
Abstract/Overview

The adoption of the risk need and responsivity (RNR) model in offending behaviour work in the 1990’s in England and Wales in the UK saw risk assessment aligned with the allocation and intensity of the supervision and resources applied in the Criminal Justice System (CJS) and Allied Fields (Chapman and Hough 1998). As I have argued elsewhere (Turgoose 2016) although perhaps not known at the time the implications of this for the Domestic Violence and Abuse (DVA) sector would be significant. The introduction and adoption of the ‘risk model’ into DVA ‘work’ with victims in the specialist support sector has been a matter of mixed fortune. On the one hand a stronger connection with the statutory sector via the development of multi-agency partnership working on high risk cases and mobilising resources promptly at identified points of crisis has been enabled. On the other, DVA victims have been poorly served by a system which allocates resources based on risk levels rather than need (Home Office 2013; Regan 2007; Women’s Aid 2013; 2016), and by an approach which fails to appreciate the fluid nature of DVA and the importance of early intervention for both perpetrators and victims (Robinson 2010).

Although statistics are disputed it is broadly accepted that women are both more likely to become victims of DVA than men and most likely to be subject to repeat acts of victimisation (Walby 2009; Walby and Towers 2018; Hester 2013). As such this paper takes a gendered analysis of DVA with the papers primary focus the (adult) victim.

The Change That Lasts programme is a specialist sector idea regarding intervention (Women’s Aid 2016). It is a strengths-based, needs-led model that supports victims to build resilience and independence and which purports to respond to needs and risk whilst advocating the importance of empowering victims by responding to their self-defined needs. Here some observational practice findings of the use of a strengths-based approach utilising the Change That Lasts initiative within a DVA academic undergraduate module on a social-science-based degree programme with criminal justice based early career practitioners are explored.

Data Collection, Methodology and Limitations

I have over 25 years’ experience in the field of DVA as a Refuge worker, Probation Officer, Social Worker and as an academic researcher in Community and Criminal Justice. I am the subject lead on a
second-year university undergraduate Domestic Abuse module delivered to students considering undertaking a career in Policing, Criminal Investigation, Psychology and Criminology. Change That Lasts materials are incorporated into face to face teaching to encourage critical thinking in CJS (and allied fields) practice in addressing DVA. Inclusion of such material always ignites emotional lively debate regarding practice issues.

This is a reflective written piece on a small scale informal observational study of sixty-three university undergraduate students (all of whom elected to study the DVA module out of interest i.e. via choice) and not an evaluation of the Change That Lasts initiative. I accept that as a research tool an observational study has some clear limitations and cannot be relied on for providing generalisations. Nonetheless the observational study revealed some important interesting insights.

**Introduction: The Current State of Play**

DVA provision in our jurisdiction (England and Wales) is predominated by CJS organisations though specialist support services such as Women’s Aid co-exist in this domain be it somewhat precariously. Whilst resourcing of services is detailed elsewhere in the literature (see Turgoose 2016 for example) in summary there is a historic funding shortfall in specialist service provision which has led to a lack of formal evidence base for ‘what works’ in addressing the complexity of DVA, and this is where Change That Lasts fits in.

My students are acutely aware that we live in a ‘risk society’ which begets positivistic measurement which ‘fits’ with managerialism approaches in current DVA practice, in other words a belief that if we can measure violence and risk that we can control and thus manage it (Beck 1992). Strengths based approaches such as The Change That Lasts programme seek to challenge the current status quo of practice operation in the CJS and are viewed as possessing real paradigm shift potential for moving intervention from the current focus on risk based to needs led interventions in DVA practice (Women’s Aid 2016).

**Why A New Approach?**

In my jurisdiction (England and Wales) the focus on intervention in DVA is on a risk-based incident (physical violence) CJS model as identified above. This means that the gateway to support for victims’ (women) is being ‘assessed’ as ‘high risk’, which often does not adequately tell us what victims ‘need’. There are thus many unintended consequences of a focus on risk assessment/management in ‘supporting’ victims. Short termism of only dealing with the here and now is a major factor currently at play in the system and means in reality waiting for people to become high risk before intervention is afforded them. Students were unanimous in the view in class
that this was unacceptable practice. (I have written about risk society, the incident model, gender neutral approaches and commissioning in more detail elsewhere see Turgoose 2016).

