

Daphne Programme

Final Report

Project Nr. : JLS/DAP/05-1/249/WYC

Title: Prevention of intimate partner violence – a public health approach

Start Date: 27.03.2006

End Date: 26.03.2008

Co-ordinating Organisation's name:

Contact person:

Name

Address:

Postal code:

City:

Country:

Tel. N°:

Fax Nr.:

e-mail:

Partner Organisations' names and countries:

Devon County Council, Exeter, Great Britain

Hampton Trust, Southampton, Great Britain

Men's Counselling Centre, Graz, Austria

County Council of Värmland, Sweden, coordinator

Aims of the project

Address the lack of knowledge concerning intimate partner violence due to problems of male violent behaviour towards intimate partner including children and young people within the relation.

Shift the focus from support of victims to prevention of intimate partner violence by developing coordinated programmes as well as developing coordinated multi agency risk assessment and safety planning.

Main beneficiaries: women, children, young people

Main target groups: men with violent behaviour, victims and children, professional staff, public authorities, NGOs

Expected result: A change in knowledge and attitudes towards intimate partner violence among target groups. Strengthened focus on intimate partner violence as a public health problem. Better coordinated interventions in the region (perpetrator / victims / professionals)

Implementation of the project

MODEL DEVELOPMENT

ANALYSIS OF TREATMENT AND SUPPORT PROGRAMME

(= HEALTH PROMOTION)

In Hampshire

- Research into educational programmes aimed at young people on domestic violence and abuse both in the United Kingdom, Europe and international
- Critical analysis of available programmes, including their limitations, challenges, and positive attributes
- Networking and focus groups with educationalists, health workers, child specialists, facilitators, and experts in domestic violence and abuse in order to ascertain potential programme contents for children in schools and raise awareness of the programmes
- Liaison with child protection (safeguarding children) experts in order to ensure any model of delivery took into account child safety and protection
- Development of a creative and innovative educational programme for use in schools
- Liaison with youth workers to determine programme content for young people in youth settings
- Liaison with youth workers to determine model of delivery for young people in youth settings

- Development of a creative, interactive, and appropriate educational programme for young people in a youth setting –
- **Unforeseen activity**¹ – the identified need was for a programme for young people already starting to exhibit signs of violent behaviour to be delivered in a youth setting
- Piloting of schools based educational programme. Target age 13 plus with a focus on respectful and healthy relationships– one school involved in pilot – this resulted in some changes to the start programme
- Piloting of youth programme – 6 young men who were identified as having experienced domestic violence and abuse attended an 8 week course as a pilot – this resulted in some changes to the youth start programme
- Piloting of a knowledge and attitudinal scale – this resulted in further research to ascertain a valid and reliable pre test post test instrument. The University of Wisconsin in the US provided such a tool along with their results of a research project undertaken with seventh graders to ascertain if educational programmes delivered in schools make any significant difference to the attitudes of the participants with regards to violence in relationships. The data from this research study will provide us with comparison baseline data for the internal and external evaluators.
- Research and implementation of a training package aimed at teachers, youth workers, and members of PHSE forums to raise their awareness of domestic violence and abuse and the work the Hampton Trust is trying to do in the field of prevention.

In Styria

Transferring successful networking concepts/practices in specific areas of violence prevention to the area of intimate partner violence - men using violence against their female partner mainly done; working paper will be revised.

Collection of main concepts and evaluations in psychosocial and psychotherapeutical work with male perpetrators done; working paper will be revised.

A workshop on networking in perpetrator work in Vienna was attended, where a special model that has been realized in Vienna was presented and discussed (October 9th-10th, 2006). This model has been integrated into the working paper.

¹ **Unforeseen activity** – this included the development of a screening system within the youth context to identify young males who had been convicted of a violent offence who had been exposed to domestic violence abuse within their home situation (normalisation of violent behaviour). This was an activity requested by personnel working with young men who wanted to refer them onto the youth programme.

IMPLEMENTATION OF TREATMENT AND SUPPORT PROGRAMMES (= PREVENTION and TREATMENT)

In Devon

To equip male perpetrators with skills/tools to enable them to live lives free of violence

- Men are able to self refer to the project although many were informed about it by other statutory agencies in the area.
- Once men are assessed for suitability they are offered one to one session with the project manager. These sessions can last between 8 and 12 weeks before the man enters the group. During these sessions the project manager is looking for indicators that the man is taking responsibility for his actions and has a willingness to change.
- At week 2-3 the man is asked to sign a contract agreeing that his partner/ex partner will be contacted and offered support and that his children from either current or ex partner will also be offered support. Failure to sign this contract will result in the man not being offered the programme.
- Following the individual sessions the man will be able to join the REPAIR 'violent men's community programme' This lasts for 30 sessions.
- Workers attend fortnightly two hour supervision sessions with team and supervisor.

