



The University of  
**Nottingham**

UNITED KINGDOM • CHINA • MALAYSIA

**KING'S**  
*College*  
**LONDON**

# Strengthening Interventions to Reduce Domestic Abuse (STRIDE) Project Report

## Executive Summary

### July 2016



**Dr Julie McGarry & Dr Kim Watts**

**The University of Nottingham  
& Kings College London, UK**

## Acknowledgements

We would like to thank Katy Follows, Jane Lewis and colleagues from the Crime and Drugs Partnership, Nottingham for their support and leadership throughout the project. We would like to thank colleagues at Women's Aid Integrated Services (WAIS) and EQUATION, Nottingham for their expertise and support in the development of the STRIDE initiative and ongoing support of the specialist workers – and to Sarah Camplin and Barbara Wisbey, the STRIDE team. We also acknowledge and would like to thank Dorothy Holmes and the Neighbourhood Team, Nottingham and the Nottinghamshire Police Neighbourhood Policing Team for their support as part of the steering committee and to colleagues from Nottingham Children's Services for their support. Finally, we would like to thank all of those who agreed to participate in the project evaluation for their time and valuable contributions to the development of this report.



## **Executive Summary**

Domestic violence and abuse (DVA) is now recognised as a global health and societal issue. DVA exerts a detrimental impact on the lives and health of all of those who experience abuse and this included wider family members and especially children. However, while there have been a number of positive developments in the working practices of health and social care professionals surrounding DVA, commentators have also drawn attention to a number of deficits including a lack of cohesion between different services; a limited understanding among professionals regarding why women may not be able to leave an abusive relationship and the associated emphasis placed on mothers in terms of a 'failure to protect' children within the family. Moreover, it has been argued that fathers as perpetrators of abuse have been rendered largely invisible within professional discourse.

This report presents the findings of a twelve month evaluation study of the Strengthening Interventions to Reduce Domestic Abuse (STRIDE) initiative which aimed to increase social care practitioners' capacity to work with families where domestic violence and abuse had been identified. This evaluation examined the potential impact of co-locating dedicated domestic violence and abuse survivor and perpetrator specialist workers (the STRIDE TEAM) within the social care and targeted family support teams who were located in one defined geographical area of a large city in the UK.

## **Key Findings and Recommendations**

### **Raising awareness**

The STRIDE initiative was not intended to be developed as a perpetrator programme but rather to support practitioners to reflect on their approaches to families. It was designed to assist them in development of their theoretical and professional understanding about DVA, the role of perpetrators of DVA within the family and the impact of DVA on survivors and children. The findings of the study support the need for this mode of engagement whereby practitioners acknowledge that it is a necessary requirement to consider the complexity of DVA and the accountability of perpetrators within their everyday practice. We suggest that this approach could further be extended to encompass other services and professional groups for example, schools, education and health services directly involved in supporting families where DVA has been identified.



## Requisite support mechanisms

It is pivotal that all professionals are adequately prepared and supported to work with both survivors and perpetrators and that this is underpinned by a clear understanding of risk assessment processes and appropriate referral pathways and actions. The current study highlighted a clear shift during the STRIDE initiative to a greater engagement with perpetrators. However, it is also recognised that the requisite support mechanisms need to be in place to enable professionals to develop the confidence to work with both survivors and perpetrators as part of their role. It is also clear that the STRIDE initiative requires sustained support beyond the initial funding period in order to facilitate the development of working practices and to ensure that the inclusive STRIDE based approaches to working with DVA are embedded across services.

## Professional development and training

Within the STRIDE project it was clear that a one-to-one approach was invaluable in terms of STRIDEs expertise and their ability to act as a ‘sounding board’ for professionals. Therefore, the model of co-location and the visibility offered by STRIDE would appear to be an appropriate format for similar initiatives, both locally and nationally in the future. However, there needs to be a sustained investment in the STRIDE initiative in order to fully evaluate the ‘roll out’ of STRIDE geographically and to other related services within the area more broadly, for example children’s and community services.

