## The evidence statements

This document lists the evidence statements that support the recommendations in NICE's guidance on 'Domestic violence and abuse - how services can respond effectively'. For details of which evidence statements are linked to each recommendation, see section 10 of the guidance. Only evidence statements linked to a recommendation are listed in this document.

**The evidence statements are short summaries of evidence, in a review, report or paper (provided by an expert in the topic area). Each statement has a short code indicating which document the evidence has come from. The letters in the code refer to the type of document the statement is from, and the numbers refer to the document number, and the number of the evidence statement in the document.**

## Evidence Statement 1- Prevention interventions/ approaches for young people

There is moderate evidence from six studies that prevention interventions for young people are associated with improvements on various outcomes including: knowledge of IPV, attitudes towards violence and gender roles, interpersonal skills, although some studies reported improvements on some but not all measures. Some studies conducted with young people at high risk for abuse also reported modest improvements in abuse/ violence outcomes.

One study evaluated a primary prevention programme, aimed at preventing violence before it ever occurs. A qualitative study (Scottish Executive, 2002 [+]) found that an educational primary prevention programme improved self-reported knowledge of respect, communication, equality and power among young people overall, and knowledge of abuse and violence among older participants; however, other topics that were the focus of the programme, including gender stereotyping, perceptions of violence against women and harassment, showed less improvement and require further intervention.

The remaining five studies were aimed at preventing violence among diverse sub-groups identified as high risk for intimate partner violence (i.e. secondary prevention approaches). An RCT (Salazar and Cook, 2006 [++]) found that adjudicated African American male adolescents who participated in a DV prevention intervention reported increased knowledge and decreased patriarchal attitudes. A before and after study (Antle et al., 2011 [+]) found that a brief educational programme on relationships and dating violence was associated with significant improvements in communication skills, conflict management skills and attitudes towards violence among at risk youth. A qualitative study (Toews et al., 2011 [+]) found that a relationship education programme for Hispanic adolescent mothers had a positive impact on: understanding abuse, developing conflict management skills, and in some

cases leaving an abusive relationship. In contrast, a RCT (Florsheim et al., 2011 [+]) which examined a pregnancy education programme including IPV prevention for adolescent couples, found that the programme had a slight preventive impact on partner abuse, but this was not sustained at 18 month postpartum follow-up, with IPV increasing among both intervention and control groups. Finally, a before and after study (Enriquez et al., 2012 [+]) found that a culturally tailored prevention intervention for Hispanic youth was associated with significant improvements in ethnic pride, and positive (though non-significant changes) in gender attitudes, couple violence and incidents of violence.

## Evidence Statement 2- Media campaigns

There is inconsistent evidence from four studies that media campaigns addressing DV are associated with improved recall, hypothetical bystander actions, and awareness of available resources, calls to hotlines and knowledge and perceptions of DV. Two studies reported limited improvements in awareness and/ or attitudes towards DV following a media campaign. One cross-sectional study (Wray et al., 2004 [+]) found low recall of a radio serial aimed at African Americans (potentially connected to issues with implementation); while moderate exposure was associated with limited improvements on anti-domestic violence belief outcomes, these were similar to that reported by chance. Another cross-sectional study (Solomon and Fraser, 2009 [+]) found that following a TV and online campaign, reports of any experience of DV were lower yet spontaneous awareness of DV decreased compared to previous campaign waves, and there was low reported awareness of the advertised DV services. Two studies found some improvements in awareness and attitudes following a media campaign. One before and after study (Gadomski et al., 2001 [+]) reported increased recall and exposure of the media campaign, improved hypothetical bystander actions, increased calls to hotlines, and greater awareness of resources following a rural mixed media campaign. Another before and after study (Keller et al., 2010 [+]) found similar recall among women and men following a rural TV and print campaign, but women reported significantly greater awareness of available services, increased perception of severity of violence and greater response efficacy compared to men.

## Evidence Statement 3- Prevention interventions/ approaches implemented in health settings

There is weak evidence from two studies that prevention interventions implemented in health care settings (both emergency departments (ED)) are associated with exposure (reports of noticing, reading or retaining of materials), or changes in knowledge and attitudes related to DV. One individual RCT (Ernst et al., 2011 [+]) reported overall improvements in knowledge, attitudes and practices (willingness to intervene in bystander scenario) related to IPV following a computer based IPV prevention presentation, with somewhat greater improvements for the intervention condition, and no differences in outcomes noted between women and men or

identified perpetrators and victims. A cross sectional study (Edwardsen and Morse, 2006 [+]) reported modest indicators of exposure (noticing, reading, retaining materials) to DV materials posted in ED restrooms, and women were more likely to report that they noticed the materials presented.

## Evidence Statement 4- Prevention interventions/ approaches implemented in community settings for at-risk women

There is weak evidence from two studies that prevention programs implemented in community settings are associated with improved knowledge and skills, attitudinal and psychological outcomes, social support and health behaviours for women who are vulnerable to abuse. A non-RCT (Khemka et al., 2005 [+]) found that a group abuse prevention programme for women with learning disabilities at an adult services agency was associated with improvements on empowerment, knowledge of abuse, and prevention focused decision making, but there were no improvements in women's stress management. One before and after study (Enriquez et al., 2010 [+]) found that a longer (12 session) HIV and IPV prevention group programme for low income single African American mothers delivered in a daycare was associated with improved: social support, self-esteem, readiness for change, IPV attitudes, and protective health behaviours; improvements were not found for shorter sessions.

## Evidence Statement 5- Screening tools/ approaches

Seven studies compared the use of different screening tools or approaches on identification of DV. There is moderate evidence from these studies that the type of tool or approach used results in different rates of DV identification and/ or forms of violence identified, as well as the specific sub-populations of victims and/ or perpetrators identified. A RCT (Wathen et al., 2008 [+]) found that women were over identified as experiencing DV when a brief screening tool (WAST) was administered prior to the visit to a health care provider compared to a longer validated tool (CAS). One before and after study (Colarossi et al., 2010 [+]) found that a longer tool including questions on frequency of abuse identified more victims of DV, compared to a short, yes/ no response tool. Another RCT (Rickert et al., 2009 [+]) found differences in the identification of physical violence among young women when comparing three screening approaches; they also found that use of a bidirectional approach resulted in greater screening and identification of women as perpetrators. A before and after study (Kapur et al., 2011 [+]) found lower rates of IPV prevalence using written formats of HITS compared to the PVS tool for women, but not for men. A cross-sectional study (Halpern et al., 2009 [+]) found rates of DV identification were greater when using a diagnostic protocol (3 question PVS which includes questions about women's perception of safety), compared to a standard operating procedure in an emergency department where women are asked as to the aetiology of their injury, and sub-populations of women were more or less likely to report DV. An RCT with university students (Hamby et al., 2006 [+]) found that some forms of violence were more often reported using a tool that measured frequency of abuse,

when compared to a yes/ no response tool. Findings from a cross-sectional study suggest that a shorter version (6 item) may be as effective as a longer version (9-item) screening tool for identifying elder abuse; and that 3 items from the tool may be the most powerful predictors of abuse, including questions related to: belongings taken, being hurt or harmed by someone else, and privacy (Moody et al., 2000 [+]).

