‘Full’ Evidence Overview Report 1
Domestic Abuse: Impacts and Interventions

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This document provides a brief overview of the impacts of domestic abuse on children and outlines effective interventions to facilitate coping and recovery for child and adult victims of domestic abuse.
1 Introduction

This report provides an overview of the available evidence in relation to domestic abuse, focusing on:

- The life course impacts on children (including the likelihood of intergenerational domestic abuse i.e. whether victim and perpetrator behaviours are transmitted from parents to children), and,
- The effective interventions to support victims.

1.1 Background

The extent and nature of domestic abuse remains shocking HMIC (2014). Approximately 4.8 million women (29.4%) and 2.6 million men between the ages of 16 and 59 have been the victim of domestic violence in the UK (Home Office, 2009/10), whilst approximately 12% of children under 11 have witnessed at least one incident of domestic violence, increasing to 18.4% for those aged 11-17 and 24.8% for 18-24 year olds (NSPCC, 2011). Nationally, police forces report that crime relating to domestic abuse constitutes approximately 8% of all recorded crime in their area, and around a third of their recorded assaults with injury. On average the police receive an emergency call relating to domestic abuse every 30 seconds (HMIC, 2014).

People may experience domestic violence regardless of their gender, ethnicity, religion, sexuality, class, age or disability. It may also occur in a range of different relationships including heterosexual, gay, lesbian, bi-sexual and transgender, as well as within families. Domestic violence can also present in a variety of circumstances: ‘honour’ based violence and forced marriage are increasing in the UK, with estimates of between 5,000-8,000 cases per year (96% female victims; 4% male victims) (Kazimirski et al., 2009).

Domestic abuse within teenage relationships is also becoming prevalent. In the UK in 2009, 72% of girls and 51% of boys aged 13 to 16 reported experiencing emotional violence in an intimate partner relationship, 31% of girls and 16% of boys reported sexual violence, and 25% of girls and 18% of boys experienced physical violence (Meltzer et al. 2009). Some form of severe domestic violence and abuse inflicted on them by a partner (Barter et al., 2009) was reported by 1 in 6 girls.

Elder abuse is also highly prevalent with approximately 227,000 people aged 66 and over being neglected or abused in the UK (O'Keefe et al., 2006). Elder abuse can be defined as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (WHO, 2014). It can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect.
Research also shows the emergence of child to parent domestic violence, with the majority of cases involving mothers as victims and sons as perpetrators (Galvani and May, 2010). It is ‘a pattern of behaviour that uses verbal, financial, physical or emotional means to practise power and exert control over a parent’ (Holt 2012). It is more commonly experienced by mothers than fathers, and by single parents.

The government definition of domestic abuse is:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”

This can include psychological, physical, sexual, financial and/or emotional abuse.

Domestic violence is associated with a wide range of health issues including physical ill health, mental health issues, alcohol and substance misuse, unwanted pregnancy and sexual health issues (Taskforce on the health aspects of violence against women and children, 2010). Homelessness is also an issue, particularly for mothers and children who are leaving an abusive home (Stanley, 2011); as is access to employment, education or training resulting in an impact on personal finances. The Department of Health (2006) also highlighted that around 18% of women who experienced domestic violence had committed suicide.

Domestic violence can also have a significant impact upon the lives of children and young people, including on their physical and mental health, education, social and personal relationships and social activities right across the life course. The effects of domestic violence on children are wide ranging and will differ for each child or young person.

Tackling domestic abuse and keeping its victims safe is vitally important and incredibly complicated. The police service needs to have the right tools, resources, training and partnerships in place to help it identify victims and keep them safe. It also needs to investigate and bring to justice offenders, when no two domestic abuse environments are the same, and some victims have suffered in silence for years or even decades.

(HMIC, 2014)

In September 2013, the Home Secretary commissioned HMIC (2014) to conduct an inspection that evaluated the effectiveness of the police approach to domestic violence and abuse, focusing on the outcomes for victims and whether risks to victims of domestic violence and abuse are adequately managed. Following on from this, the Police and Crime Commissioner for Merseyside is reviewing the support available to support victims to cope and recover from the effects of domestic abuse. This evidence overview forms part of the review.
1.2 Scope

The following databases and organisations were subject to a rapid search:

- Cochrane Library
- MEDLINE (PubMed)
- PsycInfo, CINAHL, AMED, Health Business Elite, Embase, HMIC, BNI
- NICE Evidence
- College of Policing
- National Police Library Catalogue
- Center for Problem-Oriented Policing (POP)
- European Crime Prevention Network (EUCPN)
- Association of Chief Police Officers (ACPO)
- Society of Evidence-Based Policing (SEBP)
- NSPCC
- Barnardo’s
- Parents Against Child Sexual Exploitation (PACE)
- Additional sources of relevance were also searched and included where appropriate (e.g., Royal Colleges).

Search terms included; domestic abuse, domestic violence, victim, repeat victimisation, children, young people, intergenerational transmission, perpetrator, offender, witness, violence, life course, adult, behaviour, victim, support, cope, recover, interventions, primary prevention, secondary prevention. All variations of search terms were included along with all combinations of terms.

Evidence with a primary publication date between 2008 and 2014 was sought. All age ranges were included (to include evidence across the life course). The search was restricted to English language studies.

