending; and to manage her expectations about the speed or certainty of change.

The Women's Service does not follow a set programme in terms of the number of

sessions. Each service is based on the need and a period of intervention to which the woman agrees. Support includes elements of the following, but in all cases women are offered Pattern-changing, a group work programme:

- Telephone contact
- Provision of feedback regarding her partner's attendance and engagement
- Face-to-face consultations and safety planning
- Befriending
- Workshops (Pattern-changing).

A Woman's Support Worker provides the following types of intervention:

- Risk assessment and safety monitoring
- Safety plans and advice about what to do in an emergency
- Practical and emotional support
- Face-to-face sessions, home visits and telephone support
- Liaison with other agencies to maximise support and safety
- Provision of information about the REPAIR programme and explaining how it works
- Awareness-raising about domestic violence and abuse
- Opportunity to attend Pattern-changing
- Working closely with other REPAIR staff
- Feedback information from REPAIR to client about partner's attendance, commitment and progress
- Informing the men's REPAIR worker of any concerns regarding a partner's abusive behaviour
- Recording and storing information confidentially
- Engaging the client by providing her with feedback while she is one the programme.

### **Work with children**

The unique component of this programme compared with other programmes for perpetrators is the inclusion of support for children and young people as part of the whole package. The original intention had been to run group work with the children whose fathers were on the programme. Geography, numbers, risk, safety implications and the wide age-range of children, however, precluded the running of group work. A substantial number of children associated with fathers on the programme were under five or over 18 years of age. It was decided not to

work with under-fives due to the different needs of this age group, with which our intervention programme was not equipped to deal.

The work was individually focused within the framework of a short-term directive intervention programme devised by child psychotherapist Raphael Lopez de Soto. His programme was adapted to ensure the following key elements:

- Uniformity of Children's Workers terminology and understanding
- Greater awareness for workers about the trauma children experience
- Commonality and yet creativity of the programme as a resource.

The specific core topics covered with children and young people were:

- The forming of safe relationships
- Validation of the child's experience by listening
- Enabling the child to tell their story of their experiences
- Focusing on safety, now and in the future
- Increasing self-esteem
- Discussion of feelings
- Liaising with the family team
- Setting goals to raise self-esteem.

### **Inter-agency working within REPAIR**

One of the core features of the programme was the need to share information amongst project workers and across more local agencies. This was seen as fundamental to ensure safety, continuity of service wrapping around the whole family and, most importantly, that the individual workers shared what their clients were learning and disclosing to further safeguard and appropriately challenge clients.

The most developed example of this was within the North Devon area REPAIR project where there was a monthly DV Panel meeting of the REPAIR Manager, Women's Support Worker (WSW) and Children's & Young People's Worker (CYPW) with the Police Domestic Abuse Unit and Social Services. In particular cases where statutory agencies have made recommendations for men to attend REPAIR, such liaison is essential. This enables clear feedback to be made to these agencies about the outcome and progress of men. Another important element is the role of the Children & Young People's Worker who routinely makes contact with the school, liaising closely with the classroom teacher. Sometimes the teacher has no

idea of what the child is witnessing at home while at other times it explains the behaviour of the child in school.

The meeting provides important opportunities for sharing information - and for action to reduce risk. Men are assessed as high-, medium- or low-risk, with high-risk being discussed every month, medium-risk every three months and low-risk every six months. This risk-level can be altered at any time. Information from the police is critical to verify the risk-levels, to ensure safety of REPAIR staff and the men's partners as well as providing a means by which the police can monitor clients about whom they are concerned.



## CHAPTER 3

Supporting the men

Chapter 3 Supporting the men

Key Objectives of the programme

The key objectives of the programme were to:

- Facilitate men to manage and reduce their abusive behaviour so as to ensure the safety of any women and children with whom they were in relationships (Risk Management)
- Facilitate men to become responsible and loving human beings in relationship with their partners and children so as to support the well-being of all concerned (Transformation)
- Reduce the level of offending by perpetrators through intervention which changes the pattern of behaviour.

Potential target group

REPAIR aimed to reach male perpetrators either referred by agencies or who approached the service directly - not necessarily those who had been involved in the criminal justice system. The purpose in targeting this group was to head off their later involvement in the more costly criminal justice system. The original project proposed to reach 225 men over a three-year period.

Based on adva’s wider work and the 8,925 incidents reported by the police each year in Devon,<sup>3</sup> there are judged to be approximately 2,500 perpetrators of domestic violence and abuse in Devon. Based on national research and population numbers (i.e., one in ten women a year will experience domestic abuse), the actual number of perpetrators in Devon will be much higher. REPAIR was only ever designed to reach a very small proportion of this number of perpetrators.

PART A: Quantitative data drawn from case monitoring records

This section of the report is drawn from the new database created as part of

3 Devon & Cornwall Constabulary 2007-8 Domestic Abuse statistics. Council of Europe, 2002 [http://www.womensaid.org.uk/domestic\\_violence\\_topic.asp?section=0001000100220041&sectionTitle=Domestic+violence+%28general%29](http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220041&sectionTitle=Domestic+violence+%28general%29). Police know only the number of victims from crimes committed, not the incidents. Crimes are 26% of all incidents. From crime-only data, there were 2,508 victims in 2007-8. 1,981 of these were female; 492 were male. Police data do not provide gender or number of perpetrators. An assumption is that the minimum number of perpetrators in Devon will be 2,500 (although this does not account for ‘repeat’ crimes, it ignores the perpetrators involved in 8,925 incidents minus 2,508 crimes and all the ‘unknown’ or ‘hidden’ perpetrators).

the programme. Data on each case was entered by the male workers to look at quantifiable features of the men going on the programme, their participation and their outcomes.

Implementation & take-up

The availability of the scheme was promoted to all agencies and the media in the area with the key notion being self-referral. This led to 334 male self- or agency-referrals by September 2008 (see Figure 3.1, below):

Figure 3.1: Summary of data for referrals of men, April 2006 to September 2008

	Men self- or agency-contacts with REPAIR	Men assessed & referred to programme	Men dropped off after more than 2 contacts	Men still on programme	Men completed programme
Exeter	113 (21)*	37 (11)	22 (8)	5	10 (3)
North	141 (31)	52 (8)	31 (5)	7	14 (3)
South	80 (2)	26 (2)	20 (2)	3	2
TOTAL	334 (54)	115 (21)	73 (15)	16	26 (6)

\* Figures in parentheses relate to men referred between 1 April 2005 and 31 March 2006, but these are not included in further analysis as the formal monitoring and evaluation spans the period 1 April 2006 to 30 September 2008, providing data on two-and-half-years of service provision.

Figure 3.1 shows the following:

- 334 men were in contact compared with an initial project target of 225
- 34% (115 out of 334) of contacts started the assessment and one-to-one part of the programme
- 36% (42) of 115 who started the assessment and one-to-one went on to the group work element of the programme
- There is a variation between the three areas in Devon in the number of people initially making contact and those who went on to the assessment phase: Exeter 33% (37 of 113); North 37% (52 of 141) and South 32% (26 of 80). Whilst the programme in the South had significantly fewer contacts, all three areas saw a similar percentage of

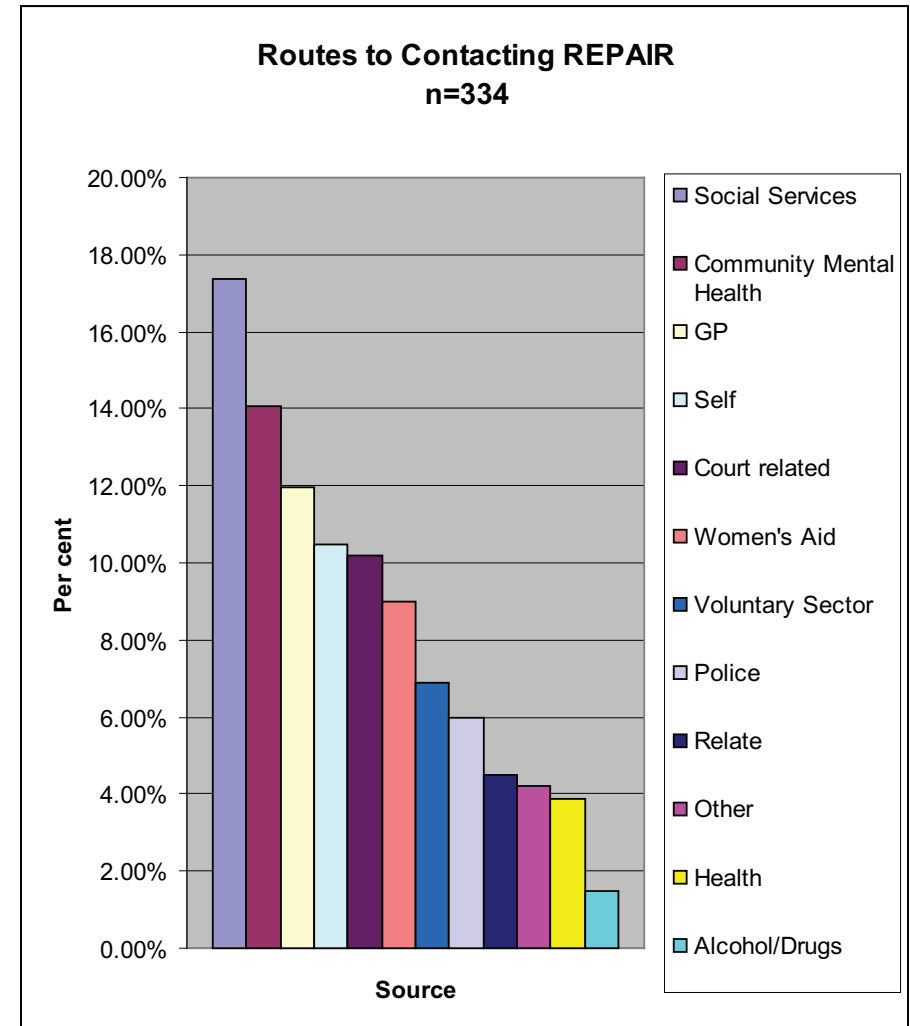


- contacts moving on to the assessment phase
- The known overall completion rate is 23% (26 of 115)
- The potential overall completion rate is 37% (42 of 115).

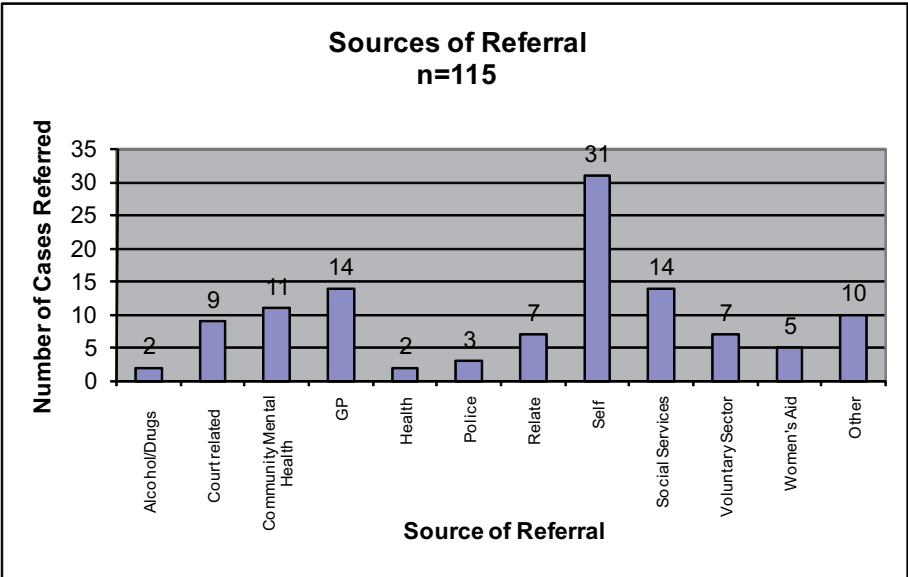
**Figure 3.2a: Sources of approaches and referrals to REPAIR**

	Exeter	North	South	Total	%
<b>Social Services</b>	24	15	19	58	17.37%
<b>Community Mental Health</b>	18	20	9	47	14.07%
<b>GP</b>	19	15	6	40	11.98%
<b>Self</b>	6	16	13	35	10.48%
<b>Court related</b>	7	22	5	34	10.18%
<b>Women's Aid</b>	6	22	2	30	8.98%
<b>Voluntary Sector</b>	4	15	4	23	6.89%
<b>Police</b>	12	3	5	20	5.99%
<b>Relate</b>	3	7	5	15	4.49%
<b>Other</b>	6	2	6	14	4.19%
<b>Health</b>	2	7	4	13	3.89%
<b>Alcohol/Drugs</b>	4	1	0	5	1.50%
<b>TOTAL</b>	<b>113</b>	<b>141</b>	<b>80</b>	<b>334</b>	

**Figure 3.2b: Sources of approaches & referrals to REPAIR**



**Figure 3.3: Sources of referral for men who went on to the assessment part of programme**



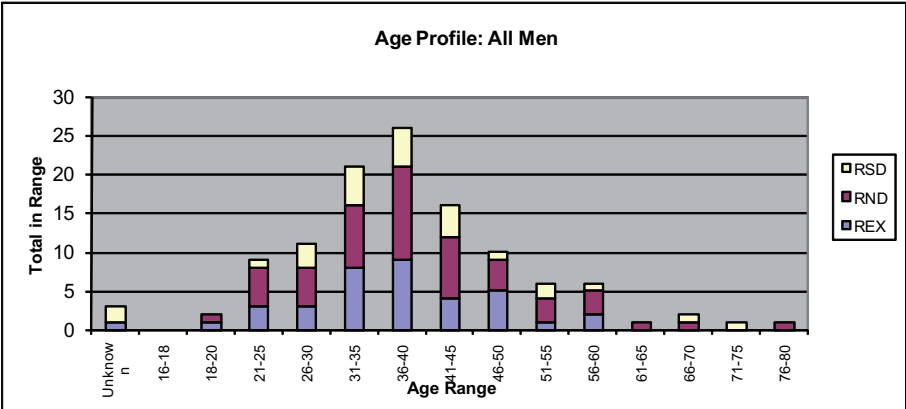
From Figures 3.2 and 3.3 it is possible to look at the original source of referral and approach to REPAIR and compare it to the men’s progression onto the one-to-one assessment stage. From this, the following key findings emerge:

- Health, in its various guises, is the highest single referral agency, accounting for 30% of referrals and approaches (100 of 334) and 24% of those progressing on to the assessment stage (27 of 115)
- Social Services is the next highest single referral agency accounting for 17% (58 of 334) of referrals and approaches and 12% of those progressing on to the assessment stage (14 of 115)
- Self-referrals are the third largest source of referrals and approaches, accounting for 10% (35 of 334) and 27% of those progressing on to the assessment stage (31 of 115).

**Demographics & background of perpetrators**

This section looks at the general background of men who reached the assessment phase of the programme.

**Figure 3.4: Age of men assessed & referred to programme**



To ensure anonymity of data input to the web-based system, the following codes were used:

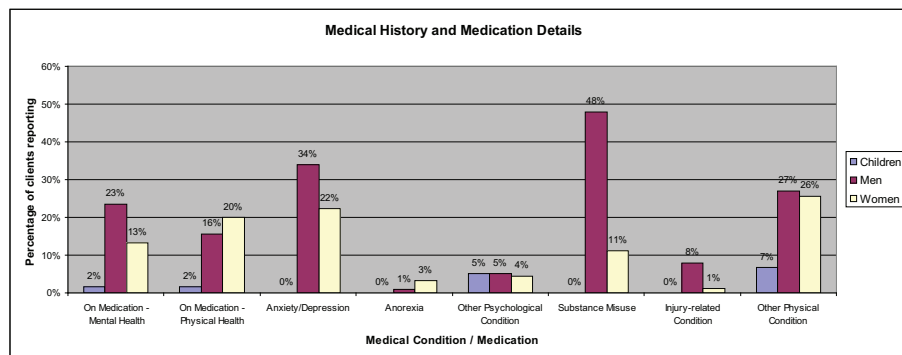
- RSD = REPAIR South Devon
- RND = REPAIR North Devon
- REX = REPAIR Exeter.

These codes appear throughout the report.

Figure 3.4 shows 115 men who were assessed through one-to-one and some of whom went on to group work. The largest group of men on the programme is those between the ages of 31 and 40 (47 men, 41%). The figure also shows a smattering of people under 25 years old and over 60 years old.

It would have been interesting to know whether there is a correlation between the age of men and their propensity to complete the programme. Anecdotally, project workers felt that the younger the man, the more likelihood there was for them to change, but it was beyond the remit of the evaluation to collate this data.

**Figure 3.5: Medical history of perpetrators**



This chart shows the medical conditions (one or more each) of the men entering the programme after initial assessment. The most prevalent condition are various forms of mental ill-health; anxiety, depression, anorexia, other psychological problems and substance misuse. At least 21 men had been medically diagnosed for this condition. It is interesting to note that despite men being diagnosed for alcohol and substance abuse, the related services made the lowest referrals to the REPAIR programme amongst the various statutory agencies (Figure 3.2b).

**Figure 3.6: Men's employment status at assessment**

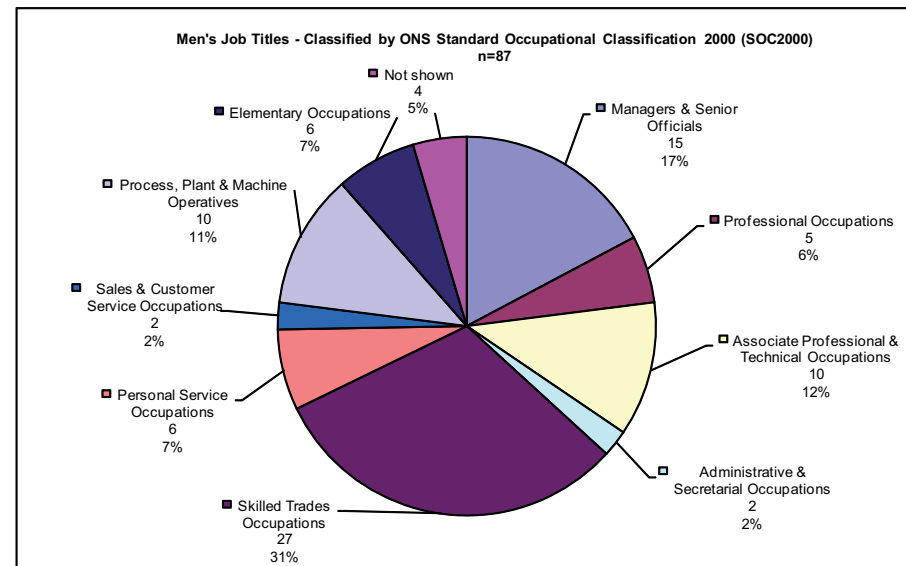


Figure 3.6 shows that the highest single category of employment is Skilled Trades at 32% (27 of 87). Taking Managers, Professional Occupations and Associate Professional employees together, the catchment is 34% (30 of 87). Although we do not have a comparator for occupational status of men on IDAP programmes, anecdotally this voluntary programme seems to be drawing on a different employment group.

Figure 3.7: Comparison of men's & partners' job classifications



Figure 3.7 shows fewer women are in the professional/managerial categories of employment, compared with the men on the programme.

Figure 3.8: Employment status of perpetrators on programme

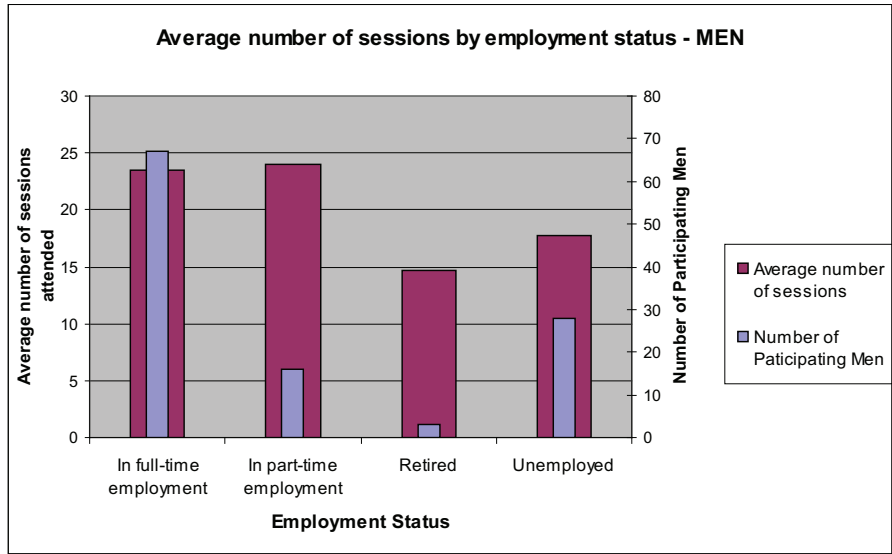
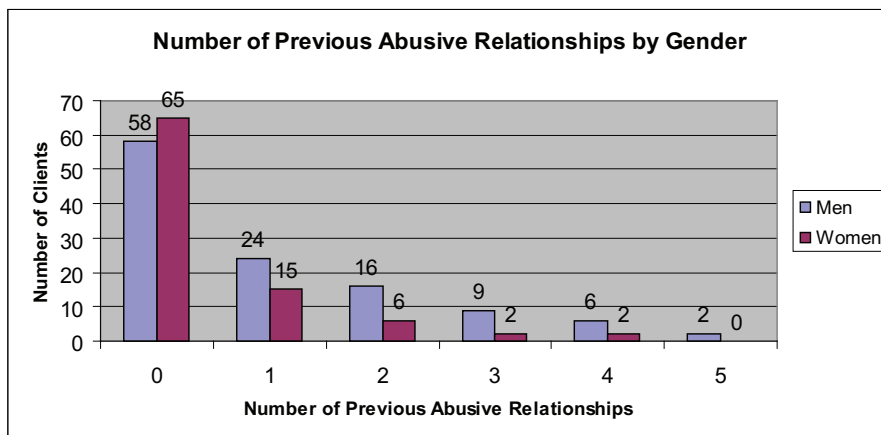


Figure 3.8 shows the employment status of men and their ability to attend the programme sessions. It should be noted that all group work programmes are run in the evening; some one-to-one sessions are run during the working day. This chart shows that those in full-time employment attend, on average, a similar number of sessions to those in part-time employment and attend more sessions than those not in work (i.e., unemployed or retired). This shows that, despite the group work programme operating in the evenings to accommodate full-time employees, employment status is not inhibiting men from attending such a programme.

