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# Evaluating multiagency interventions for children living with intimate partner violence in Birmingham

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In September 2010, our research team was awarded a BASPCAN research grant to fund an evaluation of multiagency interventions for children living with intimate partner violence. Given the significant degree of overlap between partner violence and child maltreatment (e.g., Edleson, 1999) and the many potential negative outcomes for children experiencing one or both forms of familial maltreatment (e.g., Lichter et al., 2004; Litrownik et al., 2003; Herrenkohl et al., 2008), we were thrilled to be provided with an opportunity to contribute to knowledge and progression in this important domain.

This research endeavour was born out of the need for a systematic evaluation of the efficacy of the multiagency Domestic Abuse Risk Assessment tool, which necessitates that all incidents of 'domestic abuse' (any incident within the family domain) reported to West Midlands Police, where a child or unborn child resides within that home, are scrutinised by Police and Social Care (and partners from Health, Education and the voluntary sector where possible) using a joint protocol. The primary purpose of the protocol is to promote safeguarding and provide a timely and appropriate response to children at risk following domestic abuse. The protocol incorporates the Banardos' Multiagency Domestic Violence Risk Identification Threshold Scales (MDVRITS), which aids decision making about appropriate interventions based on predicted risk to children using a four level scale.

This protocol has been in operation since January 2010 in the West Midlands area. Whilst a favourable evaluation of the process has been undertaken, the Domestic Abuse Risk Assessment has not been subjected to an outcome evaluation, which is essential if practitioners and the public are to have confidence in the reliability and validity of this procedure. The objective of this project is therefore to examine how effective, reliable and valid it is in identifying the risk and needs of children who reside in a family where an incident of intimate partner violence has been reported to West Midlands Police. You will note that this project is refined to understanding the links between intimate partner violence and child maltreatment, rather than the wider problem of domestic abuse. This was to ensure consistency across cases in a resource limited study and because of the frequent overlap of these forms of maltreatment in the family unit.

In brief, the project will systematically collate base line data from police, health

and educational welfare records from families who have been subject to the Domestic Abuse Risk Assessment Tool and who reside in the Birmingham South area. Cases occurring during a calendar month that demonstrated typical rates of domestic abuse shown for that year will be scrutinised and followed for 12 months. Data collection is limited to this West Midland area for this pilot investigation. Identified cases will be sorted into the four MDVRITS scales, and a random stratified sample of cases assigned to each scale will be identified. In addition, interviews and focus groups will be held with multiagency professionals attending joint screening meetings to examine issues on the reliability of the protocol.

Just over one year into this project data collection is commencing. A large part of the project to date has been gaining appropriate approvals from various organisations and ethics committees. Our take home message thus far for researchers undertaking similar multiagency endeavours is to recognise that such approvals are a necessary and time consuming process and form a large part of the project. One other point of emerging interest is the need to understand how professionals measure and decide upon whether the outcome of a case is successful or not, as potential outcomes are numerous. From a methodological viewpoint, the early stages of research have highlighted the importance for professionals on the front line to recognise the need to store data consistently and in an accessible manner if the efficacies of such protocols are to be realised. In addition, finding a suitable and confidential method of tracking cases across the various agencies is vital if multi-agency research of this nature is to be conducted efficiently.

We are currently pleased with the progress of the project and the emerging lessons learned and we are looking forward to presenting preliminary findings at the forthcoming BASPCAN conference in Belfast 2012.

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