

# Collection of good practices/treatment programs

## Domestic violence

### 1 Introduction

The rationale behind developing an overview of perpetrator programmes on domestic violence within the prison and probation service is that the identification of relevant approaches can serve to inspire policymakers and practitioners elsewhere. This mapping is a result of the first expert group meeting on Domestic Violence in 2019. Domestic violence is a problem all over Europe and programmes developed in one EU country might be useful also for another country. There is a clear need for many EU countries to develop methods for dealing with domestic violence cases and perpetrators. The aim of this mapping is to encourage further development and cooperation in this important field. This overview therefore shall not be seen as a blueprint that can be applied anywhere, but rather to encourage innovation and analysis among potential users and beneficiaries. This collection aims further at bringing together policymakers, practitioners, beneficiaries and other experts that face similar challenges.

The aim of this specific format is to collect information about perpetrator programs and practices in the area of treatment of domestic violence offenders.

**Guidance template** (Please fill in one template for each programme that you deliver.)

	<b>Explanation</b>
<b>Name of the perpetrator programme</b>	<a href="#">Building Better Relationships</a>

<b>Owner/developer Year</b>	HMPPS – Interventions Services Pilot 2010. Accreditation 2013
<b>Geographical scope</b>	England and Wales Also run in Northern Ireland. Ireland an, Jersey
<b>Key features of the perpetrator programme</b>	<p>Briefly describe the key elements of the treatment in order for an outsider to understand what it is about, without going into too many details.</p> <p>Please also include the following elements:</p> <ul style="list-style-type: none"> <li>• Describe the <b>problem that was addressed</b> by the treatment</li> <li>• Describe who <b>delivers the programme</b> (internal staff, external programme provider)</li> <li>• Describe the <b>/module</b> (not too much detail)</li> <li>• Describe the <b>resources (human/financial/equipment/IT/other) needed for running or setting up the training practice.</b></li> </ul>
<b>Risk assessment</b>	Spousal Assault Risk Assessment (SARA) <ul style="list-style-type: none"> <li>• Medium or High Risk (Community)</li> <li>• Medium Risk (Custody)</li> </ul>
<b>Target group</b>	<ul style="list-style-type: none"> <li>• Heterosexual male offenders (aged 18+) with an index offence or history of violence/aggression within an intimate partner context .</li> <li>• BBR is also delivered to males in the pre convicted space, via commissioned places from the Family courts.</li> <li>• Individuals who are transgender (including those who wish to permanently transition to an acquired gender, those who are intersex and those who identify as non-binary, gender fluid and / or transvestite) are eligible to participate in BBR if they have offended within a heterosexual relationship and identified as male when the offence was committed.</li> </ul>
<b>Theory/Methodology used</b>	<p>What is the theoretical background? What are the key underlying principles? Behavioural theories, sociology, pedagogy, psychology, of the treatment programme</p> <p>BBR builds on the success of its predecessor programmes, CDVP and IDAP. It is skills oriented, aiming to provide participants with a range of cognitive and behavioural skills and tools to support non-violence.</p> <p>BBR recognises that a number of theories account for domestic abuse and these reflect individual and societal factors.</p> <p>BBR’s model for understanding domestic abuse reflects this complexity and is based on the General Aggression Model and the Nested Ecological Model. These models accounts for both instrumental and expressive violence and acknowledge a number of influencing factors, including psychological, social and biological factors.</p> <p>This approach also acknowledges ‘coercive control’ as a form of domestic abuse.</p>

<b>Individual or group programme</b>	<p>Is the programme delivered to a group, one to-one or combined? Group but can be delivered via one to one via approval from clinical lead.</p>
<b>Duration of the perpetrator programme</b>	<p>Describe the length and intensity of the programme 30 sessions including individual sessions Moderate intensity SARA - Does the risk level effect the duration? In prisons typically moderate intensity – community sites can reflect both moderate and high intensity participants</p>
<b>Victims safety</b>	<p>What type of methods and cooperation with other stakeholders are used to safeguard victims and children?</p> <p>BBR is not a standalone programme and part of a co-ordinated approach to domestic abuse. This reflects an integrated pathway across the offence pathway, which is reflected in probation policy and practice guidance. Partner Link workers, Offender manager</p>
<b>Monitoring and training</b>	<p>Describe the support system for the programme facilitators Basic level of education, basic training, monitoring, specialised training, follow-ups?</p> <ul style="list-style-type: none"> <li>• All prospective facilitators are trained in core skills prior to accessing BBR programme specific training.</li> <li>• All prospective facilitators undergo an assessment centre to assess their suitability for working with this offence group. Successful completion enables them to attend BBR specific training.</li> <li>• All sessions are video monitored to support the integrity of the programmes and quality of delivery.</li> <li>• Each site will have a clinical manager (known as a Treatment manager) and programme who is responsible for managing operational issues. Treatment managers are responsible for the quality of delivery and hence support facilitators through supervision and DVD monitoring</li> <li>• Quality Assurance team provide continual support and guidance to facilitator teams. Management and facilitation manuals with specific guidance also support the facilitator team in maintaining integrity.</li> <li>• Sites can also receive support, more complex clinical queries from the Clinical lead via a clinical mailbox.</li> <li>• There are opportunities for programme sites to train suitably skilled facilitators as 'in house' BBR trainers.</li> <li>• Professional practice Forums to share knowlegde and skills, which are led by clinical lead. These can focus on general issues or specific issues such as stalking.</li> </ul>

<b>Evaluation</b>	<p>Is the perpetrator programme evaluated? By who? Internally or externally? Main findings on the effectiveness and relevance? Is the effect evaluated by a long term recidivism evaluation or short term treatment results? Is the evaluation published?</p> <p>The BBR evaluation is ongoing.</p>
<b>Transferability</b>	<p>Is the perpetrator programme suitable for other countries or for other sectors? What is the language origin of manuals? Is the programme translated to other languages? Are there any obstacles that prevent it being used by others?</p> <p>English is the language of origin. Some aspects of BBR (eg. Participants' materials) have been translated into the Welsh language. This is also the possibility that it can be delivered in the Welsh language should the need arise, as there are a number of facilitators in Wales who are bilingual.</p>
<b>Digitalisation</b>	<p>Does the programme include any digital tools for example VR, e-learning, video conferences etc.?</p> <p>No</p>
<b>Volume</b>	<p>How many programmes are delivered so far? Number of perpetrators yearly?</p> <p>Approximately 5000 per year</p>
<b>Lessons learnt</b>	<p>What were the key lessons learnt when setting up and running this? What went well? What went less well?</p>
<b>Current status</b>	<p>Is the programme under more development? Is it replacing older programmes? Is the programme a short term project or running with long term financing?</p> <p>Programme is under review</p>
<b>Other initiatives on Domestic violence?</b>	<p>Are there any other initiatives/interventions that support the programme? Treatment for substance misuse? Treatment for mental health issues? Other supportive initiatives?</p> <p>Partner link workers are offered to the partners and ex partners of all participants. Probation can work with various agencies to provide additional support to participants</p>