2 Impacts of Domestic Abuse on Children and Young People

2.1 Life Course Impacts

Many children who witness abuse demonstrate significant behavioural and/or emotional problems. The effects depend on the individual child, their age and gender, how much they witness and whether or not they are personally involved in the abuse, their personality and support available to them (Hidden Hurt, 2014).

Children may experience:

- **Emotional Problems**: crying, anxiety and sadness, confusion, anger (which can be directed toward either parent or other children, etc.), depression, suicidal behaviour, nightmares, fears and phobias. In younger children and
children can suffer from PTSD (Post-Traumatic Stress Disorder).

- **Behavioural Problems**: aggression, becoming troublesome at home or at school, withdrawing into or isolating themselves, regressive behaviour (such as baby-talk, wanting bottles or dummies, etc), lower academic achievements.

- **Physical Problems**: bed-wetting, nervous ticks, headaches or stomach aches, nausea or vomiting, eating disorders, insomnia.

Older children will often hold themselves responsible for the abuse, especially where extreme violence has been an issue. Children living in an abusive environment may also condone violence or the threat of violence to resolve conflict in relationships.

Even in situations where the child is either not targeted directly with abuse or is 'only' witnessing abuse, it can lead to very serious psychological trauma with possible long-term effects, affecting not only the child's well-being during or shortly after the abuse, but affecting the child's ability to build and maintain healthy relationships in his/her adult life. *(Hidden Hurt, 2014)*

### 2.1.1 Infants and Young Children (0-11)

Domestic violence can affect social, emotional, mental and physical development in younger children. They may become anxious, complain of tummy-aches or start to wet their bed. They may also find it difficult to sleep, have temper tantrums and start to behave as if they are much younger than they are *(Royal College of Psychiatrists, 2014)*.

Children whose mothers’ experience domestic abuse in the child’s first year have more difficult temperaments at the age of one *(Jasinki, 2011)*. In addition, the mental development of children exposed to domestic abuse during the first two years of life is particularly affected; *(Enlow et al., 2012)* found they had IQ scores that were on average 7.25 points lower than those who were not exposed to domestic violence.

### 2.1.2 Teenagers and Older Children

Teenagers and older children react differently to domestic abuse than infants and younger children. All children affected by domestic abuse are likely to struggle at school. However boys express their distress much more outwardly and may become aggressive, disobedient and start to use violence to try and solve problems, as if they have learnt to do this from the way that adults behave in their family. Older boys may play truant and may also start to use alcohol or drugs.
Girls are more likely to keep their distress inside. They may become withdrawn from other people and become anxious, depressed, have poor self-esteem and complain of vague physical symptoms. They are more likely to have an eating disorder or to self-harm.

Children of any age can develop symptoms of Post-traumatic Stress Disorder (PTSD). They may get nightmares, flashbacks, become very jumpy, and have headaches and physical pains.

(Royal College of Psychiatrists, 2014)

Carrell and Hoekstra (2010) found that children from domestic violence families had significantly decreased reading and maths test scores than their peers and increased misbehaviour in the classroom. Hamby et al., 2014 also found that children who witness domestic violence are at increased risk for nightmares, teen dating violence and school problems. Holt, Buckley and Whelen (2008) found that impacts can endure even after measures have been taken to secure the child's safety.

However, not all children exposed to domestic violence will experience such negative effects. Children's risk levels and reactions to domestic violence exist on a continuum; some children demonstrate resiliency, while others show signs of significant maladaptive adjustment.

Protective factors can help protect children from the adverse effects of exposure to domestic violence, including:

- social competence,
- intelligence,
- high self-esteem,
- outgoing temperament,
- strong sibling and peer relationships,
- and a supportive relationship with an adult (particularly a non-abusive parent).

2.2 Transmission of Victim / Perpetrator Behaviours

"One of every three abused children becomes an adult abuser or victim" (Office of the Clark County Prosecuting Attorney (2012).

The 'cycle of violence' otherwise known as the 'intergenerational theory' is often referred to when considering the effects of domestic abuse on children. This is the theory that describes how children who witness or experience domestic abuse in childhood often go on to have abusive relationships as adults.

In 2011, in an attempt to understand the impact of the "cycle of violence" the Cheshire East Domestic Abuse Family Safety Unit (DAFSU) analysed information discussed at MARAC and found:
Almost 70% of perpetrators were known to have experienced domestic abuse in their childhood
Almost 75% of victims were known to have experienced domestic abuse in their childhood

There is also significant national evidence that males exposed to domestic violence as children are more likely to engage in domestic violence as adults and that females are more likely to be victims (Brown and Bzostek, 2003).

The Royal College of Psychiatrists (2014) states that "children who have witnessed violence and abuse are more likely to become involved in a violent and abusive relationship themselves. Boys learn from their fathers to be violent to women. Girls learn from their mothers that violence is to be expected, and something you just have to put up with".

A report by UNICEF (2006) supports this by stating that the single best predictor of children becoming either perpetrators or victims of domestic violence later in life is whether or not they grow up in a home where there is domestic violence. The report also stated that rates of abuse are higher amongst women whose husbands were abused as children or who saw their mothers being abused.

A further study by Damant et al., (2010) also found that women's abuse of their children were a consequence of their own experiences of domestic violence and that women were more inclined to reach out for support for their mothering rather than for their experiences of domestic violence. Baldry (2003) also states that "children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships to dominate others".

Further studies that highlight the intergenerational effects of domestic violence are highlighted in the table below.

