An evaluation of the Venta programme: a project aimed at men who have abused or are likely to abuse women

Dr Olumide Adisa
March 2019
DISCLAIMER

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Special thanks to all ICENI staff, particularly Glenn Robinson, Elaine Seaman, Jeremy Startup, and Simon Cobb for their enthusiasm and support for the evaluation. Not forgetting Brian Tobin, Chief Executive of ICENI, who has been a keen supporter of the evaluation right from the start. The evaluation was funded through the Sir Halley Stewart Trust and Suffolk’s Police and Crime Commissioner.

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2 The views expressed within this report are those of the author and not necessarily those of the Trust or the Office of the Police and Crime Commissioner for Suffolk.
Terminology

- Intimate partner violence: “Intimate partner violence is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner”

- Perpetrators: The terms ‘men’, ‘male clients’, ‘participants’, and ‘perpetrator’ ‘completers’ are used in the report to refer to the men that Venta have worked with

- Victims/Survivors: The terms ‘women’ and (female) ‘partner/ex-partner’ are used interchangeably throughout the document to reflect the fact that most victims/survivors are women. Children are also considered to be victims/survivors, and, where not explicitly stated, are included in this term. Some individuals and organisations have preference for either ‘victim’ or ‘survivor’. This report has used ICENI’s preference in using (female) ‘partner/ex-partner’

- MARAC: A locally initiated multi-agency group (police, probation, child protection agencies, independent domestic violence advisors (IDVAs), health visitors, women’s organisations, housing agencies) who convene at agreed intervals to monitor high risk of domestic violence and abuse, and plan and monitor action to reduce that risk

- Physical abuse: This is the most visible type of abuse as the signs are often bruises and broken bones. Types of physical abuse include hair-pulling, slapping, hitting, punching, strangling and so on

- Sexual abuse: This is defined as any behaviour of a sexual nature which is unwanted and takes places without consent or understanding. This includes, rape, forcing sex after physical violence has occurred, and treating someone in a sexually demeaning manner

- Emotional abuse: This is a devastating act of domestic abuse that is often described by survivors as more destructive than being physically hit. It falls under the wider category of psychological abuse and involves repetitive attitudes and behaviours that leave a woman deeply shamed in her identity and her sense of being.

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3 Source: World Health Organisation. In some documents, domestic violence is sometimes called intimate partner violence (IPV), which can occur in heterosexual or same-sex relationships. Similarly, domestic violence is used interchangeably with the term ‘domestic abuse’, defined, according to the UK Home Office as an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also a family member or carer. In this report, IPV and domestic abuse are used interchangeably.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>DVPP</td>
<td>Domestic Violence Perpetrator Programmes</td>
</tr>
<tr>
<td>IPV</td>
<td>Intimate Partner Violence</td>
</tr>
<tr>
<td>IPSS</td>
<td>Integrated Partner Support Service</td>
</tr>
<tr>
<td>ISS</td>
<td>Integrated Support Service</td>
</tr>
<tr>
<td>DA</td>
<td>Domestic Abuse</td>
</tr>
<tr>
<td>PP</td>
<td>Perpetrator Programmes</td>
</tr>
<tr>
<td>MARAC</td>
<td>Multi-Agency Risk Assessment Conference</td>
</tr>
<tr>
<td>WEMWBS</td>
<td>Warwick-Edinburgh Mental Well-being Scale</td>
</tr>
<tr>
<td>BIP</td>
<td>Batterer Intervention Program&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Cafcass</td>
<td>Children and Family Court Advisory and Support Service</td>
</tr>
<tr>
<td>VSO</td>
<td>Voluntary Sector Organisations</td>
</tr>
<tr>
<td>SCC</td>
<td>Suffolk County Council</td>
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<sup>4</sup> In the US, perpetrator programmes are known as BIPs.
1 Executive Summary

This report analyses the data in relation to referrals and men’s engagement with the Venta programme in 2018. Venta at ICENI, based in Ipswich, Suffolk involved a pilot intervention with low, medium and high-risk male perpetrators of domestic abuse (DA) who have abused or are likely to abuse their female partners/ex-partners in Suffolk. Each group ran for 16 weeks with a 2.5-hour session held every week and a 4-hour session on a Saturday at the beginning. The programme also includes two 1-hour initial assessment sessions. Venta offers a space for exploration, understanding, learning and growing. A total of 108 stakeholders, including offenders, practitioners and other agencies, were consulted using questionnaires, focus groups, and interviews.

The project undertook two pilots with 24 men (who happened to be mostly White British) and validated pre- and post-outcome questionnaires were collected from 12 completers across both cohorts. Perpetrator programmes (PPs) are notorious for their high attrition rates. It is worth noting that the most comparable programme to Venta (based on its voluntary, community-based, and non-CJS driven nature) conducted in Doncaster and evaluated by Ali et al. (2017) had a completion rate of below 50%. A note on Venta’s completion rate is further highlighted in the recommendations section (see Table 1-2).

Venta has been purposely designed to work with men who have abused women and are likely to behave in a violent, abusive, coercive or controlling way within intimate relationships with women. Participation is free and voluntary. The key aim of the project is to help men work towards understanding and changing that behaviour. Evidence on changes in behaviour for the completers has been presented in the report and is subsumed in later paragraphs.

An integrated support service (ISS) for female partners, provided by ICENI and via other agencies working closely with ICENI, was implemented to run alongside the programme. However, only seven women took up the offer directly with ICENI, while others chose to go elsewhere for support (Appendix 1). Having an Integrated Partner Support Service (IPSS) in place is considered to be good practice (see Respect Minimum Practice Standard, p.2).

Data for the evaluation was collected using the following methods:

5 ICENI is a registered charity based in Ipswich but works across Suffolk.
6 The Doncaster Domestic Abuse Perpetrator programme was funded by NIHR Public Health over two years (2015-2017), and worked with 281 men considered ‘low risk’.
1. Questionnaires used with clients about their demographic profile, their history of violence and abuse, any criminal involvement, and self-report of health and well-being, with data taken at intake and at exit
2. Focus groups with Venta’s male clients
3. Stakeholder focus groups with Venta facilitators and other ICENI staff and directors.
4. Interviews with the two key staff members implementing the project
5. Two case studies of male clients
6. Online survey of professionals’ perceptions of the programme and its value.

We have only reported on the impact of the programme work with male clients who are male perpetrators abusing female partners/ex-partners, based on the referrals received into Venta in 2018.

The evaluation used a multi-method approach. The evaluation framework was collaboratively co-constructed at a series of meetings with partners and stakeholders at ICENI before data began to be collated. Quantitative data was collected from self-assessment pre- and post-questionnaires, adapted from the IMPACT toolkit for Domestic Violence Perpetrator Programmes (DVPP) outputs and outcomes. These questionnaires were further customised by including the well-established Warwick-Edinburgh Mental Well-being Scale (WEMWBS) indicators, in consultation with ICENI to ensure that the instruments were robust in generating high-quality data to assess the impact that the programme was having on the well-being of participants.

Informed consent to participate in the evaluation was sought at the point of intake. Participants were provided with participant information sheets and informed that participation in the evaluation was entirely voluntary. Focus groups were undertaken with the men who volunteered to take part in the research, and detailed case studies were also provided by ICENI staff to support the profile of participants with their consent.

The quantitative data was analysed using a statistical package for the social sciences (SPSS), thematic analysis was used to identity useful themes, and a data coding framework for the qualitative data. Verbatim quotations and statements from participants have been used in the report to provide nuance to the identified themes.

**Key findings**

Overall, the evidence that emerged from the mixed-method evaluation included:

- **Quantitative findings** reveal statistically significant positive changes in behaviours relating to emotional abuse. There were slight changes in the baseline and exit scores for physical and sexual abuse, however, these differences were not statistically significant. In the context of domestic violence, no change in the comparison time points can be viewed as

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9 The Impact toolkit was developed as part of the Daphne II funded project, Working with Perpetrators to develop standards. The Impact toolkit provides programmes with tools that can be used to gather evidence on change see: [https://www.work-with-perpetrators.eu/](https://www.work-with-perpetrators.eu/)

10 [https://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/](https://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/)
a positive outcome, as it shows that since the start of the programme there has been no increase in such violent behaviour, which means that victims are less at risk. Nonetheless, the referral forms, which also captured information on violent incidents at the start of the programme, revealed that there is likely to have been a reduction in risk for behaviours relating to physical and sexual abuse, as, at the start, over 50% of completers had committed prior domestic violence offences

- Narratives from the male participants were overwhelmingly positive about Venta and its impact on: taking responsibility; understanding domestic abuse; building positive friendship bonds with their male peers; identifying their ongoing needs in their perpetrator journey (see Table 1-1 for a summary of the qualitative findings)

- The feedback on the group sessions particularly was highly positive. According to the participants, the most impactful elements were: the role play sessions; being allowed to be able to express their emotions and to be vulnerable with the group; being provided with tools for managing anger; identifying why they abuse women

- Feedback from completers and the Venta facilitators on mis-referrals suggests that not all abusive men (with or without an offending background) will be suitable for Venta. The mis-referrals were disruptive at the beginning of the programme, particularly in the first pilot. The referral forms were amended to capture more background and psychological information on the client and initial interviews were undertaken to assess suitability at the beginning and to support the risk assessment procedures. Once these were done, a second formal interview was undertaken with the men in a final assessment, which helped to reduce the risk of mis-referrals

- The programme had a positive impact on self-reported assessments of well-being. At the start of the programme, 44% had a low well-being score, and at the end of the programme, this figure reduced to 11%

- The mean WEMWBS score for the group of 45.0 at baseline was below the national average WEMWBS score of 51.6, according to the Health Survey for England (2011)\textsuperscript{11}. At exit, the WEMWBS score for the group of 52.0 showed an increase of seven percentage points. Overall, the difference in well-being scores for the male participants who completed the programme and both baseline and exit surveys (n=9) showed a very visible improvement between both comparison points\textsuperscript{12}

- Across both groups, participants expressed a feeling of loss at the end of the programme, with many of the participants unsure of what to do with their Wednesdays now that Venta had ended. Participant narratives provided an insight into the role that Venta has played in such a short period of time when perpetrators are supported to change

- At the end of the second pilot, seven women took up the offer to be supported while their partners/ex-partners were in Venta. ICENI felt that it was important that the men

\textsuperscript{11} https://www.gov.uk/government/publications/health-survey-for-england-2011

\textsuperscript{12} However, these differences were not statistically significant. In otherwords, the result could be likely due to chance. In practice, a statistically significant result (usually a difference) is a result that is not attributed to chance (see Bryman, 2016)
understood that the focus was on their behaviour, and wanted to communicate to the men that Venta was designed for men to help them change their behaviours, hence the evaluation did not collect feedback from the women

- Perspectives from 75 professionals from the professionals’ survey revealed an appreciation for community-based perpetrator programmes (PP) like Venta, delivered by the voluntary sector, in meeting a gap in provision for working men who have abused or are likely to abuse women, as well as perpetrators who may not yet be known to the police or the criminal justice system. 76% were positive about the role of community-based PPs and agreed that there was scope for Venta to contribute to safeguarding planning, but with some caveats. 24% were neutral and stated that they would like to see some evidence to make a judgement

- Across the professionals that referred into the programme (n=7), the most popular reasons for what worked well in their view were: the method of referral; that professionals felt that an appropriate service had been provided to their client. Additionally, the feedback received from Venta facilitators about the men was viewed by professionals as a useful aspect

- One of the key purposes of most perpetrator programmes is to recognise that the safety of women and children is paramount – and Venta is no different in its aims of reducing harm to children and families. The feedback from ICENI’s staff and trustees suggests a strong commitment to the idea that if the men who want to change their behaviour can be helped to change and to stop abuse, then this will keep victims safe from harm from the perpetrator.

To summarise, the results show that, overall, there has been a remarkable improvement in the well-being scores of male participants, but the statistically insignificant findings in the cumulative well-being scores are likely reflected in the small sample size of completers in the pilots, and future work should consider evaluation on a larger scale.

Based on the baseline and exit surveys, there have been positive changes in the male participants’ use of emotionally abusive behaviour and no increase in the use of physically and sexually abusive behaviour. As the programme was piloted over the course of one year, future work should include using Multi-Agency Risk Assessment Conference (MARAC) data to track whether risk to victims has increased. Additionally, for non-completers, one can assess whether they have become known to MARAC.

Venta uses a blend of psychoeducational, experiential learning and intensive group therapy. By changing cognitive perceptions, the men learn to experience their emotional self in new ways. The programme content has been developed in line with a holistic approach that takes into consideration the links between mind, brain and relationships.

However, there was group consensus across both pilots from the completers that they would be keen to be part of a ‘peer-to-peer’ programme to support ICENI’s community outreach efforts in reaching out to more men in the community, as well as providing ongoing accountability to each other. Future work should consider this feedback in the development of Venta and in Venta’s accreditation journey with Respect (www.respect.uk.net).
ICENI emphasises a whole-family approach in its offering and there is scope to further embed this within Venta. Feedback from the professionals’ survey suggests that a multi-agency approach to safeguarding planning for victims should be a core element of any perpetrator programme in order to reduce the harm to victims. Given the complexity involved in ensuring that victims’ safety is not compromised in working with the perpetrator, a continued and consistent monitoring of outcomes for the men could feed into professionals’ understanding of the family.

