Lessons Learned: effective commissioning for domestic abuse services

Cordis Bright, Hestia, Standing Together & University of Greenwich

12th May 2016
Why a seminar and why now?

• We’ve built up a track-record of supporting clients to improve outcomes for victims/survivors of violence and domestic abuse

• We decided it’d be good to run a seminar to share some of our experience

• Hestia were also planning on doing something similar – so we discussed with them and decided to do something jointly, but also to invite Standing Together and the University of Greenwich to join us

• Between us we understand the complexity of the field and the issues. However, we have different areas of expertise and knowledge and wanted to take the opportunity to explore our ideas and thoughts with colleagues in the field.
# Agenda

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Time</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>9.45 – 10.00</td>
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<tr>
<td>What works in commissioning domestic abuse services?</td>
<td>10.00 – 10.35</td>
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<tr>
<td>From victim to survivor: a longitudinal study of over 200</td>
<td>10.35 – 11.10</td>
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<tr>
<td>women accessing community and refuge based services</td>
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<tr>
<td>Break for refreshments</td>
<td>11.10 – 11.25</td>
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<tr>
<td>Domestic Violence Homicide Reviews: lessons learned from 45 independent</td>
<td>11.25 – 11.55</td>
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<td>reviews</td>
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<td>Violence across the life-course: implications for preventing and reducing</td>
<td>11.55 – 12.30</td>
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<td>violence against women</td>
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<td>The value of innovation</td>
<td>12.30 – 12.40</td>
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<tr>
<td>Thank you and close</td>
<td>12.40 – 12.45</td>
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<tr>
<td>Lunch</td>
<td>12.45 – 13.30</td>
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Lessons from supporting clients with commissioning domestic abuse service

Sarah Barker & Dr Steve Boxford

12th May, 2016
What we will cover

• An overview of some of the key messages from the recent Ending Violence against Women and Girls strategy 2016-2020

• Key insights that we have gained linked to the messages from our work in:
  – Supporting local and regional areas with VAWG and Domestic Abuse needs assessments and developing strategies
  – Delivering evaluations of Domestic Abuse services including:
    • National Helpline
    • Welsh Government VAWDASV Helpline
    • Services for victims with no recourse to public funds
  – Review of Domestic Abuse services funded by the Big Lottery Fund
  – Supporting clients to develop new models and approaches of delivering Domestic Abuse services.
Overview of the recent VAWG strategy 2016-2020
Why the Ending Violence Against Women and Girls Strategy 2016-2020?

• 8.5% of women and 4.5% of men reported having experienced any type of domestic abuse in 2013/14 (CSEW). This is equivalent to an estimated 1.4 million female victims and 700,000 male victims.

• Approximately 85,000 women and 12,000 men are raped in England and Wales every year; that's roughly 11 rapes (of adults alone) every hour (MOJ, ONS and Home Office, 2013)

• Conviction rates for rape are far lower than other crimes, with only 5.7% of reported rape cases ending in a conviction for the perpetrator. (Kelly, Lovett and Regan, *A gap or a chasm? Attrition in reported rape cases*, 2005)

• 53% of female homicide victims and 7% of male victims are killed by current or former partner (Coleman and Osborne, 2010)
Background to the strategy

- The strategy follows on from the ‘Our Call to End Violence Against Women and Girls’ strategy published by the coalition Government in 2010.

- The new strategy adopts the four pillars of approach set out in 2010:
  - Prevention
  - Provision of services
  - Partnership working
  - Pursuing perpetrators.
Local commissioning

• The strategy highlights devolved responsibility for local service provision to local commissioners, including:
  – Police and Crime Commissioners (PCCs)
  – Health and Local Authority Commissioners.

