Domestic Violence and Abuse
Perpetrator Programme: An Evaluation
Doncaster Council’s involvement with the PHPES

- **The need for evaluation**
  - Perpetrator programme – evidence base
  - PH investment
  - Do we prove? Or do explore and understand?

- **Navigating the system**

- **Developing relationships**
  - Complexity
  - Co-production
  - Evaluation focus – useful for us; useful more widely
  - Competing priorities
  - Developments and sharing

**Knowledge exchange**
Introduction

- Foundation for Change is an 8 week structured programme for perpetrators of domestic violence and abuse (DVA) in Doncaster.

- DVA is a pressing public health issue, with a weak evidence base to inform interventions for perpetrators.

- To date, there has only been one rigorous, multi-site, evaluation of DVA perpetrator programme for voluntary participants in the UK (Kelly and Westmarland, 2015). There is a need for more theory-driven evaluations of community-based interventions for DVA perpetrators.
Services

WORKING WITH ADULTS
We work alongside customers to prevent and tackle homelessness, domestic abuse, drug and alcohol problems and reinsert people into the community.

WORKING WITH YOUNG PEOPLE
Homeless, leaving care, in trouble with the law; we provide the practical, financial and emotional support young people need to stabilise their lives and realise their ambitions.

A PLACE TO LIVE
Finding and maintaining a tenancy, managing money and creating a home within the community is at the heart of Foundation’s work to promote positive independence.

HOMELESS PREVENTION
Foundation supports a wide range of clients, but the majority of our homeless prevention work is focused on young people, adult offenders and families – especially those with more complex problems.

DOMESTIC ABUSE
Foundation offers advice, information, help, support and counselling to those suffering through domestic abuse, through a range of schemes and programmes, and in partnership with external agencies.

HEALTH & WELLBEING
Foundation offers a holistic service to enable our customers to develop confidence and make positive choices in all aspects of their lives.

READ MORE
READ MORE
READ MORE
READ MORE
READ MORE
READ MORE
Foundation 4 Change

- Initial assessment
- An awareness raising workshop
- 1-1 support sessions with key workers
- Eight structured group sessions
- Drop in hub
- Motivational interviewing, cognitive behavioural therapy and positive role modelling
## Summary of the Sessions

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Session Objectives/Learning Outcomes</th>
</tr>
</thead>
</table>
| **Awareness Raising Workshop**             | • To develop awareness of abusive behaviour in intimate relationships.  
• Understand the impact of abusive behaviour on others.  
• Identify the features of a healthy relationship.  
• Identify skills for building healthy relationships.  
• Plan for healthier relationships                                                                 |
| **What is a Healthy Relationship?**        | • To further develop awareness of abusive behaviour in intimate and family relationships  
• Understand why people behave in abusive ways  
• Develop understanding and practice skills to improve the health of relationships with partners and families  
• Plan for healthier relationships with our partners and families                                        |
| **Managing Emotions**                      | • To develop awareness of emotional states that are difficult to cope with  
• Recognise triggers to our own emotions and develop awareness of physical signals that accompany emotional states  
• Recognise unhealthy and healthy ways of coping with difficult mind states and the affect these have on relationships  
• Practice skills to improve coping strategies and plan for healthier relationships                    |
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<tr>
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</tr>
</thead>
</table>
| **Communication Skills**                          | • To develop awareness of good communication skills  
• Practice saying how we feel without being abusive  
• Practice skills to improve communication with partners and plan for healthier relationships                                                                                                                                 |
| **Negotiation and Compromise**                    | • To practice active listening and assertive statements to resolve conflict without resorting to abuse  
• Use a problem solving approach to resolve conflict with partners in a non abusive manner  
• Identify the arguments that most often occur in our own relationships and plan a healthy way to reach an agreement                                                                                                                                                   |
| **The Impact Of Domestic Abuse On Children**      | • To understand the effects of domestic abuse on children  
• Develop awareness of the abusive behaviours which effect children  
• Identify what children need from parents  
• Plan for healthier relationships with out partners and families                                                                                                                                                                                                       |
<table>
<thead>
<tr>
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<th>Session Objectives/Learning Outcomes</th>
</tr>
</thead>
</table>
| Positive Parenting         | • Improve understanding of impact of physical/violent discipline methods on children  
                              | • Identify healthy ways of encouraging good behaviour and appropriate boundaries  
                              | • Weigh up costs and benefits of smacking  
                              | • Plan ways to be positive parent/role model                                                                                                                                 |
| Substance Misuse           | • To improve understanding why and how we use alcohol  
                              | • Understand how alcohol affects relationships  
                              | • Identify safe limits for alcohol use  
                              | • Plan for healthier relationships with our partners and families                                                                                                                                 |
| Relapse Prevention Planning| • Develop a detailed plan for improving relationships with partners and families |
Aims