For women victims to be supported through the programme to enable them to develop tools/skills to enhance their current and future safety and to reduce repeat victimization and the scale of repeat victimization. To develop self-esteem and resistance to further victimization amongst survivors

- Women partners and/or ex partners of the men on the programme are contacted by a women's support worker as soon as possible once the man joins the programme.
- Women are offered one to one support in person/ over the phone and at a frequency dictated by the women.
- Women are also offered a place on a 'pattern changing' course if they wish
- Women are transferred from programme to receive one to one support from Women's Aid outreach worker.

To reduce the social, educational and emotional impact domestic violence has on children/young people. Once the mother has agreed to support, and agreed that the children can also be offered support, the children's worker is able to get involved. Children and young people supported are between the ages of 5 to 18 years old. The children's worker uses a variety of activities, tools and resources with the children

In Hampshire

Reduce sessions from 8 to 1 in schools and focus on raising awareness, identification, and what action to take to deal with DVA. Make groups smaller and same sex.

Teaching programme for teachers, youth workers, and PHSE staff to focus on child protection as this is their area of biggest concern

Resort to smaller and unvalidated tool for measuring any attitudinal and knowledge shift

Focus youth work on young males in youth settings who are exhibiting challenging behaviour to develop a **model** of working that incorporates a semi-structured educational programme. This

programme will continue to be of eight weeks duration. Model will include the Webster Stratton methodology for working with young people in groups (designed for those diagnosed with a Conduct Disorder).

At this point in time there is little relevance in trying to get teachers/facilitators to run their own programmes in schools and youth settings. We will therefore continue to address their real concerns of capacity, overload, anxiety around child protection, and feelings of lack of skills in DVA. In addition, we will design and produce a marketing pack that will provide details of resources and services available across the county as tool for support and information for professionals.

Schools focus on the curriculum means little time can be dedicated to DVA – however schools requesting help with bullying which has a specific governmental focus. Schools specifically requesting assistance with sexual side of bullying. We will explore how we can relate DVA to bullying and in particular sexual bullying in a training package.

In Värmland

In service training sessions on prevention of intimate partner violence for primary health care staff /social workers.

EDUCATION AND TRAINING OF STAFF (PREVENTION, TREATMENT, REHABILITATION)

In Hampshire

see above “IMPLEMENTATION OF TREATMENT AND SUPPORT PROGRAMMES”

In Styria

Set up a referring specific network by “Thematic Networking”, including NGOs, authorities and institutions

Coordinator and one networker attended a public presentation where coordinated interventions were presented (2.2.2007).

Bilateral contacts to the most important partners have been established.

The networking plan has been formulated to a sufficient degree for the moment but has still to be refined for year 2 of the project.

In Värmland

In service training sessions on prevention of intimate partner violence for primary health care staff /social workers Main content:

Lecture on violence, the WHO typology of violence, definition of violence, international legislation and UN declarations on human rights, development of the Swedish legislation including the criminal code. The process of normalization of violence, the woman’s strategy, for adjustment and survival. The man’s strategy of controlling the violence, shifting between violence and warmth eg. The process of breaking up the violent relationship. Special groups at risk; Children who have witnessed mummy been abused, pregnant women, physically and/or mentally disabled women, drug abusers, lesbians, elderly women, asylum seeking women.

Psychological, social and medical treatment, reactions on violence and threats, short and long term effects on physical and mental health. Responsibility of Swedish health care towards patients seeking care, risk assessment, collaboration and cooperation with NGO’s

Seminars and counselling sessions for staff concerning treatment programmes for perpetrators.

Evidence based methods for treatment of perpetrators and hounour related violence.
Preparation for broadening of regional network.

Dialouge- meetings for public stakeholders on intimate partner violence and its linkage to public health. Main content: the WHO typology of violence, definition of violence, international legislation and UN declarations on human rights, development of the swedish legislation including the criminal code. The responsibility of Swedish health care and County Council of Värmland towards patients seeking care when symptoms of effects due to violence are at hand.

