

Protect, support and respond to repeat female victims of medium risk domestic abuse

Final report

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1 INTRODUCTION

This report details the findings of the academic process and outcome evaluation of the pilot Medium Risk Plus (MRP) intervention for female repeat victims/survivors of domestic abuse in Nottingham and Nottinghamshire. Both the intervention and the evaluation have been funded by Nottinghamshire Police and Crime Commissioner, reflecting their commitment to protect, support and respond to medium risk repeat victims of domestic abuse, with a key focus on reducing repeat victimisation.

1.1 Why the MRP intervention was introduced

The MRP intervention was commissioned by Nottinghamshire PCC in collaboration with key local stakeholders following a report from the former Nottinghamshire Police Authority which identified the need for an intervention to prevent medium risk, repeat cases from escalating to high risk¹. Moreover, whilst high risk domestic abuse cases are considered the highest priority and typically require the most intervention, the largest category of active domestic abuse cases in Nottinghamshire – 43% - are medium risk². The intervention also sought to respond to victims of domestic abuse who were often well-known in multi-agency contexts, but who had historically proved difficult to engage.

The MRP intervention is unique because of its focus on medium risk, repeat victims. Unlike shorter-term interventions such as the Independent Domestic Violence Adviser (IDVA) intervention, it provides the opportunity for victims to receive support for up to a maximum of two years. Consultation with service users had indicated that short term intervention did not provide the time needed to build rapport, trust and support women to address their often varied, complex and individual needs. The two-year maximum duration also facilitated continuity in support from one dedicated worker, in light of women's feedback about being referred on to new agencies where they would have to repeatedly retell 'their stories'. In addition to the duration of the support, another hallmark of this innovative intervention has been the provision of a bespoke service that is tailored to women's individual needs.

1.2 Implementation of the MRP intervention

The MRP intervention is delivered by two Women's Aid agencies; Women's Aid Integrated Services (WAIS) which provides services in Nottingham City and across the South of Nottinghamshire and Nottinghamshire Women's Aid which provides services across the North of Nottinghamshire. Both are established, specialist domestic violence agencies. These agencies worked in partnership with Nottinghamshire Police and, as will become evident in this report, many other statutory and non-statutory agencies.

¹ Nottinghamshire Police Authority (2012) *Final Report, Appendix A: Domestic Abuse Scrutiny Committee*. Nottingham: Nottinghamshire Police Authority.

² HMIC (2014b) *Nottinghamshire Police's Approach to Tackling Domestic Abuse*. HMIC: London.

The implementation of the intervention involved the creation of and recruitment to three new specialist female MRP worker posts. Two of the MRP workers, respectively covering the City and South of the County, are employed by WAIS, whilst responsibility for the North of the County lies with the one MRP worker based at Nottinghamshire Women's Aid. Medium risk, repeat victims are referred by the police for support from a MRP worker who then contacts the victim to offer them support. Exactly which services are used and how much support is provided is determined by regular assessments of risk and need, in consultation with the victim/survivor.

During the evaluation period, 111 women were referred into the MRP intervention, although as will become evident through this report, not all became actively engaged in receiving support.

Introducing the lead agencies...

***Women's Aid Integrated Services** has been providing specialist domestic violence and abuse services to women, children and young people in Nottingham and Nottinghamshire for 35 years. Services provide risk assessment, safety planning and holistic support to enable and empower women and children to build their space for action and to live independent lives free from fear and abuse. Our 24 hour freephone Domestic and Sexual Violence Helpline provides a single point of access to services across Nottinghamshire. WAIS holds the voice of survivors at the heart of everything we do and campaigns to highlight and challenge the inequality resulting from domestic violence. WAIS is accredited to Women's Aid England National Quality Standards and SafeLives Leading Lights.*

***Nottinghamshire Women's Aid** dates back to 1984 when a group of women saw the need for a refuge in Bassetlaw for women, young people and children who were fleeing domestic abuse. They formed an organisation called Bassetlaw Women's Aid Ltd which became Nottinghamshire Women's Aid Ltd in 2006. As the organisation continued to grow and develop in response to need, the geographical area in which support was offered also expanded. We now offer support within Bassetlaw, Mansfield and Newark and Sherwood. Our services include: refuge provision, domestic abuse support for women, children and young people, high and medium risk interventions and programmes to aid recovery for both women and children. We believe that women, children and young people have the right to live their lives free from violence, abuse and fear. We work from a deep-rooted ethos of empowering survivors who seek advice, information, support or refuge to determine their own future; to 'survive and thrive.'*

1.3 Evaluating the MRP intervention

Given that this intervention makes a new and unique contribution to the response to domestic violence and abuse (DVA) in Nottingham and Nottinghamshire, a robust, independent evaluation is essential to identify good practice and areas for further development and learning. The findings of this evaluation will inform future local commissioning and service provision as well as providing a body of evidence which can

inform similar developments nationwide. Moreover, our earlier literature review identified that little is known about the characteristics of medium risk, repeat domestic abuse³. Consequently, this research makes a valuable contribution to both academic and practitioner literature by offering original data on the characteristics and journeys of female victims of medium risk (repeat) DVA.

The evaluation team comprises experienced researchers from the Department of Criminology at the University of Leicester. Led by Dr Rebecca Barnes and Dr Clare Gunby, the team collectively have experience of quantitative and qualitative research spanning topics including domestic violence, sexual violence, the Troubled Families programme, female offenders and substance use and misuse.

An advisory group comprising representatives of the intervention's key stakeholders – Nottinghamshire Police and Crime Commissioner, Equation, both Women's Aid agencies, Nottinghamshire Police, Nottingham City Council and Nottinghamshire County Council – met regularly during the evaluation and inputted into the development of the research instruments and strategies. In addition, the research received ethical approval from the College of Social Sciences Research Ethics Committee at the University of Leicester.

Following on from an interim report in March 2015, this final report presents the methods and findings of the evaluation and concludes with lessons learned, and recommendations for, the continued embedding and improvement of the MRP intervention.

2 METHODOLOGY

The evaluation commenced in December 2013 and the cut-off for data collection was the end of July, 2015, even though some service users continued to be engaged in support after this date. **We refer to the period between January 2014 and July 2015 as the reporting period**, although the earlier appointment of the MRP worker in the North of the County means that the evaluation data includes cases that she began working on from November 2013.

The evaluation sought to fulfil the following aims:

- To find out how the MRP intervention was being implemented by documenting the work undertaken and gathering data on positive progress, challenges and/or setbacks, drawing particularly on the MRP workers' perspectives and experiences but being informed also by interviews with service users about their experience of the intervention;

³ Barnes, R. and Gunby, C. (2014) *Protect, support and respond to repeat female victims of medium risk domestic abuse: literature review*. Leicester: University of Leicester.

- To engage with practitioners in partner agencies to understand the extent to which the MRP intervention is becoming embedded in the local response to DVA in Nottingham and Nottinghamshire, with a focus on exploring practitioner' understandings of medium risk (repeat) DVA; the effectiveness of existing partnership-working and perceived impacts of the MRP intervention on the engagement of women with partner agencies;
- To analyse interview data and agency data in order to assess the 'hard' and 'soft' outcomes of women's engagement in the MRP intervention (for example, with regard to any reduction in assessed risk or repeat victimisation, or in any increase to quality of life or self-esteem);
- To identify good practice and areas for improvement and use these as the basis of a set of recommendations to inform current and future work with medium risk, repeat female victims/survivors of DVA.

The four main methods used are outlined below:

2.1 Interviews with the MRP workers

Semi-structured interviews were conducted with the MRP workers in each of the three areas at three different time points (July 2014, January 2015, July/August 2015). In the South of the County, the MRP worker changed mid-intervention and for the stage 3 interview, the new worker was interviewed. The same core questions were asked at each stage, alongside additional stage-specific questions regarding the set-up of the intervention, its embedding into local partnership-working and any issues which had been noted in previous interviews. All interviews were audio-recorded and transcribed.

2.2 Analysis of agency data – Police and Women's Aid

A further strand of data collection involved the collection, coding and analysis of data from Nottinghamshire Police and from the Modus records system used by the Women's Aid agencies. This was important in order to understanding the characteristics and outcomes of the women who were referred into the MRP intervention, although detailed data could only be collected and analysed for women who were actively engaged in the intervention ($n=38$) rather than to all of the 111 women who were referred to a MRP worker. These limitations, and the caveats which surround the reliance on a much smaller sub-sample, will be further explained in Section 4.

Anonymised police data was derived from the PNC (Police National Computer) and CRMS (Crime Recording Management System) by our police contact in the Domestic Abuse Investigation Team at Nottinghamshire Police. It comprises details of the incidents that have been reported to the police regarding the victimisation of the women referred into the MRP intervention from 12 months prior to referral until 31st July 2015. This historic data was requested in order to assess whether levels of repeat victimisation have changed following women's engagement with the MRP intervention – although in practice this pre/post analysis has been constrained by a number of limitations to the data which we will return to in Section 4. The police data includes all

incidents whereby the woman is identified as a victim of DVA-related incidents, many of which are coded as 'domestic incident, not a crime'⁴, plus a wide variety of crimes. It also includes a risk assessment conducted by the police after each incident and the resulting criminal justice outcomes (arrests, charges and prosecutions⁵).

The Modus data was manually collected by the research team at the two Women's Aid agencies over a period of months and also included in-depth meetings with the MRP workers to ensure that we had a nuanced and accurate measure of engagement. The data recorded included demographic data, service users' areas of need, risk assessment scores, and the nature of the support provided by the MRP workers. It also sought to record outcome measures which were devised following an away day with the MRP workers, during which we proposed and collectively refined different outcome statements. No identifying data from Modus was recorded and only information pertaining to the period of time where the women had been on the caseload of a MRP worker was recorded, except to note whether there had been any previous Women's Aid engagement, such as previous IDVA engagement or MARAC cases.

Both datasets have been sanitised and contain no personal identifiable features of the women. The data were coded by the research team and inputted into SPSS for analysis. The possibilities for statistical analysis have however been limited by the lack of standardisation in women's journeys through the intervention (e.g. differing start dates, duration of support, frequency of risk assessment and levels of engagement); MRP workers' limited use and/or uploading onto Modus of the outcomes measurement tool devised for the intervention; and gaps in the Modus data particularly for women who have engaged barely or not at all with the MRP intervention. Consequently, no meaningful statistical claims can be made about the outcomes of women who have been supported by the MRP intervention. However, the wealth of data gathered has enabled us to produce **service user journeys** for women who have engaged with the MRP intervention, bringing to life women's circumstances, the nature of the support provided, women's movement away from DVA and any barriers to moving forwards.

2.3 Interviews with female service users

Semi-structured interviews were conducted with female service users (victims/survivors). The interview questions focused particularly on what support had been provided, what women found good about the support and what could be improved, and whether/how the support had helped them. This qualitative data offers rich, first-hand insights into the impacts of the MRP intervention on the lives of women and children, and critically, in the spirit of realistic evaluation⁶, *how and why* the MRP intervention has helped women.

The initial plan had been to conduct face-to-face interviews with six female service users from each of the three MRP worker areas at three different time points during the

⁴ These were typically described as verbal altercations.

⁵ Unfortunately, it was not possible to obtain data on convictions and sentencing.

⁶ Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*. London: Sage.

intervention (approximately beginning, middle and end). This longitudinal element aimed to track women's journeys through the intervention in order to examine how the support unfolded and to identify both positive developments in their lives and any challenges or setbacks which would highlight women's needs and contextualise 'hard' measures of the effectiveness of the intervention.

In practice, recruiting women to these interviews has been difficult for a number of reasons, including: women not feeling ready to be interviewed or MRP workers not feeling that it is an appropriate time to invite their participation because they are in a crisis situation or have fluctuating engagement; availability issues given work and childcare commitments; or lack of interest. In other cases, interviews were scheduled but did not go ahead, often because of women's complicated life circumstances. Whilst a change in the criteria for referral onto the intervention (discussed in Section 3) saw a shift towards women with more complex needs being referred to MRP workers, this complexity was only marginally reflected in the interview sample since women with complex needs such as mental health issues or substance misuse are less likely to be considered ready for, or be willing to participate in, a research interview.

In response to these challenges we relaxed some of the initial requirements, offering the option for telephone interviews and also enabling 'combined' interviews that encompassed more than one stage or exit-only interviews (e.g. for women who were not ready to participate earlier on in their support). These provisions did yield additional participants but nevertheless the target number of service users was not met. Despite the wider recruitment challenges, MRP workers reported informally to the research team that some women had been very excited to be invited to take part in a piece of academic research and that this opportunity had been valuable for their self-esteem in terms of being encouraged to see that they had something worthwhile to contribute.

Seventeen interviews were carried out with 13 women (four women in the City, four women in the South of the County and five women in the North of the County). Whilst below target, these interviews nonetheless yielded rich and insightful qualitative data. The interviews were carried out by a female interviewer who was experienced in interviewing women about sensitive issues, including domestic abuse. Interviews were conducted face-to-face – except in two cases where telephone interviews took place – and all were audio-recorded and transcribed.

2.4 Data collection from practitioners working in partnership with the MRP workers

In our original research brief, one element of the research design was focus groups in each of the three areas with practitioners in partner agencies who have worked with women who are being supported by a MRP worker. The rationale for these focus groups was to gain practitioners' perspectives on what medium risk repeat domestic abuse is and whether there is a local need for an intervention focussing on this category of victims/survivors; and to find out whether the involvement of a MRP worker has had any impact on the engagement of, and/or work with, the service user.

Despite three attempts to coordinate these focus groups, it was not possible to recruit a sufficient number of participants to any of the groups such that they could go ahead. The view from the MRP research advisory group was that the current context of austerity, cuts and commissioning pressures across statutory and non-statutory organisations had impacted the capacity of organisations to take part in research. In lieu of the focus groups, the MRP workers were asked to distribute a short email questionnaire to practitioners in partner agencies who had worked with women in their caseloads. This questionnaire was a condensed version of the focus group guide and asked open questions. Seven responses were received, and whilst this is far too small a sample size to reach any firm conclusions, the responses offer some useful insights into practitioners' view of the support that medium risk, repeat female victims/survivors of domestic abuse require.

EVALUATION FINDINGS

3 MEDIUM RISK PLUS (MRP) WORKER INTERVIEWS – KEY THEMES

Analysis of the stage one, two and three interviews with MRP workers has identified the following headline findings:

3.1 The profile of the MRP workers

The MRP workers all have a wealth of knowledge and experience of the Domestic Violence and Abuse (DVA) sector and are extremely adept at supporting survivors. As noted, a new worker came into post in the South of County mid-way through the evaluation. Due to her established experience with Women's Aid and domestic abuse, she was able to effectively navigate the handover of an existing caseload of women without experiencing accompanying levels of disengagement (as is discussed further below). Indeed, the interviews have highlighted the many skills and qualities which all of the MRP workers possess: a non-judgmental approach; being a friendly and familiar face, whilst being attentive to professional boundaries and the risk of developing dependencies; and their tenacity and initiative in engaging with women and striving to re-establish contact with women who have disengaged. These are all qualities identified in the academic literature as being integral to helping women and children build positive futures following domestic abuse.⁷ Partnership working is a key element of the MRP worker role, and as individuals, and as employees of Women's Aid agencies, the key workers entered the MRP worker position with existing strong links with partner services. These links helped workers to navigate the array of support agencies within the locality and provided a foundational knowledge of services that clients could be

⁷ Kelly, L., Sharp, N. and Klein, R. (2014) *Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence*. London: CWASU/Solace Women's Aid.

referred into. This facilitated a holistic intervention which met women's multiple and, as discussed below, often complex needs.

3.2 Understandings of the medium risk (repeat) category

Key workers' understanding of the medium risk (repeat) category highlights the diversity that exists within this grouping, dependent upon whether a woman has associated complex needs. The diversity that exists within the category means that often, it can feel as though MRP workers are engaging with '*completely different client groups*'. For example:

- Medium risk women **without complex needs** often '*minimise the abuse*'.
- These women often do not '*fully recognise the abusive relationship*' and/or label their experiences as DVA, typically because it occurs within the context of a relationship where abuse has been normalised.
- 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*' (City. Point 1).
- These women typically have problematic coping strategies, such as using alcohol and/or drugs, which may not be disclosed.
- By contrast, **medium risk complex women** often have an array of competing financial, housing, substance and/or child related needs which can see them quickly escalate into the high risk boundary due to the very complexity of those needs.
- Medium risk complex women often present in crisis, but domestic abuse is not typically the key presenting issue.
- Complex women have a long history of DVA and multiple past perpetrators which is '*part and parcel of why [...] they are complex*'.
- For these women, a history of referral to support services, but non-engagement with those services, is noted: '*the medium risk women tend to be people, everybody knows who they are. Well not everyone knows who they are, but like to police officers they're known, to services within domestic abuse, they know who the women are, because they've been complex and they've always come through*' (County South. Point 3).