### Relationship status of perpetrator at enrolment on REPAIR

The highest percentage of men entering the programme were married (48%, 55 men). The data did not compare the number of previous abusive relationships with the status of those relationships.

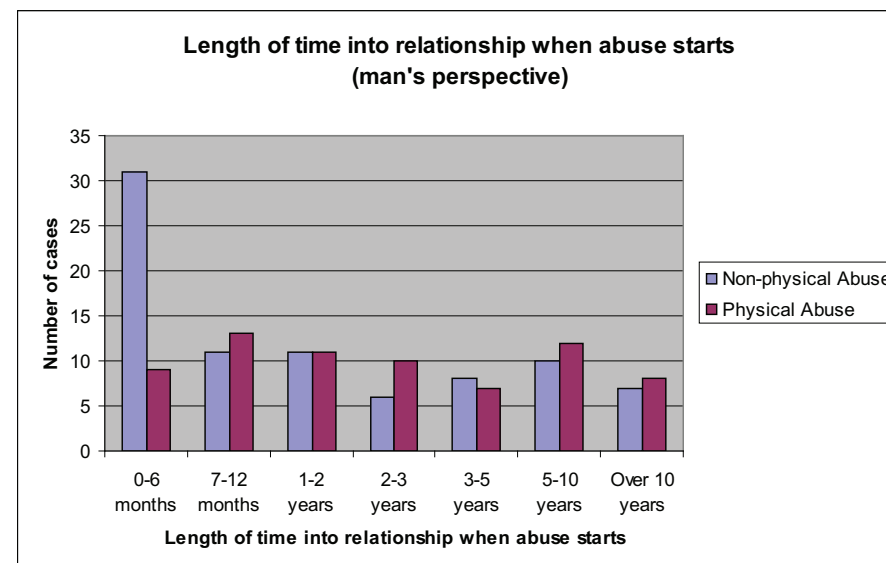
**Figure 3.9: Number of previous abusive relationships for men entering the programme**



This chart shows 115 men of whom 58 (50%) had not been in previous abusive relationships - suggesting that they have only been in one relationship which is now abusive. Unfortunately, the data does not allow us to determine the duration of the abuse in these one-partner relationships.

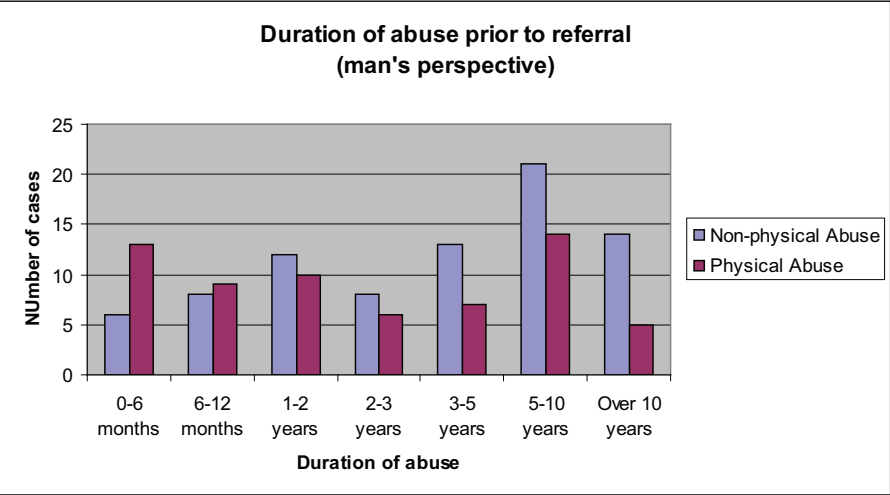
Additionally, this chart shows 65 women (72%) have not been in a previous abusive relationship. So 28% have been in at least one previous abusive relationship, compared to 50% of men. The implication of this data is that men seeking support are more likely than women to have been in previous abusive relationships.

**Figure 3.10: Length of time into a relationship before abuse starts**



This chart shows that, of men disclosing abuse, 36% of the abuse started within the first 12 months of the relationship. Of this, the majority of the abuse before 12 months is non-physical (i.e., emotional/psychological). Over one year, physical abuse becomes more prevalent.

Figure 3.11: Duration of abuse for men prior to referral to programme

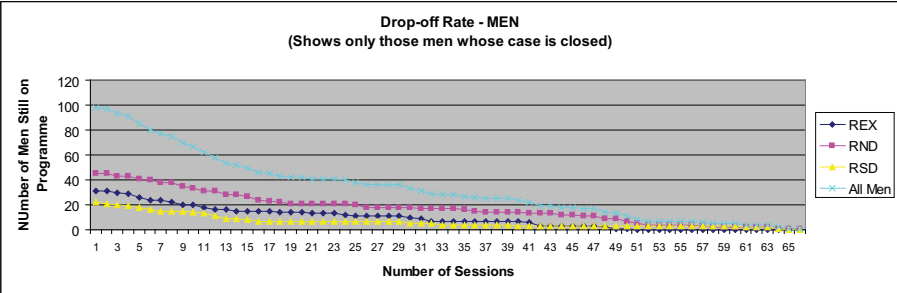


This chart shows that the majority of the abuse has been perpetrated by men for three years and over before they enter the programme; i.e., extensive periods of abuse.

Outcomes of intervention

The following section looks at the impact intervention has had on the men.

Figure 3.12: Men who 'drop off' the programme

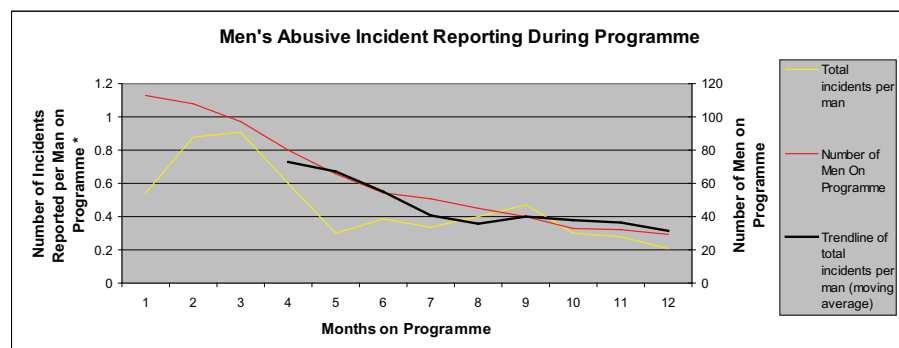


This chart shows that once men have started the one-to-one work, for an average of 10 sessions, there is a steady drop-off in numbers participating, and this is consistent across the three areas in the county. It also shows a higher drop-off in engagement during the first 15 sessions. This could be to do with the transition from one-to-one to group work, but investigating this was not in the scope of the evaluation.

The overall programme length from start to finish would be 42 sessions. The chart also shows 20 men who received significantly longer interventions. These men would have received extended one-to-one work for a number of reasons: insufficient numbers to make up a group; no capacity on the group; or the worker considering that the men required more direct support before joining the group.

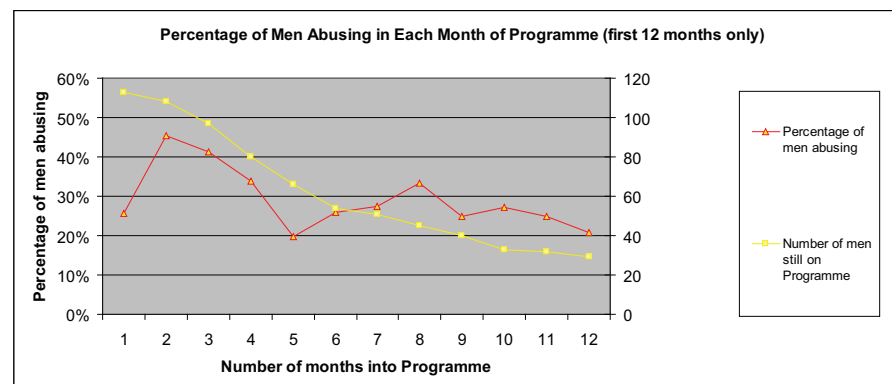


**Figure 3.13: Self-reporting by men of abusive incidents whilst on programme**



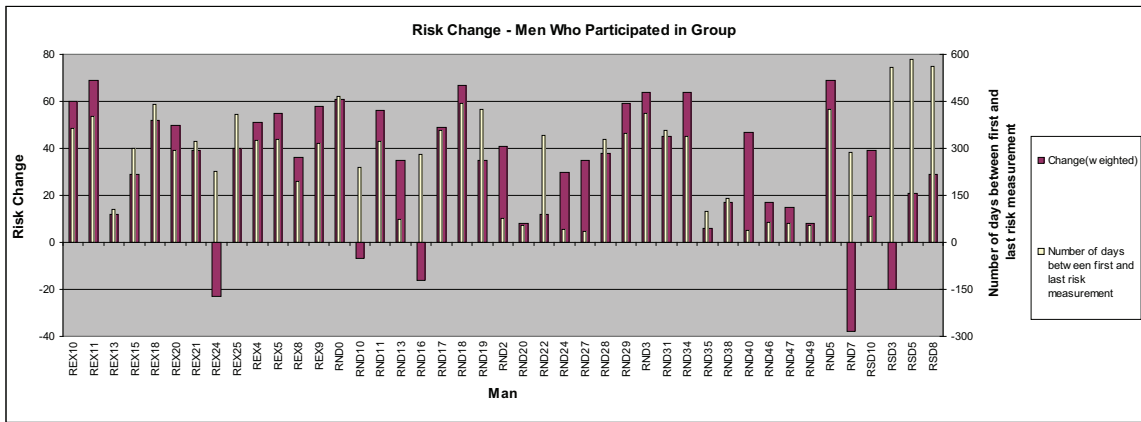
This chart is compiled from reports made by men to the programme managers at each weekly session (so-called 'self-reports'). Whilst this shows the total number of incidents and the number of men on the programme, to show overall trends we have used the measure of 'trendline of total incidents per man, moving average'. This measure has been used in order to allow comparison of incident reporting regardless of the number of people still on the programme. (A simple plot of number of incidents recorded each month would inevitably show a reduction, simply because the number of people on the programme goes down.) Here the number of incidents is divided by the number of participants in any month, allowing comparison regardless of the number of participants. For example, if there are 100 men on the programme and 50 incidents recorded, then the number of incidents per man is 0.5 (50/100).

**Figure 3.14: Percentage of men abusing each month (self-reported)**



This chart shows that approximately 25% of the 115 men report abusive behaviour at the start of the programme. Reported abuse shows an initial increase and then a steady reduction, reaching a low of 20% at the five-month stage. This initial increase could be accounted for by the minimising, denying or not being aware of what abuse is at the start of the programme. Subsequent increased reporting is likely to be attributable to increased awareness of what abuse is, as well as openness and honesty from men in group work. By the twelve-month stage, reported abuse remains at 20% of the 30 men still on the programme: this equates to six men reporting abusive behaviour.

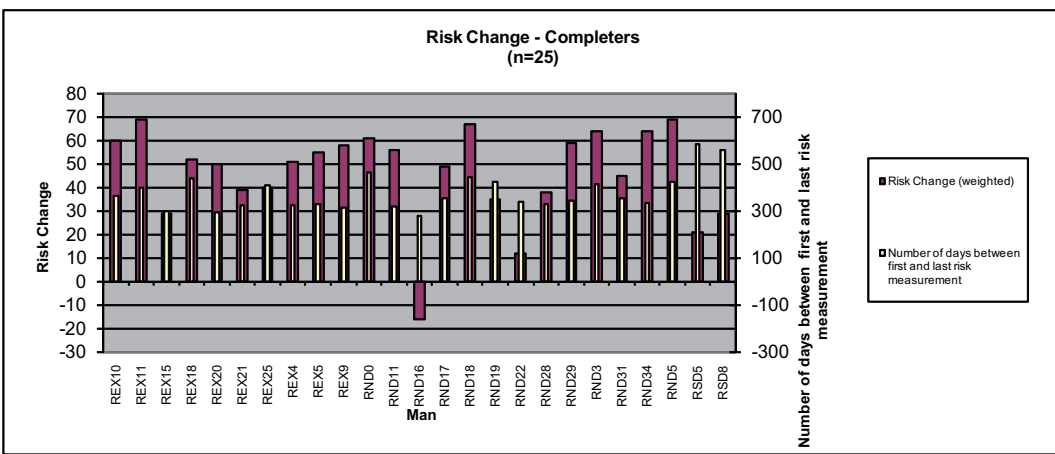
Figure 3.15: Change of risk in men who participated in group work



‘Beginning risk-assessments’ and ‘End risk-assessments’ were undertaken on 43 men who participated in group work, some of whom did not complete the programme. Figure 3.15 demonstrates that, although in the previous figures men were still reporting abuse, objective risk-assessment tests show that only five of the men’s risk escalated. The remaining 38 men show a reduction in risk. For most of the 38 men, the reduction in risk is in excess of 20 points. This means that men have seen a positive reduction in risk in all 17 of the risk indicators that are measured.

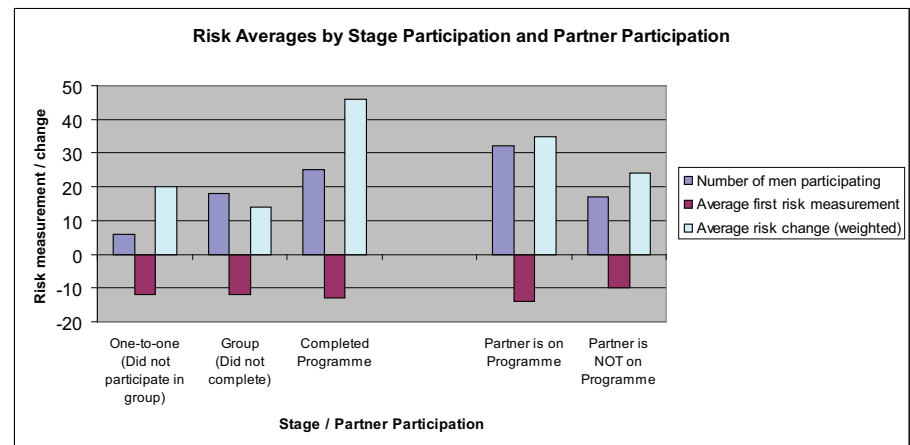
For those whose risk increased, managers’ assessment indicated four features. First, specific risk factors became more obvious as the programme progressed. Second, alcohol use increased slightly and motivation deteriorated once divorce proceedings went ahead. Third, the level of pretence became clearer in the group. Finally, higher levels of deceit were practised in the group (given away by the evidence from police and social services).

**Figure 3.16: Change in risk amongst people who completed the programme**



This chart extracts from the previous one those men who completed the whole programme. Only one man shows an increased risk, the remaining 24 men show a significant reduction in their risk. For 16 of these, the risk reduction was in excess of 40 points.

**Figure 3.17: Average risk by stage on programme, men & partner**



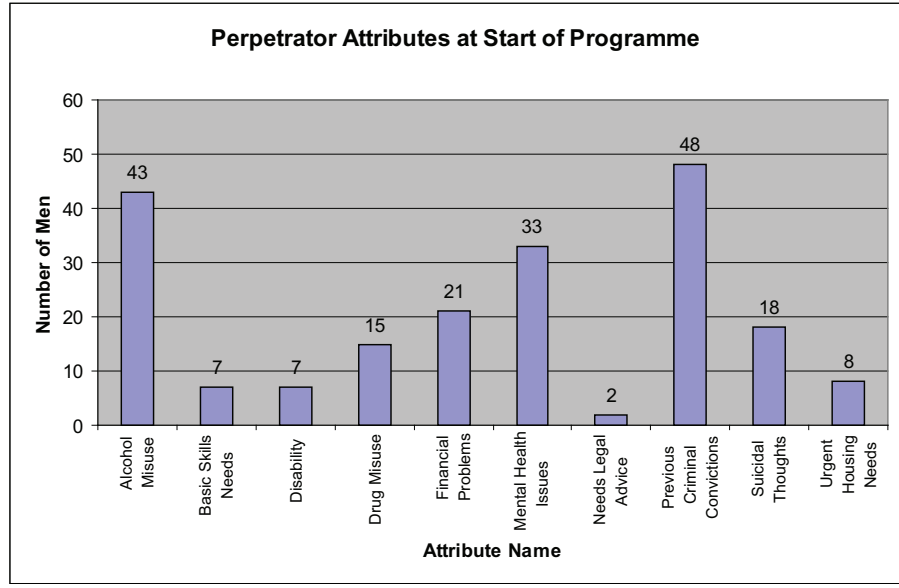
This chart shows that those who complete the programme had the largest positive change in their risk, over twice as much as those who only completed one-to-one or part of the group programme. In addition, all the men started with a similar average level of risk. For those whose partners are also on the programme, men showed a higher reduction in their risk.

**Figure 3.18: Women's perception of men's change at 4 stages of intervention**

<b>Completers</b>						
Area	Substantial Negative Change	Negative Change	No Change	Positive Change	Substantial Positive Change	Insufficient or no Contact
Exeter	0	0	2	2	4	2
North	0	0	1	4	4	4
South	0	0	0	4	2	0
Total	0	0	3	10	10	6
<b>Non-completers who dropped out during the group stage</b>						
Area	Substantial Negative Change	Negative Change	No Change	Positive Change	Substantial Positive Change	Insufficient or no contact
Exeter	0	1	1	3	0	4
North	0	0	3	4	0	1
South	0	0	0	2	0	1
Total	0	1	4	9	0	6
<b>Non-completers who dropped out after significant one-to-one work</b>						
Area	Substantial Negative Change	Negative Change	No Change	Positive Change	Substantial Positive Change	Insufficient or no contact
Exeter	0	0	2	1	1	6
North	0	0	4	2	1	6
South	0	0	2	2	2	1
Total	0	0	8	5	4	13
<b>Non-completers who barely started work or who left at assessment</b>						
Area	Substantial Negative Change	Negative Change	No Change	Positive Change	Substantial Positive Change	Insufficient or no contact
Exeter	1	2	2	0	0	5
North	1	2	3	0	0	5
South	0	0	0	0	1	6
Total	2	4	5	0	1	16

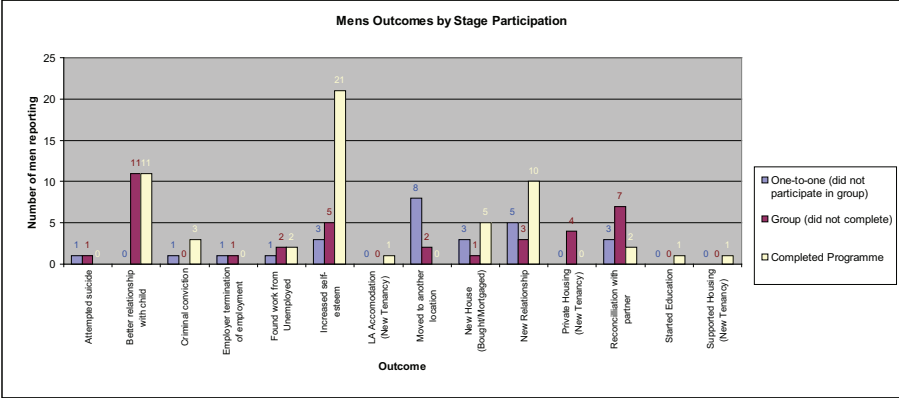
This table summarises the women's perceptions of change in the men and verifies the findings in Figure 3.17 that completers show significantly more positive change than those at the start of the group or those that only did one-to-one work.

Figure 3.19: Attributes of perpetrators at the start of the programme



Figures 3.19 and 3.20 are overall summaries. They do not compare the same men at the start and end of the programme. Figure 3.19 identifies the issues that men bring with them when starting a programme. They show significant areas of difficulty, i.e., alcohol misuse, previous criminal convictions, mental health difficulties, suicidal thoughts, financial problems and drug misuse. Data collection did not enable us to determine the length of time men had suffered these. However, it paints a picture of a difficult set of background factors in these men's lives.

Figure 3.20: Outcomes for men leaving the programme



This chart shows outcomes for some of the men at the end of the programme. These, in comparison with the previous chart, show positive lifestyle changes, particularly for men who have completed the whole programme. These include increased self-esteem for 29 men, and this was associated more with those who completed (21) than those who left part-way through the programme (eight). The next most frequent outcome was 'better relationship with children' (11 of the 26 men), which was equally scored by completers and those who started, but did not complete, the group.

## ***PART B: Quantitative data drawn from independent psychological assessment***

What follows are summaries of the results for 19 men who completed the programme. Face-to-face interviews were conducted with 42 men and 18 women, with secondary follow-up interviews with 20 men and 14 women. Starting data has been collected on 27 children and young people. Finishing data has been collected on 20 children.

