

Working with families where there is domestic violence

The 1990s witnessed a resurgence of interest in the problems associated with domestic violence and child abuse that has been reflected in new government initiatives. A team of researchers from the Universities of Warwick, Bristol and Sunderland has mapped domestic violence services for children, women and men across the UK. This research provided the basis for the development of good practice indicators for provision in this area. The study found that:

- f** The provision of domestic violence services in both the statutory and voluntary sectors throughout England, Scotland and Wales is patchy and uneven. Northern Ireland has a more uniform spread of services.
- f** Women's Aid and affiliated organisations are the largest providers of domestic violence services in the UK. Refuges are diversifying into the development of outreach/information and support services. Survival of these services are threatened by the lack of core funding in many areas.
- f** Six (1 per cent) projects in the four children's charities surveyed provide dedicated domestic violence projects. Seventy-three per cent pay attention to the needs arising from domestic violence as part of more general projects. However, one-fifth of projects do not see domestic violence as relevant to their service users.
- f** Provision through social services departments is more often integrated with other services (60 per cent) and provided through service level agreements with voluntary organisations. Twenty per cent of social services departments do not fund services for domestic violence survivors or offenders.
- f** Initial awareness training on domestic violence has been undertaken in 69 per cent of social service departments (often part of multi-agency training); 48 per cent of children's charities' projects; and 100 per cent of Women's Aid organisations.
- f** The researchers highlight eight indicators of good practice: defining domestic violence; monitoring and screening for domestic violence; developing policies and guidelines for communication within and between organisations; prioritising safety; training; evaluating initiatives; developing a multi-agency strategy; and drawing up guidelines for working with domestic violence survivors.

Background

The 1990s have seen the development of services within the statutory and voluntary sectors geared to work with and support families and individuals experiencing domestic violence. This project set out to map the current range and extent of service provision across the UK working with such families.

The research was divided into two main areas:

- mapping surveys of services provided throughout the UK, including Women's Aid organisations, four major children's charities, social service departments (and health trusts in Northern Ireland) and perpetrator programmes. In all, 915 projects responded;
- seven case studies, where the questionnaires had highlighted innovative practice, and discussions between the research team and representatives of the advisory group.

Drawing on this work, the researchers developed a framework of eight good practice indicators.

Results from the mapping surveys

Women's Aid organisations

Women's Aid and other women's refuges, advocacy and outreach services operate a network of services which provided accommodation or information and support to more than a quarter of a million women and children experiencing domestic violence in the UK in 1998/99. Services are co-ordinated through the four Women's Aid federations in England, Northern Ireland, Wales and Scotland. The core business of Women's Aid is to provide safe accommodation for women and children escaping domestic violence (69,634 women and children in 1998/99).

Increasingly, these projects also provide outreach and support services: 71 per cent of projects in England and 88 per cent of projects in Scotland, Wales and Northern Ireland were doing so, though only a minority are explicitly funded for this work. Other agencies (including housing associations and the Refuge organisation) also provide refuges.

More children than women are accommodated in refuges, with most refuges able to provide a specialist, paid children's worker (69 per cent of English refuges and 89 per cent in Wales, Scotland and Northern Ireland). Respondents frequently stated that their service was under-funded, particularly in the face of increased demand. For example, Scottish Women's Aid saw demand rise by 16 per cent in 1998/99.

Children's organisations

The children's charities offer a wide range of provision which might cover support for families experiencing domestic violence. This includes a very small number

(1 per cent) of dedicated projects dealing specifically with women, children and/or men from families where there is domestic violence. A large proportion of projects (74 per cent) were not set up explicitly to tackle domestic violence, but the issue is nevertheless considered of relevance to service users and dealt with.

Most of the direct work carried out in relation to domestic violence involved children and young people (60 per cent). Over half of the projects also worked with both children and mothers together (54 per cent), with children and their carers (32 per cent) or with women on their own (47 per cent). Services are available for men in about one-fifth of projects, mainly as perpetrator projects or advice services.

