

Domestic Violence and Voluntary Perpetrator Programmes: Engaging Men in the Pre-Commencement Phase

Catherine Donovan^{1,*} and Sue Griffiths²

¹*Faculty of Education and Society, Department of Social Science, University of Sunderland, Priestman Building, Green Terrace, Sunderland, SR1 3PZ*

²*Northumbria University, Room 124, Sutherland Building, Newcastle upon Tyne, NE1 8ST*

*Correspondence to Dr Catherine Donovan, Priestman Building, Green Terrace, Sunderland, SR1 3PZ, UK. E-mail: catherine.donovan@sunderland.ac.uk

Abstract

In a longitudinal evaluation of two multi-agency Projects providing holistic, early intervention to victim/survivors of domestic violence, their children and perpetrators, the voluntary perpetrator programmes (VPPs) were the least successful aspect of the initiatives. This article explores why there were relatively low numbers of abusive partners self-referring and/or being referred into programmes and high drop-out rates in the pre-commencement phase. Four key reasons emerged: work with perpetrators was not within the remit of partner agencies; when it was part of their remit, it was through a criminal justice lens; agencies such as children's services claimed to work with families but in practice this meant mothers and children only; and female practitioners felt unsafe about engaging with perpetrators, especially when this was in a domestic setting. These findings echo those of others who have found that practitioners rarely expect to or actually engage with men as partners or family members. We conclude that discussions of the effectiveness of VPPs should consider the engagement of perpetrators in the pre-commencement phase. Additionally, training to improve the skills and confidence of practitioners such as social workers to more effectively engage and prepare perpetrators in the pre-commencement phase could improve engagement rates for these programmes.

Keywords: Domestic violence, improving participation rates, perpetrator programmes

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Introduction

The UK Coalition government's Violence Against Women and Girls (VAWG) Action Plan (Cabinet Office, 2011, p. 6, hereafter, The Plan) states clearly that, for interpersonal violence, which includes domestic violence, 'ultimately, the primary risk indicator is simply being female'. Statistics indicate that domestic violence is extraordinarily ordinary: almost half of all women in the UK experience domestic violence, sexual assault or stalking during their lifetime; and approximately 12.9 million women reported incidents of domestic violence acts (non-sexual threats or force) compared to 2.5 million men in England and Wales in the year preceding interview (Walby and Allen, 2004). No other type of crime has a repeat victimisation rate as high (Dodd *et al.*, 2004): 44 per cent of victims of domestic violence were involved in more than one incident and, of those experiencing four or more incidents of domestic violence, 89 per cent were women (Walby and Allen, 2004).

Whilst this does not mean that those who perpetrate domestic violence are all heterosexual men (see, e.g. Donovan *et al.*, 2006), the vast majority are. Options for responding to these men range from using the criminal justice system to criminalise and punish them, to attempts to challenge and change not only their abusive behaviours, but also the thinking that legitimises violent ways of behaving in intimate and/or family relationships. The last forty years of feminist activism and scholarship have had a degree of success in transforming the public perception of (heterosexual) domestic violence from a private issue to a public problem and this has resulted in changed expectations within society about appropriate ways of responding to it. Yet, in terms of the call to make perpetrators of domestic violence accountable for their behaviour, which has been embedded in the national Coordinated Community Response to domestic violence since the early 2000s (Home Office, 2003), there is still some way to go: in 2009, only 16 per cent of those who had experienced partner abuse in the previous twelve months reported this to the police (Smith *et al.*, 2010). In addition, attrition within the criminal justice system (CJS) of perpetrators of domestic violence is very high (Hester, 2006).