‘This shift recognises that local areas are best placed to assess local need, to design comprehensive and good quality interventions, and to be held to account through improved local democratic accountability’ (p: 28)
### A review of domestic abuse services

<table>
<thead>
<tr>
<th>Finding</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Funding practices</td>
<td>Services have grown organically over time meaning many areas struggle with disparate local funding streams, short term funding and disjointed local commissioning practices</td>
</tr>
<tr>
<td>Data</td>
<td>There is a pressing need for more consistent and robust data collection to inform local need and provision</td>
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<tr>
<td>Escalation</td>
<td>Services are focused on high risk victims and crisis interventions meaning that ‘standard risk’ cases may not be a priority until they have escalated to crisis point</td>
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<td>Increased pressure on victims’ services</td>
<td>Increased reporting has placed additional pressure on all victims’ services including specialist services, for example those supporting BME, disabled and LGB&amp;T victims</td>
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<tr>
<td>Complex needs</td>
<td>Victims with the most complex needs find it particularly difficult to access appropriate support, further intensifying the risks they face</td>
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A note on funding from our experience in Wales

<table>
<thead>
<tr>
<th>Service Provision Funders</th>
<th>%</th>
<th>Service Provision Funders</th>
<th>%</th>
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<tbody>
<tr>
<td>Supporting People</td>
<td>71</td>
<td>BBC Children In Need</td>
<td>1</td>
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<tr>
<td>Big Lottery</td>
<td>4</td>
<td>CCBC Childrens Social Services</td>
<td>1</td>
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<tr>
<td>Welsh Government</td>
<td>4</td>
<td>CCBC LA</td>
<td>1</td>
</tr>
<tr>
<td>Police and Crime Commissioner</td>
<td>3</td>
<td>NCC LA Housing Services</td>
<td>1</td>
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<tr>
<td>Rural Development Plan</td>
<td>2</td>
<td>CCBC LA Regeneration Fund</td>
<td>1</td>
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<tr>
<td>Home Office</td>
<td>2</td>
<td>Youth Crime Prevention Fund</td>
<td>1</td>
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<tr>
<td>Henry Smith Charity</td>
<td>2</td>
<td>Llankelly</td>
<td>0.4</td>
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<tr>
<td>MCC Childrens Social Services</td>
<td>2</td>
<td>VSS</td>
<td>0.2</td>
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<tr>
<td>Families First</td>
<td>1</td>
<td>MCC LA</td>
<td>0.2</td>
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<tr>
<td>European Social Fund</td>
<td>1</td>
<td>NSPCC</td>
<td>0.1</td>
</tr>
<tr>
<td>Tudor Trust</td>
<td>1</td>
<td>Welsh Womens Aid</td>
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National Statement of Expectations

As part of new strategy HM Government will publish a National Statement of Expectations (NSE) later this month in order to:

“make clear to local partnerships what good commissioning and service provision looks like. This will provide a blueprint for all local areas to follow, setting out core expectations, but giving them the freedom to respond to meet local needs” (p: 10).

Central Government have pledged a set of resources to help local partnerships to deliver on these expectations:
– Support from a network of local and national practitioners
– Access to the best examples of local practice
– Access to data, tools and information needed to improve local commissioning
The 2016-2020 strategy requires local partners to:

1. Conduct an evidence-based assessment of need
2. Publish detailed data on the level of needs in the local area and service provision to meet that need
3. Base commissioning on local needs assessment and best available evidence of what works
4. Design coherent pathways of support
A local strategic approach to commissioning

- Strong leadership and prioritisation of VAWG
- Local accountability for service provision
- A partnership approach
- Pool budgets to make best use of resources
- Support for all family members reflecting a life course approach
- Collaborate across local authority and service boundaries
- Ensure provision is flexible and open to all
- Involve local third sector organisations
VAWG Service Transformation Fund

- As part of the strategy central Government will provide a VAWG Service Transformation Fund to support, promote and embed best local practice as well as encourage new approaches.
- The Fund will enable a move from a model of direct national match-funding for individual IDVA, ISVA and MARAC co-ordinator posts to a model of funding local programmes of community-based services.
- This two year fund will be available from April 2017 to local areas who can demonstrate they are taking steps towards meeting the NSE.
- In particular, there will be increased central government funding for:
  - Evaluating emerging models which support earlier intervention and coherent pathways of victim support.
  - Specific provision of services for BME women and innovative services for the most vulnerable with complex needs.
So what does this all mean?

