Understanding how social workers identify and respond to perpetrators of intimate partner violence

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Date: 29/04/2022
Prepared for: The Home Office*

*The views reflected in this research are not necessarily those of the Home Office

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Acknowledgements

We are grateful to the Home Office's Domestic Abuse Perpetrators Research Fund 2021-2022 for funding this research.

We would like to thank Lana MacNaboe, Natasha Phillips, and Felicity Kersting who contributed to the data management for this project.

Executive summary

Funded by the Home Office's Domestic Abuse Perpetrators Research Fund, this research sought to develop insights into how social workers identify and respond to perpetrators of intimate partner violence (IPV). More specifically, the aims of the research were to understand:

- The training on IPV that social workers receive (including degree and post-qualification training related both to knowledge and understanding of IPV, and identification and assessment).
- Assessments and decision-making about risk and referrals for perpetrator treatment.
- The referral and treatment options available to address perpetrator behaviour.
- What is needed for social workers to be able to appropriately and confidently identify and respond to cases involving IPV.

A further aim was to explore how social workers identify and respond to cases of IPV where the perpetrator and victim do not fit the profile of a male perpetrator and a female victim in a heterosexual relationship.

The study involved two complementary stages: a light-touch desk review followed by qualitative research (29 in-depth interviews) with stakeholders working across a range of roles within the social work field.

Terminology and focus

The focus of this report is violence and abuse that occurs specifically within intimate (i.e. romantic and/or sexual) relationships, rather than violence and abuse that can occur within wider domestic and family relationships.

Research limitations

The findings from the qualitative interviews contained in this report are based on the views of those who took part in this research; as such, their views may not be generalisable to all those working within this space.

Summary of research findings

Professional experience and understanding of IPV

- Stakeholders explained that social work has a strong focus on the safety of victims/survivors and children; therefore, working directly with IPV perpetrators is less common than working with victims/survivors.
- Social workers in front line practitioner roles described a range of experiences in which IPV was present in their caseloads, including as part of assessment and direct work with victims/survivors and/or children.
- Some also described involvement in perpetrator assessment processes, making referrals to perpetrator programmes, or working with other agencies.
- Varying levels of familiarity with, and understanding of, IPV were reported. This ranged from some individuals who were not already familiar with the term to others who offered quite detailed descriptions of how IPV is defined in legislation or academic sources.

- Stakeholders described IPV as encompassing a range of behaviours including physical, emotional, psychological, and sexual abuse, as well as coercive or controlling behaviour. They also discussed how IPV can occur across a range of relationship profiles including lesbian, gay, bisexual, transgender and queer (LGBTQ+) and heterosexual relationships, as well as domestic and dating relationships.
- Cases among ethnic minority populations may require additional understanding of certain forms of violence, with some stakeholders discussing cases involving 'honour'-based violence. However, it was suggested that social workers in less diverse local authorities (LAs) are less likely to encounter these cases.

Training and guidance

- Findings of this research indicate a lack of consistent coverage of IPV as part of pre-qualification training for social workers: some stakeholders reported a complete absence of training, while others discussed attending dedicated seminars and presentations. Where pre-qualification training on IPV is provided, findings point to a lack of in-depth coverage on the topic.
- Similarly, stakeholders reported limited post-qualification training that focuses on IPV; where post-qualification training is available, it is often quite 'light-touch' – mainly around awareness raising or training on victim/survivor risk assessment and safeguarding.
- Other sources of information on IPV, and domestic abuse (DA) more generally, were also discussed, such as information from colleagues; written materials, including relevant research and guidance; and expertise drawn from previous roles outside social work.
- The need for time and capacity to undertake training was discussed as a key factor that can impact access to training for both qualified social workers and students on placements. As part of this, the importance of clear and timely advertisement of training opportunities was emphasised as a key facilitator for social workers to be able to manage their commitments and attend training.
- When discussing the content of training related to IPV, stakeholders reported different experiences of the extent to which training covers female perpetrators or IPV in LGBTQ+ relationships. Notwithstanding this variation, findings indicate that more focus is placed on the heterosexual male perpetrator and female victim/survivor relationship profile.
- As part of the victim/survivor focused nature of social work, the content of the IPV training described by stakeholders was tailored towards identifying and assessing victims rather than perpetrators. As a result of this, stakeholders indicated that there is a key gap in understanding among social workers around how to identify, evidence, and navigate some perpetrator behaviours, such as coercive control, as well as how to engage with perpetrators effectively.

Identifying cases and assessing risk

- Stakeholders reported a number of ways that IPV cases are identified by social workers, including referrals by other organisations (such as the police, health services, and schools), from members of the public, or other social work colleagues; and direct disclosures from a victim/survivor to a social worker. A social worker may also develop concerns about the presence of IPV during a home visit or assessment for an unrelated issue.
- Regarding assessment of risk, stakeholders explained that the role of social workers typically includes gathering and receiving evidence and can include formal

risk assessment. Assessment is focused on engagement with the victim/survivor and factors affecting their safety and the safety of any children involved. However, it was also noted that when it is safe to engage the perpetrator, social workers may inquire about and assess struggles with alcohol, mental health, caring role or career stress, and other factors that may be contributing to their abusive behaviour.

- Discussions around identifying and assessing IPV in social work cases centred on male perpetrators and female victims/survivors in heterosexual relationships. However, stakeholders also expressed concern that social norms and stereotypes around gender and IPV can mean that female-perpetrated violence (including in LGBTQ+ couples) is overlooked.
- Facilitators of effective identification and assessment discussed by stakeholders included social workers having a clear and up-to-date understanding of IPV; effective information sharing and cooperation between relevant agencies; and the ability of the social worker to create an environment in which a victim/survivor feels comfortable making a disclosure.
- Increased public awareness of IPV was also mentioned as a potential facilitator for identification. It was suggested that more public awareness of IPV can help people to recognise abusive or unhealthy behaviours in their relationships.
- Key barriers to effective identification and assessment discussed by stakeholders included not having the time and resources to build relationships with families and couples affected by IPV to understand and manage IPV cases effectively, and a lack of trust in social workers or willingness to work with social services.
- The potential risks to social workers' physical and emotional well-being were also seen as negatively impacting their ability and confidence to respond to IPV cases.

Perpetrator treatment provision

- Stakeholders tended to report limited knowledge of the treatment options available for IPV perpetrators. Findings indicate that this gap in knowledge is related to the victim/survivor focus of social work, as well as the limited availability of perpetrator treatment options.
- Discussions around gaps in treatment provision centred on the need for more trauma-informed and therapeutic approaches to perpetrator treatment; the general lack of effective treatment programmes; and the lack of treatment options for heterosexual female perpetrators and LGBTQ+ perpetrators.
- Where the need to make a referral to a perpetrator programme is identified, stakeholders described their role to be predominantly one of identifying referral options and facilitating a willingness to engage in treatment from the IPV perpetrator.
- However, where a perpetrator programme is not available or there is a long waiting list for a programme, some stakeholders reported undertaking work to bridge the gap in treatment provision. However, they also described a lack of formal guidance to support this work.
- A lack of perpetrator accountability; the limited availability of treatment; the shame and stigma around IPV; and social workers' limited training on IPV, were identified as barriers to successful treatment referral.

Summary of recommendations

The findings of this research lend themselves to a number of recommendations, particularly around training and treatment provision.

Training
Drawing on suggestions made by stakeholders, the following may contribute to greater confidence among social workers to identify and respond to cases involving IPV:

- More consistent training provision across the field to develop social workers' understanding of IPV – including basic information about what it constitutes, and the nuance and complexity of relationships involving IPV. In particular, more training on female IPV perpetrators and IPV within LGBTQ+ couples, including how abuse may present differently was suggested.
- More training on recognising and responding to IPV perpetrators. Suggested areas of focus included perpetrator typologies, mapping, and guidance on intervention and support without escalating risk.
- More training and resources for how social workers can support people to acknowledge and address their abusive behaviour.

Treatment provision
When discussing treatment and referral pathways, a number of gaps were identified by stakeholders. These do not relate to social work specifically but inform recommendations that can be applied to the area of IPV perpetrator treatment provision more generally:

- Greater general provision of treatment options to support behaviour change in IPV perpetrators is needed. However, there is a particular gap in options for female perpetrators, LGBTQ+ perpetrators, and perpetrators who are not fluent English speakers.
- Greater visibility of services is needed: more advertising and awareness raising of treatment referral options is recommended.
- In recognition of the presence of trauma and adversity in the life histories of some IPV perpetrators, more trauma-informed and therapeutic approaches, as well as traditional behaviour change options, are recommended.

1 Introduction and methodology

Social workers practising across a range of settings are often faced with cases involving intimate partner violence (IPV). However, it has been reported that there is a lack of adequate training for social workers on the issue of IPV and how to respond to its presence in their caseloads (Allen, 2011; Hefferman, Blythe, & Nicolson, 2014). Despite its prevalence in the caseloads of social workers, there is a lack research that has explored how social workers identify and respond to IPV generally, and, specifically, where there is a need to respond to the perpetrator's behaviour. The importance of assessment and intervention for IPV perpetrators is a crucial element of supporting victims and survivors, and a call to action published by Drive has highlighted the need for perpetrator intervention (e.g. assessment and treatment) alongside victim/survivor advocacy and improved criminal justice responses to IPV (Drive Partnership, 2020).

In 2021, the Government allocated £500,000 to the Home Office Domestic Abuse Perpetrators Research Fund; for 2022, this increased to £1.4 million.[1] The research fund is focused on strengthening the evidence base for 'what works' in addressing perpetrator behaviour to support effective commissioning and delivery of perpetrator services and interventions. In November 2021, the National Centre for Social Research (NatCen) was awarded funding from the Home Office as part of the Domestic Abuse Perpetrators Research Fund, to undertake research to improve understanding of how social workers identify and respond to perpetrators of IPV.

Via in-depth interviews with stakeholders working across a range of roles within the social work field, the present research sought to explore social workers' knowledge and understanding of IPV, the training they receive in relation to IPV, and current approaches to identifying, assessing, and responding to social work cases involving IPV.

1.1 Definitions and focus

Under the current statutory guidance provided by the Home Office, domestic abuse (DA) is defined as:

> "Behaviour of a person ("A") towards another person ("B") is "domestic abuse" if— (a) A and B are each aged 16 or over and are personally connected to each other, and (b) the behaviour is abusive." (Home Office, 2020, p. 7).[2]

Within the guidance, abusive behaviour is further defined as physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, and/or psychological and emotional abuse (see further, Home Office, 2020).

The focus of this report is violence and abuse that occurs specifically within intimate (i.e. romantic and/or sexual) relationships. Accordingly, we use the term 'intimate partner violence' (IPV) rather than terms such as 'domestic violence' (DV) or 'domestic abuse' (DA). This is to distinguish the focus of this research from other forms of violence and abuse that can occur within wider domestic and family relationships. However, some stakeholders also referred to 'DA' and 'DV' and used these terms interchangeably with 'IPV'.

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[1] The research funding is part of a larger fund focused on addressing the behaviour of DA perpetrators more broadly. See: https://www.gov.uk/government/news/organisations-awarded-14-million-for-domestic-abuse-research

[2] See also, the Domestic Abuse Act 2021

1.2 Research aims and design

The aims of the research were to understand:

- The training on IPV that social workers receive (including degree and post-qualification training related both to knowledge and understanding of IPV, and identification and assessment).
- Assessments and decision-making about risk and referrals for perpetrator treatment.
- The referral and treatment options available to address perpetrator behaviour.
- What is needed for social workers to be able to appropriately and confidently identify and respond to cases involving IPV.

A further aim, and unique contribution of the research, was to explore how social workers identify and respond to cases of IPV where the perpetrator and victim do not fit the profile of a male perpetrator and a female victim in a heterosexual relationship.

To address these aims, the study involved two complementary stages:

- **Stage 1:** a light-touch desk-review of key documents and websites was carried out to provide researchers with a broad understanding of the social work profession in England and Wales and the role of social workers in cases involving IPV. This stage also informed the development of the recruitment and fieldwork materials, as well as refinements to the sampling and recruitment strategy for Stage 2.
- **Stage 2:** qualitative research (in-depth interviews) was undertaken with 29 stakeholders in practitioner, management, and training roles within the field of social work. Details on the methodology for Stage 2 are provided in Section 1.3 and Section 1.4.