<table>
<thead>
<tr>
<th>Study</th>
<th>Brief Description</th>
<th>Summary of results</th>
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<tbody>
<tr>
<td>Cort et al., (2011)</td>
<td>Investigated the maternal intergenerational transmission of childhood multiple maltreatment.</td>
<td>Findings revealed that mothers' childhood multiple maltreatment type directly predicted their children's maltreatment, rather than having indirect effects through maternal romantic attachment dimension, intimate partner violence, and psychological distress. Mothers' childhood maltreatment type was also related to intimate partner violence.</td>
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<tr>
<td>Smith et al., (2011)</td>
<td>Investigated whether exposure to intimate partner violence (IPV) during adolescence leads to increased IPV during</td>
<td>Findings revealed that adolescent exposure to caregiver severe IPV resulted in significantly increased risk of relationship violence in early adulthood. Furthermore, there was an</td>
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3 Effective Interventions to Support Victims of Domestic Abuse

"Domestic abuse is a complex issue that needs sensitive handling by a range of health and social care professionals. The cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective" (NICE, 2014).

3.1 Primary Prevention

Research relating to effective primary and early prevention interventions is limited, mainly due to prevention programmes not being outcome focused or rigorously evaluated. However, the most promising evidence is outlined below.
**Early Childhood and Family-based Interventions**

Evidence suggests that promoting positive parenting, home environments, behaviours, social and problem solving skills and establishing healthy relationships is crucial during early childhood and effective in preventing future violent behaviour (Farrington, 2006). Home visiting, parenting and social development programmes targeting parents and children are also effective (Mercy et al., 2002).

**School-based Interventions**

There is evidence that Personal Social Health Education (PSHE), Sex and Relationship Education (SRE) and SEAL programmes can be effective in changing behaviours, attitudes and reducing risk taking behaviours (Jones et al., 2010). School based education programmes promoting healthy relationships have also been found to be effective in reducing intimate teenage partner violence in the US.

**Adult Interventions**

Large scale public awareness campaigns as part of a comprehensive multi-component prevention programme have been widely implemented in the UK and can increase knowledge relating to domestic violence. However research shows that these have limited effectiveness in terms of sustained, long-term behaviour change (HDA, 2004).

There is also some evidence to show that community wide population interventions are effective in creating environments to promote social and individual change in individual’s attitudes and behaviour (WHO, 2010). For example, targeted community based programmes, such as group education sessions for people at risk of intimate partner and/or sexual violence can be effective (Wolfe et al., 2003).

Co-production of primary prevention programmes with men and boys to change social and cultural norms has also shown promising results (Barker et al, 2007).

3.2 Early Intervention

“The support needs of victims of domestic abuse are complex and dependent upon individual circumstances. However, early identification of all individuals at risk and provision of timely, effective support are critical in breaking the cycles of abuse and protecting the wellbeing of victim/survivors” (NWPHO, 2012).
**Screening**

Evidence shows that routinely enquiring about domestic abuse in health care settings e.g. antenatal screening, and training health professionals to deal with identified cases- effective training is vital for raising awareness, improving attitudes, increasing screening rates and referrals to support services, can be effective in increasing disclosure and identification of domestic abuse. However, there is a lack of evidence relating to their ability to protect against future violence by partners.

A training manual on domestic abuse for health care professionals and a system to aid identification in primary care has been developed (DOH, 2000). **NICE (2014)** has also released recommendations around standards and staff competencies that services should be compliant with. The IRIS (Identification and Referral to Improve Safety) programme includes prompts on GP’s medical systems to ask about abuse, and highlight referral pathways to domestic abuse advocates which can significantly improve identification and referral (Feder et al., 2011).

Hester (2006) and Magen (2000) both showed that combining screening with training resulted in a threefold increase in domestic violence disclosure. Evidence indicates that the act of disclosure in itself serves to break the shroud of secrecy, reducing children’s experience of violence and significantly lessening impact (Stanley 2011, Macfarlane 2005).

**Interventions - Young People**

NICE (2013) outlined promising early intervention approaches for young people at risk of intimate teenage partner violence (which have shown improvements in knowledge, attitudes towards violence and gender roles, interpersonal outcomes and violent behaviours) including:

- **The Young Parenthood Programme (YPP)** - a ten-week co-parenting counselling and IPV prevention programme, to support young couples (first-time mothers, aged 14 to 18 years and their partners) in managing unplanned pregnancy and parenthood, and prevention of intimate partner violence. The aims are to help young parents develop positive relationship skills, express positive emotions, provide support, manage conflict and hostility, express personal needs and feelings, develop listening skills, and encourage empathy.

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

3.3 Secondary Interventions

3.3.1 Multi-Agency Response

Once an individual has been identified as at risk, evidence shows that

"Working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level. Initial and ongoing training and organisational support is also needed" (NICE, 2014).

This is to ensure safety and address individual needs. There is a wealth of evidence on best practice for policy and strategy development, with studies finding that partnership approaches are associated with improvements in various abuse-related measures including: family conflict, risk of mistreatment for elders, re-victimization or threat of violence, response to and safety for victims, and referrals to support services.

There is also evidence that partnership approaches have been effective in improving relationships, practices and policies of partner agencies to address domestic violence. NICE (2014) identified enabling factors and barriers to partnership working:

Enabling factors identified as being key to partnership working included:

- strong leadership,
- management and coordination,
- active membership,
- community involvement,
- strong relationships and communication,
- training and resources.