Additionally, to discover ‘for whom’ Venta works best and ‘under what circumstances’ Venta works, a future realistic evaluation should be considered. This would also help capture the external contexts and mechanisms that are likely to have produced certain outcomes in Venta (for a summary of recommendations, see Table 1-2).

As with other perpetrator programmes, evidencing impact was a huge consideration at the beginning of Venta. It was clear that Venta was set up to reduce the risk to victims. Within this scope, this report does not make claims to any long-term impacts of Venta, but evidences promising impacts and the potential of Venta to use various sources of information within a local multi-agency environment. Similarly, this evaluation is by no means exhaustive. The findings have been based on two pilots and require future follow-up work to assess the extent to which the promising evidence on behavioural change is sustained.

Given that not all perpetrators will have a domestic violence conviction, Venta offers an opportunity to test and trial a new way to support abusive men to change their behaviour within their communities without necessarily entering the Criminal Justice System (CJS). Given the impact of domestic abuse on victims\(^{13}\), there is a strong impetus to establish and test perpetrator programmes aimed at preventing intimate partner violence and reducing offending behaviour to better understand "What Works". The findings presented in this report suggest that perpetrators do have the ‘propensity to change’\(^{14}\), and that the completers are capable of taking the essential step to change their behaviour through education and being able to access and engage with tools for positive change. While this is encouraging, as the sample size is small, the findings must be treated with caution at this pilot stage, at least until we learn more from a follow-up stage.

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\(^{13}\) Overall, in the year ending 31 March 2017, domestic abuse is estimated to have cost over £66 billion in England and Wales. [Home Office, 2019: The economic and social costs of domestic abuse](https://www.gov.uk/government/publications/economic-and-social-costs-of-domestic-abuse)

\(^{14}\) The facilitators felt that this phrase best captured how they viewed the men that they worked/work with.
Table 1-1: Summary of qualitative findings – Venta’s service users

<table>
<thead>
<tr>
<th>The role of motivation in the change process</th>
<th>Motivation for change and personal development is important as it may help to explain participants’ commitment to the programme at the beginning. Even so, it doesn’t necessarily mean that being directed to attend will automatically result in drop outs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tools for change</td>
<td>The findings demonstrated that it is possible to help men change by educating them on the impact of abuse. Using role plays was considered the most effective by participants as it was easy to understand, regardless of one’s educational background. Learning how to communicate respectfully and with empathy was a recurring theme during the focus group discussions</td>
</tr>
<tr>
<td>Understanding of abuse and its impacts</td>
<td>The majority of men commented on how they had improved their understanding of abuse and its impact on their partners/ex-partners. Nonetheless, with two men, self-justification and minimisation of abuse were recurring features in discussions with them. The facilitators also highlighted that over 70% of the men who completed the programme had previous childhood trauma, and, in some cases, were survivors of childhood sexual abuse. As a result, Venta will introduce a trauma-informed approach in the future delivery of the programme</td>
</tr>
<tr>
<td>Group cohesiveness, leadership, and well-being</td>
<td>The participants commented on how social connectivity was one of the key features of group cohesiveness and what worked well for them. This may also have helped to contribute to the well-being impacts depicted in the quantitative findings</td>
</tr>
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</table>

15 New information has emerged to suggest that one of the men may actually have been the victim rather than the perpetrator. The case is under police investigation.
1.1 Professionals’ perspectives on future directions

- Professionals were overwhelmingly positive about community-based PPs like Venta and its role in filling the gap in working with abusive men, particularly in cases where the victim is not ready to leave the relationship.
- Community-based programmes, delivered by the voluntary sector, have more freedom and control over course content and, hence, can work in a holistic and flexible way to engage with perpetrators.
- Continued provision needs to work within a coordinated community response to domestic abuse and maximise its potential to also link victims with specialist support agencies.
- More research and evaluation is needed to gather evidence on the efficacy of community-based perpetrator programmes delivered by the voluntary sector in the longer term.
<table>
<thead>
<tr>
<th><strong>Table 1-2: Summary of recommendations</strong></th>
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<tbody>
<tr>
<td><strong>Reducing mis-referrals and non-completers</strong></td>
</tr>
<tr>
<td><strong>Introduce a peer-to-peer programme</strong></td>
</tr>
<tr>
<td><strong>Undertaking Respect accreditation</strong></td>
</tr>
</tbody>
</table>

\(^{16}\) Although Venta staff had completed and submitted paperwork for 13 men to the researcher, only 8 of them began the programme in the second pilot.
| Linking Venta to a community-coordinated response to DA | This report recommends that Venta be closely aligned with a community-coordinated response to DA in Suffolk. Working with a coordinated response model could also help to assess risk to victims when a person drops out from Venta. This is even more crucial, when considering the fact that the information provided by participants who dropped out at the start of the programme (on their questionnaires) recorded significantly higher levels of the use of abusive behaviour and police involvement. |
| Adding its ‘further completion rate’ as a programme outcome | This evaluation has found that the completion rate for Venta was 50%. This completion rate is a conservative figure and is likely to be around 63% because although Venta staff had completed and submitted paperwork for 13 men to the researcher, only 8 of them actually began the programme in the second pilot. 17

It is worth noting that the most comparable programme to Venta (based on its voluntary, community-based, and non-CJS driven nature) is the one undertaken in Doncaster and evaluated by Ali et al (2017)18, and funded by NIHR Public Health, which had a completion rate of below 50%.

This is a positive outcome for Venta, and this report recommends that Venta considers this as “success” as it continues to rolls out the programme.

This would provide organisational accountability and also enable commissioners of services to be more aware of expectations. For example, if Venta continues to achieve completion rates of 50% and higher, then this can be built into good practice and learning. This was outside the scope for this evaluation, however it would be worthwhile for future evaluative work to demonstrate the programme’s contribution to practice in successfully engaging with hard- to- reach men. |

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17 For the purpose of the evaluation, we have taken the total number of participants to be 24 men. The reason being that the men who dropped out would have had some level of contact with Venta staff as part of the programme’s rigorous assessment procedures.

### Sustainability of Venta

**Knowledge transfer within ICENI:** Venta is currently being facilitated by two members of ICENI staff. Venta heavily relies on these two facilitators. Through discussions with the facilitators, the evaluation has identified that there is scope to explore transferring the knowledge of running Venta to other members of staff on the delivery of Venta, as appropriate.

**Improving data capture in monitoring progress and change:** The evaluation identified that data capture can be improved at point of assessment to reduce self-reporting bias of the Impact surveys. The use of referral forms has aided better understanding of the offending background of the men and has shown that there is a mismatch with self-reporting in the Impact surveys and the incidents reported on the referral forms by agencies.

**A robust online case management system:** This evaluation recommends that a bespoke online case management system be instituted to capture case details, activity, start and closure dates and other services that the men are accessing after Venta. The case management system will include a wide range of detailed information regarding the referrals, risks and behaviours of Venta's male clients. Additionally, within this process, it will also further facilitate the sharing of information with other stakeholders and agencies within a coordinated community response model as well as support future research.

### Future work ought to include a realistic evaluation\(^\text{19}\):

Commissioners of services are likely to be interested in the question of: “Does Venta work?’ From the evidence presented in this report, there is promising evidence that it does work for some men in changing their behaviour, but not others. This evaluation has also raised additional questions based on the small size of the number of completers in the pilots, “For whom‘”, and “Under what conditions’ are equally important”, and future work must attempt to address these questions using a realistic appraisal.

---

2 Introduction

This report presents the findings from a mixed-method evaluation following two pilots of Venta. In 2018, Venta was delivered at ICENI, Ipswich to work with low, medium and high-risk male perpetrators of domestic abuse (DA) who have abused or are likely to abuse female partners/ex-partners in Suffolk. Each group ran for 16 weeks with a 2.5-hour session held every week focusing on a programme of exploration, understanding, learning and growing as well as a 4-hour session on a Saturday at the beginning. The programme also includes two 1-hour initial assessment sessions. The project undertook two pilots with 24 men, with a total of 12 completers across both cohorts.

Domestic violence/abuse and associated behaviours remain a large and often hidden problem. This is regardless of location, circumstance, age or social position. In recent years, there has been an increasing focus on the need to work with men who perpetrate abuse in order to prevent reoffending (HM Government, 2019\textsuperscript{20}; McConnell et al, 2016\textsuperscript{21}). However, following a number of studies, it is clear that, while arresting and charging perpetrators is one response to tackle domestic violence, most perpetrators of domestic abuse will never or will infrequently come into contact with the police or the CJS (Hester et al, 2006\textsuperscript{22}; Hester and Westmarland 2006\textsuperscript{23}; Transform Justice, 2018\textsuperscript{24}). This leaves a significant gap in provision for men who perpetrate abuse but may not have a domestic violence conviction, and who recognise they have a problem and would like to change their behaviour.

Perpetrator programmes are based on a belief in people’s ability to change. However, this is not always the view of other agencies or sectors of the societies we live in, and often programmes are faced with scepticism that abusive men don’t change.

Venta has been designed to work with men who behave or have behaved in a violent, abusive, coercive or controlling way, primarily, but not exclusively, within intimate relationships with women. Participation is free and voluntary. The key aim of the project is to help men work towards understanding and changing that behaviour. It can also be effective in understanding and changing these behaviours within families or other relationships and groups. An integrated support service (ISS) to support female partners/ex-partners was provided by ICENI, and via

\textsuperscript{20} Home Office, 2019. Transforming the Response to Domestic Abuse Consultation Response and Draft Bill
\textsuperscript{21} McConnell et al, 2016: Caring Dads: Safer Children: evaluation report - NSPCC
\textsuperscript{22} Hester et al, 2006. Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention
\textsuperscript{24} Transform Justice, 2018: Love, fear and control — does the criminal justice system reduce domestic abuse?
another agency working in close partnership. This support with female partners/ex-partner was implemented to run alongside the programme.

Venta’s programming seems to be underpinned by the paradoxical change theory, and an integrative educational-based learning approach which it combines to holistically address individual’s cognitive behaviours and emotional perspectives. In defining what success looks like for Venta, this has been expanded beyond just ‘ending the violence’, in line with recommended good practice. Westmarland et al, (2010)²⁵ advocate other outcomes for perpetrator programmes, particularly as, in some cases, there is no physical violence, but coercive control.

This evaluation does not evaluate separate elements of the programme, but identifies what has worked well as a whole, the impact on abusive men in changing behaviours, well-being impacts, and, using the gathered evidence, offers up recommendations for improving the programme.

2.1 Background

“Perpetrators often present a continued risk to their partners and children. If agencies fail to address the perpetrators' behaviour, the perpetrators can leave their home without any follow-up action and repeat the behaviours from afar or in a new relationship.” (HMIC, 2017, s.33, p.11)

In recent years, there has been a surge of interest in the use of innovative approaches to engage men, with the aim of changing attitudes, values, and behaviours of perpetrators within communities and to reduce harm to women and children. This focus on prevention has been helped along by the publication of recent commissioned reports on ending domestic violence and reducing the cost to the public purse (HMIC, 2017²⁶). The recent Domestic Abuse Bill²⁷, which has just published the government’s commitment, devotes a section to the perpetrator journey (pp.71-76) and includes 15 commitments to work with perpetrators as part of the overarching, transforming responses to tackling domestic abuse (pp.93-94).

Previous research has shown that in the UK and other parts of Europe there is a shortage of programmes. One reason is the lack of evidence about whether perpetrator programmes work. This is further compounded by the fact that programme delivery and effectiveness are often affected by staff, location, and resources.²⁸ When Erica Bowen wrote in her book on partner-violent men, “…no published British outcome studies of the accredited programmes exist, yet

²⁶ HMIC, 2017. The multi-agency response to children living with domestic abuse
²⁷ Domestic Abuse Bill, accessed Jan 2019
despite this apparent lack of evidence, they have been accredited nonetheless”; this highlighted the non-existent evidence base on PPs in the UK. She further argued that the fact that a programme has not been accredited should not be taken as evidence that it is ineffective, and, instead underscores the need for an evaluation of all programmes to ensure that an evidence base of realistic appraisals exists to enable stakeholders to make informed decisions (p.140).

In 2015, the final report on Project Mirabal provided evidence that perpetrator programmes are effective in changing men’s abusive behaviour and improving their understanding of abuse and its impacts. 12 Respect-accredited DVPPs were part of Project Mirabal, and it is thought to be the most comprehensive research on perpetrator programmes in the UK to date29.

Psychologist reports suggest that people who are violent need to experience the core emotions that will lead to their abusive behaviour within a therapeutic setting before change can begin: “Abusiveness is like poison ivy, with its extensive and entrenched root system… it has to come out by the roots, which are the man’s attitudes and beliefs regarding partner relationships.” (Bancroft, 2003; p.36630) Additionally, it was Californian physician and psychotherapist, Arnold Beisser, who developed the Paradoxical Change Theory, which suggests “that rather than interventions being the agents of change, a person must first locate and learn to fully accept the difficult and challenging emotions that underpin the violent behaviour.”31

Bond et al (2016) undertook a systematic review of 53 perpetrator-focused interventions and found that the most common method of working with men was based on the Duluth model.32 Underpinning this method is the application of feminist concepts of patriarchy and male dominance to understanding power, coercion and control in intimate partner violence. The authors found that the second most common method was the offender-rehabilitation model which uses cognitive behavioural methods, anger management, problem-solving and social interaction skills (p.69).33

The Integrated Domestic Abuse Programme is one of the UK’s most notable PP models, comprising court-mandated accredited programmes delivered in either prison settings or in the

32 The Duluth model is an interagency approach developed by the Duluth Domestic Abuse Intervention Project in Minnesota, USA in the 1980s.
community, offered by probation services. For example, Building Better Relationships, delivered by Rise CIC\(^{34}\).