However, there are multiple grey areas in this category; for example: distinguishing between medium risk and medium risk repeat, and also identifying the number of incidents that must occur before a woman moves to the high risk category. Medium risk repeat is understood to relate to having more reported incidents of DVA, but there are concerns around the fact that most repeat offences are not reported. Moreover, the

ways in which repeat victims are identified vary locally and nationally⁸: in Nottinghamshire, repeat domestic abuse concerns more than two incidents in a 12 month period, although the police and MARACs measure that start point for this 12 month period in different ways. This variation can lead to inconsistencies in who counts as a repeat victim from the perspective of different agencies.

When talking about repeat offences, workers noted that non-physical acts count as repeat incidents: *'So a woman that I support now, I would probably say, she has rang the police because she has said 'well he's sort of like harassing me, well he's sending me lots of text messages', but there's no, he's not breaching any orders or anything like that. So I think she's just ringing them to inform them that has happened, and because I think there's been a history of that and it's the same person...'* (County South. Point 3). In light of the non-complex medium risk category being marked by increased levels of coercion and control, and the above incident seemingly fitting within the new criminal offence of Controlling or Coercive Behaviour⁹, it is positive to see such behaviour being officially reported.

The 'medium risk' label is considered useful for workers *'so you've got that starting block there ready for you to work on'* (County South. Point 3). It was also perceived useful for the police, as long as that categorisation did not act to prevent them from *'looking at that individual person, that woman and where her journey's at, and [recognising] that those risks could change all the time'* (County South. Point 1). However, the medium risk label was considered less helpful for women themselves, who may question the term and why they are assessed as 'only' medium. Given that these women are already likely to be minimising their experiences, the term 'medium' can further reinforce this minimisation.

Another issue concerns how women come to be assessed as medium risk. Weaknesses were identified with the DASH risk assessment tool by all three workers. Risk categorisation was perceived to depend on who was completing the assessment (and their level of experience with DVA work), causing discrepancies in how it was filled in and resultant risk scores: *'...I've picked up on indicators or awareness and I've gone and I've done a risk assessment and the woman's come out as high when the police officer did it as medium'* (County South. Point 1). This echoes the findings of previous research which similarly identifies inconsistencies between DASH risk assessments conducted respectively by police officers and DVA specialist workers.¹⁰ Various factors may give rise to contradictory DASH risk scores between different practitioners:

⁸ HMIC (2014a) *Everyone's business: Improving the police response to domestic abuse*. HMIC: London.

⁹ Following the inclusion of controlling and coercive behaviour in the Home Office definition of domestic abuse as of March 2013, controlling or coercive behaviour in the context of intimate and/or familial relationships became a criminal offence on 29th December 2015 (*Serious Crime Act 2015*, Section 76).

¹⁰ Coy, M. and Kelly, L. (2011) *Islands in the Stream: An evaluation of four London independent domestic violence advocacy schemes*. The Henry Smith Charity: London. Available online at: <http://www.henrysmithcharity.org.uk/documents/IslandsintheStreammainreport2011.pdf> (accessed 9/12/15).

- Differing practices and levels of confidence in using professional judgement as opposed to solely relying on tallying the number of ticks on the DASH;
- Risk assessment being more effective in the context of an ongoing support and advocacy relationship¹¹ - and more likely to lead to enhanced disclosure – in contrast to a one-off, often emotive encounter with a police officer during an emergency call-out;
- Whether static or dynamic risk factors are being assessed;
- A lack of training and in-depth understanding of domestic abuse amongst some police officers, leading to the perceived inability to ‘get the full picture of what’s taking place, to enable the risk assessment to be correct’ (County North. Point 1).

These are by no means only local issues: the 2014 HMIC inspection of the policing of domestic abuse found inconsistencies in the use of the DASH and particular issues in uncovering the nuances of coercive control¹². This becomes even more pertinent in light of the aforementioned recent criminalisation of coercive and controlling behaviours. Moreover, whilst the DASH risk assessment tool has been in use since 2009, it has not yet been evaluated. However, a national Economic and Research Council-funded evaluation led by Dr Juan Medina-Ariza from the University of Manchester is taking place between January 2016 and January 2018.

3.3 Selection criteria

Issues surrounding the selection criteria for medium risk support were apparent in the narratives of all of the MRP workers over the three interview stages. Whilst the intervention began by identifying the top ten (or more) repeat female DVA victims/survivors in each of the three areas, in Autumn 2014 the medium risk plus advisory group decided to change the criteria such that they still foregrounded repeat DVA victimisation but prioritised those repeat victims/survivors with multiple and complex needs. There was a general sense of confusion surrounding the criteria, and concern that ‘*nobody’s clear how they define medium risk repeats* (County South. Point 1)’, which tied in with a number of inter-related issues:

3.3.1 Narrowing the criteria onto ‘complex needs’ women

The decision to move away from a purely quantitative selection of victims, based on number of repeat incidents, to one which involved closer scrutiny of victims’ profiles of risk and need, reflects important developments which are currently being spearheaded by Woman’s Aid England through their *Change That Lasts* campaign. This approach advocates for support to be targeted on the basis of need, rather than risk, thus differing from the current national police risk-based and incident-focussed approach. The needs-based approach highlights the gaps in support for medium and standard risk victims of DVA and also emphasises that early intervention, prior to potential escalation to high

¹¹ Cattaneo, L. and Chapman, A. (2011) ‘Risk Assessment with Victims of Intimate Partner Violence: Investigating the Gap Between Research and Practice’. *Violence Against Women* 17(10): 1286-1298.

¹² HMIC (2014a) *Everyone’s business: Improving the police response to domestic abuse*. HMIC: London.

risk, leads to more positive outcomes for women and children but would also be more cost-effective in the long-term.

In spite of the benefits of a needs-based focus such as *Change That Lasts* and the previously noted limitations of risk assessment processes, the change in criteria part-way through the intervention raised various concerns amongst the MRP workers. Whilst it was felt that the complex needs criterion was a valid one, the MRP workers were concerned that this would result in the medium risk repeat women without complex needs – who had been identified and provided with support via earlier lists – now being neglected:

'...but I think the middle, middle women was the whole point of us, and I don't think we're working with them now. It feels like I'm working with some of the women that nobody can get through to and it's kind of a last ditch attempt. Somebody's constantly ringing the police, you know, yeah just constantly ringing them because of their other needs, maybe mental health, and that's what I mean about the domestic abuse. There is domestic abuse but that's, me working with them around that is not going to, there's too many other things on top that need dealing with before, you know, them being able to work with me successfully' (City. Point 2).

Notably, the concentration of complex cases following the criteria change was not felt evenly across the three areas, but rather had the greatest impact in the City, followed by the South of the County. It is not clear whether the lower visibility of complex cases outside of Nottingham City reflects the demographics of the different areas, such as social class, financial circumstances and cultural/social influences/expectations; for example, one of the workers suggested that women in rural areas do have complex needs but are not disclosing because *'it's a bit harder to report through because we live in a nice neighbourhood and we don't want the police coming'* (County South. Point 1).

The potential adverse impact of a solely 'complex needs' caseload on the MRP workers was highlighted. For example, the complex needs women are more difficult to engage, and a good deal of time is spent trying to contact/maintain contact with them. This consequently poses a threat to the morale and motivation of the MRP workers:

'...It's quite demotivating constantly trying to contact people who have no intention of having anything to do with you, and you do feel a little bit deskilled sometimes because you're just doing the same thing and getting not a lot of response off people and not meeting a lot of, you know, targets...' (City. Point 3).

A possible solution to this, from the workers' perspectives, was to facilitate caseloads which include both women with complex needs *and* medium risk, high repeat women. This would enable the focus for intervention to remain on women who had experienced the highest number of repeat incidents (which was not always synonymous with more complex cases) whilst potentially enhancing motivation for MRP workers, due to being able to see more frequent progress (via work with those less complex women). Due to the aforementioned change in criteria, by interview points two and three, workers were

seeing greater heterogeneity in their caseloads in line with that proposed above. This mix of complex and less complex case was perceived to work, although as noted, there was concern that less complex cases would be neglected over the course of future iterations of the list:

'I think with having...the balance of the couple of complex needs women...it gives you the freedom and flexibility to, obviously you're putting in some valuable pieces of work with the women that are engaging on a permanent, constant basis, and...it's not as disheartening when these women aren't engaging with the service, because if it was constant complex needs...it would be quite disheartening if you'd got a full list of complex needs women that you weren't really seeing many results from...' (County North. Point 2).

3.3.2 Police-generated lists

It was felt that the criteria that were and are now used to generate the lists of referrals have highlighted that, in reality, the medium risk category incorporates two quite distinct service user groups: high repeat, medium risk without complex needs; and high repeat, medium risk with complex needs. Each of these two groups require and would benefit from the support of the MRP service; however, their patterns of engagement and the kind of work that is carried out with the two types of women, is noticeably different, as outlined in Section 3.4.1 below.

Concerns were expressed across the three interview time points about the validity and rigour of the police referral lists with a call being made for greater transparency in terms of the selection criteria. For example, in the South of the County, one referral had been for a woman with complex needs but with only two incidents of DVA. The City worker similarly noted: *'I'm supposed to be medium-risk plus but obviously the complex case is part of it, but, they [the referrals] don't seem to marry together. They seem to be one or the other'* (City. Point 3). The MRP worker in the North of the County indicated at her point three interview that whilst she was now receiving complex cases, this was many months after the complex needs criteria had been implemented. She also identified additional problems with the list from which she was currently taking clients, including it having been generated six months previously. Thus, a number of women who report incidents of DVA remain static on lists until room becomes available within MRP workers' caseloads to take on a new client. In the view of workers, this often meant that the opportune time to intervene had passed:

'...And with the women as well, when a specific incident's happened if you get to those women within two or three days they'll still be feeling it, they can still remember. Any delay, then they've forgot about it, they've forgiven or they've moved on or, it's not current, it's not fresh so they don't want to act on it' (County North. Point 3).

Other concerns with the lists included inappropriate referrals such as two women who had moved out of the County (an inevitable consequence of working from a dated list); and three cases where the alleged victim had subsequently been identified as the perpetrator (either of generic violence or domestic abuse).

Some concerns were expressed about the potential mismatch between the original aims of the intervention and the changing profile of service users, including in terms of the implications for the project evaluation. However, a benefit identified is that the service is now supporting a group of women (those medium risk, high repeat cases without complex needs) who would not have received the support elsewhere and positive long-term changes have been seen in these women.

Closely related to these concerns about the process for receiving referrals and the appropriateness of the referrals (and flagged as an issue at point one interviews), was the lack of a dedicated police contact who could be liaised with around discrepancies arising from the list. Whilst this concern had been rectified to some extent by stage two interviews, due to a specific officer being tasked with generating/managing the list across the three areas, at point three interviews it was noted that a police contact within each of the three areas would be better equipped to identify that area's top-repeat cases and field enquiries. It was also noted that the officer who had been tasked with generating the lists would be moving to a new (non-DVA) position with a lack of clarity over the arrangements for her replacement. This raises a number of concerns: a single point of police contact and liaison is vital to sustain strong partnerships between the police and Women's Aid agencies.

However, the potential for high staff turnover within police domestic violence teams exposes a risk to the sustainability of an approach to generating lists which relies on hand-picking women who are well-known to individual practitioners. Further, there is an even greater concern that, under conditions of austerity within the police, there are no guarantees that what might be perceived to be a lower priority function, compared to greater prioritisation of the assessed risk of imminent harm in high risk DVA cases, would automatically be replaced. Indeed, as at the time of writing, the future contribution which Nottinghamshire Police has the capacity to provide to the now re-commissioned MRP intervention remains undecided.

3.4 Delivering the MRP intervention: engaging women and developing ways of working

3.4.1 Engaging women

Engagement of service users with complex needs was generally described as more sporadic than those without. As noted, DVA is sometimes not the most prominent problem for these women, given other struggles regarding housing, substance misuse, poverty and having children in care. As a small-scale review of domestic abuse support undertaken in South Nottinghamshire has also recently highlighted,¹³ these typically

¹³ Jackson, S. (2014) *South Nottinghamshire Domestic Abuse Support*. Nottingham: South Nottinghamshire Community Safety Partnership.

multiple and complex needs impact on the stability of women's engagement and the nature of the support provided to them.

To address the challenges of engaging with women – particularly those with complex needs – a number of factors have been identified from key workers' accounts:

- The more immediate needs of complex women must often be addressed before focussed work on the DVA can begin. This is very time-consuming and the two-year period of the intervention is required to have a meaningful impact. During this initial engagement the MRP workers describe a careful balance of meeting complex needs, building trust and gradually drip-feeding discussion about the DVA: *'...domestic abuse, that might be their primary focus, it might not be. It might be child protection. So it would be balancing the two out...providing what the woman wants but obviously working in that information that will need to be given as well'* (County North, Point 1).
- Workers described a persistent yet respectful approach to securing initial engagement, maintaining engagement and attempting to re-establish a link to women who have disengaged: *'Even if there's nothing active I still try and ring them and say 'hi, how are things? Has anything else happened?' Because sometimes they don't ring you if they have, so it's like you have to keep checking up'* (County South. Point 3). However, MRP workers were mindful of the *'fine line between harassing someone and saying 'do you still want the support?'* (County South. Point 1).
- The challenges of securing and maintaining engagement with complex victims/survivors justifies the need for a long-term intervention, with the two-year time period being considered a unique contribution to the local DVA response. However, for those less complex women who are *'ready to engage'* it was argued that positive outcomes can be evidenced within shorter timeframes and that the two-year period could be shortened to increase *'throughput'* and because some women can be *'overwhelmed'* by the prospect of two-year intervention.
- Having one continuous named worker over the trajectory of intervention was also perceived to be a key factor in maintaining engagement. As noted, one of the MRP workers left her role, thus interrupting the ideal of two-year support from one consistent point of contact. This transition was reported to have been *'done the best it could have been done'*, and resulted in minimal disengagement (namely, from one service user, who it was surmised may have disengaged due to other factors). Indeed, engagement has reportedly increased since the new worker took up post due to the considerable energy that she has exerted in researching, and contacting the service users that she inherited.

- Where there is an existing short-term Medium Risk Worker, this has the potential to dovetail well with the MRP worker role by increasing women's readiness for the MRP intervention and familiarising them with what Women's Aid can offer them. This example of good partnership-working was most evident in the North of the County. Here, the Medium Risk provision also provides an in-road into engagement for the MRP worker, due to the potential for joint visits. At interview points two and three it was noted that those delivering the Medium Risk intervention are better situated to identify suitable medium risk repeat cases than the police, and should be involved in referring women into the MRP intervention accordingly. In the City, the desire to see the Medium Risk Worker role introduced, in order to respond to the many women who were categorised as medium risk but who were currently *'being missed'* due to lack of a service, was noted¹⁴.
- The greatest engagement challenges have been experienced in the City where multiple, complex needs are highly concentrated in the MRP worker's caseload: *'One of them had her daughter took off her and now she's just found out she's pregnant by a new perpetrator...she was a sex worker, and she's also ex-heroin and alcohol'* (City. Point 1). It was noted that such cases are *'really difficult'* to engage and whilst this was often due to the complex array of issues the woman was trying to balance, in certain instances, it was due to the logistics of there being *'no safe way at all of getting in touch with them [the service user]'* (City. Point 3). Such complexity often meant that the City MRP worker was engaging with women who were elevated into the high risk category throughout the course of intervention, due to the *'...drugs, alcohol, mental health issues...because of the very nature of them, complex cases'* (City. Point 3). The County South worker similarly noted that engagement could be near-impossible when *'it's not safe to write'* or visit. She noted that the change in referral criteria had resulted in her working with women where there was *'a lot more child protection, crisis...'* which similarly resulted in those cases going *'up to high risk quickly'* (County South. Point 2).
- Ways of working are influenced by the varied geography of the areas covered by the MRP workers. Rural areas may raise concerns about confidentiality and the perceived stigma surrounding disclosing both DVA and other complex needs may be more pronounced. These geographical factors also impact upon the MRP workers in the North and South of the County, generating safety concerns about vehicles being recognised and, due to limited availability of suitably discreet and accessible meeting places, sometimes having to hold meetings in women's homes, which in some instances are still accessible by perpetrators. Moreover, lengthy travel between appointments means that both workers have to make

¹⁴ DVA services in both the City and the County were re-commissioned during this evaluation's writing-up period. As of October 2015 in the County a short-term intervention will be available to female and male medium risk victims, whilst from April 2016 a short-term intervention will be available to female medium risk victims in Nottingham City.

phone calls and keep up with paperwork while on the road, which are not optimal working conditions.