1.3 Recruitment and sampling

The research comprised a series of in-depth interviews with stakeholders working across a range of roles within the social work field, including those in practitioner, management, and training roles.

Recruitment materials were disseminated via relevant networks, including the Association of Directors of Children's Services (ADCS), the Principal Social Workers Network, and university departments that deliver social worker education and training. Where contact details were publicly available, senior stakeholders (e.g. heads and directors of service, regional leads, practice and team managers) were also contacted.

An introductory email that provided an overview of the research, along with an information sheet (see Appendix A) and privacy information notice, was sent out. Recipients were invited to take part in the research and asked to share information on the study (including the information sheet) with their colleagues. If stakeholders were interested in participating in the research, they were invited to contact the NatCen research team directly.

In total, 29 individuals took part in this research. Stakeholders worked across a range of roles (academic, practitioner, manager) and areas of social work (children's services, adult social care). Experience in post ranged from recently qualified to social workers with over 25 years of experience. The sample included stakeholders from across England and Wales with experience of working in local authorities (LAs) with varying

levels of diversity. Stakeholders included a range of experience in large urban areas to more remote, rural areas.[3]

All stakeholders who participated in the research received a £40 voucher as thanks for their time.

1.4 Data collection and analysis

Interviews were carried out across a four-week period between mid-February and mid-March 2022. All interviews took place over the phone or via Microsoft Teams. Interviews were approximately 60 minutes in length.

A topic guide (see Appendix B) was developed to ensure consistent coverage of topics while allowing for a flexible approach to data collection that directly responded to the issues raised by stakeholders. The following key themes were addressed within the topic guide:

- Professional role and responsibilities, including experience of working on cases involving IPV and/or providing training on the topic of IPV.
- Definition and understanding IPV, including perpetrator behaviours, relationship profiles, and victim/survivor and perpetrator characteristics.
- Views and experiences in relation to training available to social workers around identifying and responding to cases involving IPV, including anything that works well and less well.
- How risk assessments and referral decision-making is handled in practice, including options for referrals to perpetrator programmes, and any barriers or facilitators.
- Any recommendations to ensure social workers are supported to appropriately and confidently identify and respond to cases involving IPV.

With stakeholders' permission, interviews were audio recorded and transcribed verbatim for analysis purposes. Interview data was managed and analysed using Framework, a case and theme-based approach to qualitative data analysis developed by NatCen (Ritchie et al., 2013). Key topics emerging from the data were identified through familiarisation with the transcripts. An analytical framework was developed and matrices relating to the different thematic issues were produced. The columns in each matrix represented sub-themes or topics while rows represented individual participants/stakeholders. Data was summarised in the appropriate cell. The final analytical stage involved working through the charted data, drawing out the range of experiences and views, and identifying similarities and differences.

Where applicable, verbatim interview quotations are provided in this report to highlight key findings in stakeholders' own words. The value of qualitative research is in revealing the breadth and nature of the phenomena under study (Ritchie et al., 2013). Therefore, we do not quantify stakeholders' views and experiences.

The findings of the qualitative research contained in this report are based on the views of those who took part in the research; as such, their views may not be exhaustive of those working within the field.

[3] To preserve anonymity, we have not provided a breakdown of the numbers of participants/stakeholders working in each sector.

1.5 Ethics

Stakeholders were informed about the discussion topics at the recruitment stage, both in writing through an information sheet and verbally before the interview. At the beginning of each interview it was made clear to stakeholders that taking part was voluntary and their identity would be kept anonymous. The NatCen disclosure policy was also explained, including the circumstances in which confidentiality may be breached (i.e. a disclosure that the stakeholder or someone that the stakeholder identifies is at risk of serious harm). Ethical approval was obtained from the NatCen Research Ethics Committee ahead of recruitment and data collection.

1.6 Report structure

The findings of the research are presented in turn across four chapters, before conclusions and recommendations are set out in the final chapter:

- **Chapter 2:** Professional experience and understanding of IPV
- **Chapter 3:** Training and guidance
- **Chapter 4:** Identifying cases and assessing risk
- **Chapter 5:** Treatment provision for IPV perpetrators
- **Chapter 6:** Conclusions and recommendations

2 Professional experience and understanding of IPV

This chapter provides an overview of the range of roles and specialisms of the stakeholders who took part in the research, before outlining stakeholders' professional experience, including experience directly relevant to social work cases involving IPV or experience of delivering formal training on the topic of IPV. The chapter then synthesises stakeholders' understanding of IPV, detailing their familiarity with the definition of IPV and the types of behaviours, relationship profiles, and perpetrator and victim characteristics.

2.1 Range of roles and specialisms of stakeholders

Participants included stakeholders working in practitioner, managerial, and academic roles within the field of social work. Those working in practitioner roles primarily reported specialising in either social work with children or adults.

Children's social workers described experience of a variety of roles relevant to the statutory requirements of the Children Act 1989. Roles included those involved in initial referrals and assessments as well as those working in long-term child protection roles. Stakeholders had experience of cases with a range of statutory intervention requirements including child-in-need plans (requiring parental consent) to court-mandated child-protection orders and care proceedings. The populations stakeholders reported working with included at-risk families, families subject to care-proceedings, children in care, and older children transitioning from child-protection services.

Those working in adult social care reported experience of working in various roles relevant to people with care and support needs as defined in the Care Act 2014. More specifically, they described experience of safeguarding roles and working with adults with mental health and/or drug and alcohol issues, and patients being discharged from hospital.

Across both areas of specialism, stakeholders in managerial roles were interviewed, and ranged in seniority from supporting small teams to overseeing the entire children's social care department for a LA. Stakeholders in these roles reported that their duties involve developing training and policies, and ensuring teams are up to date on current policies and legislation. Additional roles held by stakeholders included leading on training and development, and auditing casefiles to ensure standards of practice.

Specialist roles relevant to IPV within the sample included acting as strategic lead or developing new approaches to DA across their LA. These roles involve developing training and commissioning services around DA.

The academic stakeholders who participated in this research currently teach on university social work qualification courses. However, they also described previous experience as practitioners and throughout interviews were able to draw on practice-based insights as well as insights from research and teaching.

2.2 Stakeholders' experience of cases involving IPV

This section gives an overview of stakeholders' experiences of working on cases[4] involving IPV, including levels of experience and their roles in IPV cases.

2.2.1 Level of experience

Varying levels of experience of cases involving IPV were described. While some stakeholders reported that IPV was not something they had 'specialised' in, or that they came across 'day to day' in their role, others described more extensive experience in this area. One example came from a stakeholder who reported having managed 'hundreds' of cases involving families where DA[5] was the catalyst that led to involvement of social services.

Stakeholders noted that the frequency with which they had encountered IPV in their caseloads had varied across their careers as they worked in different roles and/or areas of specialism. Areas of specialisation where stakeholders reported having previously encountered IPV included working with young people, people with dementia, people with substance and mental health issues, physical disabilities, and in fostering services. One view was that IPV is a safeguarding issue and so most likely encountered by social workers in front-line child protection roles or working with older adults.

> "A high proportion of our long-term work, so those on child in need and child protection plans, often involves domestic abuse, which is often particularly intimate partner violence. It's […] usually the primary […] or the secondary factor, so we do see a lot of it."
>
> Social worker, children's services

Stakeholders explained that working with perpetrators is less common than working with victims/survivors. Stakeholders noted that social care involvement is based on whether an individual has care and support needs; therefore, social work has a strong focus on the safety of IPV victims/survivors and children, rather than working with perpetrators to address their behaviour.

> "[…] working as a social worker, we would only work with someone where they've got care and support needs that might impact their ability to protect themselves."
>
> Social worker, adult social care

As such, while IPV may be present in a case, and may be a factor prompting social worker involvement (e.g. IPV was noted as a major factor leading to care-proceedings), engaging with the perpetrator is often not the primary focus of the social worker. For example, social workers in fostering services may be involved in cases where IPV had been a key factor leading to children being taken into foster care. In such instances their primary role is supporting the children and their foster parents, with no contact or involvement with the perpetrator or victim/survivor.

[4] A social work case involves assessing the needs of an individual or family and supporting them to resolve those needs. IPV may not be the only factor in a case, which may require involvement from various social care organisations to address multiple needs.
[5] Some stakeholders used the term IPV interchangeably with DV or DA, see further, Section 2.4.1.

2.2.2 Stakeholders' roles in IPV cases

Social workers in front line practitioner roles, such as safeguarding leads and long-term case-managers, described a range of experiences in which IPV was present in their caseloads. As previously mentioned, stakeholders noted that their involvement tends to be focused primarily on victims/survivors and children affected by IPV, rather than perpetrators. Consequently, the roles and responsibilities described by stakeholders tend to focus on these aspects; however, some stakeholders also described experiences of working with perpetrators.

Stakeholders with roles in safeguarding teams reported that IPV can be identified as an area of concern during the initial assessment process (see also, Chapter 4). They explained that concerns about IPV are usually identified through these initial assessments, prior to social workers undertaking direct work with victims/survivors and/or children.

> "I care manage cases, so that's completing social care needs assessments, thinking of Care Act eligibility and what support they may be eligible for and we need to put in place, so in those situations I have had people make [a] disclosure of intimate partner violence. I have also come across it [IPV] coming to us as safeguarding and dealing with it under safeguarding when somebody else has raised the alert to us […]"
>
> Social worker, adult social care

However, disclosures of IPV are sometimes obtained from victims/survivors in the later stages of cases. Stakeholders reported experiences of supporting victims/survivors to make disclosures in cases where initial social worker involvement was due to a seemingly unrelated issue, such as health-related care assessments.

Direct work with victims/survivors and/or children was also described, including safety planning, and behaviour-change work with families wishing to remain together.

> "Yes, we quite frequently work with families where they very much want to remain in the relationship, and it's about safety planning and working with them to change those behaviours […]."
>
> Social worker, initial referrals

Experiences of referring victims/survivors to support services such as Independent Domestic Violence Advisors (IDVAs), women's refuges, and supporting victims/survivors to report the perpetrator to the police were also reported.

Some stakeholders described involvement in perpetrator assessment processes, making referrals to perpetrator programmes, or working with collaborating agencies such as the Probation Service.[6] It was also noted that social workers may work more directly with the perpetrator if the individual has care and support needs in addition to their abusive behaviour towards a partner (see further, Chapter 5).

Stakeholders in managerial roles discussed supporting teams of social workers and other staff involved in handling IPV cases; some also described taking on additional frontline responsibilities.

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[6] The Probation Service is a part of Her Majesty's Prison and Probation Service (HMPPS). See further: https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service

2.3 Stakeholders' involvement in delivering training related to IPV

Few practitioners within the sample had experience of delivering formal social work training and even fewer had experience of delivering training directly related to IPV. However, stakeholders described providing more informal training via participation in group supervision where they offer feedback and advice to colleagues, as well as when providing shadowing opportunities to more junior colleagues.

Because teaching is a part of the role of the academics in the sample, they described more experience delivering formal social work training than the practitioners. However, academic stakeholders reported that IPV is not typically covered in great detail as part of qualification courses – although it was noted that IPV is a popular dissertation topic among students. A preference noted by the academic stakeholders was to bring in experts from external organisations to deliver one-off sessions on IPV as part of course modules.

2.4 Stakeholders' understanding of IPV

This section presents stakeholders' understanding of IPV in relation to terminology, behaviours, relationship profiles, and perpetrator and victim/survivor characteristics.

2.4.1 Terminology

There were varying levels of familiarity with, and understanding of, IPV within the sample. This ranged from some stakeholders who were not already familiar with the term to others who offered quite detailed descriptions of how IPV is defined in legislation or academic sources.

Though some stakeholders accurately described IPV as a subcategory of DA that occurs between romantic and/or sexual partners, others conflated the two terms and did not consider there to be any meaningful difference between IPV and DA. In these instances, IPV was understood to be new terminology to describe DA. As part of this point, previous shifts in terminology from 'domestic violence' to 'domestic abuse' were also noted. As such, these stakeholders viewed IPV as behaviour that occurs between family relations rather than a more specific category of abuse that occurs between romantic and/or sexual partners.