### **Evaluation & monitoring**

This evaluation used a combination of qualitative and quantitative research tools. The evaluation techniques and methodology were used with men, women and children. This section describes these methods for all project participants and will not be repeated in subsequent 'women' and 'children' sections. The numbers of participants in this aspect of the evaluation was influenced by:

- Willingness of men and partners to participate in the detailed evaluation
- Practical difficulties of completing beginning- and end-assessments by one person covering a large, rural area
- Problems from start interviews identifying those men who are likely to complete
- Restrictions on available funding for this element of the evaluation.

### **Methodology**

Very few standardised tests exist or have been applied to evaluation of the efficacy of projects addressing domestic violence. Evaluations often involve self-reported and workers' perceptions of change, reduction in violence or improvement in self-esteem and/or coping strategies. While these are also used in this report, and are valid, the external evaluation team also wanted to use standardised tests that could be applied scientifically and therefore demonstrate statistical and empirical validity.

With a lack of specifically-designed tests, it was decided to use research tools that would test men's and women's psychological adaptations/changes during their involvement with the programme. It was hoped that information gathered from these tests would enable some conclusions to be drawn concerning women's safety, resilience to repeat victimisation, men's attitude to their partners and therefore their abusive behaviour.

It was much easier to find standardised tests for the children as significant work has been done of looking at children's behaviour and academic achievement.

### **Hypotheses**

The objectives for the project were translated into hypotheses which could be tested psychologically. The hypotheses concerning the perpetrators were that the programme for them would result in:

- a. A change in attitude to both self and victim, i.e., how they perceive self and others
- b. A change in behaviour, i.e., less domestic violence and abuse.

The hypotheses concerning the women were that the programme for victims would result in:

- a. Increased self-esteem and/or self-efficacy
- b. Possibly a shift to a more Internal Locus of Control<sup>4</sup>
- c. Suffering less domestic violence and abuse.

For both men and women changes in (a) and (b) were tracked by the psychologist. The Locus of Control was included in the overall 'ROPELOC' score as all the factors were considered important as a measure of personal effectiveness. The data on incidence of domestic violence and abuse (c) were tracked by the project staff onto the database following communication between the Women's Safety Worker, the woman, the REPAIR manager and the man.

It was decided to use the same questionnaires on both men and women. People with a strong sense of self-esteem in the sense of self-worth (as opposed to self-importance) and a strong sense of personal effectiveness are, it is suggested, less likely to commit domestic abuse and less likely to be victims of it.

### **Use of statistics**

The statistics were subjected to tests of statistical significance to determine probability outcomes. Some of the results are presented in the form of a correlation, a measure of the degree of closeness or relationship between two variables. If the correlation is negative, there is a negative relationship, i.e.,

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<sup>4</sup> To monitor the development of self-efficacy, Richards, Ellis and Neill's Review of Personal Effectiveness with Locus of Control ('ROPELOC') was used (discussed in Chapter 3)



this means that as one variable goes down, the other variable goes up. If it is a positive relationship, it means that as one variable goes up, so does the other one; or they both go down. The maximum positive correlation is 1.0. The maximum negative correlation would be -1.0. Correlations closer to 0 mean there is no relationship between the two variables. The significance level varies according to the number of subjects in a sample. In this study, the number of people is quite low, so correlations have to be above 0.45 or below -0.45 to have statistical significance at the 5% level.

### **Psychologist's findings**

The figure below shows, for men completing the programme, the net changes across all psychological tests and also qualitative judgements made by staff and partners.

#### **Figure 3.21: Assessment of men's change by psychologist, workers and partners**

More detailed perceptions of change, from Women's Support Workers in particular, are contained in the Supplement to this report. These were undertaken at the completion of work with women and may show some variance with the figures below which were undertaken at a different stage of intervention.

	1	2	3	4	5	6	7	8	9	10
Client Ref No.	Polar Change	Self-partner change	Self-ideal change	Negative self-ideal at start	Rosen-berg Self-esteem change	ROPE-LOC change	Weighted Risk change	Improvements seen by staff	Improvements seen by woman	Status of relationship
RND2	-13.89	+0.35	N/A	Yes	+3	-16	41	No	No	Separated
RND3	-5.45	-0.48	+1.24	Yes	-1	+4	64	Yes	N/K	Divorced
RND11	-12.61	+0.2	+0.24	No	+2	+2	56	Some	No	Separated
RND16	-5.09	+0.59	+0.79	Yes	+8	+40	-16	No	No	Together
RND17	-5.08	+0.21	+1.02	Yes	+16	+184	49	Yes	Yes	Reconciled
RND18	-17.27	+0.77	+1.66	Yes	+11	+80	67	Yes	Yes	Reconciled
RND19	-5	+0.05	-0.69	No	+3	+27	35	No	N/K	Separated
RND22	-7.72	+0.07	-0.01	No	-1	+11	12	Some	N/K	Together
RND29	-26.36	+1.41	+1.57	Yes	+8	+5	59	Yes	Yes	Together
REX1	-1.81	+1.3	+1.58	Yes	N/A	N/A		Yes	Yes	Together
REX4	-9.09	+0.42	-0.5	No	+3	N/A	51	Ltd	Ltd	Reconciled
REX5	+11.06	+0.74	+1.51	Yes	+5	+34	55	Yes	Yes	Together
REX9	-18.56	+0.7	+0.7	No	N/A	N/A	58	Yes	Yes	Together
REX10	-28	+0.54	+1.68	Yes	+11	+40	60	Yes	N/K	Separated
REX11	-13	+0.36	+0.03	No	N/A	N/A	69	Yes	No	Separated
REX20	-9.1	+0.23	+0.41	No	+10	+138	50	Yes	Yes	Reconciled
REX22	+7.36	+0.17	-0.09	No	+4	+16		?	N/K	Reconciled
RSD3	-0.09	+0.38	+0.69	No	+13	+11	-20	Ltd	N/K	Separated
RSD5	-7	+0.14	-0.05	No	N/A	+39	21	Yes	Yes	Together

The table shows nine hypothesised criteria which indicate improvement. There is no domestic violence research which would indicate that the man has to achieve positive change in all these indicators to reduce their risk as perpetrators of abuse. In measuring change, the views of workers and partners are significant factors to set against independent psychological testing.

### Detailed analysis by individual test criterion

#### Column 1: Polarisation

This indicates the degree to which someone polarises their thinking about other people and themselves. Men who abuse are possibly more likely to think in 'all or nothing' terms. This enables them to blame their partner for their abusive actions and contribute to their minimisation and denial of their actions. The higher the polarisation score, the more polarised and rigid their thinking. The hypothesis is that each man undertaking the REPAIR programme would have a lower

polarisation score at the end than the beginning. Less rigidity enables them to see other perspectives and lessen their tendency to abuse.

Sixteen of 19 showed a decrease in polarisation, in line with the hypothesis shown by 'start polar' and 'end polar'. This was a significant difference, i.e., they became less rigid in their thinking. It is suggested that the content of the programme and the way in which it is delivered in challenging the participants' views contributed to the decrease in rigid thinking.

## Column 2: 'Self-partner' correlation

The 'Self-partner' correlation can be read as a measure of attitude towards the partner, or how one sees oneself in relation to one's partner. The expectation would be that the correlation between a man's perception of himself and his perception of his partner, whom he is abusing, would be close to zero or negative - because he does not see himself as similar to her, so there is some distance between his view of himself and his view of her. It is plausible that, if a man sees himself as more similar to his partner, then he is less likely to abuse her. The hypothesis is that the 'self-partner' correlation would be low at the start (whilst abusing) and higher (more positive) at the end of the programme, particularly if the couple are still together.

Eighteen of 19 showed an increase in self-partner correlation, in line with the hypothesis, shown by 'start self-partner' and 'end self-partner'. However, three of these 18 had only very small increases (cases RND19, RND22 and REX22) and two of these still had negative self-partner correlations at the end (cases RND19 and REX22). So 15 of 19 men saw themselves as more similar to their partners at the end compared with the beginning - and these changes are statistically significant. This would suggest that men would be less likely to abuse as they would be more in tune with their partners' views and more understanding of their partners' perspectives.

## Column 3: Correlation of 'actual self' with 'ideal self'

How a man sees himself compared to his ideal at the start of a programme could indicate how much he wants to change. So a low or negative 'starting self'-'ideal self' correlation could be read as motivation to change, i.e., he does not like himself at the start and does not want to be the way he currently is. If a man is able to see himself as how he would like to be (his 'ideal self'), it is possible that this will allow him to live without abusing others as he is likely to be more contented and satisfied with his life.

The difference between how a man sees himself and how he would like to be (his 'ideal self') can be evidence of an increase in self-esteem and well-being as the actual and ideal views of self converge over the programme. Twelve of 18 showed an increase in self-esteem, as measured by an increase in their 'self-ideal self' correlation from 'start self-ideal self' to 'end self-ideal self'. This also suggests that they believe they have changed. Of the others, cases RND19 and REX4 were much lower, and four showed virtually no change (cases RND22, REX11, REX22 and RSD5). There was no data for RND2. The difference in self-esteem, as determined by 'self-ideal self' measured at the start and end of the programme,

was statistically significant – an indicator of the success of the programme.

## Column 4: Negative 'Self-Ideal self'

How a man sees himself compared to his ideal at the start of a programme could indicate how much he wants to change. So a starting low or negative 'self-ideal self' correlation could be read as motivation to change - he does not like himself at the start and does not want to be the way he currently is.

Nine of 19 had a negative 'self-ideal self' correlation at the start, possibly indicating motivation to change. This suggests that they were not where they wanted to be. This is an additional interpretation of the starting negative 'self-ideal self' correlation. Seven of these nine did make overall improvements and became more like their 'ideal self'. This could suggest that, as the man becomes more like the person he wants to be, he is less likely to need to use power and control over others to boost his negative self-image.

## Column 5: Rosenberg's Self-esteem Scale

To monitor the development of self-esteem, Rosenberg's Self-Esteem Scale (1989) was used.<sup>5</sup> It is arguably the most widely-used self-esteem measure in social science research. It is a ten-item self-report questionnaire involving a scale ranging from 0 to 30. Scores between 15 and 25 are within normal range. Scores below 15 suggest low self-esteem. High reported self-esteem does not necessarily imply high self-worth. It may indicate high self-importance or self-denial. A percentage of men who abuse have low self-esteem and this suggests they may also experience feelings of inadequacy, insecurity and a general sense of unworthiness. This can translate into controlling and jealous behaviour as the man tries to compensate for the feelings generated by low self-esteem. By increasing self-esteem, the need for them to exert abusive behaviour should decrease.

The hypothesis was that self-esteem scores would increase over the programme, although there is the risk with this instrument that there could be a false high score at the start where a man was either in denial of his abuse or was high in *self-importance* (rather than *self-worth*). Of 15 men who completed this questionnaire, 13 had higher scores on their self-esteem at the end. This was statistically significant. The belief is that men with higher self-esteem scores as a result of attending the programme are less likely to abuse or use violence as they feel more confident and do not have to use excess power and control as a means

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<sup>5</sup> Rosenberg, M. (1989) *Society and the Adolescent Self-Image*. Revised edition. Middletown, CT. Wesleyan University Press.

of boosting their self-esteem.

#### Column 6: ROPELOC

To monitor the development of self-efficacy, Richards, Ellis and Neill's Review of Personal Effectiveness with Locus of Control ('ROPELOC')<sup>6</sup> was used. It measures Locus of Control (LoC) in addition to self-efficacy and other factors. LoC looks at personal responsibility, whether it is internal (when a person takes responsibility for their own thoughts, feelings and behaviour) or external (when a person attributes blame or power to others). ROPELOC measures a person's perception of how effective they think they are.

If an individual does not feel effective, they may develop behaviour that compensates for this. One of the traits of men who abuse is that they make the abused take responsibility for their emotions. The abuser will tell the abused that they are responsible for the way the abuser behaves and so, in effect, has caused the abuse to happen. If men feel more self-effective, it could be that they no longer need to hold others responsible for their behaviour and so are able to take responsibility for the abuse and, therefore, knowing that they are responsible for their own actions, make changes to their behaviour. The ROPELOC questionnaire includes a number of factors which comprise personal effectiveness, including External Locus of Control which looks at the tendency to transfer blame onto others.

The working hypothesis would be that ROPELOC scores would be higher at the end than the beginning - provided someone was not in denial of their difficulties at the start. The minimum score is 42 and the maximum is 336. Of 15 men who completed this questionnaire, 14 show an increase in their perceived personal effectiveness - which is statistically significant. This increase suggests that these men have reduced their abusive behaviour.

#### Column 7: Weighted Change of Risk

The risk that each man posed was assessed by the REPAIR Project Manager near the beginning of the programme and again at the end. This assessment was made on a number of factors, which were weighted according to their importance in domestic abuse (these are shown in the Supplement to this report). A positive change means an improvement, or a reduction in risk. Of 17 men for whom there was data, 15 had a reduction in risk, and two got worse. The reduction in risk is statistically significant. A reduction in risk while attending the project suggests that safety for women and children is increased.

6 Richards, G.E., Ellis, L.A., and Neill, J.T. (2002) The ROPELOC: Review of Personal Effectiveness and Locus of Control: A comprehensive instrument for reviewing life effectiveness. Paper presented at the Self-Concept Research, Driving International Research Agendas, August 2002, Sydney. 8pp.

#### Columns 8 and 9: Other information

The last two columns of Figure 3.21 summarise improvements judged by the project staff and the partner or ex-partner. This information was obtained from the summaries of the staff conversations with the psychologist and from the psychological data. These statements tend to support the change assessed by the psychological tests. The final column shows the status of the relationship at the end of the programme. There are two discrepancies: case RND11 (where the psychological assessment supported the Worker's view); and case REX11 (where the psychological assessment supported the partner's view).

#### Summary of the psychologist's & project workers' assessments of men

Of the 26 men who completed the programme, the psychologist had full data on only 19 (73%). This was for a variety of reasons. Some men moved away after finishing, some were not available for the final interview, and some did not complete all the parts of the questionnaires. Of the 19 who completed the questionnaires, ten met six or more of the above criteria for assessing change, including the improvement seen by staff and an improvement in levels of risk (cases RND3, RND11, RND17, RND18, RND29, REX5, REX9, REX10, REX20 and RSD5). A further case (REX1) would probably meet most of the criteria if the data was available.

To test for statistical validity across this range of psychological tests, the results were measured by the Wilcoxon Matched Sample Test. This is a statistical tool used in research to test for differences when using 'before' and 'after' findings with a subject group. Applying this test, there are significant results:

- An increase in self-esteem as measured by the repertory grid shown by change in 'self-ideal self' in Figure 3.21 (12 of 18 men)
- An increase in self-esteem, as measured by the change in Rosenberg self-esteem (13 of 19 men)
- An increase in personal effectiveness as measured by the ROPELOC (14 of 19 men).

The statistical significance levels are all at 0.005, meaning that we are 99.5% confident that the differences in 'before' and 'after' measures are genuinely different.

The changes in polarisation were significant ( $z = -3.018$ ,  $p = 0.0025$ ). This means we are 99.75% confident that there is a real decrease in the rigidity of the men's

thinking over the programme.

The increases in 'self-partner' correlation were significant ( $z = -3.340$ ,  $p = 0.0008$ ). This means we are 99.92% confident that the men genuinely see themselves as more similar to their partners at the end of the programme.

The results also show an even more significant decrease in level of risk over the course of the programme in those who completed (Wilcoxon Matched Sample Test  $z = -3.622$  probability of 0.00029). This means we are 99.971% confident that there is a real difference between the levels of weighted risk as measured at the start and end of the programme for the men who completed it – an extremely high level of confidence.

In addition, there are significant correlations at the 0.05 level in this sample of 19 men:

- The changes in the two measures of self-esteem (repertory grid 'self-ideal self' and Rosenberg) correlate significantly together at 0.459
- Changes in self-esteem as measured by the Rosenberg scale correlate significantly with changes in personal effectiveness as measured by the ROPELOC at 0.682
- Changes in 'self-partner' view correlate significantly with changes in 'self-ideal self' view at 0.535. As self-esteem increases, so the man sees himself as more similar to his partner.

These correlations suggest that these measures have validity as indicators of change in this programme.

For the men who completed, or nearly completed, the programme there were significant changes:

1. 15 men saw their level of risk reduced
2. 12 men saw their self-esteem increase, as measured in two different ways
3. 16 men became less rigid in their thinking
4. 18 men saw themselves as more similar to their partners, so possibly less likely to abuse
5. 14 men saw their sense of personal effectiveness increase.

These are significant indicators of important and worthwhile change, which have resulted from the intensive one-to-one and group work sessions on the REPAIR

programme and are likely to contribute to the safety of women involved with these men.

### Findings about referrals & take-up for men

- 66% of initial contacts by male perpetrators do not proceed to assessment for a variety of reasons (which were not systematically identified as part of this evaluation). **Learning point:** A programme like this needs to have the capacity to manage the high level of contacts, as well as deal with assessments, one-to-one and group work
- A programme of this nature requires both 'set up' and 'shut down' time - reducing the time available for full service delivery. In this case, the three-year programme achieved two years of full delivery of assessment, one-to-one and group work. Allowance must be made for this when estimating the numbers of clients who will benefit from such a three-year programme. The number of men completing this group programme seems relatively low compared with the number of men who started the assessment process. However, there could only ever have been 48 completers (8 completions per year x 2 years x 3 areas) – and the project achieved 42
- Men who themselves apply - i.e., where no agency has originated the contact - have a higher chance of making it from contact to the assessment stage of the programme. This could reflect motivation levels at contact stage.

### Findings about demographics

- The work did not explore the relationship between younger age (under 30 years old), rates of completion and risk-level. **Learning point:** An analysis of the correlation between younger age (under 30 years old), rates of completion and risk-level should feature in evaluation in any future project or programme
- While timing activities to make them accessible for people matters, the evidence suggests that for those who are motivated, full-time employment is not a barrier to attending programmes
- This programme reaches managers, professional occupations and associate professionals. Comparative research on the Probation-run programme for convicted offenders (IDAP) would be useful to test

whether a community programme such as REPAIR reaches a different employment/social group.

### Findings about outcomes

- The data suggest that abuse starts early in relationships and can go on for a long time – in turn suggesting that the earlier the intervention with men, the more chance it has of reducing long-term abuse
- There is a significant reduction in the number of incidents reported by men over time. This indicates that the longer the men are on the programme, the less likely they are to be involved in domestic violence and abuse incidents. This reflects a real change because the programme increases men's awareness and honesty about abuse, meaning that they are inclined to report more fully on any that occurs
- Some modules of group work proved more sensitive than others and made integration of new members to the group more difficult. **Learning point:** It is important to build flexibility into the delivery of a community perpetrator programme like REPAIR to allow men to enter group work at an appropriate time for themselves and others already on the group
- Both one-to-one and group work have a valid role to play in reducing incidents
- The total number of men who abuse reduces as a result of intervention
- The programme is most successful for those men who complete both one-to-one and group work
- Outcomes for men seem to indicate positive life changes, such as increased self-esteem and improved stability of relationships with children and partners.

### *PART C: The Workers' perspectives on how the programme achieves change*

From both quantitative data and psychological assessment, REPAIR has demonstrated it can change behaviour. To obtain some insight into how this process of change happens, and what it means for participants in the programme, the following descriptions were obtained.

### REPAIR Managers' reflections on how the programme achieves change

The process of change that men go through during the programme is one of maturation - growing up. Some men recognise this experience for themselves in both comments and in written statements. It reflects a fundamental shift of perspective, from blaming external factors in their lives (often their partners) for their difficulties, to one of personal responsibility.

Perpetrators have a whole system of beliefs and attitudes which have unconsciously accumulated since birth, leaving them disconnected from themselves and alienated from, and hostile to, family or partners. They are desperate to maintain power and control in a world in which they frequently feel isolated and of which they are mistrustful. Their unacknowledged fears are masked behind patterns of behaviour which are abusive and cut off from caring. The programme achieves change by challenging and unravelling this whole system of beliefs and attitudes.

The programme achieves this by integrating three elements. Firstly, men taking responsibility for their own actions in the world and recognising that there is no justification for violent and abusive behaviour. It is a choice which needs to be continually challenged and ended through ongoing practice.

Secondly, that caring and love, which men often talk about, are more than concepts. Loving is an active process of opening the heart which men can re-learn as a way of reconnecting and empathising with those they say they care for. By showing open-heartedness, an effective antidote to abuse is developed.

Thirdly, recognising that they are responsible for their own emotional well-being. Difficult, painful, confusing feelings need to be attended to by them. They are not the surrogate responsibility of partners or children, and can only be healed through genuine self-care.

Many perpetrators do not stick the course. For those who do, there are often feelings of fragmentation, confusion and shame, when the depth of their commitment to stopping abusive and controlling patterns of behaviour is tested. In persevering there comes a gradually developing self-value, as the person they want to be and how they act in the world becomes increasingly congruent, rather than characterised by the 'Jekyll and Hyde' split familiar to most abusive men.

Men become more self-aware, genuinely caring and compassionate in their lives.



The satisfaction in participating and supporting such radical shifts is profound, and makes the work worthwhile, even in the face of the many reverses and disappointments along the way.

### Messages from participants' & workers' case examples

From personal 'opening' and 'closing' statements, it is possible to identify men's perceptions of the changes they attribute to participation in REPAIR. At the start of the programme, men seem to be aware that they are violent and create fear in their partners and create an intimidating atmosphere in their families. They value the power of the group and the opportunity to share with other perpetrators. Through the support within the group, the men felt less isolated. On completion of the programme, men have taken responsibility and ownership of their behaviour; they are more aware of themselves and the impact their behaviour has on their partners and families; they have ended or significantly reduced their abusive behaviour, which has created a safer and more stable base for their families; they are more in touch with their feelings. They make strong reference to the capabilities and support provided by the programme manager.