## Evidence Statement 6- Screening format

Moderate evidence from four studies suggests that screening format impacts the disclosure of IPV, forms of violence reported, or may improve awareness of abuse. One before and after study (Kapur et al., 2011 [+]) found higher reports of IPV for women in a self-report written format, compared to face-to-face format. Similarly, a RCT (Klevens et al., 2012 [+]) revealed that women more often disclosed IPV in a self-report computer format, compared to face-to-face screening by their health care provider. An individual RCT (Robinson-Whelen et al., 2010 [+]) found that computer screening of women with disabilities improved their awareness of abuse. One RCT (Hamby et al., 2006 [+]) found differences in the types of IPV reported in computer and written screening formats. However, a cross-sectional study (Svavarsdottir, 2010 [-]) found that the most effective format for screening varied between settings and types of abuse reported, with women more often disclosing physical abuse in face-to-face interviews, compared to written self-report.

## Evidence Statement 7- Cueing

There is moderate evidence from seven studies that cueing improves discussion of, disclosure of and referrals or services provided for DV among some populations. An individual RCT (Ahmad et al., 2009 [++]) reported improved discussion opportunities for and detection of intimate partner violence following cueing using a computer generated risk assessment prior to a medical appointment; and in detected cases, patient safety was more often assessed and a follow-up appointment more likely requested. Similarly, a RCT (Calderon et al., 2008 [++]) and before and after study (Trautman et al., 2007 [+]) observed improvements in screening rates in prenatal care, and in a emergency department, respectively, following cueing using a computer-based risk assessment. One cluster-RCT (MacMillan et al., 2009 [++]) did not find that cueing improve risk of violence and found only limited improvements in quality of life and depression measures. One RCT (Rhodes et al., 2006 [+]) found that a computer survey-based prompt improved rates of discussion and disclosure of DV in an urban, but not suburban, sample. An individual RCT (Humphreys et al., 2011 [+]) also found an increase in rates of discussion of IPV in prenatal care. Finally, a before and after study (Hamberger et al., 2010 [+] found that a chart prompt improved screening rates.

## Evidence Statement 8- Provider education

There is inconsistent evidence from four studies that provider education interventions are effective in improving screening practices or clinical enquiry. The strongest

evidence comes from an RCT (Lo Fo Wong et al., 2006 [++]) which compared focus group with full training interventions, and found modest improvements in awareness of and identification of DV for both conditions, but were greater in the full training condition, and another RCT (Feder et al., 2011 [++]) which found improvements in referrals, and an increase in disclosures of DV following an education and advocacy intervention. One before and after study (Bonds et al. 2006 [+]) found a modest increase in women's self-reports of screening following a multimodal education programme for health care providers. One RCT (Coonrod et al., 2000 [+]) found that a training programme for medical residents increased knowledge about DV but did not significantly increase rates of diagnosis of DV.

## Evidence Statement 9- Policy/ Organizational change

There is inconsistent evidence from two before and after studies that the implementation of policy or organizational changes to screening for DV improves screening rates, referral rates and/ or provider comfort with and ability to screen. Shye et al., 2004 [+] reported modest improvements in screening following augmentations to a HMO routine inquiry strategy. Power et al., 2011 [-] reported improvements in referral rates and providers' self-reports of awareness and efficacy of DV screening following implementation of a routine screening programme within an emergency department.

## Evidence Statement 10- Identification in pregnancy/ Postpartum

There is moderate evidence from five before and after studies and one interrupted time series study, that universal screening or routine enquiry for DV in pregnancy, when supported by staff training and organizational support, improves screening practices and documentation of DV. Two studies examined the impact of a routine comprehensive screening protocol during postpartum home visits; one found significant improvements in the protection of women's privacy during screening (Vanderburg et al., 2010 [++]), while the other was supported by a year-long professional development strategy and found improvements in documentation of abuse inquiry (Grafton et al., 2006). One study (Duncan et al., 2006) examined the effect of providing repeated individualized feedback to OB/GYN residents on their screening performance, compared with that of other residents and found significant increase in rates of screening. Two studies examined policy and organizational changes to support the implementation of universal screening protocols within settings serving pregnant and postpartum women (Janssen et al., 2002 [+]; Garcia and Parsons, 2002 [+]) and found substantial improvements in screening rates. Another study (Price et al., 2007 [+]) examined the implementation of an antenatal routine enquiry programme but found only modest improvements, with most midwives reporting assessment of only a proportion of clients.

## Evidence Statement 11- Advocacy interventions for victims

There is moderate evidence from ten studies that advocacy services may improve women's access to community resources, reduce rates of IPV, improve safety, decrease depression, reduce various stressors, and improve parenting stress and children's well-being. A cluster-RCT (Taft et al., 2011 [++]) revealed a significant decrease in IPV before adjustment for propensity score for pregnant and postpartum women involved in a community-based mentorship programme. A RCT (Sullivan et al., 2002 [++]) reported improvements in mother's depression and self-esteem and children's well-being following participation in home visitation advocacy services. A before and after study (Howarth et al., 2009 [+]) evaluated the effect of Independent DV advisor services (IDVA), demonstrating improvements in women's safety and a decrease in abuse. A RCT (Bair-Merritt et al., 2010 [+]) found a decrease in IPV rates for mothers involved in a home visitation programme. A cluster RCT (Coker et al., 2012 [+]) observed a decrease in depressive symptoms and suicidal thoughts for rural women receiving advocate services, but found no difference in self-perceived mental health or accessing of hot-line services. A cross-sectional study (Kendall et al., 2009 [+]) reported improvements in: perceived safety and safety planning for participants provided with emergency department advocacy counselling services. A RCT (Allen et al., 2004 [+]) revealed improvements in women's access to community resources regardless of presenting need, following post-shelter advocacy services. A before and after study (Poole et al., 2008 [+]) found a decrease in various stressors (partner, housing, mental health, legal and physical health) for women using substances who were accessing shelter services. A before and after study (Price et al., 2008 [+]) found that women receiving support services reported improvements in their safety and quality of life and their children's safety, and caseworkers also reported improvements in women and children's safety. Finally, a qualitative study (Cath Gregory Consulting, 2008 [+]) revealed that a 24 hour helpline service facilitated abused women in understanding abuse and making changes to their lives, and provided links to available supports and services.