Another example is the Drive programme, which was launched in April 2016 by Respect, Safelives and Social Finance, working together with Police and Crime Commissioners, local authorities in Sussex, Essex and South Wales, as well as the Lloyds Bank Foundation. Drive offers high-risk male and female perpetrators of domestic violence bespoke one-to-one sessions to change their behaviour as part of a three-year pilot project. It is a court-mandated programme, with criminal sanctions used if the perpetrator refuses to participate or engage in the programme. Drive provides each perpetrator referred to the service with a very specific, tailored response, for instance, around mental health issues, alcohol or drug abuse problems they may have, along with advice about housing, employment and parenting. It recently published its Year 2 Evaluation findings undertaken by the University of Bristol.\(^ {35}\) The University of Bristol researchers reported a decrease in use of abuse for over 200 service users who were assessed as high risk, particularly for physical abuse, where the reduction was 58%.\(^ {36}\)

As part of Venta’s evaluation, the research team undertook a scoping review of community-based voluntary perpetrator programmes in the UK, published after 2016, and found that previous evaluations have been located in Bristol, Northumberland, Hull and Doncaster. Additionally, many areas lack a community-based perpetrator programme that is not linked to probation services.\(^ {37,38}\) Venta is the first of its kind in Suffolk. So this evaluation aims to contribute to the wider evidence base on perpetrator programmes to tackle domestic abuse.

### 2.1.1 Well-being and partner violence perpetration

Research has shown that depression is associated with both victimisation and perpetration\(^ {39,40}\) but there is still mixed evidence on the links between mental health of men who abuse women

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\(^{34}\) The BBR programme can also be delivered by Prisons and the Community Rehabilitation Companies (CRC) and are accredited by the National Offender Management Service (NOMS).

\(^{35}\) [http://driveproject.org.uk/year-2-evaluation/](http://driveproject.org.uk/year-2-evaluation/)


\(^{38}\) The study by Coy et al, 2009 mapped perpetrator programmes with RESPECT membership and found that there were no perpetrator programmes in the East of England. It is also possible that community-based projects that work with men to change their behaviour exist but are just unknown, given the costs involved with RESPECT accreditation.


and partner violence perpetration. In practice, there is a general consensus that evaluation of valuable cognitive behaviour therapies and community treatment is useful in preventing violent behaviour and is greatly needed.41

One innovation of this evaluation has been to incorporate the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) in the baseline and exit surveys to examine the impact of Venta on the well-being of the men that use Venta. The WEMWBS scale is based on 14 statements. Each participant is asked to tick the box that best describes their experience over the previous two weeks, using a five-point scale (‘None of the time’, ‘Rarely’, ‘Some of the time’, ‘Often’, or ‘All of the time’). For example, ‘I’ve been feeling optimistic about the future’. The responses, numbered 1 to 5, are aggregated to form an index which ranges from 14 to 70. The methodology section provides more detail on how the scale and data have been used in this evaluation.

### 2.1.2 Background and objectives of Venta

ICENI Ipswich started 20th June 2011 under company number 7675101 (England and Wales) and is a company limited by guarantee, becoming a registered charity on 30th March 2012.

The objectives of ICENI Ipswich are as follows.42

- To offer interventions and support to those living in Ipswich and the surrounding area, whose lives have been affected by the misuse of drugs and other forms of addiction, and to promote awareness within the community to prevent an increase in that addiction
- To relieve the needs of families affected by any form of addiction, to provide them with the help they require to allow family members to become addiction-free, and to improve the opportunities for children to fulfil their potential by offering support to allow families to remain together
- To influence policy makers to ensure that national, regional and local strategies on drug addiction and other forms of dependency reflect the evidence-base of what we believe works through promoting the strategic, operational and tactical significance that has emerged from our work, and communicating with key decision-makers to enable them to see the bigger picture.

ICENI currently delivers effective targeted early interventions on a range of issues in Ipswich and Suffolk. For example, previously Iceni provided the evidence-based Caring Dads43

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41 [https://www.nursingtimes.net/nursing-practice-clinical-research/the-link-between-mental-health-problems-and-violent-behaviour/204481.article](https://www.nursingtimes.net/nursing-practice-clinical-research/the-link-between-mental-health-problems-and-violent-behaviour/204481.article)


43Iceni no longer provide the Caring Dads programme. [https://www.ICENIipswich.org/copy-of-who-are-we-1.](https://www.ICENIipswich.org/copy-of-who-are-we-1.)
programme, a 17-week course for fathers, with the aim of building better relationships with children and co-parents. It is designed for fathers who are at risk of being, or who have been, domestically violent or abusive, who have an addiction and have children. Caring Dads not only helps men recognise the effects of domestic abuse on their children, but also provides them with positive and concrete ways to become a more responsible parent.

The positioning of Venta to work with all men rather than just men with an addiction and who have children is an interesting one. As part of this evaluation, a stakeholder focus group with key staff and management of ICENI was undertaken before the project commenced to understand the driving force behind developing and implementing a community-based voluntary perpetrator programme in Ipswich. The key driver was that they felt that existing PPs did not go far enough because it leaves out the psychoeducational elements, that is, understanding why those behaviours are there in the first place, and where they are coming from. Other findings from this exercise are presented in later sections. The next section describes Venta, as communicated to the researcher by the facilitators of Venta.

2.2 Description of Venta

Venta does not stand for an acronym but has been inspired by its Latin origins, ‘Venta Icenorum’, which was the capital of the Iceni tribe. The translated meaning is ‘the central place of Iceni’, so ICENI felt that it was fitting to incorporate this into the programme title.

Venta is a 16-week pilot programme of exploration, understanding, learning and growing with low, medium, and high-risk domestic abuse perpetrators in Suffolk. It is designed to work with men who behave or have behaved in a violent, abusive, coercive or controlling way, primarily, but not exclusively, within intimate relationships with women. The sessions are 2.5 hours long per week and run in the evenings between 6pm-8.30pm, with a first 4-hour session held on a Saturday. The programme has been developed in line with the Respect minimum standards guidelines. Venta is run by one male and one female facilitator, who are trained psychotherapists.

The concept of Venta was derived from the accumulative experience of a range of professionals, all who have worked intensively with families and individuals affected by or perpetrating behaviours cited under the banner of Domestic Abuse and Violence. Venta is influenced by a myriad of evidenced based and original perspectives, developed from a range of therapeutic viewpoints including theories from the fields of Attachment, Psychodynamic, Cognitive Behavioural, Gestalt, and Systemic practice.

44 https://en.wikipedia.org/wiki/Venta_Icenorum

Venta has also learnt from the current provision available for Domestic Abuse interventions and has been grateful for feedback from facilitators and service users from programmes such as The Freedom Programme, Building Better Relationships and The Caring Dads Programme as well as researching the wider national provision. Consistent threads of feedback from local programmes for perpetrators included difficulties when programmes were run by organisations experienced as authoritative and of failing to address sensitive issues that underpin violent and abusive behaviours. The programme transcends key concepts from various ‘models’ of therapeutic work with perpetrators including Duluth, Systems, Insights Ecological and Interaction models.

Venta has attempted to identify some of the ‘needs gaps’ for working with perpetrators through extensive knowledge of local Domestic Violence provision through discussions with Social Care services, Police, Probation Services and other specialists within the field. Areas identified have included motivating individuals who are resistant to change due to a sense of ‘having’ to attend the programme and working from a strong ethos that believes that everyone wants to be loved, and everyone has the capacity to change. We believe that these are essential prerequisites required to imbibe sustainable change. Venta has strived to promote personal responsibility from within an understanding of personal responsibility in relational dynamics.

The programme itself is delivered from Psychoeducational, Integrative and Eclectic ethos with focus on the interplay of Mind, Brain and Relationship (Interpersonal Neurobiology) allowing the individual to map, understand and make the requisite changes using a wide range of concepts from Behavioural, Cognitive and Humanistic views.

Venta takes a field view, that is, that men who are abusive are part of a ‘field’. This means that behaviour occurs within the context of relationship dynamics with (in this case) an intimate partner. Venta asks men to take responsibility for their ‘self’ within a relational field.
The delivery model of Venta focuses on identifying and building on the strengths and skills that male perpetrators of Intimate Partner Violence (IPV) have, and to use these to improve relationships. It will support them in learning new skills to help overcome the difficulties they may currently face or have faced in the past. At every step, the project works in a holistic way to encourage and support individuals to recognise that they are responsible for their behaviour, and that through understanding how harmful their abusive behaviour is there is a space for change.

Figure 2-1: The relational field as part of Venta model

Figure 2-2: Venta’s holistic approach
The process and cycle of change is driven by an integrative approach, a significant departure from the government’s DRIVE project, which is currently being piloted in three areas and is based on a case management approach.46

In summary, the fundamental elements of Venta include:

- Venta is NOT part of the criminal justice system or social services; it is run by a voluntary organisation
- Venta combines psychoeducational, experiential learning and group therapy
- Venta looks at the therapeutic needs of the perpetrator
- Venta provides support for female partners/ex-partners or through another agency working in close partnership with ICENI.

2.2.1 The operational model of Venta

There is a prevailing view in operational practice that a customised response has a better chance of success than a ‘one-size-fits-all approach’ (Goosey et al, 2017:175). The ‘cycle of change’ starts by using their original ideas, beliefs and thinking and progressively working towards not only changing these ideas but maintaining and sustaining that change.

Referrals can be made by professionals as well as self-referrals. When a referral is received, Venta sends its service agreement to agencies. ICENI operates a fully integrative risk assessment, including screening interviews, to assess risk and to encourage self-reporting of IPV among male perpetrators on an ongoing basis. This use of motivational interviewing to encourage self-reporting in assessing risk and offending behaviour is a unique feature of the programme. Potential and actual changes in circumstances that can exacerbate risk and affect victims’ safety are identified and fed back to professionals supporting the family.

Other things covered in the screening interviews:

- Any current medication
- To put across the importance of attending the first week
- To ensure that they have contact details and preferably named contacts at ICENI in the event of cancellations
- A sense of what they would like to achieve from the course
- A sense of how the course is designed and the learning potential.

46 http://www.safelives.org.uk/drive
2.2.1.1 Referral routes and ethical engagement.

Currently, referrals are welcomed from statutory agencies in Suffolk, with the majority coming from Children and Young People’s services and Probation. At this stage, Venta require that there is agency involvement throughout the duration of the programme to minimise any risk of service user’s using the content of the programme manipulatively and thus increasing the potential of harm. Venta staff are also mindful that self-motivation can be the best determinants of positive outcomes, therefore self-referrals are welcomed and assessed on an individual basis and in full consultation with partners and anyone deemed at risk.

2.3 The integrated support service for women

According to Respect, having an Integrated Partner Support Service (IPSS) ensures that the female partner/ex-partners’ expectations of Venta are realistic and are not solely relied upon to bring about immediate cessation of abuse, violence, and coercive control. It also ensures that the woman’s safety is at the centre of Venta and can be monitored.

However, Venta anticipated that not all victims will take up the offer, as there might be some women who may not want to be part of rehabilitation efforts for someone who coerced and controlled them, or to be engaging in services that run in the same building, albeit at different times. In many of these cases, specialist domestic abuse agencies in Suffolk are supporting the victims.

ICENI also run the Freedom Programme during the day, a 12-week course that helps to identify behaviours and belief systems held by men who have been abusive, focusing on the impact this may have on both women and children involved. Through self-awareness, the Freedom Programme is designed to improve self-esteem and provide the confidence necessary to manage both physically and emotionally abusive relationships.

During the project, Venta supported seven female partners with counselling (Appendix 1). The researcher explored the nature of the ISS with key project staff and any challenges. These findings are explored in later sections of this report.

2.4 Evaluation objectives

The objectives of this evaluation were:

1. To assess the effectiveness of Venta in changing the behaviour of men who abuse or are likely to abuse women and improving well-being of male perpetrators
2. To capture professionals’ perceptions of the value of community-based perpetrator programmes like Venta.
3 Evaluation design and methodology

Perpetrator programmes are often asked about the evaluation of their projects, whether they ‘make a difference’ or whether they ‘work’. Using various data sources, the study has tried to gain a better understanding of what works for Venta, elements that did not work so well, and any areas for improvement.

The evaluation has adapted the Impact Toolkit in the WWP-EN – Guidelines to develop standards. The Impact Toolkit is free and available to programmes to use to help address the evidential problems and is a well-established and sector-validated tool for evaluating DA perpetrator interventions.