Barriers included:

- lack of resources (financial and human),
- differences in the culture of agencies/organisations,
- leadership and management issues,
- lack of commitment,
- limited monitoring,
- addressing diverse populations.

Issues related to the inconsistent following of protocols or guidelines, and confidentiality issues among multi-disciplinary case review teams were also frequently cited as challenges. The lack of diverse representation in partnerships,
and challenges in addressing DV among specific vulnerable groups including LGBT, Black and Minority Ethnic (BME) groups and women who experience sexual abuse was also highlighted (NICE, 2014).

**Integrated Models of Working**

Emerging evidence shows that integrated models of working between statutory and voluntary sectors are effective. For example, where Domestic Violence Intervention project (DVIP), Violence Prevention Programme Practitioners and Women’s Support Practitioners have been co-located alongside Children and Young People’s Services. These approaches build on learning about the requirement to go beyond a sole focus on patriarchy and power as the cause of male partner violence and recognise the individual factors that may be important. They also appear to achieve wider system reform that enables better identification of risk, prompt referral and more confident action (Guy et al., 2014).

**Multi-Agency Risk Assessment Conferences (MARAC's)**

Early identification through effective multi-agency risk management to ensure safety is crucial. For high risk victims, Multi-Agency Risk Assessment Conferences (MARAC's) which provide an enhanced, systematic, coordinated response by sharing intelligence between agencies are effective in improving victim safety and reducing re-victimisation (Steel et al., 2011). The MARAC process is highly cost effective with estimates that public services save around £6,000 per case in direct costs, with 20% of this a saving to the NHS, 32% police and 40% to the wider criminal justice system (DOH, 2011). CAADA (2014) also found in 45% of DV cases across the UK there is a cessation in police call outs in the 12 months following a Multi-Agency Risk Assessment Conference (MARAC).

**Police Response**

The Police also have the opportunity to risk assess and refer individuals to domestic abuse support services. A review by HMIC (2014) of Merseyside Police’s approach to domestic abuse found that control room staff were well-trained and skilled in dealing with domestic abuse incidents and that the force has good systems within the control room to identify repeat callers by address, and to highlight previous incidents reported on the same telephone number. However, the report also found that call handlers find is less easy to identify if a victim is vulnerable and that not all operators have access to the full range of police databases, so they are not able to carry out a full search of all available information about the victim or the perpetrator or any children who may be present. This means that attending officers may not have a full picture of the risk of harm to a victim or their children.

The report also identified that attending officers do not themselves undertake the formal risk assessment at the scene but gather the relevant details and pass them to
the specialist domestic abuse team, who assess the risk and develop appropriate safety plans for victims at a later stage. It reported that whilst officers at the scene understand the need to take positive and immediate action to safeguard the victim, this tends to be limited to arresting the perpetrator where this is possible, and that they had a limited awareness of other forms of safeguarding measures. The specialist team who carry out the risk assessments do not work at evening or weekends and therefore there can be a delay in putting in place the necessary safety plans which can place victims at greater risk. All domestic abuse cases are assessed using the Merseyside Risk Identification Tool (MeRIT), by dedicated risk assessors. However there are sometimes delays of several days before this occurs.  
(HMIC, 2014)

In response to the HMIC report, the College of Policing provides a range of evidence-based training for police staff related to domestic abuse and is currently revising its domestic abuse guidance, commenting that ‘The domestic abuse guidance, which will become known as Authorised Professional Practice, will go to public consultation in June 2014. It will provide improved guidance about coercive control as a critical risk factor, and the need to recognise patterns of behaviour which may develop over time. Advice will also be provided on the use of Domestic Violence Protection Orders (DVPO's) and the Domestic Advice Disclosure Scheme (Clare’s law)’.

Disclosure (DVDS)

The Domestic Violence Disclosure Scheme (‘Clare’s Law’) enables vulnerable people and their families to check the criminal history of their partner.

Protecting Victims

Eve’s Law is an on-going campaign which aims to protect domestic abuse survivors by ensuring their safe addresses remain safe and are not disclosed (e.g. in court proceedings) potentially putting them at further risk.
3.3.2 Victim Support Interventions

"If I had known about this [support service]...I would have been saved from so many years of pain" (Liverpool Mental Health Consortium, 2014).

Protection Orders (DVPO’s)

From a criminal justice perspective, once a domestic abuse offence is reported and the victim takes action against the perpetrator there are special measures available to support and protect them. Protection orders to prevent abusers from contacting their partners/victims are effective in reducing re-victimisation rates (Holt et al, 2003). In England and Wales, Specialist Domestic Violence Courts (SDVCs) are available to provide a ‘co-ordinated multi-agency response’ involving specialist trained staff and independent advisors to guide victims through the criminal justice system (Crown Prosecution Service, 2008). These improve prosecution rates and enhance feelings of victim safety. However, a large proportion of cases still do not get reported or end in a conviction.

A survey by Women’s Aid in relation to police responses to domestic violence experienced by women using refuges found that:

- When called to domestic violence incidents, the police charged the perpetrator with a crime in only 18.2% of cases
- In 32.1% of cases, the police took no further action at all
- 18.5% of women in refuges didn’t know if any action had been taken against the perpetrator after they called the police, suggesting police may not have kept them adequately informed on the progress of their cases
- 3.2% of women alleged being abused by the police after calling them to report domestic violence.

