Make a Change

An evaluation of the implementation of an early response intervention for those who have used abusive behaviours in their intimate relationships

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Introduction

The Make a Change (MAC) intervention was developed by Respect and Women's Aid to provide an earlier response to domestic abuse than traditional domestic abuse perpetrator interventions enable. It is designed to address the needs of people concerned about their behaviour, before it escalates to the point where intervention is mandated by courts or by child protection orders.

The MAC model has four components: a group-based intervention for people who are worried about their behaviour and/or have used abusive behaviours; integrated one-to-one support for partners / ex-partners; Recognise, Respond, Refer training to improve domestic abuse awareness of practitioners in public, voluntary and private sector organisations; and a community strand that aims to raise awareness of domestic abuse, to address the barriers faced by those seeking help, and to change the social context that enables it to go unchallenged.

The intervention was delivered in Lincolnshire and East Sussex (including Brighton and Hove) and was supported by The Office of Police Commissioners, Police and Local Authorities in both areas. It was delivered by The Jenkins Centre and SoLDAS in Lincolnshire and by Cranstoun and Rise in East Sussex (including Brighton and Hove).

Make a Change – aims and approach

MAC was designed to create opportunities for change for people who use abusive behaviours in their intimate relationships. By offering an intervention, by supporting frontline staff and by raising public awareness, the service encourages people to make a change for their community, their organisation and themselves.

MAC is informed by an understanding of the complexity of domestic abuse perpetration, and of the importance of working with the 'cause' of the problem to build lasting change for families and communities. It has a two-stage approach to service delivery: it raises awareness of the issue, and then breaks down the barriers that communities, professionals and people who use abuse face in seeking and accessing support. The needs and safety of survivors and children are at the heart of the intervention.

The Make a Change expert support strand has been designed as a community (as opposed to statutory) service, which seeks to engage with perpetrators at the earliest possible opportunity. The removal of the requirement to disclose abuse before accessing the intervention is crucial to the MAC approach. This means that people using abusive behaviours have the opportunity to develop a language and understanding of what constitutes abuse and get help to address their harmful behaviours.

Referral Pathway

Unlike traditional Domestic Abuse Perpetrator Interventions, anyone can refer to Make A Change, including the partners and ex-partners of perpetrators, their friends or family, those using abusive behaviours, and professionals who have concerns about someone's behaviour towards their partner. ***The Make a Change Intervention*** is a 26-week programme divided into three phases.

> **Phase One** focuses on healthy relationships, self-care, masculinity, and understanding as well as resolving arguments.
>
> **Phase Two** focuses on specific acts of violence and abuse, analysing them and encouraging men to develop alternative, non-abusive ways of relating to their partners and ex-partners.
>
> **Phase Three** focuses on child-centred, non-abusive parenting for men who have used abuse in the past, including work on separated parenting.

This phased structure allows the modules to be delivered either consecutively or concurrently, and as flexibly as possible. The service can also work on a one-to-one basis with people who are unable to engage with the group, such as women or non-heterosexual men who have used violence and/or abuse towards their partners.

Disclosure as an intervention goal, not a prerequisite

The Make A Change intervention does not initially *require* disclosure. This removes the traditional suitability barrier, whereby men are required to identify their behaviour as abusive in order to access to the very intervention which would enable them to recognise this.

Men who are concerned about their behaviour within an intimate relationship are invited to attend Phase One for 10 weeks. During this time, the full spectrum of abusive and controlling behaviours are discussed, including how these impact on partners, children and the men themselves.

The fact that anyone can refer men to the intervention, coupled with the fact that disclosure is seen as part of the work in Phase One, rather than as a prerequisite, means that opportunities are not missed to make proactive outreach to men whose behaviour is becoming problematic, but who do not themselves fully recognise or acknowledge it as such.

Evaluation Method

The evaluation of Make a Change used mixed methods to assess its impact on client, service and implementation outcomes (Proctor *et al.*, 2011). The analysis combined quantitative outcomes data, interviews with people who used the service, qualitative focus groups with key stakeholders, interviews with project staff and implementation managers, action learning sets and a training impact evaluation.

The evaluation aimed to:

- Explore the impact of Make a Change on those who use or have used violence and abuse in their intimate relationships, and on adult survivors, through objective measures and through qualitative interviews;
- Assess its impact on the service landscape in each delivery site, through focus groups with relevant stakeholder professionals;
- Use Action Learning Sets and feedback loops between research and delivery to support reflection on practice and enable refinement of the intervention as it continues to develop;
- Evaluate the impact of training and support for stakeholder professionals and practitioners.

Key findings

Referral route and participation

Analysis of the cases referred to MAC indicates that for the most part, these referrals were appropriate for the intervention, suggesting that the materials produced were appropriate for the audience. Most of the people referred were offered a place in a MAC group. Once participants engaged with the group, retention rates were high. Survivors were able to access continued support, regardless of the continued engagement of their abusive partners / ex-partners. 70% of survivors chose to engage in partner support.

> *"I think the fact that you can self-refer is invaluable, because it just means that you're sort of taking responsibility and you get the ball rolling, because so often when you can't self-refer it takes much longer, and if you can self-refer, you just phone up and speak to someone, and they take your information and you go from there. It seems like it's much quicker, and also it makes the individual feel like… it's less daunting." (Victim / survivor)*

Feedback indicated that the ability to self-refer was seen to be a clear advantage of the intervention, enabling participants to make a conscious choice to engage, and reducing some of the organisational barriers to accessing the group: For example, one participant commented that she valued the fact that partner support was proactively *offered* to her – she did not have to seek it out:

> *"Well, I think it was because I didn't go to them, the course brought them to me... When I spoke to someone on the phone before I had actually gone to [the victim / survivor support service], they said, oh we've got this support for partners, and… do you want that? And I was like, yeah, definitely. But I guess it's because it was brought to me, yeah, rather than me going to it."*

The sense of the support being 'brought to her' relieved her, for once, of the responsibility and burden that is often placed on victim / survivors to do the work of

addressing and 'fixing' the abuse they experience. In MAC, the responsibility for this work is placed with those who use abusive behaviours, and in contrast, proactive contact is made and support offered to their (ex) partners. This acknowledges that the abuse is not the survivor's issue to name or fix. The sense of relief in this quote is palpable. The intervention has broken the silence around abuse, and located responsibility for recognising, naming and addressing abuse with those responsible. It further enabled communities and professionals to place responsibility on those using abuse.

People who had used abuse and engaged with MAC reflected on initial defensiveness about engaging with the intervention, followed by cycles of reflection and motivation to change. For instance, talking about his referral to MAC, one group participant said:

> *"So what it was, was that the Social Services Department were involved, because of something at the school, about the kids saying that daddy shouts at home and stuff. So anyway, they came round and they said to me, we can offer you some suggested courses… And at first, I was a bit sort of defensive about it, because I thought there's nothing wrong... But then after a while, I thought about it, and I said to them, actually, you know what, can you give me more information about this course?"*

For people who were behaving abusively, there was a reluctance to acknowledge their behaviour as problematic, but their concerns about retaining their relationship, or caring appropriately for their children 'broke through' this defensiveness, when MAC was presented as an option. This demonstrates the importance of professionals being equipped with knowledge of the help that is available, and of having a service like MAC to refer to.

The qualitative data from interviews with people who had behaved abusively and who participated in the intervention, as well as with victims / survivors who had been supported through MAC, suggested that the intervention supported positive change. This included insight into abusive behaviours, a supportive but challenging context in which behaviour change could be facilitated, and space for reflection for victims / survivors to make decisions about their options in their relationships. They valued the capacity of the intervention to help them find a language for their experience. One woman described how she had been manipulated by her partner into seeing his behaviour as normal, and that the support provided through MAC enabled her to see through this:

> *"So it's only now that I really feel like I can label it with some kind of confidence… I didn't know what was happening before – it was really confusing, because every time you'd convince yourself it was kind of okay." (Victim / Survivor)*

The experience of abuse is often one of confusion and uncertainty for victim / survivors, since their confidence in their own ability to judge the 'normality' of their

relationship can be undermined by the emotional and physical elements of abuse, particularly when their experience is minimised by their partners who are using abuse. This can be compounded by the social stigma that often surrounds experiences of abuse, and the sense of domestic abuse as something that is 'unspeakable'. Having a space in which abuse can be named and discussed is an important step towards recovery. As one woman noted:

> *"The support has been absolutely amazing, it's the first time I've ever spoken to anybody about it… I hadn't ever told anybody the whole truth about it all, you know, I might hint, imply a bit to a friend or somebody, but you just feel like, too ashamed, stupid, like you've done something wrong… and also people will make judgements if you don't leave somebody, whereas talking to [a support worker] just has…it's like a weight has been lifted."*
> *(Victim / Survivor)*

Outcomes and the use of IMPACT

In terms of evaluating outcomes quantitatively, the IMPACT monitoring toolkit proved challenging for this research in terms of collecting baseline data, since Make a Change does not require initial disclosure: the tool is designed for those who are disclosing their use of abuse, and who are engaged with a more traditional perpetrator intervention. IMPACT therefore lends itself better to later phases of Make a Change. Based on this learning, there are plans to address this issue in the future roll-out of Make a Change.

Based on reporting from IMPACT and participant feedback, those who engaged with the intervention reported that they developed insight into the nature of and motivation for their behaviour and a commitment to changing their abusive behaviour in the medium and longer term. Integration with partner support services helped to keep victim / survivors safe, and provided valuable opportunities for reflection on the relationship and its impact, enhancing victim / survivors' space for potential action and change.

Integrated Partner Support

MAC is designed as an integrated service, offering support to victims / survivors, and support for behaviour change to those who behave abusively. All members of the delivery team, supervisory and management teams felt that the integrated nature of the service was a vital component of the intervention's success. They felt that it enabled accountability, enhanced risk management, and made the groups more clinically effective.

Training

The Recognise, Respond, Refer (RRR) training intervention reached a broad range of practitioners and was viewed very positively by trainees. RRR training was delivered in a half day, and a two day format. Half day training was delivered to 364 individuals from a broad range of organisations, in the period up to 30 Jan 2020. After training, they reported significantly improved confidence in their understanding of domestic

abuse and in their ability to raise concerns about abusive behaviours. Trainees were asked to rate their own knowledge, skills and confidence in responding to those who use domestic abuse before the training and afterwards.

Figure 1 Participant responses to self-assessment question on signs of abuse (half day training)

Figure 28 shows an increased self-assessment score after training, suggesting a strengthening confidence in ability to recognise the signs of abuse. It should be noted that only 4 participants indicated they lacked confidence in identifying signs of abuse after training. A test of repeated measures ANOVA was conducted using SPSS, to examine the strength and significance of the difference. This test suggested that the self-assessment change from before and after training was highly significant ($F=26.771$, $p<0.0001$).

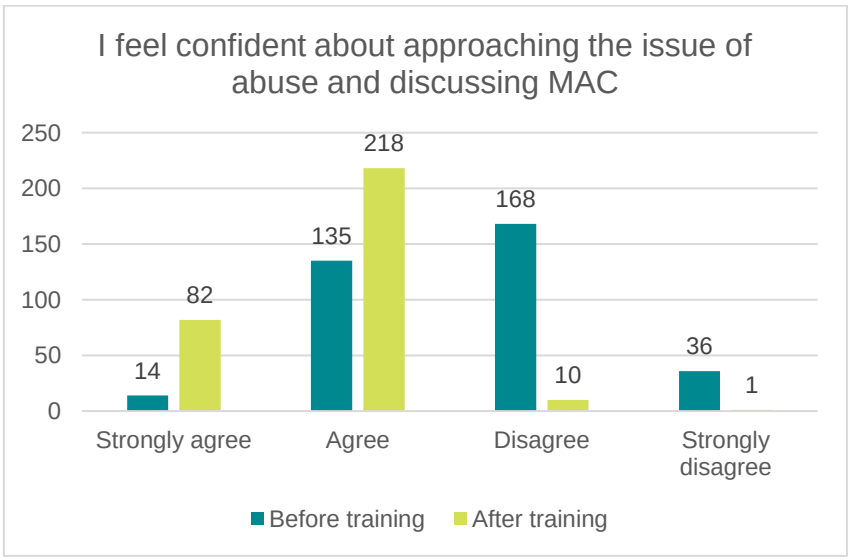

Figure 2 Trainees' self-assessment of their confidence in approaching someone about their use of abuse (Half day training)

Figure 30 shows a large positive change in self-assessment of confidence about approaching the individuals about possible abusive behaviours. A test of repeated

measures ANOVA was conducted using SPSS, to examine the strength and significance of the difference between pre and post self-assessment. This test suggested that the self-assessment change from before and after training was highly significant ($F=422.534$, $p<0.00001$).

This data suggests that the half day RRR training is succeeding in raising knowledge, skills and confidence about how to approach and respond to someone who uses violence and abuse. In qualitative comments, participants reported greater confidence about 'how to start a conversation' about domestic abuse, and quantitative and qualitative data suggests a significantly improved understanding of the MAC intervention, and of the importance of opening up honest conversations about domestic abuse.

Stakeholder focus groups

The feedback indicated that MAC was a necessary intervention in the service landscape in both pilot sites, and that it provided an opportunity to address abusive behaviours at an earlier stage than is usual for such an intervention. It was seen as having the potential to ease the pressure on victims to address domestic abuse, instead placing responsibility for change with those using abuse. The capacity for self-referral was highly valued.

Costs

The Make a Change intervention represents an important new intervention in the domestic abuse service landscape. It offers a cost-effective early response to those who behave abusively. The Home Office (2019) estimated that the average cost for a single adult victim of domestic abuse is £34,015. The cost of the Make a Change intervention, including the development of a new model, training and community outreach, on top of direct support to those using abuse, is £2970 per individual using abuse (this includes development costs, workforce development, community outreach and integrated survivor support). Even during development, offering MAC as an early response therefore produced a potential saving in excess of £30,000 for each person using abuse who engaged with the service.

Summary

The implementation of MAC can be assessed as successful. It has been demonstrated to be a feasible intervention that fits well within existing service frameworks. It is compatible with existing domestic abuse services, whilst also addressing concerns that have already been identified as important in both perpetrator responses and victim support research, practice and policy. In particular, its provision of an early response to abuse is consistent with policy frameworks that emphasise prevention of the harms associated with domestic abuse and goes towards reducing the social costs incurred by intervening at a later point.

Domestic abuse services and research have long expressed concerns that commissioning based on risk alone means that intervention is often left too late, and is

typically focused on addressing harms already done, rather than preventing the onset and escalation of abuse. The project also fits well with contemporary calls for services that support victims, but do not hold them responsible for the abuse they have experienced. Stakeholders in focus groups were enthusiastic about the intervention, suggesting that it is a much-needed intervention within their local authority region. The intervention has high acceptability within partner organisations.

Concerns were raised by all participants (those who used the service, those who delivered it, and the wider community of stakeholders) about the insecurity of funding for this valued intervention. Precarious funding is a national issue in domestic abuse service provision, compounded by the availability of only short-term and piecemeal funding. It is imperative that national and local government prioritise secure, long-term funding for interventions to reduce domestic abuse perpetration. Nonetheless, despite the challenges of short term-funding, the delivery teams in both sites were able to deliver a successful implementation of Make a Change

Recommendations

Based on this evaluation, the following recommendations are made for future implementation:

- MAC constitutes a promising intervention, providing an innovative early response to domestic abuse. The integrated model of service delivery and the capacity of the project to respond to self-referrals presents an important intervention in domestic abuse services that warrants investment and further evaluation.
- Secure funding would enable MAC to develop and flourish, with the potential to reduce abusive behaviours, and create space for reflection and action (Kelly 1998, 2003) for survivors.
- It is important to ensure that the needs of children and young people are recognised and responded to in future iterations of MAC. This is planned for the next phase of the MAC roll-out.
- Tools should be developed to capture the experiences of those who are not yet disclosing Domestic Abuse and who are therefore more compatible with an early response. This is planned for the next phase of the MAC roll-out.
- The community aspect of the intervention was largely attained through the availability of posters in community locations, and through the training activities of the project team. This work is important in challenging the conditions that produce and maintain abuse, and is key to changing some of the barriers that those using, and experiencing abuse face in seeking support.

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Make a Change

Domestic abuse interventions have historically been focused on survivors, with a view to supporting escape and recovery in the aftermath of violence and abuse. However, there is a growing body of literature on interventions that aim to address the behaviours of those who act abusively in their intimate relationships. While there are variations in the aims and objectives of interventions, Domestic Abuse Perpetrator Interventions generally share the common aims of desistance from the use of violence and / or abusive behaviours, and increased accountability for the use of that abuse (Pallatino et al, 2018).

The evidence base in relation to efficacy of Domestic Abuse Perpetrator Interventions is variable, and still appears to be inconclusive (Corvo & Dutton, 2009; Miles and De Claire, 2018). This may in part be related to the heterogeneity of interventions and the variability in evaluation approach and design (Gondolf , 2012; Graham, 2019; Miles and De Claire, 2018); their varying theoretical underpinnings, structures and durations; and the qualifications and training backgrounds of practitioners delivering such interventions (Morrison et al, 2017; Pender, 2012). Furthermore, it could be a consequence of the differing definitions of efficacy, which historically has aligned successful intervention with *complete* desistance of physical violence (Westmarland and Kelly, 2012), a measure that may be insensitive to more gradual improvement in behaviour and reduction of use of violence and abuse. This emphasis on complete desistance is also integrated into many interventions and is promoted during and after intervention as an index of 'success' (Morran, 2013). In addition, anecdotal evidence suggests that for organisations, practitioners and courts, attendance and completion alone is often seen as evidence of 'success'. Due to this lack of homogeneity, various authors have explored the need for greater consensus around what constitutes good practice (Morrison et al, 2017), and have considered the need for adherence to best practice guidelines (Pender, 2012). Others have called for theoretical transparency and consistency, and for robust standardised evaluative designs and, in turn, evidence-based practice (Corvo et al, 2008; Gondolf, 2011; Miles and De Claire, 2018). For example, in relation to evaluation, a review of UK Domestic Abuse Perpetrator Interventions by Bates and colleagues (2017) found that data collected was predominantly descriptive and only 28.6% of those interventions included in the review collected outcome data on recidivism. In addition, where recidivism data has been collated, this is often reliant on police callout and arrest data, and is therefore a very partial and limited source of evidence. Furthermore, most of the evidence on the effectiveness of Domestic Abuse Perpetrator Interventions, particularly in the UK, has focused on their use as a tool mandated by either criminal justice or child protection agencies.

The Make a Change perpetrator intervention was developed by Respect, in partnership with Women's Aid Federation England (WAFE), to provide an early response to those who use abusive behaviours in their intimate relationships. The model is intended to

support those who are concerned about their behaviour within intimate relationships, so they can access support as early as possible, before intervention is mandated through criminal justice or child protection routes. The aim of this approach is to widen access to support to a broader range of people who have hurt, scared and/or controlled an intimate partner, intervening at an earlier stage than is usual and aiming to reduce some of the harms that their behaviours might cause to their partners, their children and the wider community if they are not addressed.

The Make a Change model supports organisations in the public, voluntary and private sectors to be aware of the prevalence of domestic abuse amongst their clients and employees, and to respond more effectively when they are concerned that someone's behaviour towards their partner and/or ex-partner might be abusive. The intervention aims to achieve this through widespread training of practitioners and other stakeholders, to support them to develop awareness and to 'Recognise, Respond and Refer' appropriately when domestic abuse is suspected. This training aims to enable practitioners to develop the skills to identify domestic abuse, talk to someone they believe might be using abusive behaviours, explore options for support and – where appropriate – refer them to the Make a Change intervention, or to other appropriate services.

The Make a Change intervention involves a phased group-based intervention for individuals who have used abusive behaviours to partners / ex-partners in an intimate relationship, *or who are concerned that they might have*. This intervention enables individuals to reflect on their behaviour within – but also attitudes towards – intimate relationships, its foundations, its impact, and their own motivation to change. It facilitates behaviour change by helping participants to identify abusive behaviours and learn alternative, non-abusive ways of managing intimate relationships. The intervention is delivered in three phases: Phase 1 focuses on healthy relationships and enables participants to explore their understanding of relationships, gender, and conflict; Phase 2 explores in a more personal way an individual's use of abuse, management of emotion and resolution of conflict; and Phase 3 focuses on parenting.

Unlike many domestic abuse perpetrator interventions, MAC does not require that individuals disclose abuse in order to engage with the intervention. Disclosure is encouraged and accommodated in the first ten weeks of the intervention, but is not mandated. This encourages those using abuse to take responsibility for their behaviours and enables broad access and enables potential participants to engage in MAC without the stigma and shame that might be associated with a 'perpetrator intervention'. This supports people to learn about what constitutes abuse, so as to better understand their own behaviour.

Crucially, partners and ex-partners are also offered support, which ranges from infrequent phone calls to ongoing one-to-one support. Support needs are determined after discussion with the survivor and the support offered is tailored to their needs, rather than the 'risk' they may face, based on risk assessment alone. This support is not mandated, but is offered to all partners and ex partners. This is in accordance with

the Respect Standard. There is no equivalent support service for children who experience domestic abuse, but a children and young people's service is planned for new implementations of MAC.

Make a Change is therefore an integrated model that addresses organisational / community level responses to domestic abuse, supports behavioural change for those who use violence and abuse in their intimate relationships, and provides support to the partners and ex-partners of those accessing the Make a Change service.

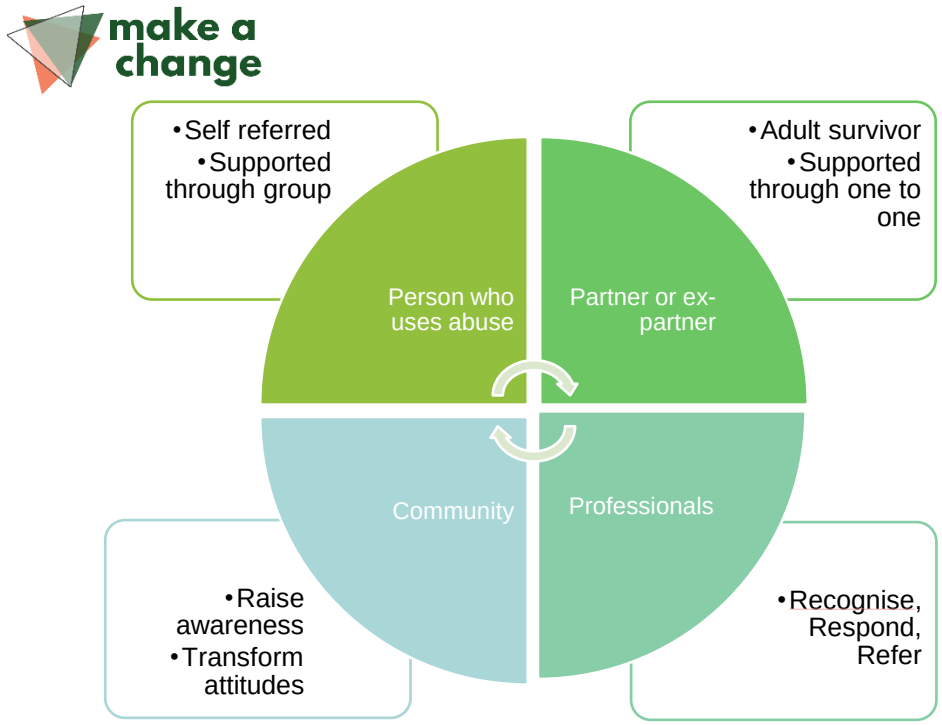

Figure 3 The Make a Change Model

The MAC model has four components: a largely group-based intervention for those who have used abuse (and one-to-one support for those who cannot engage with the group); a one-to-one support service for their partners / ex partners; a training intervention (Recognise, Respond, Refer) that equips professionals with the skills and knowledge to recognise signs of abuse, to respond when they have concerns and to refer to MAC or other agencies for additional support as required; and a community campaign, that focuses on raising awareness of domestic abuse and transforming the social attitudes that underpin and maintain abusive behaviours.