➢ Develop and test the programme logic, including its key in-built assumptions

➢ Describe and evaluate the programme implementation

➢ Explore contextual factors that influence the: (i) change mechanisms; and/or (ii) implementation processes; and (iii) outcomes of the programme

➢ Describe any differential access, experiences and outcomes of the programme by gender, socioeconomic and ethnic group

➢ Identify strengths, weaknesses and transferable lessons

➢ Describe the costs and benefits (including wider social returns) associated with delivering the programme
Methods

Study Design:


Setting and population:

- DVA perpetrators (male or female aged 16+ years) who reside in the Doncaster area and who voluntarily access the Foundation for Change programme, plus their intimate partners and family members.
Data Collection

- Focus group discussions with stakeholders
- Individual interviews: clients; professionals
- Ethnographic Observation Group; individual sessions
- Questionnaires
- Record Review
- Review of programme material

School for Public Health Research
Findings
Develop and test the programme logic, including its key in-built assumptions
Describe and evaluate the programme implementation
Factors affecting Programme Implementation

- Continuity of service
  - Short term contracts- staff
  - Short term contract- service
  - Staff attrition

- Expansion of F4C services
  - Internal movement of keyworkers to other initiative

- Support from subject specialist
  - Links with other services
  - Maintaining engagement with clients
Explore contextual factors that influence the:
- change mechanisms
- implementation processes
- outcomes of the programme
Personal Contexts

Ever diagnosed with mental health problem = 42 (15.3%)

 Been in prison/charged with offence in last 6 months = 55 (20%)

 Convictions, injunctions, bail conditions, pending court appearances = 98 (35.6%)

 They or others consider alcohol use a problem = 32 (11.6%)

 Repeat admissions = 22 (8%)
## Referral routes

<table>
<thead>
<tr>
<th>Referral Route</th>
<th>F</th>
<th>M</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Referral</td>
<td>9</td>
<td>118</td>
<td>127</td>
<td>46.2</td>
</tr>
<tr>
<td>Doncaster Childrens Services</td>
<td>3</td>
<td>57</td>
<td>60</td>
<td>21.8</td>
</tr>
<tr>
<td>Other Voluntary Agency</td>
<td>2</td>
<td>21</td>
<td>23</td>
<td>8.4</td>
</tr>
<tr>
<td>South Yorkshire Police</td>
<td>2</td>
<td>16</td>
<td>18</td>
<td>6.5</td>
</tr>
<tr>
<td>Doncaster Probation</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>5.1</td>
</tr>
<tr>
<td>South Yorkshire Probation</td>
<td>1</td>
<td>8</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>Other R.S.L / H.A.</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>240</td>
<td>258</td>
<td>93.8</td>
</tr>
</tbody>
</table>
## Children

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>62</td>
<td>22.5</td>
</tr>
<tr>
<td>2</td>
<td>42</td>
<td>15.3</td>
</tr>
<tr>
<td>3</td>
<td>25</td>
<td>9.1</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>2.9</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>.7</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>.4</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>.7</td>
</tr>
<tr>
<td>No Children</td>
<td>133</td>
<td>48.4</td>
</tr>
<tr>
<td>Total</td>
<td>275</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Describe any differential access, experiences and outcomes of the programme by gender, socioeconomic and ethnic group
Client Summary