## Evidence Statement 12- Skill building interventions for victims

There is moderate evidence from six studies that skill building (teaching, training, experiential or group learning) on a range of topics with victims of partner violence has positive effects on victims' coping, well-being, decision-making abilities, safety and reduction of coercive and violent behaviour toward them. A cluster RCT (Rychtarik & McGillicuddy, 2005 [++]) found that coping skills training reduced physical violence against women in relationships with men with untreated problem drinking. A RCT (Miller et al, 2011 [+]) found that educating women about forms of reproductive coercion and how to do harm-reduction in the reproductive context resulted in a reduction in the odds of pregnancy coercion, compared to women in the control groups. A before and after study (Glass et al, 2009 [+]) found that a computerized danger assessment and a decisional aid tool resulted in women feeling more supported and less conflicted about improving their safety. A quasi-

experimental design (Sanders, 2007 [+]) found that an educational programme on economic issues improves financial efficacy or the ability to make financial decisions among abused women. A RCT (Sullivan et al, 2004 [+]) found that a 9-week CB group intervention improved anxious, depressive and internalizing/ externalizing behaviours in children and improved women's sense of isolation and health. Finally, a RCT (Hernandez-Ruiz et al., 2005 [+]) found that music therapy decreased anxiety in women in shelters.

## Evidence Statement 13- Counselling and brief intervention for victims

There is moderate evidence from nine studies that counselling interventions may improve: PTSD symptoms, depression, anxiety, self-esteem, stress management, independence, support, re-occurrence of violence, birth outcomes for pregnant women, motivational level, readiness to change, and/ or forgiveness. A RCT (Kiely et al., 2011 [+]) demonstrated a decrease in re-occurrence of violence (that differed by severity of violence) and some birth outcomes (birth weight, preterm delivery and gestational age) for pregnant African American women following a cognitive behavioural intervention. A RCT (Johnson et al., 2011) revealed reductions in PTSD severity and specific symptoms, and re-abuse for women who completed a shelter-based cognitive behavioural intervention. A RCT (Zlotnick et al., 2011 [+]) found no significant reduction in PTSD or IPV from an interpersonal psychotherapy intervention for pregnant and postpartum women at follow-up, although there was a moderate reduction in PTSD and depression symptoms during pregnancy. A RCT (Koopman et al., 2005 [+]) did not find differences between an expressive writing and neutral writing intervention for PTSD symptoms, but did find that women with depression at baseline benefited from the expressive writing condition. A qualitative study (Morales Campo et al., 2009 [+]) found that Hispanic immigrant women attending support groups for abuse reported improvements in self-esteem, stress management, independence and feelings of support. A non-RCT (Rasmussen et al., 2008 [+]) found that motivational interviewing (MI) enhanced shelter counselling was associated with greater motivational level and readiness to change. A RCT (Reed et al., 2006 [+]) reported improvements in: women's forgiveness, self-esteem and several emotional and recovery outcomes, following participation in forgiveness therapy. A before and after study (Laughon et al., 2011 [+]) revealed that women who participated in a brief educational intervention reported a decrease in several forms of violence. Finally, in a before and after study (Hassija et al., 2011 [+]) rural women's PTSD and depressive symptoms improved following participation in video-conference counselling.

## Evidence Statement 14- Therapy interventions for victims

There is moderate evidence from eight studies that therapy interventions may be effective for improving various PTSD symptoms, depression, trauma symptoms, psychological and social outcomes, parenting/ family-related outcomes and in some

cases may reduce likelihood of future IPV or re-abuse. An individual RCT (Resick et al., 2008 [++]) found improvements in PTSD and depression among women in all conditions (cognitive processing alone, with writing account, or writing alone); however, women in the cognitive processing alone group demonstrated a greater reduction on PTSD measures. A RCT (Iverson et al., 2011 [+]) demonstrated reductions in PTSD and depressive symptoms that were associated with reductions in physical IPV at 6-months following either cognitive processing or written account therapies. A non-RCT (McWhirter, 2006 [+]) found improvements in social support measures for women attending a professional development intervention, and improvements in self-efficacy for women in a homeless shelter involved in CBT. A RCT (Crespo et al., 2010 [+]) compared cognitive behavioural therapies (CBT), including either exposure or communication components; they found reductions in post-traumatic stress, anxiety, anger and depression in both conditions, but greater effects for the exposure condition. An individual RCT (McWhirter et al., 2011 [+]) reported improvements in various emotional, family and change-related outcomes for mothers and children participating in emotion-focused and goal-focused group therapies; women in the goal-focused intervention reported greater improvements in family conflict and decreased alcohol use, and women in the emotion-focused condition reported greater improvements in social support. A before and after study (Grip et al., 2011 [+]) found improvements in mothers' psychological and trauma symptoms, and sense of coherence following psychosocial group therapy. A before and after study (Iverson et al., 2009 [+]) found improvements in women's: depressive symptoms, hopelessness, distress and social adjustment following dialectical behavioural therapy. Finally, a before and after study (Allen et al., 2011 [+]) demonstrated significant improvements in PTSD symptoms, and women's reports of healing, following a holistic group therapy.