- Partnerships with various statutory and non-statutory agencies (e.g. Children's Services, schools, drug and alcohol services) are used effectively by the MRP workers in their attempts to contact, re-establish contact with women and to keep up-to-date with their circumstances: *'There's been two or three women that I've got like active with because I've contacted [Children's Services], their Social Worker, and then they've invited me to like child protection review, and then from going there I've met the woman, and then because there are tasks in the plan, that then the woman engages with me'* (County South. Point 3). In Section 6 of this report, we also present evidence which indicates that these partner agencies have found the addition of the MRP workers to the local domestic violence infrastructure to be valuable.
- A consistent approach across all service providers is needed when women disengage. Generally, MRP workers have been clear to communicate that the woman's case has not been closed, and that there is an open door if and when they are ready to receive support. However, at interview points one and two there was some confusion for one of the MRP workers about this process. For example, it was noted that attempts would be made for six months to contact a woman who had disengaged, after which point she was closed to the service. If that woman became known to Women's Aid again, as long as the MRP worker had capacity, she would pick up engagement; otherwise, the woman would be directed to floating support. During the second interview phase she also noted that women from the first list who did not have complex needs had their cases permanently closed. For all workers, questions were raised around what support for two years means in practice; for example, whether that should involve continuing to make contact via letter and calls, and if so, for how long (and how frequently). Further, the original service specification (see Appendix I) had stipulated that support would end if a woman's reduced risk had been maintained over a six month period, although the relationship between often sporadic engagement and therefore sporadic risk assessment meant that prolonged reduced risk did not appear to be a significant factor in case closure. Workers also noted the difficulties of 'balancing' a caseload where dormant cases could become active at any point, and knowing when (and how many) new referrals to take on.
- Finally, it is important to note that non-engagement may be perceived as 'failure', but this is overly simplistic. Whilst some women engage little or not at all over the course of the intervention, they are still being supplied with information about Women's Aid services. Indeed, the MRP workers expended significant energy and time into trying to locate, 'chase', contact and engage with often highly complex women. For some, readiness to receive support may not occur

during this pilot phase of the intervention, but seeds may be sown for future engagement. This point is reflected in the narratives of victims/survivors who often spoke of denial and minimisation preceding an eventual decision to accept support. This has also been supported by research which found that engagement rarely occurs after the first contact, but may be taken up after multiple contacts¹⁵. MRP workers reflected these discourses, arguing that whilst women may not be ready to engage now, *'it might be a year or two years on that they go, 'oh I remember when someone called me...'*, thus precipitating contact at a later time point (County South. Point 1).

3.4.2 Developing good practice in the delivery of the intervention

The MRP workers' accounts of their approaches to delivering the intervention, supported by service users' descriptions and evaluations of the support that they have received (Section 5), identify some of the key features of effective delivery:

- The MRP workers place themselves at the centre of the woman's support/care package, being the conduit and consistent point of contact between service users and various agencies, and managing often complex relationships between service users and the agencies that they are involved with.
- The intervention is driven by a concern for the safety of women and children, and the reduction of risk.
- The ethos of the MRP workers is to empower women to make their own decisions, thereby giving them the tools and confidence to take control and make better decisions: *'Safety, empowerment and getting a family or a woman to be able to flourish and not live in fear. That's it really...'* (City. Point 1).
- Delivery is tailored to women's needs, with varying intensity at different points of the intervention. Typically, intensity is greater at the beginning and then tails off as women become more independent. However, for many women this is not a linear process, and the intervention's flexibility means that the intensity of support can increase if circumstances deem it necessary:

'...she was in her current relationship with the perpetrator [when engagement with the MRP worker commenced], contact was once a week when he was at work. She wanted to leave the relationship so contact was more frequent. Relationship ended, contact was daily for quite some time, a considerable amount of time actually. And then it reduced to two or three times a week and now it's on a weekly basis. So, it's individual to the women...' (County North. Point 1).

¹⁵ Jackson, S. (2014) *South Nottinghamshire Domestic Abuse Support Overview*. Nottingham: South Nottinghamshire Community Safety Partnership.

3.5 Conceptualisation of success

3.5.1 Who will be most helped by the MRP service?

Typically, workers argued that *'all'* medium risk women would benefit from intervention because *'any support is better than no support'*. However, certain groups of women are suggested to specifically profit. These included women with children who are perceived to have additional impetus to want to exit abusive relationships due to being *'petrified that they're [Social Services] going to come and take their children away'*. Similarly, complex needs women who are afforded the two-year period to address their needs and who have an advocate coordinating their engagement with multiple services are perceived to especially benefit. In addition, women who have normalised their DVA experiences are perceived key beneficiaries of intervention, once they start to gain understanding of their situation. However, breaking through those barriers takes considerable time.

As noted, the intervention has also been found to be more successful with women who have had some *'preparation'* for longer-term support via engagement with the short-term Medium Risk Worker in the North of the County, with this being seen to help bring a woman to a point where they were *'ready to engage'* and commence *'that journey'*. At interview point three it was noted that amongst the MRP worker's caseload in the North, this cohort specifically had achieved the greatest successes: *'And they've been the most successful. They've engaged with the service, those women that originally came through the Medium-Risk Workers...'* (County North. Point 3).

3.5.2 What is 'success'?

Measures of success are mediated by the different priorities of the individual woman and the agencies that are working with her. The original tender identified a range of hard and soft outcomes, with the former including sustained reduction of risk and decreased (reported) repeat victimisation. Regarding these measures, the MRP workers were mindful of the potential for a spike in risk levels and reported repeat victimisation as women start to become more empowered and either start to challenge, or break away from, the perpetrator. This pattern of incidents (and therefore, risk) intensifying for a time, reflects previous research which consistently finds that escalation of DVA is common and particularly dangerous at the time when a woman is leaving, or has recently left, an abusive relationship¹⁶. Indeed, this spike may also reflect women's increased confidence in the police and willingness to report subsequent incidents if they feel well supported and taken seriously:

'...women are actually starting to report through to the police...it's switching from becoming more confident and more able to say 'no, that's not right'...So they're getting

¹⁶ Humphreys, C. and Thiara, T. (2002) *Routes to Safety: Protection Issues Facing Abused Women and Children and the Role of Outreach Services*. Bristol: Women's Aid Federation England.

more confident, so I've had a woman just recently, two women that are now calling the police up, whereas they wouldn't have done that before' (County South. Point 1).

In this instance, changes recorded do not fit with the original understanding of 'success', yet clearly positive steps are being made to empower women and support them to regain control. This more nuanced understanding of success reflects the recent work of Liz Kelly and Nicole Westmarland (2015) on domestic violence perpetrator programmes. Kelly and Westmarland have argued that since survivors' experiences of coercive control and fear are more permeating than their experiences of physical violence, measuring success as 'expanded space for action' is more pertinent than measuring reduced victimisation¹⁷. This concept emphasises the importance of women being able to participate in everyday activities (e.g. socialising, deciding to return to work or education, having and expressing preferences or ambitions) without being fearful of or constrained by the perpetrator, thus signalling greater freedom and self-determination.

Reduction of risk and repeat victimisation are typically medium-to-long term outcomes, depending on the situation of the woman at the start of the intervention. These targets need to be complemented by an understanding of the small yet hugely significant steps which women make over the course of the intervention.

3.5.3 Examples of progress made/outcomes

As will be presented in the analysis of service user interviews (Section 5), these small steps include women engaging in improved self-care (e.g. bathing, doing their hair), and starting to take part in social activities, courses and exercise, while (re)learning how to take pleasure from everyday activities such as shopping: *'...she rings me up to tell me she's had a bath and done her hair. She's just come, if you saw her at the beginning to where she is now it's astonishing and, you know, I make sure she knows that she should be very proud of herself, because she's done it, nobody else'* (City. Point 1). These small achievements can be regarded as the 'scaffolding' for change, playing a key role in building up women's confidence, autonomy and self-esteem which are instrumental to broader decisions to leave abusive relationships. Indeed, an integral first-step towards exiting an abusive relationship is recognition that the relationship is indeed abusive. This is particularly pertinent for the MRP intervention since, as noted above, part of the profile of being 'medium risk' includes not recognising that the relationship is abusive.

Furthermore, unlike more traditional DVA work, the medium risk plus intervention is a pro-active intervention which involves, in effect, 'cold-calling' women who have reported incidents of DVA to the police. The starting point for these women, therefore, is very different to those women who have already identified that their relationship is abusive (even though they may not have recognised the full breadth of the abuse, such as the coercive control) and sought out support from a specialist DVA agency such as

¹⁷ Kelly, L. and Westmarland, N. (2015) *Domestic Violence Perpetrator Programmes: Steps Towards Change*. London/Durham: London Metropolitan University and Durham University.

Women's Aid. Whilst such recognition inevitably has '*a massive impact*', it was often considered '*quite small scale*' when viewed against the more tangible outcomes of being substance free, having children removed from 'at risk' registers and ending a violent relationship. Thus, there was some concern that such critical, foundational progress may not be deemed sufficiently substantial to demonstrate '*value for money*' through the eyes of commissioners.

The 'small steps' noted here do reflect outcomes prioritised in the original MRP intervention brief, are being evidenced amongst women receiving intervention and in a select number of cases, are considered to underpin those service users' larger steps towards leaving their abusive relationships.

3.6 Partnership working – coordinating the woman's support package

3.6.1 Embedding the MRP intervention into local response

Stage one interviews highlighted concerns amongst MRP workers as to the extent to which their role was well understood and embedded within the wider agency response to DVA, especially amongst the police. Given that this is a pilot intervention whose future funding was not certain from the outset of the intervention, these issues are arguably understandable. Initial teething problems with accessing police systems such as the time needed for security clearance to access police data (NPC) and having a clear point of police contact were flagged. Frustration was also expressed by one worker about police referrals not providing workers with details of the woman being referred, beyond a name, address and number of DVA incidents experienced. Stage two interviews indicated that some of these concerns had been rectified, despite issues remaining around the consistency/timeliness of the police generated list, as discussed earlier.

Positive relationships/working practices with the police were noted, with one MRP worker describing her interactions as helping her to learn much more about police practice, which in turn made it '*easier for us to explain to the women why they've not got the outcome that they were expecting*' (City. Point 2). Similarly, as noted, workers reported examples of improved interaction/confidence between service users and the police following MRP intervention. It was this improved relationship that related to the aforementioned spike in reporting. However, MRP workers in the County felt that their role would be strengthened and further embedded if there was the opportunity to be aligned to a specific beat team. Further, issues such as lack of dedicated desk space within police stations¹⁸ and an absence of formalised structure outlining the expectations of communication between the police (and with which officers specifically) and MRP workers were still flagged as challenges at the latter interview stages.

¹⁸ It is acknowledged that, in the context of limited police resources and the ongoing impacts of public sector cuts, dedicated desk space and a nominated point of contact for MRP workers might be unrealistic expectations. However, this point in itself underlines MRP workers' initial struggles to understand and straddle different institutional cultures and working practices.

One area of perceived good practice was the uniformity of the referral pathway into the intervention (namely, exclusively via the police) which meant, despite the aforementioned problems, the process was considered streamlined. Should other agencies be able to refer into MRP support at a future point, there was concern that this may complicate the logistics of the referral process. It was also argued by one worker that opening up referral could result in those women most in need/least likely to put themselves forward, no longer being prioritised for intervention. Instead, it was argued that referral may expand to include women *'who want it rather than...to move forward it's a necessity that they have it'* (County South. Point 3).

Partnership working practices were informal in nature – not laid out in service level agreements for example – but they typically worked efficiently, especially when good personal relationships had developed between the MRP workers and practitioners in partner agencies. Children's Services were highlighted as making recommendations for the women they engaged with, and who were also receiving MRP intervention, to continue with that positive engagement. However, due to mandatory reporting practices, the MRP worker in the South of the County reported disengagement occurring with one service user as a consequence of having to report a child protection issue to Social Services. There was some concern, and consensus, amongst MRP workers that if an agency was not working directly with a MRP client, there would be no reason for that agency to know about the good work of the MRP intervention. Here, the inability of partner agencies to refer women into MPR support was considered the primary obstacle to the intervention being better known: *'Well the problem, I don't think they [other support agencies] will think we've had much impact, only because they can't refer to us. So the only time they know about us is if they, we're both working with the same woman'* (City. Point 2).

As noted, successful partnership working was tied to the proactivity of MRP workers, who placed themselves at the centre of the service user's care package, taking the lead in coordinating her support. MRP workers manoeuvred themselves to be the single point of contact and liaison with the other agencies involved in each woman's care. Such working practices made it easier for workers to interlink with, and track, their service user's progress, prevent her from having to re-tell her story (which workers would do as part of the referral process) and help to track women who have disengaged, missed meetings or who could not be contacted initially through the 'cold calling' approach which took place once a list of referrals had been generated:

'I always explain the role and the length of time that I'm hoping to be working with somebody and what we're trying to achieve at the end of it, it becomes an agreement that we will keep in touch with each other...And like I said before, if somebody's disengaged with me then I need to be able to keep in touch with other people to make sure she's safe and, you know, so we do it that way...at the end of the day we can all give better support if we know what's happening. We've got to do it together, not separately' (City. Point 1).

Certain gaps in agency provision were noted: in the City this included a lack of resource for those with Mental Health need and long waiting lists for those seeking counselling. Access to a DVA-trained children's worker was found to be less readily available in the City, despite the perceived need for the provision. Within the North of the County more practical support was pinpointed as absent, such as the availability of cheap furniture to help women wishing to resettle to set up new homes.

3.6.2 The importance of alignment with a specialist service

Of central importance to the positive partnership working identified, was the reputational capital of Women's Aid: its recognised depth of knowledge, expertise in DVA and prior positive work with organisations in the City and County, were seen to 'open doors' and facilitate good links and practice between agencies and MRP workers: *'...the fact that you're working, that you're a Women's Aid worker kind of facilitates the ease of accessing, getting to speak to people* (City. Point 1). It is evident from this finding that locating workers within a specialist DVA service is crucial to its success and ability to engage optimally with services. As the Equality and Human Rights Commission has stated, specialist services draw on decades of experience, not only ensuring that response is grounded in that experience, but better enabling survivors of abuse to access a range of services and statutory agencies through their long-standing relationships with those existing partners¹⁹.

4 ANALYSIS OF POLICE AND WOMEN'S AID DATA

4.1 Women referred into the MRP intervention

As noted previously, data was recorded for the 111 women referred into the MRP intervention from the start of the service in January 2014 until 31 July 2015²⁰. There was a fairly even proportion of referrals across the three areas, with 40 referrals in the City (36.0%), 34 referrals in the North of the County (30.6%) and 37 women in the South of the County. We begin by sharing some demographics for this full sample, before focussing in on women who have engaged with the intervention, about whom more is known.

The mean age of the women was 34.6 years old, but there was a considerable age range of women referred to the service (18 to 71 years old, with a standard deviation of 10.1). The majority of the women referred to the MRP service were white (primarily white British), although in almost a quarter of cases, the Modus data did not record the woman's ethnicity (see Figure 4.1). This is one of many instances of missing data which will be noted in this section, much of which is the result of MRP workers' lack of contact

¹⁹ EHRC (2014) <http://equalityhumanrights.com/about-us/our-work/key-projects/map-gaps/what-specialist-service>

²⁰ With the exception of a small number of women in the North of the County whose support began in November or December 2013.

with or sporadic engagement with a substantial subset of the women referred into the intervention.

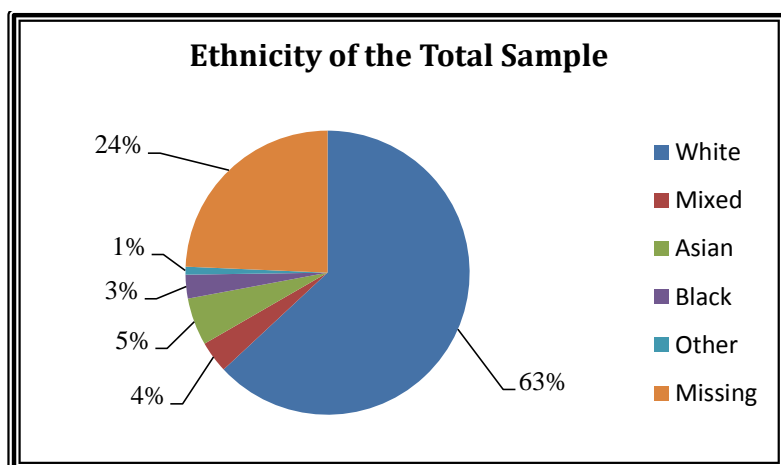


Figure 4.1: Ethnicity of the total sample ($n=111$)

Age and ethnicity of the total sample, where known, was also broken down by area. The women in City were slightly older (Mean = 36.2, Range = 20-71 years) than the women referred to the MRP service in the North of the County (Mean = 31.8, Range = 20-46 years) and South of the County (Mean = 34.9, Range = 18-55 years). The City and South of the County referrals were more ethnically diverse than in the North of the County where the women referred were all white. This finding does however reflect MRP workers' assumptions that the demographic make-up of women in the City and County is somewhat divergent, giving rise to unique sets of challenges (Section 3.3.3). Six women disclosed a disability; these included physical disabilities, learning disabilities and visual, hearing or speech impairments. In many cases in the Modus data it was not clear whether women had always been asked whether they had a disability or had disclosed this information, thus in reality the percentage of women with disabilities is likely to be higher than this.