In December 2017, a stakeholder focus group was held to assess group consensus on the development of Venta, as well as the expectations for the programme and the evaluation. Interviews with the two key staff members implementing the project were also conducted, and the researcher provided feedback from the first pilot to the Venta staff team. A number of catch-up meetings were held with the researcher and Venta team to ensure that the researcher was aware of any changes to the programme as well as when people dropped out or were told to leave the programme.

In the 16th week of each pilot, two members of the research team undertook a focus group with each cohort. In total, 12 men completed the programme and participated in the focus groups. One telephone interview was undertaken with a participant who was not available for the focus group. All the focus groups were audio-recorded, with the participants’ consent, and the verbatim data was subject to thematic framework analysis as devised by the National Centre for Social Research. Verbatim quotations and statements from participants have been used in the report to provide nuance to the identified themes. Additionally, two case studies have been used to further provide insight into the perpetrator journey. These case studies were captured by Venta staff.

Questions on well-being were captured using the WEMWBS. The questionnaire has 14 items, with respondents asked to rate the extent to which they have experienced positive feelings and thoughts in the past two weeks on a five-point Likert scale. The Warwick-Edinburgh Mental Well-being Scale has been validated and is highly regarded as a credible means of capturing self-reported well-being measures. More importantly, the WEMWBS has been found to be

47 See: https://www.work-with-perpetrators.eu/
responsive in relatively small samples and at individual or group levels (Maheswaran et al, 2012), so using this scale offers a robust method of analysis, given the small sample size of completers.

The quantitative data from the baseline and exit surveys was coded and analysed using a SPSS, and the WEMWBS data was entered into the recommended analysis spreadsheet (available online), which estimates descriptive analysis, alongside the Wilcoxon signed-rank test, a statistical test of differences in mean scores suitable for small sample sizes.

One inherent weakness of these surveys is that they are based on self-reports and depend on the participants being honest when filling them in. By using a multi-method approach, this limitation will be minimised.

The researcher originally intended to interview the professionals who had referred into the programme. ICENI had received consent from the professionals in external agencies for their details to be passed onto the researcher. However, contacting them proved problematic, as some of the social workers had left their roles or were not handling the family’s case at the point of interview.

The researcher was able to speak to one social worker, although she was not able to provide much detail on the male perpetrator, as her priority was supporting the victim. The social worker also shared her views on her perceptions of Venta and community-based perpetrator programmes, and this conversation inspired an anonymous online survey of professionals, undertaken between November-December 2018 to cast the net wider beyond those professionals who referred people to Venta. This change in the research design allowed the collection of professionals’ perspectives and perception of Venta’s value and has been included in this report.

All names have been anonymised and none of the clients’ names have been used in the report throughout.

49 The statistical test was popularised by Sidney Siegel (1956) in his influential book on non-parametric statistics.
3.1 Venta outcomes

The evaluation addressed how effective is the Venta in the following areas by using several research instruments:

Table 3-1: Research instruments used to assess outcomes

<table>
<thead>
<tr>
<th>Venta outcomes</th>
<th>Research instruments adopted to examine outcomes</th>
</tr>
</thead>
</table>
| Helping men take responsibility for their abusive behaviour | • Pre and post survey among service users  
|                                                      | • Focus group with service users                 |
| Increasing understanding and changing that behaviour | • Pre and post survey among service users  
|                                                      | • Focus group with service users                 |
|                                                      | • Case studies                                   |
| Improving the well-being of participants             | • Pre and post survey among service users  
|                                                      | • Focus group with service users                 |
|                                                    | • Case files                                     |
| Increasing the safety of women and children          | • Interviews with professionals                  |

A total of 108 stakeholders were consulted using questionnaires, focus groups, and interviews. Venta undertook two pilots with 24 men and validated pre- and post- outcome questionnaires were collected from 12 participants across both cohorts.

Table 3-2: Participants by stakeholder group

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Mode of data collection</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users</td>
<td>Focus groups, questionnaires, and one interview</td>
<td>24</td>
</tr>
<tr>
<td>Professionals from other agencies</td>
<td>Online survey</td>
<td>74 (one respondent was an ICENI staff member, and has been excluded to avoid double counting)</td>
</tr>
<tr>
<td>Professionals from ICENI including management staff (not including Venta facilitators)</td>
<td>Focus group</td>
<td>8</td>
</tr>
<tr>
<td>Venta facilitators</td>
<td>Interviews</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>108</strong></td>
</tr>
</tbody>
</table>
3.1.1 Ethical governance

The research was conducted having been augmented by the University of Suffolk’s Research Ethics Committee. All voluntary participation was based on informed consent. Research undertaken at the University of Suffolk complies with the RCUK Policy and Guidelines on Governance of Good Research Conduct (2013).

3.2 Report structure

The following sections present the emerging findings from the qualitative evidence-base and quantitative analysis. Section 4 focuses on the profile of all the 24 participants who joined the programme and attrition rates. Section 5 and 6 extends the evidence by presenting the qualitative and quantitative findings on the completers and two perpetrator journeys. Section 6 presents a summary of professionals’ perspectives. Section 7 presents professionals’ views on the value of Venta and similar community-based PPs. Section 8 discusses the feedback from ICENI’s staff and discusses some areas for learning and programme development. The report summarises with a brief discussion of the key findings and concludes in Section 9 with some recommendations.

4 Profile of participants – quantitative findings

Socio-demographics and the mechanisms through which the participants have come onto the programme are important. Existing analyses undertaken for the Joseph Rowntree Foundation have consistently found vulnerability to domestic violence in the UK to be associated with low income and economic strain. While there is some evidence on the links between socio-economic status, domestic violence and abuse offending by males, it is important to note that perpetrators cut across different socio-economic backgrounds.

Bond’s (2015) study on understanding domestic abuse, which included the views of 63 female victims in Suffolk, found that the occupational status of perpetrators varied widely. Many were from professional backgrounds (including GPs, serving police officers, and military men) while others were unemployed and homeless (pp.18-19). Perpetrators from professional backgrounds were less likely to be viewed as perpetrators by the police, the family courts, and the CJS.

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50 RCUK Policy and Guidelines on the Governance of Good Research Conduct
51 Fahmy et al. (2016). Evidence and policy review: Domestic violence and poverty A Research Report for the Joseph Rowntree Foundation
From our analysis in Figure 2, over 50% of perpetrators are in paid or full-time employment. In Table 4-4, only 17% say that they are struggling to pay for essentials, and 30% can pay for essentials but with nothing left over.

The majority of perpetrators were White British (see Table 4-2). The mean age was about 33 years; the oldest person was 55 years old, and the youngest was 22 years old (Table 4-1). No-one was aged 60 or over.

Table 4-1: Average age of Venta male clients

<table>
<thead>
<tr>
<th>Statistic</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Standard Deviation (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (in years)</td>
<td>23*</td>
<td>22.0</td>
<td>55.0</td>
<td>33.22</td>
<td>9.21</td>
</tr>
</tbody>
</table>

*One missing case

Table 4-2: Ethnic background of Venta male clients

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>23</td>
<td>95.8</td>
</tr>
<tr>
<td>Mixed Ethnic</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table 4-3: Work status of Venta male clients

<table>
<thead>
<tr>
<th>Income source</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employment</td>
<td>10</td>
<td>41.7</td>
</tr>
<tr>
<td>Unable to work due to sickness</td>
<td>4</td>
<td>16.7</td>
</tr>
<tr>
<td>Part time employment</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Unemployed and caring for children and family</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Part time employment and carer</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Self-employed</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Table 4-4: Self-reported income status of male participants

<table>
<thead>
<tr>
<th>Self-reported income status</th>
<th>Number of responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struggling to pay for essentials</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Managing to pay for essentials but nothing left over</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Managing to buy the occasional treat or save sometimes</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Managing regular treats and saving or holiday for the family</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Comfortably managing</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>100</td>
</tr>
</tbody>
</table>

4.1 Source of referrals and motivations for change

While Venta staff did not exclude any self-referrals, all referrals came from statutory agencies and voluntary sector organisations. The programme has a capacity of 15 places per group.

Table 4-5: How participants heard about Venta

<table>
<thead>
<tr>
<th>Referral route</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection</td>
<td>7</td>
<td>29.2</td>
</tr>
<tr>
<td>ICENI</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>Other social services</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Probation</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Religious place</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>Relationship counselling service</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Friends or family</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Other local charity</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100</td>
</tr>
</tbody>
</table>

Stanley et al (2012)\(^{53}\) examined the strength to change programme\(^{54}\) (a voluntary programme for perpetrators with children in the North East of England) and found that the ‘desire to secure or regain access to their children’ played a key role in men’s engagement at the beginning and throughout the programme. In some cases, participation in the programme was viewed as a means of becoming a ‘better father’. The service was established and funded primarily by the primary care trust, but was managed by the local authority’s community safety partnership.

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\(^{54}\) The strength to change programme was designed to be used by men on a voluntary basis and men were required to self-refer. In reality, many participants were signposted to the service by health and children’s services.
The motivations for coming into Venta are varied and interesting. The baseline form provided eight reasons (and another option for free text) where the participants could tick as many as applied personally. A total of 63 responses were given (See Table 4-6 below).

**Table 4-6: Motivational reasons of the male clients for being on Venta**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want my relationship to be better</td>
<td>12</td>
<td>19.0</td>
</tr>
<tr>
<td>I want to be a better parent to my children</td>
<td>10</td>
<td>15.9</td>
</tr>
<tr>
<td>I don’t want my partner/child to be afraid of me</td>
<td>10</td>
<td>15.9</td>
</tr>
<tr>
<td>I want to stop using violence/abuse/coercion/control</td>
<td>9</td>
<td>14.3</td>
</tr>
<tr>
<td>Child protection sent me</td>
<td>8</td>
<td>12.7</td>
</tr>
<tr>
<td>I want my partner/ex-partner to feel safe around me</td>
<td>7</td>
<td>11.1</td>
</tr>
<tr>
<td>I don’t want my partner to leave me</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Family or court told me to</td>
<td>2</td>
<td>3.2</td>
</tr>
<tr>
<td>I don’t want to go back to prison ever again</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>63</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

An average of three reasons were stated by participants with three people not stating any reasons on their forms at point of entry, and a couple of people selecting eight reasons.

**Table 4-7: Number of reasons selected by male clients at the start of Venta**

<table>
<thead>
<tr>
<th>Number of reasons</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>33.3</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>8.3</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>24</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**4.1.1 Police involvement prior to the start of the programme**

70% of participants had involvement of the police for abusing their partner/ex-partner at the point of referral into Venta. This finding aligns with the examination of the referral forms (60% of the men have an offending background).
From the referral forms, the types of offences and involvement with the criminal justice system before clients were enrolled onto Venta included the following:

- Non-molestation order
- Assault
- Probation involvement
- Significant criminal activity
- Possession of drugs/possession of weapons/driving offences/criminal damage
- Actual bodily harm
- Caution – offensive weapon
- Not having insurance
- Driving under the influence

4.1.2 Help-seeking behaviour prior to the start of the programme

It is interesting to note that 54% had never sought help before to change their behaviours, while 25% had done previously. The type of help sought was explored in the qualitative data.

Table 4-8: Help-seeking behaviour prior to Venta

<table>
<thead>
<tr>
<th>Have you tried to seek help before?</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>13</td>
<td>54.2</td>
</tr>
<tr>
<td>Yes</td>
<td>6</td>
<td>25.0</td>
</tr>
<tr>
<td>NR</td>
<td>5</td>
<td>20.8</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>100</td>
</tr>
</tbody>
</table>
4.1.3 Intake, assessment, and mis-referrals

Research suggests that using motivational interview techniques is best practice for PPs or BIPs to assess for previously identified risk factors (e.g. psychopathology, substance misuse, child abuse, anger issues, or mental illness) and motivations for personal development.\textsuperscript{55}

As discussed earlier, a total of 24 referrals were received, but only 50\% (n=12) completed the programme. This is not unusual, as PPs are notorious for their high attrition rates. It is worth noting that the most comparable programme to Venta (based on its voluntary, community-based, and non-CJS driven nature\textsuperscript{56}) conducted in Doncaster and evaluated by Ali et al (2017)\textsuperscript{57} had a completion rate of below 50%.

The 50\% completion rate for Venta is a conservative figure and is actually likely to be around 63\% because although Venta staff had completed and submitted paperwork for 13 men to the researcher, only 8 of them actually began the programme in the second pilot. For the purpose of the evaluation, we have taken the total number of participants to be 24 men. The reason being that the men who dropped out would have had some level of contact with Venta staff as part of the programme’s rigorous assessment procedures.

One reason for dropouts is mis-referrals. In terms of Venta, the facilitators told the research team that they realised that the initial assessment procedures at the beginning of the programme were not robust enough to reveal potential client’s complex mental health issues, but this was remedied in the second group by including questions about psychological reports. Additionally, a second interview was conducted before intake for Cohort 2. The facilitators also met with the participants before the first group session began. This change to the pre-assessment procedure made a difference as only 2 out of the 8 men who started the programme dropped out in the second pilot.