## Evidence Statement 15- Individual interventions for abusers

There is moderate evidence from eight studies that individual interventions for abusers may improve: aggressive feelings towards partner, attitudinal change, understandings of violence and accountability, or short-term help seeking. Some interventions also reported improvements in violent behaviours or recidivism, while others demonstrated no effect. The types of individual interventions employed varied. A non-RCT (Gondolf, 2008 [+]) found that individual case management did not significantly improve batterer programme dropout, re-assault, and re-arrests, or women's perceptions of safety. A before and after study (Gondolf & Jones, 2001 [+]) examined batterer interventions in 3 sites found that programme completion was associated with a reduction in re-assault, and programme length was not significantly associated with programme completion. A non-RCT (DeLeon-Granados et al., 2005 [+]) found that an individual level intervention on its own was less effective in reducing recidivism among male offenders than when combined with indirect community outreach services. In a before and after study (Milner and Singleton, 2008 [+]), all male and female abusers who completed a brief solution focused

therapy were reported to be violence free. Evidence from several studies suggests that motivational interviewing (MI)-based feedback may not impact aggression or violence, but may impact some attitudinal outcomes. A non-RCT (Musser et al., 2008) found no significant differences in partner violence among men who received MI based feedback at intake, compared to those who did not, although the intervention did improve men's receptivity to the intervention. An RCT (Kistenmacher et al., 2008 [+]) demonstrated improvements on some (action and external attributions of violence when outliers were excluded) but not all (pre-contemplation and contemplation) attitudinal outcomes for a small sample of male abusers following MI based assessment feedback. In an individual RCT (Shumacher et al., 2011 [+]) that also compared MI based feedback at assessment with a control, a significant difference was found among a small sample of alcohol dependent men for short term help seeking, with no differences in anger, reports of aggression or alcohol outcomes. Finally, in a qualitative study (Morgan et al., 2001 [+]) a small sample of male physical abusers demonstrated changes in understandings of violence and accountability, following involvement in an educational intervention.

## Evidence Statement 16- Short duration group interventions for abusers measuring recidivism/ abuse outcomes

There is inconsistent evidence from 10 studies that short duration (16 weeks or less) group interventions reduce recidivism/ abuse outcomes. Multiple studies reported a reduction in recidivism or other abuse measures. A non-RCT (Taft et al., 2001 [+]) found that retention procedures for a group counselling programme for male abusers improved attendance and completion; greater attendance was associated with reductions in physical assault and injuries, and completers had lower recidivism rates. A before and after study (Tutty et al., 2001 [+]) reported a significant reduction in men's physical and non-physical abuse (after adjusting for social desirability), following involvement in a family-of-origin group therapy treatment. Two before and after studies examined a solution and goal focused treatment for male and female batters (Lee et al., 2007 [+]; Lee et al., 2004 [+]); one found that the development of goal specificity and goal agreement was associated with decreased recidivism (Lee et al., 2007 [+]), while the other reported a decrease in partner's perceived level of violence (Lee et al., 2004 [+]). A quasi-RCT study by Morrel et al., 2003 [+] compared structured CBT with unstructured supportive group therapy for partner violent men, and found improvements for both groups in physical assault, psychological aggression, injuries and sexual coercion; there were no differences between groups on partner aggression and re-arrests, although the unstructured group demonstrated greater self-efficacy for abstaining from verbal aggression, and negotiation. Findings from a before and after study (McGregor et al., 2000 [+]) showed that a group counselling programme for male abusers was associated with improvements on physical and non-physical abuse, that were sustained in the follow up group. A before and after study (Lawson et al., 2001 [+]) examined a group therapy programme for male abusers and found reductions in physical and

psychological aggression and injury. In contrast, a few studies reported improvements in some, but not all abuse measures or no improvement at all. Findings from two before and after studies (Tutty et al., 2006 [+]; Tutty et al., 2009 [+]) revealed that a group treatment programme for female batterers was associated with a reduction in non-physical abuse but not physical abuse. Finally, a cross-sectional study (Gondolf et al., 2009 [+]) found that men participating in cognitive behavioural group counselling and referral to mental health treatment did not demonstrate improvements in re-assault, re-arrest for DV or partner reports of safety.

## Evidence Statement 17- Short duration group interventions for abusers measuring attitudinal, psychological and interpersonal outcomes

There is moderate evidence from nine studies that short duration (16 weeks or less) group interventions improve attitudinal, psychological and interpersonal outcomes among abusers. The majority of studies reported improvements on various measured outcomes. A before and after study (Tutty et al., 2001 [+]) which examined a family-of-origin group therapy treatment, reported improvements among male batterers on all psychological, attitudinal and interpersonal measures. A cluster RCT (Waldo et al., 2007 [+]), which compared a guidance session (based on Duluth model) and guidance session including counselling treatment for male abusers, reported differences in the attitudinal and interpersonal improvements achieved by each group. Findings from a before and after study (Lee et al., 2004 [+]) revealed that a solution and goal focused group treatment programme was associated with improved relational skills and self-esteem among male and female offenders. A quasi-RCT study by Morrel et al., 2003 [+] compared structured CBT with unstructured supportive group therapy for partner violent men, and found improvements for both groups in self-esteem, efficacy to abstain from verbal abuse and stage of change. A before and after study (McGregor et al., 2000 [+]) found that a group counselling programme was associated with improvements on all psychological, interpersonal and attitudinal outcomes, and improvement was sustained in the follow up group. A before and after study (Carney et al., 2006 [+]) found that a cognitive behavioural intervention resulted in improvements in passive aggressiveness and likelihood to use force, with similar effects for African American and White participants. A non-RCT (Schwartz et al., 2003 [+]) reported that group therapy for abusive men was associated with improvements in restrictive emotionality and restrictive affectionate behaviour. Two studies found improvements on some, but not all psychological measures. A before and after study (Tutty et al., 2006 [+]) revealed that a group treatment programme for women batterers was associated with improvements in self-esteem, general contentment, stress, and adult self-expression, but no improvements on depression. In a later study of the same programme (Tutty et al., 2009 [+]), improvements were found among female

batterers in measures of depression and stress, but there was a reduction in self-esteem.

## Evidence Statement 18- Long duration group interventions for abusers measuring recidivism/ abuse outcomes

There is inconsistent evidence from eight studies regarding the effect of long duration (over 16 weeks) group interventions for male abusers on recidivism or abuse outcomes. Some studies noted temporary reductions in violence or improvements in select measures of violence/ aggression. For example, an RCT (Maxwell et al., 2010 [++]) found a reduction in violence for men during psycho-educational group treatment, but this was not sustained beyond the treatment period. Another RCT (Alexander et al., 2010 [+]) found improvements in victim reports of partner physical aggression for men receiving a stages of change MI approach, but no difference in self-reported physical aggression or self- or victim- reported psychological aggression. Other studies reported a reduction in recidivism/ abuse outcomes. A before and after study (Price et al., 2008 [+]) found that partner reports of violence and police reports of repeat victimization were reduced following involvement of male perpetrators in a cognitive behavioural treatment programme. One non-RCT (Lawson, 2010 [+]) found a lower rate of recidivism and severe partner violence for men attending a CBT programme combined with a psycho-educational component, compared to CBT alone. A before and after study (Lawson and Barnes, 2006 [+]) examining a cognitive behavioural approach reported significant reductions in partner violence. Finally, a qualitative study (Schrock et al., 2007 [+]) reported that men who completed a Duluth model group therapy programme were less likely than non-completers to be re-charged. In contrast, two studies demonstrated no intervention impact on recidivism. A cross-sectional study (Muftic & Bouffard, 2007 [+]) examining differences between male and female offenders involved in a coordinated community response intervention found that while women were more likely to complete treatment recommendations and fulfill their court order, their recidivism rates were not lower; and overall, the intervention did not appear to reduce recidivism (general crime or DV) for either women or men.

