Important aspects regarding documentation and evaluation of programmes working with male perpetrators of domestic violence

Version 1.1

PRELIMINARY NOTE

This document is rather a collection of important aspects regarding documentation and evaluation of the work with perpetrators than a structured guideline. It has been developed as a working paper of the project “Work with perpetrators of domestic violence in Europe”, running in the Daphne II programme of the European Commission from 2006 to 2008. Its purpose is to stimulate programmes to install and / or improve their documentation and evaluation measures.

The document is divided into five sections. After two more general sections about the purpose and some basic principals of documentation the important aspects of documentation and evaluation are described in more detail for three typical phases of perpetrator programmes: intake, treatment and outcome.

IMPORTANCE OF DOCUMENTATION

Service providers for male perpetrators of domestic violence have an ethical responsibility to the victims (women and children), to society, to funders and to their clients that their programme is helping to avoid further violence against women. Documentation of the work with perpetrators is the basis for quality assurance and process reflection, for risk assessment and safety planning, for outcome measurement and programme development and helps to assure accountability and transparency. Simply put, documenting the work with perpetrators means to systematically describe who you work with, how you work with them and what the outcome of the work is. Every programme has to decide up to which degree it documents its work. This depends primarily on the intention of the documentation and moreover on demands by professional standards and funders and on available resources. We recommend taking the following aspects of documentation into consideration that serve slightly different purposes:

Documentation is the basis of most quality assurance measures. It helps the facilitators to reflect the process and to see changes in the client’s behaviour or attitudes. It facilitates also feedback to the client about his process, e.g. in the appraisal session. Documentation is necessary for the inter-agency cooperation, i.e. the coordination of all institutions that are part of the intervention in each individual case. It helps facilitators to design specific treatment plans according to the information gathered in the intake phase and to adjust this plan in the course of programme.
Analysis of the documented information gathered in the intake phase and during the process of work support identifying risks for further violence and help the victim support at safety planning.
The aim of outcome measurement is to control if the programme achieves its aims (mainly the reduction of violence and an increase of the victims' safety). Documentation of the client’s behaviour and attitudes during the different phases of the programme (intake, process etc.) and its comparison helps to identify and to prove changes of the client’s behaviour and attitudes at completion of the programme. Documentation also helps programmes to improve their work by detecting flaws or difficulties and is a basis of programme development and change
Documentation of the work with perpetrators helps to ensure its transparency and thereby the programme’s accountability to the victims of violence, to society in general and to its funders, specifically. Only by carefully documenting the work that’s being done and its outcomes can perpetrator programmes be compared with each other and with other options of intervention in domestic violence as a basis for policy decisions.
Finally, documentation of client variables (e.g.: socio-demographic, personality, types and severity of violence), process variables (e.g.: attendance, participation) and outcome variables

(e.g.: reduction of violence) is an important basis for research on domestic violence perpetrators and of treatment programmes them.

BASIC PRINCIPALS OF DOCUMENTATION

- **Systematic planning and funding**: Documentation as part of the work should be systematically planned and appropriate resources should be allocated to it. Documentation and evaluation should be funded as integral parts of perpetrator programmes. It is important to collect additional data from different sources: perpetrator, partner (current, ex-, new), children, police, justice system, social services, etc. In each case the source of data should be noted and national regulations of data protection have to be considered.
- **Standardization**: It is useful for programmes to collect information with standardised instruments or forms to ensure gathering the same information from each client. Using standardised instruments also make information comparable between different programmes and facilitate research.
- **Confidentiality and legal aspects**: Gathered data should be treated confidentially and recorded in a way that is only accessible for each employee who is involved in the actual work with the perpetrator. Any form of documentation and exchange of information with other professionals (e.g. victims' support services) has to be in accordance with national regulations of data protection. Depending on national law, participants have to be informed about the storage and processing of the gathered information, about confidentiality and its limitations and about their rights to access and withdraw the information. All agreements should be enclosed in a document of informed consent like a contract signed by participant and facilitator.