The Charity is calling for the police to be able to recognise and respond effectively to domestic violence, and coercive control in intimate relationships. This requires leadership, effective training and resource. The charity is urging the leaders of every police force, and all Police and Crime Commissioners, to sign up to its Survivor’s Charter in order to be able to recognise and respond effectively to domestic violence, and coercive control in intimate relationships. The Charter details the minimum treatment a victim of domestic violence should be able to expect from the police and criminal justice agencies, and the rights they have to access justice for domestic violence.

Independent Domestic Violence Advisors (IDVA’s)

The strongest evidence is that early access to independent domestic violence advisors (IDVAs) is highly effective in protecting high risk victims, providing the support they need (Howarth et al, 2009). IDVA's have been found to improve
individual's quality of life and mental health, decrease abuse and help women and children to escape and recover from violent and abusive relationships (Coy and Kelly, 2011). CAADA (2014) highlighted evidence relating to the cessation of domestic abuse and cessation of direct harm to children following support from an IDVA.

However, it is acknowledged that IDVA’s are only part of the solution due to their focus on high risk individuals, and that a wider coordinated community response is needed to respond to changing levels of risk and diverse needs of all victims. The effectiveness of IDVA schemes are also reliant on the availability to refer onto other specialised services.
Advocacy Approaches

Advocacy interventions inform, guide and help victims of domestic violence to access a range of services and supports, and ensure their rights and entitlements are achieved. Specialist advocacy support services also help victims through the criminal justice process and address their health and wellbeing needs. NICE (2014) highlighted evidence that advocacy services improve women’s access to community resources, reduce rates of domestic abuse, improve safety, decrease depression, reduce various stressors, and improve parenting stress and children’s well-being. A further review of advocacy services for women found that brief advocacy reduced minor (not severe) physical abuse whilst intensive support produced medium term (2 years) benefits (Ramsey et al., 2009).

Outreach Support

Specialist outreach community support has also been found to be effective in supporting victims (Humphreys and Thiara, 2002), in particular, when group activities that use a self-help approach are used (Bossy and Coleman, 2000).

Refuge Accommodation / Resettlement Services

As well as accommodation, shelters offer counselling and advocacy services to help women overcome their experiences. There is little research available on the effectiveness of women’s shelters specifically, despite there being evaluations of the advocacy services they offer. However, time spent in a women’s shelter has been associated with increased feelings of safety, a reduction in depression, and greater levels of hope.

Sanctuary Schemes

Sanctuary schemes are effective at supporting victims to stay in their own home, reducing repeat incidents and preventing homelessness (CLG, 2006). A national evaluation indicated that despite significant variations in the operation of schemes all were effective in increasing safety for those at risk, with positive experiences reported from service users (CLG, 2010).

Victim Support Groups

It is well documented that women often draw strength and benefit from such specialist services, due both to their interaction with other survivors of abuse, and to the one-to-one support from trained staff or volunteers. Support groups have been described as ‘A place where women can explore alternatives in lifestyle and life goals amongst an atmosphere of respect, safety, and empathy, which rekindles their resiliency, strength, and inventiveness’ (Jacobson and Gottma, 1998).
Restorative Justice

Many women’s organisations believe that restorative justice has no application to domestic violence, and that victim-offender mediation can only be dangerous for victims (Restorative Justice Council, 2014). However, Pelikan (2009) found that victim-offender mediation could help in a wide range of cases (though not all), in reinforcing empowerment and freedom from fear and violence within a relationship. Mediation was viewed as being important in increasing women’s sense of empowerment and in helping some men make changes.

Current ACPO guidelines (2012) do not support the use of restorative justice for domestic abuse victims. However guidance does state that ‘if a victim demands restorative justice then it is for the individual officer to consider, along with their respective force policy and the guidelines issued by ACPO’.

Mindfulness

Emerging evidence suggests the value of mindfulness as an effective intervention for victims of domestic abuse. McCollum et al., (2009) examined mindfulness meditation and its therapeutic effects on female survivors of intimate partner violence. Victims reported that they were able to find calmness within themselves and that they were able to focus on their relationship which gave them the chance to address issues that were typically difficult. They also noticed themselves being less reactive to their partner and more willing to adjust their interactions with, thoughts and beliefs about their partner.

3.3.3 Treatment Interventions

Children and Young People

NICE (2013) outlined effective interventions used in health and social care settings for identifying and responding to children exposed to domestic violence; these are summarised below.

- Moderate to strong evidence that single component therapeutic interventions aimed at both mother and child are effective in improving child behaviour, mother-child attachment and stress and trauma-related symptoms in mothers and children. All studies included ethnically diverse samples of children and mothers. Intervention approaches varied, including: mother-child therapy, shelter-based parenting interventions, and play/activity based therapies.

- Some evidence that single-component psycho-educational interventions aimed at mothers and children are effective in building coping skills,
increasing knowledge of domestic violence and improving children’s behaviour and mothers’ parenting skills.

- Moderate evidence that single-component psycho-educational interventions aimed at children, addressing skills such as: stress and conflict management, coping and relationship skills, understandings of violence, etc., are effective in improving children’s coping skills, behaviour, emotional regulation, conflict resolution skills and knowledge about violence.

- Moderate evidence that multi component interventions with a focus on advocacy are effective in reducing the trauma symptoms and stress in both children and families, and in improving child behaviours such as aggression. Interventions included: community-based service planning, nurse case management, and non-parental child care for disadvantaged families. Overall, these studies reported improvements in psychological and behavioural outcomes for children, with some indicating greater improvement with increased intensity.