A before and after study (Bowen et al., 2008 [+]) demonstrated limited psychological change for male abusers following a psycho-educational treatment programme, that was not associated with re-offense.

## Evidence Statement 19- Long duration group interventions for abusers measuring attitudinal, interpersonal and psychological outcomes

There is inconsistent evidence from 8 studies that longer duration group interventions improve attitudinal, psychological and interpersonal outcomes among abusers. A qualitative study (Smith, 2011 [++]) found that men reported reduced anger and improved communication, assertiveness and perceived responsibility of personal power following involvement in abuser schema therapy. One before and

after study (Connors et al., 2011 [+]) found that interpersonal outcomes improved following men's participation in a group counselling intervention, and that men reporting greater motivation to change demonstrated more pronounced improvements. A before and after study (Cranwell Schmidt et al., 2007 [+]) found improvements in men's attitudes regarding abusive behaviours and motivation to change following engagement in a pro-feminist CBT- based group treatment. One qualitative study (Rosenberg 2003 [+]) found that male and female probationers who attended a group therapy intervention reported improvements in communication and conflict management skills. A non-RCT (Lawson, 2010 [+]) found that a CBT intervention and a CBT intervention including a psycho-educational component demonstrated different psychological and behavioural improvements for men in each group. A before and after study (Lawson and Barnes, 2006 [+]) examined a cognitive behavioural group treatment and found improvements on men's psychological and interpersonal outcomes based on attachment patterns. In contrast to those studies demonstrating improvements, some studies revealed little positive effect. One before and after study (Bowen et al., 2008 [+]) examining a psycho-educational intervention reported limited (non-significant) psychological change for men. A qualitative study (Schrock et al., 2007 [+]) reported limited changes in men's: notions of masculinity, responsibility, empathy and egalitarian behaviours following participation in a Duluth-model intervention.

## Evidence Statement 20- Couple interventions including substance use treatment

There is moderate evidence from four studies that behavioural couples therapy (BCT) included within substance use treatment is associated with improved abuse outcomes, and in some studies with improved substance use measures. One before and after study (O'Farrell et al., 2004 [++]) found that male to female violence and verbal aggression decreased for couples with a male alcoholic partner who attended a BCT intervention, and abstinence from alcohol was associated with more sustained improvements. A RCT (Fals-Stewart et al., 2009 [++]) found that BCT with a substance using male partner reported lower levels of IPV (male to female) and of substance use; and even on days using drugs or alcohol reported lower levels of IPV than the comparison group. A before and after study (Schumm et al., 2009 [+]) reported a significant reduction in both female-to-male and male-to-female aggression for couples with a female alcoholic partner who attended a BCT intervention. Finally, an individual RCT (Fals-Stewart et al., 2002 [+]) found a significant reduction in male to female aggression for couples with a substance using male partner who were attending a BCT that was not observed among men attending individual substance use treatment sessions.

## Evidence Statement 21- Couples interventions (not including substance use treatment)

There is weak evidence from three studies that couples interventions (which do not include treatment for substance users) are associated with a reduction in aggression outcomes or improvements in relationship skills, satisfaction and conflict. A RCT (Cleary-Bradley et al., 2011 [+]) which examined a psycho-educational intervention for parenting couples exhibiting situational violence found increased female-reported relationship satisfaction, a trend towards improved male-reported and female-reported relationship skills, and reduced male-reported conflict in the intervention group. Another RCT (Babcock et al., 2011 [+]) communication skills training was associated with improvements in men's and women's aggressive feelings towards their partner during conflict discussions. One before and after study (Woodin et al., 2012 [+]) found that the appropriate use of some, but not all, MI principles during feedback on assessment was associated with reductions in aggression, and differences were found between women and men.

## Evidence Statement 22- Interventions addressing elder abuse

There is weak evidence from three studies that interventions addressing elder abuse (either against elders or against caregivers) may be associated with improvements in psychological and abuse outcomes. Two studies reported limited or mixed effects. One RCT (Phillips, 2008 [+]) reported a lack of effect of a psycho-educational intervention on physical aggression, mood states or care-giving burden for caregivers who had experienced abuse, although caregivers of men reported a reduction in anger and confusion over time. A qualitative study (Nahmiash, 2008 [+]) rated only a small minority of tailored home-based, multidisciplinary intervention strategies for abused elders as successful. One study noted several improved outcomes. This interrupted time series (Reay & Browne, 2002 [+]) found an overall reduction in strain, depression and cost of care for caregivers who had abused an elderly care recipient and had participated in a two-part educational and anger management intervention, with greater improvements noted for physical abusers following the anger management component, and for the neglect group following the education component.

## Evidence Statement 23- Single component therapeutic interventions for mother and child

The [+] review by Rizo et al. (2011) included four studies which evaluated effectiveness of a single component therapeutic intervention, delivered to both mother and child, either together or in concurrent but separate interventions(Lieberman, et al., 2006; Lieberman, et al., 2005; Smith & Landreth, 2003; Timmer, et al., 2010). Two additional studies were assessed which evaluated effectiveness of a single component therapeutic intervention, delivered to both mother and child (Ghosh Ippen et al., 2011, RCT [++]; Addressing Family Violence Programs, 2011, before and after [+]).

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***From Rizo et al., 2011, systematic review [+]:***

- Lieberman et al, 2005 (RCT, USA, n=75 mother-child dyads, 6 months)
- Lieberman et al., 2006 (RCT, USA, n=50 mother-child dyads, 6 months)
- Smith and Landreth, 2003 (experimental interrupted time series study, USA, n=11 mother-child dyads, end of programme)
- Timmer et al., 2010 (non-RCT, USA, n=129 mother-child dyads, end of programme)

***Additional Studies:***

- Ghosh Ippen et al., 2011 (RCT [++], USA, n=75 mother-child dyads, 6 months)
- Addressing Family Violence Programs, 2011 (before and after [+], Australia, n=103 mother-child dyads, end of programme).

