

# RESEARCH FINDINGS No. 91

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## DOMESTIC VIOLENCE MATTERS: AN EVALUATION OF A DEVELOPMENT PROJECT

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*The key findings from a three-year evaluation of the project 'Domestic Violence Matters' (DVM) are given here. DVM is an experimental development project funded by the Programme Development Unit. The project was an innovative response to domestic violence in Islington. It aimed to provide a civilian crisis intervention service to follow up police responses, enhance law enforcement responses and create consistent and co-ordinated responses among local agencies.*

### KEY POINTS

- ▶ DVM provided crisis intervention follow-up 16 hours a day, 7 days a week and worked with 1,236 victims of domestic violence in Islington over 32 months.
- ▶ Two-thirds of referrals were made outside normal office hours. An immediate response was considered critical by the majority of those using the service.
- ▶ The project was successful in decreasing repeat calls to the police.
- ▶ Over two-thirds of victims contacting DVM had never used a formal agency other than the police. The project was successful in making effective referrals and using a case advocacy approach to effect change.
- ▶ The women valued DVM's pro-active response and the accompanying clear message that domestic violence was unacceptable.
- ▶ Although less successful in enhancing law enforcement, the project highlighted the institutional barriers at local and national levels in responding to domestic violence as a crime. Examples are lack of coherence in and across policies, and ineffective implementation.

Domestic violence in the UK has been tackled in various ways over the last 25 years, through the establishment of refuges and legislative and institutional change. More recently, inter-agency groups and programmes for violent men have developed. These initiatives are part of a global concern, reflected in the UN Platform for Action (1995) and a recent Council of Europe report (1997). 'Domestic Violence Matters' (DVM) is one of a number of recent innovative responses to domestic violence. It was jointly sponsored by the Metropolitan Police and the Islington Safer Cities Project and funded by the Home Office Programme Development Unit.

### PROJECT OUTLINE

DVM went 'live' in February 1993 with a co-ordinator, four 'support workers' and an administrator. The project was managed by a small executive committee and backed by a larger advisory group.

The key aims were to:

- use civilian support workers to follow up police responses
- establish the fundamental principle in Islington that domestic violence is a crime
- contact all victims within 24 hours of a call being made to the police
- decrease repeat calls, through immediate crisis intervention, and increase the likelihood of referrals to other agencies being taken up
- improve communication and increase the immediate and effective response of all agencies in the borough to domestic violence.

DVM was unique because:

- it based civilian support workers within a police station
- it provided an out-of-hours service.

Crisis intervention was available 16 hours a day (10.00 am – 2.00 am), seven days a week, 52 weeks

a year. The intention was that DVM would be called immediately in the event of arrest, in the hope that support would increase the woman's ability and willingness to pursue prosecution. Support was also to be offered to all other victims within 24 hours.

Over the three years, DVM worked with 1,236 individuals, in relation to 1,542 incidents:

- 99% of service users were female
- 99% of perpetrators were male
- 21% of the women were black
- 10% were from other ethnic minorities
- 5% were disabled.

A third of police calls and DVM cases involved women who were already separated from their violent partners – further confirmation, in line with other studies, that leaving does not ensure safety.

A range of research methods (see Methodological Note) were used in the evaluation. Three core areas of DVM's work were analysed: crisis intervention; promoting law enforcement responses; and creating more consistency in local responses.

### CRISIS INTERVENTION

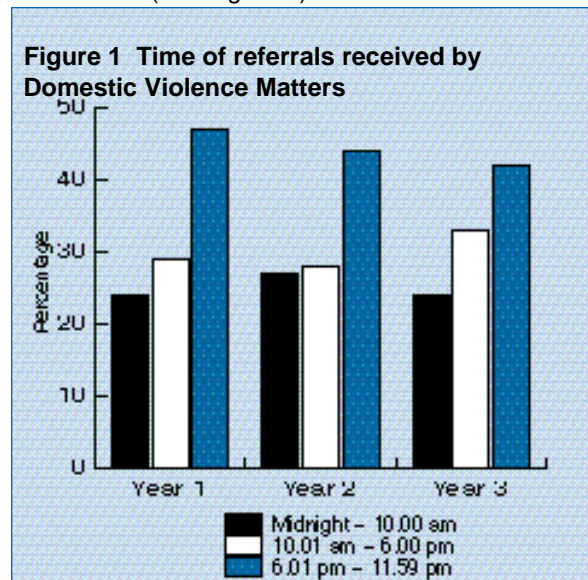
DVM's concept of crisis intervention is that a crisis represents a point at which routine coping strategies break down and the need or potential for change is present. Crisis intervention aims to build a realistic picture of what combination of emotional and practical resources are needed to make a difference. Change was understood within DVM as an increase in women's emotional, social and material resources. The support given drew on detailed understanding of the ways in which women cope with domestic violence and how these coping strategies can be barriers to seeking help and be misunderstood by professionals.

