

## Protect, support and respond to repeat female victims of medium risk domestic abuse: Executive Summary

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This Executive Summary presents the headlines from an evaluation of the Medium Risk Plus (MRP) Worker intervention, a pilot domestic violence and abuse (DVA) support and advocacy service for female victims of medium risk, repeat domestic abuse. Both the intervention and this evaluation have been funded by Nottinghamshire Police & Crime Commissioner as part of their commitment to protect, support and respond to victims/survivors of domestic abuse.

### *About the MRP intervention*

- Nationally, little is known about the characteristics of medium risk DVA. Yet, in Nottinghamshire in 2013, this accounted for 43% of police-recorded DVA.
- The MRP intervention addresses a critical gap by: reaching out to female victims with complex needs; providing support for up to two years from one consistent worker; and delivering a bespoke service which meets women's individual and fluctuating needs.
- The police refer victims to one of three MRP workers employed by Nottinghamshire Women's Aid or Women's Aid Integrated Services (WAIS).
- Workers provide direct support, advice, and signposting to services based on a structured assessment of need.
- Support aims to reduce risk and repeat victimisation and encourage victims to report, with the aim of increasing successful prosecutions and securing safety.

### *Aims and methodology*

- The mixed-method evaluation aimed to: identify how the MRP intervention was being implemented; engage with practitioners in partner agencies to understand how it was embedding; analyse interview/agency data in order to assess the 'hard' and 'soft' outcomes of service users; and identify good practice/areas for improvement to inform a set of recommendations.
- Qualitative elements of the evaluation involved:
  - interviews with the MRP workers at three time points;
  - 17 interviews with 13 female service users; and
  - self-completion data from seven practitioners in partner agencies

- Quantitative evaluation included statistical analysis of data held by Nottinghamshire Police and the Women's Aid agencies.
- Data collection took place between January 2014-July 2015.
- An advisory group comprising key local stakeholders oversaw the research process.

## Headline findings

### 1) *Understandings of medium risk (repeat) DVA?*

- Medium risk (repeat) is a diverse category, dependent on whether a woman has associated complex needs. This diversity impacts on the nature of the support which a woman receives and her level of engagement throughout intervention.
- Ambiguity surrounds the medium risk, medium risk repeat, and medium risk plus categories; for MRP workers and those working in partnership with them.
- Greater clarity in relation to these categories, and transparency in the related selection criteria for MRP intervention, was called for.
- Despite this ambiguity, the medium risk category was considered an important one which drew attention to the needs of a very specific group.
- Notably though, the term 'medium risk' can lead service users to feel that their experiences have been invalidated or that their situations do not require intervention.

### 2) *Working with medium risk, repeat victims of DVA*

- Shifting referral criteria over the course of the intervention meant that two distinct cohorts of women emerged; women with high repeats but no or few complex needs – and women with complex needs in addition to a profile of repeat medium risk DVA.
- Medium risk, complex case women are more difficult to engage in support and DVA is often not the most immediate need that requires intervention. Other struggles regarding housing, mental health, poverty, and substance misuse may appear more pressing.
- These complexities often contextualise why women can elevate into the high risk category during the intervention period.

### 3) *The women referred into the MRP intervention*

- Over the course of the intervention, 111 women were referred to MRP workers.
- Women were aged 18-71 years (mean = 34.6 years) and the majority were white British.
- Due to difficulties in matching police and Women's Aid data, the analysis is largely based on a sub-sample of 57 women where the data was most robust. Of these 57 women, 38 women engaged – an engagement rate of 66.7%. Little is known about non-engagers.
- Women who engaged with the intervention were more likely to have children under the age of 17 living with them, than women who did not engage.
- For engaging women, 84.2% of perpetrators were male partners or ex-partners. One woman was abused by her female partner; two by their child; and three by multiple perpetrators simultaneously.
- For engagers and non-engagers, from 12 months prior to referral until the end of the evaluation period (July 2015) a total of 684 incidents were reported to the police. This averages at 12 incidents per woman. Just under two thirds ( $n=445$ ) were domestic incidents (typically verbal altercations) and just over a third ( $n=239$ ) were crimes.