Thus far, the demographics stated have been derived from the larger database containing all 111 women referred to the service. However, this database includes a substantial number of women who have not engaged at all with the MRP intervention, and about whom very little is known. Consequently, continuing to draw demographics from this larger pool becomes increasingly problematic because of high percentages of missing values skewing findings and making it impossible to reach any valid conclusions. For example, in almost a third of cases, there is no information about the relationship of the perpetrator to the victim; and in almost a quarter of cases, it was not clear from the information available whether the women had children. This means that it is necessary to focus on women who have engaged in the intervention, for whom there is adequate – and indeed often extensive – Modus data available.

4.1.1 Engagers and non-engagers

In practice, distinguishing between engagers and non-engagers – both for the above reason and also with the aim of comparing the characteristics and outcomes of the two groups – has proved problematic. Both datasets contained a variable pertaining to level of engagement for all women referred, but on combining the datasets, these measures of engagement were found to differ considerably. There was information about engagement and non-engagement across both datasets for 90 women (out of a possible 111 women), which represents 81.1% of the data. Twenty-one women were missing engagement information (18.9%).

Even when engagement information was available in both datasets, these often did not correspond. There was only agreement for 57 women (which is 51.5% of the total sample). On examining this inconsistency further we identified that the police data had coded 69 women as engaging with the service (and 21 non-engagers), which would represent a high engagement rate of 76.7%. In contrast, the MRP workers had coded only 40 women as having had some level of engagement with the service, and 50 as not engaging with the service in any way. This gives a much lower engagement rate of 44.4%. After investigation²¹ we discovered that the police engagement coding was solely based on whether the woman had been given an initial start date by the MRP worker, regardless of whether they then went on to engage with the service.

Due to these anomalies and the lack of resource available to the evaluation team to substantially revisit and recode the data, it was not possible to include all 111 cases in the remainder of the analysis. Instead, the decision was taken to only analyse the cases where police and Modus measures of engagement corroborate each other. Consequently, the remainder of the analysis – except the analysis of police incidents – has been conducted using the smaller dataset of 57 women, of whom 52.6% are from the City, 29.8% from the South of the County and 17.5% from the North of the County²². In this smaller sample we have an engagement rate of 66.7%, as 38 of the 57 women have engaged with the service.

It is also worth noting that, informed by the MRP workers, the research team developed a more nuanced measure of engagement to reflect that some women engage more fully with the service than others (see table 4.1.1).

²¹ Issues include missing police data for women who are clearly engaging (and were initially referred by the police) and contradictory start dates reported by the police and Modus, thus questioning the accuracy of the demarcation of DVA incidents as pre/post-intervention in the police data.

²² This dataset is not as evenly representative of the three areas as the initial dataset because correspondence between police and Modus data was weaker in the County. In the North of the County police and Modus data only corresponded for 10 out of the total 34 women referred.

Table 4.1.1: Modus: Nuanced Level of Engagement

		Full Data Set (111 women)		Smaller Data Set (57 women)	
		Frequency	Percent	Frequency	Percent
Valid	No Engagement/Refused Help	55	49.5	19	33.3
	Sporadic Engagement	9	8.1	7	12.3
	Engaged	31	27.9	31	54.4
	Total	95	85.6	57	100.0
Missing	Missing/Don't Know	16	14.4	0	0
Total		111	100.0	57	100.0

This measure was used to code the Modus data but in order to combine and make comparable the police and Modus data, the greyer category of 'sporadic engagement' was not used in the final analysis. Instead, the categories were collapsed to match the police data into engaged (66.7%, n=38) and non-engaged (33.3%, n=19). In addition, out of the women who both police and Modus agreed did not engage, seven (12.3%) of those women did not engage because they were engaging with other DVA services, hence were not unsupported.

Because the data on the non-engagers is largely missing, which is down to their non-engagement and the lack of opportunity therefore for the workers to obtain any of this information, very little can be said about the non-engager group. This unfortunately removes the scope for any meaningful comparison of the demographic and relationship factors associated with engagement or non-engagement. Consequently, we have needed to primarily focus the analysis on the smaller sub-sample of 38 women for whom there is police and Modus data, and who were engaged – albeit to varying degrees – in the MRP intervention.

4.2 The characteristics of medium risk repeat victims/survivors

4.2.1 Demographics of women who engaged in the intervention

As has been established, it is only possible to comment on the characteristics of women who engaged and not to compare them to those women who did not engage. One exception is that we can observe that age is very similar between the two groups; moreover, women who engaged were more likely to have children under the age of 17 who lived with them than women who did not engage (65.7% compared to 31.7%). This supports MRP workers' perceptions that women with children would be most helped by the MRP intervention (Section 3.5.1); again caution is necessary as for almost a third of the non-engagers, it was not clear whether they had children or not.

Some key headlines about the 38 engagers are:

- 3 women reported having a disability
- The majority of the women ($n=26$, 68.4%) had their own home, which was usually local authority, housing association or privately rented housing. Two were homeless.
- 65.7% had between one and four children under the age of 17.
- Almost a third of the women lived just with their children while five women lived alone. Five were living with the perpetrator and five with a new partner, both with and without children.
- In 29% of cases, one or more of the woman's children had been placed on a child protection plan.

4.2.2 The perpetrators

Data about the perpetrators of the abuse can be gathered from both the Modus data and the Police data. These datasets show that some women had as many as three named perpetrators of DVA, although it was most common for there to be only one perpetrator. Focussing on the women who were engaged in the intervention, for 84.2% their perpetrator was a male partner or ex-partner. In other cases, one woman was abused by her female partner; two by their child; and three by multiple perpetrators.

Out of the 144 detected perpetrators for the full sample, two perpetrators are flagged as being supervised under MAPPA (Multi-Agency Public Protection Arrangements), and in both cases the victims were engaging with their MRP worker. Twenty-nine perpetrators had a Restraining Order or other court order against them (just over 20% of the total detected perpetrators), with 16 of these relating to women who were engaged in the MRP intervention.

4.2.3 Complex needs

The data indicated that the women referred to the service also had the following personal circumstances and backgrounds, aspects of which reflect the aforementioned complex needs criteria (Section 3.3.1) which some women entered the intervention under²³:

- **Mental health issues:** 42.1% ($n=16$) suffered from depression and/or anxiety, two had bipolar disorder and one had a personality disorder.
- **Drug use:** For the women who were engaged, a fifth had a drug problem while for 65.8% ($n=25$) drugs were not an issue, and in the remainder of cases the information was unclear. Out of the eight women with a drug problem, six used illegal drugs and two used both illicit and prescription medication. Three used cannabis, two used amphetamines, one used gas, heroin and crack cocaine and one

²³ However, again, a lot of the data on these issues was either missing or it was unclear whether they had experienced any of these issues or not. These figures are therefore a likely underestimate.

used heroin, methadone and crack cocaine. For one of the users it was unclear which substances they were using and one of the women had recovered from her drug use, which was in the past.

- **Alcohol use:** A fifth of the women who engaged had an alcohol problem while for 63.2% ($n=24$) alcohol was not an issue, and in the remainder of cases the information was unclear.
- **Debts and financial issues:** Of the women who were engaged, 28.9% ($n=11$ women) had debts or rent/mortgage/council tax arrears.
- **Backgrounds:** Of the women who were engaged, 18.4% ($n=7$) disclosed that they had suffered abuse (physical/sexual) as a child; 5.3% ($n=2$) disclosed that they had experienced domestic violence as a child; 7.9% ($n=3$) had been arrested/spent time in prison; 10.5% ($n=4$) had undertaken sex work (currently or previously); and 7.9% ($n=3$) had been in care.
- **Immigration:** There were no immigration issues for the women who were engaged.

4.3 Police incidents and their outcomes

By looking at the total number of incidents reported to the police we get a picture of how extensive the women's victimisation is by the perpetrator(s). In total there were 1120 incidents for the 111 women, spanning the time-frame of 12 months prior to the referral date up until the end of the reporting period in July 2015. This raises issues for comparability as the length of time post-referral varies vastly, from November 2013 to Spring 2015.

Focussing on the smaller dataset of 57 women, in total there were 684 incidents reported to the police. On average 12 incidents per woman have been reported to the police (between 1 and 58 incidents per woman). This demonstrates that the women are repeat victims and in some cases have had considerable victimisation experiences over a relatively short period of time. This is slightly higher than the mean number of incidents for the whole sample (mean =10.6). When we break this down to the types of incidents that have been reported to the police, 445 (65.1%) of them are domestic incidents (mean 7.8 per victim; a range of 0-58), and 239 (34.9%) are crimes (mean per victim 4.2; a range of 0-20). Almost two-thirds of reported incidents are verbal altercations.

Where crimes were detected, the most commonly reported were common assault, assault with injury, as well as harassment and criminal damage. Some other very serious crimes were reported, but were rare in incidence (e.g. threats to kill, rape and sexual assault, kidnapping, and affray). Some property crimes were also reported, but nonetheless were relatively uncommon (for example, theft from the person or theft from a dwelling). Although on the surface this may appear more trivial or indeed unrelated to DVA, in many cases the reports detail that keys or mobile phones were stolen from the women by the perpetrator, perhaps indicating an attempt to control the woman or prevent her leaving from the house and/or contacting others.

Rates of repeat victimisation were slightly higher for engaged women (mean 12.7, with a range of 1 to 58 incidents; and a standard deviation of 8.9), but interestingly 68.7% of the incidents reported in relation to engaged women were domestic incidents compared to 56.4% of reported incidents for non-engaged women. These findings can be interpreted in a number of ways: on the one hand, they could suggest that on average, women who engaged with the service suffered slightly higher rates of repeat victimisation, but these incidents were more likely to be domestic incidents than for the non-engagers. On the other hand, it is possibly the case that what is being seen is an increase in reporting rather than in victimisation: MRP workers, as interviews with service users demonstrate, typically encourage women to report all incidents involving the perpetrator to the police to ensure the full documentation of the DVA. This encouragement may propel women towards greater willingness to report, alongside increased awareness of non-physical abuse behaviours such as intimidation, harassment and verbal attacks. It should however be noted that these conclusions are tentative given the relatively small sub-sample sizes, especially for the non-engaged women ($n=19$), and also because it has not been possible to compare rates of victimisation pre and post-intervention.

The police data also includes information about the police outcomes for each of the reported incidents of DVA. As noted in the methodology, domestic incidents are confirmed as being verbal disagreements, and are distinguished from victimisation that results in a criminal offence. Consequently, all domestic incidents receive no further action by the police, although in light of increasing awareness of – and the recent criminalisation of – coercive control, this general course of action needs to be reviewed, and greater attention paid to patterns of repeated, ostensibly low-level, incidents.

There is some more variability for how crimes are dealt with. Taking just the data from the **City** area, there were 561 incidents (353 domestic incidents – 62.9% and 208 crimes – 37.1%). For the crimes, no further action was taken in 125 incidents (60.1%) – in these instances the victim refused to give a statement about the crime, or the CPS decided not to prosecute. In 78 crimes a charge or summons resulted (37.5%), and in two cases a DVPN was issued (1.0%). In a further two cases the crime was coded as undetected (1.0%), and in one case a caution was issued (0.5%). These findings reflect other research which underlines the high likelihood of DVA cases dropping out of the criminal justice system and not securing a conviction²⁴. The figures in this study point to high rates of attrition at a particularly early stage in proceedings, and it is concerning to see outcomes of ‘no further action’ for offences such as assault without injury, threats to kill and, in one case, indecent assault. There is a possible tension to address in that MRP workers are encouraging women to report all DVA incidents to the police, yet in the majority of cases the perpetrator is not subsequently held accountable and/or brought to justice for their criminal behaviour.

²⁴ Hester, M. (2006) ‘Making it through the criminal justice system: attrition and domestic violence’. *Social Policy and Society*, 5(1): 79-90.

4.4 Quantifying the activities of the MRP workers

As has previously been emphasised, the MRP intervention is a flexible, bespoke intervention which addresses a multitude of different and often complex needs. As such, support packages can vary considerably in their content, but also vary in intensity and with regard to whether contact is mediated through face-to-face meetings or telephone calls or text messages. Section 3 documented the versatility of MRP workers' roles and Section 5 will further draw this out by giving examples of what input women have found valuable. Here, we quantify the activities of MRP workers, based on their support of the 38 women who were engaging with them:

- **Housing:** 52.6% ($n=20$) of women were supported with their housing
- **Health:** Just under half (44.7%, $n=17$) were helped with their mental health needs; while 13.2% ($n=5$) were helped with their physical health.
- **Healthy Relationships:** Just under half (47.4%, $n=18$) were given help with healthy relationships which involved one-to-one work, referral to the Freedom Programme or similar, and emotional support. 57.9% ($n=22$) of the engaged women had been offered the Freedom Programme, of these, six were either completing it or had completed it and six were waiting to start it.
- **Parenting:** Just under a quarter (23.7%, $n=9$) of the engaged women received input around parenting. Notably, of the 11 women who had children on child protection plans earlier on in the intervention, six (54.6%) of these had their children taken off these plans while they were being supported by the MRP intervention. This seemed to be a tangible outcome of the MRP intervention and the support offered by the MRP workers who not only accompanied them to their child protection meetings but also liaised with the number of agencies involved when dealing with children at risk (e.g. Children's Services, solicitors, CAMHS (Child and Adolescent Mental Health), schools) and, as noted in the qualitative data, put specialist DVA support in place for children.
- **Substance Use:** The MRP workers helped two women with their drug problem²⁵ and four women received help from the worker for their alcohol problem which involved referral to other agencies and support (e.g. doctors, rehab).
- **Debts and Financial Issues:** For half of the women, advice and support with financial issues was given.
- **Employment and Education:** Two women received help with employment – namely the MRP worker facilitating a visit to the job centre to develop a CV; while five were helped with educational matters. However, for the majority of engaged women, education (60.5%, $n=23$) and employment (68.4%, $n=26$) were not issues that needed to be addressed.
- **Restraining Order:** 42.1% ($n=16$) of the engaged women had a restraining order or other court order and in six of these cases (37.5%) the MRP workers had helped women to obtain this order.

²⁵ Some women were already engaged with drug treatment services before being referred to MRP.

In addition, 63.2% of the women are also receiving **support from other agencies**, often through the MRP worker's signposting or referral to, and facilitation of, this support.

5 SERVICE USER INTERVIEWS – KEY THEMES

5.1 Profile of the women interviewed

As noted earlier, 17 interviews were conducted with 13 women from across the three MRP intervention areas. Interview participants ranged from 21-51 years of age, with a mean age of 34 years. One was of Pakistani ethnic origin, whilst the others were all White. All have children, though in a few cases some or all of the children are in care. In all cases the perpetrator was a current or former male partner, and some mentioned that they had had previous abusive partners too. At the time of the interview none of the women were still in the abusive relationship, but some had been at the start of the MRP intervention. There was a mixture of women who have had lots of previous or ongoing agency involvement, including in some cases prior engagement with Women's Aid, and those who were receiving agency support for the first time.

5.2 Satisfaction with the MRP intervention

Service users consistently expressed high satisfaction with the support that they had received from their MRP worker. All identified that from the outset, they had a good understanding of what they could expect from their MRP worker, and that a rapport developed quickly²⁶. Arrangements varied in terms of whether women usually met their MRP worker at home or at another venue (e.g. at a formal meeting space such as Women's Aid or a Sure Start Centre, or at a cafe), but regardless, all women were satisfied with the accessibility of the service and the facilities at meeting places.

All of the women spoke very positively about their relationship with their MRP worker, finding her approachable, easy to talk to, and understanding of their situation. Many articulated that their MRP worker's support had been pivotal to them leaving their relationship, coping after the relationship ended, and in one case, to still being alive, as the following quotes indicate:

- *'without [MRP worker] I couldn't have done it. I mean the advice from her and stuff like that, I think I would have actually bottled it and gone back to [perpetrator] because it's not easy to leave someone like that. It's really hard and I thought before I started it was going to be easy, but then when you get the constant text messages, the constant ringing, the constant coming round, it really does take its toll and you do actually think to yourself it's easier just to go back, and just take the flack once in a while'* (Jasmine²⁷, aged 29)

²⁶ It should be noted though that those women who agreed to participate in interviews tend to be more regularly engaged with their MRP worker, hence they are not typical of all service users within workers' caseloads.

²⁷ All names have been changed to preserve anonymity.

- *'I think if I didn't have the support from [MRP worker], like even if it's just a quick chat on the phone or anything like that, if I'm feeling really low or depressed, [...] even though I've got a good support network if I didn't have [MRP worker] I think I wouldn't be here now, because I used to self-harm and stuff and I haven't done that'* (Sophie, aged 23)

Very few areas for improvement were noted, but isolated issues which were raised are as follows:

- One woman noted the lack of confidential meeting spaces within her locality (in the South of the County), and her concerns about being seen attending the venue.
- One woman said that it would have been beneficial to have this support available from the first time that she called the police.
- One woman expressed the wish to see her MRP worker more often; in this instance, the interviewer suggested that she discuss this with her MRP worker at their next meeting,
- Finally, one woman participated in an exit interview because her support was terminating due to her no longer meeting the intervention criteria. She expressed disappointment about this and said that this had caused her to feel distrustful of agencies. Another woman also explained that she had been informed that her support was due to transfer to another worker because she no longer met the criteria, but this decision was reversed following her escalation to high risk. To fully understand these situations the key worker's perspective on how these decisions to close cases were made and handled is required; as was noted in Section 3.4.1, there was sometimes confusion regarding protocols for case closure. However, questions are raised about caseload management, meeting service user expectations and closing women who are engaging and who want to keep receiving the service. This becomes even more pertinent when the criteria for receiving support change once the intervention has commenced.