For the first two years, 40% of calls were immediate crisis calls, increasing to 68% in the final year. Over two-thirds (70%) of DVM's referrals came directly from the police. In addition, a large number of self referrals to DVM stemmed from police leaving DVM referral cards. A response within 24 hours was achieved in 90% of cases and at least a third of contacts were made immediately following an incident.

DVM was also successful in reducing repeat calls from the same individual. Pre-DVM comparison data was collected for a six-month period in which 22% of victims had made a repeat call and 11% had made three or more calls. The DVM data is 33% for repeat calls and 15% for three or more calls and the figures for six or more calls are exactly the same for the two data sets. However, the DVM data covers a period of time which is five times greater than the earlier police data. Further evidence of success is from the women's evaluation questionnaires. In the first year of DVM, the proportion of women who had called the police before was two-thirds. This had decreased to two-fifths in the final year.

The support workers' role in making appropriate referrals to other agencies in the borough was effective. Over two-thirds (70%) of the service users had never approached a formal agency other than the police, and of the remaining 30%, half had only made one such approach. Thus the referral take-up created access to a broader range of services.

A key aspect is the fact that over two-thirds of referrals to DVM were received outside normal office hours (see Figure 1).



The importance of an out-of-hours service, and of an immediate response, was confirmed by service users. Many noted that this was the most significant factor which enabled them to take action which increased their safety and accelerated the process of change. Three-quarters of service users who completed evaluation questionnaires said DVM had made a difference for them. The issues which mattered most to these women were the clear messages that:

- abuse/violence was not acceptable
- women were not to blame
- they had a right to lives free of violence.

DVM workers began from these basic principles and this often provided the basis on which women were able to develop more confidence. It is only at this point that exploring options and advice becomes meaningful.

DVM has demonstrated that pro-active approaches – where the service makes contact – are not resented by women, rather the reverse. The closer the intervention was to the original model – immediate support after an incident and acting as a temporary advocate – the more likely it was to accelerate the process of change. This included ending relationships and proceeding with legal action.

### LAW ENFORCEMENT

Assessing the impact of DVM on law enforcement responses was problematic, since police record keeping was neither systematic nor consistent within each division over time, or between the two. Table 1 compiles data from the DVM database on the 1,078 cases which involved initial police intervention, by the two police divisions in the

**Table 1 DVM database of cases with initial police intervention**

| Police division | Incidents |     | Perpetrator not present |     | 'Crimed' |     | Arrests        |                     |
|-----------------|-----------|-----|-------------------------|-----|----------|-----|----------------|---------------------|
|                 | No.       | No. | %                       | No. | %        | No. | % of all cases | % of 'crimed' cases |
| NI              | 746       | 222 | 30%                     | 321 | 44%      | 196 | 26%            | 61%                 |
| NH              | 332       | 104 | 31%                     | 133 | 41%      | 89  | 26%            | 67%                 |
| Total           | 1,078     | 326 | 30%                     | 454 | 42%      | 285 | 26%            | 63%                 |

Islington area. Over half (58%) of incidents were 'no-crimed' i.e. not officially recorded by the police as an offence. Some will be incidents which did not involve a criminal offence but it is unlikely that this would apply to such a high proportion of calls. This suggests that, despite guidance to the contrary, police officers continue to 'no-crime' reported domestic violence.

When police arrived, the perpetrator was not present in almost a third of cases, which meant that he could not be arrested, cautioned or even spoken to. Very few of these cases resulted in any further action. This confirms that 'not being present' is the most effective way perpetrators avoid intervention by the police (see Grace, 1995; Morley and Mullender, 1994).

The arrest rate is shown in Table 1 as the proportion of all cases (26%) and as a proportion of cases which were 'crimed' (63%). Even in cases where there were visible injuries and the perpetrator was present, arrest occurred in only 45% of cases. Data from police questionnaires and the evaluation questionnaire to service users also revealed that many elements of divisional and force policy had not become routine aspects of daily practice (see also Grace, 1995). DVM thus had a more limited impact on law enforcement responses than intended.

The questionnaires and focus groups with police officers provided some explanations for the limited change within the police. There was a lack of consensus on:

- definitions, especially the boundary between what counted as domestic violence and a domestic dispute
- the factors which increased or decreased the likelihood of arrest
- whether arrest was an appropriate response
- the extent to which domestic violence is a gender issue.

A proportion of police officers were still making decisions on the basis of stereotypes (especially who was a 'deserving' victim) rather than the facts of the case. Without a shared knowledge base and systems which ensure consistency of response, calling the police remains a lottery for women since the same facts elicit different responses from individual officers.

A cohort of cases where arrest had occurred were tracked through the prosecution process. A listing of 149 arrests was created, 72 charge records were traced and from this the CPS found 34 files. Fourteen cases (41%) did not proceed to trial:

- 10 were withdrawn before trial
- 4 were dismissed since witnesses (usually the victim) did not appear.