Recognition that most domestic violence victims/survivors do not report their experiences to the police has led to the development of other kinds of responses to domestic violence. Whilst those, relatively few, abusive men who are successfully arrested, charged and convicted of domestic violence-related crimes might be ordered into mandatory perpetrator programmes run by probation, voluntary perpetrator programmes (VPPs) have been developed to respond to the many men who might never be processed by the CJS yet who want to change their behaviour. This article focuses on the provision of VPP and asks two key questions: which agencies or practitioners can be expected to motivate abusive men to take up a referral to a VPP and how might they do this? In addressing these questions, the

article will first of all provide a brief historical and policy overview of work with perpetrators. Following that, there will be a discussion centring on the fact that the problem of engaging with abusive men is part of the broader concern that has emerged in recent years about the apparent inability of agencies concerned broadly with health and social care to effectively work with men as members of families. In the next part of the article, the methodology of the evaluation on which this article is based is outlined. After a description of how each Project set up their work with perpetrators, four key reasons will be explored to explain why neither VPP achieved its aims in this aspect of their work. Finally, in the conclusion, the arguments will be made that the effectiveness of perpetrator programmes should include attention to rates of engagement throughout the process from referral to completion as well as whether or not behaviour and/or attitude change is achieved. Part of this problematic is that there are no 'obvious' agencies or practitioners who have responsibility for working with abusive men to motivate them to self-refer (or be referred) to VPPs, and this is particularly the case for men who have no involvement with children. Furthermore, training is required across a number of agencies, including social work, to develop both skills and confidence in working with and motivating perpetrators of domestic violence in the pre-commencement phase of VPPs.

The historical and policy context of work with perpetrators

The Plan (2011) identifies the importance of equipping front line professionals to recognise and deal effectively with victims *and perpetrators* of violence. It is based on principles of prevention, by challenging attitudes and behaviour and holding perpetrators accountable, as well as early intervention through the provision of adequate services. These are to be achieved through putting the sector on a sustainable footing; 'effective practice and training'; partnership working; reducing the risk to women and girls of violence; and ensuring perpetrators are brought to justice *and rehabilitated*. It is clear that punishing perpetrators is not enough and that evidence-based approaches that address actual and potential perpetrators' behaviours and attitudes are also being targeted for implementation.

In the UK, the first perpetrator programmes were set up in 1989 and included perpetrators mandated by the courts and those voluntarily opting into them (Rees and Rivett, 2005). In 2000, Respect was launched, a national practitioners' association, producing best practice/minimum standards for perpetrator programmes, support for practitioners, lobbying government about best policy and practice, and providing accreditation for programmes (see www.respect.uk.net/pages/history.html). In the early 2000s, two programmes were accredited within probation, which initiated a separation of mandatory and voluntary programmes. Some have seen this as problematic because the self-motivation of men voluntarily opting into programmes is

believed to have a positive impact on court-mandated attendees (Rees and Rivett, 2005). Currently, perpetrator programmes are typically separated into mandatory programmes provided by probation services and VPPs provided by multi-agency partnerships across the statutory and voluntary sectors. Typically, these programmes are based on an amalgamation of feminist principles challenging male entitlement within intimate relationships and family life, and cognitive-behavioural approaches to unlearn patterns of thinking and behaviour that can lead to violent outcomes (as this article is being written, the probation service is phasing out their two accredited programmes and replacing them with one called Building Better Relationships, which is gender-neutral).

Historically, perpetrator programmes have created tensions for feminists who have been concerned that they: might divert resources away from victim/survivors and their children; incorrectly raise the expectations of victim/survivors (and their children) about the perpetrator's behaviour change and put them at increased risk; and result in men exchanging more 'obvious' for more 'subtle' abuse, making the situation worse for the victim/survivors and their children (Mullender and Burton, 2000; Day *et al.*, 2009). This has led to the broader question being asked about how effective programmes are in changing perpetrators' abusive behaviours. Whilst, internationally, the verdict on effectiveness is somewhat inconclusive, Gondolf and colleagues (2004) in North America, who have conducted the largest evaluation of the effectiveness of mandatory perpetrator programmes, have argued that there are some signs that they can have a positive impact on the future behaviour of perpetrators. Research is currently being conducted in the UK on the value of perpetrator programmes and focusing initially on how different stakeholders understand 'success' in such programmes (Westmarland and Kelly, 2013). In this article, however, we argue that success and effectiveness should include rates of engagement in the pre-commencement phase as well as during the programmes. In so doing, we draw attention to the potential for achieving low attrition rates by working with men during this phase to motivate them to attend assessments, commence and sustain attendance at the programme. This is necessary because VPPs are considered a valuable part of the prevention and rehabilitation agenda, providing an alternative to CJS responses, especially since many women are reluctant to criminalise their partners, often the fathers of their children.