Evaluation Aims:

The aim of this research is to document and evaluate the development and implementation of the Make a Change intervention in two pilot sites: Lincolnshire and East Sussex (including Brighton & Hove). To achieve this, the evaluation is designed:

- To explore the impact of Make a Change on those who use or have used violence and abuse in their intimate relationships, and on adult survivors, through objective measures and through qualitative interviews;
- To assess its impact on the service landscape in each delivery site, through focus groups with relevant stakeholder professionals;
- To use Action Learning Sets and feedback loops between research and delivery to support reflection on practice and enable the refinement of the intervention as it continues to develop;
- To evaluate the perceived impact of training and support for stakeholder professionals and practitioners;

In addition, two scoping reviews of relevant literature and stakeholder consultations were held to explore the potential adaptation of the intervention for delivery with LGBTQ+ and older adult populations. These are reported on separately.

Method

The evaluation used mixed methods to assess the impact of Make a Change on client, service and implementation outcomes (Proctor *et al.*, 2011). This supports the development of an understanding of the service and implementation barriers and enablers to innovation linked transformation, enabling the translation of our findings to other contexts (See Figure 4). The analysis combined quantitative outcomes data, interviews with people who used the service, qualitative focus groups with key stakeholders, interviews with project staff and implementation managers, Action Learning Sets, and a training impact evaluation.

Figure 4 Mapping of evaluation outcomes (based on proctor et al, 2011)

Implementation Outcomes (Service landscape, implementation and scalability)						
Acceptability	Adoption	Appropriateness	Costs	Feasibility	Fidelity	Sustainability
Service Outcomes (Organisational and delivery focus)						
Efficiency	Safety	Effectiveness	Equity	Client-centered	Responsiveness	Accessibility
Client outcomes (Focus on children / young people and non-violent parents / carers)						
Reduced use of abuse	Enhanced safety	Increased space for action	Enhanced sense of wellbeing	Relational improvement	Service satisfaction	

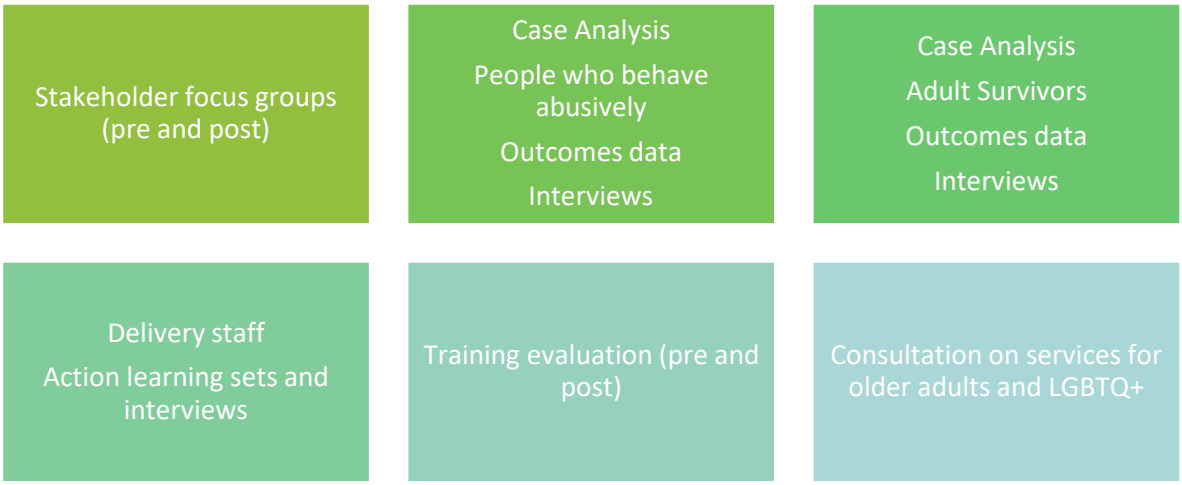

Figure 5 Evaluation Plan

Stakeholder Focus groups

Stakeholder focus groups were held in March 2019 and were repeated in January 2020. These groups included representatives of organisations that might refer to or work with MAC, or that might be involved in the commissioning of domestic abuse services. The aim of the focus groups was to explore the perceived value of the intervention, to consider barriers and enablers to implementation of the pilots, and to explore its impact on the service landscape in each local area.

Table 1 Focus group participants

Pre implementation focus groups		
Location	**Focus Group**	**Number of Participants**
East Sussex (including Brighton and Hove)	Probation Officer	1
	University representative	1
	Third Sector employee	1
	Local Authority employee	2
	Police Officer	1
Total participants ES incl B&H		**6**
Lincolnshire	NHS worker	2
	Community Rehabilitation Company employee	1
	Local Authority employee	2
	Third Sector employee	3
Total Participants Lincolnshire		**8**
Total participants all pre implementation group		**14**
Post implementation focus groups		
Location	**Focus Group**	**Number of Participants**
	Third Sector employee	1
	Local Authority employee	1

Total participants ES incl B&H		**2**[1]
	Local Authority employee	1
	Third Sector employee	3
	PCC / Police officer	1
	Religious organisations	1
	Criminal justice / prisons / rehabilitation staff	4
Total Participants Lincolnshire		**10**
Total participants all post implementation groups		**12**

The data from the focus groups has been analysed thematically (Braun & Clarke, 2006). Two focus groups were coded independently by two researchers (LB and JC). Codes were discussed and refined, and the remaining focus groups were independently coded. These codes were then organized into themes.

Analysis of Cases

The impact of the intervention on those who had used violence and abuse, and on adult survivors, was assessed using a mixed method design. Descriptive data from referral form is presented, to provide an indication of who engaged with the intervention. Objective measures of use of violence and abuse (the IMPACT toolkit) were used at the beginning of the intervention and at the end of each phase of the intervention. Both those who had used abuse, and their partners / ex partners were asked to complete these measures. The IMPACT report was generated by Berta Vall and Anna Sala Bubare at the Blanquerna - Universitat Ramon Llull, who analysed the data using descriptive and non-parametric statistics. Qualitative interviews were conducted with 8 people who use violence and abuse, and with 5 adult survivors. These interviews explored the experience of the intervention and its perceived impact on behaviour change, and the wellbeing, sense of safety and space for action (Kelly, 1998, 2003) for survivors.

Action Learning Sets and Interviews with Delivery and Implementation Staff

To capture the experiences of delivery staff, Action Learning Sets and interviews were conducted with delivery teams and Local Area Managers. In addition, interviews were completed with implementation managers. Action learning sets (ALS) were designed to enable feedback loops to run between the research evaluation and service delivery. ALS ran during the life of the research, reflecting and acting on emergent practice

[1] The post implementation focus group in East Sussex and Brighton and Hove was conducted after notice had been given to local organisations that the project would be closing there. We believe this explains the low engagement, despite strong recruitment efforts there.

issues as the intervention developed. Ten ALS sessions were held in total: 5 in East Sussex (including Brighton and Hove) and 5 in Lincolnshire. The sets were comprised of Local Area Managers, and survivor support and perpetrator intervention practitioners. The Action Learning Cycle is a reflexive learning cycle that involves the identification of a problem to work on, working out solutions together as a group, 'trying out' those solutions, reflecting further, and embedding learning in practice.

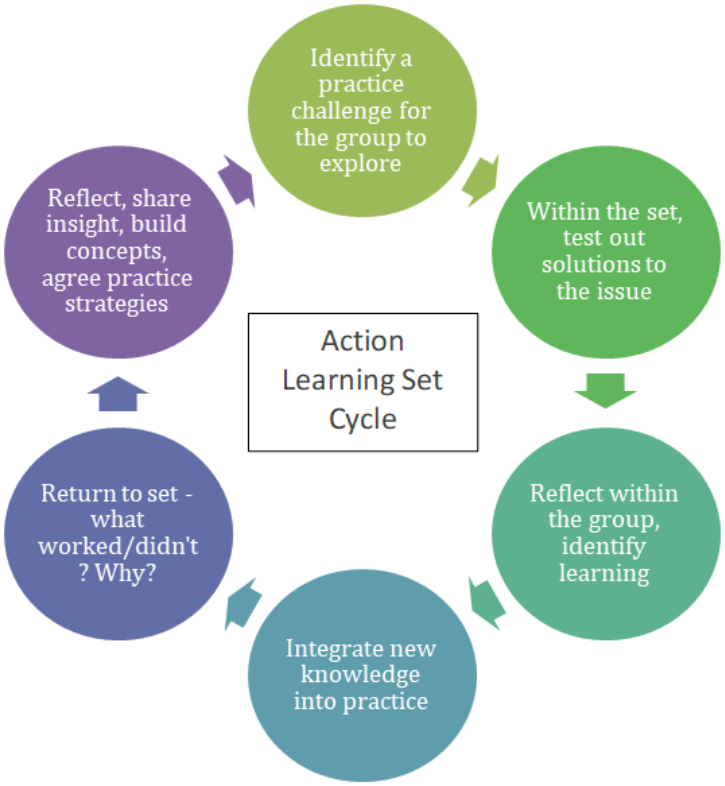

Figure 6 The Action Learning Set Cycle

Interviews were also conducted with 4 staff delivering the intervention for people who behave abusively, 4 who supported victims / survivors, 2 Local Area Managers and 2 of the implementation team.

Assessment of Training

To develop the capacity of organisations and individual practitioners to recognise the signs of domestic abuse, to respond when they have concerns that someone might be using abuse in their intimate relationships, and to refer to Make a Change or other appropriate organisations, a set of trainings were widely offered in Lincolnshire and East Sussex (including Brighton and Hove). Participants were given a self-assessment questionnaire, exploring their knowledge, skills and confidence in relation to responding to people whom they suspected of using violence and abuse (See appendix 2 for a copy of these questionnaires). Training was delivered in a half-day and 2-day format. The self-ratings pre- and post- training were analysed using descriptive

statistics and Analysis of Variance for repeated measures (ANOVA). The data met assumptions of normal distribution.

Findings

Case analysis

To assess the impact of the Make a Change intervention at the client outcomes level, the research team analysed referral patterns, outcomes data for those who have behaved abusively, and conducted individual interviews with those who had have behaved abusively and for victims / survivors who were supported through the intervention.

Referrals and engagement for people who behave abusively

Administrative data from referrals for people who had behaved abusively in Lincolnshire and East Sussex (including Brighton and Hove)were received in October 2019 and March 2020, covering the period January 2019 through to March 2020. The data contained information on 44 individuals from the East Sussex (including Brighton and Hove) intervention and 34 from the Lincolnshire intervention. The majority of the data reported in this section is derived from the administrative data collated by services about their referrals. Additionally, data from the IMPACT toolkit that indicates participants' motivation for engagement with the intervention is included in this section, since it is relevant to the referrals process.

Table 2 shows the sex and / or gender of people who behave abusively referred across both East Sussex (including Brighton and Hove) and Lincolnshire. Table 3 shows the sexuality of people who behaved abusively recorded across the two sites. East Sussex (including Brighton and Hove) recorded slightly more variation across these characteristics, although across both sites the majority of people who behaved abusively were male and heterosexual.

Table 2. Number of individuals by gender across the two sites

	Number of individuals	
Gender	**ES incl B&H**	**Lincolnshire**
Male	34	34
Female	3	-
Non-binary	1	-
Missing information	6	-
Total	**44**	**34**

Table 3. Number of individuals by sexuality across the two sites

	Number of individuals	
Sexuality	**ES incl B&H**	**Lincolnshire**
Heterosexual	31	34
Bisexual	1	-
Gay or Lesbian	2	-
Pansexual	1	-
Missing information	9	-
Total	**44**	**34**

Table 4 shows that where race and ethnicity was recorded, individuals were mostly listed as White British across both sites. The age of those referred ranged from 19 to 66 years in East Sussex (including Brighton and Hove) (n=12 missing this information), and 20 to 60 years old in Lincolnshire (n=1 missing information). The median age of people who have behaved abusively was 37 in East Sussex (including Brighton and Hove) and 33 in Lincolnshire. The distribution of these age ranges is shown in Figure 7 and Figure 8 using age bands of 10 years. It is noteworthy that this challenges the commonly held view that those who behave abusively are typically clustered in the young adult to early middle age range. Referrals to this intervention were spread across a wider range of ages.

Table 4. Number of individuals by ethnicity across the two sites

	Number of individuals	
Ethnicity	**ES incl B&H**	**Lincolnshire**
White British	15	31
White Other	2	1
Black Other	2	1
Unknown	-	1
Missing information	25	-
Total	**44**	**34**

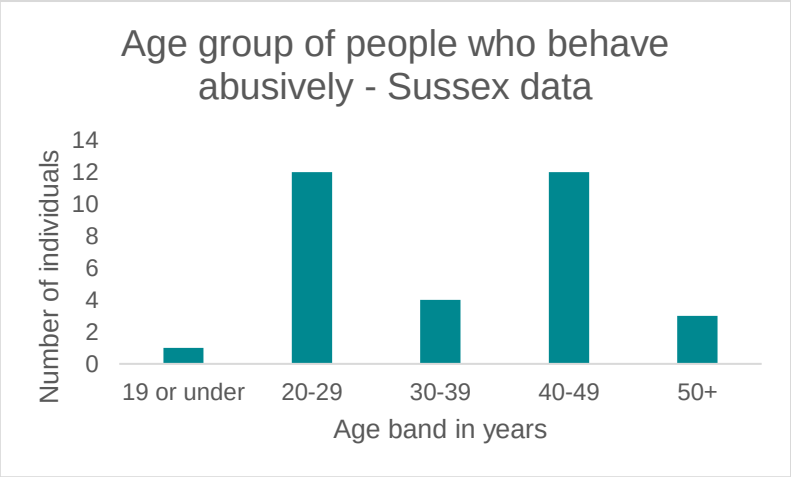

Figure 7. Age group of people who behave abusively in the East Sussex including B&H data (n=12 excluded due to missing data)

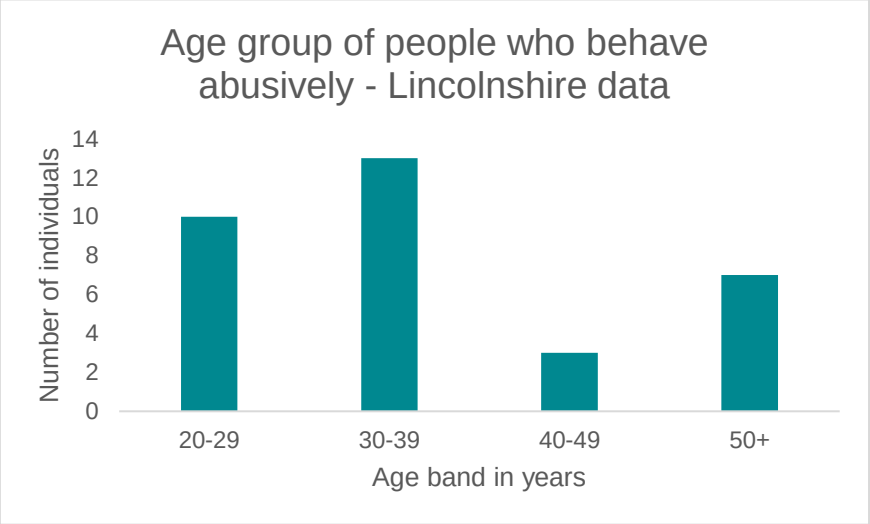

Figure 8. Age group of people who behave abusively in the Lincolnshire data (n=1 excluded due to missing data)

Table 5 shows the source of referral for individuals within the East Sussex (including Brighton and Hove) data, where the highest frequency were self-referrals. For Lincolnshire this was also the case, with 28 of 34 people who used abusive behaviours in their intimate relationships recorded as self-referrals. The remaining 6 people were listed as referrals from children's services. Assessment dates ranged from April 2019, up until December 2019 in East Sussex (including Brighton and Hove) and from February 2019 up until March 2020 in Lincolnshire.

Table 5. Number of individuals by source of referral for East Sussex incl B&H

Source of referral	Number of individuals
Self-referral	21
Social worker	11

Police	2
Supported housing	3
Mental health/wellbeing services	2
Drug and alcohol services	2
Probation	1
Missing information	2
Total	**44**

The IMPACT toolkit asked those referred to indicate their reason for engagement with the intervention. Responses to this are detailed in Table 6:

Table 6 Reasons for engagement with the intervention

Reasons for engagement with the intervention	N
I have to come as part of my criminal court sentence or bail or parole conditions	0
I have to come because the family court told me to	1
I have to come because the child protection services told me to	6
I don't want to go back to prison again	0
I want to be a better parent to my children	17
I want to stop using violence	19
I want to stop using abusive behaviour	31
I don't want my partner to leave me	20
I don't want my partner to be afraid of me	25
I don't want my children to be afraid of me	19
I want my partner/ex to feel safe around me	26
I want my relationship to be better	34

This data suggests that the majority of those referred to the intervention were self-motivated, and were not referred as a condition of court proceedings or as part of a child protection plan. This suggests that the intervention was reaching an appropriate target group.

Across both sites, 77% translated from referral into engagement in the intervention and on average, 75% of those completed the intervention. 70% of survivors chose to engage in the intervention.

Partner support data

Administrative data from referrals to the integrated partner support intervention in Lincolnshire and East Sussex and Brighton and Hove were received monthly, covering the period September 2019 through to March 2020. The data contained 20 individuals from the East Sussex (including Brighton and Hove) partner service and 34 from the Lincolnshire partner service

Within the East Sussex and Brighton and Hove data, all 20 individuals were listed as female. Of the 34 individuals within the Lincolnshire data, 31 were recorded as female, with the remaining 3 missing this information. Table 7 gives an overview of the number of individuals within the East Sussex and Brighton and Hove data by ethnicity. For Lincolnshire, 1 individual was listed as Polish whilst all other individuals were listed as W/B (likely White British).

Table 7. Number of individuals by ethnicity – East Sussex incl B&H data

Ethnicity	Number of individuals
White British	8
British	2
White European	1
African	1
Bangladeshi	1
Brazilian	1
Mixed black Caribbean/ White British	1
Unknown	5
Total	**20**

Ten individuals from the East Sussex including Brighton and Hove data were recorded as currently in a relationship with a person who uses abuse (March 2020 data), 1 was said to be in an on/off relationship with the person who uses abuse and another was in the process of reconciling with the person using abuse. The remaining 8 individuals were recorded as not currently in a relationship with the person who uses abuse. Within the Lincolnshire data (March 2020), 17 individuals were listed as currently in a relationship with the person who uses abuse, 13 were listed as not, and for the remaining 4 this was not known.

Across both sites, 55% of (ex) partners who were offered support were still in a relationship with the person using abusive behaviours.

Answers for faith/religion are given for both sites in Table 8 below. Table 9 shows responses recorded for disability across both sites.

Table 8. Faith/religion recorded in both the East Sussex incl B&H and Lincolnshire data

	Number of individuals	
Religion/Faith	**ES incl B&H**	**Lincolnshire**
Christian/Church of England	1	1
Muslim	2	-
Buddhist	1	-
No religion	2	4
Not known	14	28
Declined to answer	-	1

Total	**20**	**34**

Table 9. Individuals recorded as having a disability in both the East Sussex incl B&H and Lincolnshire data

	Number of individuals	
Disability	**ES incl B&H**	**Lincolnshire**
Yes	2	1
No	9	20
Not known	9	13
Total	**20**	**34**

Within the East Sussex and Brighton and Hove data, 14 individuals were recorded as heterosexual, 1 as lesbian and the remaining 5 as unknown. For Lincolnshire, 24 individuals were listed as heterosexual and the remaining 10 were listed as not known.

The number of children within the East Sussex and Brighton and Hove data ranged from 0 to 4, with a median value of 1. Figure 9 shows the number of children for individuals within the East Sussex including Brighton and Hove data. In Lincolnshire, the number of children ranged from 0 to 6, with a median value of 1. Figure 10 shows the number of children for those referred to the group intervention within the Lincolnshire data.

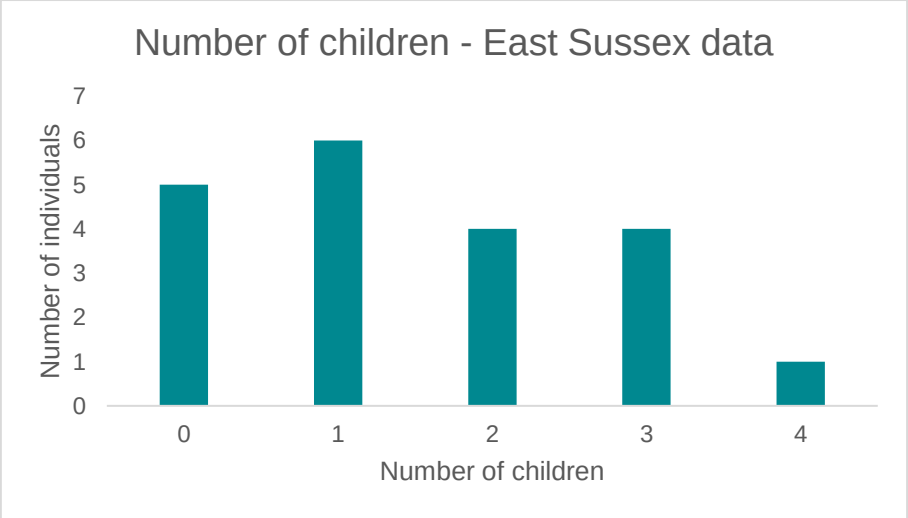

Figure 9 Number of children for individuals referred to the intervention in East Sussex incl B&H

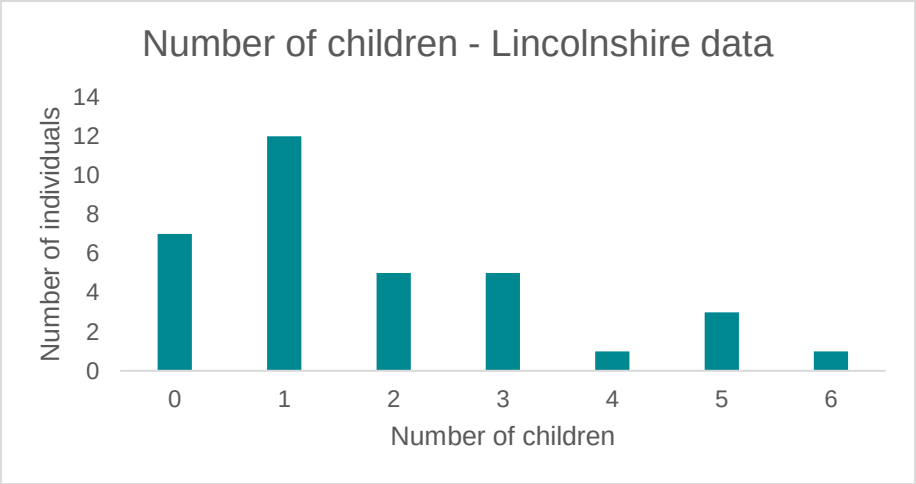

Figure 10. Number of children for individuals in the Lincolnshire data

The age of individuals in the East Sussex and Brighton and Hove intervention ranged from 22 to 69 (1 was listed as unknown), with a median value of 40. Figure 11 shows the distribution of age by groupings of 10 years for individuals within the East Sussex (incl Brighton and Hove) data. Within the Lincolnshire data, the age of individuals ranged from 18 to 58, with a median age of 32. Age was not listed for one individual. Figure 12 illustrates age distribution by groupings of 10 within Lincolnshire referrals.