#### Case Study 1:

##### Man's 'opening' comment

*'I was in total denial with X about the effects of my outbursts, irritability and expressions of anger, to the extent that I didn't see that I was eroding our relationship. I would blame X with my outbursts and abuse. I was quite unable to be vulnerable and had almost no sense of staying with my vulnerable feelings. I continually thought of excuses for my behaviour and totally believed them ... I am learning to lean into this vulnerability ... it won't kill me ... I have survived!'*

##### Partner's 'closing' comment

*'I thought X would never except that our marriage was over. He pestered me when we first separated and kept finding excuses to visit me; he'd hang around and offer to do some gardening, when I said 'no', he would get annoyed and become verbally abusive. I didn't think he would stick it out at REPAIR, but he did and slowly started to change; he respected my boundaries and backed off, allowing me to focus on my life. We can communicate about our children. X is coping with life apart from me and I feel much happier; I want him to continue practicing what he has learnt for the benefit of himself and the children's future.'*

##### Man's 'closing' comment

*'My relationship with X has changed ... she trusts me more ... we have a supportive and warm friendship and are co-parenting well. Some healing has taken place. I still have to be vigilant ... but am learning to stay with my vulnerable feelings. The "masculine pressure pot" made sense of what seemed like a complete mess of confusion ... The programme has supported X and the kids ... it is difficult for partners to know what goes on in the group, so these home visits helped address this problem ... and makes the group work more real and honest, and is a huge reminder of why I am in the group.'*

#### Case Study 2:

##### Man's comment

*'My one-to-one work was at times quite difficult, especially admitting my jealousy towards X, which hurt me deeply, thinking of those things I did to her. Since being on the group, I've experienced new emotions that I haven't experienced before ... anxiousness, guilt ... vulnerability. I have taken steps to cut out my abuse to X and slow my reactivity to my daughter, with whom I can now have a conversation rather than a slanging match, which used to upset X most. I've enjoyed my time at REPAIR, with other members of the group, sometimes helping them and they helping me in all our struggles to become less abusive and to become loving, caring partners and fathers. I believe that without the help of the Co-workers and all the group members, past and present, I would be a lonely old bastard, miserable and angry.'*

##### Partner's 'closing' comment

*'Things are very different at home now X has completed REPAIR. He is a patient, calm and supportive husband and father. Previously he would criticise my parenting and often argue with the children. I can now enjoy a social life with him without him reacting to any insecure feelings he may have when I talk to another male.'*

##### Psychologist's perceived changes on the two children in the family

*'This 12-year-old girl has special needs. Her self-image and self-esteem improved markedly during the programme, although mother reported an increase in behavioural problems. This may be because her stepfather is treating her better and is less aggressive in the home so it is safer for this child to act-out.'*

*'This 10-year-old boy made no improvements and was in the shadow of his sister. His drawing of himself is sadder at the end. It is possible that his poorer behaviour at home and school is acting-out, but this is only a possibility. Further support and*



*assessment would be ideal.'*

#### **Psychologist's summary comment**

*'This man was in a children's home until he was four when he was adopted. He witnessed and experienced violence from his adoptive father. Whilst acknowledging his second wife is "a diamond", he admitted he struggled with his temper and coping with her special needs daughter. He showed a high motivation to change (start 'self-ideal self' of -0.74) and wanted to be like his wife ('ideal self' and 'wife' correlation at the start was 0.93). He perceived he had at the start been uncaring and unwilling to change. By the end, he did feel he was much closer to his wife ('end self' and 'wife' correlation was 0.82) and to his ideal ('end self' and 'ideal' was 0.82). He admitted that he still reacts sometime to his stepdaughter, but has stopped being emotionally abusive and jealous. "Since being on the group I've experienced new emotions that I haven't before – anxiousness, embarrassment, guilt and mostly vulnerability". The REPAIR manager reported how he had been like "a firebomb at first", but became very caring and aware of others' emotions by the end.'*

#### **Case Study 3:**

##### **Man's 'opening' comment**

*'Recently I threw her off a 5-foot sea wall onto the stony ground. She was taken to hospital by a friend and was diagnosed with two fractured vertebrae. A broken back. I spent the night in the cells. She is lucky she isn't spending the rest of her life in a wheelchair ... I never thought of myself as a bully, but I clearly am. No one should have to live in fear. I want to be her knight in shining armour, not her monster in the cupboard.'*

##### **Partner's 'closing' comment**

*'I used to position myself near an exit when he got angry. Then one day I realised I wasn't doing this, and then I had an overwhelming sense of relief that I did not need to do this anymore.'*

##### **'Closing' comment to psychologist**

*'My husband has come on in leaps and bounds. He is a different person. There hasn't been one incident where I've had to run out of the house. I'm more able to express my opinions. We still have disagreements, but like normal people. He flares up occasionally, and goes and storms in another room, not in my face, or takes the dog out and usually apologises much later.'*

##### **Man's 'closing' comment**

*'I was always very good at blaming others for my bad, abusive and violent behaviour. I now see that as childish, selfish and totally irresponsible. A nice big lie I could hide behind ...'*

*'I certainly don't feel less masculine, something that concerned me at the beginning of REPAIR. In fact I feel stronger, more confident, better equipped to deal with life in general.'*

##### **Psychologist's 'closing' comment**

*'This man was very aggressive to his wife, culminating in throwing her and breaking her back and putting her in hospital. For some months she was on the police alert system. The programme seems to have been very successful for them. At the finishing interview, he said he realised the fear he instilled into others. He had a lot of support from his wife. They are much closer now. He thinks before going off the handle – looks at what is going on. He doesn't blame everyone else for everything now. He recognises "I'm still not complete - got a long way to go." He gets a buzz now when he stays cool in situations. He feels his wife's sense of relief.'*

*'At the end of his self-description, he says: "A man who is on a journey of self-discovery and anticipating with relish to see where it leads, whilst full in the knowledge that he must work hard to stay on the right path, a challenge he has taken up wholeheartedly. Lately he has been very honest with himself, which has made him happier, content, confident, more complete and solid. He is very much at ease with himself, takes care of himself which makes it easier to take care of his loved ones and be more tolerant of others. He now feels more like a man than a frightened insecure, vulnerable child; no longer needs to use fear as an excuse or justification to be violent."*

#### **Case Study 4:**

##### **Man's 'opening' comment**

*'My wife left me without warning and took our children with her. She is on medication for depression. When I am around, my family are generally jumpy in anticipation of my having an outburst of rage. My wife is withdrawn and uncommunicative, often bursting into tears ... My marriage has become a frequent battleground, with shouting, sometimes swearing and occasional violence.'*

### **Man's 'closing' comment**

*'I feel re-educated into a belief in humanity. I have grown to realise that all people have so much value, whereas I think I had come to regard everyone as a threat unless proved otherwise. The start of the journey was based on a material perspective, now it is one that tries to put people first and, who knows, now is maybe a spiritual journey.'*

### **Partner's 'closing' comment**

*'He listens to me now. We had a holiday and, for the first time in years, I enjoyed being with him. We have bought new wedding rings because the old ones represent an old marriage.'*

### **Psychologist's summary statement**

*'This man admitted to being a gambler and seeking help from Gamblers Anonymous. He said he was verbally aggressive, liking "to have the last word". He had a fairly high External Locus of Control score at the start of 16 which was borne out by 'victim-type' beliefs, including his hated mother, his brother's suicide, the loss of his father a few years ago and an industrial accident to his hand which means he is unable to work. He did not complete the ending questionnaires. By the end he was at his "ideal". He felt he was calmer and had a better understanding of the effect of verbal abuse. The project manager reported the abuse had lessened, the man was off anti-depressants and his skin problems had cleared up.'*

## **Case Study 5:**

### **Man's 'opening' comment**

*'My wife took to sleeping on the sofa. I told her that the sofa was for sitting on, so she began sleeping on a camping mattress on the lounge floor. One evening I tipped her off the mattress and took a pair of scissors to it and cut it up.'*

### **Man's 'closing' comment**

*'I know I still have to keep practicing, making the right choices and using safety strategies I have learnt, and noting the danger signs. I know that just because I have completed, this isn't the final whistle, and there will be many challenges ahead, but I am sure I am now well prepared for them as they arise.'*

### **Partner's 'closing' comment**

*'Today we fly to Corfu. This time last year I went on holiday with a friend and at the time would never have thought there could have been such a change. It's down to REPAIR and the support I had that we now have a family again. I now know that I am*

*not responsible for other people's actions or behaviour. I wish REPAIR a long future and save families and the wider circle of friends and relationships.'*

### **Women's Support Worker's view**

*'Had suffered with anxiety and depression for some years, and had lost her self-belief. She had received treatment over the years, counselling and anti-depressants. With support and completing Pattern-changing she is now more confident, much happier and has found her self-belief.'*

### **Psychologist's view on the man**

*'This 58-year-old has a history of depression, verbal abuse and some physical abuse. His starting External Locus of Control was high at 18, suggesting he attributed his problems to external causes. This is also shown in his self-description: "I am a very lonely person with few friends. I tend to get very angry at times, because I feel the whole world is against me, whatever I do. Although I try my best, it is never good enough."*

*'By the end, his self-esteem had gone up, his External Locus of Control had gone down, and his wife has returned after a year's separation. He said he had a greater awareness of others' feelings, and had changed his behaviour. His self-description is now positive, peaceful and hopeful.'*

### **Psychologist's summary of woman's statement**

*'Her leaving was the shock which made her husband seek help. She had been physically and mentally exhausted. She was away for a year, but kept in social contact with her husband which probably helped him to work at the course. She was in regular telephone contact with the Women's Support Worker. She described the change in him as going from 1 out of 10 to 8 out of 10. He has stopped talking of suicide and stopped ranting. She feels they now have a healthy adult relationship. All her scores have improved.'*

## **Case Study 6:**

### **Man's 'opening' statement**

*'The worst I've been was shouting, punching walls and culminating in me biting her finger and drawing blood. It scared her so much that she called the police. This was in front of our children. It has had the effect of her not knowing what to say or do, made her feel defensive all the time, knocked her self-confidence and made her feel scared of me. The children cry and try to break us apart. Even now they are aware of uneasy*

airs. I feel guilty, responsible, sorry and wish for it to never happen again.'

#### **Man's 'closing' statement**

*'I have learned a lot about myself and started to see how the paths I have always taken could be changed - I learned how to stop my negative self-talk, denial of how I was; saw how I got wound up, how to get in touch with my heart and not to stay in my head, where I was blaming and the ability to listen was shut out. The facilitators have both showed me the tools I need and use constantly in my life and have done it without prejudice and even when failing, showing me that this is a work-in-progress. This will be forever with me.'*

#### **Women's Support Worker's view**

*'Fully engaged. She reports no longer being in fear of abuse. She says family life is much better and a calm environment for the children. She's now able to discuss issues without the perpetrator becoming angry and situation escalating. Equal discussions happen. Reports "really valuing Women's Support Worker's support; couldn't have done it without". Not interested in Pattern-changing; continues to be employed part-time.'*

### **Case Study 7:**

#### **Man's 'opening' statement**

*'I have been violent and abusive to my wife A and her children since we have been married. I have pushed, grabbed and been verbally abusive, and have not been honest. I have dragged the children upstairs; held, grabbed, shouted and sworn at them. I have not given them love, support or praise and I have always blamed others for my wrongdoings.'*

*'As a result, A and I have been separated for 12 months and Social Services are involved. My family has lost trust in me, felt afraid and [been] on tenterhooks. The children have also picked up my behaviour. I feel ashamed, disappointed, guilty and sorry and sad. I'm sorry I didn't appreciate how lucky I was to have them in my life.'*

#### **Man's 'closing' statement**

*'I have started to own up to my wrongs ... and have not blamed others so much as I used to. I used to want to be right and have everything my own way for a long time. I have started to respect other people's feelings and opinions. My abusiveness has calmed down a lot. It can be hard at times, but you feel better being positive, not negative. I have discovered that I have been the troublemaker, and owning up to*

*myself has been good.'*

#### **Men's Worker comment**

*'He has a borderline personality disorder, depression and some learning difficulties. He chose to continue on one-to-one for several months after completing 35 group sessions.'*

#### **Women's Support Worker's view**

*'Fully engaged, although long gaps in support when Women's Support Worker unable to make contact. Reports some change had taken place, as she can now "talk things through", and he uses time out ... Says perpetrator relies heavily on her support. She has created space by moving away, but is still vulnerable to responding to, and supporting perpetrator. Discussed Pattern-changing, unable to take this up at present, due to ongoing depression and child care.'*



## CHAPTER 4

Supporting the women

## Chapter 4 Supporting the women

The aims of the project through intervention were to enable:

- Women to live without the ongoing fear of domestic violence and the effect it has on their physical and emotional health
- Development of women's self-esteem and resistance to further victimisation.

### *Target group*

Based on adva's wider work and the 8,925 incidents of domestic abuse reported by the police in 2007-8 in Devon, there are approximately 2,500 victims known to the police. Based on national research and population numbers (i.e., one in ten women a year will experience domestic abuse), the number of victims in Devon is more likely to be in the region of 30,000. However, as the programme operated by males joining voluntarily, it was only ever going to work with a small fraction of the total annual number of women victims.

The target group of women was 'current partners and immediate ex-partners of men on the REPAIR programme.'

At the outset, the programme expected to support an equal the number of women and men - 225 over a three-year period. Initially, 115 men were referred to the programme associated with whom were 96 women, who were referred to the support programme. Theoretically, the women's support work supported all women whose male partners had progressed beyond an initial two-week contact. In practice, however, 73 men dropped off the programme after more than two contacts. Despite this, 76 women (of the 96 referred) received support through REPAIR.

### *Implementation & take-up of service for women*

The provision of support to women was through Women's Support Workers employed by three Women's Aid organisations - Exeter, North Devon and South Devon Women's Aid - giving county-wide coverage.

The starting point for engagement in the programme was men signing a contract

which agreed their partner and children access to support.

Once a signed contact had been received, the Women's Support Worker could assume he had agreed to support their involvement and would not attempt to sabotage any contact with his partner/ex-partner. First contact would usually determine the safest and best way to communicate, either by telephone or planned meetings. Either of these would be based on the needs of the women and continually reviewed through Women's Support Worker involvement. If the man dropped off the programme, women were offered further support by referring them to general outreach services.

The priorities for the work were to monitor safety and to assess risk to the woman. This was achieved by keeping women fully informed about REPAIR and the work the men were doing each week. Support for the woman included safety planning and advice on protection of herself and children in an emergency.

Weekly contact between the REPAIR Manager and Women's Support Worker was used to exchange concerns about risk, abusive incidents, non-attendance, denial or minimisation of abuse. In addition to the one-to-one support, women were offered a place on a Pattern-changing Group.

Pattern-changing was a 14-week group programme. A total of 49 Pattern-changing programmes were run in the three-year period: 21 funded by Invest to Save and 28 funded by the adva Partnership. Pattern-changing had a significant impact on how women felt about themselves, increased confidence and self-esteem, raised awareness of abuse, power and control issues, and improved assertiveness and learning about healthy relationships.

The advantage of the REPAIR programme being set within wider community support services for women is that even if a man dropped off the programme, the woman could continue to receive outreach support and access to Pattern-changing groups.

Additionally, identifying the needs of women early on and referring them to the most appropriate services at that stage looks likely to prevent the need for more costly statutory support later. If abuse continues, the victim's health is adversely affected and, if this is left undiagnosed and untreated, its impact increases over time.

This stresses the importance of close interagency work. Examples of this include:



- Monthly discussions with domestic abuse officers to identify risk and safety issues
- Encouraging visits to the GP to receive appropriate treatment or counselling for anxiety or depression, and reducing calls on Community Mental Health Teams or hospitals
- Advocacy with Housing, Citizens Advice Bureau, mediation and solicitors, reducing the number of women seeking crisis housing
- Links to health visitors, midwives and children's and family centres to help with parenting matters
- Exploring with specialist alcohol and drug services the stepped process in dealing with addiction and domestic abuse.

#### ***PART A: Quantitative data drawn from case monitoring records***

This section draws on data from the Women's Support Workers' case record system.

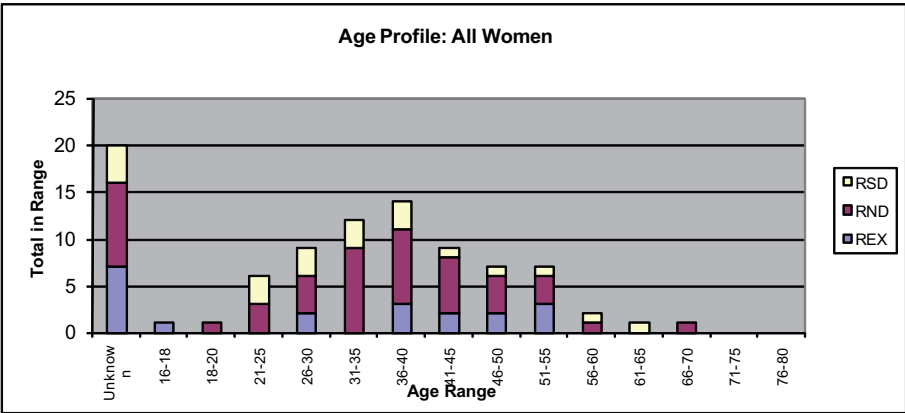
**Figure 4.1: Women referred to programme & take-up of services**

Area	Women referred to programme	Women supported through REPAIR	Women completed Pattern-changing	Women moved on to outreach	Women offered support but did not take up support
Exeter	34	20	12	1	14
North	42	39	20	15	3
South	20	17	0	4	3
<b>Total</b>	<b>96</b>	<b>76</b>	<b>32</b>	<b>20</b>	<b>20</b>

This figure shows that of the 96 women offered support, 76 (79%) took up the one-to-one support, and 32 of these (42%) went on to Pattern-changing. 20 (26%) women went on to longer-term support provided within the same organisation's outreach service.

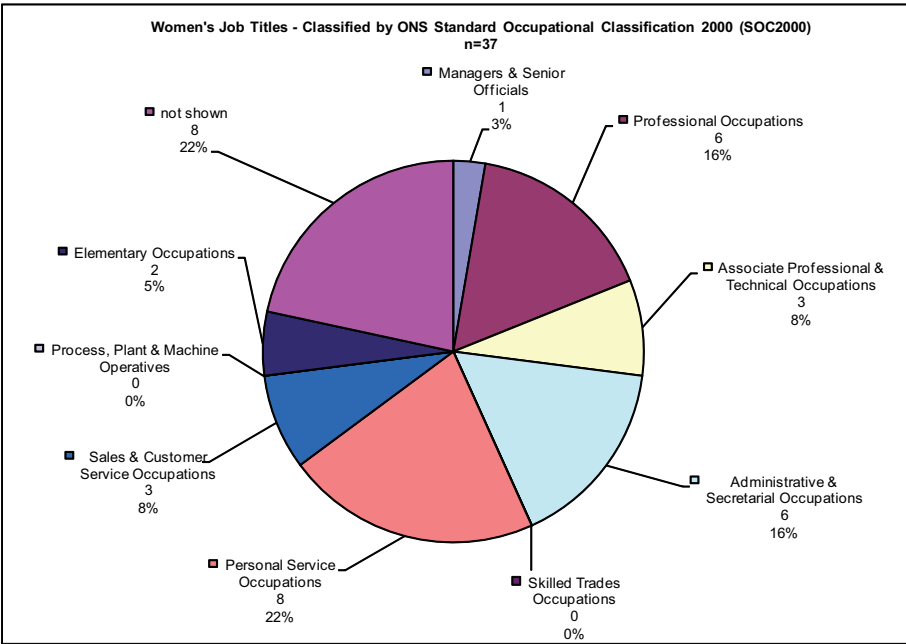
The majority of women in this cohort had not previously sought help or engaged with any support agencies for their domestic violence and abuse. Noteworthy is that 115 men made it as far as the assessment process of the programme, but only 96 partners were referred to the programme for support. Of those that were, 79% (76 of 96) received sustained support, regardless of the degree of engagement in the programme by men.

Figure 4.2: Age group of women referred to support



This chart shows 90 of the women referred to REPAIR, for whom we have ages, the majority of whom are in the 31 to 40 years age category; this is the same for the men.

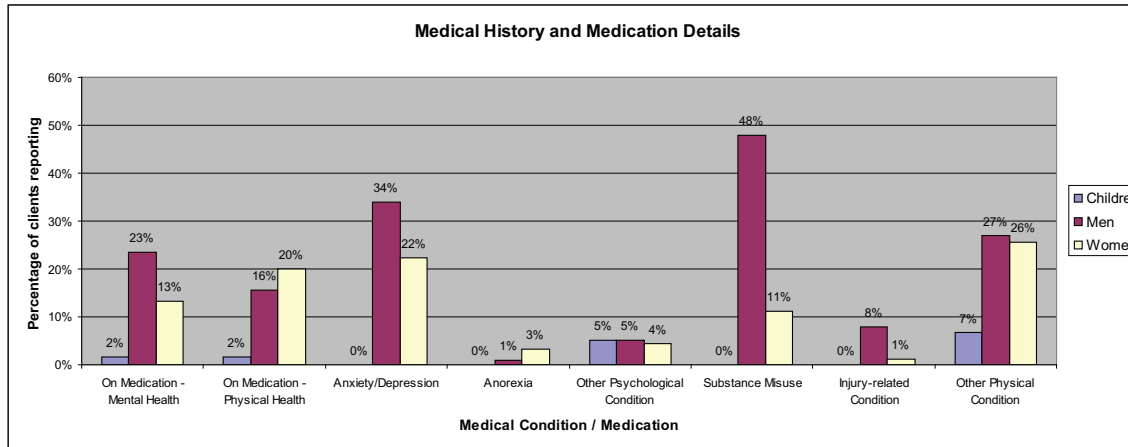
Figure 4.3: Employment categories of women supported by the REPAIR programme



This pie chart shows the occupational status of 37 women (i.e., approximately half of the women supported). 27% of were in managerial/professional roles; 22% were in personal service occupations; and 16% were in administration and secretarial roles. (There was insufficient data on the remaining 39 women who received support to determine whether they were employed and/or their employment status.)