Women's overarching positive evaluations of the MRP intervention coalesced around a number of recurring themes:

5.2.1 Understanding the DVA

For most women, an integral benefit of the MRP intervention was their increased understanding of DVA. This was usually gained through one-to-one discussions with their MRP worker, but was reinforced also through participation in the Freedom Programme and/or other DVA courses. Consequently, women gained insight into their (ex-)partner's behaviour and were able to start to identify patterns, shift blame from themselves to the perpetrators, and feel more confident about identifying and curtailing future abusive relationships:

- *'I wanted to, basically, know when I was in a violent relationship and see what leads to a violent relationship, and what triggers a violent relationship'* (Jasmine, aged 29)

- *'Oh she's [MRP worker] trying to get me on a Freedom programme. Because I'm doing a lot better with understanding of how things happened and, you know, that it's not anything I've done and, you know, I'm not responsible for him and, you know. That has been the biggest help I think, because until you get out of that you can't move on and make the right decisions sort of thing'* (Lyn, aged 41)

5.2.2 A holistic service

The service user interviews evidenced the wide remit of the MRP worker role. Much of the support provided related directly to the DVA, such as accompanying women to court, attending meetings with Children's Services, chasing their housing applications, and arranging for the Police and Fire and Rescue Service to install home security and arson prevention measures. More general support was provided too, such as accompanying women to hospital or GP appointments and looking after their children whilst they are being seen, and helping them to take unwanted items to a charity shop. Women expressed very positive views about having one person who they could contact who could help them with a multitude of different issues; this reflects previous discussion about the effectiveness of the MRP worker role being the ability and capacity to place themselves at the centre of each woman's support package (Section 3.4.2):

- *'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. I mean my social worker doesn't even do any of that, you know, [MRP worker]'s the one that comes to me and tells me all the information that she's gathering and things like that'* (Hannah, aged 27)

Hence, compared to practitioners whose work tends to be much more boundaried, women are aware that they can approach their MRP worker about a much wider spectrum of issues, and either receive direct help, signposting, or advice and support.

5.2.3 A whole-family approach: support for parenting and children's work

Related to the holistic emphasis, one of the strengths of the MRP intervention which service users repeatedly identified was a concern for, and willingness to put support in place for, the whole family. This whole-family approach is important in responding to DVA because it is more typical that different agencies have a particular concern for e.g. the children, the female victim, or the male perpetrator's child contact arrangements, resulting in competing, and at times conflicting, agendas²⁸. Support of other family members predominantly related to children, mostly concerning the impact of the DVA upon the children, but also helping to address other issues such as a child being bullied at school and, in another situation, a woman discovering that her child had been sexually abused by a family member. Support took the form of one-to-one discussions about the impact of DVA on children and parenting skills, taking part in parenting courses, liaising

²⁸ Hester, M. (2011) 'The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence'. *British Journal of Social Work*, 41: 837-853.

with schools, and giving referrals for direct work with the children. As noted above, in some cases this has been thwarted through limited access to specialist children's DVA workers; however, where this work has been possible, it has been received positively:

- *'I've got a lady from the children's centre who visits my daughter to do play sessions with her because I mean my daughter's got quite a lot of his [father's] anger, you know, things she's seen... There was somebody that was going to the school to see her about that but this particular woman's now coming to do like play sessions to get us like kind of bonded back together again, yeah'* (Lyn, aged 41, talking about her 5 year old daughter)

One woman also explained that her MRP worker had given direct support to her new partner to help him to understand what she had been through.

5.2.4 Taking back control: empowerment and decision-making

All of the women described how their MRP worker had empowered them, being there to give advice and helped them to handle difficult situations and make better decisions, thus enabling them to feel more in control. The following quotes illustrate this progression:

- *'There was one big [DVA] incident that led to more incidents following, at which point I was, I didn't know how to react, whether I should respond to my ex-partner or whether I should ignore it or how to, you know, how to deal with it calmly rather than go in all guns blazing, for instance when he took my son from nursery. So when I've made those phone calls to Women's Aid and they've said 'Calm down, do it', you know, 'I'd advise you do it this way, speak to a solicitor'. They gave me advice that helped me to manage things better than I probably would've done on my own'* (Annie, aged 28)
- *'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)
- *'Well it's [MRP worker] that's, not pushed me, said 'You can do it. Sell your house, make yourself happy, make yourself in control. Then you're in control of your money, you're in control of everything then'* (Sue, aged 45)

Feeling more in control was vital for women, as it was through this that they identified that the perpetrator would not be able to exert the same level of control over them. Echoing the above point about MRP workers empowering women (Section 3.4.2), the interview data indicates that MRP workers have carefully tailored their level of support to each woman's current coping. Therefore, whilst early on and/or in crisis they have required more direct help and someone to act on their behalf, the role becomes less hands-on as women become more independent and confident.

5.2.5 Having 'someone there': consistency and flexibility

One of the key benefits repeatedly reiterated by service users was simply having somebody who was there for them. There were various facets to this. The first relates to

the importance of having a dedicated, named individual who knew their situation and who they could contact directly. This contrasted with other experiences of agency involvement, such as one woman who had had twelve different social workers in the period of a year.

The second aspect was having somebody who would be an advocate for them. Women recognised that it was not within the remit of all agencies to prioritise their interests in this way, and yet having someone who they felt was 'on their side' bolstered them:

- *'Just knowing that someone's there that actually understands and is on my side, whereas like I say a lot of the other, like Cafcass and that they're, they're not on anyone's side. Well they're obviously on [son's] side, do you know what I mean?'* (Melanie, aged 21)

The third aspect was the flexibility, such as the ease of contacting the MRP worker by phone or text, and being able to arrange meetings at short notice. This responsive, informal approach was particularly valuable when a further incident of DVA had occurred, or when other difficulties arose:

- *'If I needed more [contact] and I would ask for more I'm pretty sure that I'd get help with it, but at this time it's just as and when and obviously if I see her once a week and I need to speak with her on the phone and it's not a problem'* (Annie, aged 28)
- *'If I've had, if I have a problem, 'I'm here, I'm at the end of the phone. If you need me text me', and she talks me through everything, she's just absolutely brilliant'* (Sue, aged 45)

Some women also spoke about the reassurance of knowing that if they could not contact their MRP worker, the local 24 hour Women's Aid helpline was available for them.

Finally, women spoke of the value of having the support of their MRP worker instead of having to rely on friends and family. Some described their worker as being almost like a friend, whilst recognising their professionalism. However, whilst most spoke of having good informal support networks, they preferred to discuss the DVA with an outsider who was less emotionally involved, non-judgemental, and who, either through personal or professional experience of DVA, had greater understanding of their situation:

- *'It's just nice to have someone there that you know they're not judging you and they don't, like obviously if you talk to sort of friends and that haven't been in the situation, obviously they're on your side but they don't understand it totally, so it's nice just talking to someone that does really understand and give you the right kind of support rather than judgement'* (Melanie, aged 21)
- *'Because if like I talk to my mum or something, or my sister, about the girls [daughters, now in care] or how I'm feeling then they get upset. So if I talk to [MRP worker] she sort of understands where I'm coming from because she's been through it with me, and having someone that's not been through it, for them to help you and give their opinion helps you'* (Sophie, aged 23)

In light of this consistency and reliability of support, many women expressed concerns or an impending sense of loss when asked how they felt about their support coming to an end. This underlines the importance of the MRP workers' aforementioned efforts to tailor the intensity of the intervention and of women being involved in the decision to close their case and – as is already the case – being well-informed about the other follow-on services, courses and groups that Women's Aid and other agencies can offer them.

5.3 What difference has the MRP intervention made? – outcomes and 'success'

In addition to practitioners' perspectives on women's progress which were shared above, there are many examples from women themselves of how support from a MRP worker is facilitating their movement away from the DVA, and towards a life free from violence, abuse and control.

Women reported substantial advances during the course of their involvement with the MRP worker, with some describing it as 'life-saving', or 'life-changing', respectively. Some women have moved from not knowing how to leave an abusive partner to being free from that relationship; from having children on the 'at risk' register to having their case with Children's Services closed; and from moving from a history of abusive partners to reporting an awareness and increased self-respect which they anticipate will protect them from future abusive relationships.

Measurements of outcomes and 'success' were discussed in Section 3.5, where it was emphasised that 'success' can be evidenced in both small steps as well as in the achievement of longer-term goals. The small steps which underpin these longer-term achievements are evident in most women's accounts, and demonstrate that breaking free from the psychological hold of an abusive (ex-)partner and the fear that they invoke, and regaining a sense of identity that is independent from the abuser, is a gradual process.

Achievements which women spoke about correspond to the targets specified in the original MRP intervention specification. Indeed, three women specifically spoke about the sense of achievement which came from seeing how far they had progressed in relation to risk assessment scores and outcome measures, thus indicating the value of using such evaluation tools with some service users²⁹:

- *'It's like an achievement, because there's one [on the batteries outcome measure], I think it's my wellbeing or something, and I says to [MRP worker] that [ex-partner] used to, he didn't used to like me wearing makeup or having my hair down because he always used to think I was meeting different men and stuff like that, and I said to her, 'Now I like to wear*

²⁹ This point needs to be held in tension with anecdotal indications from the MRP workers that not all women are willing to engage with the outcomes measures and that some found the tools used (in particular the 'batteries' tool which pre-dated the tool designed for this evaluation) patronising and unhelpful.

my hair down and stuff, I says, so it's gradually going up, and doing the stuff I want to do' (Jasmine, aged 29)

- *'[MRP worker] did like this chart from one to eight, from when it started, she had that already down on paper and it was like really low, like on ones, ones, ones, ones, ones, but now I'm on like sevens and eights'* (Jodie, aged 42)

With regard to *improved quality of life*, women spoke of having a greater concern for and pride in taking care of their appearance and self-care, becoming involved in exercise or slimming classes, and meeting people through courses and activities such as play groups:

- *'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. So it's really good actually, so I discuss that a lot, and then we discuss the up and coming courses'* (Annie, aged 28)
- *'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)

It was also common for women to express that they felt more *confident about accessing support*, including reporting to the police, feeling less frightened of social worker involvement, and feeling ready to move on to the Freedom Programme or counselling. For Sophie, work with her MRP worker has prioritised accessing health services:

- *'We've just done loads, like going to the dentist, that was a big action for me. I'd not been for a while and I went, got like four fillings, so that's one. Like going to the doctor's, I didn't used to want to go to the doctor's and she's put it down as a goal to go to the doctor's and talk to them more, because I didn't used to talk about how I was feeling or anything. So she's sort of gave me the confidence to go and talk to more agencies if that makes sense'* (Sophie, aged 23)

In terms of *feelings of safety* and *reduced fear*, progress was more contingent on what was currently happening with the perpetrator (as is further illustrated in the service user journeys in Section 5.5). Women spoke positively about the reassurance of home security and fire safety devices which had been installed in their homes, and some also spoke about developing strategies for keeping safe, albeit in ways that reduced their freedom:

- *'I did changing the locks as well with Women's Aid. They got the locksmiths out to change the locks. I had the fire service come around because he used to threaten to set the house on fire as well, with me in it. They came out and put like a cover on my letterbox so I could shut it and open it like in the morning and at night, and they installed two different fire alarms. They came here and they checked all the windows to see whether they were shut like properly. Yeah so I went over keeping myself safe and they even spoke about a panic alarm, but I was like 'I think I'm alright, I've got my phone so I can phone 999 straight*

away'. So I always make sure my phone's charged up, so I don't go out if it's not charged up' (Sophie, aged 23)

- *'I don't go out at night, I've already said that, I don't go out at night. That's my choice, I don't want to see him. But I probably would, I'd be safe if I did go out in public, whereas it'd just be getting home that I wouldn't feel comfortable doing if I knew he were out'* (Fiona, aged 25)

In addition to the benefits of physical strategies to enhance women's feelings of safety, women also spoke of the emotional and cognitive strategies that they had developed to protect themselves from the perpetrator and also to manage the perpetrator; for example, deliberately remaining calm, emotionless, or smiling when the perpetrator is seeking a reaction from them:

- *'I was advised if he ever did contact me just call the police, you know, don't ever respond to any messages or anything, don't react. Because a lot of the time the things that are put on social networking sites, they make me want to defend myself, but I've learnt that it's better to not react to them and, you know, just carry on about my life'* (Annie, aged 28)
- *'I've got loads stronger, definitely, because if he was to kick off I used to just sit and cry. Now...I do it like [MRP worker]'s told me to, be clever and don't, don't bite, just smile, and it winds him, well I say it winds him up, it shuts him up should I say'* (Sue, aged 46)

5.4 Contextualising outcomes: barriers to moving on and the non-linear nature of 'recovery' from DVA

Whilst the previous section reported on the many positive outcomes for women who have engaged with the MRP intervention, analysis of women's Modus files at Women's Aid and analysis of their interview transcripts underlines that the steps that women make towards 'recovery' may be highly conditional, fluctuating and non-linear³⁰. This is particularly the case for women who have a very complex profile of needs which must be addressed alongside the DVA if women are to achieve lasting change, safety and freedom from abuse³¹.

As will be illustrated in the service user journeys in Section 5.5, there are a multitude of factors which can help or hinder when it comes to whether or not women are able to become – and remain – free from DVA. Many of these factors are outside of the control of individual women and the MRP workers; these relate to structural barriers such as long waits for alternative, safe, permanent housing, lack of funding for formal education and training, and post-separation harassment and abuse connected to child contact, for example, which can slow women's progress, dampen their hopes for moving forwards, and lead to unexpected changes in their circumstances. In the analysis which follows we

³⁰ Barnes, R. (2013) "'I'm over it": survivor narratives after woman-to-woman partner abuse'. *Partner Abuse*, 4(3): 380-398; Evans, I. and Lindsay, J. (2008) 'Incorporation rather than recovery: Living with the legacy of domestic violence'. *Women's Studies International Forum*, 31: 355-362.

³¹ Howarth, E. and Robinson, A. (2016) 'Responding effectively to women experiencing severe abuse: identifying key components of a British advocacy intervention'. *Violence Against Women*, 22(1): 41-63.

identify the impact of some of these factors, thus emphasising that wider solutions or responses to some of these far more pervasive issues need to be implemented in order for women to reap the full and enduring benefits of specialist support.

5.4.1 Complex needs

As has already become clear, women who are referred into the MRP intervention often have a long-standing profile of complex and multiple needs. In other cases, issues of insecure immigration status and honour-based violence accentuated women's vulnerability to abuse and shaped the type of support that they required, although this was relatively rare. The interviews with service users do not reflect the full extent of the complexity of the entire cohort of women that have engaged with the MRP intervention, precisely because women with the most complex needs and chaotic lives are least likely to be ready for, or inclined to, participate in research interviews.

An example of such high levels of complexity is reflected in Chelsea's journey in Section 5.5. Such complex needs and circumstances were discussed in Section 3.4.1 as having an adverse impact on women's engagement with the MRP intervention, consequently limiting the extent to which they will experience the full benefits of the support available; further, evident in the Modus data for women with complex needs profiles who did engage with their MRP worker, such needs can make it more difficult for women to experience stability and make concrete, enduring steps towards recovery, whilst also heightening their vulnerability to become involved with subsequent abusive partners.

5.4.2 Post-separation harassment and abuse

For the majority of the women interviewed, experiences of post-separation harassment and abuse were a prominent feature of interview discussions: in some cases this had lessened over time and women's accounts focussed on historic incidents; for some these incidents continued to occur regularly; and in a small number of cases the situation was either escalating in relation to child contact issues or the revival of the abuse was feared because of the perpetrator's imminent release from prison.

Post-separation harassment and abuse took many forms: physical violence was uncommon, although damage to the woman's property was reported in some cases. More typically though, incidents described include coercive and controlling behaviours, including making or threatening to make false allegations about the woman's parenting to Children's Services; turning up at the woman's home or approaching her in public, sometimes irrespective of there being an order in place; harassment and insults via text messages and social networking sites. Three of the many examples reported include:

- *'At one point in the summer like we did actually speak and I did actually drop [child] off at his house and things like...but it wasn't long after where he was like texting me wanting to go for a drink, jumped out of a bush at me when I didn't answer his text, and things like that, yeah'* (Lyn, aged 41)

- *'[Ex-husband] would undermine me in everything, but if [children] played up for him it was okay for him to turn up on my doorstep ranting or ring me up and rant...there was one time he threatened to burn the house down, he was coming down to burn the house down. He wasn't coming to burn the house down, he was just verbally sort of coming out with this stuff' (Aisha, aged 51)*
- *'...it actually got worse after we split up. Not in a physical way obviously, he wasn't allowed near me because of the bail conditions, 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)*

Such incidents can lead to the sudden escalation of risk, underlining the reality that the point at which data is gathered reflects a snapshot in time, meaning that a woman can have a medium and/or standard risk profile for a year or more and then be subjected to a particularly serious and potentially out-of-the-blue incident which escalates her to being high risk and requiring a MARAC referral, for example.