There is moderate to strong evidence that single component therapeutic interventions aimed at both mother and child are effective with diverse samples in improving child behaviour, mother-child attachment and stress and trauma-related symptoms in mothers.

## Evidence Statement 24- Single component psycho-educational interventions for mother and child

Rizo et al. (2011) [+] reviewed two single component psycho-educational interventions delivered to mothers and children (Becker, et al., 2008; Ducharme, et al., 2000). We identified an additional 2 studies covering single-component psycho-educational interventions delivered to children and mothers who are exposed to violence (Grip et al., 2012, before and after [++]; Humphreys et al, 2006, qualitative, [-]).

***From Rizo et al., 2011, systematic review [+]:***

- Becker et al., 2008, (before and after, USA, n=106 children; n=104 mothers, end of programme)
- Ducharme et al., 2000, (cluster-RCT, Canada, n=15 children; n=9 mothers, 6-month)

***Additional Studies:***

- Grip et al., 2012 (before and after [++], Sweden, n=46 children; n=34 mothers, 1 year)

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- Humphreys et al, 2006 (qualitative [-], UK, n=14 mother-child dyads, follow up not reported)

There is inconsistent evidence that single-component psycho-educational interventions aimed at mothers and children are effective in building coping skills and increasing knowledge and improving children's behaviour and mothers' parenting skills.

## Evidence Statement 25- Single component therapeutic interventions for children

Rizo et al. (2011) [+] reviewed one study that evaluated a single component therapeutic intervention for children (Tyndall-Lind, et al., 2001). An additional two studies evaluated single component therapeutic interventions for children (Parker et al., 2006, before and after [-]; Schultz et al., 2007, before and after [+]).

***From Rizo et al., 2011, systematic review [+]:***

- Tyndall et al. 2001 (before and after, USA, n=10, end of programme)

***Additional Studies:***

- Parker et al., 2006 (before and after [-], USA, n=15, end of programme)
- Schultz et al., 2007 (before and after [+], USA, n=63, 3 months)

There is weak evidence regarding effectiveness of single component therapeutic interventions. Play therapy and equine therapy both show some improvements with diverse groups of children in behaviour, aggression and self-esteem, but the interventions are difficult to compare.

## Evidence Statement 26- Single component psycho-educational interventions for children

Rizo et al. (2011) [+] reviewed four studies examining the effectiveness of a single component psycho-educational intervention for children (Johnston, 2003; McWhirter, 2008; Pepler, et al., 2000; Sudermann, et al., 2000), and two individually assessed studies (Bunston & Dileo, 2005, before and after [+]; Miller et al., 2012, RCT [+]).

### *From Rizo et al., 2011, systematic review [+]:*

- Johnston, 2003 (before and after, USA, n=223, 6 month)
- McWhirter, 2008 (before and after, USA, n=46, end of programme)
- Pepler et al., 2000 (before and after, Canada, n=4 time points up to 6 month)
- Suderman et al., 2000 (before and after, Canada, n=31, end of programme)

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### *Additional Studies:*

- Bunston & Dileo, 2005 (before and after [+], Australia, n=88, end of programme)
- Miller et al., RCT (RCT [+], USA, n=110, 1-week post intervention)

There is moderate evidence that single-component psycho-educational interventions aimed at children are effective in improving children's coping skills, behaviour, emotional regulation, conflict resolution skills and knowledge about violence.

## Evidence Statement 27- Multi-component advocacy interventions

Four studies reviewed by Rizo et al. (2011) [+] evaluated multi-component interventions with advocacy as a primary intervention focus (Blodgett, et al., 2008; Crusto, et al., 2008; McFarlane, et al., 2005a, 2005b). One individually assessed study also evaluated a multi-component advocacy-based intervention (Whiteside-Mansell et al., 2009, RCT, [+]).

***From Rizo et al., 2011, systematic review [+]:***

- Blodgett, et al., 2008 (non comparative, USA, n=270, chart review)
- Crusto, et al., 2008; (before and after, USA, n=82, end of programme)
- McFarlane, et al., 2005a, 2005b, (cluster RCT, USA, n=206, 12 months, n=258,6,12,18 and 24 month)

***Additional Studies:***

- Whiteside-Mansell et al. 2009 (RCT [+], USA, n=610, end of programme, 24 months)

There is moderate evidence that multi component interventions with a focus on advocacy are effective in reducing the trauma symptoms and stress in both children and families, and in improving child behaviours such as aggression.

## Evidence Statement 28- Multi-component therapy and advocacy interventions

Two studies reviewed by Rizo et al. (2011) [+] evaluated multi-component interventions including therapy and advocacy components (Ernst, et al., 2008; C. M. Sullivan, et al., 2002), in addition to two individually assessed studies (Finkelstein et al., 2005, before and after [+]; Noether et al., 2007, non-RCT [+]).

***From Rizo et al. (2011), systematic review [+]***

- Ernst et al, 2005 (before and after, USA, n=58 children, end of programme)

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- Sullivan et al., 2002 (individualized RCT, USA, n=80 mothers and children, pre, post and 4 month)

***Additional Studies:***

- Finkelstein et al., 2005 (before and after [+], USA, n=115, 6 and 12 month)
- Noether et al., 2007 (non RCT [+], USA, n=253, 6 and 12 month)

There is moderate evidence of effectiveness of multi component interventions including both therapy and advocacy among diverse populations of women and children, some with co occurring issues of substance use and mental health issues. These interventions increased knowledge and awareness about violence and safety planning, improved self-esteem and self competence and improved interpersonal relationships.

## Evidence Statement 29- Multi-component parenting and therapy interventions

Rizo et al. (2011) [+] reported on 8 studies which evaluated multi - component interventions focused on therapy and parenting (Carter, et al., 2003; Dodd, 2009; Graham-Bermann, et al., 2007; E. N. Jouriles, et al., 2009; E.N. Jouriles, et al., 2001; MacMillan & Harpur, 2003; McDonald, et al., 2006; M. Sullivan, et al., 2004). Two additional studies evaluating a multi-component intervention including parenting and therapy components were identified (Puccia et al., 2012, before and after [+]; Sharp et al, 2011, qualitative [+])

***From Rizo et al., 2011, systematic review [+]:***

- Carter et al. 2003 (before and after, USA, n=192 children, 64 parents, end of programme)
- Dodd, 2009 (before and after, England, n=NR, end of programme)
- Graham-Berman, et al., 2007 (cluster RCT, USA, n=221 mothers and children, end of programme)
- Jouriles et al., 2001 (RCT, USA, n=36 mothers and children, 5 occasions over 16 months post shelter)
- Jouriles et al., 2009 (RCT, USA, n=66 mothers and children, 6 time points every 4 months 20 months)
- MacMillan & Harper, 2003 (before and after, Canada, n=47 children (from 35 families), end of programme)
- McDonald et al., 2006 (RCT, USA, n=30 families, 24 month)

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- Sullivan et al., 2004 (before and after, USA, n=76 children and 46 mothers, end of programme)

***Additional Studies:***

- Puccia et al., 2012 (before and after [+], USA, n=45 children and their mothers, every 3 months; end of treatment)

- Sharp et al, 2011, (qualitative [+], Scotland, n=27 children; n=25 mothers, end of programme)

There is moderate evidence of effectiveness of multi component interventions focused on therapy and parenting aimed at diverse populations of mothers and children. These interventions showed moderate improvement in children's behaviour and emotions, knowledge about violence and reductions in mothers' stress and ability to manage children.