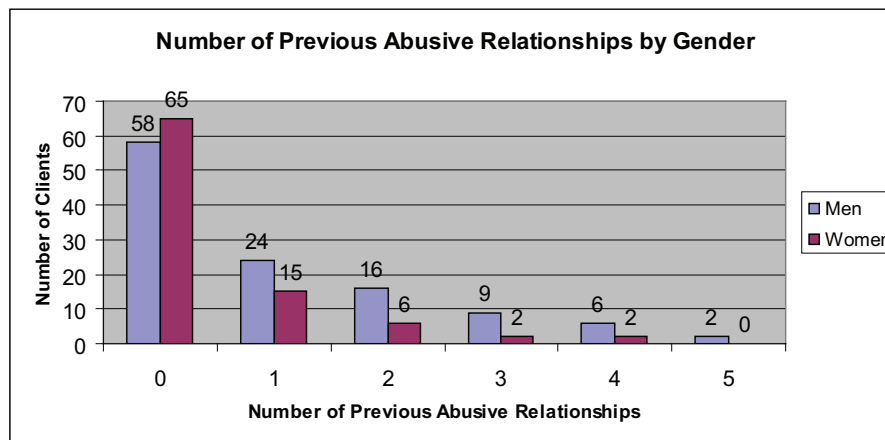


**Figure 4.4: Medical history of women supported**



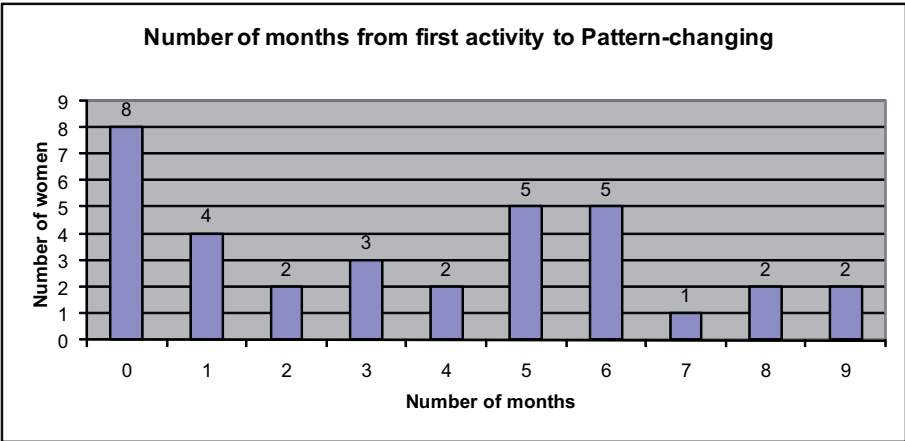
This chart shows that the two highest self-reported medical features for women are physical ill-health and anxiety/depression. On all medical features, men had a higher reported incidence of problems. However, there may be a skew in data (better data was recorded by those working with the men than those working with the women).

**Figure 4.5: Number of previous abusive relationships of the women**



This chart shows 90 women, 72% (65 of 90) of whom had no previous abusive relationships. It also shows a lower number of women than men had previously been involved in abusive relationships.

**Figure 4.6: Number of months from initial support to women before women start Pattern-changing programme**



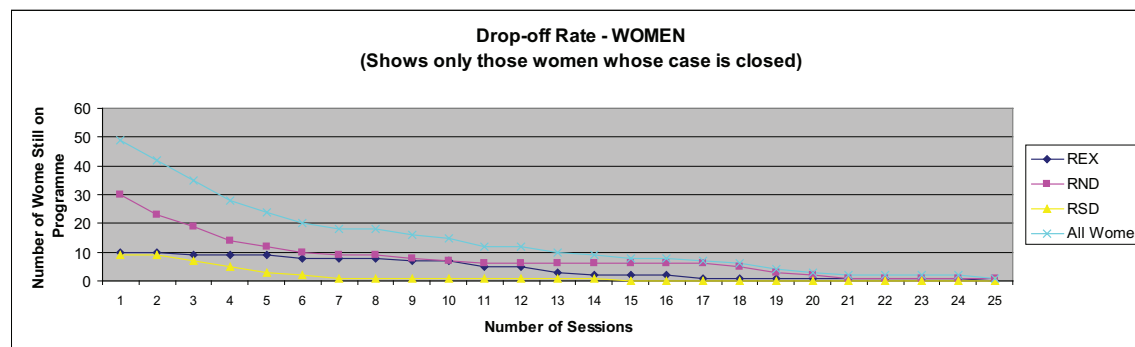
This shows that 34 women supported through REPAIR took part in a pattern-changing programme. Of these, the highest percentage, 50% (17 of 34), engaged in the programme in three months or less from first intervention support.

**Figure 4.7: Number of Pattern-changing Courses and Women Completers**

Area	Number of Pattern-changing courses from 01 April 2005 to 30 September 2008	Number of women who started Pattern-changing	Number of women who completed Pattern-changing	% Completing
Exeter	22	255	181	71%
North	12	142	104	73%
South	15	99	88	88%
Total	49	496	373	75%

This figure shows that 75% of women (373 of 496) completed a pattern-changing programme during the three-year period. 32 of these women were referred from the REPAIR programme, the remainder from Women’s Aid outreach service.

**Figure 4.8: Drop-off rate of women receiving support (in months)**



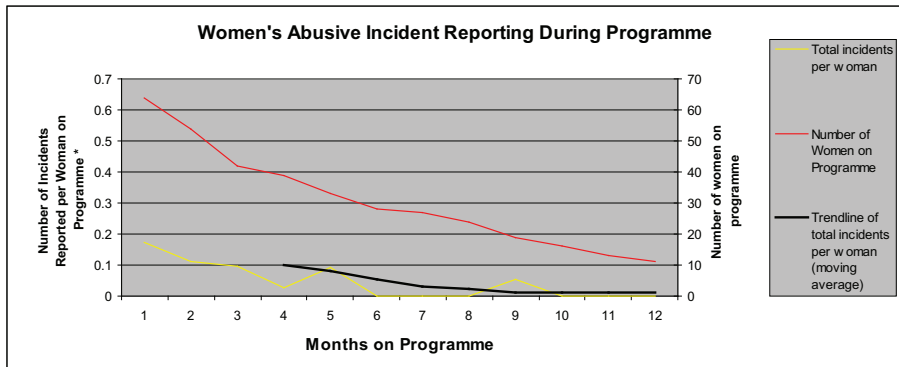
For several practical and procedural reasons, there is not full data for all 76 women who were referred to REPAIR.

This chart shows the 49 women where the cases had been closed by the time of the study, and it identifies the number of sessions of support that they received. There is a steady decline in support sessions up to six sessions of support, after which it levels off and shows a more gradual reduction.

Twenty-seven women were still receiving support ('open cases') when the study was completed, which suggests that, in total, 61%, (47 of 76) of women who took up support received more than six sessions.

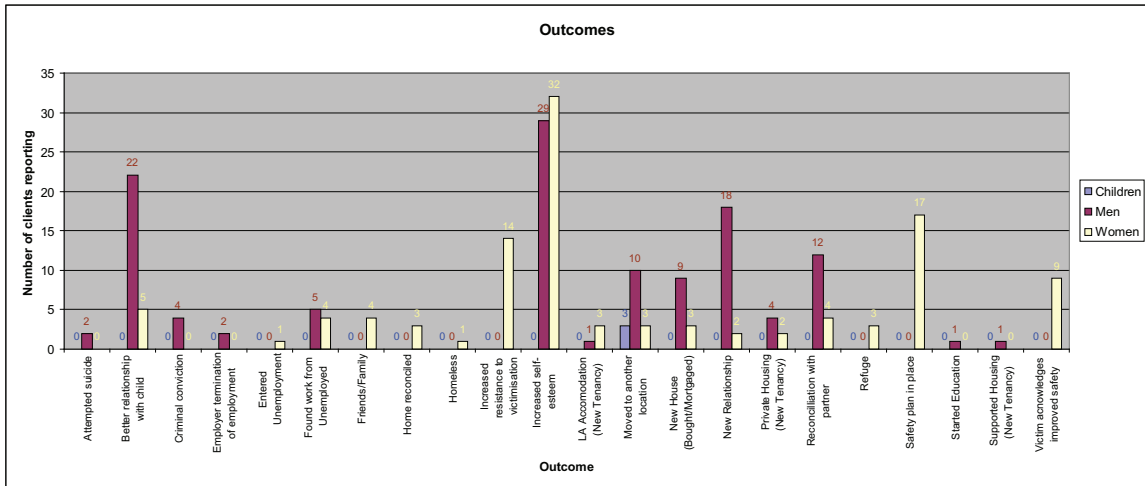
Because the project operated within an existing specialist service, clients who still needed support at the formal end of their intervention were provided with it. This wholly integrated approach to supporting women has been an important facet of the work in safeguarding and supporting women victims.

**Figure 4.9: Women’s reports of the abusive incidents they experienced while their associated men were on the programme**



This graph shows that women report a steady decline in abusive incidents, down to almost zero, after men have been engaged for seven months in the programme. It is also worth noting that, compared with the men’s reports (Figure 3.13) throughout the period of engagement, women reported fewer abusive incidents than men. It is not possible to say exactly why this is. However, workers’ views suggest that men’s awareness of abuse is raised, hence they report more, and that women continue to minimise their experience of abusive behaviour.

**Figure 4.10: Outcomes for women supported**



This chart shows a higher increase in self-esteem for women than men. The other indicators of success for women are increased resistance to victimisation, safety planning and improved safety. These are clearly more relevant objectives to achieve with women. This could also reflect the different focus of work with women compared to men. The outcomes for men and women on this programme differ. For women, the programme is primarily about their safety, and then about broader support. For men, it is about stopping their violent behaviour and changing their beliefs and attitudes about themselves in relation to partners.

A much higher number of men than women moved into new relationships and more men than women thought that their relationship with their child had improved.

## Part B: Psychologist's & Workers' assessments of change for women

It should be noted that whilst 76 women received support, there is full data on only 13 of these women. This is because there was insufficient funding within the evaluation component to interview, assess and evaluate all participants.

**Figure 4.11: Psychologist's and Workers' assessment of changes for women**

Client Code	Polar Change	'Self-partner' change	'Self-ideal self' change	Rosenberg Self-esteem change	ROPELOC change	Risk change in man	Positive change in woman seen by staff or interviewer	Status at end
RND2P1	+18.57	-0.11	N/A	N/A	N/A	+13	Yes	Separated
RND11P1	-3.33	-1.17	1.44	8	80	-13	Yes	Separated
RND17P1	-3.75	-1.2	-0.83	N/A	N/A	-4	No	Reconciled
RND18P1	-4.54	1.19	1.35	5	2	+34	Yes	Reconciled
RND29P1	+13.64	1.36	0	3	27	+28	Yes	Together
REX1P1	+6.25	1.79	0.11	N/A	N/A	N/A	Yes	Together
REX4P1	-11.18	-0.55	0.32	N/A	N/A	+31	Some	Reconciled
REX5P1	-9.64	0.69	1.18	N/A	N/A	+30	Yes	Together
REX9P1	-22.72	1.02	0.07	N/A	N/A	+32	Yes	Together
REX11P1	-4.0	-0.31	0.12	-3	-30	+43	No	Separated
REX20P1	-1.11	0.66	0.43	11	47	+31	Yes	Reconciled
RSD3P1	-5.54	-0.01	0.4	6	45	-9	Yes	Separated
RSD5P1	-6.71	-0.13	0.24	N/A	N/A	+15	Yes	Together

Figure 4.11 summarises the results for 13 women whose partners completed the programme. Case-by-case discussion is provided in the Supplement to this report. This figure shows eight criteria that were used to track changes in the women from start-interviews to finish-interviews. These measures are the same as those used for the men, but are interpreted differently because of the more complex interplay of contradictory features for the women, e.g., whether they are still with the partner, whether they are separated and have contact issues. It must be noted that the number of women in this sample is very small, so what follows can only be taken as indicators of trends, rather than absolutes.

### 1 Polarisation

This indicates the degree to which someone polarises their thinking about other people and themselves. It could suggest how much someone empathises with others. The higher the polarisation score, the more rigid their thinking. One would hope that for men on the REPAIR programme their polarisation score

would be lower at the end than the beginning.

Ten of the 13 women showed a decrease in their polarisation scores. This is in line with the hypothesis that a lowering in polarisation demonstrates 'increased empathy' towards someone. This could suggest that for women living in abusive relationships, closed and rigid thinking enables them to manage risk and safety within very narrow confines. Following support, this seems to demonstrate that their thinking becomes less rigid. We might assume that their ability to consider other means of being safe and supported, and living without abuse, become accessible to them.

However, the hypothesis was designed for the men, whose ways of thinking and perceiving were being challenged on the programme, and so this is not necessarily the most appropriate measurement tool for assessing change in women.

## 2 Correlation of self with partner

A correlation is a measure of the degree of association or closeness between two elements. If they are close, the correlation is a positive figure, up to a maximum of +1, which would represent complete overlap. If they are different, or further apart, this would be represented by a negative figure, to a maximum of -1.

One might expect the correlation between a man's perception of himself and his perception of his partner, whom he is abusing, to be zero or negative, because he has to put some distance between himself and the object of his abuse. The hypothesis is that the 'self-partner correlation' would be higher for the men (more positive) at the end of the programme than at the beginning. In the case of the women, it may depend on whether the relationship survived, and the degree of denial or minimisation on the part of the woman at the outset.

Forty-six per cent of women (six of 13) showed an increase in their 'self-partner' correlation, suggesting they saw their partners in a more positive light at the end - and possibly had enhanced relationships. One would hope that this indicated increased safety for them following the men's change. Five of these are still with their husbands and one has been reconciled. For these six, their partners had also shown an increase in 'self-partner' correlations.

Two of the remaining seven women (case references RSD5 and RND17) had negative 'self-partner' correlations at interview, while their partners had positive 'self-partner' correlations. On follow-up contact with the psychologist on completion of their partners' programme, it was thought that if they had been retested their correlations would have been positive.

For three of the remaining five women, the abuse or potential for abuse (in the case of separated or divorced couples) continued, and, not surprisingly, their correlations remained negative (case references REX4, REX11 and RND11). REX11 and RND11 are divorced. REX4 has reconciled and seems to have resigned herself to a marginally improved situation.

Of the remaining two women, one woman's level of denial of abuse at the start was extreme (case reference RND2) and, while her correlation remained negative, the positive change was in becoming more realistic about her husband. The remaining woman (case reference RSD3) was divorced and showed no change - which would be expected.

We may hypothesise that successful completion of the programme by the man

results in positive 'self-partner' correlations for the woman, which could indicate increased empathy and mutual respect which will increase safety and reduce repeat victimisation.

## 3 Correlation of 'actual self' with 'ideal self'

The difference between how a woman sees herself at the start of a programme and how she would like to be (her 'ideal self') could indicate the degree of self-esteem or self-worth with which she views herself. One would hypothesise that this would be higher at the end of the programme than the beginning.

Of the 13 women for whom there is data, ten had an increase in self-esteem as measured by the 'self-ideal self' correlation, although three of these had very small increases (cases referenced REX1, REX9 and REX11). All these women had a high starting score. The increase in self-esteem is statistically significant (Wilcoxon  $z = -2.22$ , probability level = 0.03). In other words, the women made significant shifts towards how they wanted to be. This is likely to result in greater resilience in, and more empowerment of, those women.

Of the ten who had an increase, the partners of eight of them also had increased self-esteem. Again, this may suggest increased confidence in the partner and the relationship, suggesting less likelihood of abuse and increased resilience to repeat victimisation for the women.

Interestingly, three of these discussed earlier (cases referenced REX11, RND 11 and REX4) had increased self-esteem even though their 'self-partner' correlations went down. This further reinforces the overall impression on this programme that the women gain from support regardless of the partners, i.e., although the man's behaviour may not change, this does not mean that the programme does not affect the woman. To some degree, benefits to the women exist regardless of the impact of the work on men.

## 4 Change in Rosenberg self-esteem

The changes in self-esteem as measured by 'self-ideal self' and the change in self-esteem as measured by the well-established Rosenberg tool correlate at 0.43. This gives validity to 'self-ideal self' as a measure of self-esteem.

There are significant differences between the women's self-esteem at the start and the end as measured by the 'self-ideal self' correlation (Wilcoxon  $z = -2.22$ ,

probability level = 0.03). In other words, the women made significant shifts towards how they wanted to be. This is likely to result in greater resilience in, and more empowerment of, those women.

Ten of the 13 women for whom there is data showed an increase in self-esteem as measured by the 'end self-ideal self' correlation, compared to the 'start self-ideal self' correlation, although three of these had very small increases (cases referenced REX1P1, REX9P1 and REX11P1 - all from a high starting score). Two of the women (cases referenced RND17P1 and RSD5P1) could not be seen near the start of the programme, so were seen about two-thirds of the way through when retrospective and current scores were taken. Both made no progress. By the end of the programme, it was reported by staff, however, that both had made great progress, along with their respective husbands' progress.

## **5 Change in ROPELOC**

The change in self-esteem as measured by the Rosenberg method correlates with personal effectiveness as measured by the ROPELOC at 0.82. Both these are echoed in the men's results which gives validity to the measures used.

The ROPELOC is a measure for showing change in personal effectiveness. Five of the six women for whom data is available show an increase in personal effectiveness. This suggests that these women are more able to handle change and stress and are more self-effective, confident, open-thinking and socially effective, with a higher Internal Locus of Control, and take more responsibility for self. It could be concluded that women with these attributes are more likely to consider change in their personal circumstances (i.e., separate from an abusive partner if possible), be able to acknowledge their need for support and take it, and so have increased resilience to further abuse and increased safety. Without personal effectiveness, women are more prone to others' interpretations of events - which reinforces the perpetrators' power when he transfers responsibility for his emotions to his partner.

## **6 Changes as judged by Women's Support Workers**

Ten of the thirteen women were judged by the staff to be in a better state at the end of their programme in terms of resilience, health, well-being and safety - which verifies the outcomes of the psychological testing. To look in more detail, Women's Support Workers were asked to supply additional data about the well-being outcomes of the women. This is shown below in Figure 4.12 which

indicates strong improvement in well-being, relationship with their children and their partner, home circumstances, and safety.



**Figure 4.12: Well-being outcomes for Women after support**

Area	Improved well-being	Improved relationship with children	Improves relationship with perpetrator	New career	Improved home	Improved mental health	Improved safety
Exeter	9	7	7	3	9	3	16
North	23	17	11	8	14	7	15
South	11	2	7	4	12	10	14
<b>Total</b>	44	29	25	15	34	20	45

The top three outcomes for women as perceived by their support workers are (i) improved safety, (ii) improved well-being and (iii) improved home situation.

Additionally, Women's Support Workers were asked for their perception of the overall outcome and the ways in which women made use of other agencies during the support programme. Results are summarised in Figure 4.13, below.

**Figure 4.13: Workers' perception of agency usage and outcome**

Partner	Agencies women have engaged with during support	Reduced use of agencies	Increased use of agencies	Agencies that were needed less because of support from WSW	Women's Support Worker's opinion
1/P1	Police	●		Police - felt safer	Safety plan in place; perpetrator less aggressive
4/P1	CYPS		●		Family meetings to increase children's safety
5/P1	Police	●		Police - felt safer	Perpetrator less aggressive; woman more confident
9/P1	GP	●		GP – no more depression	Woman more confident
11/P1	GP, Police	●		Police & GP	Woman more confident; locks fitted; safety plan in place
14/P1	GP	●		GP & Mental Health	Correct treatment received and more confident
16/P1	CYPS		●		The need to increase children's safety
18/P1	CYPS		●		The need to increase children's safety
20/P1	GP		●	GP - more confident	Completed Pattern-changing; increased self-esteem
22/P1	Police, GP	●	● Police	GP	Completed Pattern-changing; increased self-esteem; moved away
27/P1	GP, Hospital	●		Hospital - less need for closer observation	Completed Pattern-changing; managing pain; more in control
30/P1	GP, Police		● Police		More aware of safety
31/P1	GP, Police		● Police	GP	Completed Pattern-changing; more confident; more aware of safety
RSD 1	Police, SSD				Felt more confident/safe
RSD 3	Police, GP	●			CAB/Counselling and Police no longer needed. GP sees positive change

Partner	Agencies women have engaged with during support	Reduced use of agencies	Increased use of agencies	Agencies that were needed less because of support from WSW	Women's Support Worker's opinion
RSD5	None				Now involved with HomeStart & SureStart
RSD8	Police/SSD	●			Seeing counsellor and Community Psychiatric Nurse. Receiving Women's Aid support (Midlands)
RSD10	Police/SSD	●			Now receiving CYPS support, HomeStart and Community Nurse
RSD13	GP	●			Now seeing Relate and relationship feeling positive
RSD15	Police/Sure Start	●			Now seeing SureStart/ HomeStart. Has taken control of life and safety plan
RSD17	Police/SSD	●			Now seeing Carr-Gomm (supported housing service)
RSD20	Police	●			Receiving counselling/coaching organised through GP. Positive life changes and safety plan
RSD22	GP				Has more confidence; seeing less of GP
RSD25	SSD/CPN/Drug & Alcohol Services/GP	●			Still seeing Community Psychiatric Nurse. Real positive life changes for family.
<b>Total</b>		<b>15</b>	<b>7</b>		

Figure 4.13 shows that for 24 women their access to other agencies has changed as a result of support from the Women's Support Worker on REPAIR. 62% (15 of 24) see a reduction in their usage of statutory agencies and only 29% (7 of 24) see an increase or change to alternative agencies for support. The figure shows an increase in appropriate use of children's services to safeguard children; a reduction in the use of police, due to a sense of increased safety through intervention; and an increase in self-esteem, leading to more appropriate use of the GP. It is interesting to note, too, that, according to the Women's Support Worker, most of the women had not sought help from any agency prior to intervention. Engagement with the service has not only provided direct support, but has also enabled them to be appropriately referred to statutory agencies.