Students study the three planets model posited by Hester (2011). In short, the model consists of a DVA planet (by far the largest and most dominant planet where CJS agencies dominate), the child protection planet (where social work agencies dominate and where the welfare of the child is paramount) and the child contact planet (where legal civil matters i.e. child contact are addressed pertaining to assessment of being a good parent) where DVA is not (always) the prime concern. They (students) agree with Hester’s findings that in practice the problem with risk is that the planets are not aligned, and that organization’s thus often working in silos, equating to a black hole in DVA practice. Indeed, it was a major concern for students that whilst the CJS (where many of them will practice) is placed at the centre of a Multi-Agency response (via MAPPA and MARACS for example) they recognise that this is often not at the centre of women’s lives and reflected on how this disconnect meant that victims may (continue to) feel that they are to blame for the DVA they endure via a secondary victimisation process, something they do not want to contribute to as practitioners.

Students also reflected that in practice the process of recovery (Abrahams 2007; Abrahams 2010) has become a secondary concern in the DVA sector with some victims experiencing ‘job done delusion’ or being deemed as ‘intractable cases’. Having reflected on the work of CJS practitioners such as Ellinson and Munroe (2016) students reflected positively on the need for a more trauma informed approach to practice in the CJS which promotes acknowledgement, compassion, choice and control, safety, trust and collaboration both for victims and for practitioners working in the field (98% of students said it was either very important or crucial) in order to improve practice and provide safety for lasting long-term change and recovery.

An over-riding objective identified by students is the need to recognise different power dynamics both between and within organisations with the aim of uniting all agencies, commissioners, providers and victims in the process of ‘what works’ best in addressing the complexity of DVA. This is in spirit with the Change That Lasts programme. In addition, students also cited a main source of frustration for them was that they felt that money was being wasted in addressing DVA given the current allocation of resources to high risk. Moreover, they felt that Change That Lasts was value for money and necessary as a true preventive tool. Students referred to the Change That Lasts infographics available on the Women’s Aid website citing them as excellent visual case study examples which clearly and succinctly make the point that preventive needs led intervention works over tertiary focused risk led interventions calculated on a cost basis.
What to Do About Risk

Students recognise that perpetrators are often prolific offenders with little respect or fear of the CJS. A particular concern raised in class has been with regard to repeated reporting of DVA ‘incidents’ which often takes place to police services over several years, but which are not (yet) viewed as cumulative on a continuum of violence (Kelly et al 2014) by all, despite the (relatively recent) introduction of a Coercive and Controlling behaviour criminal offence via the implementation of Section 76 of the Serious Offences Act in our jurisdiction. The concern is that current practice dictates that only eventually are victims identified as ‘high risk’ after what they described as an ‘alarming number’ of referrals to and engagement with statutory agencies. Students referred to inconsistent thresholds, repeated police call outs, and were worried by repeated Multi Agency Risk Assessment Conferences (MARACs) and child protection meetings being called but not addressing need via change that lasts which fits with Rogerson’s findings (2015). Various Court Hearings, numerous applications for (and breaches of) Non-Molestation Orders, visits to Accident and Emergency Departments without IDVA support and lack of a routine enquiry approach when presenting to hospital/GPs were also detailed as of concern to students in DVA practice. Loss of faith in services and professionals that were designed to protect them and the cumulative effect of all this in relation to emotional well-being, depression and other health issues for victims was a recurring theme in discussions referring back to the need for trauma informed practice.

In addition to this, students reflected on examples where victims who had been ‘referred’ to support services and who had had MARAC ‘actions’ set which were not effective. Here the fact that no ‘real’ understanding of what was needed or when with a focus on ‘risk’ and ‘action’ was felt to be acting as a barrier rather than an enabler; students could empathise as to why a victim might stop engaging with services attempting to provide the solutions that they thought ‘she’ needed. A needs-led approach in obtaining focus on solutions and supporting a different pathway to the same end were reflected on, with student’s able to reflect on how professionals can get stuck in the ‘top down’ approach and start to answer one another, rather than the ‘supposed’ beneficiary. They recognised that this needs to change and that they could be agents of this change in practice.