## Evidence Statement 30- Effectiveness of partnerships for increasing referrals and addressing violence

There is moderate evidence from 11 studies that partnerships to address DV were effective at: increasing referrals, reducing further violence, or supporting victims of DV.

Ten quantitative studies and mixed methods studies examining partnerships to address DV, evaluated the impact on referrals, reducing violence or providing victim support. A before and after study (Banks et al., 2008a [+]) examining a collaboration between child welfare and DV agencies reported an increase in referrals for DV and increase in batterer referrals. A before and after study (Bennett & O'Brien, 2010 [+]) revealed that a woman's "door" (source of referral) to service (DV, substance misuse or integrated services) did not significantly effect self confidence in managing abuse, experience of battering, or substance use outcomes at follow up. A before and after study (Coll et al., 2010 [+]) found that having a single case coordinator who collaborated across service providers was effective with court-referred participants and their families for increasing family intimacy and child well-being and decreasing family conflict. A before and after study (Ernst & Smith, 2012 [+]) comparing a team case management and standard single social worker model of risk assessment of seniors in adult protection found that in regards to case disposition, the standard model was significantly more likely to confirm cases of mistreatment, including: financial exploitation, physical abuse, and neglect by others; but for measures of risk reduction, the team approach resulted in significantly reduced risk of physical abuse, neglect, and environmental risks. A cross-sectional and qualitative study (Penhale et al., 2007) of a multi-agency approach to protect vulnerable adults from abuse based on 'No Secrets'/ 'In Safe Hands' found that service users reported: difficulties in accessing social services when needed, communication issues and negative experiences with existing adult protection services. A cross-sectional study

(Robinson, 2003 [+]) evaluated the Women's Safety Unit (WSU) which offers a central point for a range of support services for DV victims and their children, found that: the majority of clients were referred by the police to the WSU and received referrals from the WSU to other agencies; repeat victimization and victims refusing to provide a complaint decreased and concern for children reports submitted by officers increased; and WSU clients reported high satisfaction with the WSU. A cross-sectional and qualitative study (Robinson, 2006a [+]) evaluating a sample of MARAC cases revealed that the majority of victims did not have any new DV complaints or police call outs for DV at the end of the evaluation period, although interviews with victims revealed potentially higher rates of re-victimization than police files. A before and after study and qualitative report (Robinson and Tregidga, 2007 [+]) reported that less than half of women reported no violence one year after being referred to a MARAC, and women reported valuing the support from multiple agencies. A cross-sectional and qualitative study (Steel et al., 2011 [+]) found that the majority of respondents perceived the MARAC they were involved with to be either "very effective" or "fairly effective" in improving outcomes for victims of DV; and performance monitoring data suggest that the average repeat victimisation rate in a one year period was 22%, though the authors caution that the quality of these data is a concern. A before and after and qualitative study (Whetstone, 2001 [+]) found that a specialized DV unit including collaboration between police officers and victim advocates performed significantly better than a comparison district, in rates of arrests, prosecutions and convictions of DV; in addition, victims perceived their experience with the DV unit positively and reported improved safety; and prosecutors, judges and DVU personnel reported that the collaboration improved their response to victims of DV.

There is evidence from one qualitative study (Robinson & Rowlands, 2006 [+]) examining the Dyn project, an advocacy service for gay, bisexual, transgender and heterosexual men who have experienced DV. They found that gay male victims were less likely to report their experiences as abusive but more willing to use Dyn services than heterosexual male victims; and three of four men interviewed reported that the Dyn services helped reduce violence and/ or threat of violence, while all reported satisfaction with services received.

## Evidence Statement 31- Effectiveness of partnerships for increasing interagency information sharing and policy development

There is moderate evidence from nine studies that partnership approaches have been effective in improving relationships, practices and policies of partner agencies to address DV.

Five quantitative and mixed methods studies provide evidence on the effectiveness of partnerships for improving relationships, policies and practices to address DV. A before and after study (Banks et al., 2008a [+]) examining collaboration between child welfare and DV agencies found that stakeholders reported: improved

collaboration, staff training, introduction of written guidelines, and sharing of agency resources. A cross-sectional study and qualitative evaluation (Penhale et al., 2007) of a multi-agency approach to protect vulnerable adults from abuse based on 'No Secrets'/ 'In Safe Hands' found that stakeholders perceived partnership working as effective in developing new ideas and improving policy making and implementation; yet disagreed on the effect of partnerships on: creating unrealistic expectations among partners, benefiting providers over consumers of services, and the status of partner agencies. A cross-sectional study (Robinson, 2003 [+]) evaluating the Women's Safety Unit (WSU) which offers a central point for a range of support services for DV victims and their children, reported the following successes: the development of protocols with the police and Crown Prosecution Service, the improvement of court procedures for DV, the provision of DV training, the development of relationships and provision of support to prosecutors on DV cases, and collaboration with the Police and other agencies in receiving and providing referrals. A cross-sectional and qualitative study (Robinson, 2006a [+]) evaluating a sample of MARAC case outputs found that key informants viewed the main outputs to be information sharing and the identification of key agency contacts. A cross-sectional and qualitative study (Steel et al., 2011 [+]) examining the experiences of a national sample of MARAC members reported that their MARAC was effective, particularly in improving: information sharing, agency representation; and the involvement of the IDVA in representing the victim; and the majority of survey respondents reported that their MARAC was familiar with and followed the CAADA principles for effective MARAC, while quality assurance data revealed that some principles (information sharing and administration) were more consistently followed than others (action planning).