Perpetrator programme drop-out rates have been identified as a problem elsewhere (e.g. Dobash *et al.*, 2000), with reported rates from between 22 and 99 per cent (see Daly and Pelowski, 2000). Factors associated with drop-out are multiple, such as substance use, employment, low educational achievement, prior criminal record, age, etc. Daly and Pelowski (2000) categorise them thus: demographic variables, violence-related factors, intra-personal characteristics and non-client factors (such as accessibility of the programme). These findings are problematic because examination of drop-out rates has predominantly been carried out with reference to court-mandated

perpetrator programmes where discussions then focus on court sanctions to elicit compliance with the order to attend. However, there is recognition that paying attention to motivating men to attend, by pre-emptively addressing potential barriers, could have an impact on completion rates and programme effectiveness. Day *et al.* (2009) have pointed to several strategies to improve attendance rates: motivational discussions before a programme begins to address men's reluctance to embrace the prospect of behaviour change; and an assessment of what is called 'treatment readiness' to identify issues such as substance abuse that require referral to partner agencies before commencement of perpetrator programmes. Finally, specific 'retention techniques' are identified such as reminder telephone calls and attention to the therapeutic relationship between the programme staff and attendees. These strategies rely on some investment of time in the pre-commencement phase with men but it is not clear in the case of VPPs who would do this work. In VPPs where men most often self-refer, they are frequently left providing for their own self-motivation about whether or not they attend the assessment in the pre-commencement phase.

In arguing that work needs to be done to improve take-up and attendance rates at VPPs by focusing on work in the pre-commencement phase of the programmes, we realise that a number of assumptions underpinning the provision of VPPs need to be challenged: first, that there exist practitioners, particularly outside the CJS, who understand that part of their role is to engage with perpetrators of domestic violence and refer them to a voluntary perpetrator programme; second, that practitioners can identify abusive behaviours, engage with abusive men and gain consent from them for referral to a programme; third, that there is consensus about the utility of VPPs; and, finally, that the work of the referring practitioner stops once a referral has been made. Investing in the training of appropriate practitioners to motivate perpetrators to be referred (or self-refer), assessed and attend the programmes in the long term may have a positive impact on the attrition rates, making them more effective and, perhaps, more cost-effective. The latter will have increasing importance as the Coalition government's Spending Review continues to be implemented (Institute for Fiscal Studies, 2012).

Working with men in health and social care settings

Questions about whether, when and how to employ and engage men, both as practitioners and as service users, in and with the services provided to families across the health, social care and social work, crime prevention and education fields are of growing importance (Featherstone *et al.*, 2007). The New Labour government (1997–2010) endeavoured to address this through various pieces of legislation and policy guidance documents (e.g. *Aiming High for Children: Supporting Families*, HM Treasury and DfES, 2007) that aimed to encourage and/or require services to elicit the involvement of men as family members,

especially in securing the health and well-being of children and young people. Although it is not always clear whether or in what capacity men might be involved with their biological or legal children or the children of their female partners, there is growing awareness that most services ostensibly offered to families actually expect to work with, and in turn encourage the involvement of, women as mothers alone (Featherstone, 2003). This is reinforced by understanding that the language of 'parenthood' and parenting is also often understood to apply only to mothers (HM Treasury and DfES, 2007).