2.4.2 Behaviours

Stakeholders identified IPV as a complex and sensitive topic, and that IPV behaviours need to be understood and recognised as behaviours that break the law, rather than simply 'relationship problems.'

IPV was described as encompassing a range of behaviours including physical, emotional, psychological, and sexual abuse, as well as coercive or controlling behaviour.

> "[…] it's living in fear, living in constant apprehension. Afraid of repercussions because of their actions or their just day-to-day responses. It can be, obviously, physical, emotional, name-calling, it could be so the control and checking up, it can be that veiled threats. Yes, and then obviously, then it could be the physical assaults, it could be the sexual violence."
>
> Social worker, initial referrals

While stakeholders reported that they understood IPV to be a term that describes a range of abusive behaviours, some considered certain types of abuse to be a primary feature of IPV. For example, some stakeholders emphasised physical abuse as a key feature of IPV and mentioned physical or sexual violence. Others discussed emotional or psychological abuse, including humiliation.

> "I have heard examples of where somebody's forced to undress and then they're just told that they're really ugly and nobody would look at them. So there's that [...] emotional side […]"
>
> Social worker, adult social care

Coercive and controlling behaviour was also identified as a significant feature of IPV, with stakeholders noting financial control and surveillance as examples of this type of abuse.

Stakeholders suggested that cases among ethnic minority populations may require additional understanding of certain related forms of violence, with some discussing cases involving Female Genital Mutilation (FGM) as well as 'honour'-based violence more broadly.[7] However, it was suggested that social workers in less diverse local authorities are less likely to encounter these cases.

2.4.3 Relationship profiles

The range of relationship profiles that IPV can occur within were recognised by stakeholders, including LGBTQ+ and heterosexual relationships, as well as domestic and dating relationships. However, stakeholders working in children's social care reported engaging more often with families in which IPV had occurred within a heterosexual relationship.

> "[…] regardless of gender, age, ethnicity, sexual orientation, anybody can perpetrate [IPV] and anybody can be a victim"
>
> Social worker, children's services

Stakeholders discussed how IPV can be perpetrated by both male and female partners in a relationship, with some having worked on cases where a female was abusive towards a male partner. However, others expressed the view that IPV is a gendered issue and that perpetrators are more likely to be male than female. It was suggested that where women are the perpetrators, they engage in less physical but more coercive and controlling behaviours compared to male perpetrators.

> "That's not to say women are not physically violent or sexually violent, but I think you probably get a bit more of that man to woman, and then there's other ways that women exploit and abuse men […]. You get big tall guys battered by their little partners, having said that, so every stereotype has its opposite I suppose, doesn't it?"
>
> Social worker, adult social care

Instances where both the male and female partners in a relationship had been accused of being the perpetrator were also described. One example was of a case where both

[7] 'Honour-based violence' is a "term used to refer to a collection of practices used predominantly to control the behaviour of women and girls within families or other social groups in order to protect supposed cultural and religious beliefs, values and social norms in the name of 'honour'." More information is available here: https://www.justiceinspectorates.gov.uk/hmicfrs/our-work/article/so-called-honour-based-violence/#:~:text=Honour%2Dbased%20violence%20(HBV),the%20name%20of%20'honour'.

partners had made accusations of abuse against each other, and both were represented by IDVAs from different organisations.

Finally, it was suggested that male victims/survivors and victims/survivors in LGBTQ+ relationships are less likely to speak out due to gendered and heteronormative perceptions of IPV victims and perpetrators in society.

2.4.4 Perpetrator and victim/survivor characteristics

A violent relationship history

Some stakeholders described common characteristics of perpetrators including a history of violent and abusive behaviour and/or a pattern of involvement in abusive relationships. Another observation was that abusive behaviour tends to follow a pattern of escalation, beginning with verbal and emotional abuse and culminating in physical and/or sexual attacks.

Shared risk-factors for perpetrators and victims/survivors

A number of risk factors that stakeholders had observed in IPV perpetrators were discussed. These included previous victimisation, low self-esteem, emotional dependency, substance or alcohol misuse and/or abuse, and mental health issues. Care leavers were also identified as a high-risk group due to past experiences of trauma; however, it was acknowledged that perpetrators do not necessarily have a background of care and support needs.

Similar background characteristics were also observed by stakeholders in the histories of victims/survivors that they had worked with, such as experience of abuse or being a care leaver. However, as with IPV perpetrators, stakeholders recognised that victims/survivors do not necessarily come from disadvantaged backgrounds or have care and support needs.

> "Particularly with our care leaver cohort who have experienced a lot of trauma themselves […] that can leave them vulnerable to being victims, but it can also leave them vulnerable to harming others because of their own experiences"
>
> Social worker, children's services

3 Training and guidance

This chapter sets out stakeholders' reflections on training around IPV, including an overview of delivery to social workers and views on the relevance and sufficiency of training coverage.

3.1 Context: training pathways

Stakeholders discussed three main pathways into social work:

- Degree programmes, including placements as well as taught modules.
- Fast track training, comprising an intensive course followed by 'on-the-job' training.
- Completion of a social work diploma, with degree and postgraduate qualifications completed while already working (described as an 'old school' route).

For the purposes of this chapter, university-based and fast track training programmes are discussed in Section 3.2; training for newly- and fully-qualified social workers is discussed in Section 3.3.

3.2 Pre-qualification training on IPV

Stakeholders shared a range of views and experiences of training on IPV provided as part of degree or fast track programmes.[8] Some stakeholders said their pre-qualification training did not include any content on either IPV or DA more generally. Others mentioned a range of specific training. For some, this totalled a single optional session on DA within course modules focused on safeguarding or supporting families; others said 'a lot' of training was provided on DA across their degree programme. Some stakeholders said that courses on a systemic approach to social work touched on IPV or DA throughout:[9]

> "[It was] a systemic course, focused on how everything interconnects and relates to one another. So […] it [IPV/DA] would just always come up in everything that we were doing."
>
> Social worker, children's services

Stakeholders said that degree-level training included taught sessions, guest presentations by experts, including academic specialists and DA service providers, as well as independent research for group projects and dissertations. Coverage and content are discussed in Section 3.6.

One view was that students are most likely to encounter information on IPV during their practice placements. Two key sources of information were described: training from local providers on DA, IPV, and support to which social workers could refer people; and 'ad hoc' learning from colleagues during the placement programme. On this point, stakeholders noted that access to information through colleagues would vary in relation to their own training and understanding of IPV.

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[8] Some stakeholders were unable to recall their own training and were unfamiliar with the current offer.

[9] Systemic practice situates problems in context, rather than focusing solely on individuals, and looks at wider relationships, family, community and society to gain a better understanding of how people can best be supported to address their issues. This includes considering all components which make up a person's identity, for example age, class, race and education level (see: https://thefrontline.org.uk/systemic-practice-model-theory/).

3.3 Post-qualification training

This section covers training for newly-qualified social workers during the assessed and supported year in employment (ASYE), as well as for social workers further along in their careers.[10]

3.3.1 Overview of post-qualification training

Some stakeholders could not recall any post-qualification training on the topic of IPV. In part, this may relate to varied understanding of what IPV involves, as other stakeholders' accounts focused on training around the broader concept of DA, which either included specific mention of IPV or touched on relevant concepts. However, some stakeholders recalled little to no training on DA; while others noted that training tended to be optional.

Those stakeholders who identified training provision around IPV and/or DA discussed three strands:

- Mandatory provision as part of the staff induction (of both newly-qualified and more experienced staff).
- Provision specifically for newly-qualified social workers.
- Ongoing staff training, with a mix of mandatory and optional delivery on topics related to IPV.

Coverage of the training that was mentioned by stakeholders included:

- Basic 'awareness-raising' about DA (rather than IPV specifically) and what it entails – including, for example, discussion of the 'toxic trio' (interconnected issues of DA, mental health, and substance misuse/abuse) and impacts of DA on children and families.
- Particular theoretical models and ways of working, such as systemic and trauma-informed practice.[11]
- Assessment and safeguarding approaches – including information on assessment and identification tools and processes (see Section 4.2.2); training on working with victims, including 'Ask and Act';[12] training on working with perpetrators including the 'Safe & Together' model.
- Victim/survivor and perpetrator support/treatment providers and their referral processes.
- Focus on particular substantive areas – including, keynote presentations from specialists on their latest research on areas such as coercive control, recovery outcomes, and domestic homicide.
- New guidance and legislation relevant to IPV or DA more broadly.

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[10] The Assessed and Supported Year in Employment (ASYE) programme is a 12-month employment-based programme of support and assessment for newly qualified social workers during their first year of employment. See: https://www.skillsforcare.org.uk/Regulated-professions/Social-work/ASYE/ASYE.aspx

[11] A trauma-informed approach recognises the presence of trauma in a person's life history and the ways in which trauma can shape beliefs and psychosocial functioning. See Levenson (2017): https://academic.oup.com/sw/article/62/2/105/2937786

[12] "Ask and Act" is a Welsh Government policy of "targeted enquiry to be practiced across the public service to identify violence against women, domestic abuse and sexual violence." See: https://gov.wales/sites/default/files/publications/2019-05/ask-and-act-guidance-leaders-co-ordinators-managers.pdf

3.3.2 Access to post-qualification training

Training on IPV can be delivered both internally and by external providers commissioned by the LA. Stakeholders discussed three main routes through which social workers access this training:

- Mandatory training provided by LAs. Examples provided by stakeholders included core safeguarding training and refresher sessions; training delivered as part of the ASYE programme for newly-qualified social workers; and targeted provision for specific teams on topics such as perpetrator programmes' work and referral processes, and (for first responder teams dealing with early identification/assessment) risk patterns in DA.
- Optional training provided by the LA – a range of training delivered by third parties (service providers and training consultancies); e-learning; and learning events.
- External programmes – classes or events provided separately by partners or external organisations, including local teaching partnerships, DA perpetrator programme and victim/survivor support providers, and Local Safeguarding Children's Boards.[13]

A range of delivery formats were mentioned, including e-learning that social workers could complete at their own convenience, webinars and workshops, presentations in team meetings, and events such as conferences on safeguarding convened across multiagency partnerships and attended by healthcare and police colleagues.

3.4 Other information sources

Stakeholders discussed other sources of information on IPV and DA, which fit into three categories: information from colleagues; written materials, including relevant research and guidance; and expertise drawn from previous roles outside social work.

3.4.1 Information from colleagues and partners

Stakeholders described three main ways in which they gained information about IPV from colleagues and collaborators on a day-to-day basis. These were:

- Ad hoc discussion, such as informal updates from colleagues on cases and discussion of specific case details or processes in group supervision sessions.
- Targeted consultation – examples included seeking support and advice on case-specific issues from colleagues with substantive expertise, including clinical teams, DA service leads or training providers:

  "[…] I'm normally able to find out contact details […] of who delivered [the training] in that area, to get the advice and support that I need."

  Social worker, children's services

- Regular collaboration with specialist partners. Multi-agency risk assessment conferences (MARAC) meetings,[14] where collaborative work with partners can offer social workers insight and understanding, were given as an example.

[13] Funding and delivery arrangements for these were not clear in our data.

[14] A MARAC is "a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors." See: https://safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf

Stakeholders also mentioned ways in which social workers access information from colleagues when newer to the team or when newly-qualified, such as shadowing colleagues and informal discussion of relevant issues with supervisors.

Proactively visiting local providers to find out about their support offer for victims/survivors, including how and by whom referrals can be made, was also mentioned as a way in which stakeholders had developed their understanding where they were unable to attend training on this:

> "[…] I cannot remember when was the last time I have attended a training in order to [arm] myself with information about what services are available locally in terms of domestic abuse. I have made arrangements myself to visit those places […] to gain further understanding as to what support they can provide, how […] and who can refer [...] that's basically my own research […] I just really wanted to see which partner agency would be able to help out if […] I needed to refer someone to these services."
>
> Social worker, adult social care

3.4.2 Written materials

Stakeholders discussed a range of written information relating to IPV, accessed independently and/or via relevant member bulletins. An example given by stakeholders was the Community Care members' email bulletin, which stakeholders said includes items on relevant legislation or case studies.