For a small number of women, the ongoing experience of abusive behaviours – or in some cases incidents which they suspected that the perpetrator was responsible for, was experienced as very debilitating and a barrier to feeling safe and feeling free of the perpetrator:

- *'So I was petrified still of him, that I got some [of] them no-number calls a couple of months ago now and I, still to this day I don't know who it was but it started bringing a lot of like flashbacks and stuff back to me, and still now I'm having them because I didn't know whether it could have been him messing about or anything' (Sophie, aged 23)*

5.4.3 Child contact

As has been extensively documented in the existing literature, issues related to child contact often inhibit women from severing ties with abusive ex-partners and, as indicated above, also provides opportunities and triggers for continuing post-separation harassment and abuse³². Child contact gives abusive ex-partners a legitimate reason to remain involved in and receive information about the lives of the woman and her child(ren) and can subsequently be exploited in order to continue to monitor and victimise survivors. A minority of the women interviewed appeared to consider continued contact with the perpetrator to be in the child's best interest, but more often women's discussions of child contact conveyed that they felt that they had no choice or that there was an element of inevitability surrounding the continuation of contact. In either case, women may feel that they have to compromise some of her (and her children's) safety and freedoms in order for the perpetrator to see the children. This

³² Morrison, F. (2015) 'All Over Now?' The Ongoing Relational Consequences of Domestic Abuse through Children's Contact Arrangements'. *Child Abuse Review*, 24(4): 274-284. Hester, M. (2011) 'The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children's Safety in Contexts of Domestic Violence'. *British Journal of Social Work*, 41: 837-853.

was highlighted starkly in one case where Melanie (aged 21) reported that because of a child contact order, it was necessary for the conditions of the non-molestation order against the perpetrator to change in order to allow him to come to the woman's house on set days to collect and drop off the child.

Child contact negotiations were widely reported as being stressful and dauntingly unfamiliar, often hostile, and can also trigger harassment and coercion from both the abuser and sometimes too the abuser's family members. This is illustrated in Annie's example:

- *'At the moment there's no contact with [perpetrator] at all but his family are now, and I feel, even though it might not be direct, it's coming from his family or his partner, and it is only asking to have my son, but they have been told that the contact should be stuck to what's in the court order. But even still they are messaging me and asking me and putting me in an awful situation because I don't want to say no to them because it's not fair on my son. They tell me that I'm being unfair and that to me, I feel like they're controlling me because, or they want the power because I then can't control my own thoughts and it makes me quite ill'* (Annie, aged 21)

Women further report that child contact arrangements and court orders related to arrangements for seeing the children and financial support are often breached, again causing tension and sometimes giving rise to women's concerns for the safety of their children. Moreover, such breaches and boundary-testing by perpetrators were reported by a number of women to bring feelings of frustration and disempowerment through the realisation that the perpetrator can still exercise an element of control over them. However, such attempts at control are now more recognisable to women, following the DVA awareness work that they had undertaken with their MRP worker, and may therefore be resisted:

- *'On Sunday he gave my brother twenty pounds less to give me, so I've gone to maintenance options and we'll set something up. He said 'if she wants to negotiate it she'll have to phone me for the support'. That's not going to happen, you know?'* (Lyn, aged 41)
- *'[Perpetrator]'s sort of trying it on a few times...but then I have to remind him that if he takes, if it ends up back in court he will lose out quite a lot... you know, he'll say stuff like "oh I'm going to have him an extra night" or "no I'm not going to bring him back" or "you can pick him up now" or, it's just a hassle at the time, it'd just be a lot easier if it was just how it, as simple as it is on paper in real life'* (Melanie, aged 21)

Women also often spoke of their concerns about the impacts of the DVA on their children, and analysis of the Women's Aid Modus data (Section 4.4) showed that one of the main types of input which MRP workers provided involved helping women to understand how DVA affects children and supporting them to address these issues. In cases where women felt that their children were exhibiting negative impacts of witnessing DVA, concern about, or reluctance to support, their children's contact with the abusive ex-partner was greater. Lyn, as mentioned earlier, explained that her five year old daughter was expressing her dissatisfaction with the breakdown of her

parents' relationship and was displaying anger and a negative attitude towards her. However, Lyn also indicated that this negative behaviour appeared to be further aggravated by the perpetrator's regular questions and comments to their daughter during contact:

- *'Yeah, I've got a lady from the children's centre who visits my daughter to do play sessions with her because my daughter's got quite a lot of his anger, you know...she's seen... she's picked up on it at home obviously when we was together, but then she was in distress because she's 'mummy's called the police, daddy's not happy about it'...she's got quite an attitude with me at the moment. Obviously mummy's not always been there because things have been going off so much and, you know, working and everything else. She's probably felt like she's not had enough attention...but it's obviously being made harder by the fact that he's still playing up in the background... And she said to my brother the other day, because [perpetrator]'s always asking her questions...'I'm really unhappy that daddy's asking me questions all the time', and, what was it? 'He doesn't like the answers I give', you know, yeah' (Lyn, aged 41)*

Further, Annie believes that her ex-partner sought increased contact with their son in order to continue to control her. However, she explains that when she complied, he started to renege on these new contact arrangements. As described below, this was distressing for their son:

- *'The thing is the way that I'm controlled now is a different way to how it was when I was in the relationship. I feel like I allow it in a way because all I've ever wanted is what's best for my son, so because of that I increased contact. All I wanted, I wanted my son to be happy, but also it was like the easy life for me because I wasn't getting pestered about things, and I felt like I had the control there, I felt like I was doing the right thing. But that was used then to control me. When he realised that it wasn't getting the effect he expected he started to let my son down, so my son was crying when he came out of school because his daddy wasn't there, things like that. So it's still ongoing, just in a different way now' (Annie, aged 21)*

5.4.4 Parenting and family issues

Whilst children's ongoing contact (or not) with the perpetrator was the main issue related to children and parenting that service users discussed, other issues were raised regarding women's recognition of and attempts to manage and address the impacts of DVA on their children. Some of these challenges were considered above in relation to observing and responding to the effects of child contact on children where contact appears to be characterised more by continuing attempts to control the woman than to spend quality time with the child. Other issues included women's ongoing relationships with Children's Services where child neglect or abuse had been suspected and/or where child in need or child protection plans were in place.

In addition to issues related to DVA, the interview data and Modus data captured other parenting issues such as parenting children with disabilities and accessing appropriate support and schooling; dealing with a child being bullied at school; and discovering and

responding to issues of abuse including sexual abuse perpetrated by a relative and DVA in teenage and grown-up children's intimate relationships. Some of these situations were experienced by women as significant setbacks or crises, sometimes leading women to blame themselves or undermining their sense of self-worth as mothers. The whole-family approach taken by the MRP workers meant that they were able to support women through these difficult situations, giving advice and putting support and interventions (e.g. school counselling, play therapy) into place where appropriate.

5.4.5 Experiences of other agencies

All of the women had experience of other agencies besides Women's Aid, with all having had some experience of the police by virtue of being police-referred on the basis of a number of recorded repeat incidents of DVA. Many had current or recent involvement with Children's Services or health services (including mental health services) and, as noted in Section 3.4.2, MRP workers had facilitated women's engagement with other services including, not exhaustively, housing and drug and alcohol services. Some also had solicitors in place for ongoing criminal or family court cases.

As has been previously noted, women usually spoke positively about the support packages that they were receiving. Women's views of the support that they had received were more mixed in relation to Children's Services and, even more so, the police; in both cases, women's experiences differed both between each other but importantly too between different practitioners that they had come into contact with. Regarding Children's Services, some women indicated that whilst they had initially felt overwhelmed or reluctant to engage, the intervention received from them had been beneficial:

- *'Yeah, yeah, yeah, they are helpful. Sorry I took a while just thinking about how I felt in the beginning. I weren't happy about social care [Children's Services], I didn't think I needed them... I didn't want them [referring to all agencies involved] there but now I'm so glad they was, I'm so, so grateful to [MRP worker], to Women's Aid, to everyone, to school, to healthcare, everyone...I mean people slag social services and everything off but they're there for a reason aren't they?'* (Fiona, aged 25)

However, in a few cases, women reported negative experiences, with one woman reporting that she had been reallocated to twelve different social workers in the space of a year, thus providing no continuity or stability. A few women reported communication issues such as not being kept fully up-to-date or, in one case, a woman reporting that a key meeting had needed to be rescheduled after her social worker provided the incorrect venue details to the other attendees. In another case still, one woman felt that she had been misrepresented by social workers (prior to the MRP intervention) and that this had contributed to her children being removed from her care.

Notably, one woman explained that her engagement with her MRP worker had been a mandatory part of a child protection plan. Although in her case she was very glad of the support that she subsequently received and felt that the intervention was necessary, it

is not our understanding that the MRP intervention was designed to be made mandatory for any woman. Clarification is therefore required about whether this is acceptable use of the MRP intervention and if so, what the implications would be for how effectively MRP workers can engage with women who would not always be there voluntarily, and the historical importance of specialist DVA agencies such as Women's Aid being independent from statutory services.

Women's view about the police were also mixed, although here, in spite of considerable improvements in police responses to DVA, negative views about the support received outweighed the positive ones³³. Some women reported that they had not felt believed, that the police did not seem to understand (and in Jodie's case, implied that they must have provoked the incident) and felt that they were an inconvenience:

- *'All I had, well I didn't even get support off the police to be quite honest with you. They was coming round, they was coming round, I was giving them my statement, and it was like they didn't believe me, which hurt because it's like, I don't know, just some of the police were a bit cocky and thingy, and it's like "yeah but you must've done something to him", and I'm like "no, no, no, I didn't", you know, and they didn't understand' (Jodie, aged 42)*
- *'I mean because there was quite a lot of contact with different ones most were helpful, they kind of, although they did what they had to do you could tell some of them weren't as supportive... some were really understanding and helpful. But yeah, others, I think it was probably a little bit of an inconvenience to them' (Melanie, aged 21)*
- *'I've had a lot of contradictory advice from the police...One of the police officers said 'oh I'm six foot tall, I'm frightened of nothing', he said, 'but my wife's five foot, she's frightened of her own shadow, Basically it's what you perceive as being intimidating or, you know, frightening'. So I thought that was quite patronising' (Lyn, aged 41)*

Lyn adds:

- *'They don't keep a note of things unless it's actually threatening or shouting abuse, 'don't bother reporting it if he's like, you know, just keeps turning up everywhere or shaking his head at you. We can't stop someone looking at you in the street' basically''(Lyn, aged 41)*

In Lyn's case, she was referring to a police response to her reporting that the perpetrator, when on a harassment order, had passed her on the street and 'was just shaking his head at me and I thought 'something's coming', you know?'. Shortly after, the perpetrator approached her again on a night out and on the same evening her new partner was attacked and sustained injuries which required surgery. Whilst there is no clear evidence that the perpetrator was responsible for this attack, Lyn regarded it as 'highly suspicious' and also reported that a DVPO was being granted because he had breached the harassment order.

³³ This reflects the finding of the HMIC's (2014) inspection of responses to the policing of domestic abuse in Nottinghamshire which states that medium risk and standard risk victims receive a less consistent response than high risk victims. HMIC (2014b) *Nottinghamshire Police's Approach to Tackling Domestic Abuse*. HMIC: London.

Lyn's comments suggest a lack of recognition of coercively controlling behaviours, an issue that has been found across constabularies³⁴. This will be a priority to address in the light of the aforementioned new criminal offence of controlling and coercive behaviour, particularly for officers providing the first response. The subtlety of coercive control is such that control can be effected by, or a perpetrator's intentions or threats communicated through, small but significant gestures which only the survivor would be able to detect³⁵. Importantly, whilst her perpetrator has been given numerous orders by the police, Lyn felt that the lack of any serious consequences of his behaviour was helping him to regain his confidence with regard to what he could get away with:

- *'We're pretty much, I think the police thing, yeah, worried him, frightened him a bit. But he's getting brave again, and he knows the police aren't that interested'* (Lyn, aged 41)

Lyn also reported that the police had arguably shown more understanding for the feelings of the perpetrator, referring to the perpetrator's ongoing harassment as perhaps understandable or inevitable in light of her having entered a new relationship:

- *'But the police said to me, 'yeah well if you've only been with your new partner for seven weeks he's [perpetrator] got to adjust to that'. They told me at the start when we split up, you know, 'it's early days with the break up, he needs to adjust'. How long is it going to take to adjust, you know? Crazy'* (Lyn, aged 41)

In some ways these findings, whilst drawn from only a small number of women, are not surprising given a long legacy of the police trivialising DVA and not taking a proactive stance in terms of its policing. On the other hand, women did report positive outcomes from the police: the majority of the women in the interview sample had been granted an order of some kind (e.g. restraining order, non-molestation order, harassment order) or bail conditions which were meant to keep the perpetrator away from the woman – although these were not always taken seriously - and some spoke of ongoing criminal charges and successful convictions.

In terms of more positive comments, Melanie, quoted above, had indicated that with some officers her experiences had been positive, while Fiona gives a wholly positive endorsement, saying:

- *'They were nice, they were kind, they were very understanding...I think it had been twelve police call outs over a matter of some many things and I'm surprised they didn't ever, they weren't snotty with me. I thought they'd, because I've made statements and retracted them that many times I just thought 'they're probably getting sick of me by now', but they...were always nice and helpful'* (Fiona, aged 25)

Aisha provides an interesting historical perspective since her engagement with the police had spanned many years, having called the police out on a number of occasions

³⁴ HMIC (2014a) *Everyone's business: Improving the police response to domestic abuse*. HMIC: London.

³⁵ Williamson, E. (2010) 'Living in the world of the domestic violence perpetrator: negotiating the unreality of coercive control'. *Violence Against Women*, 16(12): 1412-1423.

during her abusive marriage and continuing to need to report incidents of post-separation harassment involving the same perpetrator. She reflects,

- *'The worst service was the police service...certainly right in the beginning it was, they'd turn up, it was very male-dominated and very, "oh it's a domestic" or "oh it's six of one and half a dozen of the other"...they would say the right things to me to begin with and just ask me what had happened, but you could tell from their expressions that you felt like I was a hysterical woman. And then they would take [perpetrator] away and interview him and then he'd come back and say "oh they said", and I don't know whether this was him or this was them "oh they said no wonder you've got mad, you've seen the state she was in"...But things changed...I think there was, and I think this is probably where...training with them or whatever, but things changed. I think as the years went on they suddenly started to take it very seriously, and someone came round and said "we're taking him to court"... And up to that stage they hadn't taken it, it was around that times that things, about six years ago, seven years ago when something changed within the police service, I felt' (Aisha, aged 51)*

Aisha's account broadly reflects the trajectory that the police has been on with regard to responding to domestic abuse, especially in Nottingham and Nottinghamshire; however, in light of the continuing negative perceptions of, and experiences with, the police in more recent incidents presented above - notably Lyn's case - it is clear that police responses to DVA need to continue to improve in their quality and consistency. Women frequently made reference to MRP workers' advice to them to report all incidents to the police to ensure that there is a record of them, and yet in order for the credibility of the MRP workers' advice and the police to be maintained, police responses need to demonstrate compassion, understanding of the whole spectrum of abusive behaviours and should not attempt to condone or justify the behaviours of DVA perpetrators.

5.5 Service user journeys

In this final part of the analysis of the service user interviews, we present three service user journeys which provide a more in-depth understanding of the profiles of women who were engaged with the intervention, the work which they undertook with their MRP worker, and the impacts of that work in terms of change in their levels of risk, repeat victimisation and progress in relation to the aforementioned softer outcomes. These journeys have been compiled using Women's Aid Modus data and also, in the cases of Sue and Megan, data from interviews with these two women, both of whom were interviewed twice during the intervention period³⁶. These journeys often highlight the complexity of the lives of women who experience medium-risk, repeat domestic abuse and also vividly illustrate the holistic nature of the MRP worker's role which has been recognised in preceding sections.

³⁶ All names are pseudonyms and identifying details have been removed.

Sue's journey

Sue is a white woman in her mid-40s. She has four children living with her; two over the age of 17 years, and two under. Sue had been in an abusive marriage for over 20 years. At the time of first contact with the MRP worker, Sue was separated from her abusive husband (hereafter referred to as the 'perpetrator') but still encountered him through his weekly contact with the children. She was unemployed at that time but in receipt of benefits. Sue has a history of mental health issues and was on medication for bipolar disorder and in contact with appropriate mental health support services.

Sue first met her MRP worker in January 2014. Sue generally engaged well with the MRP worker, although there have been some missed appointments and a break in contact between February and April 2015. Sue has required a high level of emotional and practical support from the MRP worker. The MRP worker's input has focussed on helping Sue recognise the cycle of abuse and the signs of a controlling relationship, building confidence and self-esteem. She has also provided support surrounding Sue's financial and legal issues – including helping her to secure legal aid for her divorce proceedings – and the welfare of Sue's children.