• There is a definitive move towards improved local commissioning

• Local areas will need to conduct local assessments of need

• An emphasis on partnership working and potentially budget pooling

• The need to develop local strategic plans for coherent pathways of support

• There will be a greater focus on robust evaluations of service models and performance management
A six-step approach to delivering a needs assessment to inform strategic commissioning
Needs assessment & the commissioning process

• MOJ Victim’s Services Commissioning Framework suggest four key stages of the commissioning process:
  – Understand
  – Plan
  – Do
  – Review

• In line with Recommendation 1 of the NICE domestic violence and abuse: multi agency working guidance – *Plan services based on an assessment of need and service mapping*

• Needs assessment ensures:
  – Intentions are informed by understanding the needs of victims
  – An understanding of whether these needs are met by existing services
Six steps to delivering a needs assessment

1. Preparation and review
2. Literature and epidemiological review
3. Service mapping
4. Consultation
5. Gaps analysis
6. Agreeing priorities and action planning
## Step 1. Preparation and review

<table>
<thead>
<tr>
<th>Element</th>
<th>Issues</th>
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</table>
| Preparation | • Getting the right stakeholders involved  
• Needs Assessment Steering Group  
• Agreeing the focus of the assessment  
• Service user involvement? |
| Identification of previous research exercises conducted locally | • Needs assessments  
• Mapping exercises  
• Research on victims experiences |
| Review of existing strategic and operational documentation and performance management and budget information | • Understanding of existing definitions and priorities across partners  
• Link the assessment to meeting partners key strategic objectives  
• Mapping overlaps in priorities and also any differences  
• Understanding current commissioning cycles  
• Understanding who is funding what |
## Step 2. Literature and epidemiological review

<table>
<thead>
<tr>
<th>Element</th>
<th>Issues</th>
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<tbody>
<tr>
<td>Literature review</td>
<td>• Identification and adherence to policy, guidelines and practice, e.g. VAWG strategy, NICE etc.</td>
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<td>• Review of “what works” in delivering services.</td>
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<td>• Benchmarking current service commissioning processes against good practice.</td>
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<tr>
<td>Epidemiological review</td>
<td>• Demographic and socio-economic profiling</td>
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<td></td>
<td>• Applying existing research to understand rates of victimisation, e.g. CSEW, SafeLives data etc.</td>
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<td></td>
<td>• Service monitoring data, e.g. Police recorded crimes, MARAC, CPS data, specialist service data etc.</td>
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<tr>
<td></td>
<td>• This data is unlikely to be perfect</td>
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<td></td>
<td>• Benchmarking data, e.g. statistical neighbours, regional and national averages</td>
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<tr>
<td></td>
<td>• The importance of triangulation of data to understand population-based need</td>
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## Step 3. Service mapping

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<tr>
<th>Element</th>
<th>Issues</th>
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| Service mapping      | • Universal and/or specialist services  
                       • Methods of mapping?  
                       • Build on existing knowledge  
                       • Web searches  
                       • Stakeholder consultation  
                       • Circulating a matrix  
                       • Deciding what you need to know, i.e. are you after a directory of service, or ideally would you like to know more, e.g.  
                       • Service name & type, i.e. preventative, support, treatment, recovery etc.  
                       • Referral criteria  
                       • Target audience  
                       • Services provided  
                       • Funding sources and amounts  
                       • Numbers supported  
                       • Evidence of impact on outcomes |
## Step 4. Consultation

<table>
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<tr>
<th>Element</th>
<th>Issue</th>
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<tr>
<td>Consultation with stakeholders</td>
<td>• Using the right methods:</td>
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<td>• Surveys</td>
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<td>• Interviews</td>
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<td>• Focus groups</td>
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<td>• Workshops</td>
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<td></td>
<td>• Asking the right questions</td>
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<td>• Anonymity and confidentiality</td>
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<tr>
<td>Consultation with service users</td>
<td>• Sensitive approach using the most appropriate methods.</td>
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<td>• Using existing networks</td>
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<td>• Negotiating access and building trust</td>
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<td>• Ethical and ensuring informed consent</td>
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<td>• Protecting anonymity and confidentiality</td>
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<td>• Asking the right questions</td>
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<td>• Victim journey mapping</td>
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Step 5. Gaps analysis