While this has the potential to increase costs initially, by providing appropriate interventions at an early stage, it heads off higher-cost interventions later in the victim's life.

### Findings on referrals & take-up for women

- A high percentage of women referred to the programme engage with it (96 referrals, 76 supported)
- A high percentage of women stay engaged with the programme, despite their partners or ex-partners leaving it (42 men remained engaged, compared with 76 women)
- Pattern-changing is a programme taken up by 50% of the women within three months of engaging with support
- Pattern-changing is completed by 75% of the women who start the 14-week programme
- 61% of women (47 of 76) take up more than six sessions of support from the Women's Support Worker.

### Findings on demographics of women

- At least half of the women supported were in employment
- Physical ill-health and anxiety were the two most common medical issues affecting the women
- The majority of women supported had not previously been in an abusive relationship.

### Findings on outcomes for women

- Women report a steady decline in the number of abusive incidents they experience over the course of the intervention with their partner/ex-partner. This is not, however, equally reflected in the men's self-assessment, where reported incidents are stated to increase
- Women report increased self-esteem, resistance to victimisation, and increased safety planning and safety at the end of their support
- Women are less likely than men to move on to another relationship after intervention
- The psychologist's findings show 11 of the 13 women showed improvement in their well-being
- The psychologist's findings show significant improvement in women's self-esteem, which is likely to improve their resilience to withstand future abuse
- The psychologist's findings show that women's well-being and safety improves regardless of what happens to the partner/ex-partner on the programme

- The women's recovery was not dependent on the man changing. It appears to be about the support she is offered
- Women who were interviewed expressed how it helped them to know that the workers for both men and women were communicating with one another. This enhanced their sense of support and confidence in the programme
- The Women's Support Workers' experience is that most of these women had not previously sought any help to deal with their domestic abuse – the men's decision to seek help is also triggering intervention with women.



## CHAPTER 5

Supporting the Children & Young People

## Chapter 5 Supporting the Children & Young People

For children, the aims of the project are to:

- Enable children to perform better at school
- Reduce the social, educational and emotional impact that domestic violence has on children and young people
- Lessen the behavioural problems and educational underachievement in children of school age and design methods for monitoring change.

### *Target group*

The original target in the bid was to reach 1,000 children by providing them either with support or information about REPAIR and other support available. Devon's population of children and young people (aged up to 18 years) is approximately 300,000.

### *Implementation*

As the project was being established, it became clear that, because of the demand for direct work with children who had lived with domestic violence, it was necessary to shift the focus away from generic school-based information and awareness-raising. It was quickly realised that a blanket approach to thousands of children and young people in groups was not achievable within the REPAIR model. Children living with, or who had lived with, domestic abuse required one-to-one intervention, not support delivered to them amongst a group of peers within their classroom. This shift in emphasis led to a prioritisation of work with children arising from (i) those children associated with men on the REPAIR programme, (ii) those children whose mothers were being managed through the Multi-agency Risk Assessment Conference (MARAC) process, and (iii) those children whose mothers were being supported through the specialist community outreach service.

The consequences of shifting the focus of intervention with children meant that the direct work had to respond to the significant difference in working with children currently living with domestic abuse compared with those who have moved away from violence. The key message from specialist children's workers living with domestic violence and abuse is that it is not acceptable, it is not their fault and they are not alone. To ensure their safety when domestic violence and

abuse is current, the focus of work is predominately on safety, risk assessment, resilience, appropriate coping strategies, support networks and processing difficult feelings. The main aim is to minimise or reduce risk and not to escalate it, which may mean working with any behaviours that could put the children and young people in more danger. This works alongside encouraging greater visibility with agencies to address issues of safety.

For those children and young people in 'post-domestic abuse' situations, the work naturally becomes more reflective, i.e., from a position of safety, the children and young people can be given an opportunity to look back on their experiences and make sense of what they have just come through. The children and young people can then be supported to address any unresolved feelings associated with abuse, i.e., anger towards the abusive person or sadness for the loss of dad. Current coping strategies that made sense when the abuse was still happening may no longer serve a useful purpose. Part of the work with the young person may be about encouraging them to find more appropriate and useful strategies for the present, also to build on self-esteem and encourage them to focus on their aims for their future.

Reflecting this in practice meant that children were only supported once their mothers had engaged with the Women's Safety Worker and were happy for a referral to be made to the Children & Young People's Worker. This means that children and young people were seen as the third element of the programme, and that their support was dependent primarily on their father referring himself to the programme and, secondarily, on their mother accepting that support could be provided to their child or children.

### *PART A: Quantitative data and outcomes for Children & Young People on REPAIR*

This data was captured by the Children & Young People Workers on the case management system.

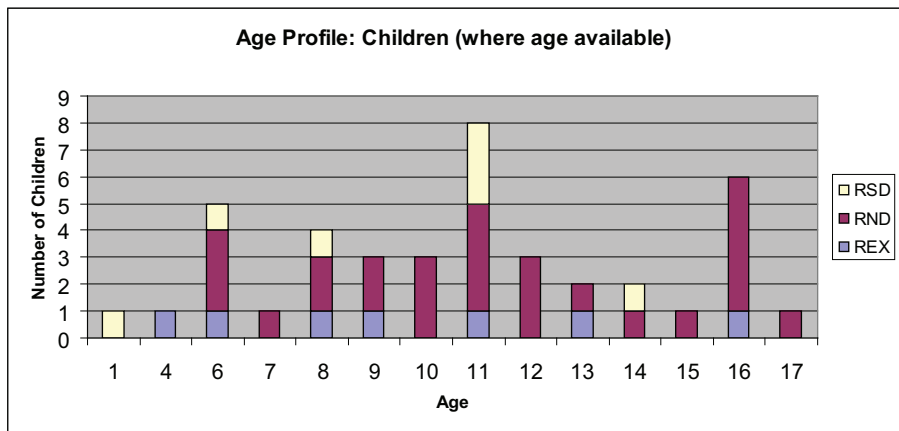
**Figure 5.1: Children & Young People referred or supported (aged 5 to 18)**

	Children associated with men on REPAIR	Children not taking up support	Children referred to CYP Worker	No. of families referred to CYP Worker	Children taking up support	Children ongoing support	Children completed
<b>Exeter</b>	40	31	11	0	9	4	4
<b>North</b>	61	20	52	27	29	3	26
<b>South</b>	14	1	5	3	5	1	1
<b>Total</b>	<b>115</b>	<b>52</b>	<b>68</b>	<b>30</b>	<b>43</b>	<b>8</b>	<b>31</b>

This figure shows that there were 115 children aged between five and eighteen years old for whom support was available. Of these, 59% (68 of 115) were referred to the Children & Young People's Worker, leaving unsupported 41% of children living with – or who had lived with - domestic violence and abuse. Reasons given for this drop-out include (i) partners were unwilling for children to participate, (ii) the perpetrator had children, but they were not locally based, (iii) children were under five or older than 18, and (iv) children were offered support, but did not want to take it up. 63% of the children referred for support (43 of 68) took up that support; 72% of these (31 of 43) completed their support programme and eight were still receiving support at the time of writing.



Figure 5.2: Ages of children supported by REPAIR (incomplete data)



This chart shows data on 41 children, 39 of whom were supported. The largest cohort of children supported were aged 11, followed by 16-year-olds. There is a spread of children supported from age six to 17 which indicates the complexity and the need to focus on more one-to-one work rather than group work.

Figure 5.3: Children supported and family relationship

Area	Living with both biological parents	Living with natural mother & stepfather	Living with stepmother and natural father	Not living with father, but has contact	Not living with mother but has contact	Living with single mother	Living with single father
Exeter	2	2	0	5	0	0	0
North	5	11	2	10	2	10	0
South	0	0	0	3	0	2	0
Total	7	13	2	18	2	12	0

This figure shows that the majority of children who were supported were not living with their father, but did have contact with him. The current living situation for most children is either with a single parent (mother) or living with their natural mother and stepfather. The living pattern reflects a fairly disrupted nuclear family picture, i.e., only nine children were living with both their natural parents.



**Figure 5.4: Children supported and family structures**

Area	Number of families where all the children & young people worked with were between ages of 5 and 18	Number of families where only some of the children & young people worked with were between ages 5 and 18	Total number of children supported
Exeter	4	2	9
North	15	2	29
South	3	0	5
<b>Total</b>	<b>22</b>	<b>4</b>	<b>43</b>

This figure shows that, where it was possible to work with children, this occurred most frequently with all the children within the family unit. However, there were families with children below five years or above 18 years for whom no support could be provided.

### *Part B: Psychologist's & Workers' findings*

There is no set way in which a child responds to domestic violence and abuse. Some appear to freeze emotionally; perhaps they perceive it to be unsafe to act-up or show emotion. Some self-harm, turning the hurt in on themselves. Some may become unruly at school or their academic work may suffer.

The psychologist considered it inappropriate to see the children as they had experienced enough disruption in their lives. Instead, it was considered preferable for the Children & Young People's Worker to administer the evaluation tools, and the psychologist to analyse the results. It was decided that the objectives would be best met by monitoring self-esteem, academic progress and behavioural changes at the start and end of the support programme. Triangulation would be achieved by self-reporting, evaluations from the school and from the mother. In addition, views on progress were sought from the Children & Young People's Workers.

Twenty children and young people completed evaluation tools near the start and end of their support programme with their worker. They completed:

- A self-description, involving words and/or drawings
- The 'strengths and difficulties questionnaire' (SDQ) (self-reported)

- Self-image profile (SIP) (self-reported)
- Parent Rating Scale (PRS) (completed by the mother at start and finish)
- Teacher Rating Scale (TRS) (completed by the teacher at start and finish)
- SATs results (from the teacher).

The behavioural elements of the Parent and Teacher Rating Scales were taken from the Self-image Profile to provide triangulation – a way of looking at the same characteristics from three different perspectives to provide greater validity - in this case, the child's, the mother's and the teacher's.

## **Research tools used**

### **1 Self-characterisations**

These were done after the Children & Young People's Workers had started to build relationships with the children and were seen as part of their work. If the children were unable to write these, the worker wrote down what the child said. Often it was appropriate for the children to draw a picture of themselves and describe it in words to the group worker. Changes were noted between the starting and ending self-descriptions in terms of affective content - the degree to which children moved away from describing themselves in terms of characteristics – such as playing football – towards feelings – such as, 'I feel happy'). The children were asked by the Children & Young People's Worker to:

*'Imagine you are describing yourself to someone who does not know you, as though you were a person in a film or on TV. Write about six to eight lines on this person, the sort of person they are, the way they behave, what is important to them, what they are really like. If writing isn't your thing, you could draw a picture of yourself and describe it to your group worker.'*

### **2 Richard Butler's (2001) Self-image Profiles<sup>7</sup>**

This was used for children aged seven and over and provides a measure of self-image and self-esteem, and seven 'aspects of self' (ten for adolescents). The children complete these on their own, with instruction from the group worker, and neutral assistance if reading is a difficulty. The key measures used

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<sup>7</sup> Butler, R. (2001) The Self-image Profiles for Children and Adolescents. London: The Psychological Corporation.

were Positive Self-image, Negative Self-image, Self-esteem as measured by the discrepancy between 'self' and 'ideal self', and Sense of Being Different from Others.

an unweighted score (-1 for worsening results, 0 for no change and +1 for improvement). These are added together in the summary column to give an overall score. Additional information is provided in the Supplement to this report.

**3      The Strengths & Difficulties Questionnaire (Goodman 1997)<sup>8</sup>**

This was completed by the children, with instruction and assistance from the group worker. This has five scales: emotional symptoms, conduct problems, hyperactivity, peer problems (all of which contribute to a Total Difficulty Score – a minimum of 0 and maximum of 40) and pro-social (sociability), which is a positive attribute.

**4      Teacher Rating Scale**

A short questionnaire, designed specifically for this research, was used at the beginning and end of the programme. It asked the child’s teacher to state the most recent SATs level or Teacher’s Assessment, and to rate the child on seven dimensions related linguistically to the categories on the Self-image Profiles (ten for a young person of secondary school age). In addition, the teacher was asked to comment on progress, behaviour, attendance, health, interests and any difficulties.

**5      Parent Rating Scale**

The Parent Rating Scale was administered as a short questionnaire, completed at the beginning and end of the programme by the mother. It contained the same questions as the questionnaire for the teacher, with the exception of the SATs information.

Views on the children’s progress were sought from the children’s workers.

**Figure 5.5: Individual children’s change profile**

This figure summarises the outcome of the psychologist’s tests, as described above, matched against parents’ and teachers’ views. Each category is given

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8      Goodman, R. (1997) The Strengths and Difficulties Questionnaire: a Research Note. Journal of Child Psychology and Psychiatry 38, Issue 5, pp581-586.

Client reference number	Start Age Sex	Support month	Self-description	Self-image Profile	Strengths & Difficulties Questionnaire	Parent View	Teacher View	Summary
RND2P1C1	10 f	6	Less nervous; now sometimes naughty; kind; no more mention of mum and hospital. +1	Raised self-image and self-esteem. Less sense of feeling different. +1	Fewer difficulties in all categories, from 14/40 to 4/40. +1	Less emotional, more outgoing. +1	Less emotional; achieving less well. SATs same and average for age. 0	Overall improvement. +4
RND2P1C2	8 m	6	From funny and playful to fights a lot and naughty. -1	More negative self-image and same low self-esteem. Same sense of feeling different. -1	More difficulties, from 12/40 to 23/40. -1	Similar, except more bored. 0	More emotional. Still under-achieving; SATs same and below average for age. 0	No improvement. -3
RND2P1C3	7 f	6	New emphasis on being kind and caring to others, and importance of others. Sometimes good, sometimes naughty. +1	Lower self-esteem and more negative self-image. Less sense of feeling different. -1	Fewer peer problems. Reduction in total difficulties from 19/40 to 13/40. +1	More emotional, more outgoing, better behaved, more friends. +1	Slight behaviour improvement. Still achieving. SATs same and average for age. 0	Some improvement +2
RND3P1C1	11 m	12	More self-knowledge and self-acceptance. A richer description. +1	Raised self-esteem; slightly more positive self-image; marked reduction in feeling different from others. +1	Fewer peer problems; more emotional symptoms. Total difficulties 14/40 to 19/40. -1	More emotional and more outgoing. 0	Better behaved; more friendly; less emotional; harder working; can be cheeky. SATs same. +1	A more developed person. Some improvement. +2
RND18P1C1	7 f	4	Positive and cheerful at start and end. Greater use of brighter colours at end. 0	Highest self-esteem possible at end. Less negative self-image. Same high sense of feeling different. +1	All improved. Total difficulties from 16/40 to 3/40. +1	Less emotional and less easily bored. +1	Similar behaviour. Still achieving well. Same SATs in English and Maths; average for age. Above average SAT in Science at end. +1	Overall improvement. +4

Client reference number	Start Age Sex	Support month	Self-description	Self-image Profile	Strengths & Difficulties Questionnaire	Parent View	Teacher View	Summary
RND18P2C1	16 f	6	Both descriptions are cheerful and upbeat. Slightly more self-criticism at start. +1	Slightly higher self-esteem. More positive self-image. Less sense of feeling different. +1	Fewer difficulties all round. Total score moved from 22/40 to 14/40. +1	Slightly less moody, shy and worrying. Much lazier. No mention of self-harming at end. +1	N/A.	Overall improvement +4
RND19P1C1	8 m	6	A more mature drawing of self. Same upbeat, cheerful description. +1	Higher self-esteem. Slightly more positive self-image. Same marked sense of feeling different. +1	Same level of total difficulties 15/40. 0	Better behaved, more easily bored. +1	Moved from achieving to achieving well. 'A star, and popular boy.' All SATs up especially for reading. +1	Overall improvement. +4
RND19P1C2	6 f	6	Small figure drawing at start. Huge smiley face at end. Statements at end commenting on friendship and feelings – more mature. +1	Higher self-esteem; no change in other measures. (Possibly too young for this form.) +1	Same level of difficulties, but probably too young for this form 0	Better behaved, less emotional and easily upset. +1	Slightly less emotional and slightly more outgoing. SATs unclear. +1	Overall improvement. +4
RND22P1C3	10 f	9	No noticeable change. 0	Higher self-esteem; markedly more positive self-image; reduced sense of feeling different. +1	Reduction in emotional and conduct problems. Total 24/40 to 10/40. +1	N/A.	Similar behaviour. Still under-achieving, although SATs up in Maths and Science. Seems happier. +1	Overall improvement. +3
RND29P1C2	12 f	4	Changed from totally negative statements to only positive ones. Drawing of spotty-faced girl replaced by smiling clear face. +1	Marked increase in self-esteem; more positive self-image; less sense of feeling different. +1	Reduction in all areas from 27/40 to 20/40. +1	More behaviour problems. Has special needs. Enuresis by day now as well as night. -1	N/A.	Some improvement. +2

Client reference number	Start Age Sex	Support month	Self-description	Self-image Profile	Strengths & Difficulties Questionnaire	Parent View	Teacher View	Summary
RND29P1C3	10 m	4	Similar statements. Drawing changed from colourful smiling boy to sad-faced figure in black. -1	Unclear results. Boy seemed confused. 0	Reduction in all difficulties from 23/40 to 16/40. +1	Less well-behaved. More emotional; less lively. -1	Achieving less. Hitting other children. -1	No overall improvement. Said to be in shadow of older sister with special needs. -2
REX4P1C1	10 f	8	Factual statements at start. Imaginative, empowering story and picture at end. +1	Raised self-image and self-esteem. Less sense of difference. +1	Same level of difficulties 10/40. 0	More easily upset. -1	Still achieving; SATs up in Maths and Science. Improved emotionally. +1	Some improvement. +2
REX4P1C2	9 f	8	Statements on likes and hobbies at start. Positive self-evaluative statements at end. +1	Higher self-esteem; less negative self-image; more sense of feeling different. +1	Fewer difficulties, from 12/40 to 5/40. +1	Slightly better behaved; more friendly, less easily upset; livelier. +1	Now achieving well. All SATs up. More bored. +1	Overall improvement. +5
REX11P1C1	5 f	12	A colourful self-portrait at the start (maybe aided by the materials supplied?). At the end, a picture of her shy self hiding behind her mum from a man, but she is happy. 0	Very positive self-image at the start to a slightly lower one. Lower self-esteem. NB: this child is probably too young for this form, hence: 0	N/A.	Slightly more negative profile, e.g., a little more emotional, a little less lively, more bored. -1	N/A.	No improvement. -1
RND4P1C2	9 m	13	Fantasy superhero drawing at start changed to boy's face, with downcast eyes, at end who is aware of others. 0	Lower self-esteem and less positive self-image. Greater sense of feeling different. -1	No change in level of difficulties from 16/40. 0	Same fairly positive profile. 0	No start data. Well-behaved and friendly, but struggling. SATs below average and under-achieving. Has learning support. 0	Better supported, according to staff. He and mother still live with abusing father. No overall improvement. -1

Client reference number	Start Age Sex	Support month	Self-description	Self-image Profile	Strengths & Difficulties Questionnaire	Parent View	Teacher View	Summary
RND8P1C1	17f	4	N/A.	N/A.	Fewer emotional symptoms and peer problems. Reduction in total from 19/40 to 14/40. +1	Less shy and more bored (which can be a good sign). +1	N/A.	Improvement on limited data. +2
RND8P1C2	15 f	4	No more mention of her sensitivity to others' plights and her need to make them feel better. More focused, ambitious and knowing what she wants to be. +1	Lower self-esteem from high start but still healthy. No sense of negative self-image at start or finish. 0	Fewer emotional symptoms, less hyperactive from low base. Total difficulties from 7/40 to 1/40. +1	More expressive and talkative, much less shy and hesitant; less worried, less bored. Stopped self-harming. +1	N/A.	On balance, an improvement. NB: Mother and daughters returned to father even though he had left programme. +3
RND10P1C2	8 f	3	Described self as happy and friendly with cheerful drawing at beginning and end. Important, at start was visiting Dad (in prison for abuse). Home especially important at end. 0	Slightly more positive self-image, but lower self-esteem. Same sense of being very different from others. 0	Fewer emotional symptoms and conduct problems. Less hyperactive. Difficulties reduced from 25/40 to 12/40. +1	N/A.	Improved behaviour now achieving from under-achieving. SATs improved. +1	Some improvement. Mother had very poor self-image and took partner back when he left programme. He abused her again. +2
RND27P1C1	14 f	6	No negative statements at end. +1	Slight reduction in self-esteem; slightly more positive self-image. 0	Slight reduction in difficulties from 16/40 to 13/40. +1	More caring and confident; less bored; more worried; less short-tempered and shy. +1	N/A.	Some improvement. Father was suspended from programme. +3
RND27P1C2	12 f	6	More positive statements at end. +1	Increase in self-esteem; markedly more positive self-image. +1	Slight increase in difficulties from 4/40 to 8/40. -1	Same positive behaviour profile. 0	N/A.	Slight improvement. +1

Client reference number	Start Age Sex	Support month	Self-description	Self-image Profile	Strengths & Difficulties Questionnaire	Parent View	Teacher View	Summary
<b>Total number of Children &amp; Young People &amp; their change attributes</b>			<b>12 positive 2 negative 5 no change 1 N/A</b>	<b>11 positive 3 negative 5 no change 1 N/A</b>	<b>12 positive 3 negative 4 no change 1 N/A</b>	<b>10 positive 4 negative 4 no change 2 N/A</b>	<b>8 positive 1 negative 4 no change 7 N/A</b>	

Figure 5.5 shows that of the 20 children who were supported and for whom there is data, 15 are girls and only five are boys. From the various measures taken, the figure shows:

- Twelve girls showed an improvement and three showed a deterioration
- Two of the five boys improved overall and three showed a deterioration
- On self-description, 12 children showed improvement in their view of themselves; two viewed themselves more negatively; five showed no change and there was no self-description completed for one child
- Eleven children improved in self-image and self-esteem; three had a more negative self-image, five had no change, and the questionnaire was not completed on one child
- Twelve children reported less difficulties when completing the strengths and difficulties questionnaire; three children reported more difficulties; there was no change for four children; and for one child there was no data
- The mothers of ten children reported improvement in their behaviour; four mothers said that their children's behaviour had got worse; and four mothers said there was no change. There was no mother's rating scale for two of the children
- In the Teacher's Rating Scale of behaviour and academic performance, eight children showed improvement; one got worse; and four children showed no change. Information was not available for seven children
- Nine children improved in three or four measures; seven improved in one or two measures; and four deteriorated (between -1 and -3)
- Of the four children who showed a deterioration, two had fathers who completed the programme (Male case referenced RND2P1C2, and Male RND29P1C3) and two had fathers who did not complete (Male case referenced RND4P1C2 and Female case referenced REX11P1C1)
- Ten of the 13 children whose fathers completed the programme became more positive in their self-image and/or had higher self-esteem

- The mothers of seven children reported that the children became more emotional, possibly as the home environment became safer
- Five children were reported to be more bored by the end; another two reported themselves as naughtier. More 'bored' behaviour is not necessarily negative. These young people may be living in an environment with less expressed emotion and stress
- For six children, their achievement at school, as measured by SATs, improved
- Some children's self-descriptions were more cheerful and less negative at the end.