At the start of the intervention, Sue's risk level was assessed as 'high'. However, this decreased to 'medium' at the MRP worker's second visit around two weeks later and remained at this level for nine months. Sue's risk level was then assessed to have dropped to 'Standard', where it remained for the rest of the intervention period. Sue attributes the reduction of physical violence and threatening behaviour at her home to the perpetrator's knowledge of MRP worker involvement and the presence of home security measures that the MRP worker has arranged; she said, 'I know he daren't do half of what he's been doing before'. However, Sue did not agree with the 'Standard' risk result of the risk assessments on two occasions, with her MRP worker recording that Sue felt 'very tearful and uncertain of a future'.

Despite the positive support received and reduction in risk, Sue's perpetrator has remained persistently abusive, threatening and problematic – highlighting the ongoing nature of controlling and coercive behaviour. Child contact is the main means by which the perpetrator maintains the abuse, although he (and sometimes his new partner) harasses Sue in other ways. Sue is also concerned that he may be 'coaching' the children to be disrespectful to her, giving the example of the perpetrator telling the children, "I hope your mum goes over the edge of the mountain with [her] caravan, with her in it".

Alongside issues with the perpetrator, Sue has faced a succession of other difficult incidents and developments. These related to her children's welfare, a number of anonymous and false allegations made to Children's Services about her (which she suspects were made by the perpetrator), and her house being broken into. Her MRP worker provided advice and support to help Sue during these crises, including liaising with Police and social workers on Sue's behalf. Sue speaks very highly of the reliability and responsiveness of, and vast knowledge possessed by, her MRP worker.

In spite of her challenging circumstances, Sue has made some significant progress. Through having worked on healthy relationships with her MRP worker, Sue has learned to recognise abusive and controlling behaviours, saying, 'it's helped me to not let anybody else do it to me'. She has had enough confidence to start new relationships with men and to end these when she felt concerned about these relationships showing signs of abusive or controlling behaviours. Sue has also started working.

Throughout Sue's journey, the MRP worker has been on hand to provide emotional and practical advice and support. Sue feels that this support has changed her as a person:

I've got loads stronger, definitely, because if he was to kick off I used to just sit and cry. Now I give him as good back, but I do it like [MRP worker] told me to: be clever and don't, don't bite, just smile, and ... it shuts him up ...

However, Sue does feel concerned about how she will cope when the support from the MRP worker comes to an end. As at the end of the reporting period, the problems with the perpetrator and ongoing divorce proceedings had escalated significantly with the latest incident involving the police. This left Sue feeling upset, guilty and to blame for the issues with the children. A MARAC referral was made as a result of this latest incident due to the escalation of risk and Sue's case remains ongoing.

Megan's journey

Megan is a white woman in her late 30s. She lives with her three children, all of whom are under 17 years of age. The relationship with the perpetrator (male partner) has ended, but had lasted for 14 years. For the first seven years the relationship was 'brilliant'; subsequently, verbal abuse from the perpetrator started to increasingly feature in the relationship, which then led on to the start of the physical abuse: 'he did used to strangle me and punch me...he bit me a few times on the cheek, and I never used to report it'. Despite the mounting frequency and severity of the abuse, it was not until the last year of the relationship that Megan started to report the assaults to the police.

Megan first came in to contact with her MRP worker in March 2014, while she was still in a relationship with the perpetrator. Megan has engaged well throughout the intervention. The MRP worker provided a high level of emotional support and practical advice to Megan during the early intervention stage, focussing particular on DVA awareness, during which time Megan began to acknowledge the full extent of the abuse and decided to end the relationship. Megan has found the meetings with the MRP worker very helpful and reassuring. She particularly valued the ongoing outcomes assessments (the 'batteries') and how these provided her with a sense of progress and achievement:

...I've been doing them weekly, and from when I was with [perpetrator] and now that I'm not...they're not full yet! But they're gradually going up....Yeah, something to work for. It's like an achievement

Megan's risk levels fluctuated between 'Medium' and 'High' during the first nine months of contact with the MRP worker. At the start of the intervention, Megan's risk level was assessed as 'Medium'. However, as the intervention became more established, Megan's risk situation escalated and was reported as 'High' a month later. Escalation of risk at the point when the victim/survivor withdraws from the relationship is a common feature of DVA. In this case, there was a serious incident involving the perpetrator, who was still living in the family home at that time, during which he told one of the children that he would murder Megan. With the MRP worker's support, an immediate non-molestation order was put in place.

These incidents lead to a MARAC referral. Children's Services also became involved, and the children were all placed on the child protection register. The MRP worker supported Megan and liaised with Children's Services with regard to the child protection cases. All of the children have now been removed from the register and the case with Children's Services is closed (May 2014). As tensions with the perpetrator eased, Megan's risk was assessed to have returned to 'Medium' in July 2014, but rose again to 'High' in December 2014 – although it is not clear why. By January 2015, however, the risk fell to 'Standard' and has remained at this level, as at the end of the reporting period (July 2015).

With the support and input of the MRP worker, Megan has made significant progress in her journey. At the beginning of the intervention, Megan was minimising the perpetrator's abuse and was not intending to leave the relationship. Through the MRP worker's input, Megan has gained an understanding of the various forms of domestic violence and abuse, which made her realise the severity of the abuse she was living with. This newfound knowledge was a key factor in her decision to end the relationship: *'I'd never go back to him, never, because I've realised what it was like and how happy I am without it now. I didn't realise how sad I was until now.'*

Having worked with the MRP worker on increasing self-esteem and feelings of well-being, Megan's confidence has grown and she has started to make autonomous lifestyle choices, rather than conform to the perpetrator's restrictions on her:

...he didn't used to like me wearing makeup or having my hair down because he always used to think I was meeting different men and stuff like that...now I like to wear my hair down and stuff...so it's [self-esteem] gradually going up, and doing the stuff I want to do.

Megan's MRP worker supported her with housing options and in her second and final interview for this research, Megan was settling in 'brilliantly' to her new home. Megan's journey with the MRP service is drawing to a close but throughout the course of this journey, and whilst she has mixed feelings about the support ending, she can see how she has changed and feels ready to move forward with her life, saying, *'I'm more in control of my life now'*. She spoke of her aspiration to work in domestic violence support in the future. Megan fully appreciates the support of the MRP worker, without which she feels she would not be in the position that she is now:

I think I would have actually bottled it and gone back to [perpetrator] because it's not easy to leave someone like that. It's really hard and I thought before I started it was going to be easy, but then when you get the constant text messages, the constant ringing, the constant coming round, it really does take its toll and you do actually think to yourself it's easier just to go back, and just take the flack once in a while. But without [MRP worker] being there all the time I couldn't have done it and I was being a pest and ringing her all the time for like the littlest things. Asking her if this is right, if that's right, and without her advice I couldn't have done it, I know I couldn't have done it.

Chelsea's journey

Chelsea is a white bisexual woman in her early 30s. She lives with her two school-aged children, both of whom are on the child protection register. One of her children has Asperger syndrome. Chelsea has been diagnosed with depression and has a history of substance misuse (amphetamines and

cannabis). At the time of first contact with the MRP worker, Chelsea was living in Local Authority rented accommodation, and the relationship with the perpetrator (male partner) had ended. However, problems with him were and are ongoing. Chelsea feels very intimidated by him, and also by his family, who live on the same street as Chelsea. Chelsea is not working and struggles to effectively manage her finances (often resulting in rent arrears). Throughout the reporting period, she has needed a significant level of advice and support from the MRP worker and partner agencies, who have worked to secure appropriate benefits and allowances for Chelsea.

Chelsea first met her MRP worker in May 2014. Chelsea's needs are complex, and her life circumstances are chaotic. Perhaps because of this, Chelsea's levels of engagement have varied – she has had periods of regular engagement interspersed with times when engagement has been more sporadic or support has been refused. Nevertheless, during the reporting period as a whole, Chelsea has received a high level of emotional and practical support from the MRP worker, which has often involved working or negotiating with a variety of partner agencies (such as Social Services, the Police, Housing, Sure Start, and Targeted Benefits Support Workers).

There is limited risk assessment data for Chelsea, as is common when a woman's engagement is sporadic and when contact with the MRP worker may be in response to crisis situations. What is known is that Chelsea was assessed as 'high risk' when she previously came into contact with Women's Aid in 2012, but at the end of June 2015 her risk was recorded as 'medium'. Without more data on her risk profile it is difficult to know whether Chelsea's risk level has fluctuated over the course of the reporting period.

A number of factors have potentially contributed to the reduction of Chelsea's risk score. Due to the MRP worker's intervention, Chelsea's home was fitted with window and door alarms, and a key chain; Chelsea was also provided with a personal alarm. In addition to this, in the months leading up to the 'medium' risk assessment, the perpetrator – who had spent a period of time in prison the previous year too – was sentenced to a further period in custody, providing Chelsea with a period of relative respite from him. However, Chelsea remained scared by the thought of what he might do once he is released.

Although a significant level of positive support has been provided by the MRP worker (and various partner agencies), Chelsea's perpetrator has remained persistently abusive, aggressive and threatening; for example, on one occasion, he threw a brick through Chelsea's window, and on another, he punched her in the face. Prior to his imprisonment, he often 'lurked' outside her house and was a constant source of fear and anxiety for Chelsea. In addition to the problems with the perpetrator, Chelsea has also faced attacks from other residents on her estate, including from her neighbours. She believes the perpetrator's family has turned the street against her. Chelsea has no faith in the police or that they would respond if she called them; she has been told in the past to stop wasting police time, and has lost respect for them. As a consequence of these combined factors, Chelsea has felt too scared to go out of her house, even to put the bins out.

Although Chelsea's circumstances remain challenging, progress has been made in relation to some key elements of her complex needs:

Through the input of the MRP worker, Chelsea's son is now receiving support from CAMHS (Children's Mental Health Services) for his additional needs. In addition to this, Chelsea's children's

school attendance had been low but, with the support of the MRP worker – who attended a meeting at the school on Chelsea’s behalf – school attendance has risen to 78%.

Chelsea initially resisted the MRP worker’s advice to be rehoused out of the area, as she wanted to remain close to her mother and did not want her children to have to change schools. However, Chelsea has subsequently recognised the impact that her situation and the antisocial behaviour of her neighbours was having on her mental health, and agreed to move. Although this has been stalled by financial issues (rent arrears), it is still being pursued. Towards the end of the reporting period Chelsea was engaging with Housing, Social Services and solicitors, and the MRP worker had also attended a meeting with a Housing Officer.

The MRP worker has also supported and encouraged Chelsea in her efforts to deal with her drug misuse. This has been a drawn out process for Chelsea but over the course of the MRP intervention Chelsea’s use of amphetamines decline from regular use, to twice per week. By the end of the reporting period, Chelsea had been amphetamine-free for 20 days (although she was still smoking cannabis at night to help her sleep).

With the support of the MRP worker, Chelsea’s confidence has grown and she started leaving the house to go to the shops, visiting her friend on the way to break up the journey. Moreover, Chelsea appears to be moving forward from her relationship with the perpetrator, having recently started a relationship with a new boyfriend.

Chelsea’s journey has been, and continues to be, a difficult one, and graphically illustrates the protracted and non-linear pathway of progress for complex needs cases. A key priority for Chelsea’s MRP worker is to continue to support Chelsea and her children. By the end of the support period, the primary target was to get Chelsea rehoused in a different area before the perpetrator is released from prison, or – if that is not possible – to ensure that safety measures are in place to protect Chelsea and her children. Chelsea’s case remains ongoing.

6 FEEDBACK FROM PRACTITIONERS IN PARTNER AGENCIES

– KEY THEMES

Whilst the data discussed up until this point focuses on the parties directly involved in delivering or participating in the MRP intervention, this final section of findings reflects on the extent to which the MRP intervention is making an effective contribution to the wider infrastructure for responding to DVA in Nottingham and Nottinghamshire. As noted in Section 2.4, practitioners in partner agencies who were working with women who were in a MRP worker’s caseload were asked to complete a brief questionnaire as an alternative to being able to conduct focus groups. This questionnaire asked participants about their knowledge of the MRP intervention, the referral process, perceptions of its impact and wider inter-agency working practices. Questions also asked more broadly about the frequency with which domestic abuse features in their workloads and the challenges it presents. In light of the small sample size ($n=7$) and the brief responses typically provided, the following arguments are made tentatively and it

should be borne in mind that they may only represent the views of those who felt most motivated to respond to the survey.

6.1 The profile of partner agency practitioners

The practitioner sample included two housing officers (covering the City and County South), a probation officer who worked with perpetrators of domestic abuse (covering parts of Nottingham City), two Independent Domestic Violence Advisers (IDVAs - covering Nottingham City and County South), an alcohol service specialist who works with female alcohol users with complex needs (covering Nottingham City) and a Social Worker (whose remit covers the North of the County). The number of years practitioners had been in post ranged from 2-23 years. Certain practitioners noted being in role since the service had been commissioned (which was typically relatively recently), but reported a more prolonged history of working within that area of specialism.

6.2 The challenges that DVA poses

Domestic violence features very heavily in the workloads of all seven practitioners, ranging from *'90% of my caseload'* to *'over half my caseload'*, *'nearly daily'* and *'daily'*. For the two housing officers, DVA features in a number of forms, from police concerns from neighbours or tenants reporting domestic abuse, through to women fleeing domestic violence and the associated homelessness that this brings. For these workers, the challenges DVA poses include not having sufficient *'in depth'* knowledge of domestic violence to provide quality support or to navigate the related agencies that women could instead be signposted into. For one housing officer, a key area of challenge in relation to DVA was the perceived lack of understanding amongst agencies about each other's role and remit. For example, the relationship between Women's Aid and housing was described as *'challenging'* in light of the local authority often not being able to meet the housing needs/requests of a woman. Here, there was some concern that agencies give women *'unrealistic expectations'* about the likelihood of being re-housed which feeds into a sense of despondency when those needs cannot be met.

Due to the very nature of the IDVA role, domestic abuse is an integral part of the work with a key challenge here being the difficulty of getting *'women to understand that it is not their fault'* they are experiencing domestic violence. Getting a woman the support she needs and ensuring that *'the police, CPS, CSC [Crown Prosecution Service, Children's Social Care, i.e. Children's Services] and other agencies communicate with each other'* and have correctly *'done their job'* were also considered primary challenges. For the IDVA who worked across the City and South of the County, survivors were perceived to be let down by support services, due to the necessary systems and responses not being in place/to the standard required. This in turn resulted in service users losing confidence in those agencies, being less likely to access them in the future and increasing their risk accordingly. Similar concern around issues of accountability and assumptions regarding roles, remits and responsibilities have been identified in the wider multi-agency

network response to DVA survivors³⁷ and are therefore not exclusive to the Nottinghamshire context.

Other challenges associated with DVA included the difficulty of accessing refuge (especially for women who are alcohol dependent), the frustrations that can stem from seeing women return to abusive relationships and prior good work being quickly undone, and the problems associated with minimising the impacts of abuse on children.

6.3 Medium Risk Plus support

6.3.1 Understanding the medium risk category

When asking specifically about *medium risk* DVA, there was confusion surrounding this category with certain practitioners stating that *'I've not heard of this term specifically'* and being unclear as to what it constitutes. This is perhaps unsurprising in light of attention (both academic and practitioner-based) having focused historically on the high risk boundary; plus, despite domestic abuse featuring heavily in the work of study participants, five of the seven were not DVA specialists. The alcohol services practitioner argued that the category *'relates to survivors who have a history of DVA and so are more likely to move on to another risky relationship'* whilst the IDVA working in the City and South of the County interpreted medium risk as being about *'support for women who would otherwise fall through the net...'* and who could escalate into high risk as a consequence. Interestingly, these are categorisations of medium risk that existed in the minds of stakeholders and MRP workers at the start of MRP intervention, prior to the complex needs criteria being adopted.

The question of whether the medium risk category was perceived useful was left blank by those who declared not to understand, or have heard of, the boundary. For others however it was considered helpful, in recognition that DVA *'varies in scope and intensity'* and thus enabled differentiation of medium risk women from high risk cases, emphasising the needs of this specific group and bringing associated recognition to it. It was argued that *'if this category is not highlighted then opportunities could be missed'* (IDVA. City and County South) to support a group of women with very particular needs.