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<th>Element</th>
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<tbody>
<tr>
<td>Service gaps analysis and reporting</td>
<td>• Triangulation of evidence</td>
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<td>• Assessment of cost benefits</td>
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<td></td>
<td>• Identification of gaps and duplication, e.g. gaps in specialist</td>
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<td>service provision, issues of service accessibility</td>
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<td>• Identification of possible efficiencies</td>
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<td>• Developing priorities around commissioning</td>
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## Step 6. Agreeing priorities & action planning

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<tr>
<td>“Sense-testing” and agreeing priorities</td>
<td>• Involving all commissioning partners in “sense-testing”</td>
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<td>• Agreeing priorities</td>
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| Action planning                              | Using the needs assessment to:                                         |
|                                              | • Develop a SMART action plan                                         |
|                                              | • Evidence priorities for commissioning                              |
|                                              | • Evidence for pathway development                                   |
|                                              | • As a basis for potentially pooling budgets with partners           |
10 key tips for commissioning

1. Ensure a comprehensive needs assessment is in place that considers victims/survivors and witnesses including children and perpetrators

2. Include victims/survivors in decision-making and governance structure

3. Ensure the commissioning plan is linked to a wider strategy setting out aims and objectives

4. Ensure that commissioning focuses on improving outcomes. Could consider the use of existing frameworks, e.g. Impact (Refuge), On Track (Women’s Aid), Insights (SafeLives) etc.

5. Strengthen procurement by having common standards and models of practice across different services
10 key tips for commissioning

6. Engage all relevant partners and invest time in strengthening partnership working. Consider developing a communication strategy.

7. Put in place clear, coherent and transparent care pathways that everyone understands.

8. Be realistic about funding that is available: ensure services are sustainable into the long-term.

9. Find ways of involving the local community: in understanding needs, deciding priorities and commissioning services.

10. Put in place from the outset a robust approach to monitoring and evaluation that focuses on outcomes.
Thank you

• Are there any questions?
From Victim to Survivor: Domestic Abuse in the 21st Century London

Pamela Zaballa
Our Network of Support

Floating Support
MARAC Coordination

Human Trafficking
Refuges
BME refuges
Male Outreach

Hestia Domestic Abuse Service

Children services
IDVA and ISVA services
NRTPF

Butterfly Group
Sample

206 women participated in the report

64% of women in the refuges had children

78% who access IDVA of outreach services have children

10% of women accessing our services have a disability
Key Areas

1. Access to services
2. Personal Finance
3. Health and Well Being
4. Housing
5. Children
6. Legal
7. Use of Technology
The abuse went on for years and in many occasions I feared for my life – I knew there was a phone number you could call but did not know about all the support you could receive. If I had known about refuges I could have left before – Mirta Ealing refuge

63% of Hestia residents who responded to the survey were unaware that refuges existed before being referred to one.
Less than half of women entering the refuge were able to bring documentation that would have enabled them to access benefits. 3% of women reported having no documentation.
2. Personal Finance

Ways that woman in refuge coped financially till they were able to claim benefits

- Borrowed from friends/family: 43%
- Borrowed from the refuge: 5%
- Used local council scheme: 13%
- Brought some with me: 22%
- Just didn’t have any: 13%

£ 26% of women in outreach services who have their partners’ debt in their name.
2. Personal Finance

28% of our service users had been required to give up work as a result of moving to a refuge.

What stops women in refuges to look for work or employment

- Lack of childcare: 22%
- Confidence: 20%
- Benefits stopping: 17%
- Lack of qualifications/training: 13%
- Don’t know how to apply: 8%
- Increase in weekly charge: 6%
- Health: 14%
3. Health and Wellbeing

Women feeling understood by their doctor in relation to the domestic violence they had experienced

- GP sympathetic of their situation: 67%
- Did not disclose the abuse: 20%
- Did not feel understood: 13%

83% of women in refuges felt that employment or volunteering would benefit them.
4. Housing

I have just had a baby – I would be petrified to go into bed and breakfast accommodation. Lorraine, Ealing Refuge

Reasons why women want to be re-housed

- A new start for me/and my children: 27.5%
- Having a place of my own: 23.5%
- Being independent: 23%
- Getting a job: 17%
- Making new friends: 9%
4. Housing

Difficulties faced by women to move into private accommodation

- Need large deposit: 25%
- Landlords don’t take benefits: 24%
- Benefit won’t cover cost: 23.5%
- Impossible to find: 17%
- No chance of being settled: 10.5%

Why did victims prefer social to private rented housing

- Much more affordable: 36.5%
- Could live there a long time: 29%
- Council would help with deposit: 13%
- More responsible landlord: 12.5%
- Council would find property for me: 9%
4. Housing

34% of women felt that they were given no choice by the housing options officer.