Follow up work - Results and impacts

IMPLEMENTATION OF TREATMENT AND SUPPORT PROGRAMMES

In Devon

Activity	Numbers
MEN	
Been accepted onto programme	22
Dropped off programme before completing	9
Interviewed by evaluator	14
Interviewed and still on programme	11
Completed psychological tests	15
Completed tests and still on programme	9
Interviewed by phone or letter after dropping off programme	9
Enquires from men contacting project once	12
Referrals from other agencies but where the men did not make contact	7
Enquiries from men living outside project area (all were referred on to projects in own areas)	3
WOMEN	
Being supported by project (1 had declined to take part in evaluation)	5
Interviewed by evaluator	4
Completed psychological questionnaires	3
CHILDREN	
Supported by children's worker	9
Overage children	2
Underage children	4
Mother refused support for child	1
Qualitative data submitted on children & young people	6
No children linked to male perpetrator	2
Worker about to make initial contact	3

EDUCATION AND TRAINING OF STAFF

In VÄRMLAND

Four seminars have been given in during the first year. Approximately 130 professionals, merely from primary health care attended. Pre measurements questionnaire was used to line out baselines data concerning their experience of meeting/treating abused patients. Pre measurement data will then be analysed. Most probably we will have to set up special seminars for GP's only, as for psychologists and dentists to reach to results wanted (better knowledge). Post measurement questionnaires will be sent out to participants of the four seminars.

Värmland Primary Health Care now has an approved guideline how to meet and treat patients with experience of being battered or abused.

Seminars/educational sessions for health care staff on treatment evidence based methods for male patients with violent behaviour has been difficult to carry through. There is a very vague understanding among health care professionals (eg. psychiatric professionals) of violence as a cause of illness among male patients. The awareness of responsibility of identifying female abused/battered patients is much more common. There is a much stronger responsibility of action of the municipality social welfare especially when children are involved. Health care sector/professionals can only act and motivate to change when patient are seeking health care. Two seminars on two various methods to reach out to men with violent behaviour are though planned to take place in September and December 2007. One seminar will address violence related to the culture of honour and the responsibility of health care staff.

Dialogue meetings with public stakeholders on prevention of intimate partner violence are planned to take place autumn 2007. The Executive board of Värmland county council approved an action plan on prevention of intimate partner violence in December 2006. A working group for implementing the action plan is to be set up in June. County Council Assembly was informed at their meeting in April 2007. Further dialogue meeting on Oct 23rd 2007 with the executive board, later on the Committee of public health and dental care and finally a jointly meeting County Council and municipality politicians.

Uncertainty: Contact has been established with a NGO where former criminals gather and we will offer them counselling and help /support to start self help groups. (Similar self help groups are delivered by the women's shelter.

HAMPSHIRE

It must be noted that this prevention element of the Daphne11 project is fundamentally process based. Although the hard outcomes of educational programme development and delivery are important, the lessons learned through the process of development and delivery of educational programmes can be just as relevant as the impact/outputs and outcomes. Results thus far include:

- Development of a schools based educational programme – pilot evaluation undertaken through feedback from the participants and education staff – changes made to programme to incorporate lessons learned
- Development of a youth educational programme – pilot evaluation undertaken through feedback from the participants and youth workers – changes made to programme to incorporate lessons learned
- Development of a screening tool for young males who commit violent offences to ascertain their exposure to domestic violence and abuse and onward referral into the educational programme for young people in youth settings – screening tool piloted – does not require adaptation but does require work on commitment of workers to use

the screening tool. Workers expressed concerns about asking questions on domestic violence and abuse. Further work is required on training workers to feel confident about asking the screening questions and making an onward referral.

Initial monitoring data was provided by the first pilot attitudinal scale. This revealed the need for a valid and reliable instrument. This was obtained from the US and adapted for the UK culture. This new instrument was then piloted with one group of young people. The pilot showed that the validated tool was too long and complicated for the young people we were working with. Those with poor reading ability or English not as a first language had to have individuals reading the questions to them. This proved to be a lengthy and time consuming activity which in turn also led to dubious data in relation to shared answers and level of understanding of the questions asked. Schools in particular could only dedicate a limited amount of time to DV in relation to the set curriculum and this time was taken up by applying the tool pre session and post session. We have therefore reverted to our original format that included a short set of questions determining attitudes and knowledge

Young people, educationalists, families, youth justice staff, child protection specialists were all involved in the development of the educational programmes and screening tool

STYRIA

Contacts to the most important partners for the networking process have been established: Violence Protection Centre; Women's Health Centre; Men's Counselling Centre Vienna for knowledge transfer. The work package "case analysis" has been started in 2006. All cases concerning domestic violence that come into the organization are documented in a separate file. These cases are checked through by the social workers/networkers. Some of these cases are selected and described in a format that allows to identify good resp. lacking coordination of our organization and other actors. As far as the work package "process analysis" is concerned, the course of the project has been recorded (process in the organization; contacts to the most important partners).