6.3.2 Perceived benefits of the MRP intervention

Amongst practitioners there was a keen appreciation of the ways in which MRP workers supported clients with attending meetings, providing/sharing information (including that related to a woman's risk level) and played a role in maintaining a woman's engagement. For certain practitioners, MRP support was perceived to have better *'ensured agencies work together for the survivor'*, as a consequence of workers taking a proactive role in coordinating a service user's engagement with those agencies and

³⁷ Peckover, S., Golding, B. and Cooling, P. (2013) *Multi-agency working in domestic abuse and safeguarding children: Part of the problem or part of the solution?* University of Huddersfield. Available online at: <http://www.centreforwelfarereform.org/uploads/attachment/369/multiagency-working-in-domestic-abuse-and-safeguarding-children.pdf>

advocating on her behalf. MRP intervention was also perceived to have provided a wider sense of *'security, friendship and understanding to women who are often isolated from the community'* (Social Worker. North of the County). IDVAs talked broadly about the *'big gap'* that had been filled in agency response due to the establishment of Medium Risk Plus intervention, whereby an essential, longer-term, bespoke service was now seen to be provided to *'some very complicated women, who would, by the nature of their needs, be passed around to various agencies over and over again'* (IDVA. City and County South). Reflecting MRP workers' own perspectives, IDVAs argued that longer-term engagement from one consistent point of contact was necessary to *'break the cycle'* of abuse and was a valuable contribution of the MRP intervention. IDVAs argued that longer-term MRP support dovetailed well with the shorter IDVA intervention, reassuring those workers that a woman would not *'be lost within the system'* after her IDVA engagement had ceased.

6.3.3 Who will be most helped by the MRP intervention

Reflecting the discourse of MRP workers (Section 3.5.1), partner agency practitioners believed that *'any woman in an abusive relationship'* was likely to be helped by intervention but that certain groups may benefit more. This included those who are more chaotic and struggle to make meetings, women who minimise their abuse (generally, and in relation to its impacts on children specifically) and women who lack the agency or capacity to contact support services directly. In addition, those who have received repeated referrals to agencies but do not engage with them because they are not suitably holistic to adequately address the woman's need, were highlighted as a group that would benefit from support.

6.3.4 Referral from the MRP intervention

There was ambiguity surrounding the process of referral, with four of the practitioners having not been directly involved in the process and therefore not being aware of how it worked/the type of information received when a woman was referred to them. There was better understanding generally amongst the IDVAs of the referral pathway with both stating that referral came exclusively via the police and that the criteria for selection involved longstanding DVA issues and additional vulnerabilities which had historically affected engagement with services. One IDVA reported a close working relationship with the MRP worker that involved regular calls, emails, meetings and the negotiation of different forms of work that each individual would carry out with the survivor.

Five of the practitioners reported joint meetings taking place between the service user, MRP worker and themselves. Comments on the nature of how this relationship worked were typically not provided. However, in the couple of instances where they were, it was felt that this approach was positive, provided support to the service user and was an important forum for enhancing communication. Indeed, none of the practitioners reported problems in terms of communication or sharing information with the MRP

workers (despite this finding being somewhat confounded by the lack of familiarity amongst practitioners with the referral process).

6.3.5 The success of the MRP intervention

Positive outcomes as a consequence of engagement with MRP workers were noted, seemingly at the micro level: *'client[s] feel well supported and [are] accessing treatment'* (Alcohol worker. City); *'I have seen a big change in the women that MRP have supported and I feel it is a great service'* (IDVA. City and County South) as well as at the meso level through enhanced information sharing amongst partners: *'agencies work better together as a result of the role being there'* (Housing Worker. City). Changes at the macro level were also implicated: *'[MRP has] taken pressure off the police and courts'* (IDVA. City and County South).

Echoing discussion of other aspects of our findings, success was perceived in a number of ways, incorporating hard and soft outcomes (but perhaps with a greater focus on the 'hard'). For example, a woman receiving support that will enable her *'to break the cycle'* of domestic violence, there being fewer, future DVA related incidents and referrals, women being better able *'to keep themselves safe'*, feeling empowered to use support services and being less likely to move to the high risk category. Judging the success of the intervention was also seen to be broader and relate to the ability to get partner agencies to better communicate and share information about women at risk. Three practitioners for example stated that they would judge the success of MRP support by its ability to continue *'to share information with colleagues that can be used to give a clearer picture of what is really going on in a relationship'* (Probation Officer. City) and if *'the client is supported by all agencies'* (Housing Officer. County South).

Nothing was perceived to be missing from the MRP intervention which could further improve its success beyond the allocation of additional MRP workers. All practitioners were clear that should funding for MRP support end a *'vital cog'* in the response to DVA would be lost. This in turn would increase the number of women not engaging with services, enhance the potential for women to *'remain in an abusive relationship...'*, to continue with problematic coping strategies and ultimately compromise survivor and child safety. The knock-on effect of this would be elevation into higher risk categories and more pressure placed on MARACs to respond to women. It was also argued that any such cut to service would increase pressure on other agencies including the police, mental health and drug services as a consequence of having to respond to the symptoms of DVA, which become increasingly pronounced when the overall cause is not tackled.

6.4 Partnership working

The factors that were perceived to contribute to effective partnership working were *'good communication'*, the ability to support *'the client to engage in services'* and the ability to effectively *'share'* information (especially in relation to risk). As one practitioner argued, *'one organisation alone cannot manage risk'* (Probation Officer. City). As noted, the success of the MRP intervention was therefore seen to relate to its

wider ability to get partner agencies to more effectively communicate and share information which better acts to protect a woman. In addition, having '*realistic expectations*' of partner services and communicating openly and honestly about what those partners will be able to provide, was deemed critical to good partner relationship practices. This linked more widely to a perceived need to understand the work of partner services and jointly invest in rectifying a problem, rather than assuming that once a referral to another service had been made, it is no longer that agency's 'problem'. This underlines the value of the MRP worker role, whereby, as was discussed in Section 3.4.2, rather than merely signposting or facilitating initial contact, being an ongoing conduit between a woman and potentially multiple agencies is a unique and pivotal feature of the role.

7 CONCLUSIONS, LEARNING AND RECOMMENDATIONS

7.1 Conclusions

This evaluation set out to examine the extent to which the MRP intervention has been successfully implemented and delivered; how it is embedding into local responses to DVA; and the impacts which support from a MRP worker has on women and their children. The findings presented in this report have addressed each of these areas in depth.

The MRP intervention is delivered by experienced, highly-skilled workers who have extensive experience of supporting victims/survivors of DVA. The three MRP workers have worked extremely hard to provide tailored, bespoke responses to the women in their caseloads, with women being encouraged to play an active role in determining what support they need. What has become evident over the course of the evaluation period though is that the 111 women referred into the intervention often had very complex needs and were at different stages in terms of their readiness to engage in the intervention. Three broad groupings of women can be identified:

- those who were very keen to receive support and actively engaged with their MRP worker;
- those who engaged sporadically, often in response to crisis points (which were not necessarily directly related to the DVA) – but not in a sufficiently sustained way to demonstrate significant long-term progress beyond that immediate crisis response; and
- those who did not engage at all and/or were not ever contactable, despite MRP workers' extensive efforts, and about whom very little is known.

What this evaluation has found, very clearly, is that for those women who were ready to access support and able to engage with their MRP worker, marked changes in their lives were evident; these included improved self-esteem, developing a fuller understanding

of DVA and making the decision to leave sometimes long-standing abusive relationships. In addition, these women reported being more confident about using support services, feeling safer, making decisions more autonomously and better managing the behaviour of the perpetrator. Challenges remain however in engaging women who are not ready or willing to receive support for a plethora of reasons which are likely to include non-recognition of the DVA, fear of the perpetrator, mistrust of agencies and their complex and chaotic life circumstances.

Despite the positive work highlighted through this evaluation, certain limitations must be noted. Firstly, the evaluation only captures a 'snapshot in time': for example, recording of the Modus data specifically reinforced the complexity and non-linearity of women's journeys away from abuse. This means that we cannot predict the outcomes for women beyond the reporting period, and many women may continue to need some form of ongoing support because of the dynamic nexus of need and risk associated with both the perpetrator and women's complex lives.

Secondly, the evaluation has been limited by the inability to follow a consistent cohort of women through the intervention. This has resulted in a sample that lacks comparability, partly due to the use of different referral criteria over the course of the reporting period, but primarily because of women's widely disparate start and finish points, intensity of engagement and enmeshment in the relationship with the perpetrator (e.g. a woman who is still in an abusive relationship compared with a woman who is in a new relationship but is experiencing abuse from her ex-partner).

Finally, our ability to reach statistically robust conclusions or to quantify the outcomes for women was constrained by the limited collection of outcomes data by MRP workers, using the tool designed; some mismatch between the Modus and police data e.g. duplicate or missing data; the absence of data on convictions or sentencing for perpetrators; and the lack of data on non-engagers, inhibiting any rigorous comparison of those who engaged in intervention against those who did not.

A key message from this evaluation is that it is critical to ensure that the success of the MRP intervention is measured against appropriate and realistic targets. In this report, we have foregrounded 'soft outcomes', drawing particularly on the qualitative data and emphasising the importance of these as stepping stones towards long-term reductions in risk and repeat victimisation. The service user journeys in Section 5.5 highlighted that even after leaving an abusive relationship, ongoing post-separation harassment and abuse and child contact issues caused continuing fear, turbulence and the propensity for sudden escalations of risk. This underlines our previous discussion of the non-linear nature of women's recoveries which means that there are often setbacks in women's journeys that are associated either with the perpetrator or with women's other complex needs. When these setbacks occur, the support of the MRP worker can become critical to moving forwards, yet they may also result in the upward trajectory in women's outcomes being stalled or reversed, or can alternatively lead women to disengage from support.

Importantly, given that what MRP workers can achieve with women is constrained by the ongoing behaviours of the perpetrator; this points to the wider need to ensure that work takes place with perpetrators as well as victims, and also to advocate for child contact decisions to be made with full consideration to the impacts of ongoing DVA on both the woman and her children. These observations are particularly timely in light of Women's Aid England's current *Child First* campaign which calls for child contact decisions to prioritise the safety of children and women, citing evidence of the 19 children and two women who have been killed by DVA perpetrators in the last 10 years in situations of unsafe child contact.³⁸

It is also critical to recognise that whilst the MRP workers have been praised by women for providing a holistic service which meets a multitude of needs, they do so within a context where resources have become extremely stretched. Cuts to DVA services, community facilities, legal aid and changes resulting from welfare reform all impact on women's opportunities to access the support that they need – and subsequently find safety and rebuild a life free from abuse for themselves and their families.

Yet, especially given this volatile landscape, having a single point of contact who can be an advocate and can offer specialist knowledge and established links to relevant partner agencies is vital. This intervention is an investment in the safety and freedom of women and their children, and whilst this report has highlighted that the journey towards this safety and freedom is seldom smooth and without setbacks, the work which MRP workers undertake with victims/survivors bolsters, empowers and educates women, thus placing the vital stepping stones to a future without abuse.

7.2 Areas for learning

Being mindful that this research evaluated the MRP in its pilot phase and that there are no known published evaluations of other evaluations for medium risk (repeat) domestic abuse, this evaluation has identified a number of learning points to inform the onwards development of both the MRP intervention, but critically also, to inform the development of future interventions:

1. The ways in which women were selected for MRP intervention involved 'cold calling' service users and inviting them to take part in a voluntary intervention. This is a departure from the more conventional route of women self-selecting to receive support from agencies such as Women's Aid. This will inevitably present challenges and barriers to developing productive relationships with service users. This recognition also calls for the recalibration of expectations around engagement rates and outcomes.
2. One of the challenges has been uncertainty about the criteria for referral into the intervention and also difficulties in evidencing – especially quantitatively – the outcomes of the intervention. We suggest that this could have partly been

³⁸ <https://www.womensaid.org.uk/childfirst/>

overcome through the involvement of the evaluators at an earlier stage. This would have enabled academic input into the planning stages, such as defining appropriate targets and ensuring that a standardised outcomes measure was in use from the start of the intervention.

3. Teething problems at the start of the intervention related to the time taken to gain police security clearance to access police computer systems and initial confusion over the process for receiving referrals. More lead time between the commissioning of the intervention and the start date may have been beneficial in allowing sufficient time for recruitment of workers, security checks and a formal induction into the use of police systems and facilities, as well as ensuring that an appropriate police contact had been nominated and fully briefed.
4. Problems merging the police and Women's Aid Modus datasets arose partly due to missing or duplicated entries, but also due to different understandings of how engagement was to be defined. Producing a service level agreement between the police and the Women's Aid agencies during the planning stages and reviewing these in accordance with any new developments could have provided greater clarification on the parameters of the data collection, information sharing and agreed definitions.
5. The evaluation team collected the majority of the quantitative data in the final months of the reporting period in order to minimise the number of repeat data collection visits to the agency, and similarly police data was requested in two batches rather than on a more regular basis. One of the limitations of this approach is that, whilst less invasive, certain problems with bringing together the two datasets only became evident very late on in the evaluation. The production of a full test dataset within the early stages of the intervention would have alerted the researchers to some of these issues and provided the opportunity for interim recommendations to be made to improve data quality and robustness.

7.3 Recommendations

The following recommendations arise from this evaluation. Key stakeholders with responsibility for implementing these recommendations have been mapped below. It is important to reiterate however that the success or failure of an intervention is not isolated to the intervention itself, but is rather facilitated or compounded by policies and practices which are external to the intervention. This recognition is particularly critical in light of the ongoing austerity agenda.

Theme	Recommendation	Responsible agencies
1. Referral processes and criteria	a) In light of the new offence of coercive and controlling behaviour, all practitioners administering the DASH need to be trained in such dynamics.	Commissioners and providers of DVA training; all statutory and non-statutory agencies who use the DASH
	b) Defensible and transparent processes for referral into the MRP intervention are required, both with regard to selection criteria and obtaining new police-generated lists. These lists need to be based on up-to-date incidents of DVA in order to facilitate more timely engagement.	Police, MRP delivery agencies ³⁹ and other key stakeholders including commissioners and local authority DVA coordinators/strategic leads
	c) Clarity around the definition of 'medium risk repeat' is needed, particularly with regard to: (i) the inclusion of incidents not reported to the police, particularly of non-physical abuse; (ii) patterns of escalation; and (iii) the threshold at which the number of repeats reaches the point where a victim should be reclassified as high risk.	MRP delivery agencies, police and other key stakeholders including commissioners and local authority DVA coordinators/strategic leads
	d) Incorporate medium risk workers as referrers of women into the MRP intervention.	MRP and medium risk worker delivery agencies
2. Changing criteria and caseload management	a) Review the focus on complex needs such that the highest repeat victims still receive a service, regardless of complexity.	MRP delivery agencies, police and other key stakeholders including commissioners and local authority DVA coordinators/strategic leads
	b) Establish clear, consistent and defensible processes for case closure.	MRP workers/MRP delivery agencies
	c) Clarify what support for two years means in practice. This includes establishing the frequency and intensity with which non-engaging clients should be contacted.	MRP workers/MRP delivery agencies
3. Implementation and delivery	a) Continue to locate the MRP intervention within a specialist DVA agency in order to ensure the depth of expertise and strength of existing partnerships with statutory and non-	Commissioners

³⁹ This refers to the agencies which hold the contract for delivering the MRP intervention. Currently, these are WAIS and Nottinghamshire Women's Aid.

	statutory agencies.	
	b) Formalise regular MRP worker team meetings for debriefing and sharing good practice.	MRP workers/MRP delivery agencies
	c) Retain the two year intervention period for those women who would benefit from this extended support, whilst recognising that in some cases change/reduction of risk is possible in shorter time frames. The MRP workers' professional judgement should inform support duration.	Commissioners, MRP workers/MRP delivery agencies
	d) Increase the availability of confidential, accessible spaces for meetings between MRP workers and service users (e.g. GP surgeries, other community venues).	MRP workers in partnership with statutory and non-statutory agencies which can provide meeting spaces
	e) Improve access to specialist DVA work with children of different ages.	Commissioners, MRP delivery agencies in partnership with existing children's DVA support provision
	f) Retain the local 24 hour helpline support, both for service users' peace of mind, and to ensure the work/life balance of the MRP workers.	Commissioners
4. Measurement of 'success'	a) Appropriate outcome measures needs to be used to capture 'success'. However, a balance must be struck between collecting relevant data and maintaining rapport and engagement with service users.	Commissioners, MRP delivery agencies
	b) All agencies involved in the MRP intervention must capture consistent and comparable data in order to support more robust evaluative work, to evidence success and make visible the trajectories of complex case women.	MRP workers/MRP delivery agencies, police
	c) Future outcomes/targets should reflect: (i) spikes in risk and reporting, particularly as women disengage from a perpetrator; (ii) the small steps that form the 'scaffolding' to longer-term changes; and (iii) the work which is being done to improve parenting and to support children.	Commissioners

5. Partnership working	a) In areas where the medium risk worker role has recently been rolled out, replicate the close working between the existing medium risk worker and the MRP worker in the North of the County.	MRP and medium risk worker delivery agencies
	b) Establish a protocol that specifies the expectations of communication between MRP workers and the police, identifying named officers with comprehensive local knowledge who can act as points of contact.	MRP delivery agencies, police
	c) MRP workers encourage women to report all DVA incidents to the police. However, this often results in 'no further action'. Closer dialogue between the police and MRP workers is needed to inform and improve each other's responses to victims/survivors and perpetrators.	MRP workers/MRP delivery agencies, police
	d) Better connections need to be made between the MRP workers in the North and South of the County and their local beat teams.	MRP workers, police
	e) As the MRP intervention becomes further embedded, it will be important to raise awareness of the category amongst partner agencies.	MRP workers/MRP delivery agencies, providers and commissioners of DVA training