There is also an added dimension of the occupational gender bias, namely that services aimed at families, but particularly those aimed at families with babies, pre-school and young children, are both expected to and do recruit a predominantly female labour force (simultaneously creating an expectation that women will be best suited to these occupations). This results in these services being understood to construct a feminised culture which is experienced as exclusively for women rather than inclusive of both women and men as jointly involved parents (e.g. Ghate *et al.*, 2000). There is some evidence that men attempting to engage with these services as interested and involved fathers do not always have a positive experience (Featherstone, 2003). Conversely, many practitioners report they do not feel equipped to respond adequately to men in these settings and contexts, whether in the homes of service users or in family and/or children's centres and/or clinics (Featherstone *et al.*, 2007).

Working with violent or potentially violent men falls, in the main, to social workers within child protection processes. However, even here, there is substantial evidence that, in practice, women, as mothers, have been their focus both in terms of undertaking assessments of risk, and also in terms of expecting mothers to protect their children from the harm of their male (ex)partners (O'Hagan, 1997; Daniel and Taylor, 1999; Scourfield, 2006). Scourfield (2006) pointed out that avoidance of engagement with men by social workers in child protection processes is systemic and has its roots in social work training that does not equip students to perceive the importance of men as members (however peripheral) of families with varying degrees of formal or informal involvement with children. In addition, there is evidence that practitioners are fearful of engaging with potentially violent men (Featherstone, 2003), even though the reality is that those facing most risk of violence from social work clients are male social workers from female clients (Scourfield, 2006). However, as is also pointed out by Scourfield and others, risks from potentially violent men might increase if they were engaged with more often. The expectation that mothers, rather than their abusive partners, are responsible for the safety of their children has led to some commentators arguing that social work practitioners require specialised training in how to respond in domestic violence cases (e.g. Daniel and Taylor, 1999; Hester, 2011).

Whilst children's social workers are the 'obvious' focus in attempts to refer or encourage self-referral to VPPs, there are other agencies who might also be reasonably expected to work with men, since their broad remit is work with

families, such as health visitors. However, as will be shown below, there is a similar refrain emerging from these agencies since they too assume that work with families means work with mothers and their children. In addition, it is also the case that some violent men who do not have children are in relationships with childless women. How these men might be engaged with outside the CJS is a moot point and one that is returned to in the conclusion.

The study

Between 2004 and 2008, a longitudinal evaluation was undertaken of two multi-agency Projects, one in a rural area and one in an urban area, that were funded over five years to provide holistic, specialist services to victim/survivors of domestic violence, their children and perpetrators (Donovan *et al.*, 2010). Each Project was built around a new specialist service (though, in the Urban Project, this was located in an existing domestic violence agency) and had eleven partner agencies, primarily from within the statutory sector, signed up to support the provision of a one-stop shop for victim/survivors, their children and perpetrators of domestic violence. Both Projects provided VPPs and both found this aspect of their work the least successful.

This was a multi-method evaluation of both process and impact drawing on both quantitative and qualitative data. Ethical approval was secured with the research team's university ethics committee and consent forms were completed by each participant. Interviews were conducted with key senior management and front line practitioners at six-month intervals over three years to explore their understandings of how the multi-agency partnerships were working in relation to work with victim/survivors, perpetrators and children. These interviews were intended to provide an on-going narrative about how strategic and operational decisions concerning the new Projects were understood and enacted in practice, and what kinds of barriers and facilitators existed in relation to the achievement of the Projects' aims. Interviews were conducted with the same person from each agency. Where participants left, attempts were made (mostly successfully) to replace them in the evaluation. In total, 289 interviews were conducted across the two Projects during the four years of evaluation. Analysis of the interviews was undertaken thematically on whether and how the Projects' aims were achieved. In addition, each new service in both Projects collected (albeit in a patchy way) quantitative data about the take-up of the VPPs. Data collection in the Urban Project was impacted negatively by the combination of a restructure of the new service and changes in staff, and the re-design of the existing database to accommodate the requirements of the new Project. In this article, the focus is on accounts given about working with men and making referrals into the VPPs, but first there is a brief description of how each Project went about providing a service for perpetrators.