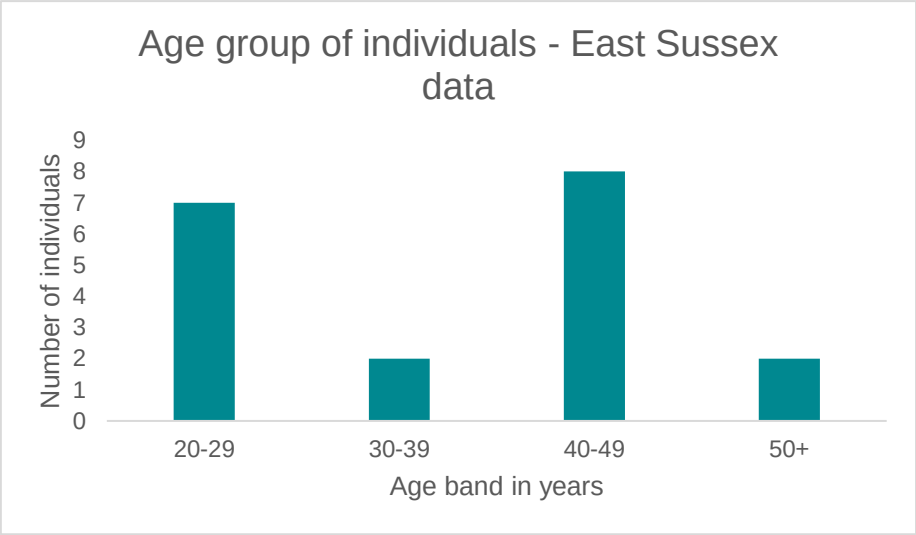

Figure 11. Age group of individuals in the East Sussex (incl B&H) data (n=1 excluded due to missing data)

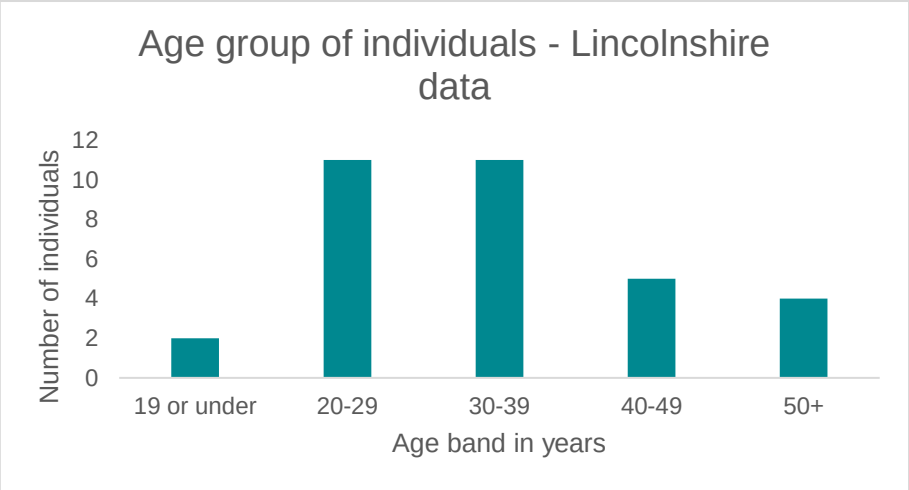

Figure 12. Age group of individuals in the Lincolnshire data (n=1 excluded due to missing data)

Summary

- Most referrals to the service were for men using abuse directed to a female partner
- Intervention participants mostly identified as White British. In Lincolnshire the ethnicity of participants broadly reflects the demographics of the region. In East Sussex and Brighton and Hove, a more diverse group of participants might have been expected.
- Considering both sites:
    - 77% of those who were (self)referred, after assessment, moved from referral into engagement in the intervention
    - 75% of those who started the intervention completed
    - 70% of survivors chose to engage in the intervention
    - On average 55% of the survivors supported were still in a relationship (including on/off) with the person using abuse.
- All of the survivors who engaged in the intervention had children
- 83% of those who use abusive behaviours and engaged in the intervention reported having children

Impact Outcomes measures[2]

In this section of the report, we have reported only on those IMPACT outcomes measures for the first and second phase of the intervention. The third phase, focused on parenting, had fewer attendees, and fewer completions during the time period of this report, due to the outbreak of COVID19; the number of completers was therefore very small. However, a full account of this data can be found in Appendix 3. The IMPACT outcomes measures in this section are reported across three time points:

- point of initial assessment (Time 0,
- the end of phase 1 intervention (Time 1)
- the end of the phase 2 intervention (Time 2)
- the completion phase 3 (Time 3)

The questionnaire was administered by the MAC practitioners, and was submitted to the Impact Outcome Monitoring Toolkit research team for processing and analysis. 41 participants completed the Time 0 IMPACT form. Of these 39 were male, and 2 were female. The males all identified as heterosexual, 1 female was heterosexual, and the other identified as a lesbian. Most were in the age groups 22-30 and 31-40, but there was also a good representation of both younger and older middle-aged individuals (Figure 13). Most were employed full-time, with a significant number reporting they were unemployed (Figure 14). The majority of participants indicated that they were 'managing' financially, with 17% (7 individuals) reporting that they were struggling to pay for essentials Figure 15.

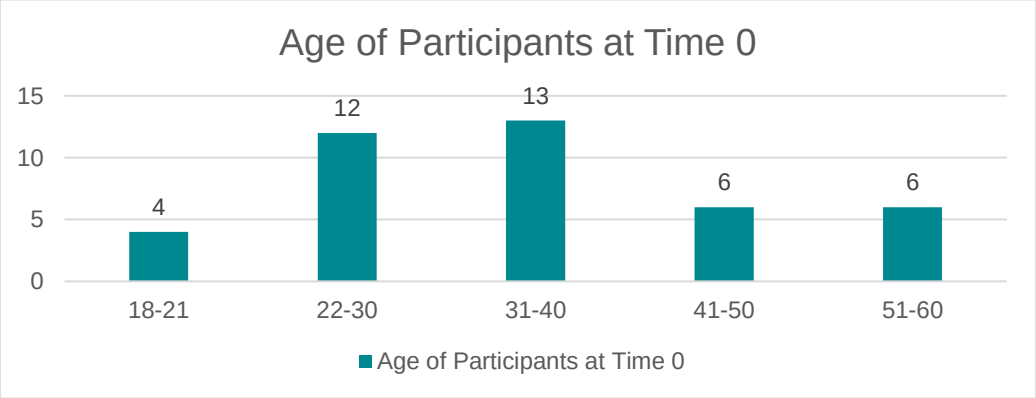

Figure 13 Participant Ages at time of referral

[2] *The data analysis for the section of the report based on the IMPACT toolkit was produced by Berta Valla and Anna Sala Bubare at the Blanquerna - Universitat Ramon Llull, as part of the contractual agreement for the use of the measure. The MAC evaluation team led by Callaghan have provided additional narrative to contextualise Valla and Bubare's analysis, and visualisations.*

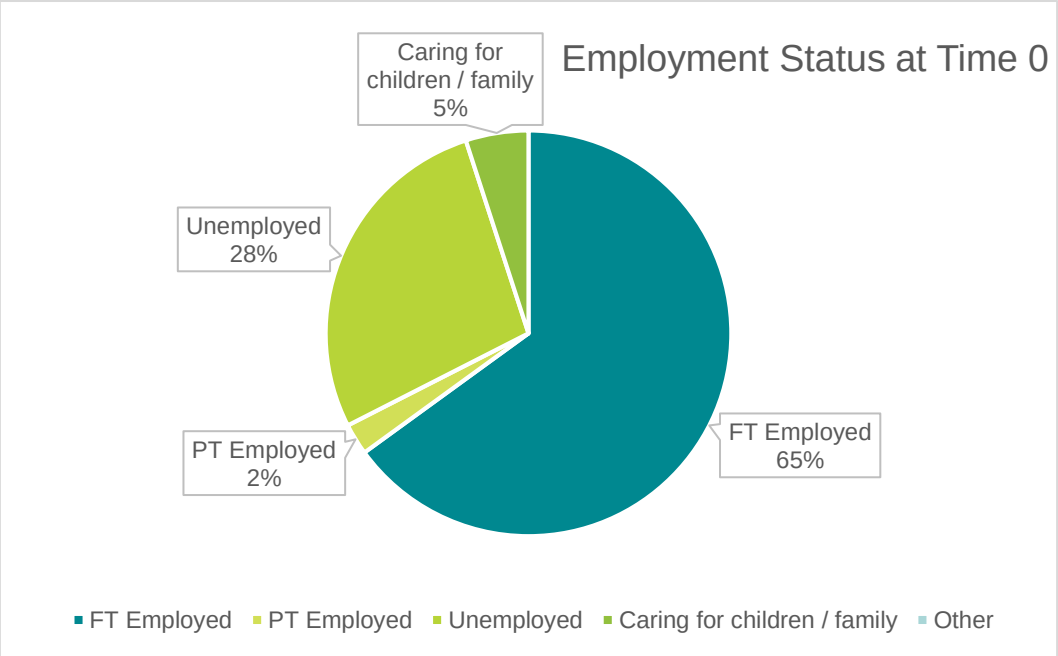

Figure 14 Employment status at time of referral

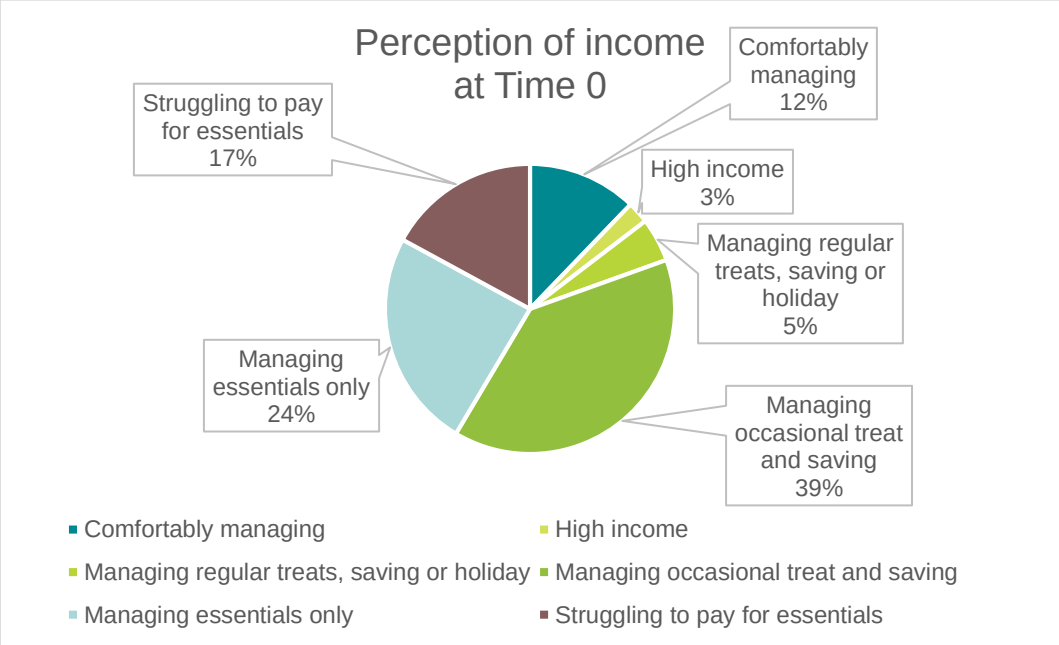

Figure 15 Reported perception of income at point of initial assessment

13 participants completed the Time 1 IMPACT form. Of these 12 were male and heterosexual, and one was male and homosexual.

Most participants were aged 31-40 and 41-50 (Figure 16) and most were employed (Figure 17). Demographic information is not requested at later data collection time

points, so this is the last information available on gender and age. No one reported being unemployed at Time 1, which is a significant shift from Time 0. Most participants described themselves as 'managing' financially, with only 1 individual reporting that they were 'struggling' (Figure 18).

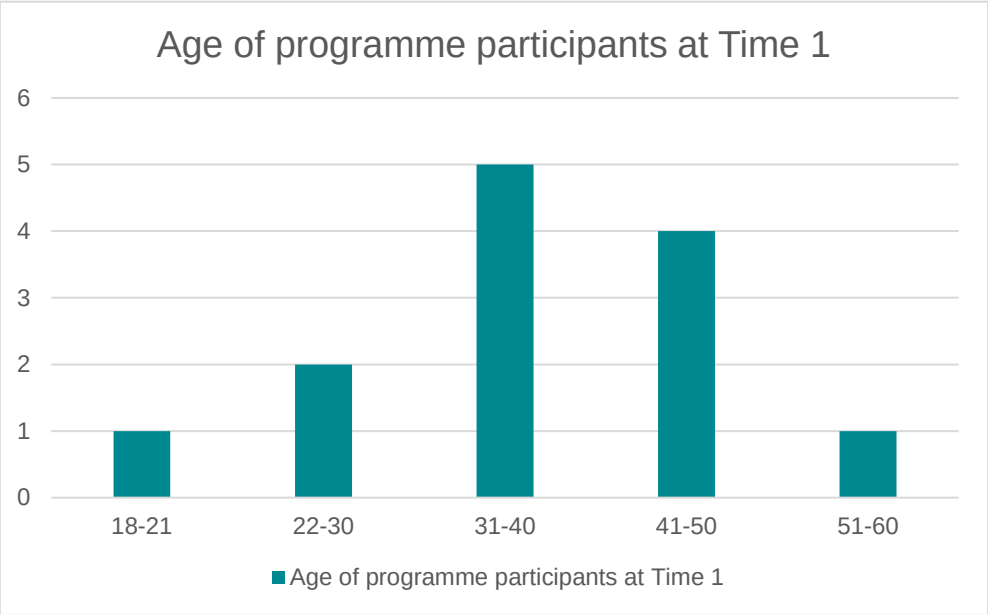

Figure 16 Age of intervention participants at Time 1

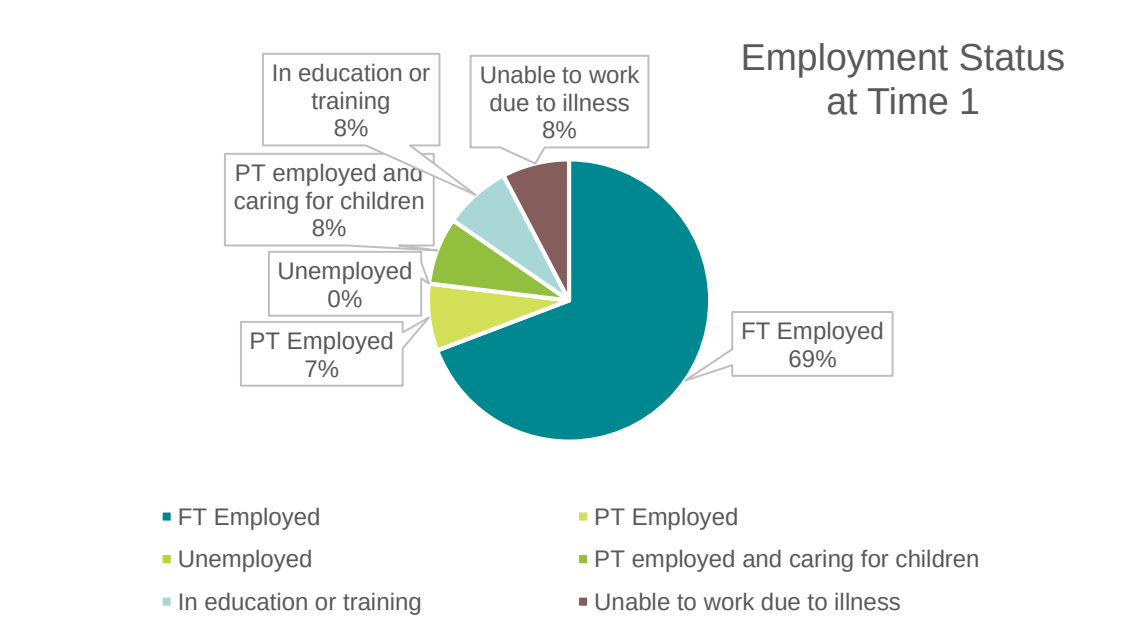

Figure 17 Employment status at Time 1

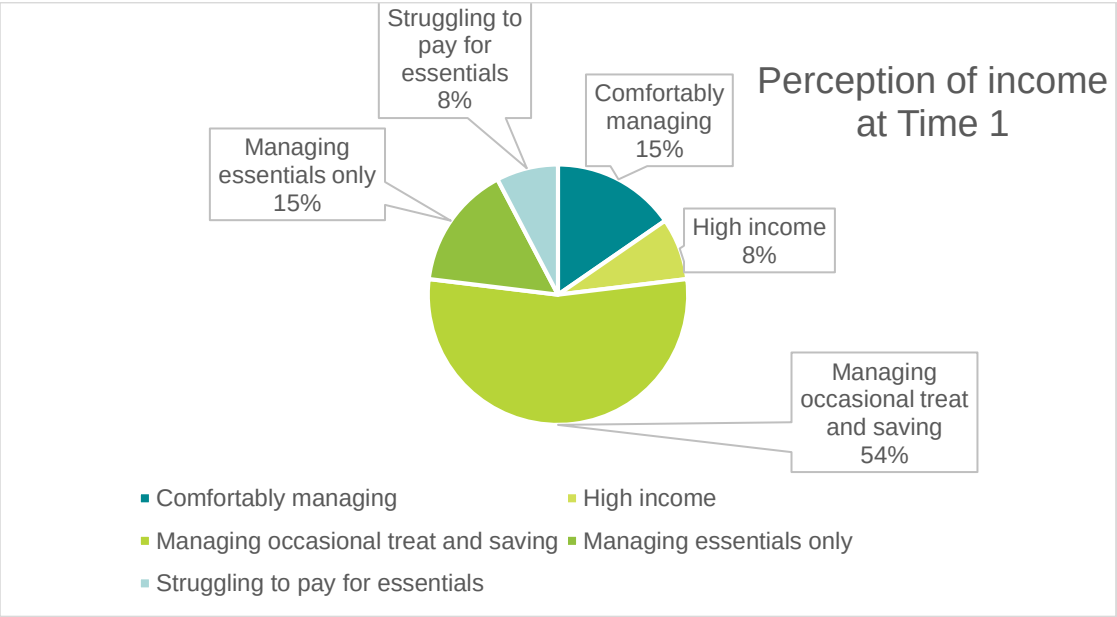

Figure 18 Perceived income at Time 1

13 participants completed the IMPACT toolkit at Time 2. As at Time 1, the majority were employed full time (Figure 19), and described themselves as 'managing' financially (Figure 20). It is notable that this again represents a significant shift from the data reported at Time 0. Intervention.

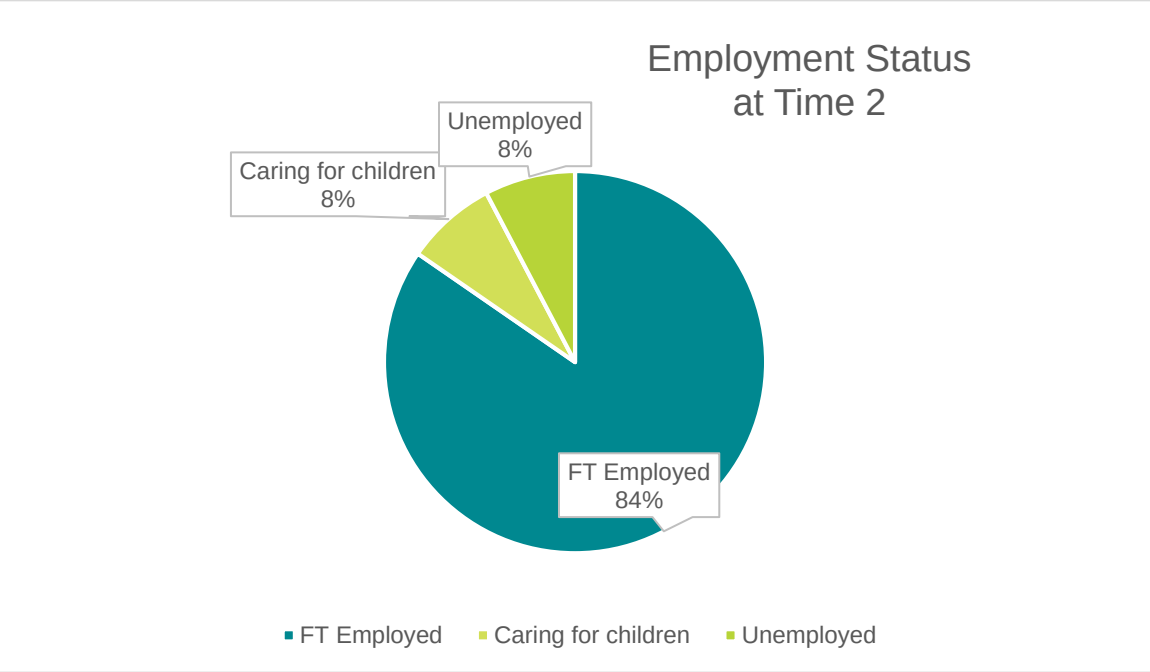

Figure 19 Employment status Time 2

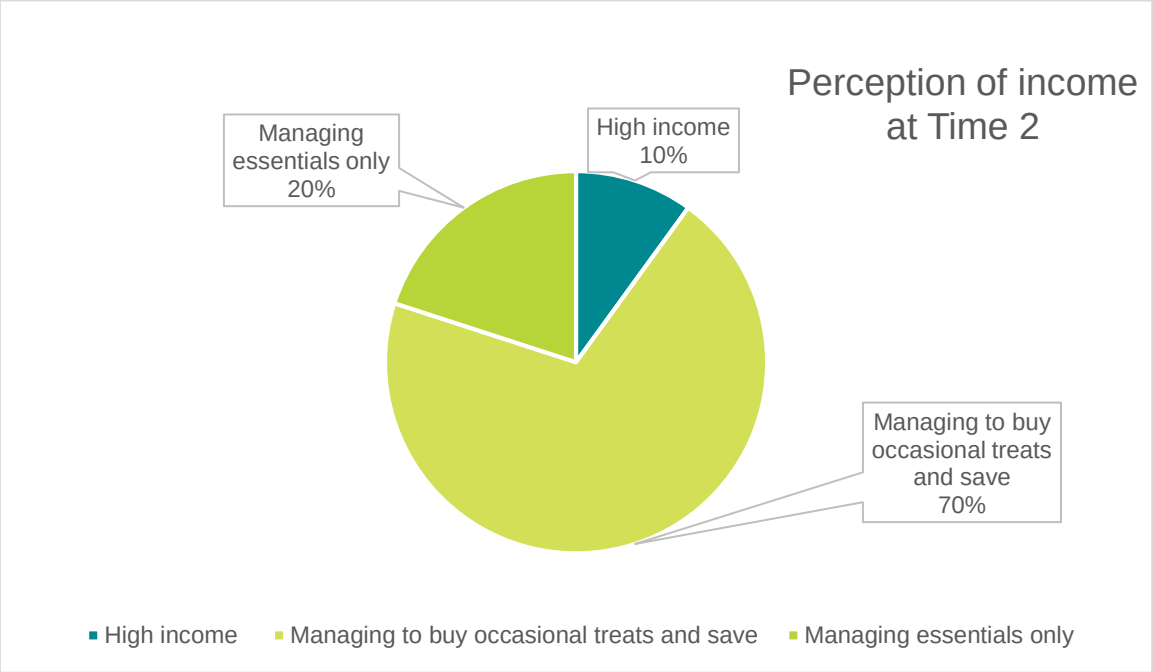

Figure 20 Perceived income at Time 2

At the time of the initial assessment (Time 0), most participants (14 out of 40) reported that they were together with their partners, and living together, or together but living apart (11). (See Figure 21 Relationship status reported at Time 0). 36 out of the 40 respondents indicated that they hoped that after MAC, they and their partner would "be together and living together".