It was clear from the evaluation of STRIDE that there needs to be a detailed baseline of professional’s current levels of knowledge and skills around the topic of DVA prior to the development of training programmes. This is pivotal to both engagement of professionals and their perceptions of the relevance of training. In addition this would aid their personal reflections on practice and the identification of further development needs.

DVA requires a multi-agency approach and it is clear that a number of different professional groups for example, healthcare and education, work with families where DVA is present. The absence of topics related to recognising and working with perpetrators was identified as a key deficit in existing training and development. We would suggest that this initiative needs to be disseminated across different agencies with a view to possible translation of the STRIDE model and more particularly the perpetrator element. A key recommendation therefore is the inclusion of a component surrounding the issues and approaches to working with perpetrators within training across all relevant

professions including for example, health and education. Moreover, it is suggested that a structured programme of DVA training would be of value to all professionals working within social care for example, forming part of core preparation for all social workers.

### Future evaluation work

While the findings of the present study offer a valuable insight into the development and delivery of a novel approach to working with both perpetrators and survivors among social care and targeted support workers – and as such addresses some of the core issues surrounding the invisibility of the perpetrator and onus on the survivor by many agencies in cases of DVA – further work is needed, specifically:

- A structured evaluation within the ‘roll-out’ of STRIDE to other areas within the city to explore whether the model works in its current format and whether and how it works differently in varied contexts.
- The continued systematic collection of activity data.

The ongoing development of the training programme with current priority given to the following topic areas:

- All staff trained to undertake DASH RIC (Safer Lives) and encouraged to complete and submit to local DART and MARAC teams
- All staff encouraged to utilise the free phone DVA 24 hour free phone helpline for themselves and their service users
- All staff training to include a detailed discussion of the legislation relating to DVA and regarding coercive control and the differences between domestic abuse and domestic violence.



## References

1. Feder, G., Davies, R., Baird, K., Eldridge, S., Griffiths, C., Gregory, A., Howell, A., Johnson, M., Ramsay, J., Rutterford, C., Sharp, D. (2011). Identification and referral to improve safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial. *Lancet*. 378: 1788 – 1795
2. Hester, M. (2011) *The Three Planet Model: Towards an Understanding of the Contradictions in Approaches to Women and Children's Safety in Context of Domestic Violence*. *British Journal of Social Work*. 41, 837 – 853
3. Lapierre, S. (2010) *More Responsibilities, Less Control: Understanding the Challenges and Difficulties Involved in Mothering in the Context of Domestic Violence*. *British Journal of Social Work*. 40, 1434 – 1451
4. SafeLives (2016) <http://www.caada.org.uk/practice-support/resources-marac-meetings>
5. Stanley, N., Miller, P., Richardson Foster, H., Thomson, G. (2011) *a Stop-Start Response: Social Services Interventions with Children and Families Notified following Domestic Violence Incidents*. *British Journal of Social Work*. 41, 296-313
6. *The Children's Act (2004)* <http://www.legislation.gov.uk/ukpga/2004/31/contents>
7. Westmarland, N. & Kelly, L. (2012) *Why Extending Measurements of 'Success' in Domestic Violence Perpetrator Programmes Matters for Social Work*. *British Journal of Social Work*. 1-19
8. World Health Organisation (2016) *Violence Against Women* <http://www.who.int/mediacentre/factsheets/fs239/en/>



**STRIDE would like to acknowledge and thank the Nottinghamshire Police Innovation Fund and Nottingham City Council Priority Families for funding the initial pilot and subsequently Nottingham City Council Priority Families committing to fund Stride into its second year and hopefully into the future.**



Dr Julie McGarry, Associate Professor  
School of Health Sciences, University of Nottingham, UK.  
Email: [julie.mcgarry@nottingham.ac.uk](mailto:julie.mcgarry@nottingham.ac.uk)

Dr Kim Watts, Senior Lecturer, Department of Midwifery  
Florence Nightingale Faculty of Nursing and Midwifery, King's College London, UK.  
Email: [Kim.Watts@kcl.ac.uk](mailto:Kim.Watts@kcl.ac.uk)