In addition, there is evidence from four qualitative studies. One qualitative study (Allen et al., 2008 [+]) found that coordinating councils were effective at improving knowledge of other partner members and relationships and facilitating institutional change (including the creating of new procedures, protocols and policies). An evaluation of a partnership between voluntary and criminal service sectors to offer support services to victims with a partner attending a domestic abuse court revealed that the partnership was regarded as having strong relationships, partner commitment, and effective advocacy for victims and the court. A study (Robinson & Rowlands, 2006 [+]) evaluating the Dyn project, an advocacy service for gay, bisexual, transgender and heterosexual men who have experienced DV reported improvements in: information-sharing, knowledge of the needs and availability of services for male victims. Finally, one study (Sharp & Jones, 2011 [+]) found that a multi-agency model of service delivery for children/ young people and mothers who experience violence, was beneficial in improving knowledge, awareness, and communication of staff and partner agencies.

## Evidence Statement 32- Enabling factors to partnership working

There is moderate evidence from six studies that various enabling factors, such as leadership and management, active membership, community involvement, strong relationships and communication, training and resources, are associated with effective partnership working.

Three quantitative and mixed methods studies provide information on enabling factors to partnership working. A cross-sectional study (Allen, 2005 [+]) found that DV coordinating councils were more likely to be rated as effective by council members when they had efficient and inclusive leadership and a diverse breadth of active membership; but conflict resolution, breadth of formal membership and presence of formal structures were not significantly related to perceived effectiveness. A before and after and qualitative study (Banks et al., 2008b [+]) found that several themes emerged as important for the success of the Greenbook initiative to address the co-occurrence of DV and child maltreatment, including: institutional empathy, effective leadership, reaching out to the community, needs assessment, and the maintenance of collaborative relationships. In addition, several factors were rated as important facilitators to collaboration, including (scored in decreasing importance): partners having the needs of women and children in mind, involvement of key agencies/ groups, having the right people at the table, strong leadership, and commitment of key leaders; and at follow-up, stakeholders were significantly less likely to agree that the involvement of key agencies and groups was a facilitator. A cross-sectional and qualitative study (Steel et al., 2011 [+]) examining the experiences of a national sample of MARAC members reported key factors to support effective practices, including: strong partnership links; strong leadership facilitated by the MARAC chair; good coordination from the MARAC coordinator; and the presence of training and induction.

Three qualitative studies also provide evidence on enabling factors for partnerships to address DV. A qualitative report (Donovan et al., 2010 [+]) examining two multi-agency partnerships for addressing DV, revealed that strong developmental factors (including strong multi-agency working relationships; strong DV infrastructure; processes for development, management, and monitoring of the new initiative; and manageable size and scope of the new initiative) contributed to more effective multi-agency working relationships and the capacity to manage issues related to power, communication and resources during the operational phase. A qualitative study (Laing et al., 2012 [+]) examining a working group to improve collaboration between DV and mental health service sectors revealed the following facilitators to collaboration: commitments that build trust and having a shared sense of purpose; relationship building; developing "institutional empathy"; and fair leadership and neutrality by the research team (team leading the project). Finally, a qualitative study (Woodford, 2010 [+]) reported the following factors associated with the success of a community-government collaborative workgroup aimed with improving income support services for victims of IPV: leadership by the host department; willingness to

be measured risk takers; small group size and strong group composition; provision of resources and focus on departmental policy issues; trust, respect, open communication, and equity within the group; and purposeful consideration of responsiveness and feasibility.

**Evidence Statement 33- Barriers to partnership working**

There is moderate evidence from nine studies regarding the barriers and challenges to effective partnership working, including: lack of resources (financial and human), differences in the culture of agencies/ organizations, leadership and management issues, lack of commitment, limited monitoring, and addressing diverse populations.

Seven quantitative and mixed methods studies provide evidence on barriers and challenges to partnerships to address DV. A before and after study (Banks et al., 2008a [+]) examining a collaboration between child welfare and DV agencies found that stakeholders reported: inconsistent use of screening tools for DV, along with confidentiality issues among multi-disciplinary case review teams. A before and after and qualitative study (Banks et al., 2008b [+]) examining the Greenbook initiative to address the co-occurrence of DV and child maltreatment, found that over time respondents were less likely to cite accessibility of data as an obstacle but more likely to agree that lack of resources, burnout of participants, conflicting organizational cultures, lack of leadership buy-in, and lack of accountability were obstacles to success. A cross-sectional and qualitative study (Penhale et al., 2007 [+]) of a multi-agency approach to protect vulnerable adults from abuse based on 'No Secrets'/ 'In Safe Hands' guidance, noted the following challenges: lack of resources, lack of specific legislation to protect vulnerable adults, a concern that some agencies view the guidance as optional, and ambiguous commitment from agencies at local levels. A cross-sectional study (Robinson, 2003 [+]) evaluated the Women's Safety Unit (WSU) which offers a central point for a range of support services for DV victims and their children, note the need for further work to address 'hidden' populations, including: women who have experienced sexual abuse by an intimate partner; ethnic minority women and homosexual women and men. A cross-sectional and qualitative study (Robinson, 2006a) evaluating a sample of MARAC case outputs found that key informants reported concerns over victim cooperation and administrative responsibilities. A cross-sectional and qualitative study (Stanley et al., 2011 [+]) evaluating police notifications of child protection services in cases of DV where a child was present, revealed inconsistencies in police reporting, and limited knowledge of the roles and expectations of the other partner agency; new approaches to improve information sharing are provided. Finally, a cross-sectional and qualitative study (Steel et al., 2011 [+]) examining experiences of a national sample of MARAC members reported the following limitations/ areas for improvement: improving clarity regarding the links between MARACs and other multi-agency procedures working with victims of domestic abuse, developing links with services aimed at responding to perpetrators, monitoring and evaluation of

MARACs, verifying that MARACs are reflective of the community context (specifically, the need for representation from Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) agencies), and providing ongoing local and national training.

There is also evidence from 2 qualitative studies regarding barriers to partnership approaches to DV. One qualitative study (Giacomazzi and Smithey, 2001 [+]) found that self interest as a motivation for participation, leadership and dominance of the process by law enforcement, organizational ambiguity, and an absence of key players were challenges to the effectiveness of a multi-level collaborative public-private partnership to address DV. Finally, a qualitative study (Sharp & Jones, 2011 [+]) evaluating a collaborative intervention for children and young people who have experienced violence, reported the need for: clarification of the roles and expectations of partner agencies and the need to include diverse co-facilitators.