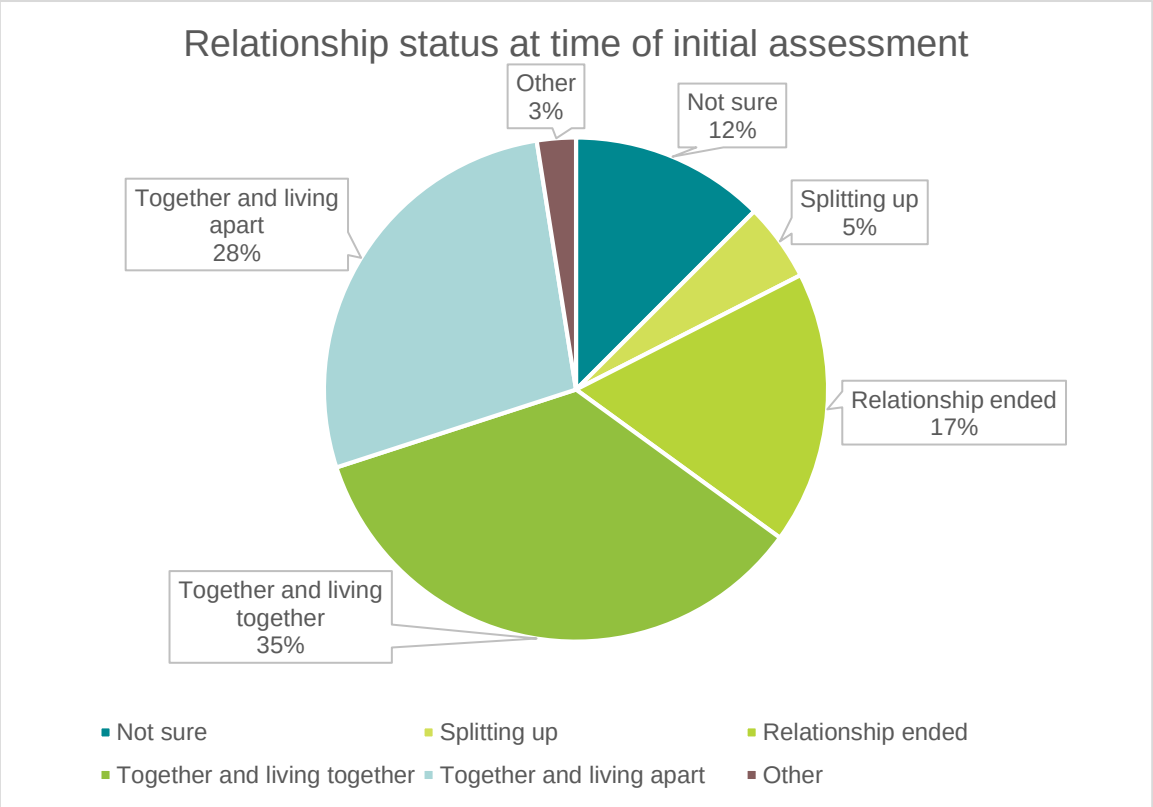

Figure 21 Relationship status reported at Time 0

34 of the participants at initial assessment reported that they had children. Most either lived with their children (9) or did not live with them but had regular contact (18). Only 3 did not have contact as a result of a court order or child protection, and 3 reported that their ex-partner would not permit them to see children. 7 noted that their children had child protection plans relating to the domestic abuse, but none had had their children removed. This pattern is consistent with that expected for an early response intervention, suggesting referrals to the intervention are appropriate. (It should be noted, however, that many of those convicted for domestic abuse do retain contact with their children despite conviction, and retention of contact alone is therefore not a sufficient proxy measure for concluding that risk is low.)

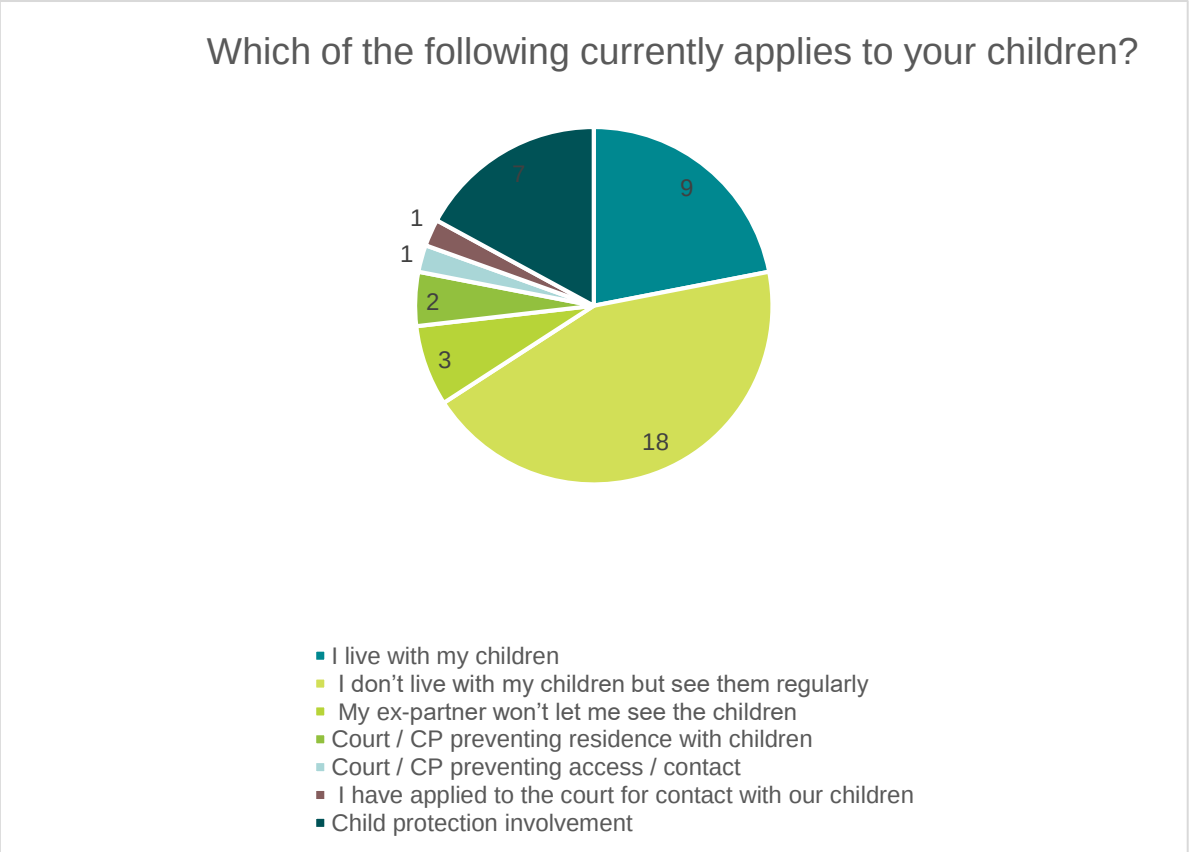

Figure 22 Access to children

Behaviours reported

The IMPACT Toolkit asks individuals to rate the types, frequency and impacts of abusive behaviour they have engaged in. At Time 0 participants reported a very low frequency of abusive behaviours. Table 10 shows the mean self-rating for behaviours reported by participants for each scale. Each item in the scale is rated on a scale of 1-3 (1= Never, 2 = Sometimes, 3 = Often). Table 10 shows the mean number of behaviours reported by the 40 people who completed this section at the point of initial assessment (Time 0). The frequencies of abusive behaviours are very low, with emotionally abusive behaviours being more commonly reported than other forms of abuse.

Table 10 Mean number of abusive behaviours reported by participants at point of initial assessment

	N	Mean	SD
EMOTIONAL BEHAVIOURS	40	2.5500	2.63069
PHYSICAL BEHAVIOURS	40	1.5250	2.16010
SEXUAL BEHAVIOURS	40	.4000	.95542

Table 11 Frequency of emotional, physical and sexual behaviours reported at point of initial assessment.

Number of behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	12	30.0	22	55.0	30	75.0
1	6	15.0	4	10.0	8	20.0
2	4	10.0	3	7.5	0	0
3	5	12.5	2	5.0	1	2.5
4	7	17.5	5	12.5	0	0
5	1	2.5	1	2.5	1	2.5
6	1	2.5	2	5.0	0	0
7	0	0	0	0	0	0
8	2	5.0	1	2.5	0	0
9	2	5.0	0	0		
Total	**40**	**100.0**	**40**	**100.0**	**40**	**100.0**

Table 11 shows how many specific behaviours (e.g. pushed, hit, manipulated) individuals reported, organised by the different types of abuse. Results show a low reporting of types of abusive behaviour. 30% of the individuals who completed questionnaires reported that they had never engaged in any emotionally abusive behaviours, 55% reported they had never been physically abusive and 75% indicated that they had never engaged in any form of sexual abuse. It is important to recognise, however, that this data is provided only by the person who uses abuse, and it is likely that it is an underestimation of the individual's abusive behaviour. The higher reporting rate for emotional behaviours may reflect social desirability factors, with the negative social representation of physical and particularly sexual violence/abuse making these more difficult behaviours to admit. This interpretation is also supported by the data presented in Table 5, above, where participants provided their reasons for engagement with MAC. 31 out of 41 (75%) indicated that they wanted to stop using abusive behaviour, 25 (60.9%) indicated that they did not want their partner to be afraid of them, and 26 (63%) reported that they wanted their partner / ex-partner to feel safe around them. This suggests some recognition of a higher rate of abusive behaviour than the data in Table 10 and Table 11 might suggest.

As noted above, only 13 individuals completed the IMPACT questionnaire at Time 1 and Time 2. At Time 1 they were asked to reflect on the last 12 months and the preceding 12 months, and at Time 2 to reflect on their behaviour in the time since beginning the intervention. Emotionally abusive behaviours remain the most frequently reported, and there is a small reduction in the mean number of behaviours reported by participants in each scale, at Time 2.

Table 12 Mean number of abusive behaviours reported by participants at Time 1 and Time 2

	Time 1			Time 2		
	N	Mean	SD	N	Mean	SD
EMOTIONAL BEHAVIOURS	13	1.1958	.21592	13	1.1119	.15371
PHYSICAL BEHAVIOURS	13	1.0769	.15828	13	1.0055	.01981
SEXUAL BEHAVIOURS	13	1.0096	.03467	13	1.0481	.09599

Table 13 Frequency of emotional, physical and sexual behaviours reported at Time 1 and Time 2

Number of behaviours	EMOTIONAL		PHYSICAL		SEXUAL		EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	%	%	N	%	N	%	N	%
0	3	23.1%	9	7	53.8%	92.3%	7	53.8%	12	92.3%	10	76.9%
1	3	23.1%	2	2	15.4%	7.7%	2	15.4%	1	7.7%	1	7.7%
2	4	30.8%	0	1	7.7%	0.0%	1	7.7%	0	0.0%	2	15.4%
3	1	7.7%	0	2	15.4%	0.0%	2	15.4%	0	0.0%	0	0.0%
4	1	7.7%	0	1	7.7%	0.0%	1	7.7%	0	0.0%	0	0.0%
5	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
6	0	0.0%	2	15.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
7	1	7.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	**13**	**100.0%**	**13**	**100.0%**	**13**	**100.0%**	**13**	**100.0%**	**13**	**100.0%**	**13**	**100.0%**

This data suggests some reduction in the use of abuse as the participants progressed through the MAC intervention. However, caution should be used in interpreting this data, due to the small numbers of respondents at Times 1 and 2, the significant dropout from Time 0, and the apparent under-reporting of abusive behaviours at Time 0.

Participants were also asked to estimate how often the police had been called to their home as a result of their abusive behaviour (Figure 23 Estimated number of police callouts in the last 12 months. These estimates are at a level that would be expected for participants in an intervention like MAC, which is intended to provide an early response to domestic abuse perpetration, and are considerably lower than would be expected for a court-mandated perpetrator intervention. However, the rates of estimated police call out are still higher than might be predicted based on the behaviour self-reports described in Table 10 Mean number of abusive behaviours reported by participants at point of initial assessment) and Table 11 Frequency of emotional, physical and sexual behaviours reported at point of initial assessment.

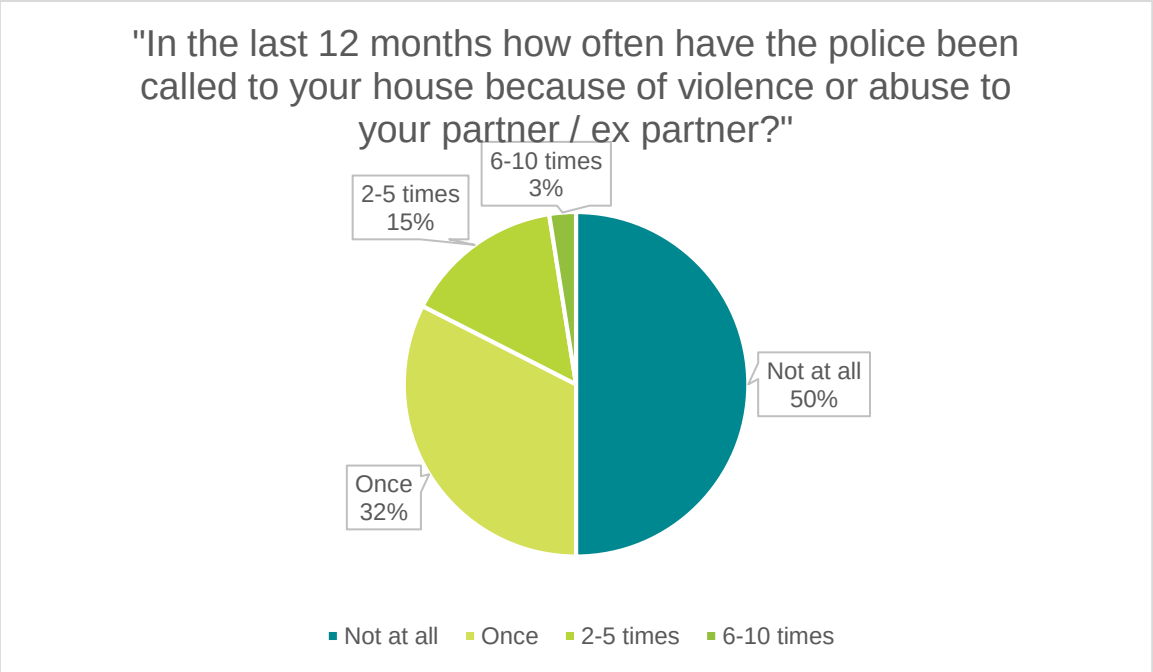

Figure 23 Estimated number of police callouts in the last 12 months

Participants reported a wide range of impacts for their abusive behaviours at the point of initial assessment. Most of the impacts noted were emotional and relational, but a fairly high rate of "minor" injury was reported (15). All participants reported some impact. The mean number of impacts reported by individuals was 7 (of a possible 18 impact items), but a high standard deviation (4) demonstrated considerably variability in the number of impacts reported by individuals, ranging from 1 to 14 impacts.

Table 14 Reported impact of abusive behaviours on partner at point of initial assessment

Impact on your partner	N
Injuries such as bruises/scratches/minor cuts	15
Injuries needing help from doctor/hospital	1
Didn't have an impact	0
She lost respect for you	28
Made her want to leave you	25
Depression/Sleeping problems	21
She stopped trusting you	26
She felt unable to cope	17
Felt worthless or lost confidence	21
Felt sadness	32
Felt anxious/panic/lost concentration	19
Felt isolated/stopped going out	11
Felt angry/shocked	24
Self-harmed/felt suicidal	5
Feared for her life	6
She had to be careful of what she said/did	17

Made her worried you might leave	8
Made her defend self/children/pets	10
Made her feel afraid of you	16

Despite the low reporting of specific abusive behaviours, 38 of the 40 participants noted reasons for their use of abuse, with most detailing more than one. This is also consistent with the emphasis on non-disclosure in the first phase of the intervention, which does not require that individuals disclose their use of abuse to engage with MAC. The participants' awareness of the impact of their behaviours on their partner seems at odds with the low rates of specific abusive behaviours reported in Table 10 and Table 11, again underscoring the interpretation that rates of behaviours were underreported.

Table 15 Impact of abuse on partner at Time 1 and 2

	Time 1		Time 2	
	N	**Mean**	**SD**	**Mean**	**SD**
Number of impacts	13	6.7692	4.53052	7.0000	5.04975

Impact on your partner	**Time 1**	**Time 2**
Injuries such as bruises/scratches/minor cuts	3	4
Injuries needing help from doctor/hospital	0	1
Didn't have an impact	1	0
She lost respect for you	9	8
Made her want to leave you	5	9
Depression/Sleeping problems	5	6
She stopped trusting you	8	7
She felt unable to cope	6	3
Felt worthless or lost confidence	7	4
Felt sadness	7	11
Felt anxious/panic/lost concentration	7	9
Felt isolated/stopped going out	3	1
Felt angry/shocked	5	6
Self-harmed/felt suicidal	4	3
Feared for her life	3	4
She had to be careful of what she said/did	7	7
Made her worried you might leave	4	0
Made her defend self/children/pets	3	1
Made her feel afraid of you	5	4

The participants maintained insight into the impact of their abusive behaviours throughout the intervention, with a particular focus on the emotional and relational

impact of the abuse, its impact on self-worth and on space for action. What is notable is that all but two participants noted some impact from their behaviour at time 2.

	N	Min	Max	Mean	SD.
Number of reasons for use of abuse	40	.00	8.00	2.8250	2.24051

Reasons for violence	N
To stop her from doing something	13
Made you feel in control	11
Because she was laughing at you	7
Because she betrayed/rejected you	11
To make her do something you wanted her to do	4
Because you didn't trust her	13
Because of your alcohol/drug use	10
To stop her from leaving you	11
Didn't feel good enough/felt insecure	18
Because you were jealous/possessive	15

The most frequent reasons the participants gave were related to insecurity and jealousy, control and lack of trust. This pattern is maintained at Time 1 and 2, with a slight shift noted to insight around the role of control by Time 2.

	Time 1					Time 2			
	N	Min	Max	Mean	SD	Min	Max	Mean	SD
Number of reasons for violence	13	.00	6.00	2.0769	1.97744	.00	6.00	2.6154	2.25605

Reasons	Time 1	Time 2
To stop her from doing something	2	5
Made you feel in control	4	6
Because she was laughing at you	0	0
Because she betrayed/rejected you	3	1
To make her do something you wanted her to do	1	4
Because you didn't trust her	2	3
Because of your alcohol/drug use	3	3
To stop her from leaving you	3	2
Didn't feel good enough/felt insecure	5	7

Because you were jealous/possessive	4	3

There is some reduction in blaming the behaviour of the partner for the abuse, particularly evident at Time 2.

Summary

- The Impact Outcomes measurement suggest that the profile of individuals enrolled in MAC fit the criteria for an early response intervention for domestic abuse.
- Abusive behaviours appears to have been underreported by respondents to the IMPACT questionnaire at baseline, this is to be expected as there is not an initial disclosure requirement.
- Although specific abusive behaviours appear to be underreported, participants did acknowledge the impact of abuse on their relationship and on their partner's emotions
- Reasons participants gave for abuse suggest some shift away from victim blaming, and increased insight into the role of control. Further exploration of this is recommended over time.
- Consideration needs to be given to the use of IMPACT to assess initial baseline data

Experiences of Group Participants and Victims / Survivors supported through MAC

Accessing the intervention

Most of the participants who accessed the intervention either responded to a poster or had been referred by a social worker. It was interesting to note that self-referrals were largely initiated by partners rather than by men who have behaved abusively.

> *"There was a poster on the back of the door, and it said, are you worried about the way that you treat someone that you love? Or something along those lines. And I thought that my partner at the time – I'm not with him now – but I thought, right, that applies to him, because it was almost as if he didn't like how he treated me sometimes. So I took a screenshot of it and sent it to him and said, what do you think about that? And he was like, no, no, and so then I contacted them anyway, and then it just sort of went from there… Initially, he was like, oh no, I don't need that, or whatever. And then I think, like maybe after a month or so, we'd had some sort of blow up, and then he said, oh, that thing you sent me, I think I should do that. And then he contacted them himself actually, so we'd both contacted them."*
> (Victim / Survivor)

The ability to self-refer was seen as a clear advantage of the intervention, enabling participants to make a conscious choice to engage, and reducing some of the organisational barriers to accessing the group:

> *"So I think the fact that you can self-refer is invaluable, because it just means that you're sort of taking responsibility and you get the ball rolling, because so often when you can't self-refer it takes much longer, and if you can self-refer, you just phone up and you speak to someone, and they take your information and you go from there… It seems like it's much quicker, and also it makes the individual feel like there's less parties involved, so it's less… daunting."*
> (Victim / Survivor)

Whilst group participants expressed some reluctance about their initial engagement with the intervention, there was also a sense of needing to engage, with motivation largely attributed to a desire to maintain or 'save' their relationship. One victim / survivor noted:

> *"I'll never really know but what he said was he had had some sort of lightbulb moment when he's been living on his own for six weeks. He realised that he didn't want to lose me or the children, that he loved me, and he wanted to live with the children, and he wanted to be married and have a family. Because before then, he'd decided that he wanted to be single, he didn't*

want to be married, he didn't…I mean, I thought he didn't love me and didn't want to be with me and hated me and didn't like me.
(Victim / Survivor)

This pattern of defensiveness, reflection and then motivation was also evident among some of the people referred to the intervention. For instance, one group participant said:

"The Social Services Department were involved, because of something at the school, about the kids saying that daddy shouts at home, and stuff. So anyway, they came round, and… they said to me, we can offer you some suggested courses… And at first, I was a bit sort of defensive about it, because I thought, oh there's nothing wrong... But then after a while, I thought about it, and I said to them, actually, you know what, can you give me more information about this course?"
(Group Participant)

For people who were behaving abusively, there seemed to be a reluctance to acknowledge that their behaviour was problematic, but their concerns about retaining their relationship, or caring appropriately for their children 'broke through' that defensiveness, when MAC was presented as an option. This demonstrates the importance of professionals being equipped with knowledge of the help that is available, and of having a service like MAC to refer to.

In practical terms, most participants suggested that the route into the intervention was fairly smooth and straightforward. However, some did report challenges in getting through on the phone. Several participants also commented that at first, there was insufficient information on the project website, and suggested that this might be a disincentive to engaging with MAC:

"There was a website, but… cos it was new, it had no information on it… and the poster, although it had a title which sort of stood out, and I thought, yeah, that sounds about right, there wasn't really much information… and so not much of it was clear to start with, but once we got over that bit, and got rolling it was all simple and easy."
(Group Participant)
"I think now the project's got up and running, it would be really good if there was more info, because then you could see a bit more what it was about… If I was in the position where I wasn't sure whether I was going to contact [Make a Change]or not, if I had only seen the limited information that I had, I probably wouldn't have contacted."
(Victim / survivor)

A decision was made early on in the implementation of Make a Change to keep the information brief on the website, so that those worried about their behaviour receive

key information and not to be overwhelmed. A learning point is to make more detail available for those seeking support.