48% were not offered a private room for their housing options interview.

16% described themselves as having been made to feel worthless by their housing options team.
4. Housing

- 62% of women experienced that housing departments viewed them as safe and not as homeless because they were in a refuge.

- 56% of women were not offered a sanctuary scheme.

- 73% of women in outreach do not feel safe in their home.
5. Children

Claire regarding child maintenance:
‘If he was contacted for money, he would think I was only doing it to annoy him not because we were desperate. I want to forget about him and don’t need the stress it would cause.’

Eight out of ten
of the women we surveyed did not receive any form of financial support from the father of their child/ren

1 in 5
mothers were scared of Social Services, even if they had never been in contact

90% of children leave refuges without accessing any form of formal counselling
6. Legal

“I regard domestic violence as the single greatest cause of harm in society.”

Chief Superintendent John Sutherland of the Metropolitan police

- 67.5% of DV victims have never attended court for DV.

- 41% in outreach services experienced issues accessing legal aid.
‘It was terrifying when with help of my refuge worker we cut open a teddy bear my husband had given our youngest daughter. It had a hidden camera. He could see everything we were up to’. Jenny Hammersmith Refuge

- 46% of clients have received abusive texts.
- 15% were abused by Facebook posts.
- 8% were stalked using apps.
Conclusions

1. Efforts to enhance public awareness about domestic abuse and the availability of services need to be carried out in London.

2. There is urgent need for an integrated community and mental health response to support women and children fleeing domestic abuse in London.

3. The current housing provision for victims of domestic abuse in London varies distinctively between boroughs. There is a need for a consistent approach that provides a clear pathway of support to rehouse victims.
Conclusions

4. The needs of children who are fleeing domestic abuse must be assessed in their entirety when commissioning domestic violence services. There is a need for a comprehensive plan that ensure that departments such as housing, education, health and welfare understand and have dedicated policies for children needs.

5. There is a growing confidence on the role of the police within service users. This could support the number of prosecutions in the future if victims have the right legal support. Cuts in Legal Aid can diminish this opportunity for justice and victim protection.
Thank You!
Break
Domestic Violence Homicide Reviews

Standing Together
Where we are with DHRs in the UK

- Over 300 in the last 4 years
- Average of 100 women per year of female victims of homicide
- Average of 20 men per year of male victims of homicide
- Majority within the context of Intimate partners although a significant minority are interfamilial homicides
- Local findings and actions plans and two brief national overview reports
Lessons learned: Home Office

- Individual to local area and linked to action plans

Home Office overarching themes are:
- Risk
- Record keeping
- Public awareness
- Training
- Mental health and substance misuse
- Policy and joint working protocols
STADV work related to dissemination of findings

- Funded by Comic Relief and STADV reserves
- Joint work with the Child and Women Abuse Studies Unit
- First 30 DHRs chaired by STADV- initial paper
- Now concentrating on additional DHRs- 49
- Using other reports as wider context
30 deaths

Intimate Partner Homicide - 22
- Intimate partner 14
- Murder-suicide 4
- Partner also carer 4

Family-Related Homicide - 8
- Matricide 5
- Patricide 2
- Fraticide 1

74% Intimate Partner Homicide
26% Family-Related Homicide
Key Themes

IPV and family related homicide – Different

Children’s Services

Primary Care- GPs, Health Visitors and Midwives

Adult Services

Mental Health

Risk Assessment and referral pathways

Friends, family and social networks
IPH Perpetrator Characteristics

- 27% white British/ 68% minority ethnic groups
- Mean age of 40 years (19 to 80 years)
- 59% mental health issues
- 10 of 22 history of substance abuse
Family Related Perpetrator Characteristics