The Urban Project's approach to work with perpetrators

Since the Urban Project already had a holistic service in place responding to victim/survivors, their children and perpetrators, their original intentions for the new crisis and early intervention service were threefold: to expand their capacity to provide VPP and relapse prevention groups for those who had completed the programmes; to intervene early in the arrest of perpetrators and provide risk assessments (RAs) to inform decisions about bail; as well as encourage their take-up of the VPP. Nearly eighteen months after the launch of the Urban Project, the decision was made to stop the men's workers from making contact with perpetrators when they had been arrested. There were two interconnecting reasons given for this. First, there was some anecdotal evidence that perpetrators and their defence lawyers used the defendant's interest in attending the VPP as mitigation within the CJS. Second, there was also some evidence that magistrates had questioned the credibility of the men's workers' RAs of perpetrators:

The magistrates have now refused to accept those reports ... I think the magistrates ... weren't sure as to the qualifications of the people who were actually preparing the reports and they weren't happy with the reports going in, in the same way as Probation reports would go in (senior manager, CPS, October 2005).

The result of these two factors was that work with perpetrators changed from being part of the new service to being part of the existing service, namely non-crisis work. This led the staff team to encourage other partner agencies, including the police, to refer men to the VPP. However, referrals never reached the levels expected by the new injection of funding. Two further reasons can be outlined to explain this. Senior police officers were not generally supportive of VPPs and considered them as being of secondary importance to approaching domestic violence as a crime and proceeding through the CJS:

The last discussion I had ... was with [two very senior police officers who] said, 'To be honest, we just want to arrest them and get them charged and banged up.' And I said, 'Great, so do we. I haven't got a problem with you arresting and charging but you ain't doing it, and the truth is, if you're doing it poorly, ... whereas if you referred them to us, and we got them on to a perpetrator programme, we can begin to address behaviour.' He said, 'Really we're not into those fluffy events.' I said, 'Excuse me?' And [he] said, 'Look, to be honest, our officers really don't think much of this hand-holding business and being nice to offenders.' And I said, 'With great respect, if you observed the perpetrator programme, you'd find that the staff are harder on perpetrators than your officers appear to be' (senior manager, Lead Agency, November 2006).

A senior officer from the Public Protection Unit (PPU) was also keen to promote criminalisation of perpetrators as the first response. His reluctance about the VPP was couched in terms not of it being a soft option, but of it

being a difficult option because ‘you’ll not get that engagement for your lengthy periods like six months etc.’ (Senior officer, PPU, May 2007).

The cumulative impact of these factors was a lower-than-expected number of perpetrators being referred to the VPP. The perpetrator referral rates for January–December 2007 give some indication of the attrition rate:

- fifty-nine initial referrals were made between 15 January and 21 December 2007;
- fifty-five of the referrals were allocated assessment dates (93 per cent of the initial referrals);
 - of these fifty-five, fifteen (27 per cent) did not attend the assessment;
- forty (68 per cent of the initial referrals) attended their first appointments;
 - of these forty, seventeen (42.5 per cent) did not complete the assessment process;
- twenty-three (39 per cent) of the original referrals completed the assessment process;
 - of these twenty-three, seven (30 per cent) were not accepted on the VPP, mostly because the referral was inappropriate;
- sixteen (27 per cent) of the initial referrals were accepted onto the VPP—two of whom did not actually start the VPP;
- fourteen (24 per cent) of the initial referrals started the VPP.

This attrition rate compares well with other perpetrator programmes. For example, in their evaluation of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP), [Williamson and Hester \(2009\)](#) found that 10 per cent of those perpetrators who were referred to the STDAPP attended the core group work sessions. Yet the numbers of those being referred into the Urban Project’s VPP, combined with the attrition rate, was disappointing for the Project, which had anticipated larger numbers of referrals and higher participant rates in the group work as a result of the new funding. It became clear that successful referrals of men requires knowledge and understanding about how to appropriately identify perpetrators of domestic violence (to address the proportion of referrals who were deemed unsuitable for the programme) as well as a deeper level of engagement with them in the pre-commencement phase. The senior men’s worker in the Urban Project commented on the disappointment he felt about the work with perpetrators:

The most difficult thing is getting referrals of men and that doesn’t seem to have really changed hugely in the six years. There are more referrals now

than when I started, but it hasn't been a proportionate change to the number of staff we have and to the number of women who are referred in (Senior men's worker, April 2007).

