

DOMESTIC VIOLENCE WORKSHOPS

14 January 2011

Probation

Group C

- 29. Age profile? – victims / perpetrators
- 30. Mediation needed – perpetrators, understand why they need to attend CDVP
- 31. GP/ health service: audit/enquiry their patients re DV
 - but in the past NPF has a programme to ask GP to record this / or ask a question of their patient
 - it could be a code in GP system to flag up the DV issues?
 - how can Probation Service share with GP? (CPP Form)

- 32. referral from Harbour
 - not many from health services e.g. GP, A&E etc
 - it doesn't make sense – why don't they refer?

- 33. Use small case to test how the info can be shared between Probation and Health service
- 34. Check if offenders are referred to Alcohol / Drug services or treatment service?
- 35. Same approach of DIP
 - over 50% of the offenders have alcohol problem
 - finance/alcohol/relationship are problem
 - need to join up approach between services

Group D

- 36. MARAC – co-ordinator?
- 37. Why need to share CPP Form with health professionals – risk of health professionals?
 - need to discuss further who should the info be shared with (not all health services but which one will be a benefit to the DV agenda?)
 - maybe not share info but ask GP to ask few questions of their patients to identify DV issues (adult assessment)

- 38. is there any research on why perpetrators are like that?
- 39. post - link with Harbour
 - existing strategy for offenders who attend CDVP
 - how to ensure offenders change their behaviour after CDVP

- 40. How to maximise the limited resources to achieve DV outcomes?
- 41. Share the top 10 – 20 (CDVP) with other agencies

Group A

42. What kind of service can be provided to those offender (perpetrators)? How to support them re behaviour change? DV is an accepted behaviour within this group but how to change the **social norm** – marketing or campaign – target young people for changing behaviour
43. Priority should go to young people – aspiration at schools / youth clubs
44. Share document (details on NHS discussion document)
45. Intimate Partner Violence – A Review of Evidence for Prevention (Wood 2010)
46. Tackling DV: effective intervention and approaches by Home Office (2005)
47. How to access “talk therapy” through GP. This may help perpetrators to change behaviour and could be giving them better support
48. GP do ask patients re child protection issues but not ‘outside child’ unrelated issues
49. Identify underlying cause
50. Communication between agencies (what to share [info])
51. More joined up approach
52. Can we do it in a different way - what evidence supports this?
53. Gap between services?

Group B

54. (a) Self awareness
(b) raise awareness of DV across society
55. Youth offenders
 - (a) how to work with them and how to change this type of social norm? (Harbour has a case study?)
 - (b) any link to DV either commit violence or live with home DV
56. enhance healthy schools award (Khalid has more details)
57. Darlington (Catherine Storey) – good practice based on New Zealand model - family conference programme
 - (a) identify which family has high repeat DV rate and support them through this programme (top 5 families?)
 - (b) high resources needed (demand) but work!
 - (c) Involves extended family