- 5 of 8 from minority ethnic groups
- Mean age of 37 (one 16 yrs)
- 7 of 8 had diagnosed or self reported mental health issues- ½ had mental health diagnosis (1 depression, 2 psychosis, 1 schizophrenia) and 3 self reported mental health issues
- 5 of 8 had substance misuse
Family Related Perpetrator Characteristics

• Middle aged
• Unemployed
• Criminal histories (3/4)
• Mental Health
• Living at home
• Violence toward other female family members (1/2)
• Violence towards previous/current intimate partners (1/3)
Key Themes

IPV and family related homicide – Different

Children’s Services

Primary Care- GPs, Health Visitors and Midwives

Adult Services

Mental Health

Risk Assessment and referral pathways

Friends, family and social networks
Risk Factors

Separation not a single event – 2/3 of victims and perpetrators were in a current relationship at the time of killing and 27% of perpetrators were ex-partners.

Most common risk factors identified through the DHR process:

- Separation
- Previously experienced injury
- Mental health of perpetrator
- Controlling behaviour*
- Jealous surveillance*
- Suicide and attempts of perpetrator
- Abuse to previous partners
- Wider offending history - to family members and other offenses
“high risk” not identified resulting in lack of specialist response

- Domestic abuse known in 12 cases despite all victims being well known to services in general
- Risk assessments done with 5 victims – all by the police (1 woman 3 times)
- **None** assessed as high risk
- Two resulted in a MARAC referral due to professional judgement
- One victim was helped by specialist services
Who Knew?

Both victims and perpetrators well known to a variety of services

54% or 12 of 22 - Domestic abuse was known by

- Police 31%
- Family 24%
- Individuals 16%
- A&E / Maternity 8%
- GP 5%
- Children's Services 12%
- Specialist Service 4%
- 2
Coordinated Community Response

High expectation and investment in your strategic and operational groups related to VAWG and/or DV

Links with LSCB and ASG

Dip sample, mystery shop, consult survivors- not only training

Task and finish groups
What else to be looking out for

– Work of Alcohol Concern and AVA related to substance misuse

– Femicide work by Women’s Aid

– Areas that made an effort to conduct regional or city-wide findings on DHRs
Support professionals and the community to confront domestic abuse with confidence

Nicole Jacobs
Nicole.Jacobs@standingtogether.org.uk
Violence Across the Life-Course:
Implications for Preventing and Reducing Violence Against Women

Professor Darrick Jolliffe
Risk Factors for Violence

◆ Risk Factor – feature measured before violence that predicts later violence
  ● E.g., harsh parenting and child’s behaviour

◆ Behavioural Risk Factors
  ● E.g., aggression, bullying, hostility
  ● Early behavioural manifestations of violence
  ● Provide insight into who might be violent in the future

◆ Explanatory Risk Factors
  ● E.g., impulsivity, poor school attainment, poor parental supervision
  ● Potential causal chain leading to violence
  ● Provide insight into how best to prevent violence
Prospective Longitudinal Studies

- Involve repeated measures on the same people before violence

- Provide prospective information as opposed to retrospective information
  - Avoid retrospective bias

- Establish causal order

- Provide information about the development of violence
Cambridge Study in Delinquent Development (CSDD)

- David Farrington and Donald West

- A prospective longitudinal study of over 400 London males

- Originally assessed in 1961 – 62 in Camberwell. All children in six primary schools.

- Two-parent ‘working-class’ families
Pittsburgh Youth Study (PYS)

- Rolf Loeber, Magda Stouthamer-Lober, David Farrington, Dustin Pardini

- A prospective longitudinal study of 1,517 boys in first, fifth and seventh grades

- A high-risk and representative sample of all boys in Pittsburgh

- Approx 50% African American
Prevalence of Moderate and Serious Violence

% Arrested

Age

Moderate

Serious

7 12 17 22 27 32 37

the UNIVERSITY of GREENWICH
Figure 4.2: Annual Prevalence of Reported Violence for Oldest Sample
Violence Facts:

1. The prevalence of violence increases to late teenage years and then decreases
Continuity of Violence

◆ From childhood aggression to youth violence and from youth violence to adult violence

◆ Continuity in official records
  ● CSDD - 34% of boys convicted of youth violence were reconvicted for adult violence, compared to only 8% who had not been convicted of youthful violence (OR=6.1)