- Moderate evidence of effectiveness of multi component interventions including both therapy and advocacy among diverse populations of women and children, some with co-occurring issues of substance use and mental health issues. All studies were conducted with ethnically diverse samples. These interventions increased knowledge and awareness about violence and safety planning, improved self-esteem and self-competence and improved interpersonal relationships.

Radford et al., (2011) highlighted the need to focus on the importance of joint and parallel work for women and children and the provision of a range of services to sensitively address and overcome the harm domestic violence has caused to the mother-child relationship.

Worrall, Boylan and Roberts (2008) research exploring protective factors and coping strategies for children and young people experiencing domestic abuse, found that mothers are important moderators of the impact of abuse, particularly those with positive mental health, high levels of extended family and community support and those who are able to curtail the violence by leaving, instigating criminal charges or seeking court orders.

An example of one such effective intervention is:

- The Incredible Years - A collaborative parenting programme for mothers who have experienced domestic violence and abuse and have recently left violent relationships. The programme helps parents develop strategies for challenging angry, negative and depressive self-talk, to increase parenting
self-esteem and confidence and to help parents practice the skills needed to help manage their children. The programme has been shown to be effective in the treatment of children’s aggressive behaviour problems and ADHD, the prevention of conduct problems, delinquency, violence and drug abuse, the promotion of child social competence, emotional regulation, positive attributions, academic readiness and problem solving. It also improves parent-child interactions, builds positive parent-child relationships and attachment, improves parental functioning, encourages less harsh and more nurturing parenting, and increases parental social support and problem solving.

NICE (2014) also recommends that specialist services for children and young people are provided. A report by CAADA (2014) supports this, highlighting findings showing that access to specialist children’s services have an immediate positive impact across all indicators of safety, health and wellbeing of children exposed to domestic abuse and direct harm. Best practice services for children and young people typically include:

- Group-based and individual play therapy;
- Preventative work in schools and other educational settings;
- Joint services for children and their mothers/carers;
- Refuge-based children’s workers to provide specialist support.

Adults

NICE (2013) outlined effective interventions for adults:

- There is moderate evidence that skill building (teaching, training, experiential or group learning) on a range of topics with victims of partner violence has positive effects on victims’ coping, well-being, decision-making abilities, safety and reduction of coercive and violent behaviour. While all studies reported improvements, interventions varied widely focusing on building skills such as: coping skills, safety planning and conflict resolution skills, knowledge of reproductive coercion and harm reduction in a reproductive context, decision-making and danger-assessment skills, economic education, and sleep training.

- Counselling/ brief interventions promote a range of outcomes, such as reducing depression and increasing empowerment among those who have experienced domestic violence, through interventions based on brief educational, cognitive-behavioural, and motivational interviewing approaches. There is moderate evidence that counselling interventions may improve: PTSD (post-traumatic stress disorder) symptoms, depression, anxiety, self-esteem, stress management, independence, support, re-occurrence of violence, birth outcomes for pregnant women, motivational level, readiness to
change, and/or forgiveness. Diverse groups of women were included in these studies, such as: pregnant African American women, pregnant and postpartum women, women in shelters, Hispanic immigrant women and rural women.

- **Therapeutic interventions** promote improvement in mental health impacts of violence, through more intensive treatments than counselling interventions such as group therapy. There is moderate evidence that therapy interventions may be effective for improving various PTSD symptoms, depression, trauma symptoms, psychological and social outcomes, parenting/family-related outcomes and in some cases may reduce likelihood of future IPV or re-abuse. Several studies were conducted with low-income women, and the majority of women captured in these interventions were Caucasian.

- There is moderate evidence that **behavioural couples therapy (BCT)** included within substance use treatment is associated with improved abuse outcomes, and in some studies with improved substance use measures. However these studies were conducted with primarily White samples and therefore the effectiveness of these approaches for ethnically diverse couples and non-substance using couples has not been identified.

Examples of emerging effective interventions include:

- **Supporting Father’s Involvement** - a current innovative programme being trialled in the UK that has recently been shown to have a promising preventative application for couples at risk of low severity domestic violence and abuse. The programme targets low income families where the parents are experiencing high levels of conflict. It is a couples, group based approach particularly concerned with improving fathers’ involvement in family life within low income families with relatively high levels of conflict.

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

Perhaps the most evidence is available for:

- Universal and targeted early childhood and family based health promotion programmes, such as **Family Nurse Partnerships**, showing they can be
effective in reducing all forms of violence, including domestic abuse (WHO, 2010). However a survey by Jack (2012) of Family Nurse Partnership nurses and supervisors found that almost 40% felt that they did not have sufficient knowledge and skills to address domestic violence and abuse when they found it, highlighting the need for effective training.

**Alcohol and Substance Misuse**

Interventions to reduce alcohol and substance misuse related harm could also have a significant impact upon domestic abuse (WHO, 2009). Targeted intensive alcohol intervention programmes, using cognitive behavioural therapy have been shown to reduce abuse in dependent and non-dependent drinkers (Stuart et al. 2003; Sitharthan et al., 1997).

**3.3.4 Perpetrators and Criminal Justice Proceedings**

There is increasing innovation and development work being undertaken to improve perpetrator programmes in the UK. However, there is currently limited robust evidence to support their effectiveness. NICE (2014) highlights evidence showing that:

**Individual programmes** including:
- Case management,
- An individual level intervention combined with community outreach services,
- Solution focused therapy,
- Educational interventions, and,
- Motivational interviewing approaches,

may reduce aggressive feelings towards partners, increase understandings of violence and accountability, and increase short-term help seeking.