Written materials that stakeholders referred to comprise a range of local and national research evidence and data related to both IPV victims/survivors and IPV perpetrators. Examples included:

- Evidence focusing on experiences of particular groups – such as ethnic minority groups, children in the youth justice system, and older people with dementia – relating to DA.
- Local policing data – for example, key performance indicators relating to reporting, which could offer a starting point to understand particular challenges or areas of need.
- Reports published by local and national service providers, including elements such as victims'/survivors' accounts of their experiences of DA.
- International research evidence used to inform development of local models and interventions for victims/survivors and perpetrators.

Though some stakeholders were not aware of any guidance relating to working with IPV, others mentioned referring to practice guidance and/or tools, including resources disseminated by the Children and Family Court Advisory and Support Service (CAFCASS):

> "I find CAFCASS a really good tool for resources when I'm working with parents that are experiencing IPV, to help them understand how it's impacting on the children, their emotional well-being, the stability, their identity […]"
>
> Social worker, children's services

3.4.3 Prior experience

Finally, some stakeholders brought knowledge and expertise related to IPV/DA to their work as social workers from their previous experience in other roles. Examples

included work within DA services such as shelters and IDVA services, for which they had received specific separate training.

3.5 Accessing training

This section provides an overview of the key facilitators and barriers to accessing training about IPV that were identified by stakeholders.

3.5.1 Facilitators

Stakeholders discussed a number of factors that can facilitate access to training related to IPV for qualified social workers and students on placements. These can be grouped into three key categories: capacity, availability, and accessibility.

- **Expectation and capacity:** time must be carved out for people to complete mandatory training requirements. This includes induction training and the annual continuing professional development (CPD) requirement for social workers' professional registration (which some stakeholders said includes content relating to IPV). Mandatory training also comprises training undertaken during students' placement years and the ASYE curriculum for newly-qualified social workers, who are booked into a number of required courses.

  "That was all set up for me. It was in my calendar and my manager was like, 'Right, you need to go to this thing at this time', and so that was good."

  Social worker, children's services

- **Availability of opportunities:** while some stakeholders were not aware of training in this area, others said that training is generally made available and straightforward to sign up to. For some, training is procured and advertised by dedicated teams in the LA, minimising the burden on individual social workers to seek out opportunities, which would be challenging in the context of busy caseloads. Others mentioned easy access to training through colleagues in DA services where this was not directly available through the LA; and one view was that local safeguarding boards provided free training opportunities. The importance of clear, timely advertisement of training opportunities was emphasised as a key facilitator for social workers to be able to juggle their commitments and attend.
- **Remote delivery:** some stakeholders considered online classes and e-learning to be more accessible and easier to accommodate within busy working schedules.

3.5.2 Barriers to accessing training

Four key barriers to accessing training on IPV were identified: limited provision; limited advertisement of opportunities; cost; time and capacity.

- **Limited provision:** a key, overarching challenge is the lack of provision of relevant training that is focused on IPV. Stakeholders described limitations relating to frequency, focus, and coverage of courses that were available (discussed in detail at Section 3.7).
- **Poor advertisement of opportunities** was identified as a related barrier. Where opportunities are not advertised widely or in a timely way, it is more challenging for social workers to access them.

- **Cost** was highlighted as a barrier both to provision of training and, where attendance was self-funded, to social workers taking up training opportunities.
- **Social workers' time and capacity:** carving out time to devote to training – from seeking out opportunities to attending sessions or accessing information independently – was a fundamental challenge emphasised by stakeholders. The urgency and extent of social workers' day-to-day workloads often means that other tasks take precedence and priority.

> "[…] I know that there's so much helpful information out there, I just don't have the time to process or even read the things that come up. I maybe sometimes read the headlines, but that's about it. So although we sign up to this [information database], we aren't really given protected time to digest it."
> Social worker, adult social care

Linked to this is the need to consider capacity across the team and ensure that colleagues are available to cover other tasks while attending training. One view was that the national shortage of social workers had increased pressure on teams and exacerbated the challenge of juggling commitments.

3.6 Training content

This section explores stakeholders' accounts of how IPV and/or DA is covered in training for social workers – including how IPV is framed (in relation to the relationships affected and behaviours involved) as well as coverage of different stages of casework. As discussed earlier in this chapter, stakeholders reported that IPV is generally presented as part of broader training on DA. As such, the following sections include reflections on framing of DA as well as IPV more specifically.

3.6.1 Framing of IPV

Characteristics

Stakeholders described DA being framed as gender-based abuse perpetrated predominantly by males towards females in much of the training social workers receive. One view was that training tends to teach social workers to disbelieve or be wary of men presenting as the victim, as this was likely to be misleading.

> "[…] nationally the training around domestic abuse [teaches people…] it's a gender-based crime: it's predominantly women who are victims; if men are […] that's probably because the woman is defending [herself], or it's a one-off, or it's learned behaviour, and therefore be wary if […] the man […] is the victim."
> Social worker, children's services

Some said that training does not include coverage of female perpetrators or IPV within LGBTQ+ relationships. Others reported that training content does recognise that IPV by women or within LGBTQ+ relationships can occur but gives the impression that it is rare. A different view was that a range of relationship profiles are covered in training and that social workers are encouraged not to assume all perpetrators are male and heterosexual. Nevertheless, stakeholders suggested there is limited coverage of differing experiences relating to particular characteristics, and/or of what this would mean in practice.

> "It's always mentioned in training […] "There is not only female/male violence, [it] could be same-sex couple[s]", but that's just like in passing. There is no specific training […] to discuss how we work with the specific category of perpetrator."
>
> Social worker

Behaviours

Stakeholders said that their experiences of training included an overview of what constitutes DA more generally. As discussed in Chapter 2, IPV behaviours include physical violence, verbal and psychological abuse – including coercive control, manipulation, and domineering and threatening behaviour.

> "[…] I think the training has begun to recognise the multifaceted layers of domestic abuse: that it's not simply a physical abuse or physical assaults [but also…] things like financial abuse and coercive control […] within the relationship – and sexual abuse as well. […] over time I've seen more understanding and more training around that."
>
> Academic/lecturer

3.6.2 Case work stages

Identification and assessment

Stakeholders discussed training on indicators of abuse to look out for, and practice tools and techniques that could be used in identification and/or assessment processes (see further, Chapter 4). It was explained that, broadly, training seeks to support social workers to:

> "[…] identify […] situations in their particular area of specialism where domestic violence may be a real issue […] look at assessment processes and how to ensure that domestic violence isn't missed […] things that might be put in place in terms of […] a form of intervention, or […] risk management, to limit either the incidence or the consequences."
>
> Academic/lecturer

Some multiagency training on safeguarding offers insight on how different partners identify and assess DA. One example was of LAs' Local Safeguarding Children Boards running targeted training programmes across agencies, including for social workers, police, and healthcare professionals.

Stakeholders discussed victim/survivor focused training covering what to look for in victims when carrying out an assessment, including physical indicators (such as injuries, weight loss, or appearing unkempt) and behaviours (withdrawal, appearing frightened or tearful). Some training covers how to approach possible victims and broach difficult conversations, which can include working with people denying abuse is taking place, and using tools and techniques such as visual mapping and open questions to support disclosure.

Some also covered perpetrator behaviours, as well as tactics used by perpetrators to conceal abuse (such as superficial charm).

Training on working with perpetrators at this stage in the process appears limited. One view was that guidance on working with perpetrators as part of assessment focuses on risk assessing social workers' safety (e.g. considerations such as working with others;

meeting perpetrators in the office to ensure security). Some stakeholders said that when it comes to assessing need, as social workers are more likely to have involvement with the victim/survivor, their training had focused entirely on identifying victims rather than perpetrators:

> "[…] I'm not sure I've ever really been taught how to identify a perpetrator […] I think the focus is always on how do you identify the victim because […] from my experience, the perpetrator […] quite often […] doesn't engage. The victim is more likely to be the one to try and cover things up and to work with you to make sure they have control […]"
>
> Social workers, children's services

Others had, however, received training on strategies and models to engage with perpetrators, including motivational interviewing techniques and ways of working with individuals denying abuse had taken place (such as speaking about hypothetical scenarios or focusing on desired outcomes).

Referrals and support

Stakeholders reported that training on how to respond to IPV/DA tends to include provision of information about partner agencies to work with and interventions that referrals can be made to (see also, Chapter 5). Some stakeholders said that this training is fairly limited, and again, much of the training discussed by stakeholders was victim/survivor focused rather than perpetrator focused

However, reports of some provider and practitioner training that had included discussions around working with perpetrators during the assessment process to develop hypotheses, navigate denied abuse, and/or encourage insight and engagement with referral options were also provided. This included training on working with perpetrators to understand, challenge, and manage behaviours.

3.7 Relevance and sufficiency

Overall, stakeholders felt that there is insufficient training and information on IPV, including what it constitutes, how it might manifest, and the legal obligations of social workers to respond. Though some noted concerted efforts to expand the scope of training on IPV, others felt that training was insufficiently frequent, although it was recognised that the COVID-19 pandemic had likely exacerbated this.

In terms of its content, stakeholders explained that mandatory training tends to focus on safeguarding at a more general level, with limited coverage of IPV or DA more broadly.

> "I would say on the whole […] there is a significant lack of training around domestic abuse and intimate partner violence as a standalone thing."
>
> Social worker, domestic abuse specialist

Where specific information was provided about IPV or DA, some stakeholders felt this tended to be 'basic' and high-level with limited focus on nuance or how to respond in practice. One view on degree-level training was that it tends to be broad 'awareness-raising' or focus on theory rather than what to expect or how to respond in practice.

> "I […] graduated and was like, 'Oh, okay, so I don't know how to write an assessment, I don't know how to go and do a home visit, I don't know how to do any of this – but Piaget's attachment theory, yes, of course I know about that."
>
> Social worker, children's services

Another view was that this is necessary or inevitable, due to time constraints of courses, as well as the need for training to apply across social work specialisms and individual scenarios. As such, trainee social workers are provided with a 'toolbox' of resources from which they can pull as necessary for specific situations. However, stakeholders suggested it would be beneficial to ensure more consistent coverage of IPV at earlier stages in social workers' skills development.

> "Obviously, they're trained in generic social work practice, and IPV is a specific, complex issue and so is not really taught."
>
> Academic/lecturer

Post-qualification training was also felt to be variable – depending on the LA and providers available in the area. One view was that there is also variation according to social workers' area of practice/specialism, with some social workers lacking a basic understanding of IPV. This could increase the risk of IPV/DA being missed outside specialist IPV/DA services.

> "I think there's a lot greater awareness of how damaging that [DA] is for children, so I think children's social workers get that training […] We're all in our silos, really. In adult social care […] we're not expected to work so generically, […] That's where I think things can be missed, and I think sometimes there could be more opportunities for better joined-up working across different services to support vulnerable adults in those circumstances. I think people could fall through the cracks quite easily [...]"
>
> Social worker, adult social care

Again, some stakeholders felt that standalone training also tends to focus on high-level or basic information rather than more specific and nuanced or practical insight.

> "[…] when I have attended some of the trainings, the pitch of knowledge I don't think is quite right. You […] get the super-super-basic stuff of 'What is physical abuse? Oh, someone hits you.' I don't think it goes enough into specifics [...]"
>
> Social worker, adult social care

A related issue is a tendency for training to repeat rather than build on previous learning.

> "[…] the training is often the same, you're going over the same thing: financial abuse, physical… you're like, 'Okay, yes, I get it. We know that, that's the basics. […] we need to know how to do it, not just why.' It's all well and good saying, 'You really need to get engaged with dads.' Okay, well, what else can I do? When I've got him in the room with me, what can I do to get him on board [?]"
>
> Social worker, children's services

As such, stakeholders suggested that training provision is limited in terms of its coverage of:

- **Practical guidance on managing IPV cases:** some stakeholders suggested that there was no specific guidance on how to identify IPV, support victims, or work with

perpetrators, leaving social workers to their own devices and resulting in inconsistent practice.

