

Identifying and supporting medium risk, repeat female victims of domestic abuse: findings from a process and impact evaluation

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Overview

- What is 'medium risk'?
- Introducing the Medium Risk Plus (MRP) intervention
- Evaluation methodology
- Some key findings:
 - Understandings of medium risk repeat Domestic Violence and Abuse (DVA)
 - Working holistically with women
 - Conceptualising 'success'
- Conclusions and recommendations

What is 'medium risk'?

- DVA risk assessment has focussed on identifying and responding to high risk cases – MARACs, IDVAs, etc
- Medium risk has not yet been fully conceptualised as a discrete concept, nor fully embedded in DVA policy and practice
- DASH (Domestic Abuse, Stalking, Harassment and Honour-Based Violence) risk assessment tool
 - Defines medium risk as ticking 7-13 boxes out of 24
 - Based on OASys (Probation) assessment tool – 'there are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse' (Richards, 2009: 7)
 - Limitations
- Kelly et al (2013) – preference for the term 'chronic' to overcome the minimisation of medium risk to 'not high'

Nottinghamshire's Medium Risk Plus intervention

- Commissioned in 2013 by the Nottinghamshire OPCC following a Nottinghamshire Police Authority (2012) report
- The MRP intervention and evaluation have been guided by a local steering group of experts
- Focus on female, medium risk, repeat DVA victimisation – in terms of *police-recorded* repeats
- Referrals from police only
- Three Medium Risk Plus support workers located in Nottinghamshire Women's Aid or Women's Aid Integrated Service
- Bespoke, survivor-led support for up to two years from the same worker
- Provides direct support, advice and signposting

Evaluation methodology

- Outcome and process evaluation (Dec 2013-July 2015)
- Mixed methods approach
 - Interviews with Medium Risk Plus workers at three time-points
 - 17 Interviews with 13 survivors at different time-points
 - Analysis of police data – repeat incidents, related CJ outcomes
 - Analysis of Women's Aid Modus data for all of the survivors referred into the intervention
 - Self-completion data with seven practitioners from partner agencies (e.g. drug and alcohol services, housing, Probation)

Understandings of medium risk repeat DVA

- Medium risk women **without complex needs** often *'minimise the abuse'*
- They often do not *'fully recognise the abusive relationship'* or label their experiences DVA
- The medium risk, non-complex needs category appears to be associated with greater levels of coercion and control: *'...there's not death threats and they're [the perpetrator] not threatening to bomb the home and set fire to, you know, because it's gradual control, coercion...they've [the service user] managed it and managed it and managed it, until they get to the point where they can't manage it any longer. Whereas high risk women, you know, their life is immediately at risk (MRP worker)'*
- These women typically have problematic coping strategies
- By contrast, **medium risk complex women** often have an array of competing financial, housing, substance and/or child related needs
- Medium risk complex women often present in crisis
- For this group, a history of referral to support, but non-engagement with services, was noted
- But, 'grey areas' in relation to this category

Working holistically with women

- The nature of a woman's complex needs impacts on her engagement and the support provided
- The immediate needs of complex women must often be addressed prior to the DVA
- A persistent yet respectful approach to securing engagement is adopted (Hester and Westmarland, 2005)
- Partnerships with other agencies (e.g. social care) are used effectively
 - Endeavouring to become the centre of the woman's care package
 - *'Well [MRP worker] is the one that's been in touch with most of the agencies out of all of them, the one that stays in touch with the social workers, and she finds out about housing and what the police are saying and things like that'* (Hannah, aged 27)
- To view little or no engagement as failure, is too simplistic

Working holistically with women

- Empowering women to make their own decisions
 - *'I think it's helped me a lot like I say, to getting where I am today. Like I will put things in motion, I will phone the police, I won't, you know, put up with it. I just feel a lot stronger with it, yeah, and I don't know how it would've panned out without [MRP worker] there' (Lyn, aged 41)*
- Delivery of intervention is tailored
- Movement away from DVA is non-linear – connected to post-separation harassment
 - *'...it actually got worse after we split up. Not in a physical way... but some of the things that he did to try and control me, such as he took my son from nursery and refused to give him back and called Child Services and made up allegations to try and take my son from me. There's been numerous things, you know, isolating me from people, pretty much...' (Annie, aged 28)*

Conceptualising ‘success’

PCC ‘hard’ Outcomes	PCC ‘soft’ outcomes
50% of those who use service to have reduced risk over a period of 6m	Reduction in feelings of fear
30% to have maintained reduced risk over a period of 6m	Improved feelings of safety
Reporting of fewer repeat incidents of DVA	Improved confidence in accessing support
Less MR women being murdered	Improved quality of life

- Stepping stones – or scaffolding – towards longer-term outcomes:
- *“I joined Slimming World a few week ago as a way to sort of take control of my life and handle my depression and that for me has been a big life changing thing” (Annie, aged 28)*
- *“I didn’t go to playgroups or anything [...] But...now I’ve been like to three different playgroups and my social life’s just boomed. Even though it’s just playgroups, it’s just nice to see other people and get out. It’s just so much better” (Fiona, aged 25)*

Conclusions and recommendations

- Evidence of change both at micro (women's lives) and macro levels (local DVA infrastructure)
- Recommendations include (see final report for full list):
 - Gain clarity around the definition of 'medium risk repeat'
 - Continue to locate the MRP intervention within a specialist DVA agency
 - Retain two year duration for women that need it but recognise that in some cases, change/reduction in risk is possible in shorter time frames
 - Design and test outcomes that reflect the reality of DVA

References

- Hester, M. and Westmarland, N. (2005) *Tackling Domestic Violence: Effective Interventions and Approaches Home Office Research Study 290* Home Office: London.
- Kelly, L., Adler, J., Horvarth, M., Lovett, J., Coulson, M., Kernohan, D. and Gray, M. (2013) *Evaluation of the Pilot of Domestic Violence Protection Orders* Home Office: London.
- Kelly, L. and Westmarland, N. (2015) *Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report.* London and Durham: London Metropolitan University and Durham University.
- Nottinghamshire Police Authority (2012) *Domestic Abuse Scrutiny Committee. Final Report* Nottinghamshire Police Authority: Nottingham.
- Regan, L., Kelly, L., Morris, A. and Dibb, R. (2007) *“If Only We’d Known”: An Exploratory Study of Seven Intimate Partner Homicides in Engleshire* Child and Woman Abuse Studies Unit: London.