◆ Continuity in self-reported violence
  ● 29% of youthful violent offenders were also self-reported adult violent offenders, compared to 12% of non-violent youth (OR=3.3)

◆ Not deterministic, but probabilistic
Continuity of Violence: Spousal Assault

- **CSDD (Age 32 Interview)**
  - 15% of those living with a partner self-reported (or were reported by their partner) as having committed spousal assault

- **CSDD (Age 46 Interview)**
  - 16% of those living with a partner self-reported (or were reported by their partner) as having committed spousal assault

- Those committing spousal assault at age 32 were significantly more likely to continue at age 46 (OR=3.3)
Violence Facts:

1. The prevalence of violence increases to late teenage years and then decreases

2. There is significant continuity in violence
Specialization/Versatility

- Violent offenders tend to be versatile rather than specialists at committing violence
  - Across their criminal careers violent offenders committed more non-violent than violent offences
  - Those who commit violence tend to be frequent offenders

- CSDD:
  - Spousal Assault age 32 or 48 = 72 men
  - Had committed 146 offences of violence
  - Significantly more likely to have a conviction (any offence)
  - Significantly more likely to have a conviction for violence
  - Significantly more likely to be a frequent offender
Violence Facts:

1. The prevalence of violence increases to late teenage years and then decreases

2. There is significant continuity in violence

3. Violent offenders tend to be versatile
What Do These Facts Mean for Violence Against Women?

◆ Those who commit violence against women:
  ● Will likely have been aggressive/violent earlier in life
  ● Will likely have committed a number of other (non violent) offences
    (Behavioural risk factors)

◆ The explanatory risk factors for ‘general’ violence and violence against women might overlap
Key individual Risk Factors for Later Violence

◆ Impulsivity
  ● One of the most important personality dimensions
  ● Measures taken as early as age 5 predicted violence later in life (Jolliffe & Farrington, 2009)

◆ Poor school attainment
  ● Reflects IQ (intelligence) or success at school
  ● Low verbal IQ (age 8-10) predicted later violence in CSDD
  ● Poor school attainment predicted later violence in both CSDD and PYS
Key Family Factors for Later Violence

◆ Antisocial parents
  ● Strongest childhood predictor of adult conviction for violence in CSDD

◆ Poor Parental Supervision

◆ Child Abuse
  ● Identified as an important predictor of later violence in a number of studies (including the PYS)

◆ Disrupted families/Exposure to Violence
Childhood Risk Factors for Spousal Assault

 CSDD: Explored which risk factors measured at ages 8 – 10 were independently related to spousal assault at age 48.

 These were:

- Low verbal IQ
- High impulsivity
- Poor parental supervision
Percent Assaulters versus Childhood Risk Score

% Assaulters vs Childhood Risk Score

- 0
- 1
- 2
- 3

0 1 2 3
Childhood Risk Score

% Assaulters

0 10 20 30 40 50 60
Violence Facts:

1. The prevalence of violence increases to late teenage years and then decreases

2. There is significant continuity in violence

3. Violent offenders tend to be versatile

4. Certain risk factors predict later violence
Addressing Risk Factors and Evaluating the Impact

- Need interventions which address explanatory risk factors

- Need high-quality robust and long-term evaluations

- Also desirable to have cost-benefit analyses
Perry Preschool Project

◆ Schweinhart & Weikart (1980)
◆ Children attended daily preschool programme
◆ Also weekly home visits lasting two years (ages 3-4)

◆ Age 19,
  ● More likely to be employed
  ● More likely to have completed high-school
  ● More likely to be in College or Vocational training
  ● Less likely to be arrested, less frequently arrested.

◆ For every 1$ spent more than 7$ was saved
Stop Now and Plan (SNAP)

◆ Leena Augimeri

◆ 12-week cognitive-behavioural intervention including self-control and problem-solving techniques
  ● Through structured curriculum, facilitated discussion, role-play participants learn to problem-solve in provoking situations
  ● Weekly 90 minute sessions in separate groups
  ● Also, one-to-one family counselling.

◆ For every 1$ spent on the programme between 3 – 6$ was saved.
What About Domestic Violent Offenders?