- Where crimes were detected, the most commonly reported were common assault, assault with injury, as well as harassment and criminal damage.
- Service user interview data indicated that coercive and controlling abusive behaviours (now a criminal offence) were commonplace, in addition to physical violence and threats.

#### **4) *Where the MRP intervention works well***

- MRP workers are adept at supporting survivors, providing a non-judgmental approach, being a consistent point of contact, and enabling women to feel more in control. Support has aided survivors' understandings of DVA and decisions to exit abusive relationships.
- Practitioners in partner agencies identified that key to the positive partnership relationships that have emerged was the reputational capital of the Women's Aid agencies and their recognised specialism within the area of DVA.
- Key strengths of the intervention include its bespoke nature. It is tailored to women's needs and operates at varying levels of intensity as and when required.
- MRP workers place themselves at the centre of each woman's support package, negotiating and overseeing contact with other services.
- Partner agency representatives felt that the MRP service had facilitated a much needed inter-agency dialogue around how to better tackle DVA.
- A holistic service is provided, offering input on healthy relationships, arranging for home security measures, giving support with applications for restraining orders and other court orders; and providing assistance with housing, finances, and parenting.
- The whole-family approach ensures that appropriate support is put in place for children and other family members, where necessary.
- The existing short-term Medium Risk Worker intervention, where in operation, dovetails well with the MRP role by increasing women's readiness for intervention.

#### **5) *Measuring 'success': what impact does the MRP intervention have?***

- Limitations of the quantitative data have inhibited analysis which compares women pre/post-intervention and engagers vs. non-engagers. Limited outcomes data have been collected, because of the complexities and sporadic engagement of some women.
- Rates of repeat victimisation were slightly higher for the 38 engaged women. However, this may reflect increased willingness to report, rather than an increase in victimisation.
- Indeed, the qualitative data indicated that there is potential for a spike in risk/reported incidents throughout intervention as women become more empowered and challenge/break away from perpetrators. Reduced risk and revictimisation may therefore be misleading measures of 'success'.
- Reduction of risk and repeat victimisation are typically medium-to-long term outcomes. These targets need to be complemented by an understanding of the smaller steps which women make towards autonomy e.g. improved self-care, (re)learning how to take pleasure from everyday activities.

*'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)*

*'I can't even think about going back there [to abusive relationship] [...] because I'd be in the house constantly. I didn't go to playgroups or anything [...] But I went to, I've got, 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)*

- Other measures of success included six women having their children taken off child protection registers and women's increased uptake of support from other agencies.
- Movement towards 'recovery' is fluctuating and non-linear with this being influenced by factors outside of the woman or MRP worker's control e.g. post separation harassment/abuse connected to child contact. This is illustrated in the service user journeys in the full report.
- Notably, non-engagement should not be considered as 'failure': non-engagers receive information about Women's Aid services, laying the foundation for future engagement.

#### **6) *Challenges within the MRP intervention***

- Much of the workers' time is dedicated to trying to make contact with and offer support to women who are not engaging (or re-engage women who have disengaged). This can be demoralising for the workers. A balance needs to be struck between trying to build trust with hard-to-reach victims and working with women who are ready to engage.
- Securing women's engagement is difficult when workers are in effect 'cold-calling' women – often sometime after their most recent police incident. This is a different way of working for DVA agencies who historically have worked with self-referred rather than agency-referred victims.
- Teething problems with setting up referral processes between the police and the MRP workers – and also the change in referral criteria – need to be ironed out so that it is clear where responsibilities lie and to ensure that expectations remain realistic. Service level agreements between the police and Women's Aid agencies may be beneficial.
- Incongruence exists between MRP workers encouraging women to report all incidents to the police and the police outcome tending to be 'no further action', either because the incident was not a crime or the victim opts to not be involved in the investigation.
- It is also important to recognise that there are limits to what one intervention can achieve in isolation: a coordinated local and national response which holds perpetrators to account, prioritises safe child contact and provides the necessary resources to enable women to rebuild their lives is paramount.

**Full report available at:** <http://www.nottinghamshire.pcc.police.uk/Our-Work/Domestic-Abuse.aspx>

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