These participants also highlighted the importance of having a social media presence, and online visibility to both make people aware of the service, and to assure potential participants of the legitimacy and value of the intervention.

Naming and disclosing

Both victim / survivors and people who have used abusive behaviours in their relationships found identifying the nature of the abuse and naming it as abuse quite challenging. A small number of those we interviewed did recognise the abuse for what it was, but most found it harder to recognise it, or to acknowledge its full impact. One victim / survivor said:

> *"I suppose… because it was highlighted, even though I always knew in the back of my head, I knew about everything she was telling me… but because it was brought to light, it made me realise that actually my situation is probably worse than what I'm wanting to see."*
> (Victim / Survivor)

They valued the capacity of the intervention to support them in finding a language for their experience. One woman described how she had been manipulated by her partner into seeing his behaviour as normal, and that through the support provided through MAC, she was able to see through this:

> *"So it was only now that I really feel like I can label it with some kind of confidence… I didn't know what was happening before, it was really confusing, because every time you'd convince yourself it was kind of okay."*
> (Victim / Survivor)

The experience of abuse is often one of confusion and uncertainty for victim / survivors, because their confidence in their own ability to judge the 'normality' of their relationship can be undermined by the emotional and physical elements of abuse, and particularly the minimising they experience from their partners. This can be compounded by the social stigma that often surrounds experiences of abuse, and the sense that domestic abuse is 'unspeakable'. Having a space in which abuse can be named and discussed is an important step towards recovery. As one woman noted:

> *"The support has been absolutely amazing, it's the first time I've ever spoken to anybody about it… I might hint, imply a bit to a friend or somebody… but you just feel too ashamed, stupid, just like you've done something wrong… and also then people will make judgements if you don't leave somebody, whereas talking to [the support worker] just has…it's like a weight has been lifted."*
> (Victim / Survivor)

All participants indicated that they valued some space to reflect and discuss what was happening in their relationships. Not feeling judged by the domestic abuse support workers was a central part of being able to disclose.

People who have behaved abusively also noted that they had not fully understood their behaviours before their engagement with the group, and valued the opportunity to understand them:

> *"It has very much changed the way that I think about myself and about the people around me… I always have considered myself to be a very self-aware person with insight into my own behaviours… And what I've learned about myself from doing this intervention is that I have huge blind spots full of behaviours that I was blissfully unaware of, that probably existed in my unconscious and have motives that I don't… still don't yet fully understand."*
> (Group participant)

Group participants also reported being better able to identify and label their abusive behaviour, and having moved away from common misunderstandings about the behaviours that constitute domestic abuse:

> *"The definition of what abuse is, is a lot wider than the stereotypes. Often there's a perception of what something is, when you don't know a lot about it. But when you actually delve deeper, there's a lot of stuff that is abusive, but you wouldn't necessarily categorise it, because the stereotype is, you know, sort of the wife beater holding a can of Stella, wearing a string vest… But abuse is obviously much more wide and complicated than that, and it's also very common, by the sound of things."*
> (Group participant)

Another participant reported:

> *"I didn't want to be associated with people who'd been found guilty, or criminal records… Because you hear the word 'perpetrator' and it's such a big word… it's something that I didn't want to be associated with… So initially, I wasn't very open to the programme."*
> (Group participant)

The stereotype of the "wife beater" and the criminological language of "perpetrator" construct identity positions that are not easy for anyone to inhabit. This kind of language can be a barrier to those who are using abuse recognising their behaviour as such, and can make engagement with the intervention difficult. Developing a broader understanding of domestic abuse enabled participants to identify their own behaviours with that label, and this was an important aspect of the effectiveness of the MAC intervention. This was described by one group participant as being epiphanic:

"I don't think I was unique in that I turned up to those sessions thinking, how did I end up here? You've got the wrong guy. And probably kicked out against it for quite a few weeks. And then I had a sudden, kind of miniature epiphany……where actually things started to fall into place. And you know, that revelation was quite a difficult thing to deal with. But everybody in the room was in the same place, and they sort of…it's like having a birthing partner, you know?"
(Group participant)

Although group participants can begin Phase 1 of MAC without disclosing abuse, there is an expectation that space is made to enable disclosures, and that acknowledging one's own behaviour as abusive is necessary to progress to Phase 2. One group participant said:

"Doing this sort of programme, you have to be honest with yourself, you have to dig deep, and bring out all your emotions, and bring out all your honesty, or otherwise, there's no point, you're just going through the motions. If you want to better your life, you want to better yourself as a human being, as a man, as a father, as a partner, then you have to be honest with yourself, and face those demons. Otherwise there's no point, you know."

Another participant suggested that owning the reality of your abusive behaviour and its impact is an essential part of behaviour change:

"I think the most challenging [thing] is facing up to the things that you've done, and the pain and distress that you may have caused people... Talking about your emotions, where you possibly may have gone wrong. Facing up to things that you've done wrong, you know, is the challenging part. I think, probably, the challenging part is being honest."
(Group participant)

Disclosure was therefore seen by both victim / survivor partners and by those who behave abusively as central to behaviour change. Both valued a space in which abuse could be identified and understood. For many participants, MAC was the first context in which this was possible for them.

Honesty, ambivalence and accountability

Survivors valued the integrated support and the opportunity to discuss if and how things were changing, rather than relying on the account provided to them by their partner. Although they understood that there was a need for confidentiality, they also understood that some of the basics should be discussed between the victim / survivor service and the group facilitators. It is a fundamental principle of safe practice that partners' information is closely guarded and only shared within a safeguarding framework. However, the general awareness of mutual engagement did seem to encourage a sense of accountability.

"He knows that I'll know if he doesn't go to the sessions."
(Victim / Survivor)

"He could be going to group every week and saying, oh, yeah, there's been no problems, we've had no arguments… you know, I don't know what he's actually [saying]…I want to make sure that he's sort of being honest and telling the truth. And also, I want to know that he's participating fully."
(Victim / survivor)

For victims / survivors who were remaining in relationships with their partners on condition that they engage with MAC, the safety net of accountability was particularly important, and gave them a sense of security. Given that deceit and manipulation is a common feature of abusive behaviours, the ability to be assured of their partner's engagement was very important to them.

For many group participants, the process of acknowledging and naming abusiveness in phase 1 was often painful and only partially achieved. Although most men described the importance of being 'honest' about their behaviour, there was still considerable challenge in taking some descriptions on and some justifications for abuse remained in evidence:

"You had to be honest with yourself, otherwise there's no point. So it was tough to begin with. A lot of it I felt, in my situation, didn't apply to me. Mainly because I still stand by what I've been saying… that in my personal life, that I'm not a violent person. I don't attack women physically. But at the same time, this course has opened up my mind, that there was a lot of things that I didn't personally perceive as violent, but it did broaden my knowledge, that it is violence."
(Group Participant)

"A lot of it is not intentional, it's not like people set out to be abusive, but they are. And it teaches you to look at things from the other person's perspective, a lot more than just focusing on your own, and just doing your own thing."
(Group participant)

Nonetheless, most group participants demonstrated insight and understanding of their abusive behaviours, and had incorporated learning from the intervention into their everyday lives, to help them manage and change their behaviours.

"They have this diagram on the course, the Iceberg. So what you see above the surface is behaviour, but there's stuff going on underneath, you know, I've had a bad day, and something happened, and then you got home and it just sort of erupted, and it was because of what had happened before, rather than just that moment, when you display the abusive behaviour."

(Group participant)

Understanding the sequence of events that lead to abuse is an important aspect of behaviour change. In order to change behaviour, individuals need to develop an understanding of how events, emotional responses and abusive behaviours interconnect, and this is achieved through a range of narrative structures that make abuse explicable for them. Understanding this enables them to make different choices and to interrupt the abuse 'story'. Their reactions can be seen as less inevitable, as more open to choice. By understanding that narrative, they are able to start to consider choosing alternative endings to their abuse stories – to choose *not to abuse.*

> *"The fact it's with both partners is really good, cos there's times when you know, I'd say stuff to [the support worker] and then she would be able to feed that back, so then they could sort of ask [him] about it. They wouldn't directly be like, 'we've heard x, y and z', but you know, they could sort of then filter it in. So I think the fact that it's with both partners makes so much sense."*
> (Victim / survivor)

Honesty about abuse and abusive behaviours were seen as central to the process of behaviour change by both those who use abusive behaviour and their victim / survivor (ex)partners. The accountability built into the intervention through the integration of victim / survivor support with the group intervention for people using abuse was an important component in encouraging group participants to acknowledge and become more accountable for past and present behaviour.

The value of non-judgemental support

The non-judgemental support and constructive challenge offered by the MAC intervention was highly valued by both survivors and people who use abusive behaviours. This was recognised as core to managing the different experiences of shame that both parties might carry, creating space for issues to be discussed. As one woman said:

> *"It has just lifted a weight off our shoulders, both of us just having the opportunity to talk about it and not being judged, and I think for him that's been pretty transformative, you know, the shame around it just magnifies it and makes it worse. And, then it kind of gets into a cycle, whereas being able to talk about it and talk about it to other people, I think, has been a really good experience."*
> (Victim/Survivor)

The voluntary nature of participation, and the potential for self-referral, helped to challenge some of the stigma associated with group involvement, and supported the non-judgemental approach of the intervention and facilitators. One man talked about how this challenged his perception of what it meant to be abusive:

"I mean, when I went for my initial [assessment] after the review… I was more at ease with the programme. Because it wasn't what I expected it to be, or the type of people who are involved in that. It was more about people who volunteered themselves, or put themselves forward to participate."
(Group Participant)

The group itself, and the relationships built within the group, amplified the non-judgemental approach of the facilitators and helped participants feel sufficiently accepted to begin to work honestly on their behaviours:

"I think the group is good, because you bond with your fellow, yeah, people that are there on the course… And that's good, you know, you make friends, and you've got bonds. And you feel less, I don't know, maybe you feel a bit more like you're not like a criminal, you know, you've got other people there as well, it's not just that you're the naughty one and you've been singled out for this treatment, as it were."
(Group participant)

Given how strongly guilt and shame can function to entrench abusive behaviours, it is particularly important to find productive strategies for working with these difficult emotions, and the group and group facilitators offered a sufficiently safe environment for that work to be addressed.

What does progress mean?

Both victim / survivors and people who use abusive behaviours in their intimate relationships experienced change on the intervention as cyclical, not linear. This was, however, understood differently by victim / survivors and group participants. Group participants tended to view change as progress and incremental, with occasional setbacks:

"You need to keep going, because obviously you'll have relapses. And you'll have, you'll find your trigger points might be raised. But I mean, it's like, you're still making progress, even though you're still exhibiting some abusive behaviour, but now it takes more, it takes something more extreme to trigger it. So, you've done half the job, as it were… And then you just need to work on stopping those things happening."
(Group Participant)

The language of 'getting the job done' is useful in understanding this quite instrumental and pragmatic understanding of behaviour change. This metaphor suggests that 'the job' has a clear goal (ending abusive behaviour) and that it can be broken down into steps or tasks that need to be achieved. From the point of view of the group participant, they are working well as long as they continue to progress towards the goal. Mistakes can be made, but it was seen as important to keep moving forward. Similarly another participant suggested that complete change was unlikely, but that improvement was possible:

"It's something that's very common. And it's not a question of, you will never, ever do anything abusive ever again. It's just if it does happen, then you recognise it early on, and know how to deal with it, and prevent it from becoming a problem."
(Group participant)

Group participants demonstrated good insight into the dynamics of behaviour change, and were able to reflect on the idea of abuse and non-abuse as a *choice* they were able to make:

"Oh, definitely, yeah, there's been occasions when something's triggered it, and you're unhappy, and you're tempted to, say, shout back or be angry, or swear or something. And you think to yourself, no actually, no, that would be a setback if I did that. And then you don't do it, and you resist the urge."
(Group participant)

For some group participants, change meant being able to manage disagreements constructively:

"There hasn't been any…I mean, there might have been a disagreement, but they've been very respectfully handled… And quietly handled. Not the shouting matches that would have happened previously."
(Group participant)

Their ability to make better choices was supported by improved communication strategies, including learning when to listen.

"But I don't know, being a bit more calmer, and listening. I guess listening is one of the biggest things in an argument. There's no point just talking over each other, you're not getting anywhere. But if you remain quiet, listen to what that person is saying, let them say what they've got to say, and then have your say, maybe, you know, you can get somewhere."
(Group participant)

For some participants, the choice required an understanding that they were the only person who could bring about change in their lives, and that that required accepting their own histories and behaviours.

"It absolutely lives within me and the only person that can own my pain is me. Projecting responsibility of that onto other people... No matter how convinced you are… that the world will be a better place if they weren't doing the things that they were doing… that had a profound meaning to me. And it came weeks after I'd already been adjusting my behaviours. Just what they were saying… you know, just [what] the MAC programme was saying to me. And I'm thinking, well yeah, I should adjust these behaviours."
(Group Participant)

Although the notion of behaviour change as progressive, and as being tolerant of lapse is probably a realistic approach, the process was understandably experienced quite differently by victim / survivors. For instance, one woman said:

> *"Whilst I feel better, feel better in myself, he is taking on a lot of the…he's had some real changes because of the programme, he can look back and say, you know, oh yeah last year that thing I did was awful. But, for example, this weekend he had a bit of an… outburst, you could tell it was just like a temper thing, and he, like, stormed off and then he sent a text message saying, you know, I'm making such an effort and doing everything right, and you're just getting worse, and I just thought, what does any of this mean?"*
> (Victim / Survivor)

Whilst she acknowledged the significance of the change her partner is demonstrating, and the commitment he has shown, his outbursts and victim-blaming nonetheless undermine her confidence in the change he is demonstrating. This ambivalence about progress and the changes that had been made was common to all the interviews with victim/ survivors. For them, their sense of their own progress seemed to be linked to developing a sense of space for action (Kelly, 1998, 2003), and of potential change. They were able to entertain the notion that they could live their lives free of abuse – with their partners, or if necessary, without them.

> *"Yeah, but he is totally changed so you know, I've had conversations with him that I never imagined that I could... But I think I'm just a bit more wary now. At times, you know, it's just… you've only got so many years of life in you, haven't you, and just like, I feel annoyed that I've lost so many years to being so unwell because of it."*
> *(Victim / Survivor)*

Some victim / survivors did feel that they could tolerate the less than perfect recovery of their partner:

> *"He's definitely trying not to escalate arguments, I've noticed that. Whereas before, he…now he would sort of say sorry first. And even if I think he doesn't really mean it, he'll say that and then that puts me… stops me being on the defensive as well. It just calms everything down… I mean, he has slipped up a few times but generally I notice that he's trying not to escalate arguments. And also, I think he has been really trying hard not to do things that he used to, like calling me names, raising his voice. And like I say, he's not perfect because he has done some of that, but it's certainly not like it used to be."*
> *(Victim / Survivor)*

This emphasises the importance of recognizing progress and improvement. It also highlights the importance of ongoing support for partners of group participants, to ensure they have space to reflect on changes in their partner's behaviours, to enable them to access services and make new decisions about their relationship, if needed.

Of course, not all interventions were able to bring about sufficient or sufficiently consistent behaviour change:

> *"It was almost as though he was understanding it all, he was putting it all into practice… And then all of a sudden, it just started to… he just wasn't able to do those things any longer, and it all just tailed off and just like, went back to the beginning… It's almost like, like a hamster on a hamster wheel, you know, it's going, it's going, it's going. So he was doing well, he was doing really well, and he fell off the hamster wheel, and then just couldn't get back on. Even now, because he's not doing the course now, but he still does reference things, you know, it hasn't all totally gone out of the window. But it got to the stage where it wasn't enough for me, he obviously wasn't going to change overnight, and I just didn't want to be, you know, while he's going through this process or whatever, I didn't want to be getting a thrashing along the way, so I just removed myself from the situation."*
> (Victim/Survivor)

Whilst acknowledging the change in behaviour, the victim / survivor here was able to secure sufficient space to reflect on what she was able to tolerate, and to make a conscious decision to separate. This was as an important, survivor-focused outcome. The survivors supported through MAC felt that they were more able to evaluate abusive behaviour and make better choices in relation to that evaluation.

It is clear that for participants, the process of change was not understood to be linear. This is consistent with the findings of the Mirabal project, where researchers noted that change was not a single lightbulb moment, but rather a series of smaller epiphanies, producing larger potential for change (Kelly and Westmarland, 2015). People who behave abusively and victim/survivors had differing perspectives on the variable progression of behaviour change, and it is important to acknowledge and amplify this in the support offered to both parties. Change and variability in the behaviour of those who have behaved abusively also can create sufficient space for their partners to make clear judgements on their behaviour and on what they want to accept or not tolerate in the context of their relationship.

The value of the group context

The group nature of the MAC intervention was highly valued by participants. This was seen as a space of shared lived experience, solidarity and respectful challenge:

> *"It's part of my life at the moment. And not least because of the other men in the room, I have to say. I feel an enormous affinity to them and I've got an enormous amount of respect for them and the way that they have handled me, as well. And the way that I'm allowed into their, you know, their lives the way that I have been. Because…everything about it and, again… sorry, I will sound evangelical, but it has been profound for me."*
> (Group Participant)

"There's a core four of us. Which is myself and the three other guys… All immensely different to each other… but very much share this, sort of… the reason for being in that room… I honestly didn't know what I was going to walk into. And I walked into a room with people just like me. And, you know, I've thought, you know, they are doing okay in life, they've got nice jobs... And they're not struggling, they're articulate, they're educated. And they are in every sense just your average guy. And these things are happening in their relationship as in, as this happened in my relationship. And they've got no reference points, at all, to what other people's relationships look like and thought that everything was okay. And we were, sort of, you know, just didn't see that, couldn't have possibly anticipated that one day they'd be sat in a room with some other guys talking about where it all needs to improve. And there's a kind of a solidarity there, I think."
(Group Participant)

These extracts strongly underscore the importance of the group in the process of change. The relationships formed, as well as the commitment of the other men, helps to reinforce individuals' own commitment and engagement. The sense of commonality and solidarity helps them to feel less isolated, to build and maintain honesty about their abusive behaviours, supports them in forming a common goal, and helps them feel both understood and challenged through the group process.

Space for victim / survivors to reflect

Victim / survivors were offered flexible support when their partners engaged with the MAC intervention. This tailored support was taken up in a variable way, with some women meeting very regularly with their support worker, some getting in contact in a more ad hoc way when they felt they needed support, and others choosing not to engage at all. For each of the participants who took part in the evaluation interviews, the service was described as useful and valuable.

One component valued by participants was the fact that it was *offered* to her and that she did not have to seek it out:

"Well, I think it was because I didn't go to them, the course brought them to me… And I was, I think when I spoke to someone on the phone before I had actually gone to [the victim / survivor support service], they said, oh we've got this support for partners, and blah, blah, blah, do you want that? And I was like, yeah, definitely. But I guess it's because it was brought to me, yeah, rather than me going to it."
(Victim/Survivor)

The sense of the support being 'brought to her' relieves her, for once, of the responsibility and burden that is often placed on victim / survivors to do the work of addressing and 'fixing' the abuse they experience. In MAC, the responsibility for this work is placed with those who behave abusively, and in contrast, proactive contact is made, and support is offered. This acknowledges that the abuse is not her issue to

name or fix. The sense of relief in this quote is palpable. The intervention has broken the silence around abuse, and located responsibility for recognising, naming and addressing with the abusive partner, with observers and with practitioners – not with survivors.

The women we spoke to found that the support provided space to reflect, and opened up possibilities for action. This helped them to feel that they had options that might previously have not been apparent to them:

> *"And, it's, kind of, I get to talk about all my feelings and imagine…it's nice to be able to talk about what if I stay, or what if I leave, what if we temporarily separate, just to imagine all the scenarios and work through it without somebody judging me. It's making me just feel a lot stronger, I had turned into a total shadow of myself, lost all my confidence, everyone has said they can just see the difference in me now"*
> (Victim/Survivor)

This extract demonstrates how the reflexive and non-judgemental response offered in MAC can empower victims and survivors. It can help break down some of the sense of 'choicelessness' and compulsion that abuse can produce. The opening up of alternative possible futures is a new experience for this woman, who had never previously named or discussed her experience of abuse. The experience of partner support has enabled her to build up a sense of strength and confidence, has helped her to understand the impact abuse has had on her, and has opened out a sense of potentiality. She feels able to make choices, where before those choices had not even been visible to her. Support was offered to victim / survivors in a manner that was flexible and tailored to their needs and wants. One woman particularly valued the support she received *after* making the decision to separate from her partner.

> *"I've found it really useful, and the flexibility of it is really good, so there were times when things were really shit, and I could go every week, but then at the moment, now like I'm out of the situation, it's just nice to have a check in every now and then, and it's really supportive, because she would help me with like, strategies and procedures. Like once I had decided that I wasn't going to be with [her partner's name] any more, I had like things that I needed to discuss with him, so I needed to discuss maintenance, Christmas, and him getting his stuff out of the flat, and it was helpful to be able to discuss it with her beforehand, to know then how to approach it with him. And she'd say, oh maybe you could phrase it like this, or pitch it like this? Almost like diffusion techniques, so that you say things in a way that it's less likely to blow up in the first place, and stuff like that. And even, you know, she'd say things like, you know, have you got the option to meet him in a café, or in a public place? And I was like, yeah."*
> (Victim/Survivor)

One woman also highlighted the value of offering support to women who have remained in the relationship. She had reflected in the interview that she was still very dependent on her partner, the household's sole earner, who she felt she relied on for company as well as material provision. This situation persisted despite his engagement with the group, but she was aware of a need to reduce that dependency:

> *"Well, it feels sort of a bit unfair. It's like if I'm the one living with him, you know, all these women who have left their abusers and they're on their own, I don't know, I suppose they need the same sort of help getting back into work and all that sort of thing. But it's like, but if I'm going to survive in this relationship with him, I need that too. I need to, you know, get a part-time job, I need to have some money coming in of my own, I need to have confidence and my own life a little bit, otherwise I am just staying completely dependent on him for finances, for company, for everything."*
> (Victim / Survivor)

Her comments here reflect the frustration of having to separate to access support, but not having the resources needed to separate or to be independent of the abuser. Although she felt her partner had made sufficient progress for her to be willing to remain in the relationship, it is clear from this extract that she still felt entrapped, and had concerns about her future happiness (captured in the phrase "if I'm going to survive this relationship"). It is clear from this woman's experiences that providing services only to survivors who have already left an abusive relationship can be counter-productive: it risks playing into the dynamic of control and dependency, further entrapping women in the relationship. MAC had provided her with valued support, but she was frustrated that she was not able to access other support and training for women who had experienced abuse.

Need for 'top ups'

Both group participants and victims / survivors indicated that they felt that ongoing support beyond the formal intervention was important.

> *"But maybe a suggestion would be that, at the end of the second phase, for example, if you still feel that you need a bit more, then maybe they could, rather than kick you off the course, what might be better, if they could just say, well why don't you come to do more session for the next round of sessions, so redo session two, as it were?"*
> (Group Participant)

> *"And then for it to have had the effect that it's had… I think my anxiety is the…I've got several anxieties about it, that I'm only doing… I'm only as good as I am at the moment, because I'm doing this. And when it goes away… the effects of it might go away."*
> (Group Participant)

The anxiety these men reported seems to on the one hand reflect their commitment to changing their abusive behaviours. On the other hand, it suggests that they do not feel sufficiently secure about that change. Of course, this does not mean that the changes they have made are insecure, but does indicate the need for some reassurance that they can still touch base with delivery staff and / or other group participants, if they do start to feel that their behaviour is slipping. This concern was also echoed by victim / survivors, who felt that their partners or ex-partners would benefit from checking in occasionally with the team. This is an issue that warrants consideration for future implementation of the MAC intervention.