- Evidence for effective interventions with domestic violence offenders is not strong
  
  - Court-mandated batterer interventions (Feder, Wilson & Austin, 2008)
  
  - Domestic Violence Perpetrator Treatment (WSIPP, 2015)
    - For every $1 spent an additional $6.25 is lost.

- However, there are successful approaches with general violent offenders
Jolliffe & Farrington (2009)

◆ Systematic review of interventions for violent offenders.

◆ Identified twelve evaluations where violent offenders were treated.
  ● A significant reduction in later offending and later violent offending

◆ Studies that used cognitive-behavioural approaches, role play and relapse prevention were the most successful
1. The prevalence of violence increases to late teenage years and then decreases

2. There is significant continuity in violence

3. Violent offenders tend to be versatile

4. Certain risk factors predict later violence

5. Addressing these risk factors will reduce crime, violence and violence against women
Conclusions

◆ There are many ‘markers’ (explanatory risk factors) for domestic violence perpetration.

◆ We will have the most success preventing and reducing violence (including that against women) by addressing explanatory risk factors at an early age
  - ‘An ounce of prevention is worth a pound of cure’

◆ Also, ‘Never too late’
  - There are techniques that can be employed to prevent or reduce future violence of those who have been violent
  - Those with established success, rather than those specifically for domestically violent offenders
The Value of Innovation

Hestia
The Value of Innovation

Lyndsey Dearlove Violence Against Women and Girls (VAWG) Manager
WHAT IS THE UK SAYS NO MORE CAMPAIGN

• NO MORE is a brand awareness campaign developed in the USA and is based on a unifying symbol designed to galvanise greater awareness and action to end domestic violence and sexual assault.

• Launched in March 2013 by a coalition of leading advocacy groups, service providers, the U.S. Department of Justice and major corporations, NO MORE is supported by hundreds of groups and by thousands of individuals, organisations, universities, and communities.

• NFL donated Super Bowl airtime to launch an advert that was seen by more than 100 million viewers, this was done again in 2016.
NO MORE CAMPAIGN ACHIEVEMENTS

Figures achieved since the launch in 2013:

✓ 3 billion media impressions
✓ 59,000 supporters in their database
✓ 600+ partner organisations
✓ $6,929,736 of in kind media placements
✓ $437,797 in administrative NO MORE costs covered by corporate sponsors
✓ 2,900,000 page views and 1,300,000 site visits
✓ Effective influencing at local and national government level
✓ Has become the most effective/engaging campaign regarding domestic abuse and sexual assault in the US

In partnership with Hestia
NO MORE PSA CAMPAIGN 'ANTHEM' -60.mp4

In partnership with Hestia
WHY IS HESTIA LAUNCHING THE UK SAYS NO MORE CAMPAIGN IN THE UNITED KINGDOM

- The Ending Violence Against Women and Girls Strategy Chapter 1: Preventing violence and abuse

- Hestia sees the UK SAYS NO MORE campaign as opportunity for all of our sector partners to unite against domestic violence and sexual assault and to share good practice under one banner.

- The UK SAYS NO MORE campaign will act as a fundraising tool for all of the organisations joining the campaign.

In partnership with Hestia
PUBLIC INVOLVEMENT IN THE UK SAYS NO MORE CAMPAIGN

- The UK SAYS NO MORE campaign will be a social media campaign

- UK SAYS NO MORE website

- Taking the Pledge

- Building the public’s confidence around how they respond to domestic violence and sexual assault

In partnership with Hestia
Hestia’s Domestic Violence App – Bright Sky

Hestia is launching a domestic violence App

Bright Sky
Available on iOS devices through the App Store and on Android devices on Google Play Store

In partnership with Hestia
HESTIA’S DOMESTIC VIOLENCE APP - BRIGHT SKY

The App’s functions:
- Find the support service closest to me
  - Journal and coercive control
- Get help for myself – if you’re a victim of DV
- Get help for someone else

In partnership with Hestia
HESTIA’S DOMESTIC VIOLENCE APP – BRIGHT SKY

Bright Sky provides advice for victims of domestic abuse, family members and friends

In partnership with Hestia
Thank you, close and lunch
Thank you

• Thank you for coming today

• There’s lunch

• We’ll be sending these slides around to attendees along with a feedback questionnaire