It also showed that both short term (16 weeks or less) and long-term **group programmes** including:

- Family of origin group therapy,
- Solution and goal focused treatment programmes,
- Cognitive Behavioural Therapy,
- Unstructured supportive group therapy, and
- Group counselling

showed improved measures of changes in attitudes including: motivation/ readiness to change, accountability for abuse, and demonstrating empathy and outcome.
measures including: anxiety, self-esteem, depression and stress immediately following the intervention.

4 Child to Parent Violence

Child to parent violence is anecdotally reported as a very common problem. However there is limited guidance available on how to deal with the issue. Cottrell (2003) defines child to parent violence as “…any harmful act by a teenage child intended to gain power and control over a parent. The abuse can be physical, psychological, or financial”.

Research suggests that while boys are more likely to be physically abusive than girls, aggressive behaviour among girls is also increasing. While child-to-parent violence can occur in any family, mothers are more frequently victims (National clearing house on family violence, 2003). Research also suggests that some abusive teenagers may have previously experienced abuse themselves, and/or may have medical conditions such as ADHD and other conduct disorders.

Promising interventions include:

- **Stopping Aggression and Anti-Social behaviour in Families (SAAIF)** - a 12 week group work parenting programme for parents whose teenage children are displaying aggressive and anti-social behaviour at home. SAAIF came about as a result of CAMHS, YOS, Police and voluntary organisations recognising parent abuse by teenagers as a common problem. It is based on Functional Family Therapy and multi-agency delivery. General support is offered to both parents and children and helps them cope with aggressive behaviour as well as improving relationships in the family. The programme also runs day workshops as well as programmes for siblings ages 10-16 who may have witnessed domestic violence.

- **Step-Up: A Curriculum for Teens Who Are Violent at Home** - a group counselling programme for teens who are violent towards their parents or family members. The curriculum is designed for counsellors who facilitate such groups. The programme uses a cognitive behaviour approach to address violent and abusive behaviours, through teaching respectful and non-violent ways to communicate. The curriculum also provides materials for parent groups learning how to respond to violence in the home, gain new skills for parenting and get support from other parents. This particular curriculum does assume that the teens have been court mandated to attend a counselling programme.
• **Who’s in Charge?** - an 8 week programme for parents or carers of young people (8 to 18 years) who are out of control, violent or defiant. The group aims to:
  o Provide a supportive environment to share experiences and ideas
  o Reduce the guilt and shame which most parents feel
  o Offer ideas to help parents develop individual strategies for managing their child’s behaviour
  o Explore ways of increasing safety and well-being
  o Help parents feel more in control and less stressed

  *(Youth Justice Board, 2011)*

5 **Gaps in Evidence**

To summarise the identified gaps in the above evidence, NICE (2014) identified a lack of research relating to (including effective interventions):

- Working with men who are victims of domestic abuse
- Honour-based violence and forced marriage
- Child to parent abuse
- Elder abuse
- Stalking
- Lesbian, gay, bisexual and trans-people’s experiences of domestic abuse
- Differences in outcomes for interventions for male and female victims
- Intimate teenage partner violence
- Tailored approaches for women facing different levels of risk
- Whole-family interventions

However the following research is currently being undertaken and findings from these may be of interest when available:

- **Project Mirabel** – Project Mirabel was funded to investigate the extent to which perpetrator programmes reduce violence and increase safety for women and children and the routes by which they do or not produce effects alongside the overall contribution programmes make to coordinated community responses to domestic violence.
• **PEACH Study** – aims to find out what is known about different ways of preventing domestic abuse through interventions for children and young people under 18 in the general population.

• **IMPROVE Study** – an evidence synthesis that will draw together data about the effectiveness and cost effectiveness of existing intervention programmes for children experiencing domestic abuse.

6 Local Commissioning of Domestic Abuse Services

To support the evidence outlined above, there is a wealth of guidance relating to the commissioning of domestic abuse services. The following may be particularly useful:

• [Ministry of Justice Commissioning Framework for Victims of Crime (2013)](#)
• [Women's Aid Guide to Commissioning Domestic Violence Services (2009)](#)
• [CAADA - Guidance and Provision of Specialist Support for Commissioning Domestic Violence Support Services (2014)](#)

CAADA (Co-ordinated Action Against Domestic Abuse) also provides a comprehensive list of resources related to domestic abuse commissioning which can be accessed [here](#).

[NICE (2014)](#) also outlines a series of recommendations in relation to how organisations can provide an effective overall respond to domestic abuse. These can be used as a checklist and are outlined below, inclusive of additional detail relevant to this evidence overview.

1. Plan services based on an assessment of need and service mapping
2. Participate in a local strategic multi-agency partnership to prevent domestic abuse
3. Develop an integrated commissioning strategy
4. Commission integrated care pathways
5. Create an environment for disclosing domestic abuse
6. Ensure trained staff ask people about domestic abuse
7. Adopt clear protocols and methods for information sharing
8. Tailor support to meet people's needs
   - Think about referring someone to specialist domestic violence and abuse services if they need immediate support. This includes
advocacy, floating support and outreach support and refuges. It also includes housing workers, independent domestic violence advisers or a multi-agency risk assessment conference for high-risk clients.