In the later sections of the report, the issue of drop outs will be re-visited as evidence-based practice has shown that the intake process for PPs is very important and needs to be comprehensive (Wagers et al). In the following sections, the baseline information was based on the 24 men (\textit{Table 4-9}) but the comparison analysis has been based on nine completers.\textsuperscript{58}

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{56} The Doncaster Domestic Abuse Perpetrator programme was funded by NIHR Public Health over two years (2015-2017), and worked with 281 men considered ‘low risk’. \\
\item \textsuperscript{58} Two completers at exit could not be matched with the baseline forms as the IDs and handwriting were different. One completer submitted an empty exit survey.
\end{itemize}
\end{footnotesize}
Table 4-9: Number of participants at programme start and at completion

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Number of participants at the beginning</th>
<th>Number of participants at the end of the programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>13*</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>12</td>
</tr>
</tbody>
</table>

*Although Venta staff had completed and submitted paperwork for 13 men to the researcher, only 8 of them actually began the programme in the second pilot. For the purpose of the evaluation, we have taken the total number of participants to be 24 men. The reason being that the men who dropped out would have had some level of contact with Venta staff as part of the programme’s rigorous assessment procedures.

Table 4-10: Revised assessment procedures at intake

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Risk assessment form</th>
<th>Risk assessment form (with psychological reports)</th>
<th>Interview 1</th>
<th>Interview 2</th>
<th>Meeting with facilitators before commencing programme</th>
<th>Group induction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td></td>
<td></td>
<td>•</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

5 Programme outcomes for male perpetrators – quantitative findings

12 male clients stopped attending the programme in the last year either because of misreferrals (mental illness, drugs, not ready for personal development), or the client stopped attending for other reasons. All of these clients had previously completed self-evaluation forms about their previous use of violence, knowledge of strategies to prevent abusive behaviour, police call outs, etc, and we have included the analysis in this section. In the cases of non-completers, the participants dropped out before the final questionnaire could be administered.
For completers with matching forms (n=9), data from and about the clients was compared between the point at which they started and the point when they finished.

### 5.1.1 Participants’ use of emotionally abusive behaviour

**FINDING; at the programme start:**

71% of clients reported using 1-4 types of emotionally abusive behaviour *SOMETIMES* in the last 12 months or before the last 12 months.

13% of clients reported using 1-4 types of emotionally abusive behaviour *OFTEN* in the last 12 months or before the last 12 months.

25% of clients reported using 5-8 types of emotionally abusive behaviour *SOMETIMES* in the last 12 months.
Table 5.1: Numbers of clients reporting emotionally abusive behaviour at programme

<table>
<thead>
<tr>
<th>How often have you done the following to your partner/most recent ex? (the one you have been abusive towards)</th>
<th>In last 12 months</th>
<th>Before last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMOTIONAL</strong></td>
<td><strong>Never</strong></td>
<td><strong>Sometimes</strong></td>
</tr>
<tr>
<td>Isolated from friends or family</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Told partner what to do/not do, where to go/not go, who to see/not see</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Made partner feel she had to ask permission to do certain things such as going out, seeing friends, etc. (above and beyond being polite)</td>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>Threats to hurt children</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Threats to hurt partner/ex</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Prevented partner/ex from leaving home</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Controlled the family money</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Extreme jealousy or possessiveness</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Told partner/ex what to wear or not to wear or how to do hair/makeup</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Humiliated or embarrassed partner/ex in front of others</td>
<td>18</td>
<td>5</td>
</tr>
</tbody>
</table>
5.1.2 Participants’ use of physically abusive behaviour

At the start of the programme, participants were asked about their use of physical violence in the last 12 months and at any time. The responses were as follows:

**Table 5-2: Numbers of clients reporting physically abusive behaviour at programme start**

<table>
<thead>
<tr>
<th>How often have you done the following to your partner/most recent ex?</th>
<th>In last 12 months</th>
<th>Before last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYSICAL</td>
<td>Never</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Slapped/pushed/shoved</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Kicked/punched</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Beaten up</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Burned</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Bitten</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Restrained/held down/tied up</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Choked/strangled/suffocated</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Physically threatened</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Hit with object or weapon</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Threatened with object/weapon</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Threatened to kill her</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Prevented her getting help for injuries</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Stalked/followed her</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Locked her in house or room</td>
<td>22</td>
<td>0</td>
</tr>
</tbody>
</table>

**FINDING; at the programme start:**

29% of clients reported using 1-4 types of physically abusive behaviour SOMETIMES in the last 12 months or before the last 12 months.

5% of clients reported using 1-4 types of physically abusive behaviour OFTEN in the last 12 months or before the last 12 months.

10% of clients reported using 5-8 types of emotionally abusive behaviour SOMETIMES in the last 12 months or before the last 12 months.
5.1.3 Participants’ use of sexually abusive behaviour

At the start of the programme, clients were asked about their use of eight types of sexually abusive behaviour by asking them to tick if they had sometimes, often or never used different types of behaviour against their current or most recent partner, within the last 12 months and at any time. The numbers of men indicating they had done so was as follows:

Table 5-3: Numbers of clients reporting sexually abusive behaviour at programme START

<table>
<thead>
<tr>
<th>How often have you done the following to your partner/ex?</th>
<th>In last 12 months</th>
<th>Before last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Touched in ways which caused fear/alarm/distress</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Forced into sexual activity</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Hurt during sex</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Refused request to have safer sex or use contraception</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Disrespected ‘safe’ words or boundaries</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Sexually assaulted/abused in any way</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Threatened her with sexual assault/abuse</td>
<td>23</td>
<td>0</td>
</tr>
</tbody>
</table>

**FINDING: at the programme start:**

8% of clients reported using 1-4 types of sexually abusive behaviour SOMETIMES in the last 12 months or before the last 12 months.

5.1.4 Participants’ understanding of the effects of abuse

At the start of the programme and end, participants were asked what impact they thought the abuse had had on their partner/ex-partner at any time and the given options were as follows: ‘Didn’t have an impact’ and 15 possible impacts as well as a free text option for ‘something else’. At the start of the programme, 46% ticked 1-4 impacts, 13% ticked 5-8 impacts and 17% ticked 9 or more impacts.

Only two men completed this question in the exit survey, so, as the researcher assessed whether the programme had had a positive impact on most/all men’s understanding of the impact of abuse on their partners by asking each participant individually in the focus groups, the qualitative data has been used. This finding will be discussed in the qualitative section later in the report.
5.2 Impact of the programme on men’s behaviour

Using the completed entry and exit surveys on the nine men, by the end of the programme, this picture had changed as follows for these men:\(^{59}\)

Table 5-4: Comparison of clients’ use of abuse between start and end of the programme

<table>
<thead>
<tr>
<th>Behaviour Change</th>
<th>Baseline (Mean)</th>
<th>After (Mean)</th>
<th>Statistic</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>14.39</td>
<td>11.33</td>
<td>Z= -2.201*</td>
<td>6 men reported positive change, 3 ties</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>15.50</td>
<td>14.00</td>
<td>Z= -1.826</td>
<td>4 men reported positive change, 5 ties</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>7.17</td>
<td>7.00</td>
<td>Z= -1.342</td>
<td>2 men reported positive change, 7 ties</td>
</tr>
</tbody>
</table>

*Statistically significant at 0.05

N=9: Averages were used for scores at baseline as the baseline information captures information in the last 12 months and before the last 12 months; while the exit survey captures information in one time period.

Using the pre and post questionnaire information on the nine men, since the start of the programme, over 70% have NOT been emotionally abusive towards their partner.

33% of clients (N=9) reported using 1-4 types of emotionally abusive behaviour SOMETIMES since the start of the programme. Five out of the nine men who used emotional abuse stopped using it during the programme.

FINDING: Since the start of the programme, one participant (out of the nine men) who reported using any emotional abuse ‘often’ stopped doing so by the end of the programme.

This means that during the programme, six out of the nine men reported a statistically significant change in using emotional abusive behaviour.

---

\(^{59}\) The researcher has matched the exit forms using a unique code created for each client. 12 men completed the course, so the analysis above is based on 75% of course completers.
5.2.1 Impact on involvement with police

There were no further police call outs for Venta completers. Comparing police call outs between the start and end of programme involvement for these nine men using the completed questionnaires, all the nine men had police callouts at the start of the programme. While on Venta, none of the men reported any police callouts.

In conclusion, this section has described the participants’ use of abusive behaviour and understanding of the impact of abuse at the start of the programme. It also presents the impacts of Venta on completers. More than 50% stopped being emotionally and physically abusive during the programme. For the rest, changes in the use of physically and sexually abusive behaviour neither reduced nor decreased. It is clear from the quantitative findings that Venta has been relatively successful in changing the mindset of these nine men to a reasonable extent.

5.3 Improvement in well-being

When looking specifically at the data for the nine individuals who provided both baseline and follow-up questionnaires and completed the programme, the mean well-being score increases remarkably from entry to exit points (Table 5-5). The mean WEMWBS score for the group at baseline was below the national average WEMWBS score of 51.6, according to the Health Survey for England data (2011). At exit, there was a slight increase for the overall WEMWBS score for the group (52.0).

There are also interesting age differences. The older men in the group reported higher changes in their well-being at exit compared to the younger men in the group. A Wilcoxon signed-rank test was conducted to look at the statistical difference in well-being scores across baseline and follow-up responses across the nine participants, which was found to be statistically insignificant ($p > 0.02$)\(^60\).

\(^{60}\) In practice, when the $p$-value is less than 0.05, the results are said to be statistically significant, which means that the results cannot be attributed to chance.
Table 5-5: Mean WEMWBS scores at baseline and exit time points with the associated changes and significance

<table>
<thead>
<tr>
<th></th>
<th>Before intervention</th>
<th>After intervention</th>
<th>Change</th>
<th>Positive change?</th>
<th>Statistically significant change?</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of responses</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Low well-being</td>
<td>44%</td>
<td>11%</td>
<td>-33%</td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>% Moderate well-being</td>
<td>33%</td>
<td>44%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% High well-being</td>
<td>22%</td>
<td>44%</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean score</td>
<td>45.0</td>
<td>52</td>
<td>7.44</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard deviation</td>
<td>15.4</td>
<td>9.5</td>
<td>21.2</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age range: 25-39</td>
<td>45.0</td>
<td>50</td>
<td>4.83</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age range: 40-54</td>
<td>45.0</td>
<td>58</td>
<td>12.67</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people with a meaningful positive change</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% with a meaningful positive change (&gt;3 pts)</td>
<td>66.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 5-1: Change in overall WEMWBS scores

![Change in overall WEMWBS scores](image-url)
In the next section, the report presents the qualitative findings from the focus group discussions and interviews.
6 Programme outcomes – qualitative findings

This section presents themes derived from the focus groups with the male participants, interview with a participant who completed Venta (n=12), and interviews with the group facilitators (n=2). In total, 12 individuals engaged in the discussions to share their views around Venta’s impact on their understanding of abuse and in changing their behaviour.

6.1.1 Theme 1: The role of motivations in the change process

The path to behavioural change after enrolling onto Venta is not often a straightforward one. According to the Project Mirabal research by Kelly et al (2015) they found that group work is a vital component to what helps men to change; "seeing themselves through others", “being challenged by peers” and “having skilled facilitators” were also considered to be important. The comment below demonstrates that motivations for change and personal development are important as that may help to explain participants’ commitment to the programme at the beginning, but it doesn’t necessarily mean that being directed to attend will automatically result in drop outs.

“I looked for help. Hardly anything. My CAFCASS worker told me [about Venta]. I felt very pressured to come – it wasn’t voluntary. But after the second session I was very happy to come. I enjoy it… It definitely needs to be put out more.” - PK

Below is one client’s comment, who had been directed by social services to attend Venta:

“I think that everything that we are being made to do is pointless; it is pointless doing this course because social services are still not going to be happy with you. I just don’t think that they [social services] know how to do their job properly. This course should also be put to social services professionals so that they can gain some experience in working with men who use abusive behaviour but who are trying to genuinely change for the better.” - PD

From the quantitative data, many of the men had enrolled onto the programme via different sources. For those with children, they seldom made references to their children as one of their main sources of motivation for wanting to change. This applied to both men who had voluntarily referred themselves onto Venta as well as those that were directed to join.

“I think just to be able to reassure my children and provide a stable structure for them is so important to me. Even if I am not with my partner anymore, it means a lot to me that I can show


62 https://www.dur.ac.uk/resources/criva/ProjectMirabalfinalreport.pdf
my children that they are important and that I can change. It has given me the tools to ensure that my children don’t grow up with an abusive dad." - PA

“I will start seeing my kids after Venta. I will be able to concentrate on my kids…” - PE

“You can’t change the past, but you can apologise and make sure you change the future and make life better for your family and friends.” - PB

“I have always been a quitter, but I am seeing this through to the end. Also seeing other things through to the end now. Normally I would come up with an excuse and run away. You will never change if you just run away.” - PC

From the comments below, Venta has clearly had an impact on the majority of the men who completed the programme, besides two of the male participants (PK and PD) who viewed their ex-partner/partner or social worker as part of the problem.