### Case Study 8:

#### The perceived changes in one family

The psychologist identified various hypotheses to account for change, or lack of change, in the children in one family (below): the children no longer see their father and have a more stable and less emotional and fearful life. This may allow the younger children to behave more as young children do, such as getting bored easily and maybe being a little naughtier. On the other hand, the boy may be suffering from the lack of a male figure to identify with, and may be experimenting with more anti-social behaviour to distinguish himself from the female figures in his life. The eldest girl has clearly become happier, more stable and outgoing, and less nervous. She is also of an age when she is more able to articulate changes in her state.

#### Case referenced RND2P1C1: The eldest girl, aged 10

Generally, this girl feels much more positive at the end than at the start of the programme. She has a more positive self-image, better self-esteem (measured by the differences between how she thinks she is and how she would like to be), and no sense at the end of being different from others.



She perceives that she has fewer difficulties now.  
Her mother feels her daughter is less easily upset and more outgoing.

This girl describes herself at the start as *'a nervous person'* and at the end, *'I used to be really nervous, but now I am not.'* At the start, she said, *'I like it when daddy is good.'* At the end she does not mention him.  
(The children no longer see their father – only the mother sees him).

#### Case referenced RND2P1C2: The 8-year-old boy

His self-image and self-esteem do not appear to have improved. He reckons his behaviour is worse; he is less sociable and more vulnerable, and very easily bored now. He appears to have more difficulties in conduct, hyperactivity, peer problems and interactions with others. His mother does not appear to perceive changes in him, for better or worse, except that he gets bored more easily.

This boy describes himself at the start as *'happy face, funny, behaves good'* and at the end as *'fights a lot, naughty, cross when someone takes something'* and focuses on the importance of *'myself'*.

#### Case referenced RND2P1C3: The 7-year-old girl

She has a more negative self-image at the end, with poorer self-esteem, but slightly less sense of feeling different from others. She sees her behaviour as slightly worse, not so sociable and more easily bored. Her mother sees her in a similarly positive light as at the start, except for being more bored.

She gives similar constructs in her self-description with additional ones in the later one around relating to other people (Mummy, her doll and children in the nursery).

**Figure 5.6: Children supported, by age, sex & duration of support**

The figure below summarises Figure 5.5, identifying the gender, age, duration of support and whether there was positive or negative change for the 20 children assessed.

Age of child on REPAIR	Sex	Duration of support in months	+ / -1 change
17	F	4	+2
16	F	6	+4
15	F	4	+3
14	F	6	+3
12	F	4	+2
12	F	6	+1
10	F	6	+4
10	F	8	+2
10	F	9	+3
9	F	8	+5
8	F	3	+2
7	F	6	+2
7	F	4	+4
6	F	6	+4
5	F	12	-1
11	M	12	+2
10	M	4	-2
9	M	13	-1
8	M	6	-3
8	M	6	+4

This figure shows that, of the twenty children assessed by the psychologist, 15 (75%) of the sample were girls, 14 of whom (93%) showed a positive change through intervention. Five of the sample were boys, two of whom (40%) showed a positive change through intervention.

**Figure 5.7: Outcomes for children supported – Children’s Workers’ assessment**

As a comparator to the psychological tests, workers were asked for their view on perceived positive or negative changes in the children. Figure 5.7 below summarises these outcomes:

Positive or Negative Change	Exeter	North	South	Total
More positive relationship with mum	7	26	2	35
Decrease in anxiety	4	26	2	32
Decrease in stress levels	5	26		31
Decrease in anger	5	23	2	30
More positive relationship with siblings	6	20	2	28
Increased Emotional literacy	6	20	2	28
More positive peer relations	4	18	1	23
Less sleep disturbed	1	22		23
More positive behaviour at school	6	13	2	21
Child Protection referral	4	3		7
Ceases attending support	5	2		7
Decrease in self-harm		5		5
Transfers to other support		1	3	4
Increase in anxiety	2		1	3
Negative move out of family home	3			3
Decrease in offending behaviour	2			2
Positive move out of family home	1	1		2
Moves in with boyfriend/girlfriend		2		2
Increase in stress levels	1		1	2
More negative behaviour at school			1	1
More negative peer relations			1	1
More negative relationship with siblings			1	1
Ends risky behaviour			1	1
Begins risky behaviour	1			1
Increased anger			1	1
More sleep disturbed			1	1

This figure shows that, for the majority of children/young people supported, the changes are positive. Notable are improved relationship with mother; decreased anxiety, stress and anger; improved relationships with siblings and peers, and improved emotional literacy and behaviour at school (above the red line). It is notable that seven children were on the Child Protection Register. For three of these in North Devon, the REPAIR intervention massively increased their safety and well-being so that the child protection plan was no longer required.

It is noteworthy that during intervention some children’s behaviour worsens. Some of the reasons for this are: they feel safer to act out and express their feelings; revisiting difficult issues can be painful; they have loyalty to their father or mother; they are confused about what is safe to talk about; they may be frustrated by the family situation or be reacting to changes in the family; they no longer have to hold on so rigidly to their emotions and so can regress or behave more as they feel, which may be distressed, angry, ignored, not important and so on. They may even have favoured the father’s power and act out against the mother or, indeed, want to punish her for any changes they view negatively. What we see is the child outwardly expressing the internal distress it feels. This is actually positive, as internalised emotion will have a detrimental affect on the child’s emotional and physical maturation.

### Part C: Children supported, but not part of the REPAIR programme

Within six months of the project starting, it became clear that numbers of referrals were insufficient to occupy the capacity of the Children & Young People's Workers full-time. Reasons for this included:

- Perpetrators who had no children
- Partners who were unwilling for children to participate
- Perpetrators who had children, but they were not based locally
- Children who were either under five or over 18 years of age
- Children who did not want to take up the support offered.

This enabled a redirection of the children's workers into supporting children associated with (a) MARAC and (b) Women's Aid Outreach.

**Figure 5.8: Children referred to ISB-funded Children's Workers**

Area	REPAIR		MARAC		OUTREACH		Total
	4-11	12-18	4-11	12-18	4-11	12-18	
Exeter	6	5	9	2	23	6	51
North	27	25	27	11	41	27	158
South	2	3	3	2	7	15	32
Total	35	33	39	15	71	48	241

This figure shows that a total of 241 children were referred to the specialist children's workers. Of these, 165 received support as shown in Figure 5.9. The reasons why some children did not receive support include inappropriate age, refusal by parent/s to give permission or the child deciding not to take up the support. Of those supported, the majority come from outreach referrals, probably reflecting the common work base for both outreach and children's workers.

**Figure 5.9: Children supported by ISB-funded Children's Workers**

Area	REPAIR		MARAC		OUTREACH		Total
	4-11	12-18	4-11	12-18	4-11	12-18	
Exeter	6	3	5	0	11	1	26
North	15	14	14	6	36	22	107
South	2	3	3	2	7	15	32
Total	23	20	22	8	54	38	165

This figure shows that 165 children and young people were supported during a

three-year period; approximately 55 a year. It is notable that a significantly higher number of children and young people were supported in North Devon than the other two areas. Reasons for this are not known, but it is believed that factors such as organisational culture and skills and the experience of the Children & Young People's Worker will have had a positive impact on take-up.

**Figure 5.10: Children supported outside REPAIR and family relationship**

Area	Living with both natural parents	Living with stepfather & natural mother	Living with stepmother & natural father	Not living with father, but has contact	Not living with mother, but has contact	Living with single mother	Living with single father
Exeter	0	0	0	6	0	10	0
North	8	4	0	23	0	63	0
South	4	8	0	4	0	13	0
<b>Total</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>33</b>	<b>0</b>	<b>86</b>	<b>0</b>

A clear majority of the children lived with their single mother. The minority of children are living with both natural parents. A substantial number are not living with their father, but have contact with him.

**Figure 5.11: Children supported outside REPAIR and family structures**

Area	Number of families where all children & young people worked with are between the ages of 5 and 18	Number of families where only some of children & young people worked with are between the ages 5 and 18	Total number of children supported
Exeter	9	2	18
North	30	15	78
South	9	19	28
<b>Total</b>	<b>48</b>	<b>36</b>	<b>124</b>

The figure does not provide data on all the children with whom we worked (due, for example, to practical problems with data recording). For those for whom there is data, however, the children's workers worked more often with all the children within a family unit aged between five and 18 years old. This reflects good practice for whole-family work. However, it should be acknowledged that children under five did not receive specialist intervention support.

**Figure 5.12: Outcomes for children supported outside REPAIR – Workers' perception on a random sample of cases, 5 to 18 years of age**

Positive or negative change	Exeter	North	South	Total
Increased emotional literacy	9	14	13	<b>36</b>
More positive relationship with mum	8	14	12	<b>34</b>
Decreased anxiety	11	12	6	<b>29</b>
Decreased stress levels	8	14	6	<b>28</b>
Decreased anger	8	11	6	<b>25</b>
More positive peer relations	5	10	9	<b>24</b>
More positive behaviour at school	7	8	8	<b>23</b>
Improved relationship with siblings	7	11	5	<b>23</b>
Ceases attending support	11	0	12	<b>23</b>
Transfers to other support*	9	1	5	<b>15</b>
Less disturbed sleep	6	5	2	<b>13</b>
Child Protection referral	6	2		<b>8</b>
Positive move out of family home	2	0	3	<b>5</b>
Increased self-harm	2		2	<b>4</b>
More negative relationship with mum			3	<b>3</b>
Decreased offending behaviour	1		2	<b>3</b>
Fostered	1	0	2	<b>3</b>
Decreased self-harm		1	1	<b>2</b>
Worsened relationship with siblings			2	<b>2</b>
Ends risky behaviour	1	0	1	<b>2</b>
More negative behaviour at school	1			<b>1</b>
More negative peer relations	1			<b>1</b>
Increased anxiety	1			<b>1</b>
Positive emergency safe accommodation	1	0		<b>1</b>
Increased anger			1	<b>1</b>
More disturbed sleep			1	<b>1</b>

**\*Transfers to another service:** Other agencies may work alongside, but while the children and young people require support related to domestic violence, the Children & Young People's Worker will still work with the child. The Children & Young People's Worker works with the children until improvements are shown in these areas, unless another service is deemed more appropriate to meet the need, then they will be transferred to another service for support. This figure shows that intervention provokes a positive change in most children,

ranging across increased emotional literacy; decreased anxiety, stress and anger; improved relations with mother, peers and siblings; improved behaviour at school; and less disturbed sleep. All those indicators above the red line in the figure indicate significant positive change outcomes in children and young people.

Eight referrals were made to Child Protection and three children ended up in foster care.

#### Findings on referrals & take-up for children & young people supported by REPAIR

- There is a significant number of children (60%) associated with the perpetrators who do not take up support for one reason or another (72 of 115)
- 92% of children referred for support under REPAIR take up that support.

#### Findings on demographics for children & young people supported by REPAIR

- 58% (23 of 39) of the children supported were between 11 and 17 years of age; the remainder were under 11 years old
- The majority of children supported were not living with their father, but had contact with him. Most of the children were living with a single parent (mother) or with their natural mother and a stepfather
- Families where there were children under five or over 18 years old did not receive support for all the children in the household.

#### Findings on outcomes for children & young people supported by REPAIR

- The psychologist's findings show an overall improvement in 14 of the 15 girls assessed; and an improvement in two of the five boys assessed
- Girls seem to have responded more positively to intervention support than boys (93% of girls showed positive change to 40% of boys)
- The intervention workers were all female. This may affect the gender take-up variation between boys and girls. **Learning point:** Workers

note that boys seem to rely more on peer support and are less likely - especially as teenagers - to engage with a professional worker

- The majority of young people respond positively to change. This is demonstrated through improved relationships with mother; decreased anxiety, stress and anger; improved relationships with siblings and peers; and improved emotional literacy and behaviour at school
- The psychologist's interpretation is that children whose fathers completed the programme did better than children whose fathers dropped off. This has not been tested statistically due to low numbers
- The needs of children under five years old were not picked up in this work because of the lack of skill and capacity of the workers to work with this age group
- Data has been collected on 20 of the 43 children. **Learning point:** It would be useful to know the sex of the remaining 23 children to see the male/female split of support. Future work should ensure that this is recorded.

#### **Findings on children & young people supported outside REPAIR**

- 165 children and young people received support during the three-year period
- North Devon area supported between three and four times the number of children in either the Exeter or South Devon areas
- The majority of the children who were supported lived with a single parent (mother)
- For children supported both inside and outside of the REPAIR programme, the interventions resulted in positive improvements, most noticeably in emotional literacy for both groups; improved relationships with mother and siblings; decreased anxiety, stress and anger; and less disturbed sleep.







## CHAPTER 6

Cost-benefit analysis

## Chapter 6: Cost-benefit analysis

### Background

An Economic Analysis was produced as part of the adva project's successful Invest to Save Budget Round 7 Application. Its aim was to forecast the savings that the new approach to service delivery might make.

This used national figures to attach financial costs to domestic violence (from Walby, 2004).<sup>9</sup>

A series of analyses was produced in February 2008, based on this methodology,<sup>10</sup> covering:

- A review of the original projections, including:
  - The original projection and its rationale
  - Actual performance
  - 'Break even'
  - Observations
  - Effectiveness rates
- Alternative Models
- Payback periods, based on:
  - The original model
  - A family-based cost model
- Observations on future delivery
- Costed Case Studies.

Adva, however, considered that its ISB application budget format skewed its original projections and, therefore, the results from the methodology derived from them. In particular, adva considered that its REPAIR programme is economically self-sufficient and that no other adva costs need be considered in the Cost-benefit analysis.

The second Cost-benefit analysis produced in May 2008 re-worked the analysis based on this premise.

<sup>9</sup> Walby, S. 2004, *The Cost of Domestic Violence*, DTI

<sup>10</sup> February, 2008. *Action Against Domestic Violence & Abuse – the integrated Devon Approach – Draft Cost/Benefit Analysis*

### Original projections revised & reviewed

This section revisits the savings projected in the ISB bid, re-working the original forecast and comparing final projected costs and final, known beneficiary numbers against the re-worked 'original' forecasts. The information it uses comes from:

- Parts of the original Economic Analysis from the ISB bid
- The assumption that the project spent to original budget
- Final beneficiary numbers from the project database.

### The revised 'original' projection & its rationale

Removing adva Partnership Funding Costs and Indirect Costs from the original bid budget creates a new project budget of:

	Year 1	Year 2	Year 3	Total
<b>COSTS</b>				
<b>Direct Costs</b>				
Start-up costs - recruitments, staff, training, equipment	18,500			18,500
Development of programmes	6,000			6,000
Salaries	112,000	112,000	112,000	336,000
Practitioner training	6,000	3,000		9,000
REPAIR/Duluth for father perpetrators	80,000	80,000	90,000	250,000
Pattern changing	12,000	16,000	20,000	48,000
Communications programme	18,000	5,000	5,000	28,000
Monitoring & Evaluation	13,000	13,000	26,000	52,000
Regional conference plus area workshop		6,000	20,000	26,000
<b>Total Project Cost</b>	<b>265,500</b>	<b>235,000</b>	<b>273,000</b>	<b>773,500</b>
Less funded by ADVA Partnerships	<b>53,100</b>	<b>47,000</b>	<b>54,600</b>	<b>154,700</b>
Balance to be funded by ISB bid	<b>212,400</b>	<b>188,000</b>	<b>218,400</b>	<b>618,800</b>

In order to conduct a Cost-benefit analysis, the cost of setting up a new system needs to be established. This is taken as the sum of the one-off costs in the budget above (Start-up costs – recruitment, staff training, equipment; Development of programmes; and Monitoring & Evaluation), i.e., £77,100.

**The cost of domestic violence per case was originally calculated at £3,186, based on:**

- 1,816,000 reported Domestic Violence cases (British Crime Statistics, 2001)

- Related domestic violence costs from Walby (2004), calculated as follows:

	Cost (£)	No. of reported cases	Unit cost per reported case
Criminal Justice System	1,000,000,000	1,816,000	551
National Health service	1,376,000,000	1,816,000	758
Social Services	250,000,000	1,816,000	138
Housing	160,000,000	1,816,000	88
Civil & Legal Services	300,000,000	1,816,000	165
<b>Total Direct Cost</b>	<b>3,086,000,000</b>	<b>1,816,000</b>	<b>1,699</b>
<b>Lost economic output</b>	<b>2,700,000,000</b>	<b>1,816,000</b>	<b>1,487</b>
<b>Total cost to society</b>	<b>5,786,000,000</b>	<b>1,816,000</b>	<b>3,186</b>

The programme anticipated serving **1,800 people** who would otherwise have cost society around **£5.73 million**, as follows:

	Year 1 Target	Year 2 Target	Year 3 Target	Total Target	
<b>BENEFITS</b>					
225 male perpetrators to have received REPAIR programme - 75 per annum	75	75	75	225	
225 women survivors (partners and ex partners or male perpetrators on programme - 75 per annum	75	75	75	225	
350 women survivors to have received pattern changing self-esteem - 117 per annum	117	117	117	351	
1,000 children/young people witness to domestic violence to have been supported through programme - 333 per annum	333	333	333	999	
<b>Total Direct Individuals affected by programme</b>	<b>600</b>	<b>600</b>	<b>600</b>	<b>1,800</b>	
<b>x Direct Cost per case at:</b>	<b>£1,699</b>	<b>£1,019,400</b>	<b>£1,019,400</b>	<b>£1,019,400</b>	<b>£3,058,200</b>
<b>x Lost economic output per case at:</b>	<b>£1,487</b>	<b>£892,200</b>	<b>£892,200</b>	<b>£892,200</b>	<b>£2,676,600</b>
<b>Total Cost to society</b>	<b>£1,911,600</b>	<b>£1,911,600</b>	<b>£1,911,600</b>	<b>£5,734,800</b>	

In the original bid, the '**total net benefit**' to society was calculated as £3,500,300 over three years. However, taking the 'total benefit to society' as the *difference* between the possible Total Cost to Society of domestic violence cases (£5.7348 million) and the total cost of delivering the REPAIR project in the same period (£0.7735 million) to avert these costs – the revised forecast increases to £4,961,300 over three years, up 41% on the bid forecast:

		Year 1 (£)	Year 2 (£)	Year 3 (£)	Total
ISB	<b>A</b>	212,400	188,000	218,400	618,800
ADVA Partnership	<b>B</b>	53,100	47,000	54,600	154,700
<b>Total Project Cost</b>	<b>C=A+B</b>	<b>265,500</b>	<b>235,000</b>	<b>273,000</b>	<b>773,500</b>
Total Costs to Society	<b>D</b>	<b>1,911,600</b>	<b>1,911,600</b>	<b>1,911,600</b>	<b>5,734,800</b>
<b>Net Benefit</b>	<b>E=D-C</b>	<b>1,646,100</b>	<b>1,676,600</b>	<b>1,638,600</b>	<b>4,961,300</b>
<b>Cumulative net benefit</b>	<b>E1+E2+E3</b>	<b>1,646,100</b>	<b>3,322,700</b>	<b>4,961,300</b>	

The original calculation assumed that engagement of 1,800 people in the programme would head off the total costs of their continuing as domestic violence cases (i.e., be 100% successful).