Although many projects involve work with domestic violence, attention to safety issues tends to be *ad hoc*. Safety planning is not always well developed, either in terms of the *organisation's* attention to confidentiality, security and worker safety or of on-going safety planning work with *individual* children and women.

Social services

Provision of domestic violence services by social service departments is geographically patchy. Although some areas of the United Kingdom provide a comprehensive range of domestic violence support services, in others (20 per cent) social services departments do not fund services for domestic violence survivors (including children) or perpetrators either directly or indirectly. However, the work of other departments might compensate for this (e.g. funding by the housing department for a women's refuge). Domestic violence was mentioned in 65 per cent of children's services plans. This indicated awareness of the needs of children in this area, but only 26 per cent included plans for actual service provision.

Screening and monitoring for domestic violence is slowly developing (40 per cent of departments in England and 70 per cent of trusts in Northern Ireland) though only 14 per cent of departments and 10 per cent of trusts were able to record and collate the data. Training provision was very varied, with almost one-third of areas failing to offer any training at all. Although the numbers of social service departments participating in domestic violence forums was very encouraging (90 per cent), many areas (47 per cent) did not have a designated member of staff responsible for policies or practice in relation to domestic violence.

These data suggest that while domestic violence is now acknowledged as an issue, the development of services and policies to tackle it is uneven. A significant minority of social services departments are making progress in the range of areas identified for good practice development, but the majority have yet to take the steps that make a difference, particularly in

the important areas of training, policy development and service provision.

Perpetrator programmes

Nineteen of the 26 respondents to the questionnaire were providing specialist provision for perpetrators. It was impossible to know what proportion this represented of actual projects. Eleven projects had specific policies and practice guidelines. Eleven projects were also part of a wider domestic violence strategy. Nine projects took all referrals, while ten operated their own selection criteria.

There was evidence of increased uniformity in perpetrator programmes with a shift to models which emphasise educating perpetrators about their responsibility for their criminal behaviour. All projects stated that contact with women (partners or ex-partners) was routine; 15 projects were linked to supporting partners or ex-partners. However, only seven had child protection policies. This suggests a lack of awareness of the overlap between child abuse and domestic violence. Despite the high standards of many workers in this field, this is a contentious area of intervention which requires further evaluation to assess with greater clarity 'what works' and which perpetrators will benefit from such services.

Indicators of good practice

The researchers developed a number of good practice indicators. These were informed by the mapping questionnaires, the case studies, discussions between the advisory group and research team and other research and literature in the domestic violence area. The indicators developed in this research are intended to be applicable across organisations working with domestic violence; they are specifically focused on work with survivors of domestic violence who are usually women and children. In addition, Respect (The National Association for Domestic Violence Perpetrator Programmes and Associated Support Services) has developed a set of comprehensive, good practice guidelines for working with domestic violence perpetrators.

The researchers drew up eight indicators (with a series of sub-indicators suggested within each – see full report for details of these):

1. Developing a **definition** of domestic violence is important. This sets the parameters for policy and practice development and screening both within the organisation and in multi-agency work.
2. **Monitoring and screening** for domestic violence is recommended to show the extent of the problem and to increase direct services to those affected. Good practice involves *systematic screening* using a protocol of questions which may ask generally about

behaviour, rather than asking bluntly about domestic violence. Front-line practitioners need *training, guidance and supervision* when monitoring mechanisms are introduced.