“When we first got here, it was a bit daunting to get to know people, and then there were some people that clearly the programme was not suitable for and eventually dropped out… They were just not able to engage with the programme in the right way, as they were wasting time talking about their ex-girlfriend rather than focusing on themselves.” - PB

“I have changed my abusive behaviour in the last 10 months. It took me a good two months to actually listen to what people were saying in the programme. The group has really helped me tremendously.” - PB

“After I have used abusive behaviour, I then realised that I have been abusive, which makes you feel remorseful. It would be good to realise what I am doing, but it is always when it has happened that I then realise what I’ve done.” - PC

63 New information has emerged to suggest that one of the men may actually have been the victim rather than the perpetrator. The case is under police investigation.
The importance of Venta linking in with the social worker or professional who is supporting the family became obvious from the reaction from PK:

“When I go home, I share what I have learnt that day and she will use that against me, and that just irritates me.” - PK

This joined-up information-sharing is paramount for the safety of the victim. Through the social workers, Venta engaged with the family, but it is not clear to what extent information from Venta is incorporated into the family’s safeguarding plan.

It was clear that Venta is not going to be for all abusive men. During the focus groups, there were differences in the attitude of the male clients, regardless of whether they were on the programme voluntarily or not.

6.1.2 Theme 2: Tools for change

The participants commented on how they had learnt to adjust their behaviour with their female partner/ex-partner, to be respectful and to not react negatively to situations. Learning how to communicate respectfully and with empathy was a recurring theme during the focus group discussions.

“I have learnt how to take myself out of situation… I have learnt about how not to be anxious and to not just react negatively to the situation. To walk away or just to say, ‘I’m sorry’ and just to work things out. I have not had an argument with my partner in 7 months, so I am very happy about this.” - PA

“It is about talking and expressing myself in an appropriate way. I feel that if I knew what I know now from Venta and had the tools that I now have, we would have still been together.” - PC

Having the tools to manage emotions, as well as understanding the source of the negative emotions was mentioned frequently.

“When you realise where it comes from. The root. Where the anger is perhaps aimed and the reasons for that and why it’s not aimed at your partner. If I feel vulnerable, that is when I am at my worst.” - PF

“The programme is so important for managing emotions. Otherwise the support is nil for perpetrators. Recently my van got broken into. I went out; it was 7am, and the window had been smashed. A mist came over me. I walked back inside, made a coffee. I didn’t know what I was allowed to feel. My partner said, ‘You’re allowed to be angry’. But I didn’t want to be...
angry. Before, I don’t know what I would have done. Probably smashed all the other windows in the van. I am thinking all the time now.” - PA

6.1.3 Theme 3: Understanding of abuse and its impacts

As Venta works with a psychoeducational approach and aims to challenge men to understand abuse and the impact of their abusive behaviour, the researcher used the focus group discussions to explore their understanding of domestic abuse. A majority of the men commented on how they had improved their understanding of abuse and the impact on their partners/ex-partners.

“There was a list in sessions about needs. 98% of needs were crossed off as needs which weren’t being met because of abuse. For example, needs of child, teenager, unborn child/mother etc., all listed on the board. I got very emotional during this session. When I saw the list of needs which weren’t being met, I felt disgusted with myself. But I can wallow, beat myself up or choose to acknowledge, recognise and change. We can’t change the past, but we certainly can and are changing the future.” - PE

“The role play was quite shocking and made us realise how bad abusive behaviour can be. It was shocking to have to be on the receiving end of it… it will stay with me for a very long time.” - PJ

During the focus group, one participant was adamant that there is no such thing as ‘domestic abuse’ but just domestic disputes, and blamed the media for perpetrating the idea of domestic abuse when they are just arguments:

“I think that the phrases ‘domestic violence’ and ‘domestic abuse’ need to be reworded, as it feels as though someone has been smacking one’s partner. I think it should be called ‘domestic dispute’ instead. ‘Domestic abuse’ – I think that it is still in the category as ‘domestic violence’ and it is just arguing between two people.” - PD

This stance from this one participant is not too surprising as self-justification and minimisation are recurring features in men’s discussions of abusing women (see Dobash and Dobash, 2000)64. The facilitators worked hard on changing this participant’s perspective and demonstrates the complexity in working with abusive men with unresolved trauma from childhood experiences and other complex issues such as alcohol and substance misuse. In this case, this male client, and the majority of those who dropped out, had come with accompanying issues, such as alcohol and substance misuse and housing issues.

The facilitators felt that some of the men that dropped out of the programme didn’t get it, and that “there was almost a lack of responsibility on the part of the men”. The Relationships and Freedom programme would have covered all of these to support women, so a Venta is not required for women. As one facilitator commented, “I don’t think we ever resolved the ‘unfairness’ comments that these men felt.”

“No, I wouldn’t recommend Venta. I am only doing it because I was told to do it. If it was not recommended to me, I wouldn’t do it, because I don’t think 16 weeks is enough time to change abusive behaviour. I learnt some useful things, but I just don’t think that the time is enough. I mean, if your grandad and dad have all used abusive behaviour, then your brain has been changed to see that as the right way to act. It just isn’t enough for something that is all around you.” - PD

Even at the end of the programme, there is still scope for ongoing support to be given to the participants that completed the programme, and as demonstrated by two of the participants in the focus group:

“Some weeks, I feel like there is a lot to learn, some weeks I just forget about it really. Some bits are useful, but some things I am not sure that I really care. Empathy is definitely something that I have become better at showing since I have been on the programme.” - PE

“If someone is being told to not argue and then he is now changing his behaviour, but if the other person (female partner) is still going at him, it is really difficult to not react. So I think that female partner should be encouraged to also do a similar course like Venta.” - PD

6.1.4 Theme 4: Group cohesiveness, leadership and well-being

Group cohesion is a positive outcome that was consistent across both cohorts. The men had built strong bonds of friendship, looking out for each other. On the evening of the focus group, a couple of the men were running late due to traffic in Ipswich, and the other men in the group were checking on them through telephone calls to make sure that these people were able to get to the programme that evening. A WhatsApp group was also set up by participants to keep in touch with each other outside of the sessions as per the suggestion of one of the facilitators. The researcher asked the men what they typically discussed in the closed group chat and was told: “Just about general life really and keeping in contact.”

The participants commented on how this social connectivity was one of the key features of group cohesiveness and what worked well for them:
"It is hard to put into words what the group means to me. It has just helped me a lot and has made me into a better person. It has made me think that even with my being cynical, that I can still be open to change." – PA

"I am more comfortable to share in front of these guys than with some people I’ve been friends with for 30 years." – PB

"I don’t know what people say about me in the group, but it has certainly helped me to be with a group of men that are trying to change. We can be ourselves as men, which is often hidden, as we can’t feel like we can express our emotions. It is nice to be able to open up with other men." – PE

Research has shown that an important element for group functioning is the leadership style of the group facilitators. A supportive caring style of leadership has been found to be a vital element of cohesive groups (Bowen, 2011)65. The non-judgemental approach of the facilitators fostered a sense of belonging in the group. This aspect was commented upon by the male participants:

"None of us in this room have ever physically said what we have done but we all know what we have done, and that helps that we were not judged by the instructors. Some of the sessions have been quite intense and the sessions have been facilitated in such a way that there is just no way to describe the emotions that come out of the group session.” – PA

"I feel more positive about myself. I am now exercising a bit more. I have learnt that I can be better and that I need to continue to work on myself." – PF

"I still get angry, but I deal with it a lot better now. I have tools to deal with it." – PE

There has been a lot of debate around the efficacy of PPs based on whether men come into the programme voluntarily or mandated by courts. With voluntary programmes, no sanctions are instituted and this provides a more honest view of an abusive man’s personal motivations to change and for it to be lasting. Most of the men that completed the programme came onto the programme voluntarily, but a few were directed by the court. The two case studies in the following section show two perpetrator journeys for those directed by Cafcass.

6.2 Case studies: Men directed to Venta by court order

There are often debates about whether it affects outcomes if a PP is mandated or voluntary. This evaluation has presented evidence that positive outcomes were achieved for both men that were directed into Venta by the courts/statutory agencies and those that came onto the programme voluntarily. This finding is also in line with the two case studies below:

6.2.1 Case study A

A was referred to Venta in January 2018 by Cafcass, as part of ongoing proceedings relating to contact with his children. At the time of referral, he had been denied contact with his children due to domestic abuse. He was assessed at scale 3 (highest being 4) on the Domestic Violence Risk Identification Matrix. Reports of violence, threats with a firearm, threats of violence and threats to kill towards his previous partner, and violence and threats to family members, were cited within reports attached to the referral. A reported at the beginning of the programme that he didn’t want to attend, and he was only doing so in order to gain access to his children. He reported that he felt angry at having to attend the programme and that the courts/other agencies were wrong to question his ability to parent.

A became an active participant on Venta, missing 1/16 sessions due to illness. He reported that he was surprised at the content of the programme and how relevant it was to his current circumstances. He evidenced a strong process within the experiential/role play content of the group and was able to become aware of how certain complex emotions and behaviours could manifest within the role play. He evidenced a growing ability to manage these. On several occasions he phoned between sessions to explain how he was able to use the content of the programme within his relationship, particularly the modules on empathy and co-dependence. He was also particularly impacted within the group when understanding the effect of domestic violence on the development and well-being of children. He was able to relate this to his current role as a father and also understand how his childhood was impacted by domestic abuse within his own family.

He also reported that understanding the dynamics of his current relationship was helpful inasmuch as, by being aware of his partner’s processes, he was likely to make her reactions to him less of a personal threat, which was the likely scenario for abusive behaviours historically.

A contacted ICENI 12 weeks post-completion to seek further support and is currently receiving psychotherapeutic interventions relating to his own issues arising from a traumatic childhood and how these issues manifest within his current relationship.
Outcome: A has unsupervised access to his children and there have been no further reported incidents of domestic abuse. He reports that his current relationship and the relationship with his children’s mother are positive and there are no current social care interventions either with his biological children, or for the children of his current partner.

6.2.2 Case study B

B was referred to Venta due to historical domestic violence and abuse in the relationship with his previous partner and mother to his step-daughter. There were reports of violence, as well as abusive, controlling and destructive behaviours that occurred within the family home in view of the child. This had resulted in B not being allowed contact with his step-daughter and he remains party to court proceedings and Cafcass interventions.

B was visibly distraught during week one, when exploring the emotional impact of domestic abuse on the development of children. The majority of participants on the programme have their own experience of domestic abuse from childhood and B was able to share traumatic events, recognise and take ownership for how his own behaviour may have impacted his family. This in turn enabled him to participate in the court process from a perspective of what would be helpful to the child and not as a platform from which to meet his own needs.

B missed 1/16 sessions of the programme and evidenced a growing understanding of his own behaviours. He described strategies that he had formed using the course content to manage any difficulties in his current relationship. He evidenced a deep understanding of the role that childhood trauma played in his violent behaviours and worked hard to process destructive emotions with the group therapy element of the programme. By learning to demonstrate his own vulnerabilities within the group process, he reported that he was able to discuss his emotional fragilities with his current partner, whereas, historically, he would act out his emotional needs in ways that constituted domestic abuse.

Outcome: B requested further support from ICENI which has included counselling and couples counselling. His partner has also engaged in 1:1 counselling and group work. The couple are expecting their first child in July 2019 and they evidence strong commitment to understanding how any relational difficulties may impact child development and attachment. There have been no reports of any abusive behaviour since the beginning of the programme.
7 The value of voluntary perpetrator programmes – professionals’ views

A brief survey captured the perceptions of professionals about voluntary community-based perpetrator programmes (delivered by the voluntary sector) like Venta in reforming men who use violent and abusive behaviour, but who may not have a domestic violence conviction. However, to prevent the risk of confirmation bias, it was useful to widen the reach of the survey to those outside of the county and who had no prior knowledge of Venta. The survey is by no means nationally representative, so the results are not generalisable.

The University of Suffolk researcher worked collaboratively with ICENI staff to develop the survey questions. The survey was shared via social media and through the various domestic abuse networks in the region. The survey was anonymous and was undertaken in November-December 2018. It was promoted by ICENI and University of Suffolk using various media, including emails, texts, social media, and the Safelives Community Forum. The survey comprised of 10 questions. The survey data gathered has been analysed using a statistical software SPSS Version 23. All the data has been recoded for use in the statistical software. The free text responses were examined for useful quotes and themes.

7.1 Findings

75 responses were returned. 21% of professionals that responded were from outside the county of Suffolk. The table below shows the various organisations that professionals who responded to the survey worked in. This diversity in organisations shows ICENI’s reach in the community and the range of organisations that it works with in Suffolk.

Table 7-1: Type of organisations represented in the professionals’ survey

<table>
<thead>
<tr>
<th>Which organisation do you work for?</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCC</td>
<td>22</td>
<td>29.3</td>
</tr>
<tr>
<td>VSO</td>
<td>21</td>
<td>28.0</td>
</tr>
<tr>
<td>Suffolk Police</td>
<td>10</td>
<td>13.3</td>
</tr>
<tr>
<td>NHS Trust</td>
<td>10</td>
<td>13.3</td>
</tr>
<tr>
<td>Probation</td>
<td>6</td>
<td>8.0</td>
</tr>
<tr>
<td>DA specialist organisation</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Self-employed psychotherapist</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
61% (n=46) of professionals are working in specialist roles, providing support to those affected by domestic abuse. Seven professionals who had referred into the programme also completed the survey. As Venta is a pilot, the low number of those who have referred into the programme is not too surprising. Breaking down the seven responses by organisation, three professionals were from Suffolk County Council and the rest were from VSO. Four out of the seven people heard about Venta through other services at ICENI. Two people heard about the programme through their colleagues and one person was ICENI staff. The majority of professionals stated that they would refer again into the programme.