INTAKE PHASE

Goals of documentation in the intake phase

Systematic documentation of the information gathered in the intake phase of a perpetrator programme can serve the following goals:

- assessment of a man's suitability for the programme,
- communication and coordination (with the participants, their (ex-) partners, victim support services, the referral organisation / institution or other involved services / professionals etc.),
- treatment planning and referral to other services (e. g. alcohol- / drug-treatment, mental health, social services, etc.) if necessary,
- risk assessment and safety planning for the clients partner,
- outcome measurement / internal evaluation of the work,
- programme development, sources for research and for external evaluation.

Basic areas of documentation

Basic areas of documentation in the intake phase include the following:

- **contact information of the participant and his (ex- and / or current)partner**
  For safety reasons this information can be stored in a different file or place.

- **contact information of other relevant services / professionals attending the participant and / or his partner**
  - referring service, victim support service, etc.
- **socio-demographic information and information on current family situation**
  - age, ethnicity / cultural background, education, profession, work situation, income / economical situation, current housing and living conditions
  - duration, quality and dynamics of current couple relationship, housing situation, children: are they being abused or do they witness the violence? etc.
- **information about kind, extent and impact of violence**
  - against whom (partner / ex-partner, children, other family members, others)
  - history of the violence in the relationship (when did it begin?; changes; first, worst, most typical, most recent incident; etc.)
  - types of violence (physical, psychological, sexual, etc.)
  - concrete violent acts
  - frequency, severity and consequences of the violence
- **information about the legal situation and the participant's contact with the criminal justice system**
  - does he attend court ordered / institutional referred?
  - police records, sentences, protection orders, child custody and / or visit regulations, probation, former convictions etc.
- **information on family of origin background**
  - information about family relationships, especially about violence and abuse suffered or witnessed in the family of origin and about other significant problems like alcohol abuse, mental and other important illnesses etc.
- **information about mental and other relevant health problems and former and / or current treatments / therapies for them**
  - including current medications
  - specifically: information on the use of alcohol and other drugs
- **information on the initial demand of the participant and his motivation of change / his motivation for attendance**
- **information on the level of responsibility the man takes for his use of violence and for the consequences as well as his explanations and attributions of his use of violence**
- **documentation of risk assessment**
  - risk assessment ideally should include information about the participant, his (ex-) partner and other sources like police records, previous convictions etc. (standardised risk assessment instruments can be used). Programme responsible have to choose the appropriate instruments and means for risk assessments. Gathered information from other sources (partner (current, ex-, new), victim's support, criminal records etc.) should be used if available.
- **a treatment plan based on all the above information**
  - the most important goals and steps of treatment should be documented including possible referrals to other services to meet concurrent needs the participant might have
- **a contract or agreement between the programme (facilitators) and the participant which can include:**
  - basic rules of the programme (attention, punctuality, sobriety, etc.)

  - limited confidentiality / obligation to inform authorities of risk for harm to others
  - agreement to contact (ex-) partner **and** other services that attend the man
  - no use of violence

- **handouts that are given to the participants during the intake phase of the programme**

Important note:

Any change of the information documented in the intake phase that occurs in later stages of the programme has to be registered and the appropriate adjustments in the treatment plan made, especially with regard to changes in risk for violence and the corresponding safety measures.

TREATMENT PHASE:

Treatment Phase refers to the ongoing work with the man while he is attending the relevant programme(s), and the support provided to his partner / ex partner.

Important points:

- It is useful to have an ongoing internal evaluation process. The man should complete a structured questionnaire / evaluation form at the end of each module / session.
- Facilitators also need to complete documentation of how the module proceeded; its relevance to the group member etc.
- This documentation needs to be used in conjunction with documentation from partner contact people in attempting to gain a holistic overview of how the process is working.
- This documentation needs to be assessed internally and externally to enable the process to be reviewed on an ongoing basis.

Documented aspects during the process phase could be (as an incomplete list):

- attendance (physical being present)
- cooperation (active not active)
- further acts of violence
- major life events
- separation from partner during attendance
- further police operations / contact of man with police
- change of address, telephone number
- process and progress including change of motivation (told by client and if possible by (ex-)partner)
  - marks
  - problems
  - efforts, successes
- homework(s)
- drop outs

OUTCOME PHASE / EVALUATION OF TREATMENT

Accountability, quality assurance and outcome measurement are central recommendations for each programme (cp. introduction). In systematically documenting all phases of perpetrator programmes, a high level of accountability and quality assurance of the work can be met. The main focus in the outcome phase is to analyse the client's changes.