**GENDER:** MALE=254 (92.4%), FEMALE=21 (7.6%)

**AGE:** MEAN=31, MODE=28, MIN=16, MAX=59
(54.5% BETWEEN AGE 23-33)

**ETHNICITY:**
WHITE BRITISH=239 (86.9%),
WHITE OTHER= 13 (4.7%),
ASIAN OR ASIAN BRITISH OTHER= 5 (1.8%)
Age distribution
# Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time work</td>
<td>119</td>
<td>43.3</td>
</tr>
<tr>
<td>Job seeker</td>
<td>97</td>
<td>35.3</td>
</tr>
<tr>
<td>Not seeking work</td>
<td>38</td>
<td>13.8</td>
</tr>
<tr>
<td>Unable to work; long term sickness or disability</td>
<td>5</td>
<td>1.8</td>
</tr>
<tr>
<td>Govt training/New Deal</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Part-time work (less than 24 hours per week)</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>Full time student</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>274</strong></td>
<td><strong>99.6</strong></td>
</tr>
</tbody>
</table>
### Location

**DN - Doncaster Postcode Map**

<table>
<thead>
<tr>
<th>Post code</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>DN4</td>
<td>48</td>
<td>17.5</td>
</tr>
<tr>
<td>DN1</td>
<td>32</td>
<td>11.6</td>
</tr>
<tr>
<td>DN6</td>
<td>25</td>
<td>9.1</td>
</tr>
<tr>
<td>DN2</td>
<td>24</td>
<td>8.7</td>
</tr>
<tr>
<td>DN5</td>
<td>23</td>
<td>8.4</td>
</tr>
<tr>
<td>DN7</td>
<td>23</td>
<td>8.4</td>
</tr>
<tr>
<td>DN12</td>
<td>22</td>
<td>8.0</td>
</tr>
<tr>
<td>DN8</td>
<td>20</td>
<td>7.3</td>
</tr>
<tr>
<td>DN3</td>
<td>16</td>
<td>5.8</td>
</tr>
<tr>
<td>S64</td>
<td>14</td>
<td>5.1</td>
</tr>
<tr>
<td>DN11</td>
<td>12</td>
<td>4.4</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>259</strong></td>
<td><strong>94</strong></td>
</tr>
</tbody>
</table>
# Reason for finishing

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed a programme of Support and no longer needed the service</td>
<td>121</td>
<td>44</td>
</tr>
<tr>
<td>Non-Engagement</td>
<td>108</td>
<td>39.3</td>
</tr>
<tr>
<td>Unknown/lost contact</td>
<td>14</td>
<td>5.1</td>
</tr>
<tr>
<td>Taken into custody</td>
<td>6</td>
<td>2.2</td>
</tr>
<tr>
<td>Moved within scheme</td>
<td>8</td>
<td>2.9</td>
</tr>
<tr>
<td>Unavailable</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>Missing data or error</td>
<td>6</td>
<td>2.2</td>
</tr>
<tr>
<td>Total</td>
<td>265</td>
<td>96.4</td>
</tr>
</tbody>
</table>
Identify strengths, weaknesses and transferable lessons
Findings

- Goals and objectives of various DVA services are focused on outcomes for specific individuals rather than addressing wider relationship contexts.

- Dynamic motivations of voluntary clients can determine a window of engagement, which requires rapid intervention.

- Commissioners of voluntary perpetrator services should consider staff support and retention as part of the commissioning process.

- Ongoing communication between the programme and referral agencies can help shape engagement with clients.
Services should be prepared for assessment to occur throughout the programme, as it is reliant on developing trust between caseworkers and clients.

A person-centred approach of service-providers is important to encourage ongoing engagement of clients.

Integration of multi-agency approaches can be improved by considering alignment of the goals of the various stakeholders.

Ongoing research is important to explore the complex contextual factors that influence client’s continued engagement with the programme.


The NIHR School for Public Health Research (SPHR) is a partnership between the Universities of Sheffield, Bristol, Cambridge, Exeter, UCL; The London School for Hygiene and Tropical Medicine; the LiLaC collaboration between the Universities of Liverpool and Lancaster and Fuse; The Centre for Translational Research in Public Health, a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

The research was funded by the NIHR School for Public Health Research (SPHR) Public Health Practice Evaluation Scheme (PHPES). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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