A final factor that had an impact on the numbers of men being referred to the perpetrator programmes emerged towards the end of the Project as, by the end of 2008, there had been a shift in focus away from early intervention in crisis situations (regardless of risk) to working only with victim/survivors at high and very high risk. The knock-on effect for the VPP was that such perpetrators would be the hardest to motivate and to engage with the VPP and the most likely to be processed within the CJS.

The Rural Project's approach to working with perpetrators

The Rural Project was an entirely new service that subcontracted the voluntary perpetrator programme to an independent provider whilst the Project provided support to the female partners of those attending. In practice, referrals to the programme were much lower than expected. During its six months of running, there were twenty referrals, of which ten entered the programme and one completed. Only two of these were referrals from within the geographical area of the Rural Project. The rest were mainly self-referrals who lived outside the area but had been directed to the programme by the Respect Helpline. The lack of take-up of the perpetrator programme can be explained by three factors. First, the fact that the programme was delivered by an external agency impacted on the perception of the programme as being separate from the work of the Rural Project. For example, the Chair of the Strategic Management Board (the equivalent of a domestic violence forum), when asked about the low referral rate to the programme, explained that she thought 'one of the difficulties of the ... Project is their work is *specifically for victims*' (our emphasis, June 2007). This perception of the new service as being 'specifically for victims' was pervasive throughout the partner agencies' front line staff and senior management reflecting the fact that work with perpetrators was not considered as their core business. Second, and relatedly, there was a lack of awareness about the new perpetrator programme amongst both front line staff and senior management of partner agencies. The exception to this was the police. The new service produced flyers about the programme for perpetrators, but only the domestic violence officer (DVO) at the PPU spoke about distributing them. However, here the emphasis was on perpetrators self-referring: 'We give them the information then they make self-referrals' (DVO, October 2006). The general lack of awareness about the voluntary perpetrator programme was exacerbated by the lack of focus in partner agencies on work with perpetrators. This was very similar to that in the Urban Project and is discussed further below.

A third reason for the low referral rates was suggested in the concerns shown about whether the perpetrator programme needed to be adapted for perpetrators living in rural areas. Although similar concerns were raised in the Urban Project about the time commitment required for perpetrator programmes, partner agencies in the Rural Project pointed to extra barriers for those living in rural areas: a combination of the time and the distance needed to travel to the programmes regularly. The senior manager in the lead agency explained:

It's a good programme, it's also a long programme and my view personally, without any evidence to back this up, is that maybe that's more a sort of urban type programme and maybe we need to think about having a shorter, more intensive programme available for people (June 2007).

A review of the perpetrator programme was undertaken in spring 2008, which resulted in the perpetrator programme being closed for not being cost-effective. Discussions took place with probation to provide a voluntary perpetrator programme, which ran during 2008/09, just outside the evaluation period—it had seven participants and six completed the programme. Whilst this was a huge increase in the participation rate, the low referral rate was not perceived as justifying the resources spent on the programme.

Working with perpetrators: whose job is this?

Even given the specific circumstances that each Project faced in providing a VPP, the numbers of referrals and the attrition rates of those referrals pointed to the problems of identifying appropriate participants and motivating them to engage in the pre-commencement phase of the programme. What became clear was that, whilst both perpetrator programmes relied on practitioners in partner agencies to undertake some initial work with men, most of the partner agencies in both Projects did not see working *with men* as part of their remit. In our analysis, the following four reasons for this emerged.

Work with perpetrators should criminalise them

Most agencies within the CJS (excluding the police in the rural area) understood their remit to be the criminal investigation of perpetrators and/or work with offenders. This meant that their approach was based on the belief or assumption that perpetrators should, in the first instance, be punished through criminalisation rather than rehabilitated:

What I'm worried about with perpetrator programmes is that we downgrade offending. . . . I wouldn't like [perpetrator programmes] to be seen as . . . an alternative for prosecution (Urban Project, senior manager in CPS, December 2004).