These professionals were asked to select as many choices out of eight options including an ‘Other’ option (free text). This question generated 15 responses with an average of two responses per person. The most popular reasons were the method of referral and professionals felt that an appropriate service has been provided to their client. Additionally, receiving feedback from ICENI staff on the male perpetrator was viewed positively.

Table 7-2: What referrers liked most about Venta

<table>
<thead>
<tr>
<th>Reasons to use Venta</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of referral</td>
<td>4</td>
</tr>
<tr>
<td>Ease of contact to Venta staff</td>
<td>2</td>
</tr>
<tr>
<td>Timely response to referral</td>
<td>2</td>
</tr>
<tr>
<td>Appropriate service provided to client</td>
<td>4</td>
</tr>
<tr>
<td>Feedback given on client</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

The survey also asked whether Venta and similar programmes contributed to safeguarding planning for victims and children. 76% (n=57) were positive about the role of community-based PPs, particularly for men who were keen to change their behaviour, as well as those that do not have a DV conviction and, as such, are falling through the gaps in helping them change. 24% (n=18) either were neutral and would like to see more evidence before making a judgement or said that they were not sure.

In the free text option, some of the comments on the value of Venta, particularly in reducing risk to the victim, and contributing to safeguarding planning included:

"These programmes can make a difference in making victims safer. Where there is a link for all partners to a local IDVA specialist service, this can help to increase safety and provide a good link for victims of abuse. These programmes are not just about changing perp's behaviour but also linking victims in with specialist support and exploring alternative options if the abusive behaviour does not change."
"It's long overdue. I look forward to the broadening of the net to incorporate any perpetrators. In the way that restorative justice can create a different perspective/dynamic between perpetrator and victim, I am hopeful that Venta can facilitate 'ownership' of unacceptable behaviour for men; instil self-love, greater confidence in themselves, which may reduce a need to strike out, hurt and/or control others. Let's keep talking about this."

"As a social worker responsible for children, I have a different relationship with parents. I have to look at them and assess the risk they pose to my client, the child. In a community-based programme, the perpetrator becomes the client. They can be challenged by peers in group settings and can at times in groups make steps forward. Domestic abuse is complex. It is not possible in a social work role to achieve the significant change which would enable a family to move safely forward. We need community-based perpetrator programmes."

"I believe it will help support families in the future and help perpetrators see the impact it is having on the whole family/community."

"It’s important that services like this exist as an option for perpetrators. It provides hope, educates the perpetrator on their choices and behaviour, offering a mechanism for researchers and academics to evaluate and learn about the patterns and needs of perpetrators. We need to look at rehabilitation of perpetrators so that they can hopefully go on to lead moral and fulfilling lives, leading to safeguarding children and women."

"Helping change the mindset of perpetrators will keep families together and, in the long-term, ensure harm reduction, especially for the children. Also, the perpetrator will be less likely to offend and harm other victims."

"It is great to have these programmes in place. There is a lot of support in place for victims, but without attempting to rehabilitate perpetrators, it is likely victims will remain at risk."

"If a victim is not ready to leave and a perpetrator is able to adapt their behaviour, this can sometimes mean that a victim is subjected to less violence."

Professionals who have worked with male perpetrators shared their experiences. One stated that the motivations of the perpetrator matter when considering whether they are likely to change their behaviour and to stop abuse:

"My client did not engage and did not think he was a perpetrator. However, if they do then this will impact on safeguarding issues within the family home."
“It is clear that there has been a gap in trying to address support and challenge to perpetrators; unless this is progressed, then the risk is that they are unable to make the necessary changes and will continue to perpetrate abuse in their relationships. A community-based voluntary approach would seem to be more likely to have a positive outcome.”

Many professionals held the view that programmes like Venta fill a gap for those with no DV conviction and that by positively challenging their beliefs, behaviours and thoughts, one could enable change. As two professionals stated:

“Some people who need this kind of programme are not eligible to attend the courses run by Probation (e.g. not been convicted of a DV offence) and others are suspicious of courses run by a statutory agency and more likely to engage with something offered by a voluntary agency.”

“The types and numbers of perpetrators who will access programmes through the criminal justice system is always going to be really narrow, even if attendance isn't really ‘voluntary’ and someone is attending because a social worker has told them to. It still offers a broader reach than those courses that can only be accessed via a court order, and provides a service for those who do want to change, who have few other avenues to gain support.”

“There needs to be something on offer for the community and for men to access.”

There was also a call for programmes to enable more evaluations into community-based programmes that work with male perpetrators as commented by professionals:

“Research into the impact perpetrator programmes have in terms of contributing to keep victims and children safe are still very few. More evaluations, not just in terms of reoffending, are needed and victims and children should be involved in the conversations.”

Professionals also highlighted the value of Venta as putting the responsibility of the abuse firmly on the perpetrator as it should be:

“Venta is a great option. The responsibility of abuse lies with the perpetrator and it is our duty to offer a life-learning opportunity for them to change.”

“It's unfair and unrealistic to place the responsibility for safeguarding children onto the non-abusive parent, but this is what we see so many times: "Mum to do this", "Mum to do that". Obviously, they have to act protectively, but where is the action for Dad to stop hitting her or to stop taking her bank card?”
Key talking points from the evidence above:

- Professionals were overwhelmingly positive about PPs like Venta and its role in filling the gap in working with abusive men, particularly in cases where the victim is not ready to leave the relationship.
- Community-based programmes, delivered by the voluntary sector, have more freedom and control over course content and, hence, can work in a holistic and flexible way to support perpetrators.
- Continued provision needs to work within a coordinated community response to domestic abuse and maximise its potential to also link victims with specialist support.
- More evaluation is needed to gather evidence on the efficacy of community-based perpetrator programmes.
8 ICENI Staff’s views on Venta and the research instruments

In December 2017, a stakeholder session was undertaken with nine staff of ICENI at the early stages of implementation to better understand why Venta was created, the use of a psychoeducational approach, and how Venta fits in its operations.

Venta was developed as a ‘spin-off’ from Caring Dads, which had been running for five years as a perpetrator programme. The staff noticed a gap in provision, as Caring Dads had its limitations in that it only works with people who have children, and the criteria for participation are quite tight. There was an openness to learn as an organisation through testing Venta and to use the evaluation findings in developing the programme further.

There was group consensus in the focus group discussions, that male perpetrators can change, and that ICENI are well placed to meet the gap in provision:

"We believe that in order for men to change, they need to be able to experience a wealth of challenging emotions in a different way, so this offers the opportunity to learn this and experience it."

"I think it is the right thing for perpetrators to have a chance to make changes for themselves and reduce the amount of victims, and to try something new."

"I am really interested in this in terms of an extension of the wider ICENI mission... sustainable solutions to sustained problems. It’s interesting for me in terms of, what does it mean for ICENI’s identity? I can imagine it fitting into that model, a more practical side of thinking really early on, but if this works, how does it become sustainable, and what next?"

"There’s a lot of work for victims of domestic abuse and a lot of support out there, which is right and proper, but with not having the support out there for the perpetrators, actually what happens is you just get more victims, and that’s what we need to be stopping, that is what is important."

The feedback on data collection instruments for the evaluation at the start of the programme was interesting. It was anticipated that the men were less likely to disclose their use of abuse honestly and ICENI were concerned about this, particularly in cases where there is no existing relationship with ICENI. However, there was also a general agreement that, as this was a pilot, it was important that the data collection was robust in order to assess any changes, as well as using a sector-accepted instrument to demonstrate this based on good practice.
This is a credible concern, because the surveys depend on the male perpetrator completing it honestly, as this evaluation has shown. This also has an implication for future evaluations for community-based perpetrator programmes, which use similar outcome measurement surveys over a number of time points.

“There’s a worry for me about the evaluation and the nature of the questions. That to gather that much information is going to be so intrusive. I suppose it has to be, but I am worried that people are not going to disclose some of the things they don’t want to disclose, therefore, will it be enough of an evaluation done to evidence change?” - Staff

“I think it is when that evaluation form is given; if you give that at their first interview with us, they have no relationship with us and for some of those questions, (and I am not criticising in any way whatsoever) you are very unlikely to get an honest answer.” - Staff

Having conducted the evaluation, the forms were reasonably well completed at the beginning, although it was quite interesting to see a higher percentage of men stating that they have used emotional abuse, compared to the other physical and sexual abuse domains.

8.1 Areas of improvement identified by Venta staff

The interviews with facilitators revealed how they have identified and undertaken self-evaluations to improve the programme. The facilitators also used the feedback from participants in Cohort 1 to further improve the programme. These improvements include:

8.1.1 Using more experiential group work

After the completion of Cohort 1, the facilitators reviewed the content of the sessions to evaluate what will work better next time. One area was to undertake more experiential group work with the second group, to better connect present behaviours with past experiences.

“I think that we’re asking too much of them (Cohort 1) to stay in the here and now. A lot of the behaviour is related to the past, so we changed the delivery of the programme, by doing the education part initially and then getting them to reflect on what they had learnt. This would then throw up some useful issues.”

8.1.2 Assessing risk: the second interview

The number of drop outs in the two pilots shows that while this helped to mitigate the pre-treatment factors (5 men in Pilot 1; and 2 men in Pilot 2), it doesn’t fully explain failure to complete. It is not always possible to identify all of these factors. More work is required to
explore alternative means of assessment at the point of intake to better understand the reasons for failing to complete, and also what that means with regard to the risk to victims.

“We felt that if we had both met the cohort, we may have been more aware of potential challenging behaviours, not because of their past, but as a result of mental health.”

“We have always recognised that Venta will not be for everyone. For one participant, it was almost as if he wanted to sabotage his being on the programme; the script inside of him that he had grown up with was very strong.”

8.1.3 Working with female partners, ethics, and consent

As stated previously, when the programme started, Venta staff didn’t ask for permission from the agencies to speak directly to the partners on the forms in the first pilot, although Venta staff had contact with professionals supporting those partners, and some of those professionals said that they did offer the option to the female partner. They provided feedback to these professionals on the engagement and participation of the partner, but they were not able to have access to female partners/ex-partners as a result.

To improve this process, Venta staff changed the form to get consent to speak directly to the partners/ex-partners. With this direct approach, three families have come on board and Venta are now supporting three female partners with counselling, in addition to the support that they are receiving elsewhere.

When two referrals came from ICENI, the staff had to look at the ethics to ensure that it was appropriate to refer the two men into Venta in order not to jeopardise the ongoing work with the whole family. This raises a future consideration for ICENI in dealing with self-referrals for men that walk off the street to refer themselves into the programme if they are not previously known to agencies.

“We have to be careful how men use the information, perhaps to further manipulate, to use it against their partners/ex-partners. We have to rely on the partners and supporting agencies; this is a grey area.” – Venta staff member
9 Discussion and recommendations

This report has presented evidence on the effectiveness of Venta in working with male perpetrators abusing female partners/ex-partners, based on the referrals received into Venta. The evaluation used a multi-method approach.

Quantitative data was collected from self-assessment pre- and post- questionnaires, adapted from the IMPACT toolkit for Domestic Violence Perpetrator Programmes (DVPP) outputs and outcomes. These questionnaires were further customised by including the well-established Warwick-Edinburgh Mental Well-being Scale indicators.

The results showed a remarkable improvement in the well-being scores of completers, but the statistically insignificant findings in the cumulative well-being scores are likely reflected in the small sample size of completers in the pilots, and future work should consider evaluation on a larger scale.

Based on the baseline and exit surveys for changes in use of abuse and understanding of abuse, there have been changes in the male participants’ use of emotional abuse and no increase in the use of physical and sexual abuse. As the programme was piloted over the course of one year, future work should include using MARAC data to track whether risk to victims has increased. Additionally, for non-completers, one can assess whether or not they have become known to MARAC.

Due to the small number of completers’ questionnaires, the quantitative findings on the changes in the use of emotionally, physically, and sexually abusive behaviour should be treated with some caution. Only preliminary conclusions can be made regarding quantitative outcomes. Additionally, the use of self-report measures in the WEMWBS and perpetrator surveys may have led to over-estimation or under-estimation. Nonetheless, the findings from the focus group discussions and case studies match up with the quantitative findings on the positive impact of the programme in helping the men take responsibility for their abusive behaviour and improved their understanding of abuse.

Undoubtedly, where there is a high level of risk, imprisoning some perpetrators may be the only way to ensure the victims’ safety, but the lack of evidence on the effectiveness of criminal

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66 The Impact toolkit was developed as part of the Daphne II funded project, “Working with Perpetrators to develop standards”. The Impact toolkit provides programmes with tools that can be used to gather evidence on change see: https://www.work-with-perpetrators.eu/

67 https://www2.warwick.ac.uk/fac/med/research/platform/wemwb
sanctions like short term prison sentences, court fines, and ASBOs has renewed calls to invest public funds in supporting victims and behaviour change of perpetrators.

Recent studies have shown that current criminal justice responses to domestic abuse cases are not sufficient to tackle domestic abuse on its own (see Transform Justice 2018 for a thorough discussion). The study by Strang et al (2017) on Project CARA provides promising evidence on how early stage rehabilitation efforts to low-risk offenders can reduce crime harm and reoffending. There is a need to test new approaches to work with perpetrators with no DA convictions, and this report presents evidence from the two Venta pilots.