Victim / survivors also valued the ongoing support offered to them after their (ex)partners' engagement with MAC had ended. For instance, one woman who ended her relationship with her partner, and whose partner subsequently dropped out of MAC, continued to access the support offered. This offered an important space for her to manage the transition out of the relationship, and to deal with potentially conflict and risk-laden situations related to child handover and other contact points:

> *"Yeah, it's still really good, because when I have difficulties, or if like there's a big topic that I need to discuss with him, and I have anxiety about it, about how it's going to go down, because obviously I know what his behaviour can be like, then it's really useful for me to be able to discuss that with [the support worker's name] beforehand, and we have like a debrief afterwards. And she said to me, I think, like, because now he's not doing the course, I think I could still do that for three months after, but already it's not as frequent. It's maybe like every three weeks or whatever, or whenever it's needed. So, to still be able to do that is really good. It's not as though he stopped going to the course, and I'm not with him, and they're like, 'okay, bye now'. There's still support and reassurance for you."*
> (Victim / Survivor)

Summary

- Participants who responded to interviews valued the group and 1:1 support they were offered through the MAC intervention
- The integrated nature of the service helped victim-survivors to feel more secure and enabled group participants to use this as a 'check and balance' to further motivate their change process.
- Disclosure was not required for involvement in the first phase. However, the group participants we interviewed suggested that it emerged in the group context and was valued as a central aspect of successful engagement.
- The group was seen as an important context of solidarity in which men were able to work together, support one another, and engage in constructive challenge to support each other's behaviour change.
- Some victim / survivors disclosed that they had not previously been able to name or talk about the abuse, and that the support service offered to them provided a space for them to do so.
- The support service also offered victim survivors the space to reflect on their relationship with the person using abuse, and to make more reflected decisions about the future of their relationships.
- Most victims / survivors reflected positively on the way that MAC *brought support to them* rather than burdening them with the responsibility for seeking out help.
- Some ongoing support was deemed necessary beyond the lifespan of the group, to enable participants to maintain the gains they had achieved.

Cost Consequence Table

The MAC intervention is designed to provide an earlier response to domestic abuse, before the involvement of criminal justice or child protection. The Home Office (2019) estimated that the average cost for a single adult victim of domestic abuse is £34,015. The cost of the Make a Change Intervention per individual who uses abusive behaviours is £2970. Offering MAC as an early response therefore produces a potential saving in excess of £30000 if intervention is offered.

Intervention offered		No Intervention offered	
Service	Cost	Service	Cost
MAC – Group/one to one intervention, includes the costs of survivor support work, community awareness raising and training/workforce development. Crucially this involves development of the model**	£2970	Without intervention, behaviour escalates, resulting in a police call out	£645[3]
		Children's services are notified resulting in: The child's needs being assessed by children's services (CAF) Safeguarding of the Child The child is assigned Child in Need Status	£250[4] £271[5] £1701[6] £20400 - £46600[3]
		Support offered to the child in school	£156[7]
		Survivor health is impacted, need to access health service	£1200[1]
		Child wellbeing is impacted, resulting in development of mental health difficulty, counselling referral	£1091[8]
		Lost output	£7425[1]

[3] Home Office (2019) The economic and social costs of domestic abuse: Research Report 107. Methodology – based on the total national annual cost estimates divided by the total estimated number of adult domestic abuse victims

[4] PSSRU (2018)

[5] S251 data 2019

[6] GMCA 2019 Unit Cost Database; National Audit Office DFE (2019) Pressures on children's social care.

[7] GMCA (2019)

[8] PSSRU (2018)

		Costs associated with physical and emotional harm to adult survivor	£24300[1]
		Survivor accesses victim services	£370[1]
		Survivor accesses refuge	£100 per night[9]
		Criminal legal costs	£170[1]
		Civil legal costs	£70[1]

** Costs given include a central capacity to develop and implement the model. It should be noted that costs for the roll-out are lower, and delivery is broader; it is estimated that thus cost will be £2732 per person using abuse, including the delivery of community outreach, workforce development , provision of friends and family support, integrated survivor support and support for children.

[9] Unit cost for emergency B&B accomodation

Action Learning Sets and interviews with delivery staff

Several themes were explored in Action Learning Sets and face-to-face interviews with Make a Change practitioners. The ALS were conducted between March 2019 and January 2020. The interviews took place on 20 February 2020 in Lincoln and then on 9-10 March in East Sussex and Brighton and Hove. In the section of this report we discuss key themes and observations common to both sites. Where issues raised are specific to either Lincoln or East Sussex (including Brighton and Hove), these will be indicated in the Summary and Observations sections below.

Early implementation of MAC: Training and publicity

Delivery teams and managers all reflected on the importance of working in a multi-agency way, having and building local networks, and ensuring publicity and good communication.

> *"I think for me what has been key to implementing Make a Change is having the local knowledge of both statutory and third sector organisations across Lincolnshire, and I think also having that already established relationship with our external partners, so they already know me as a professional and I was able to revisit partners that I'd worked with before, professionals I'd worked with before, and be able to really get us moving to delivery stage really. So I think that is what benefited my role, especially when I've come in so late, but to quickly hit the ground running and quickly got a group set up and got referrals coming in. So I think that was an advantage to me. I think what has been an advantage as well is our positive relationship with the police as well. So our lead commissioner for the commissioning purpose of it is really so supportive of our intervention, so we've worked as well together to be able to support the roll-out of this as well. So I've had quite a lot of support, down to things like getting free venues to deliver the training. So we've been able to rely heavily on the police in terms of getting venues to deliver our training, in terms of some social media, on Twitter and that, getting that support, and getting the message out."*
> (Team Manager)

> *"I think if you were starting out entirely separate from a known organisation, then it might be a little bit more challenging to kind of get that trust factor."*
> *(Intervention Practitioner)*

> *"Because I think as a lot of people haven't heard of works and projects like this before, I think sometimes people are a little bit sceptical and a little bit concerned about, you know, who is running it, why is there an accreditation? Do*

you know what I mean, because that's their, a set of kind of guidelines in place for it."
(Intervention Practitioner)

There was a need to build trust in a new approach and to reassure potential referrers about the intervention, to support the development of referrals.

Recognise, Respond, Refer (RRR) training, awareness raising and briefings delivered by delivery staff and Local Area Managers in both delivery sites, was seen as important in establishing a presence, and of generating awareness among other agencies of the existence and purpose of the MAC Project as an integrated service that could respond to the needs of those who behave abusively, and of associated victim / survivors.
Delivery teams and Local Area Managers were extensively involved in publicising the intervention. Workers in both settings had been very actively involved in distributing and passing on information about MAC. This had included an imaginative distribution and circulation of publicity through facilities such as gyms, hairdressers, cafes, shops, garages, sports centers, and fast food outlets such as McDonald's.

"Yes, okay, so we were delivering briefings and trainings, say briefings about Make a Change project to lots of different agencies. We were also offering free training on working… recognising domestic abuse but specifically, so it was Recognise, Respond, Refer. Yes, so we were delivering that which I think that was very helpful. We did quite a push on poster campaigns which was quite effective, so we did those in kind of buildings and services like this, but we also did them kind of out in public spaces, shops, pubs, cafes."
(Intervention Practitioner)

The reactions to these publicity efforts were described as generally positive:

"Yes, pretty good, I would say ranging from quite interested and positive to reasonably disinterested but in a neutral, you can put your poster up kind of way. Some didn't want to, but nobody was dead set against it really. We didn't have as many perhaps difficult conversations as we were maybe expecting when we were going to some of those places. Yes, it was mostly quite a neutral to positive reaction."
(Intervention Practitioner)

The use of existing local authority, police and police crime commissioner Facebook Pages, websites and the use of Twitter were also referred to by practitioners as having been valuable in building up a presence and publicising the existence of the service. Interviews with participants discussed elsewhere in this report also confirmed that some men had managed to access the intervention via the respective websites.Early ALS's were particularly focused on implementation and building a referral base was extensively discussed. For example, one concern discussed in both sites in the first 6 months of delivery was how to manage 'trickling' referrals, running groups with small numbers in effective and safe ways,

and the complexity of maintaining a 'rolling' intake. Strategies to maintain motivation during this phase were discussed and successfully implemented.

Both locations also had university and college populations, and East Sussex and Brighton and Hove practitioners for example had been involved in making a number of links with university staff and students, leafleting during 'freshers' week, actively addressing student cohorts about to commence degrees in relevant subjects, and generally building relationships with university welfare and student support staff.

Asked about the reaction to the publicity in these various settings, this seems to have mostly been positive. The manner in which the publicity was phrased was seen as important. Publicity made no specific references to 'violence' or 'perpetrators', instead focusing on MAC as a resource for those 'worried about their behaviour towards loved ones' and searching for 'support'.

Delivery staff noted that, referrals to the intervention often came through a female partner or family member, who encouraged the people using abuse to engage.

> *"We have found… from a point of view of communicating with the survivor, quite a high proportion of the self-referral clients that we had, their contact with us was like through their partner having found the service or having wanting them to contact the service."*
> *(Intervention Practitioner)*

> *"So a lot of the kind of poster referrals or the online searching had been done for some of, for I would say quite a few of the clients, either by their partner or for some by their mother or another female family member."*
> *(Intervention Practitioner)*

It is therefore important to consider that publicity needs to be focused not just on 'men's spaces' but also needs to be accessible to women. Clearly there are concerns here around placing a further demand on women's emotional labour: women are already expected to bear responsibility for addressing the abuse they experience. However, given that this was a frequent source of referral, it is important to consider how women might find out about the intervention. As one victim support worker noted:

> *"It's interesting because we were very keen from the beginning that the intervention was about putting the responsibility onto the perpetrators as opposed to the partner having to pick up the pieces and do all of that. In a way, I think it still does that. Even though she's the one that's found out the information, she's the one that's gone home and said 'you need to do this', he still has to be the one making the call and going to the assessment and turning up for groups every week. So there is… It's not quite as, what's the word, self-*

motivated as I would like it to be but I think realistically it's probably quite good compared with everything else, if you know what I mean."
(Intervention Practitioner)

Any area wishing to embed an intervention such as MAC will need to take into account the time, complexity and intensity of the labour that goes into establishing it in a new locale. It is a new way of working for many areas, and requires training and publicity effort to establish it and time to develop trust and demonstrate credibility.

The value of an integrated service

In interviews and action learning sets, delivery teams made reference to the value of the integrated nature of the service they offered, and the importance of the relationship between the delivery team for those who have behaved abusively, and the support team for victim / survivors. The two victim support services involved in MAC had longstanding track records in each delivery region, and this – together with the involvement of Respect and Women's Aid Federation England – added to the sense of the credibility of the intervention.

In both sites, monthly case management meetings were an established feature in which integrated survivor support staff and Make a Change intervention practitioners met to discuss changes to needs and risk and other relevant matters for each client, discuss appropriate next steps, and to exchange information generally.

"Yes, so that's depended slightly client to client because the survivors are, you know, they're able to determine the amount of engagement they have with [the victim support service] and some of them have wanted more feedback and engagement than others. Some of them they've kind of asked for just an occasional phone call / check in and a bit of an overview, they are not as interested. Some of them meet more regularly face to face and for those we, kind of, give a basic overview, feedback to each group weekly to [name], progress. We also meet monthly for case management, we discussed all a bit further. I think from that information [name] filters through some of it and gives kind of, you know, necessary desired information to the partner. So we'll talk with [name] in a little bit more depth about, you know, what's happened in group, the disclosures that each guy has made, the progress that they are making, and then [name] passes the appropriate amount of that onto the partner."
(Intervention Practitioner)

In Action Learning Sets, the close sense of team was very evident, and clearly highly valued by both the integrated survivor support practitioners and those delivering the perpetrator strand of work.
Senior managers took part in team meetings, and Intervention staff reported supportive relationships and frequent liaison occurring on a regular basis. This ensured that the MAC

intervention was appropriately integrated into a broader service framework. For this reason, it was deemed important that those supporting victims / survivors have a good understanding of the group intervention, and they had participated in the training manual of work alongside group delivery staff.

> *"I work with the partners. And then we work together, and that's a new thing for us, isn't it, that we normally do, like you say, it's trying to tackle the situation, whereas this is early intervention, so it's kind of, it's trying to get in there before you need to do that, let's get them to the solicitor, let's do this. It's that early intervention that's really, seems beneficial, really. At the moment, it seems like it's really, hopefully, working. Early days though, but yeah, the idea around it is really, really good."*
> *(Intervention Practitioner)*

The victim / support team were kept informed about the delivery pattern of the group, so that they knew which content was being offered at particular moments in time. This meant that where victims / survivors wanted to be informed, support workers could flag up if sensitive or difficult content was being covered:

> *"I think the fact that we are able to involve the women and that they feel part of the process and that they, you know… I think they like the fact that we're able to give them the information around what's being delivered and, yeah. And I think the fact that they can refer as well is really good. I think the actual work we're doing, that one-to-one work is really good, we've got, you know, really good contact with clients, the feedback that we've had so far is really positive. Yeah, I think they like being involved in the process which is really, really nice."*
> *(Team manager)*

The integrated nature of the intervention, and the communication between the two delivery teams, offered a sense of accountability and security for the victim / survivors:

> *"It means that I can sit with the women and say, well, these are the sort of things that they've been talking about and these are the sort of things they're going to talk about so the women can be prepared if there's going to be… Say, they're talking about sexual respect or something like that, sometimes it's quite useful for the partners to know about that in advance to keep an eye out for anything and just be prepared in case something happens. So in some ways that's been great but in other ways it would be nice to have a bit more flexibility in there so that if something's happening with one of the couples, that things could be changed around a bit to address that without singling somebody out. Talking about boundaries or talking about if there's been an incident then trying to work that in more. Do you know what I mean?"*
> *(Intervention Practitioner)*

The integrated service also offered staff a sense of security for their work, enabling a better sense of risk management for their work with people who behave abusively, and with victim / survivors:

> *"I think because the men that are doing the intervention have to be, and are aware, that we're involved with partner… They know that we're going to be contacting [the (ex) partner], that has to be a condition that they, the men going on the intervention, know that we will be supporting the partner, ex-partner. So that change, that's a little bit different, isn't it?"*
> *(Intervention Practitioner)*

Practitioners were also very aware of the way that the involvement of the partner support worker added a sense of accountability for the group participants and enhanced the delivery of the MAC group intervention.

> *"Just a different understanding of victims' needs, I think, which has been really good. Having that information… the liaison between the worker at the [center] and my staff member here is really, really good, that communication is always there, they have regular contact after group. After the group session, the next day the worker will ring and speak to my worker and they'll talk about anything that's been highlighted that night, anything that was said perhaps that was inappropriate or anything that might lead to issues just so that we're aware of potentially what could be going on at home."*
> *(Team Manager)*

All members of the delivery team, supervisory and management teams felt that the integrated nature of the service was a vital component of the success of the intervention. They felt that it enabled accountability, enhanced risk management, and made the groups more clinically effective.

Approach of MAC Intervention practitioners

All the practitioners emphasised the importance of adopting a non-judgmental approach both during the assessment and information-gathering stage and indeed throughout the Intervention. As one practitioner commented, while men are 'not flat out' denying abuse, the word abuse is 'scary'. Men might not persevere had this been mentioned straight away. There was however evidence from the comments of the practitioners, borne out by the experiences discussed by the intervention participants who were interviewed, that there was an increasing emphasis week by week and as men proceeded towards Phase 2 of the Intervention that they were expected and encouraged to disclose and become accountable for their own past and present behaviour.

The motivational approach was also evident in the language adopted by the practitioners when they spoke about the way they viewed the purpose of the MAC Intervention. Terms like 'support' and 'help' were interspersed throughout the interviews.

> *"We need to give the right impression that we want to support, we want to help."*
> *(Intervention Practitioner)*

> *"What do you want to change?" "Why do you want to come here?"*
> *(Intervention Practitioner)*

People who behave abusively and by their partners valued this approach and felt that it enabled engagement:

> *R1: It's not like, you're doing wrong, you're doing this, it's not like a pointing finger, you need to sort yourself out. It's a, we want to support you, we want to help. And they actually appreciate that, and I think that then makes them want to go.*
> *R4: It's very person-centered, isn't it*
> *R3: And I think they see you as a positive figure, rather than someone who's going to impose restrictions.*
> *(Intervention Practitioners)*

It was also noticeable that in comparison to many existing interventions, the term 'perpetrator' was not perceived as helpful or constructive as far as engaging with men on the intervention and motivating changes in behaviour and attitudes. Despite the fact that this term was acceptable in professional networks and though multi-agency working, the following comments suggest a positive and inclusive approach aimed at destigmatizing men who were often anxious that they would be judged and labelled:

> *"We do really try to refer to our clients as 'the men in the group'."*

> *"I've never referred to them as perpetrators; I think that would devalue what we're trying to do. In assessment and otherwise I would always refer to 'unacceptable behaviour'."*

> *"Your behaviour has been unacceptable and that's what we're working towards to make you understand that, and help you through a thinking process so that your behaviour becomes acceptable."*
> *(Intervention practitioners)*

A similar attitude was evident in the victim's support service:

"And helping the perpetrators, and those around them, understand, potentially, why they're doing what they're doing, what have they brought up with, is that all they know, how they've been told all their lives they're no good, it's a form of control. There's so much we've got to work with… It's exciting to be able to actually look at this and think, yeah, we might have something that's going to work."
(Intervention Practitioner)

This sense of compassionate challenge is evident in the group participants' own descriptions of the experience of the group – feeling simultaneously understood and not judged, but also clearly and directly challenged for problem behaviours and attitudes.

Assessment and relationship building

Entry into the group intervention was preceded by an initial one-to-one assessment which consisted of information gathering as to the men's background details, current living circumstances, contact with other agencies, and general reasons for seeking contact with the Intervention. This information gathering stage also requires practitioners to ask the man concerned to complete both a CAADA / DASH Risk Assessment as well as a first contact form, Time 0 (T 0) of the IMPACT Monitoring Toolkit developed by WWP-EN. This toolkit requires men to tick a series of questions concerning *inter alia*, their reasons for attending the intervention but also to answer 'never', 'sometimes', 'often' as to whether they have been emotionally, physically or sexually abusive within the past year, as well as the impact they think this has had upon their partner and their children. Practitioners were asked how they negotiated this process and moreover what was their experience of how men responded.

Practitioners seemed to go about this in a number of ways. Most commonly, men were asked to complete this form by themselves, so the form was not 'administered' by the practitioner. This allowed the individual man to complete this in privacy. However, they were aware that the IMPACT form would be processed by the practitioner, meaning that if they disclosed abusive behaviours in the form, it would still be noted by the practitioner. No-one in the practitioners' recollection had refused to complete it, though on occasion, practitioners had used their discretion to focus more on information-gathering, engaging with men and providing information about the purpose of the intervention, and only returning to the IMPACT documentation on a follow-up meeting.

Managing Disclosures

The MAC Intervention consists of three phases. During the first ten weeks of the Intervention (Phase 1) group participants are not 'required' to disclose abusive behaviours immediately. For a number of reasons including men's reasons for contacting the intervention, the need for clarity as to the purpose of the intervention, and the need for

men to become accountable for their behaviour this process concerning expectations around disclosure required some subtle handling by staff. Workers were asked for their views about how issues of disclosure had applied in practice. It is worth noting that the way in which disclosure was dealt with were entwined with the approaches taken by the practitioners in both sites in terms of how they engaged with men at various stages.

> *"Yeah, I do see the reason why the disclosure comes in stage one but there's almost a trust built in and I think sometimes that's part of the framework that they've come through. When they've come through their own voluntary…volition rather, they don't feel as if it's something that's going to be punishment focused, so it feels as if it's going to be beneficial to them." (Intervention Practitioner)*

Enabling trust to be built to facilitate disclosure was seen as more appropriate than mandating it, enabling the participant to build a positive and supportive relationship with the practitioner, and underscoring their non-judgmental approach. Relationships between facilitators and participants were seen as central to the success of the intervention, and particularly to engagement and retention:

> *"I think building relationships right from the point of assessment is key to being able to encourage males to attend a group session, definitely." (Local Area Manager)*

Practitioners suggested that most group participants do disclose early on in the process:

> *"So my experience is that they tend to, seem to disclose during assessment… There seems to be a lot of justification around that disclosure but it's almost as though they lay it all out really and they seem to disclose during…yeah, during assessment. It almost feels as though the reason that they're doing that is that perhaps this is the first time that they've actually been able to speak to anybody about anything, you know, like this. And they do often say that this is the first time that I've been able to talk about it. So initially when they first come into the assessment they appear to be quite guarded but as we take them through the paperwork and just sort of have some general chitchat to kind of put them at ease, a bit of reassurance about that they tend to kind of…it feels like they're kind of just dropping those barriers a little bit and start to feel safe enough to say, yeah, this is what's going on." (Intervention Practitioner)*

Building rapport, outlining the expectations of the intervention, and setting the non-judgmental tone of the MAC approach facilitated the process of disclosure.

In a minority of cases, disclosures were not made, however, and this was discussed in both ALS and in interviews as an issue that needed to be tackled more directly if it persisted, ultimately, this is managed through case management, with supervisory oversight Although

they are not required to disclose before engaging with the intervention, disclosure is expected as a requirement of progress from phase 1 to phase 2.

Phase 1 largely involves work 'at a distance', processing materials through case studies and examples from other people's lives. Phase 2 in contrast involves direct work with one's own materials, and this is not possible without some comfort with disclosure.

Although the emphasis on self-referral and no requirement for disclosure for access to MAC has the potential to produce challenges in the management of the group, by and large this did not prove to be the case. Delivery teams reported a fairly easy process of disclosure that emerged organically as the intervention ethos and the sense of non-judgementalism became clear to participants.

Measuring change

Although the intervention emphasizes non-disclosure, MAC is evaluated using the IMPACT Toolkit. This toolkit quite explicitly details a broad range of abusive behaviours, and uses the term 'perpetrator' to describe those who behave abusively. Workers found the IMPACT questionnaire to conflict with the ethos of the group, particularly in the early phases.

> *"But it's a bit, the kind of shift in tone between the assessment we've just done with them and the way that the IMPACT questionnaire is set out, I don't know how well they mesh together necessarily. And so, we end up with a, kind of, an assessment that's very much geared around encouraging disclosure but not necessarily asking people to, kind of, catalogue the series of abuse."*

It is likely that this disconnect impacted on the low reporting of specific abusive behaviours described in the analysis of the IMPACT scores above. However, more importantly, there may be a therapeutic impact from the dissonance between the expressed ethos of the intervention, and the nature of the toolkit. This dissonance could have implications for the building of trust and a therapeutic alliance between the worker and the group participant.

Men and the group experience:

In the section on interviews with group participants, we noted that the group itself was valued by male participants. This is also reported by intervention practitioners.

> *"They really, I think, sort of bond within the group. I don't think they've had relationships with other men like they had within the group, so they found each other very supportive and I think they were surprised that they'd find this*

supportive. In actual fact what they tend to say is that regardless of what's happening in the group, regardless of what we've been exploring and what we've been learning about 'what I've found most helpful is the other men'."
"Men supporting men. Men supporting each other and being able to have that conversation. But there's a lot of reflection within group as well. You're seeing men reflect on their behaviours."