"[…] there's no kind of step-by-step [flowchart] for me to go, 'Okay, so I've had those sorts of conversations, so where's my next step? Where do I go for that information?' There's no clear guidance on how to best work with it. A lot of the time it's experience, gut, and then that's when […] we're all going to look at it slightly differently."

Social worker, children's services

- **IPV among LGBTQ+ relationships** and how **female-to-male perpetrated abuse** might manifest:

"[…] there has always been that space where it's like, "It is not always men, and we need to be open to the fact that it could be women". But […] that can be tokenistic […] we're maybe not always getting into […] how would that present differently, if it was a woman."

Social worker, children's services

- **Perpetrator focused training:** stakeholders said that in training, the focus is often on identification, assessment and support responses for victims/survivors. It was reported that some training actively discourages engagement with perpetrators due to concerns that this may increase the risk to victims/survivors. As a result, some stakeholders considered there to be gaps in training and understanding around how to identify, evidence, and navigate some IPV behaviours, such as coercive control. A gap in training on how to engage with perpetrators effectively was also noted – both to support them towards making change (including to 'get them on board' and to a stage where they can meaningfully engage with support programmes), and to ensure social workers are not themselves at risk of coercion or manipulation. A final area of focus missing from current provision was on what to do where perpetrators would not engage with social services.
- **Nuance in the victim-perpetrator dynamic**: related to the previous point was a view that in focusing on 'victim' and 'perpetrator' roles, training does not sufficiently account for the complexity of some individual relationships where control could shift between partners, and/or where both partners engage in abusive behaviour.

The nature and style of delivery was also felt to influence the effectiveness and sufficiency of training. Though some stakeholders valued the accessibility of online delivery, others found in-person delivery more engaging. One view was that training that combines taught sessions from experts with interactive elements such as group discussion, role-play, and question and answer (Q&A), are preferable to less interactive e-learning, which some found more challenging to absorb.

As well as being provided more frequently, stakeholders expressed the view that training needs to be more agile to ensure social workers have access to up-to-date information, remaining current and reflective of latest best practice, and avoiding the spread of misinformation. One suggestion was that expert input is beneficial to ensure programmes and tools are updated. Closer partnerships with universities was suggested as something that could support practitioners to reflect on their practice and engage with new evidence. A related suggestion was that DA support workers could be linked with social worker teams to aid learning and reflective practice.

Stakeholders suggested some additional approaches that could be a part of training to support social workers to develop insight and understanding of IPV and response processes. These included opportunities to shadow service providers and attending multiagency meetings, such as MARAC meetings, as part of their induction. A related suggestion was provision of more multiagency training to support shared understanding of individual agencies' roles and processes.

> "I think it would be really helpful if we did training with police, with the local domestic violence service, with our mental health NHS colleagues […] I find often different services have assumptions of what the other does, or who's doing what […] In an ideal world, maybe that would be nice to all train together so that everybody […] is on the same page."
>
> Social worker, adult social care

4 Identifying cases and assessing risk

This chapter provides an overview of the different ways in which IPV cases become known to social workers, including referrals from other agencies and members of the public, and disclosures and identification by the social workers themselves. The chapter then discusses evidence gathering and formal risk assessment in IPV cases, before presenting stakeholders' insights on identifying and assessing IPV in cases of female-to-male IPV or IPV within LGBTQ+ relationships. The chapter concludes with an overview of facilitators and barriers to identification and assessment.

4.1 Identifying IPV cases

Stakeholders reported that IPV and DA cases are typically referred to social workers by other organisations (such as the police, health services, schools, DA charities, or the Probation Service), or are identified as part of private law cases (such as when a parent applies for a child arrangement order). For example, the police may report concerns if they have attended an incident involving IPV where a child was present. Similarly, healthcare professionals, such as nurses, may contact the social care team if they discover concerning marks or bruises on an individual that they are treating; professionals in schools may notice behaviour changes in children that prompt concern, or receive direct disclosures from children.

> "They [referrals] usually come following an incident that either the children have talked about in school, or the police have attended, where there's been an argument or a dispute."
>
> Social worker, children's services

Stakeholders also reported that victims/survivors sometimes disclose their experiences of IPV themselves. However, it was highlighted that self-reporting is rare.

> "[…] if somebody is actually naming it for themselves and they may have come to that realisation, or questioning it for themselves, or talking about how it's affecting their mental health. Maybe they might make a statement that you feel is quite concerning about something their partner is doing, so like a red flag might go up. If you notice any marks or bruising, you might want to question that really."
>
> Social worker, adult social care

Referrals to social services can also be made by any member of the public that has concerns, such as family members, friends, or neighbours. Similarly, IPV concerns may be shared between social work colleagues.

It was noted that IPV cases can be identified by social workers when conducting assessments or home visits for unrelated issues, such as mental or physical health needs. Stakeholders specified a number of situations that would trigger the concern of social workers, with some highlighting that concerns may be raised due to a combination of these factors:

- Concerns around perpetration may arise when an individual exhibits controlling behaviour, such as listening to, or trying to control, the conversation between the social worker and their partner; not wanting social services involved; not acting in the best interest of their partner; controlling access to finances; or not allowing their partner to leave the house.

- Concerns around victimisation may be triggered when an individual appears to have sustained an injury, shows signs of neglect where their partner is their carer, is abusing or misusing substances, does not leave the house, or appears to be frightened by their partner.
- Concerns that IPV is present in a relationship may occur when conflict is observed, such as verbal arguments or conflict over a child or children.
- Accounts from witnesses, such as children and other family members, friends or neighbours.

> "[…] I think a lot of the time it might be a combination of factors that would lead you to identify that as an issue. […] For example, on a home visit there might be damage to the home, often doors. You might ask and get a cagey response. You might observe some interactions between the parents or the adults that might give rise to concerns. Then things like there might be anonymous referrals from neighbours that would add to it."
>
> Academic/lecturer

4.2 Assessing IPV cases

Stakeholders described evidence gathering and formal risk assessment in IPV cases as an ongoing process, which takes place alongside identification. In cases where there are concerns that IPV is taking place, the role of social workers typically includes gathering and receiving evidence and information and can include formal risk assessment.

Stakeholders reported that social workers' main priority is the safety and safeguarding of service users. As a result, in IPV cases, assessment is focused on factors affecting the safety of the victim/survivor and any children involved. The level of risk to the victim/survivor and children subsequently determines the speed and nature of intervention.

> "So yes, it would be more, we would be dealing with the victim's risk rather than the perpetrator's risk. Yes, it'd be a safeguarding to protect the alleged victim really, and in terms of risk assessment, risk management, we would probably see that as a responsibility of another agency or service, yes."
>
> Social worker, adult social care

4.2.1 Accumulating evidence

Stakeholders emphasised that a main aspect of their work in IPV cases is to gather and receive information. Information is collected by social workers to establish who is at risk, determine the support needed by those involved – including any referrals to other organisations – and inform safety planning and safeguarding of the victim/survivor and any children involved.

> "[…] it's a matter of gathering all of the information and evidence, establishing the views and the wishes of the people involved so the victim and the perpetrator, the children."
>
> Academic/lecturer

Information collected by social workers includes:

- Whether the victim/survivor or perpetrator has previous or current involvement with services.
- Whether those involved have a history of perpetrating or experiencing abuse or being in contact with the criminal justice system.
- The level of risk to the victim/survivor (and where relevant, the child or children) posed by the perpetrator and factors that can increase or decrease the risk.
- Needs of the perpetrator (mental and physical health, substance abuse/misuse) and whether these needs may be relevant to their abusive behaviour.
- Living situation of the victim/survivor, perpetrator and any children, including whether they live together or separately and where they live.
- Wishes of the victim/survivor, children, and the perpetrator – including whether they want to separate or remain together – and whether they know about the referral.[15]
- Details about the allegations, concerns raised, or IPV incidents – including frequency and levels of harm.

The importance of gathering information from multiple sources – including from the police, DA or health professionals, schools, family members and witnesses – was discussed. Some stakeholders also highlighted that the most valuable information often comes from the victim/survivor.

Stakeholders acknowledged that social workers prioritise gathering information from victims/survivors and children, rather than perpetrators. Communication with perpetrators is avoided in cases where it poses a risk to the victims/survivors' safety.

> "I think another barrier in itself is that […] social work […] is directed to people who are unable to protect themselves. That in itself is a pretty big barrier to working with perpetrators, especially the risk of escalation. How safe is it to include the perpetrator in our work with the victim?"
>
> Social worker, adult social care

Similarly, where there is a police investigation, communication with the perpetrator is avoided where it may interfere with the investigation. In these instances, stakeholders noted that the role of information gathering sits with the police.

There are, however, cases where information is obtained from IPV perpetrators. It was reported that when it is safe to engage the perpetrator, social workers may inquire about and assess struggles with alcohol, mental health, caring role or career stress, or other factors that may be contributing to their abusive behaviour. Some children's social workers also noted that safeguarding assessments for children involve speaking with both parents, including the perpetrator. In these cases, social workers assess the perpetrator's parenting capacity and the impact of IPV behaviour on children's safety.

4.2.2 Formal risk assessment

In addition to evidence gathering, social workers described examples of formal assessment tools that can be used with victims/survivors to identify the level of risk of harm from their partner. A key example of a formal risk assessment is the DASH (domestic abuse, stalking and harassment and 'honour'-based violence) Risk Checklist.[16] The DASH can be used by social workers (or other professionals) with

[15] In cases where the initial referral was made by another agency.
[16] See: https://www.dashriskchecklist.co.uk/

victims/survivors to assess their risk of serious harm or homicide. The DASH can also be used to help social workers identify cases to refer to MARAC.

However, stakeholders identified variation in practice across LAs, regions, and practitioners – with some social workers using formal assessment tools themselves and others referring to specialists, such as domestic violence support workers.

> "We don't use a DASH form in our team, but it probably would be quite useful to get a gauge and idea of what's going on for somebody. In terms of risk, we don't really carry out any risk assessments. Our risk assessments are more around the mental health rather than domestic abuse or intimate partner violence. In that sense, we probably get [DA support organisation] or another organisation to do those kind of risk assessments."
>
> Social worker, adult social care

Given social workers' focus on victim/survivor safety, the formal assessment tools described by stakeholders were typically those used for safeguarding victims/survivors and children, rather than assessments for use with perpetrators.

4.3 Identifying and assessing female and LGBTQ+ perpetrators

Much of the discussion around identifying and assessing IPV in social work cases centred on male perpetrators and female victims/survivors in heterosexual relationships. This, in part, may be due to a lack of direct experience of cases in which IPV occurs outside of heterosexual relationships in which the male is abusive towards a female partner.

> "I can't recall working with, yes, the abuse is coming from the woman to the man, but I have no doubt that that happens; I've got no doubt at all."
>
> Social worker, adult social care

However, some stakeholders also provided insights on their views and experiences of identifying and assessing IPV in cases of female-to-male IPV or IPV within LGBTQ+ relationships. One view was that the gender and sexuality of the people involved are not relevant factors for identifying IPV and assessing risk in social work cases.

> "I haven't noticed specific differences. Yes, I haven't noticed them, and when they've come, we've acted similarly. We haven't dismissed queries because of differences in gender or sexuality."
>
> Social worker, adult social care

A contrasting perspective was that, while ideally there would be no difference in approach and provisions, this is not always the case in practice. It was suggested that limited experience working on cases involving female-to-male perpetrators or IPV within LGBTQ+ couples, as well as social norms around IPV and gender may influence identification and assessment.

> "I'd love to say no and say it would be the same, but I think the natural kind of response for most people is that the male would be the perpetrator and the female would be the victim. In terms of the offer of support, it wouldn't be any different because that's the process that we follow, but it does then depend about how other people see it."
>
> Social worker, children's services

Stakeholders also expressed concern that social norms and stereotypes around gender and IPV can mean that female-perpetrated violence (including in LGBTQ+ couples) is overlooked, or identification does not occur until severe harm is caused to the victim/survivor.