There are some useful outcome measurement procedures which can assist facilitators in determining, whether their programme is working successfully in reaching its goals. Each perpetrator programme should perform a minimal level of internal evaluation which should include:

- Interviewing the man and his partner (current, ex-, new) about their "satisfaction" with the programme. Were they satisfied with the change made by the man? What were the most important elements of the programme in their perception? Feel the partner save? Are there changes of quality of life? What skills or insights are perceived to mediate the change in the level of abuse? Such questions can help facilitators understanding what appears to be working in the programme curriculum.
- Doing accurate statistics about number of referrals (see chapter "Basic areas of documentation"), number of men accepted for treatment, number of completers and non-completers and number of attendance. Obviously not all of the above will be implemented in a single evaluation of programmes.

It is important to have clearly defined the goals of treatment from the beginning (e.g. in the treatment plan). Usually the main goals of treatment are to stop the physical violence and to reduce the whole array of abusive and controlling behaviours. An ancillary goal is to provide men with alternatives to abuse which encourage them sharing power and decision making in a respectful relationship.

There are many evidence based reasons to avoid relying only on a clinical interview as the single mode of assessment. We therefore recommend the use of self report questionnaires (client and client's partner) to supplement clinical interviews whenever possible. Especially interviews with client's partners are strong indicators to which degree client changes. Furthermore there are a lot of standardised measures that have been found useful to measure the outcome of perpetrator programmes. If participation in the evaluation is made a mandatory component of the programme for men informed consent should be no problem.

Research shows that perpetrator of domestic violence often report current and / or past violence and other relevant information very reluctant. Additional collateral reports of the men's behaviour, including interviews with victims are useful sources of information. Therefore perpetrator programmes should have a close cooperation with women's services that provide support and empowerment to victims.
Interviewing the victim should be done by structured interviews and standardised measures to collect information on the man's behaviour in a systematic and time efficient manner.
Additional information should also be obtained from children (client's and partners), police or probation officers or other involved organisations.

Outcome treatment evaluations are concerned with measuring each participant's change over time, for example between time A (before treatment), time B (after treatment) and time C (at follow up). So the same measures used in the intake phase (before treatment) can also be used at later times. This design is often called „Pre- and Post-Treatment" design.
It is often employed in internal evaluations of treatment programmes. It allows the evaluator to compare pre- and post-treatment status of the clients. Results of standardized measures are statistically compared at different times for each perpetrator. Because it is economical in terms of time and efforts put into the evaluation, some variant of this procedure might be within the scope of a programme although it has one big disadvantage. Improvement of clients between time A and time B cannot be attributed to the treatment itself. Alternative interpretations are possible

(effect of criminal investigation and punishment or important life changes such as employment or marital status).

Some general features that improve the quality of outcome measurement and evaluation are:

1. A clear description of programme content and methods of monitoring whether the programme content is covered over the course of a particular programme.
2. A clear description of outcome goals and mediating treatment goals and specific measures for both types of goals.
3. A quantifiable description of the client population including information like prior convictions, history of violence, demographics, personality disorder, motivation and level of denial.
4. A clear definition of violence including sexual and psychological abuse.
5. Inclusion of information from the (ex-)partner (quality of live and use of violence by the partner during the attendance of the programme)
6. Different statistical analyses for current and separated couples

Recommendations and further steps that could be taken should be communicated to the perpetrator or /and his (ex-) partner. As mentioned above it should be clear that programme staff should not have to be responsible for conducting outcome measurement / internal evaluation without compensation. Programme resources are usually expended fully on clinical demands, leaving little time for outcome measurement / internal evaluation. If a scientifically valid demonstration of treatment efficacy is considered important, it should always be a funded activity by external experts.

© 2008 WWP – Work with Perpetrators of Domestic Violence in Europe

The Project *WWP – Work with Perpetrators of Domestic Violence in Europe* has been funded 2006 – 2008 by

The Daphne II Programme to combat violence against children, young people and women (EU)

Federal Ministry for Family Affairs, Senior Citizens, Women and Youth

The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (Germany)