The facilitated group here is understood not just as a delivery context, but as a central aspect of the change process. It was a supportive space in which they could form meaningful relationships with other men – for many for the first time. The groups function as a relational micro-community in which they can explore their behaviours and emotions in a supportive and respectfully challenging space. In this sense the 'other men' become a resource in the change process.

"We had an incident a couple of weeks ago where two of the men actually challenged another man in the room. Yeah, and said, you know, well do you think that's right, what do the rest of you think. That was really interesting, it means that they're already starting to think about challenging each other whereas before they've sat there and not really said a great deal but it's obviously going in."
(Team Manager)

The capacity to challenge each other reflects a significant internalization of the non-abusive values of the group, and potentially suggests a willingness to take this challenge *outside* the group and back into the community. Further, as the group dynamic built, participants began to use other men from the group as a supportive resource between sessions.

"Because we've been told…some of the guys say, well, I don't know what I'm doing with so and so, I had a bad night with (partner's name). So they've texted the other guy who has maybe offered a level of reassurance. And, you know, we can't be twenty-four, seven on call. If that can come, and it's positive, from within, I think that's a very good residual outcome."
(Intervention Practitioner)

Obviously this requires some careful consideration, to ensure that contact between group sessions is genuinely supportive, and not reinforcing of the abusive behaviours. However, it does illustrate that the relationships forged in the group feel genuine and useful to the men involved. More common was the sense of the group itself as a containing space, offering a structure men could use to help them to 'hold' problems between sessions:

"So being able to take responsibility for their behaviours, but knowing that you know when they've really had to think about it and really stop themselves from choosing to use risky behaviours, that they've managed to hold onto that. And

then what they've done is, they're either waiting for group that week or they feel able to ring and speak to their assigned intervention worker to say you know what, I'm having a real tough time, I feel like I want to…and just be able to get that sounding board."
(Intervention Practitioner)

The supportive structure of the group, and the expertise and responsiveness of the facilitator offered a resource for men to learn to tolerate the discomfort of their emotions and impulses, to put a pause on behaviours, and to reach out for help if those strategies were not working to contain difficult feelings and potential actions.

Ongoing support, post-group:

The significance of the group as a resource which some men seemed to find important had generated discussion in the groups about men's need for ongoing support once the intervention had come to an end. Practitioners reported the fact that some men had discussed their anxieties about who they might be able to speak to if they felt it necessary to do so; some had readily exchanged mobile phone numbers and in a separate interviews with men who had participated in both interventions reference was made to the importance of the group itself as a factor in which was supportive as they engaged in different ways of thinking and behaving.

"For a lot of them, maintaining a completely non-abusive relationship is going to be difficult and not necessarily attainable at the point they're at in group, and now their partners are losing the one-to-one support…that for me is the biggest issue with how the group has ended."
(Intervention Practitioner)

This appears to echo the concerns expressed by group participants and those in partner support who were concerned about how gains would be maintained after the group ended.

"Yeah. So there's a little bit of anxiety, I think, sometimes. And they would like to continue; they talk about, oh, what are we going to do if, you know, if we need to talk to someone? And they do have our contact details and they know that they can contact us and I think that what is happening between some of the men is that a couple of them have exchanged numbers, I think."
(Intervention Practitioner)

The need for some kind of ongoing support beyond the structured intervention has been increasingly noticed in academic literature and practice circles. For instance in Morran's (2013) paper on desistance, it is clear that for many men, there is a need for a supportive community of men, who share a common commitment to non-abusiveness and to positive masculinity. Exploring cost-effective and non-collusive ways of providing such support may be useful for future implementations of MAC. The implementation team has developed some resource for post-group self-care:

"Yeah. We've developed a bit of an aftercare resource pack, which I think will be good."
(Local Area Manager)

Victim / Survivors Space for Action

The team supporting victim / survivors reflected positively on the support they were able to offer, which was flexible and tailored to the needs of victim / survivors:

"I've really been able to offer whatever they want. If they want weekly meetings where they just come and go [non-verbal sound] at me then we've been able to do that. If they've wanted me to meet them out and about, you know, outreach stuff, I can do that. Some people have just wanted to have my details so that when something tricky is going on they can give me a call and talk it through and get some advice on what to do. Other people have just wanted check-ins to let them know how the guys are doing on the group. Obviously don't go into too much detail but we go into, yes, are they attending, are they engaging, is there anything coming up? Yes, so there's been a variety of engagement in different ways but I've been lucky that I've had the capacity to be able to do whatever it is they think would be helpful."
(Intervention Practitioner)

The level of engagement is set according to the expressed needs of participants, and it was noted that women had quite variable attitudes to the support offered:

"One of them, her engagement comes in and out depending on what's going on for her. Another one is quite wary of the whole thing."
(Intervention Practitioner)

The support was seen as offering women a reflexive context to build more space for action, and several support workers provided examples of the positive change this had enabled.

"I think there's quite a lot of… I think one of the women in particular that I'm thinking of, she's really, you know, made progress in her own life and making decisions for herself now and thinking about purchasing a house, you know, actually thinking is this relationship right for her. Her view is that she feels unfair to end the relationship until he's finished the intervention 'cause she feels like she's got to give him a fair chance."
(Intervention Practitioner)

However, it is important to remember that such support is not a magic bullet. It opens out some cognitive and emotional space for women, but further work and support may be needed to retain these gains. In the quote above, the worker goes on to note:

> *"She said she doesn't think she can get past that (a physical attack from her partner) but feels that she's got to see it through for the end of the intervention as he's, sort of, committed to it, yeah."*
> *(Intervention Practitioner)*

This is always a risk when working with abusive behaviours, the concern that the person using abuse may use their engagement with an intervention to manipulate their partner and prolong the relationship in ways that are unhelpful to the victim/ survivor. This concern is not unique to MAC and underlines the importance of those providing information to, or engaging with, partners to point out that attempts at manipulation may occur.

A central tenet of MAC is the idea that partner support should be offered to all (ex)partners impacted by the group participant's abuse. A concern raised early on in the Action Learning Sets was the potential for this to be intrusive in the lives of victims / survivors who have left abusive relationships. This is a complex concern for project workers, who need to balance risk management against the rights of victim / survivors to move beyond the relationship. This is a particular concern where stalking and other forms of post-separation abuse have been on-going, since the contact from the support worker could represent a further unwanted contact from the abuser, evoking experiences of the abusive harassment and intrusion they have previously dealt with. Such difficult decisions will always be part of an intervention like MAC, and ongoing reflection and appropriate supervision is needed to manage such cases effectively and safely.

Overall however, the support offered to victims and survivors was positively and flexibly received. Women valued that the support was 'brought to them' and that they could choose how they wanted to engage. Intervention workers felt that they were able to tailor support effectively and that they could work with women to enhance their sense of space for action.

Training evaluation

This section analyses qualitative and quantitative data from the evaluation of the Recognise – Respond – Refer Training model, implemented in two different formats: a half-day training and a two-day training. A pre-test evaluation explored participants' motivations for taking the training and their expectations about it, while a post-test evaluation inquired after their new perceptions and their intentions to use their new knowledge and skills. Open-ended questions were used in both questionnaires at this stage of the evaluation. Answers of participants were thematically analysed and similar

themes emerged. At follow-up, participants were re-contacted via email to evaluate their experiences with skills and notions developed during the training. Multiple choice and open-ended questions were used at this stage. 26 participants from the half-day training and 3 participants from the two-day training took part in the follow-up: descriptive analyses were conducted with quantitative data, and qualitative data were analysed thematically. All questionnaires were anonymous.

Three formats have been developed for raising awareness of the services MAC offer and to build skills in identifying and responding effectively to those who use violence in their intimate relationships. A 'briefing' is designed to provide information about the service and how to refer to it, and "Recognise, Respond and Refer' (RRR) training is designed to raise knowledge, skills, and confidence to identify use of domestic abuse, to open conversations with those using violence and abuse about their behaviours and its impact, and to refer to MAC or to another organisation if more appropriate.

RRR training was delivered in a half day, and a two-day format. Half day training was delivered to 364 individuals from a broad range of organisations, in the period up to 30 Jan 2020. 283 individuals were trained in Lincolnshire, and 81 in East Sussex (including Brighton and Hove). The difference in trainee numbers in the two pilot sites is partly explained by the delivery strategy for training in the two areas. In East Sussex and Brighton and Hove, groups tended to be smaller, and delivered to whole organisations, and a larger number of organisations were reached. In Lincoln, larger mixed groups were more typical in the delivery style. Lincolnshire also had larger numbers of training from organisations like policing, local authorities and NHS organisations, while East Sussex and Brighton and Hove more frequently trained third sector organisations. Across the two pilot sites, a broad range of organisational types were reached. These are summarised in Table 16 Number of individuals trained by organisation type and Table 17 describes the types of jobs performed.

Table 16 Number of individuals trained by organisation type

Type of organisation	Number of individuals trained
University	28
Police	27
Council / Local Authority	89
Domestic Abuse Service	35
Housing Association	32
voluntary sector – children	5
NHS	22
Probation	12
College	1
Homelessness organisation / housing support	11
Drug and alcohol service	22
Voluntary sector – survivors	9
Volunteer Service / Hub	4
Hospice	24
Homestart	1
Counselling Centre	5
School / education	4
YMCA	19
Carer Support	1
Total	357
Missing data	8

Table 17 Job role of trainees

	Number trained	Percent
Social work	29	7.9
family support work	5	1.4
Counsellor / psychotherapist	18	4.9
Residential advisor / support worker	9	2.5
Student welfare	11	3.0
Police	25	6.8
Early help	21	5.8
Supporting teens with risky behaviours	5	1.4
Child protection	2	.5
Financial advisor	2	.5
Reception	1	.3
Disability support	2	.5

Learning support	1	.3
CYP worker	10	2.7
Support worker	52	14.2
Service manager	4	1.1
Project Manager	6	1.6
Team leader	5	1.4
Voluntary worker	15	4.1
Homeless officer	2	.5
Mental Health Nurse	10	2.7
Probation Officer	8	2.2
Safeguarding officer	4	1.1
Health support worker	3	.8
Health Visitor	20	5.5
Children's advice worker	2	.5
Housing support worker	13	3.6
Social prescriber	1	.3
Youth worker	1	.3
Palliative Care nurse	1	.3
Homeless prevention officer	4	1.1
Contact supervisor	1	.3
Psychologist	2	.5
Health advisor	7	1.9
Substance abuse recovery worker	14	3.8
Nurse	9	2.5
police trainer	1	.3
Commissioner	1	.3
Allied health professional	1	.3
teacher / head teacher	4	1.1
Project worker	10	2.7
Specialist Palliative Care	1	.3
Physiotherapist	1	.3
Mental Health Advisor	3	.8
Housing Officer	2	.5
Total	349	95.6
Missing data	16	4.4

In addition, 15 individuals received the two-day training, in Lincolnshire, which was designed to develop more enhanced skills in identifying and responding to domestic abuse.

	Number trained	Percent
Police	2	13.3
Council	5	33.3
NHS	1	6.7
Hospice	6	40.0
Total	14	93.3
Missing	1	6.7
Total	15	100.0

Figure 24 Organisations two-day trainees came from

	Number trained	Percent
Counsellor / psychotherapist	1	6.7
Police	1	6.7
Early help	3	20.0
Project Manager	1	6.7
Safeguarding officer	2	13.3
Nurse	1	6.7
police trainer	1	6.7
Wellbeing Coordinator	1	6.7
Practice Consultant	1	6.7
Clinical Supervisor	1	6.7
Pastoral Care	1	6.7
Project Coordinator	1	6.7
Total	15	100.0

Figure 25 Role of two-day trainees

The data summarised in these tables demonstrates that MAC's RRR and two-day training reached a very broad range of practitioners and volunteers across multiple sectors. This suggests that the intervention raised awareness, and developing the knowledge, skills and confidence to identify and respond to those who use violence and abuse in an appropriately targeted but still broad ranging manner.

96.02% of those trained in the half-day intervention described themselves as White British. In Lincolnshire, 268 participants identified as White British, 2 as Black African, 4 as White Other, and 1 as White / Asian. In East Sussex and Brighton and Hove, 60 identified as white British, 2 as Black African, 2 as white other, 1 as White / Asian, and 1 as Asian. (Ethnic descriptions were self-defined). In the two-day training, 11 identified themselves as white British, and 1 as white other.

Figure 26 Ethnicity of RRR trainees in Lincolnshire and East Sussex and Brighton and Hove

307 half day trainees identified as female, 49 male, and 1 identified as non-binary. In Lincolnshire, 246 described themselves as female, 32 as male, and in East Sussex and Brighton and Hove, 60 described themselves as female, 17 as male and 1 as non-binary Figure 27. In the two-day training, 13 were female, and 1 was male.

Figure 27 The gender of half day training participants, in Lincolnshire and in East Sussex and Brighton and Hove

This data largely reflects the ethnic make-up of the population of the two areas – though a slightly more ethnically diverse sample might have been expected in East Sussex and Brighton and Hove, given the relative diversity of East Sussex and Brighton and Hove in particular. The preponderance of female trainees also reflects the feminised nature of the workforce within the relevant sectors in each area.

Trainees were asked to rate their own knowledge, skills and confidence in responding to those who use domestic abuse, before and after training. Their self-assessments are presented below.

Figure 28 Participant responses to self-assessment question on signs of abuse (half day training)

Figure 29 Two-day training participant self-assessment on recognising signs of abuse

Figure 28 and Figure 29 show an increased self-assessment score after training, suggesting a strengthening confidence in ability to recognise the signs of abuse. It should be noted only 4 participants indicated they lacked confidence in identifying signs of abuse after training. A test of repeated measures ANOVA was conducted using SPSS, to examine the strength and significance of the difference. This test suggested that the self-assessment change from before and after training was highly significant ($F=26.771$, $p<0.0001$).

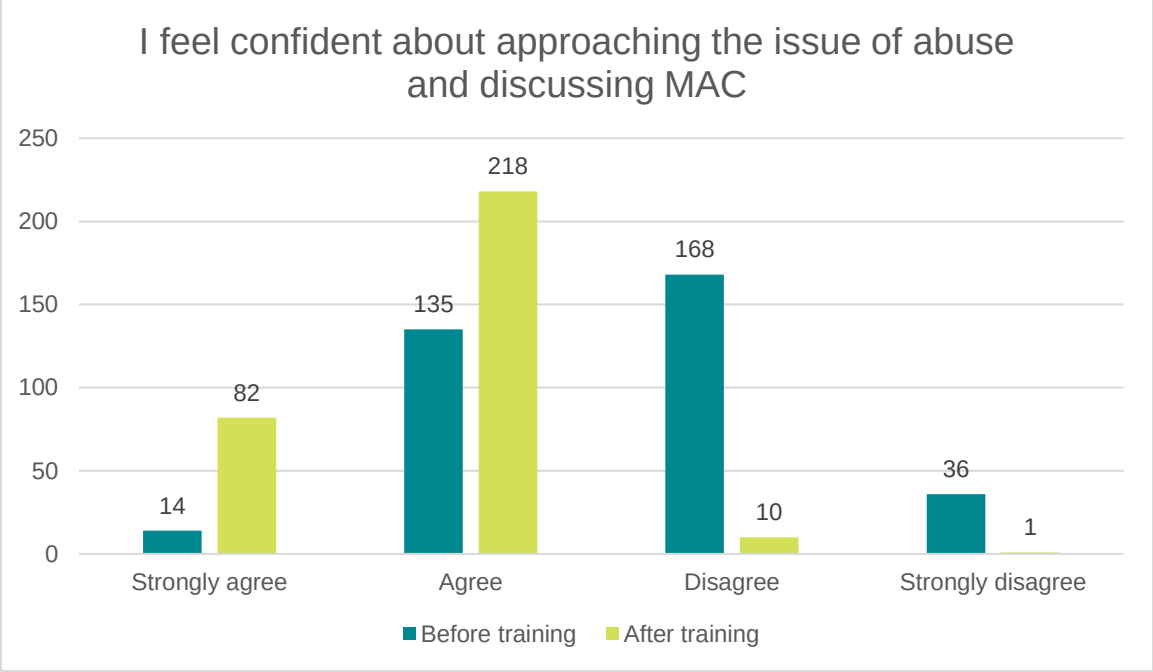

Figure 30 Trainees' self-assessment of their confidence in approaching someone about their use of abuse (Half day training)

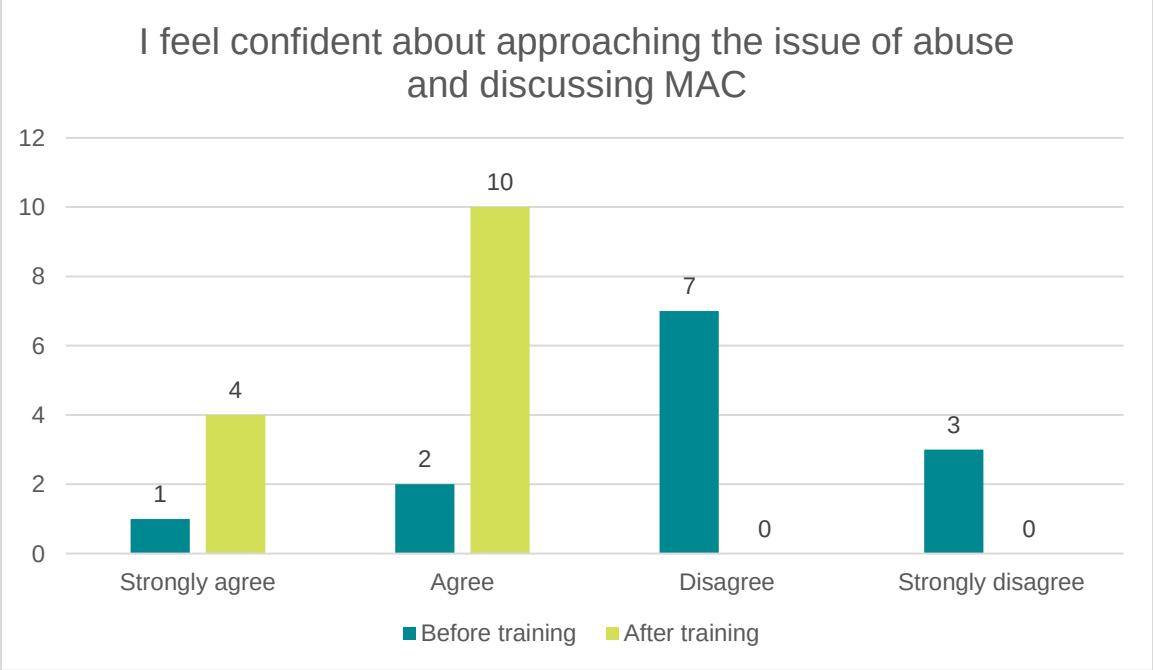

Figure 31 Two-day trainees' self-assessment of confidence in approaching someone about their use of abuse

Figure 30 shows a large positive change in self-assessment of confidence about approaching the individuals about possible abusive behaviours. A test of repeated measures ANOVA was conducted using SPSS, to examine the strength and significance of the difference between pre and post self-assessment. This test suggested that the self-assessment change from before and after training was highly significant ($F=422.534$, $p<0.00001$).

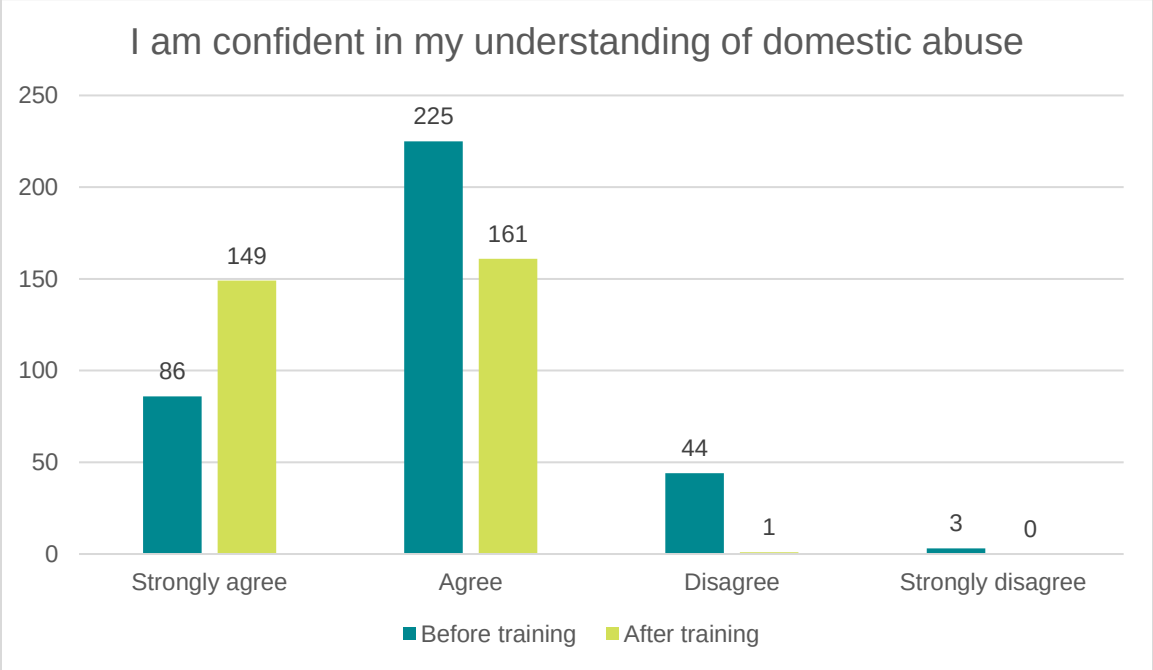

Figure 32 Trainee responses to self-assessment question about knowledge of referral process

Figure 33 Two-day trainees' confidence in understanding of domestic abuse

Figure 32 and Figure 33 shows that trainees' self-assessment of their confidence in their understanding of domestic abuse increased considerably after their half day training. A test of repeated measures ANOVA was conducted using SPSS, to examine the strength and significance of the difference between pre and post self-assessment. This test suggested that the self-assessment change from before and after training was highly significant ($F=87.246$, $p<0.0001$).