> "You're looking at quite catastrophic instances of harm, in my experience, whereas you might get some low-level reporting if it was a male and female relationship."
>
> Social worker, children's services

Similarly, stakeholders observed that stigma and masculine and feminine gender norms may make it difficult for male victims/survivors to come forward and seek help.

> "It can be more difficult for the male to come forward because it's a whole load of issues about maleness and how men perceive themselves and feel others perceive them."
>
> Academic/lecturer

Stakeholders also suggested that the hesitation of male victims/survivors of IPV may be compounded by the limited levels of support available.[17] In LGBTQ+ couples, victim/survivors may also avoid seeking help due to isolation and a lack of support from family and friends.

4.4 Facilitators to identification and assessment

A range of facilitators to identification and assessment of IPV cases were described. One key facilitator noted by stakeholders was good communication and building trust. Typically, stakeholders described a focus on communicating with the victim/survivor, with some stakeholders also highlighting the importance of involving and building trust with perpetrators (where possible). In turn, good communication and trust can help to create an environment in which the victim/survivor feels comfortable to make a disclosure, and social workers can be transparent and openly raise concerns with family members.

> "It's really important that you build [...] open relationships. That doesn't mean that you align and become best mates with someone that's harming the children, but [...] you have clear and trusting relationships with those people, you're consistent in your messages to them, you're making time to hear them and reflect their voice. That's really important, because that builds trust and that builds better planning."
>
> Social worker, children's services

Stakeholders also discussed the benefits of engaging both the victim/survivor and perpetrator to focus on positive change. Where couples want to remain together, some stakeholders expressed the belief that they should both be supported to develop healthy dynamics in their relationship and keep their children safe from the impacts of IPV. Understanding the behaviour of the perpetrator and working with them was seen as a way of preventing perpetrators from continuing similar patterns of behaviour in future relationships.

[17] Services for female victims/survivors also do not meet existing need. See: https://wbg.org.uk/wp-content/uploads/2021/03/Violence-against-women-and-girls.pdf

> "[…] we would tend to try and look at why is the person behaving this way, where has that come from, what has been their life experience to inform the violence that they're committing against their partners now? I think we're often arguing and raising to our commissioners that we need services to support those people, so we're in a good position to do that."
>
> Social worker, adult social care

Another key facilitator for effective identification and assessment is having knowledge and information. Stakeholders suggested that this involves social workers having a good and up to date understanding of IPV – including early signs and high-risk behaviours – and receiving appropriate information about the case in question – for example from well-written referrals. Some stakeholders also noted the importance of social workers having the appropriate skills, such as being creative about managing risk and having an interest in IPV.

> "So I guess people working with individuals in the community need to have that basic knowledge of what different abuses are, and what the signs may be that abuse is happening, so there is an element of knowledge."
>
> Social worker, adult social care

Support from colleagues can also be beneficial. To this point, stakeholders described the support they receive from managers and peers, including regular debrief and supervision sessions, which provide the opportunity to discuss and reflect on cases.

> "[H]ow did you deal with that? How was it approached? How could it have been dealt with better? That instance where you could have a case reflection and have an open discussion within your team about a particular case."
>
> Social worker, initial referrals

Stakeholders also described ways in which cooperation with other agencies facilitates identification and assessment of IPV cases. Stakeholders acknowledged the importance of receiving referrals and gathering information from other agencies. They also noted that it is beneficial for families to be engaged with other professionals, especially DA support workers as they have specialist knowledge of assessing risk and providing support to IPV victims/survivors.

> "I think the domestic violence support workers can challenge us when we're trying to be too hasty, or if we're putting too much responsibility on to the victim rather than the perpetrator. They're always really helpful at pointing that out and suggesting other ways to work around doing that. I think I've learned most about the risk of working with IPV from working with the DV caseworkers. They often understand the processes and the police contact a bit better than us too."
>
> Social worker, adult social care

However, the importance of effective communication to facilitate a joined-up approach and avoid the duplication of work, was also emphasised.

Finally, increased public awareness of IPV was mentioned as a potential facilitator for identification. It was suggested that more public awareness of IPV can help people to recognise abusive or unhealthy behaviours in their relationships.

4.5 Barriers to identification and assessment

One key barrier identified by stakeholders was not having the time and resources to build relationships with the families and couples affected by IPV to understand and manage IPV cases effectively. To this point, it was noted that high staff turnaround, with some service users having a new social worker every few months, negatively impacts social workers' ability to identify signs and patterns of IPV. When service users have competing needs, such as urgent mental health issues, IPV concerns can also be de-prioritised.

A lack of trust in social workers or willingness to work with social services can also present a barrier. Within stakeholders' accounts, one key reason parents are concerned about disclosing or engaging with social workers is the fear of children's social services taking their children into care due to the presence of violence in the home.

> "I think families, parents, still see social work intervention as something quite scary [...] I think they do feel like if they approached us to ask for support, it would set off this very difficult process, and then that fear of losing their children ultimately."
>
> Social worker, children's services

Risks to social workers' physical and emotional well-being were also seen as negatively impacting their ability and confidence to respond to IPV cases. Firstly, it was noted that some perpetrators may pose risks to social workers' physical safety, especially if they are asked to leave the family home. Secondly, stakeholders highlighted that it can be emotionally challenging for social workers to be exposed to upsetting or triggering issues, such as IPV.

Stakeholders' accounts also described barriers related to perpetrators, couples, or families:

- Perpetrators can be charismatic, insincere, manipulative, believe that their behaviour is acceptable, and/or be unwilling to change their behaviour. These behaviours can make it difficult for social workers to identify IPV.
- Some victims/survivors or other family members do not seek help or report the abuse; similarly, some victims/survivors are not willing to engage in assessment. Stakeholders reported that this can be for a number of reasons, such as some families not supporting victims to come forward due to religious or cultural beliefs, or the victim/survivor feeling trapped within the relationship (e.g. if they are financially dependent on their abuser).

Lastly, stakeholders reported that the COVID-19 pandemic had created barriers to the effective identification and assessment of IPV cases. The lockdowns that were mandated to curb the spread of the virus impacted social workers' ability to meet the people they were working with face to face, which in turn presented a barrier to the identification of IPV incidents.

5 Treatment provision for IPV perpetrators

This chapter presents stakeholders' accounts of treatment provision for IPV perpetrators, including views on gaps in treatment. The chapter then sets out how stakeholders described the role of social workers in the IPV treatment referral process, before providing an overview of views on key facilitators and barriers to effective treatment referral.

5.1 Awareness of options for perpetrator treatment

Overall, stakeholders reported limited knowledge of treatment options for IPV perpetrators. Stakeholders explained that the focus of social work tends to centre on safeguarding and providing support to IPV victim/survivors, rather than on perpetrator treatment (see also, Section 2.2 and Section 3.6.2). As a result of this, they had received limited training or information on treatment options that they could refer IPV perpetrators to.

> "[…] our focus is usually always on the victim […] So I think there's a huge gap […] I think it's very, very limited what we can offer [perpetrators]."
>
> Social worker, adult social care

The lack of perpetrator treatment provision in some areas, particularly where the individual requiring treatment has not been convicted of a crime and/or there has not been any criminal justice involvement, was also noted.

> "[…] there's a gap there for people who might recognise a need for some form of intervention, but haven't hit a particular threshold because as far as I'm aware, there isn't anything."
>
> Academic/lecturer

While stakeholders typically reported a lack of referral options for IPV perpetrator treatment, a number of behaviour change programmes were identified across stakeholder accounts.[18] These examples centred on provision that is primarily targeted towards heterosexual male perpetrators:[19]

- **The Drive Project:** this as an option for IPV perpetrators who pose a high risk of causing serious harm to their victim/s and can be implemented in collaboration with social workers and the police to disrupt IPV behaviours.[20]
- **Caring Dads:** a group-work programme for low-to-medium risk male IPV perpetrators who have children.[21]

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[18] To preserve the anonymity of the stakeholders, we have limited the examples included within this report to programmes that are currently rolled out nationally or across multiples areas of England and Wales.

[19] We note that some programmes, such as Drive, recognise that there are male victims/survivors and female perpetrators of abuse. However, within the context of these examples, the discussions were primarily around options for heterosexual male IPV perpetrators.

[20] Drive is a national programme run in England and Wales. See further: http://driveproject.org.uk/

[21] Caring Dads was developed in Canada and currently runs in a number of countries. In the UK, Caring Dad is run in England, Wales, and Northern Ireland. Groups are also run on the Isle of Man, and the States of Guernsey. See further: https://caringdads.org/

- **Make a change:** a behaviour change programme for male IPV perpetrators, which is based on the Duluth / power and control model.[22] Both group work and one-to-one modes are available.[23]

Stakeholders also mentioned some programmes that are delivered by the Probation Service; however, these can only be accessed by those who have been convicted of an offence. For example, stakeholders noted the Building Better Relationships (BBR) programme, which is a statutory programme for heterosexual males and takes a cognitive-behavioural approach to behaviour change.[24]

Stakeholders noted that while provision for male perpetrators is limited, there are even fewer options for heterosexual female perpetrators or LGBTQ+ perpetrators. However, some stakeholders work in areas that have some limited provision for both male and female perpetrators and/or families where abuse is present, but the family wishes to stay together.

Where a perpetrator programme is not available, or there is a long waiting list for a programme, some stakeholders reported undertaking work to bridge the gap in treatment provision. However, they also described a lack of formal guidance to support this work.

> "It is very much a case of we'll have to try and figure it out in the interim. It feels a little bit like that is the social work way at the moment: we just figure it out and hope for the best."
>
> Social worker, children's services

In the absence of formal guidance, stakeholders identified colleagues as a valuable source of support and described consulting with colleagues or senior staff to gather advice and examples of work that they could complete with the perpetrator (where this is appropriate).

Where there appears to be conflict between parents (i.e. where both appear to engage in abusive behaviour), working with both parents to examine the impact of parental conflict and hostility on children was described. In addition, some services have DA specialists who provide one-to-one perpetrator work as part of a family safeguarding model.

Where perpetrator programmes are not available, stakeholders also discussed the possibility that perpetrators could seek help from their general practitioner, who may be able to make a referral for counselling or other relevant support service (e.g. mental health services or substance misuse and/or abuse services).

5.2 Gaps in provision

In line with the findings presented in Section 5.1, stakeholders identified a general lack of treatment provision to support behaviour change in IPV perpetrators.

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[22] The Duluth Model is a group-based programme designed to re-educate men about their use of violence against women. The Duluth Model approach is described as believing "that battering is a pattern of actions used to intentionally control or dominate an intimate partner and actively works to change societal conditions that support men's use of tactics of power and control over women" (see https://www.theduluthmodel.org/what-is-the-duluth-model/).

[23] Make a Change runs across the Midlands and North of England See further: https://www.respect.uk.net/pages/34-make-a-change

[24] Details of BRB are contained within this list of all HMPPS accredited programmes (for a range of offending behaviours) here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960097/Descriptions_of_Accredited_Programmes_-_Final_-_210209.pdf

> "Perpetrator recovery is the biggest gap we have and is the most challenging area for us […] in social work […]"
>
> Social worker, children's services

Discussions centred on the need for more trauma-informed and therapeutic approaches to perpetrator treatment; the general lack of effective treatment programmes; and the lack of treatment options for heterosexual female perpetrators and LGBTQ+ perpetrators.

5.2.1 Trauma-informed and therapeutic approaches

Within stakeholder accounts, the need to recognise that trauma is often present in the life histories of IPV perpetrators was discussed. It was also reported that perpetrator case notes often show a history of being in care and limited experience or exposure to healthy intimate relationships (see also, Section 2.4.4). It follows that stakeholders identified a need for trauma-informed approaches to IPV perpetrator treatment.

> "[…] I think they [perpetrators] need as much support as the victim because I'm sure they were victims one day in their lives as well."
>
> Social worker, adult social care

In line with this observation, one view was that there is a need for more psychological support within IPV perpetrator behavioural intervention. It was suggested that this may be particularly beneficial for those who have experienced abuse and/or require support for their mental health. Additionally, a more therapeutic approach was proposed as a way to gain insight into why people become perpetrators.