Dissemination

Värmland

Public stakeholder

AER network – CC head of international relations
County Council Executive board
County Council Assembly
Municipality politicians social welfare –
Region Värmland

Administrative Professional – National level

Ministry of Health and Social welfare

Administrative Professional Regional level

Within the central administration of County Council - all task forces

The up coming County Council working group for the preventative action plan will be a strategically important group to reach out to all involved medical clinics and all 25 primary health care centres and the 25 dental care clinics

Media

News articles on the educational sessions among primary health care professionals has been published

The final public international conference in Karlstad March 2008 will be of great importance to reach out to a wider auditorium.

STYRIA

Information about the DAPHNE-project was disseminated to the CAHRV-network. The CAHRV-network (2005-2007), organized by the University of Osnabrück, is an important European network on violence at the moment (<http://www.cahrv.uni-osnabrueck.de/>). The Styrian regional coordinator is part in this network and has connected the DAPHNE project and CAHRV by passing important information and papers from CAHRV as input to our Daphne-project (e.g. material on health and violence), resp. by informing CAHRV-members of the DAPHNE project. This kind of mutual exchange took place e.g. in a CAHRV-workshop ("Good practice in Tackling Violence against Women and Children", 20.-22.9.2006, Budapest). Two reports are discussed there: "Agencies and evaluation of good practice: domestic violence, rape and sexual assault" (Hanmer et al., 2006) and "The justice system as an arena for the protection of human rights for women and children experiencing violence and abuse" (Humphreys et al., 2006). These reports, along with other CAHRV-reports, were sent to the DAPHNE-partners.

First contacts between the Daphne projects "Prevention of intimate partner violence – a public health approach" and "Work With Perpetrators of Domestic Violence in Europe" (www.work-with-perpetrators.eu) have been established (Men's Counseling Centre Graz; Dissens e.V., Berlin).

Further dissemination:

We were invited to join the network CAHRV-II to disseminate and exchange experiences in the Daphne project. Men's Counselling Centre Graz will follow this invitation.

HAMPTON

Dissemination thus far includes feedback to the Daphne 11 group, presentations to the Hampshire and Isle of Wight Domestic Violence Steering Group, feedback to the Hampshire and Isle of Wight Domestic Violence refuge forum and meetings with the Wessex Youth Offending Team.

We will endeavour to seek out opportunities for national/European/International presentations (as well as regional) – especially in relation to the lessons we have learned (process) rather than outcomes.

Visibility for the European Commission is ensured through use of Logos on all the educational materials, presentations and on the Hampton Trust website as well as verbal information provided to all participants and stakeholders.

Conclusions

DEVON

The staffs working in North Devon are now fully embrace the concept and without their support the quality and quantity of data collected would have been adversely affected. Already workers have a better understanding of their colleagues' perspective and have initiated four way meetings at

assessment with the man and his project worker and the women and her project worker as a way of being clear about the groups aims and objectives. Expected results: better coordinated interventions in the region. *Devon* is running the Duluth perpetrator programme where 11 men are currently enrolled. Some men have dropped out from the treatment programme and there have also been some difficulties engaging partners in programme. The biggest problem has been the resistance of workers to collect data, due to lack of time and IT-skills. This has been solved by recruiting a person who will put in the data.

VÄRMLAND

Raised awareness and better knowledge among primary health care staff of the health impact of intimate partner violence. Increased number of patients being asked “have you experienced violence?” Adequate medical and psychosocial treatment of these patients and their children established. Raised awareness and better knowledge concerning methods for treatment of perpetrators/patients. Raised awareness and better knowledge on the health impact of intimate partner violence among county council politicians. Further steps to be taken by politicians have been identified.

HAMPTON

The Hampton Trust has developed three educational packages. One for use in schools, one for use with professionals working with young people in schools and youth settings, and one for young people who are starting to exhibit challenging, violent and abusive behaviour and who have been exposed to violence in their own homes. The initial aim was to train teachers and youth workers to deliver the packages within their own schools and youth settings (cascade training)

As of March 2007, each of these educational packages has been being piloted, evolved, and then piloted again. Lessons learned from the pilots are being incorporated into the manuals at each stage of development.

The main challenges faced in the process of developing the educational packages has been concerns expressed by educational and youth staff regarding their skills and capacity to deliver an educational package on Domestic Violence and Abuse. There are concerns about the issues it can raise personally for facilitators, how they deal with disclosures in a classroom or youth setting, child protection, as well as time and curriculum constraints.