- Think about referring someone to floating or outreach advocacy support or to a skill-building programme if they need longer-term support. Also explore whether they would like to be referred to a local support group.
- If there are indications that someone has alcohol or drug misuse or mental health problems, also refer them to the relevant alcohol or drug misuse or mental health services.

9. Help people who find it difficult to access services
10. Identify, and where necessary, refer children and young people affected by domestic abuse
11. Provide specialist domestic abuse services for children and young people
   - Provide interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer. This may involve individual or group sessions, or both. The sessions should include advocacy, therapy and other support that addresses the impact of domestic violence and abuse on parenting. Sessions should be delivered to children and their non-abusive parent or carer in parallel, or together.
   - Provide support and services for children and young people experiencing domestic violence and abuse in their own intimate relationships.
12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
   - Provide all those currently (or recently) affected by domestic violence and abuse with advocacy and advice services tailored to their level of risk and specific needs. This includes providing support in different languages, as necessary.
13. Provide people who experience domestic abuse and have a mental health condition with evidence based treatment for that condition
   - Ensure mental health interventions are provided by professionals trained in how to address domestic abuse. Interventions may include
psychological therapy (for example trauma-focused cognitive-behavioural therapy), medication and support, in accordance with national guidelines.

- Ensure any treatment programmes include an on-going assessment of the risk of further domestic abuse, collaborative safety planning and the offer of a referral to specialist domestic abuse support services. It must also take into account the person’s preferences and whether the abuse is historic or on-going.

14. Commission and evaluate tailored interventions for people who perpetrate domestic abuse

15. Provide specific training for professionals in how to respond to domestic abuse

- Training to provide a universal response should give staff a basic understanding of the dynamics of domestic violence and abuse and its links to mental health and alcohol and drug misuse, along with their legal duties. In addition, it should cover the concept of shame that is associated with 'honour'-based violence and an awareness of diversity and equality issues. It should also ensure staff know what to do next.

- Levels are training are specified within the NICE (2014) guidance.

Locally, the Knowsley Safeguarding Children’s Board (2013) reported the following issues and gaps relating to the provision of domestic abuse services and these may be of interest:

**Primary Prevention**

- No systematic approach
- No specific relationship counselling services
- Lack of anger management, empathy and emotional support in schools, particularly for boys
- Lack of awareness raising of the impact of domestic abuse in schools to tackle cultural norms
- No evaluation of programmes delivered in schools on domestic abuse awareness, PSHE, SEAL delivery etc.
- The views of children and young people on domestic abuse are not collected
**Specialist Support Services**

- Set up and delivered from traditional gender based approach (males as perpetrators and victims as females)
  - Are support needs being met for those experiencing abuse in gay, lesbian relationships, female perpetration against males; sibling on parent relationships?

**Service Provision**

- Support for perpetrators
- Support to help keep victims in their own home
- Therapeutic services for children living in the community with low to medium mental health and wellbeing needs
- Interventions to build strong parent-child relationships following incidents of domestic abuse

Additional Insight that may be useful, taken from the findings of the Liverpool Mental Health Consortium’s What Women Want Task & Finish Group report on domestic abuse and mental health, is outlined below:

- Psychological control and emotional abuse was experienced as the worst aspect of the abusive relationship, with the lasting psychological impact of that abuse being loss of identity, confidence and self-esteem, anxiety, depression, social isolation, eating problems, harmful use of alcohol and substances, self-harm and suicidal ideation
- The women had used a wide range of primary & secondary health care services with the first port of call for most women being their GP
- There were few examples of health professionals asking women if they had experienced domestic abuse; very few professionals saw their presenting symptoms, other than physical injury, as signs of abuse; and only 2 out of the 42 women we engaged with had been given information about or directly referred to a specialist domestic abuse support service.
- Inappropriate responses by health professionals are a significant barrier to disclosure, as are fears that ‘mental health’ issues will be used against them by the perpetrator, community & courts
- Pre-qualifying training for health & social care professionals does not currently include adequate training on the prevalence, impact & root causes of domestic abuse, barriers to disclosure, being able to spot the signs, question sensitively & respond appropriately. Consequently, there are too many gaps for women to fall through.
- There is a rise in demand for specialist domestic abuse support services against a backdrop of public funding cuts.
7 Conclusion and Recommendations

Following on from this evidence overview, it is suggested that the NICE (2014) recommendations for commissioning domestic abuse services are reviewed against the current management/provision of domestic abuse services across Merseyside.

Local insight from victims, relevant professionals, stakeholders and perpetrators should also be collated and reported on alongside this overview. Triangulation of these would enable a gap analysis to specifically detail where support could be improved for victims.

A 'Call for Evidence' could be undertaken to support this and identify any relevant work already undertaken by areas within Merseyside. This may also encourage partnership working and the pooling of resources.

It is also suggested that the HMIC (2013) report on improving the Police response to domestic abuse is reviewed, in particular those actions identified around victim support for Merseyside, which included:

- Educating frontline officers on access to support available to victims and what their responsibilities are in relation to on-going victim care
- Reviewing the contact officers and staff have with victims throughout their involvement and ensuring that appropriate levels of support and safeguarding are given at all three levels of risk
- To review the use of neighbourhood teams to provide victim support and assistance in a more consistent way.

It is also suggested that any imminently released evidence or guidance from the College of Policing, particularly the "What Works Centre for Crime Reduction" is reviewed.

Finally, it is recommended that the Police Online Knowledge Area (POLKA) database should be searched for any additional complementary evidence to support this evidence overview.