As part of a more therapeutic approach, some stakeholders discussed how they would like to see more individual talking therapy available for IPV perpetrators. It was noted that the predominant format of many IPV treatment programmes is the group-work model; while group-work may be beneficial for some, one view was that group-work does not provide an intervention that is tailored to the needs of the individual.

5.2.2 Effective behaviour change programmes

Some stakeholders expressed doubt over the efficacy of behaviour change programmes for IPV perpetrators. More specifically, it was felt that there is a lack of understanding around what causes a person to abuse their partner. Without this understanding, it is not certain that behaviour change programmes are targeting the causally relevant factors leading to abusive behaviour.

Another view related to concerns over the efficacy of IPV behaviour change programmes, was that some perpetrators use their participation in programmes as a manipulation tool. Namely, it was suggested that some perpetrators make false claims of change, which can put the victim/survivor at risk of continued abuse. Where social workers have these concerns, work with perpetrators can feel at odds with work to support victims/survivors.

> "Managing that situation and working on perpetrator recovery is in direct conflict with our survivor safety, and I haven't found a perpetrator programme yet that I've had 100 per cent confidence in […]"
>
> Social worker, children's services

5.2.3 Programmes for female and/or LGBTQ+ perpetrators

While a general lack of treatment provision for IPV perpetrators was discussed by stakeholders, a more specific gap was identified for LGBTQ+ perpetrators and heterosexual women who are abusive towards a male partner. Stakeholders reported that the limited treatment offer is tailored towards heterosexual male perpetrators. However, it was also noted that programme options vary by location, with some areas having options for female-to-male perpetrators and/or LGBTQ+ perpetrators.

5.2.4 Language, religion, and ethnicity

Some stakeholders discussed how LAs that have predominantly white populations lack services that are tailored to religious and ethnic minority communities. Another view was that there are limited treatment options for perpetrators whose first language is not English or do not speak English fluently.

5.3 Treatment referrals

Stakeholders noted that the role of a social worker is often to make a referral to an IPV treatment provider rather than to deliver behaviour change work themselves.

> “It would be great if […] my position was actually, 'Can I offer more support to that person?' rather than my default being to do a referral, but because of time constraints and being realistic with time pressures that we have, we're not able to give that time. So, a referral would be the best way of them getting that opportunity to make changes.”
>
> Social worker, children’s services

Where the need to make a referral to a perpetrator programme is identified, stakeholders described their role to be predominantly one of identifying referral options and facilitating a willingness to engage in treatment from the IPV perpetrator.

5.3.1 Identifying options

A key element in the referral process is the identification of suitable treatment options to make a referral to. Stakeholders discussed how the options available depend on the LA, and whether the perpetrator’s participation is voluntary or mandated.[25] Where a need for participation in an IPV perpetrator programme is identified but is not mandated, local voluntary options need to be explored by the social worker. Stakeholders noted that social work colleagues, the Probation Service, and charities can be valuable sources of information when seeking treatment options.

Where an individual is mandated to attend a perpetrator programme, social workers may be involved in the referral process if, for example, attendance is included as a requirement of a child protection plan. Stakeholders also reported that some referrals to IPV perpetrator programmes can be part of MARAC plans, which can involve the input of social workers. While MARAC is focused on victim/survivor safeguarding, part of this can involve requiring the perpetrator to address their behaviour.

As reported in Section 5.2.3, stakeholders discussed the limited treatment options available for IPV perpetrators, with a particular lack of options for LGBTQ+ perpetrators

[25] Examples of statutory participation in an IPV treatment programme could be where it is part of a child protection plan or a requirement of being on probation.

and female-to-male perpetrators. It follows that much of the discussion around referral centred on the approach for heterosexual male perpetrators.

5.3.2 Voluntary programmes: perpetrator consent and willingness to engage

Stakeholders explained that where programmes are voluntary, consent and willingness to engage is needed from the perpetrator before a referral can be made. Therefore, having an open and honest conversation with the perpetrator about whether they are open to receiving support to change their behaviour, and if so, what they feel may help them, is a key element of the referral process. As part of this, it was noted that having (or presenting) behaviour change options that are focused on helping people change their behaviour in a supportive way, rather than aiming to vilify them can encourage a willingness to engage.

> “We're all very outcomes focused now, and I think it's quite correct in the sense that, what does that person want? Would they be willing? Do they feel they want help? Explaining to them what's on offer as well, so that they don't feel they're going into that as a condemned man or woman, but there's some level of understanding for them and people want to help them.”
>
> Social worker, adult social care

Stakeholders discussed how willingness to engage and recognition that behaviour change is needed, it is often a key part of the eligibility criteria of treatment programmes for IPV perpetrators. Therefore, a perpetrator’s willingness to accept that there is a need for change was identified as a key factor in a social worker’s decision to make a referral. As part of evidence of a perpetrator’s willingness and commitment to engage in treatment, it was reported that acknowledgement of the harm they have caused and a desire to stop causing harm is needed. Without this, attending a programme is ‘pointless’.

> “[…] when you're looking at their capacity to change, you're not going to achieve the outcomes that you want from that […] treatment, if the person doesn't accept that there are issues that need addressing in that area, or accept that they're a perpetrator.”
>
> Social worker, children’s services

Indeed, some perpetrators are initially unwilling to engage in a programme. One view was that in these instances, a social worker can work with the individual to move towards being more open to attending a programme and addressing their abusive behaviour. However, it was also recognised that this approach can be stressful for the social worker and may not be feasible to accommodate within social workers’ heavy caseloads.

> "[…] it quite often falls to the social worker to do more, which can be really difficult and really stressful [...] to get them to a stage where they can engage in a programme. So, the responsibility then does fall on the social workers, and sometimes, that's not realistic because we just don't have the time to offer those sessions. Then what ends up happening is that there's nothing there for them."
>
> Social worker, children’s services

5.4 Facilitators to effective treatment referral

This section outlines stakeholders' views on the factors that can facilitate effective referrals to IPV perpetrator treatment programmes. The value of fostering a positive relationship with the perpetrator to facilitate a willingness to engage, as well as the value of a supportive and knowledgeable team, were identified as key facilitators.

5.4.1 Positive engagement

In line with reports by stakeholders that willingness to engage in treatment is a key requirement for referral to a behaviour change programme, willingness to engage was identified as a key facilitator of successful referral. In order to encourage engagement, it was suggested that social workers should be mindful that perpetrators may have experienced trauma themselves and focus on providing perpetrators support to address their behaviour. As part of this, the value of building a positive relationship with the perpetrator was identified as a facilitator of engagement. In particular, a positive relationship can be a vehicle for helping the perpetrator to understand how their behaviour affects their partner and children (where applicable).

> "[…] sometimes when I've had conversations with perpetrators, I've asked them how they felt when they witnessed their mum or their dad being beaten up by the other partner and how they felt when they were younger and for them to put themselves in their child's shoes … Imagine how life at home had been a lot better and for them to see how their child would feel if things were better at home. Having those open conversations with perpetrators sometimes works. They might not want to hear it in that moment but going away and reflecting on it and me coming back and going over it, reflecting with them sometimes it literally clicks a switch and it makes it easier for them to open up and work with the system."
>
> Social worker, children's services

5.4.2 Supportive and knowledgeable colleagues

Because social work within the IPV space tends to be more victim/survivor focused than perpetrator focused, some stakeholders reported limited knowledge of what the referral process would look like for perpetrator treatment (see also, Section 5.1). Therefore, seeking advice from colleagues can be a valuable part of a social worker's decision-making process when considering referral options. As such, stakeholders emphasised the value of having a supportive and knowledgeable team to consult with during the referral process.

5.5 Barriers to effective treatment referral

This section sets out stakeholders' views on the barriers to effective treatment referral. Discussions centred on factors that hinder a perpetrator's willingness to engage in treatment; the limited availability of treatment; the roles of shame, stigma, and labels; and the impact of social workers' limited training on IPV.

5.5.1 Lack of perpetrator accountability and engagement

Stakeholders discussed how a perpetrator's willingness to engage in treatment is connected to their readiness to take responsibility for their actions and to accept that there is a need to address their behaviour. It follows that a lack of accountability was identified as a fundamental barrier to effective treatment referral.

> "I think it could be [the] biggest challenge, really, for them to admit and accept the responsibility and taking steps actually for trying to fix the situation, trying to improve the situation."
>
> Social worker, adult social care

Conditions of referral

Where a perpetrator takes responsibility for their behaviour and demonstrates a willingness to engage in treatment, further requirements can present a barrier to an effective referral. A key example shared within stakeholders' accounts is where a perpetrator programme requires the individual to leave the home they share with their partner (and children). The requirement can present a barrier to the perpetrator's willingness to engage, which in turn hinders successful referral. Moreover, this form of requirement may not be welcomed by the victim/survivor – they may want the abuse to stop but not want the relationship to end or the family to be broken up.

> "I remember attempting to refer a perpetrator to the programme and I was told he would have to leave the family home in order [for the programme provider] to work with the perpetrator. The perpetrator did not like that. He felt it really discriminated against him. In his own words he said we were breaking up his family because we were asking him to leave and he didn't think it was fair. The victim also kicked back to say she didn't want her partner to leave."
>
> Social worker, children's services

5.5.2 Limited treatment options

Stakeholders reported that the lack of treatment options for IPV perpetrators is a fundamental barrier to effective referrals. The treatment gap can present a particular challenge if there is a need for services to address the abusive behaviour of heterosexual female IPV perpetrators or abuse within LGBTQ+ relationships.

> "In terms of external services [...] when we're looking at referring to groups [...] the victim groups are predominantly female and the perpetrator groups are predominantly male [...] we can tailor [our service] because we do that on a one-to-one with specialist adult workers. When referring them on into that group setting, I think there is a gap in that area."
>
> Social worker, children's services

Similarly, a lack of treatment options for perpetrators who do not speak English, or for whom English is not their first language, can be a barrier to successful referral.

The limited availability of treatment options for IPV perpetrators can also translate into lengthy waiting lists for behaviour change programmes, which can also be a barrier to effective referral.

> "My God, yes, I think a major issue, for me, is the speed at which we can get a perpetrator organisation involved."
>
> Social worker, children's services

5.5.3 The group-work format

Perpetrator treatment programmes often take a group-based format, which stakeholders suggested can be off-putting for some IPV perpetrators. It was suggested

that group-work can be a challenging environment in which to talk about behaviour that can evoke painful feelings and emotions.

> "I think everyone's got their own ideas about what else they're going to be met with in that forum. Or very private ideas about, well, maybe I'll talk about it, but I'm not about to share something that's quite shameful and difficult for me to talk about in a room full of other men."
>
> Social worker, adult social care

As such, some perpetrators may feel more comfortable and engage more fully in a one-to-one treatment format.

5.5.4 Stigma and labels

The labels and stigma surrounding IPV can also deter individuals from engaging in perpetrator treatment. As part of this, stakeholders noted how IPV perpetrators are often fearful that admitting their abusive behaviour and engaging in treatment may result in criminal justice consequences, or a situation in which they are prevented from seeing their children. However, without evidence of accountability and willingness to engage, a treatment referral will not be successful.

> "The main thing that I've seen in my experience is that perpetrators or alleged perpetrators won't accept the extent or at all what they might have done, even if there's evidence, because either they think that means they won't be able to see their children again or that there's some further consequences in terms of criminality. So, there's a denial which means what do you do? It's very difficult to go anywhere with that and often what social workers will then do is say this person doesn't have insight. This person doesn't accept the risks. If we can't discuss the risks then how can we reduce the risks? So the risks can't be reduced, therefore there's nothing we can do. They can be written off."
>
> Academic/lecturer

5.5.5 Limited training and knowledge specific to IPV

Stakeholders explained that social workers are required to have some knowledge of many different areas, such as child development, substance abuse and/or misuse, and mental health. This broad knowledge, combined with a victim/survivor focus, means that social workers are unlikely to have the opportunity to acquire specific knowledge relevant to IPV perpetrators. It was suggested that this, in turn, can contribute to a limited awareness of perpetrator treatment options and referral processes when IPV is present in caseloads.