For those staff working with young people showing challenging behaviour who have been exposed to domestic violence and abuse within their own homes, it is more about a model of engaging these young people whilst incorporating elements of the training package into a group educational setting in order to address the very real needs of each of the individual participants

STYRIA

The activities are fairly in time. To be done:

- The working paper will be revised and put on the homepage (5/2007)
- The networking plan has been formulated to a sufficient degree for the moment but has still to be refined for year 2 of the project (4/2007)
- The actual networking process will be continued in 2007:
 - o bilateral contacts
 - o networking meetings

Annexes

not completed in this report

1. List of keywords describing best your project (please use the form attached);
2. List of materials produced during your project (audio or audio-visual media, publications, brochures, manuals, posters, CD-ROM, web-site,...)

preliminary version

ANNEX: KEYWORDS

The main purposes of the Daphne Programme are to create networks and to encourage the exchange of information and best practices. The Commission has therefore set up a database containing the details of all completed Daphne projects. This database is accessible via the Daphne page on the EC web site:

http://europa.eu.int/comm/justice_home/funding/daphne/funding_daphne_en.htm

The matrix below allows us to categorise your report according to certain pre-set search words. Please complete it carefully.

Mark the main areas of action and types of activity listed below which were covered by your project (respecting the limits mentioned).

Beneficiaries		
<input type="checkbox"/> Children	<input type="checkbox"/> Young people	<input type="checkbox"/> Women
Specific groups (maximum 2)		
<input type="checkbox"/> Homosexuals	<input type="checkbox"/> Migrants	<input type="checkbox"/> Refugees
<input type="checkbox"/> Asylum Seekers	<input type="checkbox"/> Trafficked Persons	<input type="checkbox"/> Ethnic minorities
<input type="checkbox"/> Handicapped	<input type="checkbox"/> Domestic workers	<input type="checkbox"/> People in prostitution
<input type="checkbox"/> Elderly	<input type="checkbox"/> Prisoners	
Targeted Audience (maximum 2)		
<input type="checkbox"/> Violent men	<input type="checkbox"/> Perpetrators / offenders	<input type="checkbox"/> Public Authorities
<input type="checkbox"/> General Public	<input type="checkbox"/> Medical staff	<input type="checkbox"/> Educational staff
<input type="checkbox"/> Police staff	<input type="checkbox"/> Judicial staff	<input type="checkbox"/> Media / Journalists
Daphne II Objectives (maximum 1)		
<input type="checkbox"/> Set up of multidisciplinary networks	<input type="checkbox"/> Studies of phenomena linked to violence	<input type="checkbox"/> Expansion of the knowledge base, including the exchange of good practice
<input type="checkbox"/> Raising awareness among targeted audiences towards violence		
Specific Objectives (maximum 1)		
<input type="checkbox"/> Treatment programmes for offenders	<input type="checkbox"/> Treatment programmes for victims	<input type="checkbox"/> Identification and exchange of good practice and experience
<input type="checkbox"/> Mapping surveys, studies and research	<input type="checkbox"/> Field work with the involvement of the beneficiaries	<input type="checkbox"/> Creation of multidisciplinary networks

<input type="checkbox"/> Training and design of educational packages	<input type="checkbox"/> Awareness-raising activities targeted to specific audiences	<input type="checkbox"/> Awareness-raising material
<input type="checkbox"/> Dissemination of the results obtained under Daphne I and II programmes	<input type="checkbox"/> Development of activities contributing to positive treatment	
Areas (maximum 3)		
<input type="checkbox"/> Sexual violence	<input type="checkbox"/> Gender violence	<input type="checkbox"/> Violence in family
<input type="checkbox"/> Violence in domestic context	<input type="checkbox"/> Violence in schools	<input type="checkbox"/> Violence in institutions
<input type="checkbox"/> Violence in urban areas	<input type="checkbox"/> Violence in rural areas	<input type="checkbox"/> Violence in the work place
<input type="checkbox"/> Trafficking in human beings	<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Internet
<input type="checkbox"/> Child Pornography	<input type="checkbox"/> Racism	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Physical punishment	<input type="checkbox"/> Female genital mutilation	<input type="checkbox"/> Health impacts
Instruments (maximum 2)		
<input type="checkbox"/> Network with NGOs	<input type="checkbox"/> Multisector network	<input type="checkbox"/> Awareness-raising
<input type="checkbox"/> Dissemination of good practice	<input type="checkbox"/> Guidelines / Counselling	<input type="checkbox"/> Models (analysis / Development)
<input type="checkbox"/> Training	<input type="checkbox"/> Production of materials	<input type="checkbox"/> Conference / seminar
<input type="checkbox"/> Telephone / Internet Helpline	<input type="checkbox"/> Field work	