The average cost per person ('unit cost') in this model is **£430** (£0.7735 million total costs/1,800 individuals).

Actual performance

The original target was to serve 1,800 individuals. The project achieved **16%** of this overall, engaging male perpetrators best and children/young people least well *against original targets*:

Figure 6.1: Actual versus Target performance

	Total			Additional Beneficiaries	
BENEFITS	Target	Actual	% Achieved	Actual*	% Achieved
225 male perpetrators to have receive REPAIR programme - 75 per annum	225	115	51	219	97
225 women survivors (partners and ex-partners or male perpetrators on programme - 75 per annum	225	96	42	0	0
350 women survivors to have received Pattern-changing self-esteem - 117 per annum	351	32	9	464	132
1,000 children/young people witness to domestic violence to have been supported through programme - 333 per annum	999	46	5	165	17
Total Direct Individuals affected by programme	1,800	289	16	848	47

‘Actual’ REPAIR beneficiaries amounted to 16% of the original target figures. However, there were additional beneficiaries - men who received some support by contacting REPAIR; women who attended the wider Pattern-changing course; and other children’s work undertaken by the Children & Young People’s Workers. As they were resourced from the ISB project, these figures can be considered in any overall assessment of ‘success’. If they are taken together, the combined figures for all the men and women served exceed the equivalent targets in the original ISB project bid.

Using the rationale of the original projection, the total cost to society of 289 cases of domestic violence would be **£920,754**, calculated as follows:

		Total Actual
BENEFITS		
Male perpetrators who received REPAIR programme		115
Women/victims		128
Children/young people witness to domestic violence to have been supported through programme		46
Total Individuals affected by programme		289
x Direct Cost per case at:	£1,699	£491,011
x Lost economic output per case at:	£1,487	£429,743
Total Cost to society		£920,754

Assuming for argument’s sake that interventions were 100% efficient in averting future domestic violence cases, the project has spent **£773,500** to save a projected cost through domestic violence to society of **£920,754**, i.e., the total Net Benefit to society is **£147,254**:

		Total (£) Actual
ISB	A	618,800
Adva Partnership	B	154,700
Total Project Cost	C=A+B	773,500
Total Costs to Society	D	920,754
Net Benefit	E=D-C	147,254

It must also be remembered that if the programme headed off just one domestic violence homicide (at £1.4 million cost), it will equally have justified itself economically.<sup>11</sup>

.....  
<sup>11</sup> There are around three domestic violence homicides a year in Devon, costing an average of £1.4 million each.

### 'Break even'

Even in terms of the savings rationale proposed in the original bid, delivery to the revised budgets achieved break even once it served **244 beneficiaries**.<sup>12</sup>

<b>BENEFITS</b>		<b>Total Target</b>
<b>Total Direct Individuals affected by programme</b>		<b>244</b>
<b>x Direct Cost per case at:</b>	<b>£1,699</b>	<b>£414,556</b>
<b>x Lost economic output per case at:</b>	<b>£1,487</b>	<b>£362,828</b>
<b>Total Cost to society</b>		<b>£777,384</b>
		<b>Total (£)</b>
ISB	<b>A</b>	618,800
Adva Partnership	<b>B</b>	154,700
<b>Total Project Cost</b>	<b>C=A+B</b>	<b>773,500</b>
Total Costs to Society	<b>D</b>	<b>777,384</b>
<b>Net Benefit</b>	<b>E=D-C</b>	<b>3,884</b>

### Effectiveness rates

Dobash et al (2000)<sup>13</sup> compared the efficacy of perpetrator programmes with other sanctions and found that around 70% of men on a perpetrator programme had not been violent after one year, with this rising to around 90% after 48 months (Gondolf, 2002).<sup>14</sup>

'Change in risk' was established for 25 'completers' amongst the 115 men who took part (22%). They spent varying lengths of time on the programme. Of these 25 men, 24 (96%) showed an improvement in risk

It cannot be assumed, of course, that an improvement in a risk score means that

<sup>12</sup> 733 beneficiaries, using the Four-Year Spending Plan Figures.

<sup>13</sup> Dobash, R E, Dobash, R P, Cavanagh, K, & Lewis, R. 2000. *Changing violent men*. Sage, London.

<sup>14</sup> Gondolf, E W. 2002. *Batterer Intervention Systems*. Sage, London.

an individual will *not* be violent or abusive (or, conversely, that a deterioration means that they necessarily will). Similarly, an individual who no longer commits acts of violence or abuse does not necessarily cease to cost society at all. On the face of it, however, the figures compare favourably with the Dobash outturns. However, comparison between the adva results and these results at 12 to 48 months after intervention was not possible - at September 2008 there were just ten men for whom more than one year had elapsed between first and last risk measurements. The longest interval between a first and last risk assessment was around 19 months (though the individual was on the programme longer than that).

### Alternative Models

A prime tenet of the adva ISB proposal was a family-based approach to interventions.

At the point of calculating cost-benefit, the project had served 88 families. In 87 of these families (99%), *both* the man and woman had been supported on the programme (within which 31 had a man, woman *and* a child, or children, supported). One family comprised man and child on the programme. The balance comprises families based on 27 men where the other family members were not themselves engaged with the programme.

**Figure 6.2: The representation of families on the programme**

<b>Family Mix</b>	<b>Number</b>	<b>%</b>
Man (only)	27	23.48%
Man & Child/children	1	0.87%
Man & Woman	56	48.70%
Man, Woman & Child/children	31	26.96%
<b>TOTAL</b>	<b>115</b>	<b>100.00%</b>

Using more recent national cost comparative figures drawn from Co-ordinated Action Against Domestic Violence (CAADA),<sup>15</sup> it is possible to look at the cost of a case going to MARAC. This shows the average cost to the system of a domestic violence 'case' is £10,000, comprising:

<sup>15</sup> Crockett, J. 2007. *Domestic Violence MARACs (Basic Presentation MARAC Final)*, CAADA.

- 6 police callouts
- 8 GP visits
- 6 prescriptions
- 4 Accident & Emergency attendances for minor wounding
- 2 Accident & Emergency attendances for serious wounding
- 6 nights in a refuge
- Police involvement in Section 47 prosecution (ABH)
- Other Criminal Justice System involvement in Section 47 prosecution
- Social Services involvement.

If this cost is assumed to be the total incurred by a family, these 88 families could incur £880,000 costs, plus lost economic output per annum.

The lost economic outcome is hard to estimate. Walby (2004) puts it at £1,487 per annum per case. The average experience in the adva sample was 5.9 years of emotional abuse before referral (based on 82 males' reports available) and 3.6 years of physical abuse before referral (based on 68 males' reports available). Taking 2.95 years as an indicator of how long abuse might reasonably continue if intervention does not take place, this gives 88 families x 2.95 years x £1,487 per annum: a lost economic output figure of £386,025.

Combining these figures gives a total potential cost to society of **£1,266,025** for 88 families. Assuming an ideal scenario of complete success for all families from the outset (though 90% might be more realistic from figures noted above) the **Net Benefit is £492,525**:

Since it could be argued that, rather than heading off the cost of 2.95 years of abuse the project actually heads off the cost of a family lifetime of abuse, these are very conservative figures. But the slightly arbitrary indicator of 2.95 years has been selected so as not to overstate the cost case. Longitudinal tracking of people who engage in this type of programme would allow the figure of 2.95 years to be refined.

<u>BENEFITS</u>		Total Target
Families affected by programme		88
x Direct Cost per case at:	£10,000	£880,000
x Lost economic output per case at 2.95	2.95      £1,487	£386,025
Total Cost to society		£1,266,025
		Total (£) Actual
ISB	A	618,800
Adva Partnership	B	154,700
Total Project Cost	C=A+B	773,500
Total Costs to Society	D	1,266,025
Net Benefit	E=D-C	492,525

On this basis, the project 'broke even' **once 54 families** had been served:

<u>BENEFITS</u>		Total Target
Families affected by programme		54
x Direct Cost per case at:	£10,000	£540,000
x Lost economic output per case at 2.95	2.95      £1,487	£236,879
Total Cost to society		£776,879

		Total (£) Actual
ISB	A	618,800
Adva Partnership	B	154,700
<b>Total Project Cost</b>	<b>C=A+B</b>	<b>773,500</b>
Total Costs to Society	D	776,879
<b>Net Benefit<sup>1</sup></b>	<b>E=D-C</b>	<b>3,379</b>

### Payback period

This section attempts to calculate a payback period for the ISB investment – i.e., the time it takes for the benefits of a change to repay the extra cost of its implementation.

### Original model

Working to the rationale of the original bid, the project will never recover the initial investment. To achieve payback within its lifetime, using its original rationale and structure, the project would have to have performed 327% better with **945 beneficiaries**:

	Total Target
<b>BENEFITS</b>	
<b>Total Direct Individuals affected by programme</b>	<b>945</b>
<b>x Direct Cost per case at:</b>	<b>£1,699 £1,605,555</b>
<b>x Lost economic output per case at:</b>	<b>£1,487 £1,405,215</b>
<b>Total Cost to society</b>	<b>£3,010,770</b>

		Total (£) Actual
ISB	A	618,800
ADVA Partnership	B	154,700
<b>Total Project Cost</b>	<b>C=A+B</b>	<b>773,500</b>
Other ADVA Partnership funding	D	1,328,000
Indirect costs	E	133,000
<b>Total Costs</b>	<b>F=C+D+E</b>	<b>2,234,500</b>
Total Costs to Society	G	3,010,770
<b>Net Benefit</b>	<b>H=G-F</b>	<b>776,270</b>

### Family-based cost model

At the start of the cost-benefit section it was noted that the set-up costs could be identified as **£77,100**.

Deducting the one-off costs of £77,100 from the three-year programme costs of £773,500 indicates a programme delivery cost of £696,400 (or £232,133 per annum).

Divided by 88 families, this gives a cost of £7,913 per family.

This was recovered in the lifetime of the project once it had served around **12 families**:

		Total Target
<b>BENEFITS</b>		
<b>Families affected by programme</b>		<b>12</b>
<b>x Direct Cost per case at:</b>		<b>£10,000 £120,000</b>
<b>x Lost economic output per case at 2.95</b>	<b>2.95</b>	<b>£1,487 £52,640</b>
<b>Total Cost to society</b>		<b>£172,640</b>



		Total (£) Actual
REPAIR unit cost per family	7,913	
<b>REPAIR cost for 12 families</b>	<b>A</b>	<b>94,956</b>
<b>Total Costs to Society</b>	<b>B</b>	<b>172,640</b>
<b>Net Benefit</b>	<b>C=B-A</b>	<b>77,684</b>

### Future delivery

£773,500 was first taken as the cost of establishing the overall new model of multi-agency, family-based delivery. The resulting new-style REPAIR programme is expected to serve **24 families a year** for an annual budget of **£186,390** (detailed in the Supplement to this report), achieving a net benefit to society each year of £158,890 through three area-based family justice and community intervention centres across Devon:

			Total Target
<b>BENEFITS</b>			
<b>Families affected by programme</b>			<b>24</b>
<b>x Direct Cost per case at:</b>		<b>£10,000</b>	<b>£240,000</b>
<b>x Lost economic output per case at 2.95</b>	<b>2.95</b>	<b>£1,487</b>	<b>£105,280</b>
<b>Total Cost to society</b>			<b>£345,280</b>
			Total (£) Actual
<b>REPAIR</b>	<b>A</b>		<b>186,390</b>
<b>Total Costs to Society</b>	<b>B</b>		<b>345,280</b>
<b>Net Benefit</b>	<b>C=B-A</b>		<b>158,890</b>

In this original model, the new-style project would:

- Offset its own costs and
- Prevent an additional £794,448 costs to society (recovering the original adva/ISB investment to introduce the new model) by Year 5:

		Year 1	Year 2	Year 3	Year 4	Year 5
		Total Target (£)				
<b>Cost of REPAIR per annum</b>	<b>A</b>	<b>186,390</b>	<b>186,390</b>	<b>186,390</b>	<b>186,390</b>	<b>186,390</b>
Total Costs to Society	<b>B</b>	<b>345,280</b>	<b>345,280</b>	<b>345,280</b>	<b>345,280</b>	<b>345,280</b>
<b>Net Benefit per annum</b>	<b>C=B-A</b>	<b>158,890</b>	<b>158,890</b>	<b>158,890</b>	<b>158,890</b>	<b>158,890</b>
		158,890	317,779	476,669	635,558	794,448

### Findings on Cost-benefit

- In order to reach the target families, the project had to engage with a much higher number of people, many of whom will undoubtedly have benefited in the process, i.e., there are significant additional savings made through developing this model that are not directly tracked. This meant that a total of 334 men had some contact and engagement with the project; 464 women benefited from the wider Pattern-changing programme; and 165 additional children were supported via referrals from REPAIR, MARAC and women's outreach services. **Learning point:** The original projection of the number of people who would access REPAIR proved to be too ambitious. However, adjustments to the project did mean that the overall numbers of men and women served by the ISB programme were higher than original targets
- Learning from the ISB project has enabled the development of an alternative model which can now be applied in future delivery of the REPAIR programme. **Learning point:** If this model had been applied from the beginning of the programme, the net benefit to society would have been £492,525. It also shows that in a future two-year period only 54 families need to be served to save money
- The experience of the overall management and delivery of the REPAIR programme indicates that to cover the three areas would be an annual cost of £186,390 – much cheaper than the original calculation of £257,833. This reduction is primarily from reduced costs associated with supporting children whose fathers are on the perpetrator programme (actual take-up did not require a full-time post per area, as originally planned)
- The future plan would be to deliver to 24 families, per year, across Devon. Using the final cost-benefit figures, the total cost to society to *not work* with

these families is £345,280. Comparing this with the new REPAIR costs of £186,390 means the net benefit to society per annum would be £158,890

- The relative underperformance (against original bid targets) does not, of course, detract from the project's value in starting to build a body of data, suggesting lines of enquiry for the future, and/or developing the database system to allow the data to be collected and analysed
- The model assumed 100% effectiveness at averting the costs of domestic violence and abuse in 1,800 cases and treated all parties – including individual children within the same family unit – as cases for costing purposes. **Learning point:** The bar was set too high at the outset in terms of financial benefit
- **Learning point:** The project's staggered recruitment means that it was only at the end coming into a position to look at 24-month follow-ups; and 48-month follow-ups should be taking place from 2011. Notwithstanding, adva has the beginning of a longitudinal study sample for follow-up that would allow comparison of efficacy figures with Dobash et al and, thus, establishment of more realistic 'success' rates for use in ongoing cost-benefit analysis.





# CONCLUSIONS



## Conclusions

Overall, the original intentions of the project, as modified by subsequent implementation, have been met.

A comprehensive community-based, multi-agency, whole-family intervention model was successfully established in three areas of Devon.

The majority of men, women and children supported saw improvements. For men, the improvements were a reduction in risk and abusive behaviours. For women, the improvements were an increase in safety, self-esteem and better relationships. Children experienced an improvement in relationships and confidence.

The objectives that were not achievable were those that were subsequently recognised to be unrealistic, i.e., the project was not able to reach very high numbers of children and thus affect their educational achievement, nor was it able to capture reported offending behaviours of the perpetrators because access to police data systems was not gained.

The experience of running a three-year family-based intervention model has raised as many questions as it has answered. We have endeavoured to cover these within this conclusion section as guidance for future development.

Above all, the experience has enabled adva as a partnership to have greater clarity about how it will run a family-based intervention model in the future.

### Men

- Psychological testing showed that the programme resulted in significant changes in risk-level, self-esteem and personal effectiveness. The latter includes factors such as coping with change, stress management, self-efficacy and locus of control. This was related to elements of the programme which concentrated on self-worth, communication and social skills, and taking responsibility for oneself which are key to reducing risk and enhancing family safety
- The entry point onto the programme arises when men refer themselves. There is some evidence that men have blocked work with their partners and children
- Voluntary referrals where men have not followed up on initial contact

with the programme means there is no monitoring or follow-through on what happens to them or their risk to society

- There has been an increasing belief in the need to more rigorously assess the variations of need and motivation within men to determine the type of intervention to best suit individuals. Adva's involvement in the European Union-funded Daphne II programme to prevent violence against women identified some excellent practice in Austria in intensive psychological assessment of men, matching individual needs to varying types of intervention
- As men are the first point of contact in this family-based intervention model, this can give a disproportionate emphasis to work with them rather than more holistic family-based interventions
- The project has shown that it can attract a large number of referrals, but the structure of the programme meant that only a small percentage of family participants completed the full range of intervention. This suggests that a more differentiated approach, with a range of interventions, would better suit society
- Given the intensity of the 42-week programme, follow-up support groups would help to sustain the progress made by men and provide a useful ongoing method of monitoring behaviour.

### Women

- Even though the process is triggered by a *man's* referral, the resulting programme can lead to increased safety and support work for their victims, potentially making them safer
- The majority of women supported were new to domestic violence and abuse support services, demonstrating the benefits to another catchment group
- Women require support within a wide range of services, e.g., Women's Safety Workers, outreach, pattern-changing, counselling and drop-in. This means that there are wider benefits for women if programmes for male perpetrators are part of a wider package of services addressing domestic violence and abuse
- It is important that programmes offer ongoing support to women even if a perpetrator drops off the programme. This was not originally built into the project plan and has caused increased demand on Women's Aid. It indicates the importance of an effective project being part of a wider network of support to victims and children.

## Children

- In a model like this, fewer children than perpetrators will be engaged. This is due to the fact that: many of the children associated with men were below the age of five or over 18 years; not all men will have children; not all women wanted their children to be supported; and some men on the programme no longer had contact with their children. Given the increased vulnerability to serious injury or death for under-fives, work with this age group and their parents has to be a core feature future work
- This work needs to be integrated with wider partnership support work for children and young people (e.g., linking to MARAC or to women supported through outreach work)
- The extent of children's work has been lower than expected and raises the question of whether a family-based intervention model should, perhaps, be generated from the child's perspective, rather than the perpetrator. This would emphasise that in the long-term it is work with children and families as a whole that will change the dynamics of domestic violence and abuse.

## General

- It is hard to generate whole-family-based interventions given the geographic dispersal and the ages of children associated with perpetrators
- This community-based programme attracted referrals from a wide section of the population: vicars, teachers, social workers, postmen, etc. Anecdotal evidence from the Home Office and Probation is that this is a different demographic group from those attending IDAP. This indicates the value of open access community programmes, as it is not just IDAP clients who cause serious violence and homicide
- A conclusion from this work is that it is possible to achieve change in men's behaviour leading to all three elements of the family benefiting. Longitudinal studies comparing this sort of intervention with programmes that only work on men's behaviour would be needed to look at the lasting impact on all those affected by domestic violence and abuse in a family. The findings from this project - where some men stay the 42-week course while others drop off at different stages - raises the question of whether work with perpetrators should have at its heart achieving long-term change in their behaviour or short-term mediation of violence and abuse
- Workers who have supported men, women and children on this

programme have highlighted that working together as united, integrated teams has led to improved understanding and communication about the dynamics of domestic violence and abuse in families

- Information-sharing at case management level has been vitally important in keeping workers abreast of subtle changes in clients' situations and ensuring safety
- The Domestic Violence Panel, run in North Devon, is an ideal multi-agency approach to tackling family dynamics
- Joint and regular supervision has proved to be extremely beneficial for men's, women's and children's workers because it has facilitated the exchange of detailed information about the families
- Recruiting takes up a significant part of the first year. This, in effect, reduces a three-year project to a delivery period of 30 months, at best
- There is a lack of trained staff in most aspects of programmes such as this. This is an issue which needs to be addressed nationally
- The diversity of cultures within organisations affects the implementation and management of projects across large geographical areas. These differences imply a more significant overall project management element is needed. Alongside this are needed more opportunities for staff exchange, contact and communication outside face-to-face work of the programme
- It is vitally important to have a robust case-management database on which to record and share information between workers and to generate outcome reports. It is also important to establish a common level of computer literacy amongst all participating workers to achieve full effectiveness from such a system
- In establishing a three-year programme, it is essential to allow at least nine months set-up time. It is also important to allow for staff turnover and recruitment. Flexibility at the Home Office has enabled us to absorb this by an agreement to extend the funding period into a fourth year to enable us to collect data on a two-and-half-year period
- The geographic variations in the way agencies interact in Devon has had an impact on referrals and operating practices. For example, contracting three different Women's Aid organisations has had an impact on how support to women and children has been delivered, influenced by the cultures of organisations, the skills of workers and the levels of engagement between agencies
- Predicting absolute costs for a project of this scale and complexity over a three-year period proved difficult. Flexibility from funders, as shown by the Home Office, is crucial to enable the redirection of funds under

different budget headings

- In trying to secure maximum investment in service delivery, management, evaluation and other infrastructure costs can be given inadequate prominence
- Evaluations of programmes such as this are not widely available, especially in relation to measuring changes in behaviour and attitude. This makes comparisons with national, community-based perpetrator programmes difficult
- The complex nature of the organisations, individuals and geography made it very hard to establish this as one identifiable project across the county
- In order to reach the target families, the project had to engage with a much higher number of people, many of whom will undoubtedly have benefited in the process. As a result, there are significant additional savings made through developing this model that are not directly tracked. 334 men had some contact and engagement with the project; 464 women benefited from the wider Pattern-changing programme; and 165 additional children were supported via referrals from REPAIR, MARAC and women's outreach services.

## Bibliography

In addition to the references cited in the text, the research was also informed by the following:

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