6 Conclusion and recommendations

Funded by the Domestic Abuse Perpetrators Research Fund, this research sought to develop insights into how social workers identify and respond to perpetrators of IPV. More specifically, the aims of the research were to understand:

- The training on IPV that social workers receive (including degree and post-qualification training related both to knowledge and understanding of IPV, and assessment processes).
- Assessments and decision-making about risk and referrals for perpetrator treatment.
- The referral and treatment options available to address perpetrator behaviour.
- What is needed for social workers to be able to appropriately and confidently identify and respond to cases involving IPV.

A further aim, and unique contribution of the research, was to explore how social workers identify and respond to cases of IPV where the perpetrator and victim do not fit the profile of a male perpetrator and a female victim in a heterosexual relationship.

To meet these aims, qualitative research (in-depth interviews) was undertaken with 29 stakeholders in practitioner, management, and training roles within the field of social work.

6.1 Key findings

Stakeholders understood IPV to be a form of DA that involves a range of behaviours including physical, emotional, psychological, and sexual abuse, as well as coercive or controlling behaviour. When discussing how IPV is presented as part of social worker training, stakeholders described IPV (or DA more broadly) as being framed as gender-based abuse perpetrated predominantly by males towards females. While female-to-male IPV and IPV within LGBTQ+ relationships are touched upon in training, the coverage appears to be limited. Some stakeholders expressed concern that social norms and stereotypes around gender and IPV may mean that female-to-male perpetrated abuse and IPV within LGBTQ+ relationships is overlooked.

The safeguarding and victim/survivor focus of social work was a key theme within this research, and was present in discussions around training coverage, approaches to identifying and assessing risk, as well as knowledge of perpetrator treatment provision. As a result of this victim/survivor focus, social workers' knowledge, understanding, and engagement with IPV perpetrators appears to be quite limited and provisional in nature. However, this does not mean that IPV perpetrators are not present in the caseloads of social workers, and the victim/survivor focus can mean that social workers are not well equipped to know how to appropriately and confidently engage with an IPV perpetrator. Collectively, the victim/survivor focus of training and the social work field meant that stakeholders reported limited confidence around engaging with perpetrators.

Overall, stakeholders reported that training on IPV for social workers lacks depth and practical guidance that can be applied to effectively working with both victims/survivors and perpetrators. In particular, gaps in training and understanding around how to identify, evidence, and navigate IPV in caseloads, and how to engage with perpetrators effectively were identified at both pre-and-post qualification. However, it was also made clear that the nature of social work means that in-depth and specialist training on IPV may not be practical. Stakeholders explained that trainee social workers, in particular, are trained to have breadth rather than depth of knowledge. In addition, heavy

caseloads mean that there are constraints on time and capacity to undertake training for both qualified social workers and students on placements. However, this does not mean that adjustments to the current training offer at both pre-and-post qualification cannot be made in order to better equip social workers to identify and assess risk. In addition, improvements to training may support social workers to develop a greater awareness of perpetrator treatment options.

Stakeholders described their primary role in IPV perpetrator treatment as one of referral rather than direct engagement. Yet, gaps in training, the safeguarding focus of social work, and the general lack of treatment options for IPV perpetrators were identified as factors contributing to limited knowledge of available treatment options and referral pathways. Where a perpetrator programme is not available or there is a long waiting list, some stakeholders did report undertaking work to bridge the gap in treatment provision. However, they also described a lack of formal guidance available to social workers to support this work.

6.2 Recommendations

The findings of this research lend themselves to a number of recommendations that centre on the pre-and-post-qualification training that is available to social workers. Suggestions made by stakeholders point to the need for a more consistent approach to training across the field to develop social workers' understanding of IPV – including basic information about what it constitutes, the nuance and complexity of relationships involving IPV, and the lifecycle of social worker support in cases involving IPV. Part of improving consistency may include making elements of training on IPV a mandatory requirement to ensure that delivery is reached beyond those proactively expressing interest.

Regarding training content, the findings of this research suggest that more training on female IPV perpetrators and IPV within LGBTQ+ relationships, including how abuse may present differently, is needed. Similarly, more training on recognising and responding to IPV perpetrators in general was proposed by stakeholders. Suggested areas of focus included perpetrator typologies, mapping, and guidance on intervention and support without escalating risk to the victims/survivors (and where relevant, children). As part of this, training and resources for how social workers can support people to acknowledge and address their abusive behaviour is needed.

Taken together, these suggestions around improvements to training may help social workers to appropriately and confidently identify and respond to cases involving IPV.

When discussing treatment and referral pathways, a number of gaps were identified by stakeholders. These do not relate to social work specifically but are recommendations that can be applied to the area of IPV perpetrator treatment provision more generally. The findings of this research suggest that greater work needs to be undertaken to improve the number, availability, and visibility of perpetrator services. In particular, it is recommended that gaps in services available for heterosexual female perpetrators, LGBTQ+ perpetrators, and perpetrators who are not fluent English speakers are addressed.

Finally, when discussing gaps in treatment provision, the role of trauma in the life histories of some IPV perpetrators was highlighted by stakeholders. As part of these discussions, the need for more trauma-informed and therapeutic approaches to perpetrator treatment was identified.

7 References

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Appendix A. Information sheet

Information for participants

The National Centre for Social Research (NatCen) is carrying out qualitative research to explore how social workers identify and respond to adult perpetrators of intimate partner violence (IPV). It aims to enhance understanding of current approaches to identifying, assessing, and responding to social work cases involving IPV (in training and practice). Findings from the research will inform recommendations to enhance social workers' ability and confidence with such cases in future.

As part of the research, NatCen is carrying out 1:1 research interviews to hear the views and experiences of stakeholders in practitioner, management, and training roles within the field of social work. This leaflet tells you more about the research, so you can decide whether you would like to be involved.

Who is carrying out this research?

NatCen Social Research is an independent, not-for-profit organisation working to improve people's lives through research. Our work helps to inform public services, charities, the government and other organisations.

We have been funded by the Home Office to carry out this study as part of a programme of research aiming to inform future policymaking and contribute to the evidence base around perpetrators of domestic abuse.

What is the study about?

The research aims to develop a better understanding of how social workers identify and respond to cases involving IPV, particularly where there is a need to respond to the perpetrator's behaviour. It seeks to fill a gap in the evidence base and inform recommendations to support social workers to manage cases involving IPV.

To achieve this, we would like to speak to individuals working across a range of roles within the social work field, including those in practitioner, management, and training roles. It is really important for us to speak to a broad range of stakeholders to ensure that we develop a comprehensive understanding of the current landscape, including facilitators and barriers to effective case management where IPV is involved.

What will taking part involve?

If you choose to take part, we would like to invite you to take part in an interview with a NatCen researcher at a date and time convenient to you in February or early March.

The interview will last up to 60 minutes and will be carried out via telephone or online using Microsoft Teams, according to your preference. All participants will be offered a £40 voucher as a thank you for their time.

We will ask your permission to audio record and transcribe the interview so that there is a detailed and accurate record of what you say. Only the research team will have access to this recording, which will be stored securely at NatCen. The recording, transcript and all other documents which include identifiable information (such as your name and contact details, for example) will be deleted 12 months after the project ends.

We may also ask you to recommend other stakeholders we might be able to include in this research, and/or to share this information sheet with colleagues who may also be interested in taking part.

What will I be asked?

The interview will cover topics including:

- A little bit about you, your role and responsibilities.
- Your views on training available to social workers around identifying and responding to cases involving IPV, including anything that works well and less well.
- How risk assessments and referral decision-making is handled in practice, including options for referrals to perpetrator programmes, and any barriers or facilitators you might identify.
- Any recommendations to ensure social workers are supported to appropriately and confidently identify and respond to cases involving IPV.

There are **no right or wrong answers**. We are just interested in hearing your views and experiences.

Do I have to take part?

No – participation in an interview is completely voluntary. Even if you decide to take part, **you don't have to talk about anything you don't want to**: you can skip any questions you prefer not to answer and can end the discussion at any time.

You can change your mind about taking part at any time, before or during the interview. You do not need to give a reason, and your choice will not affect your relationship with NatCen, the Home Office, or any other organisation. If you change your mind about being involved, you can let the research team know using the contact details below or tell us on the day.

You can also withdraw your consent to participate in the research after taking part, and request that your contribution and any data collected be deleted up until the data has been used by NatCen and your contribution is no longer identifiable.

What will happen to the information I provide?

Participation in an interview is confidential and anonymous. This means you will not be identified to anyone outside the research team, and we will not tell anyone what you say. The only exception would be if you were to disclose an identifiable crime or tell us something that gave us reason to believe you or someone else may be seriously harmed. If this happens, we may need to pass information on to an authority, which could include the police.

Data from all the interviews we carry out will be systematically analysed to feed into a thematic report and presentation of research findings for the Home Office. Our final report may be published, subject to Home Office approval. In any case, **no information that could identify individual participants will be used in any research outputs from the study.** When we talk about the research and write up the findings, we may include some verbatim quotes of what you have said, but we will not use your name or include any details that could identify you in any way.

You can find out more about how your information will be used and handled by reading the **privacy notice** available at https://www.natcen.ac.uk/ipvsocialwork-privacy.

What happens next?

If you are happy to be involved in the study, please contact the NatCen research team at **[email address]** by **Monday 7th of March 2022.** In your email, please **indicate some dates and times when you would be available to take part in an interview from 1 February to mid-March.**

Please be aware that it may not be possible for everyone interested to take part.

Where can I get more information?

More information is available at https://www.natcen.ac.uk/ipvsocialwork. If you have any questions about the research you can contact the NatCen research team at **[email address]** or call us Freephone **[telephone number].**

Thank you for your interest in this study!

Appendix B. Interview topic guide[26]

1. Introduction

- Introduce self and NatCen (including NatCen's independence)
- Introduce research, aims of study and interview
- Length (about 60 minutes)
- Voluntary participation
- Brief overview of topics to be covered in interview
- Confidentiality, anonymity and potential caveats (including disclosure policy)
- Data use and security (including audio recording and data storage)
- Questions
- Verbal consent

2. Background

Aim: to understand the participant's background and role.

3. Understanding of IPV

Aim: to understand how participants conceptualise IPV.

- Participants' understanding of IPV
- Source(s) of their understanding

4. Training and guidance on IPV

Aim: to explore what training and resources are available to enable social workers to fulfil their role in cases of IPV.

- Overview of training and information available for social workers around identifying and responding to IPV
- Facilitators and barriers to accessing training, information/guidance
- Overview of training coverage and how training programmes frame IPV
- Views on relevance and sufficiency of training and guidance on IPV – extent to which current training offer meets the needs of social workers

[26] Note that the topic guide included here is an abridged version of the topic guide used in the research and only sets out the main themes and sub-themes of the interview.

- Any areas in which they/social workers would benefit from (further) training or resources

5. Identifying and assessing risk

Aim: to explore the involvement of social workers in cases of IPV and challenges they are confronted with.

Identification of IPV

- Overview of how cases that might involve IPV are identified
- What works well – facilitators to initial referral/identification of IPV cases
- What works less well – barriers and challenges to effective initial referral/identification
- Support for social workers for identification process

Assessment of risk

- Overview of how perpetrator risk is assessed
- What works well – facilitators to risk assessment in IPV cases
- What works less well – barriers to effective risk assessment
- Support for social workers for risk assessment process

6. Referral and treatment processes

Aim: to explore referral options and treatment provision for perpetrators.

Mapping available provision for perpetrators

- Overview of provision: what is available
- Any gaps in intervention/treatment provision for perpetrators

Treatment/ interventions referral processes

- Overview of referrals process to perpetrator treatment/ interventions
- What works well – facilitators to effective referral of perpetrators to treatment/ interventions
- What works less well – barriers to effective referral of perpetrators to treatment/ interventions
- Support for social workers for referring perpetrators into treatment

7. Overall reflections – confidence, facilitators and barriers

Aim: to map key challenges and barriers and recommendations to support effective practice.

- Social workers' confidence/ ability to effectively handle cases involving IPV
- What works well – facilitators to effective practice
- What works less well – key challenges and barriers
- Recommendations for improvement/to enhance practice

8. Next steps and close