Of the 20 prosecuted cases, there were 19 guilty pleas and one jury trial in which the defendant was convicted – sentences are recorded in Table 2.

**Table 2 Sentences for the (20) prosecuted cases**

| Sentence              | No. | Comments  |
|-----------------------|-----|---|
| Bind over             | 9   | Two with compensation orders  |
| Conditional discharge | 5   | Three with compensation orders  |
| Probation             | 4   | One compensation order plus attendance at a men's programme; one a fine |
| Custodial             | 2   | One for 4 years; one for 27 months                                      |

If a woman can be enabled to pursue prosecution, a conviction is likely, most commonly through a guilty plea. But at all stages, lack of co-ordination between elements of the criminal justice system undermined, rather than supported, the initial willingness of women to support legal action. The most important factor was a failure to ensure protection in the period leading up to trial, since:

- few of the police requests for remand were granted by magistrates
- hardly any of the breaches of protection orders resulted in court action.

In addition, a section of the police and some prosecutors were clearly working from a presumption that women would withdraw.

These outcomes need to be placed within the context of what women service users said they wanted from the criminal justice system. From the police, they wanted a prompt response and intervention which was both respectful of them and assertive in stopping the abuse; two-thirds said they wanted the perpetrator removed/arrested. The majority of DVM's users (90%) thought domestic violence should always be treated as a crime. This 'pro law enforcement' orientation needs to be backed up by appropriate support and effective protection if it is to be translated into an increase in prosecutions.

#### LOCAL CO-ORDINATION

At the outset, relatively low levels of awareness of domestic violence, its consequences and local provision were found in both the statutory and voluntary sector. The voluntary sector was used

more frequently in help seeking. Strong working links with the Local Authority Domestic Violence Co-ordinator resulted in several initiatives to address gaps in provision and co-ordinated action in relation to poor practice. For example, a resource directory was jointly produced and extensive training across services undertaken.

The support workers became skilled advocates for women, using detailed knowledge built up through daily practice. DVM was also able to develop particular links to enhance local service provision, especially that of advice and legal services. By the end of the pilot, 90 different local agencies/ organisations were used as referral points. The majority of DVM users did not know about the agencies, or the type of support/assistance they could get from them in relation to domestic violence. DVM was, therefore, effective in both discovering local support resources and in informing women about them.

Over two-thirds of local groups contacted towards the end of the three years thought DVM had made a difference to their work on domestic violence. Those which had most contact with DVM were much more likely to report effects on their practice. DVM was perceived as having a key role in co-ordinating responses – an element in the inter-agency aim. DVM demonstrated that a 'case advocacy' approach

can itself be a catalyst for change at local levels. This change occurred at the level of daily practice as opposed to formal policy making. As such it comprised a 'bottom-up' rather than the 'top-down' approach taken by most inter-agency groupings.

#### CONCLUSION AND RECOMMENDATIONS

DVM's model of crisis intervention has a great deal to offer both individuals and inter-agency working. It combines a one-stop location for:

- information
- advice
- co-ordination of responses with an interventionist pro-active response to recent incidents of violence.

For many women this speeds resolution, and decreases the 'lottery' aspect of agency response, with chance and luck being replaced by more thoughtful and connected responses.

DVM highlighted a number of stumbling blocks to implementing the principle that domestic violence is a crime. No legislation specifically recognises domestic violence and its particular characteristics. This means that actions are still largely governed by myths and stereotypes. Even where positive policies have been created, the evaluator considered that insufficient care has been given to consistent implementation.

#### METHODOLOGICAL NOTE

The main data sources were: comparison data of police cases pre-DVM (889); the DVM database of cases (1,236); a sample of cases tracked through to the CPS (149); a series of three phased questionnaires to police officers (502 in total); questionnaires from service users (229) and 23 interviews; two phased questionnaires to agencies in the borough (115) and 24 interviews towards the end of the pilot. These were supplemented by interviews with key informants, including the project workers, participant observation of meetings in the project office and two focus groups with police officers towards the end of the project. Various forms of analysis were used: the relational database; SPSS-X for questionnaire data; and thematic coding for interviews.

#### REFERENCES

Grace, S. (1995) *Policing domestic violence in the 1990s*. Home Office Research Study No. 139. London: HMSO.

Kelly, L. (1997) *Final report of the EG-S-VL including a Plan of Action for combatting violence against women*. Strasbourg: Council of Europe.

Morley, R. and Mullender, A. (1994) *Preventing domestic violence to women*. Home Office Police Research Group, Crime Prevention Series Paper 48. London: Home Office.

Platform for Action. (1996) *Report of the fourth world conference on women, Beijing 1995*. United Nations publication, E96. iv. 13.

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More detailed information appears in *Domestic Violence Matters: an evaluation of a development project* by Liz Kelly (1999). Home Office Research Study No 193. London: Home Office. Copies are available from the Information and Publications Group (address below).



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