Preliminary Research: Pathing the Way for Change That Lasts

Both Hester (2013) and Kelly et al (2014) undertook research projects which have been influential in the development of the Change That Lasts programme. Both projects adopted a “person-centred” strengths-based needs led approach. Students echoed Hester’s (2013) findings for a need for strong partnerships with a shared understanding of what a ‘successful outcome’ is that goes beyond individual agency targets and responsibilities be developed. Students also called for a shift away from a risk-based model feeling it created defensive decision making which was also disempowering to staff and echoed Hester’s findings in recognising that victims do not move forward in a staged/
process driven way but must in fact pick their own pathways. Students also echoed findings from Kelly et al’s (2014) project which found that DVA was continually being reduced to incidents of physical assault, leading to exclusion of some victims from services/support (for example when their abuse was more characterised by coercive control; see Stark 2007 for a detailed discussion on coercive control). In addition, there was minimisation of post-separation abuse (Regan 2007) with professionals underestimating the toll living with DVA had, expecting that separation, in and of itself, would create safety and lift all other burdens. The current policy focus on short term risk reduction it is argued has contributed to this misunderstanding, and in particular with regards to a failure to recognise victims current and persisting support needs.

The Elements of Change That Last in Moving Forwards
Change That Lasts promotes the idea of trauma informed ‘Ask me’ Ambassadors being identified in local communities (from every day work environments) where the victim is heard, believed and gets the help needed in a “safe space” so that early disclosures of DVA can be made. Students noted this as good preventive practice in enabling an initial appropriate response for victims which provides information about immediate options to take the next steps towards safety, freedom and independence, thus widening ‘spaces for action’ (Kelly et al 2014) in the community. The ambassador acting as a gateway, (not a barrier) to what the victim needs there and then and the importance that every point of interaction is an opportunity for intervention was felt worthy of merit by students who felt that this opportunity should not be missed. Students reflected on positives of the big society, communities and ‘responsibilisation’ for community safety initiatives first posited by the Home Office (1991) and recognised that whilst addressing immediate safety needs is important it is not the sole focus of intervention. They felt this might also assist in reducing repeat victimisation.

Engaging a wider range of trusted professionals in the community (building on the best of the Troubled Families agenda which advocated a key core broker for services for families see Casey 2012) students felt could promote a more holistic response in co-ordinating support for victims especially in increasing resilience. Action learning sets run with specialist services organisations acting as key expert contacts alongside them being direct providers of support were regarded as essential to adopt. Students felt that practitioners understanding of psychological, neurological and biological factors alongside the specific social and trauma impact that DVA has on victims was paramount to understand to enable this strengths-based, needs-led approach to flourish. Identifying what resilience and independence look like and how to get there including intensive support for complex overlapping and intersecting needs were viewed as the most important factors to understand. Students were mindful that solutions are not the same for all individual’s and that circumstances vary but felt that victims should be active participants (as cited by Hague 2005) in identifying their own goals and strengths and in identifying resources at the right time, adding that communities, society
and culture, are also determinants of well-being are just as important to address for good outcomes as individual strength.

**In Summary**

In DVA provision of services risk assessment is the main gateway to support, and the management of that risk is the main criterion of success. The reduction in needs-led responses in recent years has led to a growing crisis of unmet need (Women’s Aid 2013) where intended positive outcomes are at best difficult to achieve and where risk is often managed without best meeting victim needs. As such, victims in frequent contact with a wide range of agencies who ‘could’ help either fail to provide an environment in which DVA could be disclosed or respond to a disclosure in a way which does not enable the victim to get the help needed. Many victims (for example those with complex needs) are not engaged formally with services at all, and their opportunities to DVA are limited to the ‘community’ which is often uninformed about how DVA manifests. Consequently, misunderstanding and fear prevent communities from encouraging disclosures and DVA is thus tolerated. This needs to change is the call from my classroom!

My students view Change That Lasts as a paradigm shifting no brainer chance for real change in practice. Collectively we call for commissioners, other financial agents, government bodies and allied organisations in the DVA sector to embrace its adoption with immediate effect. The victim’s voice is central to the development and delivery of appropriate intervention(s) in the DVA field. Services need to work to a shared goal of independence for the victim. A shift from a risk-based approach to one that starts with the individual on needs in required. Barriers to help need to be removed (or at least reduced) and opportunities to access help in the community widened through adoption of local ‘Ask Me’ schemes and development of the ‘Trusted Professional’ role. Communities increasing understanding of DVA and the role they can play in responding, awareness campaigns and clear signposting is needed. Whilst local partnership processes vary depending on locality it would be useful to include detailed discussions on existing strategy and priorities with public sector commissioners, specialist providers and victims. Participation is key! Finally, the focus of risk needs to shift to the perpetrator who is held to account and provided with opportunities to change behaviour. In summary Change That Lasts is a real chance for change!

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