3. **Policies and guidelines** which provide a framework for the work to be undertaken assist communication both within and between organisations. Ideally, policies should *emphasise safety and clarify the issues of confidentiality* and give attention to equalities issues. A wide range of policies is needed to cover work with children, adult survivors and perpetrators, as well as different types of organisations.
4. **Prioritising safety** is an essential element in all domestic violence intervention. Developments at a number of different levels provide the basis for good practice: skills in *safety planning with individuals* who may face violence and abuse; measures at an *organisational* level which minimise the risk of violence to both survivors of domestic violence as well as workers.
5. **Training** to raise awareness, explore values and develop skills is a further element in the development of effective intervention. A training strategy needs to include a *rolling programme* which involves both *awareness-raising and specialist courses*.
6. **Evaluation:** the framework of indicators listed above provides parameters for evaluations, with different considerations applying to evaluating work with survivors, on the one hand, and work with perpetrators, on the other. Evaluations also need to include: *independent evaluation* by researchers with expertise in the domestic violence area; *building in the voice of survivors* in respect of work with women and/or children; *follow-up* to ensure that women and children remain safe; *feedback loops from the evaluation* to examine 'what works' and also to identify areas of practice which need to change.
7. A **multi-agency strategy** to co-ordinate the development of policy and practice across organisations within an area is essential for domestic violence work that cuts across a wide range of organisations. Currently, not all multi-agency working is effective. The more developed multi-agency strategies ensured that issues of *confidentiality and referral processes were clarified*; that *policies were consistent* within and between agencies; that there was *full and active involvement of the women's refuge and outreach services as well as domestic violence survivors*; that *equalities issues were given careful attention*; and, most importantly, that there were *measurable improvements in resources*.

8. Guidelines for working with domestic violence survivors (usually women and children) will include all the above dimensions of good practice (particular attention to safety). The following should also be covered: recognition that *services for women and children are linked but discrete* so that their differing needs are acknowledged; attention to the voices and *expressed needs of women* using the service; attention to both prevention work with children as well as child protection; monitoring and evaluation to ensure effective provision and cost-effectiveness.

The good practice indicators are intended to provide a framework which organisations can use to check and evaluate their domestic violence service developments. The indicators are extensive, but not necessarily exhaustive, and there is room for more specific refinements in the future.

About the study

The project represents a unique, collaborative research effort. A team of researchers was assembled from the University of Warwick (Catherine Humphreys, Audrey Mullender, Pam Lowe), the Domestic Violence Research Group at the University of Bristol (Gill Hague, Hilary Abrahams) and the International Centre for the Study of Violence and Abuse at the University of Sunderland (Marianne Hester). The Women's Aid Federation of England, The Child and Women Abuse Studies Unit at the University of North London and four major children's charities (NSPCC, Barnardo's, NCH Action for Children and The Children's Society) have all participated in the study as collaborators. DETR provided access to their concurrent survey of English refuge provision and Scottish mapping data was utilised (Henderson, 1997).

Questionnaires were sent to:

- all refuges affiliated to the Women's Aid Federations of England, Wales, Northern Ireland and Scotland (326 returns representing 98 per cent).
- all projects of the four children's charities (449 returns representing 60 per cent).
- projects which challenge perpetrators of domestic abuse (26 returns from perpetrator programmes and probation networks).
- each social services department in England and health trust in Northern Ireland (114 returns representing 62 per cent), with additional information from a recent mapping audit in Scotland (Henderson, 1997).

The case studies included: Hayle Family Support Project (a collaborative project between the NSPCC

and the local refuge); Hereford Women's Aid (a refuge providing safe housing, outreach and a key role in multi-agency co-ordination); Imani (a project supported by NCH Action for Children as an example of developing good practice with minority ethnic communities); Wyrley Birch Centre for Parents and Children (a Children's Society project providing particular attention to children's needs and voices); The Domestic Violence Outreach Project, Northern Ireland (a Barnardo's project with a particular emphasis on safety planning, children's work and women's groups); Fife Multi-Agency Domestic Violence Forum and the domestic violence team within Newham Social Services.

How to get further information

The full report, **From good intentions to good practice: Mapping services working with families where there is domestic violence** by Catherine Humphreys, Marianne Hester, Gill Hague, Audrey Mullender, Hilary Abrahams and Pam Lowe, is published for the Foundation by The Policy Press (ISBN 1 86134 245 4, price £13.95).