The remit of some agencies was solely victim/survivors and their children

The remit of several partner agencies was to work only with victims of crime. These included Victim Support, the Witness Service, refuges and floating support within housing agencies. This meant that several of the partner agencies in each Project did not have anything to do with perpetrators and felt they were not in a position to engage with or refer them to the VPP.

Agencies with a remit to work with families in practice only worked with mothers

Midwives, health visitors and the majority of social workers saw their remit as supporting 'families' but, in practice, expected to work with mothers and their children. Staff within the new service in the Urban Project explained that colleagues in partner agencies rarely worked with men generally, let alone when they were perpetrators of domestic violence. The manager of the new service, talking about partner agencies, explained:

[W]e also get information from the professionals, you know, [we ask] 'have you spoken to him and have you spoken to him about his violence?' Most of them haven't. That's the other interesting thing. They will refer the woman to us but they haven't done anything more. Agencies don't (July 2006).

However, partner agencies genuinely did not consider that their remit included work with men. For example, here is a senior midwife in the Urban Project giving an explanation of why they do not work with perpetrators:

Senior midwife: ... [We] don't have anything really on perpetrators, whereas A[accident] and E[emergency] will see the whole range of the population, when we obviously have the childbearing women. ...

Interviewer: Would you have a system to refer perpetrators anywhere?

Senior midwife: No. ... We don't refer them on. We will refer the family on to either [Urban Project] or through the child protection route, but not the individual (August 2006).

In her account, this senior midwife articulates a clear perception about who midwives work with, namely childbearing women and their *families*. In reality, however, this meant referring the women and their children to specialist agencies.

Children's services was the agency most expected to engage with perpetrators, yet, even within this agency, there was ambivalence about their role in relation to perpetrators. A senior manager from within the Urban Project's local authority's children's services was clear that they did not work with perpetrators of domestic violence when she said 'In terms of addressing issues of

domestic violence, no, not that I'm aware of' (May 2005). Similarly, a senior manager from within the Rural Project's children's services also indicated that little work was done with perpetrators or the victim/survivors and their children:

What we've found is, if a child goes home to see domestic violence, quite often the active registration and the involvement of social workers or police, in itself, can deter further instances, but it's a fingers-crossed approach. There isn't often enough planned intervention. . . . If it doesn't happen within the registration period, we can say we've been successful and it gets de-registered. So there's actually not a lot of work goes on with either the child, to be honest, or with the parents, either the perpetrator or the victim (June 2005).

Yet, most of the agency referrals to both programmes came from children's services. The reason for this, as others have found (Williamson and Hester, 2009), is that a referral to a voluntary perpetrator programme can be seen as a tool by children's services for controlling perpetrators' access to children. Generally, however, engaging with the men was not seen as an ordinary part of their work. The following excerpt from an interview with a social worker shows how a neutral language of 'parenting' is adopted but gendered:

But we're always trying to work with the parent, to empower the parent, and to allow *her* to be the expert in her own problems (June 2005, our emphasis).

The manager from the new service in the Rural Project was also able to illustrate this emphasis within children's services with the fact that referrals to the perpetrator programme from them had been of female perpetrators rather than male. She explained:

It's something that I'll need to talk to children's services about . . . I think it's because children's services, the social workers, focus on women as carers, that's what they do (May 2007).

As has been argued elsewhere (e.g. Hester, 2011), the practice of apparently separating the safety of women from that of their children and holding mothers responsible for the behaviour of their abusive male partners is fundamental to conflicts between best practice in domestic violence and child protection. The manager of the new service in the Rural Project was also able to give an example of this:

[O]ne example, she was living with an abusive partner . . . and she did have concerns about his behaviour towards their child . . . so we explained that we would need to refer this and we made the referral to children's services, and she ended up basically having to undergo what they call a core assessment, with questions about her own care of the child. But he was never spoken to at all and she was very, very unhappy about that . . . and [she] just felt, 'Why did we bother?' Why *did* they bother? (May 2007, her emphasis).