When men stop their abuse, this increases the safety of women and children, and the evidence shows that there is a huge possibility for the work that is being undertaken with male perpetrators to be linked to the safeguarding-planning for the family. ICENI works with a whole-family approach and this aligns with mission. In practice, work will need to be undertaken through working with other professionals, for example, the social workers, and IDVA specialists to ensure that the safety of victims is not compromised. For men who may not be known to any agencies, having close links with IDVA specialists would enable victims to be linked in with specialist support, exploring alternative options if the abuse continues.

In the next section, the report discuss some recommendations.

9.1 Recommendations

Based on the findings of this evaluation, the following recommendations for improving the programme of activities as well as future research and evaluative work are presented. The promising evidence in this evaluation suggests that Venta is a helpful contribution to the evidence base on working with male perpetrators to tackle domestic abuse. Given the impact of domestic abuse on victims, there is a strong impetus to establish perpetrator programmes aimed at preventing intimate partner violence and reducing offending behaviour to better understand “What Works”.

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68 Transform Justice, 2018: Love, fear and control — does the criminal justice system reduce domestic abuse?


70 Cautioning and Relationship Abuse (CARA). CARA is the first of its type in the country by Hampshire Constabulary, and aims to help to keep people out of the criminal justice system through the use of conditional cautions for domestic abuse offences and involves offenders attending two weekend workshops.

71 Overall, in the year ending 31 March 2017, domestic abuse is estimated to have cost over £66 billion in England and Wales. Home Office, 2019: The economic and social costs of domestic abuse
**Future work ought to include a realistic evaluation:** Commissioners of services are likely to be interested in the question: ‘Does Venta work?’ From the evidence presented in this report, there is promising evidence that it does work for some men in changing their behaviour, but not others. This evaluation has also raised additional questions based on the small size of the number of completers in the pilots; the questions of ‘for whom’, and ‘under what conditions’ are equally important, and future work must attempt to address these questions using a realistic appraisal.

**Follow-up work:** This report recommends that a six-month follow-up be undertaken. Follow-up survey/interviews/analysis of police data in a year, using MARAC data. This would be possible with local multi-agency agreements in place. For those that dropped out, it is well documented that those who do not complete a PP are more likely to reoffend than those who complete, therefore, it is important that completers and non-completers are followed up and that future work takes into consideration what pre-intervention factors are associated with failure to complete. Additionally, this report recommends that feedback from women being supported in the ISS be included in future research and evaluation.

**Peer-to-peer programme:** The introduction of a peer-to-peer programme would continue to provide ‘light touch’ support to completers and to track their use of the tools learnt from engaging in Venta. While a number of men have gone on to receive support with other services at ICENI (e.g substance misuse, drug addiction), there may be scope to continue to provide a space for continual engagement with the men. Keeping this level of engagement would ensure that Venta continues to gather information on the cessation of abuse/likelihood of abuse and/or use of the skills gained from participating in Venta and provide some level of ongoing support.

**Reducing mis-referrals and non-completers:** Through Venta, 24 hard-to-reach men have been able to access support, and personal information about the men has been used to shape the service to meet their needs. Venta staff improved the intake and assessment procedures, based on the learning from Cohort 1, which made a difference as it reduced the dropout from 5 out of 11 men (Cohort 1), to 2 out of 8 men (Cohort 2). Given the time resources that are going into the assessment procedures and in working with the men, there is a need to examine ways of monitoring what “conditions" facilitated completion. Additionally, identifying who is most likely to complete becomes a vital component of the programme. Future programme development should explore alternative means for assessments at the point of intake to ensure that men that are likely to not complete are offered different types of support before joining the programme.

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Including its ‘further completion rate’ as a programme outcome: This evaluation has found that the completion rate was 50%\textsuperscript{73}. It is worth noting that the most comparable programme to Venta (based on its voluntary, community-based, and non-CJS driven nature) is the one undertaken in Doncaster and evaluated by Ali et al (2017)\textsuperscript{74} funded by NIHR Public Health, which had a completion rate of below 50%. This report therefore recommends that Venta considers its own further completion rate as a ‘success’ as it continues to roll-out the programme. This would also provide organisational accountability and enable commissioners of services to be more aware of expectations. For example, if Venta continues to achieve completion rates of 50% and higher, then this can be built into good practice and learning. While this was outside the scope for this evaluation, however, it would be worthwhile for future evaluative work to demonstrate the programme’s contribution to practice in successfully engaging with hard-to-reach men.

Linking Venta to a community-coordinated response to DA: This report recommends that Venta be closely aligned with a community-coordinated response to DA in Suffolk. Working with a coordinated response model could also help to assess risk to victims when a person drops out from Venta. This is even more crucial, since, looking at the information provided on the initial questionnaires of participants who dropped out, the use of abuse and police involvement were significantly high in many cases.

Undertaking Respect accreditation: An evidence base of Respect-accredited and unaccredited community-based perpetrator programmes adds to the slow but growing evidence base on the perpetrator programmes in the UK. While all perpetrator programmes should work within the Respect minimum standards, accreditation does not guarantee programme effectiveness and should be seen as a means to an end and not an end in itself. The impact of accreditation on continued provision of the programme and its processes should be included in future work.

Knowledge transfer within ICENI: Venta is currently being facilitated by two members of ICENI staff. Venta heavily relies on these two facilitators. Through discussions with the facilitators, the evaluation has identified that there is scope to explore transferring the knowledge of running Venta to other members of staff on the delivery of Venta, as appropriate.

\textsuperscript{73} This completion rate is a conservative figure and is likely to be around 63% because although Venta staff had completed and submitted paperwork for 13 men to the researcher, only 8 of them began the programme in the second pilot. For the evaluation, we have taken the total number of participants to be 24 men. The reason being that the men who dropped out would have had some level of contact with Venta staff as part of the programme’s rigorous assessment procedures.

Improving data capture in monitoring progress and change: The evaluation identified that data capture can be improved at the point of assessment to reduce the self-reporting bias of the Impact surveys. The use of referral forms has aided better understanding of the offending background of the men and that there is a mismatch with self-reporting in the Impact surveys and the incidents reported on the referral forms by agencies.

A robust online case management system: This evaluation recommends that a bespoke online case management system be instituted to capture case details, activity, start and closure dates and other services that the men are accessing after Venta. The case management system will include a wide range of detailed information regarding the referrals, risks and behaviours of Venta’s male clients. Additionally, within this process, it will also further facilitate the sharing of information with other stakeholders and agencies within a coordinated community response model as well as support future research.

9.2 Limitations of the evaluation

This evaluation captures the evidence of behaviour change for the men that engaged in Venta and has included other stakeholder perspectives. The study is a first step in capturing its longer-term outcomes and has set up the process for a realistic appraisal to address, ‘for whom’ and ‘under what conditions’ does Venta work, but there are always limitations with short-term evaluations of PPs.

The small number of completers meant that any strong statistical changes in well-being scores were not able to be identified.

Additionally, the use of the surveys depends on male perpetrators being honest in completing the forms. If these are not completed properly, data quality is affected. While an appropriate statistical test designed for very small sizes was used, more insights can be drawn by further tracking whether the changes are sustained.
Appendix 1: Services provided to female partners as part of Venta pilots

Venta is a portal to a range of further therapeutic interventions to support the impact of Domestic Abuse for victims, perpetrators and families. Including:

- Psychotherapeutic counselling/psychotherapy
- Couples therapy/interpersonal mediation
- Systemic Family Therapy
- Freedom Programme
- Relationships Programme
- My Better Self Programme
- Acupuncture/mindfulness
- Parenting Programmes
- Child protection mentoring
- Group therapy
- Relapse prevention

<table>
<thead>
<tr>
<th>Venta Participant</th>
<th>Female partner/ex-partner accessing/accessed:</th>
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<tbody>
<tr>
<td>1</td>
<td>Group work/Couples Counselling/Key work</td>
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<tr>
<td>2</td>
<td>Key work/Counselling/Mentoring</td>
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<tr>
<td>3</td>
<td>Counselling-12 week programme</td>
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<tr>
<td>4</td>
<td>Counselling</td>
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<tr>
<td>5</td>
<td>School care liaison</td>
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<tr>
<td>6</td>
<td>Safeguarding work liaison</td>
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<tr>
<td>7</td>
<td>Group work/Key work/Counselling/Freedom programme/Social care liaison</td>
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</tbody>
</table>

Source: Venta referral forms and case files
## Venta REFERRAL FORM

### DETAILS

<table>
<thead>
<tr>
<th>Referrer:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td></td>
<td>Email:</td>
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<td>Agency:</td>
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<td>Date:</td>
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<td>Referrer contact details incl email:</td>
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<td>Applicant name:</td>
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<td>Phone number:</td>
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<tr>
<td>Address:</td>
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<td>Postcode:</td>
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As part of the Venta programme (Venta), we offer support and interventions to partners affected by domestic abuse. Please provide contact details of any partner/ex-partner who may benefit from this support below. (Please include any current relationship status with applicant.)

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<th>Name:</th>
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<tr>
<td>Address:</td>
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<td>Postcode:</td>
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<td>Phone number:</td>
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<tr>
<td>Relationship status (with applicant):</td>
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I am aware that my details will be forwarded to ICENI and agree that they may contact me to discuss support.

PRINT NAME: 

SIGNATURE: 

DATE:
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<th>Topic</th>
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<td>Date of birth:</td>
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<td>Ethnicity</td>
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<td>Interpreter required? Yes / No</td>
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<td>Any learning needs? Yes / No</td>
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<td>Details</td>
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<td>Disabilities? Yes / No</td>
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<td>Details</td>
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<td>Any substance misuse incl alcohol? Yes / No</td>
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<td>Details</td>
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<td>Are they receiving support? Yes / No</td>
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<td>Details</td>
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<tr>
<td>Will the applicant have any court appearances pending during the period of the Venta programme, incl family court?</td>
<td>Yes / No</td>
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<td>Details: (including dates where known)</td>
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| What involvement will the referrer have with the applicant during the period of the programme? |  |
Please explain the reasons for referring the applicant to Venta:
<table>
<thead>
<tr>
<th>NAME OF CHILD</th>
<th>D.O.B</th>
<th>M/F</th>
<th>RELATIONSHIP TO APPLICANT</th>
<th>WHO DOES CHILD LIVE WITH?</th>
<th>ANY CONTACT RESTRICTIONS?</th>
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Are all or any of the above children subject to local authority safeguarding planning?  Y/N

Please give details:
<table>
<thead>
<tr>
<th>WORKER</th>
<th>AGENCY</th>
<th>PHONE NUMBER &amp; EMAIL</th>
<th>WHO ARE THEY WORKING WITH? (I.E. WHOLE FAMILY/INDIVIDUAL)</th>
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<tr>
<td>Please give full details of any convictions that are relevant to this referral incl violence to the person, threatening behaviour etc.</td>
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| Is the applicant subject to any restrictions or orders restricting contact with any other person? |

| Details: |

| Any breach of bail or harassment orders etc.? |

| Details: |

<p>| Please provide details of any mental health diagnosis past or present that may affect the applicant’s ability to participate in the programme. |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Are you aware of any current psychological or psychiatric/mental health reports regarding the applicant?</td>
<td>Yes / No</td>
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<tr>
<td>If so, please provide details and/or a copy of the report.</td>
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<tr>
<td>Do you consider that the applicant poses a potential risk to staff or other service users?</td>
<td>Yes / No</td>
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<tr>
<td>If yes, please provide details.</td>
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</tbody>
</table>
I have discussed this referral and the risk assessment with the applicant and they have agreed to be referred to Venta. I, or my organisation will remain involved with the family for the duration of Venta.

PRINT NAME:

SIGNATURE:

DATE:

I agree to being referred to Venta. I have discussed it with my referrer and they have explained why they would like me to attend Venta.

PRINT NAME:

SIGNATURE:

DATE:
Dear potential participant

Thanks for considering being referred to the Venta Programme. We assume that you have agency involvement in your life because something has gone wrong. I hope we can be helpful.

The programme runs for 16 weeks. The first session is on a Saturday, followed by 15 Wednesday’s from 6-8.30. It goes quickly. The programme is designed for men to identify, understand and take responsibility for behaviours in relationships that are considered violent, abusive, controlling or coercive.

It’s NOT a ‘FINGER POINTING’ GROUP. It’s an opportunity for you to personally develop and become aware of what goes wrong in your relationship. It’s an opportunity to change behaviours that you are not proud of and that have a negative impact or risk to partners and families. It may also highlight behaviours that you hadn’t considered were any of the above.

The Venta Programme is not:

- Part of the Criminal Justice System or Social Services
- Judgemental
- Shaming
- Critical
- Going to treat you like a child

The Venta Programme is:

- Run by adults for adults
- Supportive
- Challenging
- An opportunity to improve your wellbeing.

Following the referral, you will be contacted by a member of the team to book a time to meet. We can then explain more about the programme and between us, decide whether it will be a suitable programme for you. It will also be an opportunity for you to discuss any concerns you may have. You can also contact us by phone or email to discuss, please don’t hesitate.

We look forward to meeting you.

Glenn and Elaine