Gender and geography

In the Urban Project, a protocol for referrals from health visitors to the new service was held up when it became clear that the latter expected health visitors to engage with perpetrators and refer them, as well as the women, to the new service. A senior health visitor was very concerned that staff would be put at risk and was thus very reluctant to agree to this protocol. Some social workers felt they bore the brunt of the responsibility within the sector to work with perpetrators. Here, a senior social worker reflects on the approach of health visitors:

What we find sometimes though, with the health visitors, if they know it's a domestic violence case, they won't go and visit. And that seems to be their policy, that if the man's not taken out, they just will not go into the house ... And yet we think, well, we've got to bloody go in ... it's left to us to do (December 2006).

It is not surprising that there may be some concerns amongst practitioners about engaging with perpetrators of domestic violence. These concerns, about their personal safety, are exacerbated by two further factors. First is the fact that most practitioners in the fields of health and social care are female and second is that, in the main, these practitioners undertake their professional responsibilities in their clients' homes.

Discussion

If the aims of the VAWG Action Plan (2011) are to be achieved in not only punishment of perpetrators of domestic violence, but also prevention and rehabilitation, then current debates about the effectiveness of voluntary perpetrator programmes might usefully be expanded to include how abusive men are identified as appropriate for a referral to a VPP, and how they can be motivated to sustain engagement during the pre-commencement and early commencement phases of the programmes. This study suggests that where the perpetrator programme was embedded within a holistic domestic violence service, there were more referrals to the VPP. However, the attrition rates between referral and commencement of the programme were high: only 24 per cent of the initial referrals (fifteen out of fifty-nine) started the programme. Although perpetrators were referred by partner agencies, they mostly self-referred. If men self-refer, currently no agency has a role to motivate them during the pre-commencement phase. However, if men *are* referred by an agency, there is no expectation for practitioners to have an on-going role during that phase. In this article, we argue that there is a need for such a role in the pre-commencement phase of engagement with VPPs. The question is which agency might have such a role.

The evidence suggests that there are a few agencies that might be in a position to perform this role and all have a remit for working with families where

children are present. This raises the question of which agency could work with violent men in the pre-commencement phase where there are no children. Previous research on the help-seeking behaviours of perpetrators of domestic violence suggests that general practitioners (GPs) could fulfil this role (Hester *et al.*, 2006), since they were most often identified by men as a source of help for their behaviours. Yet both reactive (as in Hester *et al.*'s study) and proactive responses, as were intended in the Projects reported on here, require practitioners to have the skills to identify and name domestic violence, motivate the perpetrator to change and refer them to voluntary programmes, as well as to enable them to challenge 'poor me' attitudes in perpetrators and their tendency to blame external causes for their violence (e.g. their partners, their employment) (Hester *et al.*, 2006).

Very few practitioners working in agencies with a remit for work with families see their role as involving work with perpetrators because gendered assumptions about work with families mean that men are rarely their focus, particularly work with potentially violent men. This is exacerbated in female practitioners who feel anxiety about working with potentially violent men in private residences. Thus there is evidence of a skill gap about how to recognise and involve men as members of families in their assessments and work plans as well as a gap in confidence about working with potentially violent men. If rehabilitation of perpetrators and prevention of abusive behaviours are to be achieved, these skills and confidence gaps must be filled across health and social care agencies, particularly with social workers, health visitors, midwives, GPs, youth offending teams, drugs and alcohol workers, and so on. Training practitioners to engage with perpetrators of domestic violence in the pre-commencement phase of perpetrator programmes could have several desirable impacts. It might facilitate a step-change in work with families to engage men as active members of families rather than as shadowy figures in the background. It might address the high attrition rates, especially in the pre-commencement phase of VPPs, with a positive impact on the effectiveness of these programmes in the longer term. Finally, this could also enhance the cost-effectiveness of VPPs by increasing both their take-up and completion rates.

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