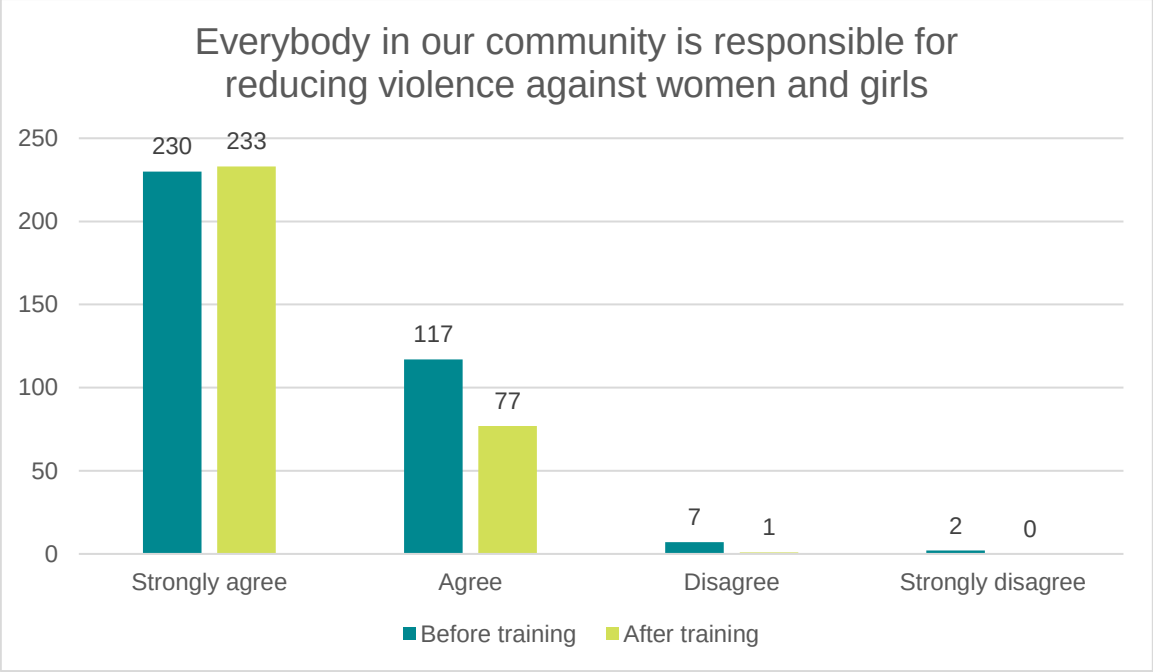

Figure 34 Trainee responses before and after training to a question about community responsibility in responding to domestic abuse

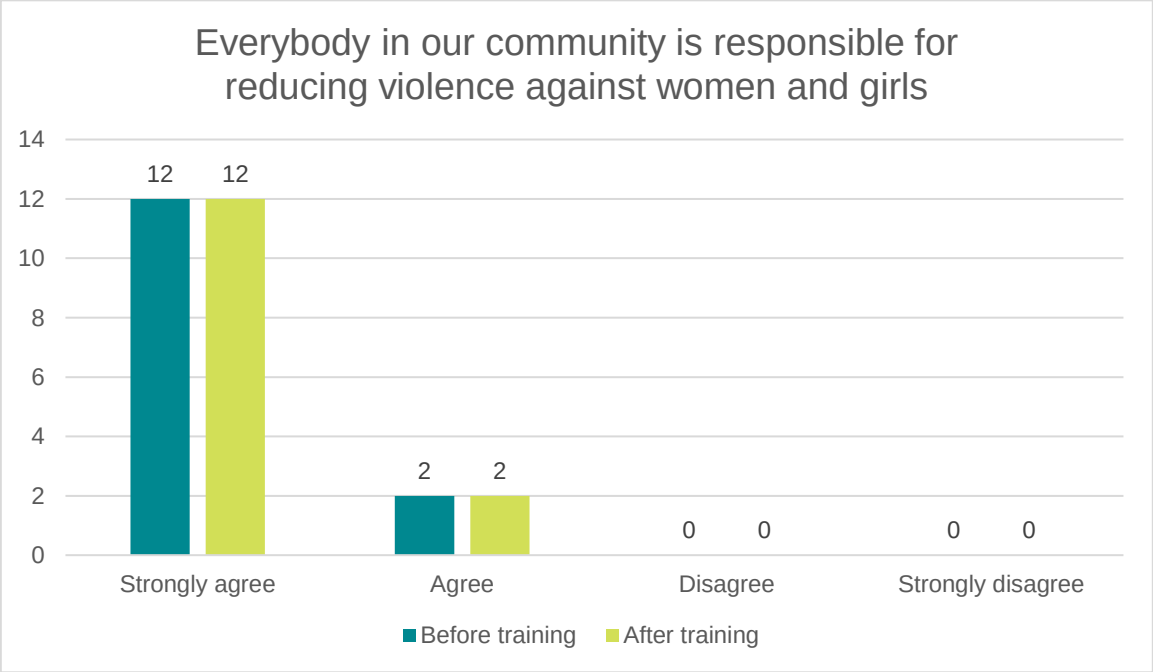

Figure 35 Two-day trainees' perception of community responsibility for reducing violence against women and girls

Participants had a generally positive attitude to community responsibility for reducing violence against women and girls, before the half day training, with most strongly agreeing or agreeing that everybody in the community is responsible for addressing this issue. This is unsurprising given that many were voluntarily engaged in training in this area. Nonetheless there was still a small and significant improvement in scores for half day trainees after training ($F=13.331$, $p<0.0001$)

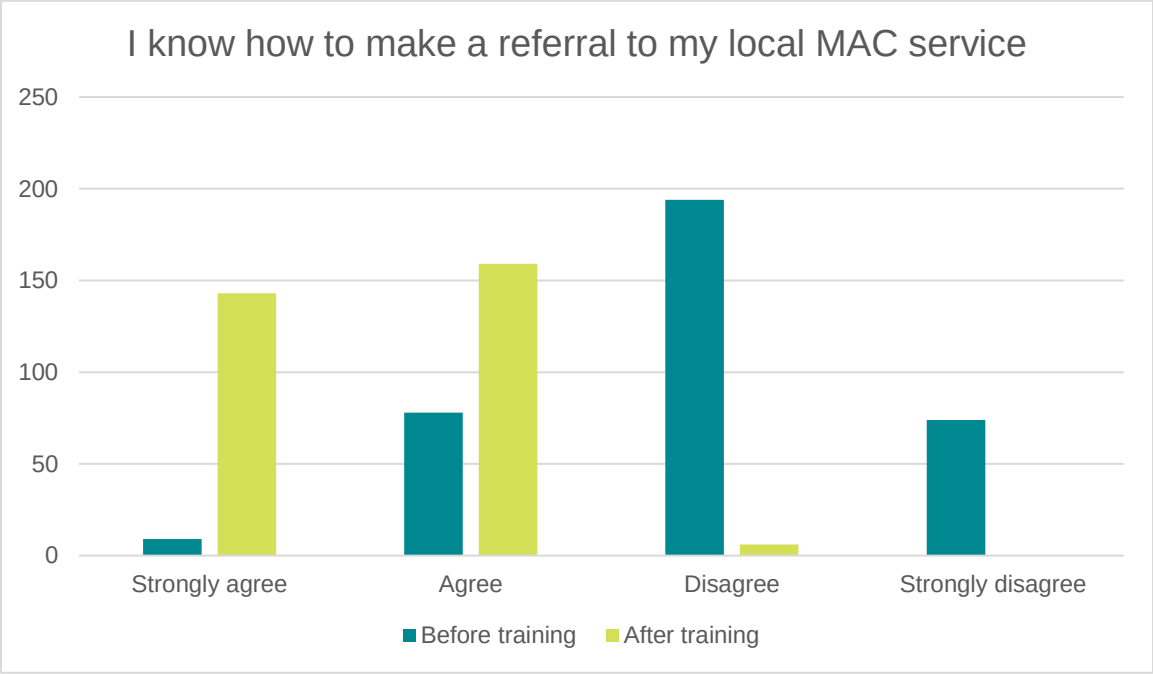

Figure 36 Trainees' self-assessment in knowledge of the referral process

Figure 36 demonstrates a significant improvement in knowledge of the referral routes trainees can use to access MAC. A test of repeated measures ANOVA was conducted using SPSS, to examine the strength and significance of the difference between pre and post self-assessment. This test suggested that the self-assessment change from before and after training was highly significant ($F=811.691$, $p<0.00001$).

This data suggests that the half day RRR training is succeeding in raising knowledge, skills and confidence about how to approach and respond to someone who uses violence and abuse. In qualitative comments, participants reported greater confidence about 'how to start a conversation' about domestic abuse, and quantitative and qualitative data suggests a significantly improved understanding of the MAC intervention, and of the importance of opening up honest conversations about domestic abuse.

Motivations for taking the training

Personal interest in the field of perpetrator interventions or in the Make a Change project specifically were listed as major reasons to take the half-day training. Some participants

saw Make a Change as a potential alternative to probation and other criminal justice or civil legal interventions:

> *"To gain more knowledge about this newer approach to preventing domestic abuse and supporting those that behave abusively." (Trainee)*

> *"To gain further knowledge of the intervention and how this can support our clients further." (Trainee)*

Early intervention, prevention and support for clients were also commonly cited motivations. Some participants highlighted the importance of recognising that not all those who experience domestic abuse want to end their relationships, and that for many who want to stay safely together, finding ways of reducing or ending abuse were important.

> *"Lots of couples want to stay together, if there was just some help for the ones choosing to abuse. This can help my customers and reduce homelessness." (Trainee)*

The most common reason that participants provided for their involvement in the training was their intention to update their knowledge and skills. This relates to the core knowledge about the dynamics of abuse, to the ability to understand and recognise signs of abuse, and in general to the ways in which abuse can be addressed.

> *"Update information. Clarify and confirm knowledge." (Trainee)*

> *"To gain more knowledge and hopefully take away the most up to date support available for people who are exposed to abuse." (Trainee)*

> *"To gain further understanding and knowledge around recognising domestic abuse and perpetrators." (Trainee)*

Professionals showed their interest in being able to understand domestic abuse for the needs of their clients. Counsellors, therapists and social workers felt the need to have an adequate preparation, in order to know how to recognise the signs of domestic abuse and intervene appropriately, while working with families and couples. Knowing how to effectively approach victims, as well as perpetrators, is important to identify risky situations and to offer holistic support.

> *"Working frontline with clients, have couples on my caseload. Substances can escalate domestic abuse." (Trainee)*

"I have had a few cases where there has been incidents of DA leading up to and during our involvement. To gain more insight into behaviours, impact and how to support and prevent." (Trainee)

"I attend child protection conferences, many are brought to conference due to DV. I feel understanding puts us in a position to encourage referrals in order to help safeguard." (Trainee)

In the half-day training, a number of participants admitted that their involvement in the training was mandatory for their jobs, or suggested by their managers. On the other hand, some participants showed sensitivity towards people they met in their everyday life, as they wished to be able to help them if they suffered from domestic or dating abuse.

"I was requested to attend, but I have an interest in supporting individuals within abusive relationships." (Trainee)

Many trainees were asked to attend by line managers, but still expressed a commitment to or interest in domestic abuse support, and in sharing knowledge gained with others in their organisations.

"I deal with many students throughout their time in university, from when they first apply for accommodation to helping them find properties in the private sector. I also signpost students to various other help and feel this training would be benefit me in being able to spot the signs and refer if necessary." (Trainee)

In a broad range of organisations, trainees identified that they were aware of the significance of domestic abuse as an issue for their target population of clients. In the quote above, this related to university students, but the significance of addressing abuse was seen as relevant to client groups across the full spectrum of trainee roles and organisations. Many participants reported that they felt unprepared to address the needs of clients who were experiencing domestic abuse, and were motivated by a desire to provide appropriate support.

"To identify signs of DV, to know what to say, what not to say and how to support those in crisis and who need support after trauma." (Trainee)

Other common reasons to take the training, in both conditions, included participants' intention to share knowledge with their colleagues and to drive a collective change to address domestic abuse. Some participants made clear their intentions to inform their colleagues or to encourage organisational changes, based on what they would have learned during the training. Make a Change was perceived as a useful tool to drive individual and societal shifts.

"I want to create a culture change amongst uni students around misogyny and entitlement with a view to less students being victim of domestic abuse and sexual violence." (Trainee)

"Developing my own understanding, in order to drive service delivery and change." (Trainee)

"Pass this information onto team members and other professionals supporting children and families." (Trainee)

This suggests that MAC training is largely achieving some of its intentions to create a culture change in challenging the social conditions that produce, enable and maintain abusiveness.

Positive outcomes after the training

Participants showed positive outcomes in several domains after taking the training. The most common outcome was a perceived enhanced confidence in approaching the issue of domestic abuse, especially by starting out a conversation with a perpetrator. The feeling of being able to handle complex topics was expressed with enthusiasm by the vast majority of participants.

"I feel more confident than I did before the training." (Trainee)

"I feel more confident in myself to approach the subject in ways that will get them to engage in conversation." (Trainee)

"I feel more confident than I did at the start. It makes lots of sense to do it the ways we have discussed." (Trainee)

Another common outcome was an improved understanding of how to refer to the service. The service appeared supportive; the referral pathway, as well as the benefits of providing the service, looked clear and immediately useful.

"They will make me more aware of what to look for in 1:1 situations." (Trainee)

"It will be an important part of my toolkit of resources available to support families where DA is occurring." (Trainee)

"I will be able to advise and signpost perpetrators to MAC with a good understanding of what it is and how it will help them." (Trainee)

In the half-day training, participants added that they had improved their ability to recognise signs of abuse and their understanding of the dynamics of abuse from a

perpetrator's point of view. This perspective integrated their knowledge on domestic abuse.

> *"Will be able to recognise signs of a perpetrator and the behaviours they show. We focus a lot on signs of the victim. This new information is very insightful." (Trainee)*

> *"When dealing with customers I will be more aware of what to look for." (Trainee)*

> *"Made me think more about my approach. How many people have knowledge about a violent situation?" (Trainee)*

Trainee responses suggest that the training offers an important awareness-raising opportunity, and that it builds confidence in helping trainees to have challenging conversations with people they suspect may be using abuse, and made them more focused on the potential that abuse is present in their client populations.

Perceived barriers to approach a perpetrator

Participants listed different reasons why they would be hesitant in starting a conversation about abuse with an alleged perpetrator. A small number of trainees continued to have concerns about their ability to correctly identify abuse. This concern was more commonly expressed in responses by half-day trainees, who suggested a potential barrier to discussing abuse included the fear of misunderstanding the situation, concerns about ruining their professional relationship with the perpetrator, and, in a smaller proportion, the lack of confidence about starting the conversation. Uncertainty about language choices seems to be the major issue for the few participants who still didn't feel confident after the training.

> *"Fear of upsetting people, fear of reading signs wrong, fear of my client disengaging." (Trainee)*

> *"Not knowing exactly what to say without feeling awkward for me or the perpetrator." (Trainee)*

For both half and full day trainees, the most common barrier related to potential risk. Risk assessment involves considerations about the temperament of the individual and their level of acceptance or denial of the abusive situation. Participants said they would proceed cautiously if there was a risk of an aggressive reaction towards them or the family of the perpetrator.

> *"Concerns about escalation. Risk to survivor and myself." (Trainee)*

"If I felt threatened, if I felt raising the issue would escalate a situation, causing difficulties for individuals after I left." (Trainee)

"Thoughts that the person abused could suffer more." (Trainee)

A number of participants in both conditions said that they would be insecure about the appropriateness of the situation to start a risky conversation. For example, one two-day trainee noted that they might not start a conversation about abuse

"If victim is present (children). If my professional judgement tells me, it is not safe to do so." (Trainee)

Timing, environment and temporary conditions of the individual have a fundamental role in defining the right setting to talk about abuse. Time constraints or the presence of children or other members of their family could also be significant barriers to starting the conversation. These hesitations are appropriate and demonstrate that the trainees have taken on board key training messages around assessing risk and considering context before opening up challenging conversations. They also demonstrated awareness of factors that might increase such risk, indicating that they would not open up a conversation

"If in a situation where perpetrator was emotionally aroused." (Trainee)

"If at that current time the client was presenting aggressively. Significant mental health needs - that could escalate risk. However, would approach the subject at a time that is appropriate." (Trainee)

They also showed an understanding that the context in which the subject is broached might impact how the person using abuse interprets their intervention:

"If perpetrator is under arrest, as this will affect the investigation and may be interpreted as interviewing." (Trainee)

Positive strategies to approach a perpetrator

Participants listed some positive strategies that they would use, if they had the chance to approach someone they believed to be using abusive behaviours in their relationship. The most common approach involved supporting a focused reflection that would lead the other person to explore their experiences, emotional triggers, and willingness to change in their personal relationships. Motivational interviewing was quoted by some participants as a good technique to encourage behaviour change.

"Talking about feeling out of control or how they feel about their relationship." (Trainee)

“Enquiries and gently asking how situations are affecting the individual.” (Trainee)

“Asking how they feel about what's happening in their relationship and if they'd thought about making any changes.” (Trainee)

This stage can be reached in different ways. Many participants would introduce the conversation by widely investigating the perpetrator’s life circumstances, or their relationship more specifically. Dropping hints about the sensitive topic in the conversation might be functional to this aim.

“Asking a few questions about 'home life', feelings towards partner.” (Trainee)

“Subtly asking how is their relationship going. Are they having any problems and how do they feel about this?” (Trainee)

“Asking how their day has gone initially and if they've hit any hurdles throughout the week.” (Trainee)

Some people said they would focus on how the other person is feeling in a general way. Others would start by encouraging thoughts on a specific incident that happened lately. Person-centered, indirect ways to introduce the conversation seem to be the most useful strategies to approach a perpetrator.

“I would ask the perpetrator how they were feeling.” (Trainee)

“I notice that you are not as happy in yourself as you have been. Is there anything happening that is troubling you?” (Trainee)

“I would notice something I had seen or heard and use that as my starting point. Your child said that you and mummy argue on a Saturday night. Tell me what that looks like or feel like for you.” (Trainee)

On the other hand, a smaller number of participants said they would rather be more direct, offering their help after noticing that something in their relationship didn’t look right, or talking about the service. According to this strategy, the topic of the abuse is introduced by the person who makes questions, rather than subtly encouraged and led by the perpetrator. However, the direct approach may also complete and be a consequence of the indirect approach.

“Communicate that they are making themselves vulnerable. And by offering help.” (Trainee)

“I have something that may help you and your partner.” (Trainee)

"I would suggest MAC as a way to improve their relationships, behaviours and actions in a supportive manner." (Trainee)

An important step to take before starting the conversation, as acknowledged by many participants, is to make sure that a trusting relationship was built with the potential perpetrator. The conditions in which the conversation takes place are also very important: an adequate personal preparation is needed, and being careful about the right timing and space for the conversation also appears fundamental.

"I feel I would need to build trust and respect with the person at the start then I feel I have the skills to approach the conversation." (Trainee)

"Friendly, unofficial approach. Gain the trust, confident of the subject." (Trainee)

"I would address their feelings and make a suitable time to speak to them when they are calm or sober." (Trainee)

It has also been highlighted that while starting a conversation about abuse, it is necessary to keep an open, gentle, but honest approach. This means that the person who uses abuse should be listened to, in a non-judgmental way, but also held accountable for their actions and encouraged to change.

"Be calm, recognise and state why I am starting the topic. Acknowledge it is a difficult thing to talk about." (Trainee)

"Not judging but exploring what is happening and supporting them to make the changes." (Trainee)

"Gentle supportive, but keeping a person accountable." (Trainee)

"Openly, non-judgmentally using techniques learnt, exploring back story." (Trainee)

Intentions following the training

Information acquired was judged to be useful, and participants indicated that they would use the skills and knowledge acquired. After taking the training, participants in both conditions reported that they would either use what they have learned in their professional and personal life, or they would share the new information with their colleagues or other professional collaborators.

"I have cases in mind I am going to have conversations with about getting them on MAC course." (Trainee)

"I will question interrelationship interaction more." (Trainee)

"I will pass the information onto my team, so they are aware of the service, how to refer in, and how to approach the conversation with perpetrators." (Trainee)

Participants of the two-day training put a specific emphasis on their intention to raise awareness on the issue and to disseminate what they have learned within their teams. Others claimed they would encourage colleagues to make referrals and develop good practices about the identification of domestic abuse in their professional environments, demonstrating the intention to spread the new information with the aim of creating a safer, more responsive culture to support people in abusive relationships.

"Inform strategic & training recommendations. Practice development in direct team. Take into social care." (Trainee)

"Take learning back to locality teams, encourage workers to be open and honest about needs for referrals." (Trainee)

"To work with counsellors in recognising and managing DA." (Trainee)

Based on the evaluation period, these are immediate reflections on the intervention, and impact in day to day practice needs to be more fully assessed to see what trainees have been able to enact. This is planned in continued delivery of Make a Change. "Top up" training sessions would also enable trainees to keep their knowledge and understanding fresh, and help to build community and organizational capacity to respond to abuse.

Actual use of new skills

A small number of trainees completed follow-up questionnaires three months after training. At follow-up, participants in both half and two-day training reported that they were now able to recognise the signs that someone is using abuse in their intimate relationships, and that they felt confident in talking to people about abusive behaviours. Participants in the two-day training were also asked if they were aware of the cultural ideas that enable abuse, if they were able to assess risk when talking to someone about their use of violence, and if they were able to deal with attempts of making them collude with coercive beliefs: all participants agreed or strongly agreed with these statements. 96.2% of participants from the half-day training and all participants from the two-day training agreed on the fact that everybody in the community is responsible for reducing gender-based violence, and in the same proportion they confirmed that they knew how to make a referral to their local Make a Change service. According to these results, both versions of the training were highly successful in providing knowledge and skills to address domestic abuse, including a clear referral pathway to the Make a Change service.

When asked how they had used their new developed skills in their everyday and professional life, the majority of participants reported that they hadn't had a chance to

use them yet. However, a number of them mentioned that they had talked about the training with their colleagues, or they had implemented it in the continuing education of their employees.

> *"I have shared knowledge with my team and across wider teams within my place of work." (Trainee)*

> *"I deliver GP training and so use it in that and to support our GPs." (Trainee)*

Many participants claimed that they had used their new skills to actively engage with people who behave abusively in their relationships and, in a lesser proportion, to engage with survivors.

> *"I have completed direct work with a perpetrator." (Trainee)*

> *"Shared details of MAC with two families that are considering committing to the course." (Trainee)*

> *"I have felt more confident in talking to potential victims about domestic abuse and advising them of where they can seek help." (Trainee)*

Other participants acknowledged that they were now more aware of the signs of abuse and the pathway to referral, and in some cases that they had spread their new awareness in the local community.

> *"It has helped me feel more confident in my work at spotting signs of abuse in relationships." (Trainee)*

> *"I am aware of the help available to perpetrators where there previously wasn't any that I knew of in the area." (Trainee)*

> *"Put up posters in the office and communal areas. Given children's centers posters." (Trainee)*

Experience in approaching perpetrators

Several trainees completed follow up questionnaires three months after their training. Those who had a chance to approach people who behave abusively after the training said they had felt more confident and prepared than before.

> *"I have been able to speak with someone about this - it was ok - I felt more comfortable in approaching this since the training." (Trainee)*

> *"I am more aware and confident regarding the topic." (Trainee)*

"I am more up front about broaching the subject." (Trainee)

Circumstances lead to a good response from the perpetrators in a good number of cases.

"Yes- went well." (Trainee)

"Yes, and the perpetrator is thinking about being able to commit to attending." (Trainee)

"I have managed to discuss this openly and honestly using only the facts that I have in front of me." (Trainee)

It is particularly significant to notice that, when specifically asked, none of the participants reported that they had experienced barriers in starting a conversation on abuse. Only one participant admitted that, potentially, they would be inhibited by the presence of the partner, or a confrontational atmosphere.

"The presence of the other person in the relationship during the conversation. Hard to discuss behaviour in a confrontational atmosphere." (Trainee)

"Nothing has prevented these conversations." (Trainee)

"I do not feel that anything has." (Trainee)

Different strategies were used to start conversations. While some participants directly introduced the topic of abuse, other interviewees preferred to use indirect tactics, like the use of open questions. Knowing that there was a service to refer to was a key factor to help people feel more confident and supported. The importance of building a relationship first and creating a safe, comfortable environment was also recalled.

"*The purpose of the conversation was already abuse." (Trainee)*

"I have been able to ask much more around 'is this ok?' and be more direct, rather than worry about getting to the core of the issue. This has been easier because I know there is an option for referral." (Trainee)

"I have asked multiple people and given them the opportunity to speak up if they need to." (Trainee)

A few participants declared that they were already aware of some strategies to address perpetrators, because of their professional role, and that the training did not affect their practice.

"This is routine within our daily work." (Trainee)

Follow-up results are consistent with the information that emerged during previous evaluations: the RRR training is highly effective and immediately useful, as it provides clear information on the pathway to referral for perpetrators and strongly enhances the confidence of operators to start a conversation about domestic abuse, both with alleged perpetrators and survivors. Trainees appreciated the practical resources included in the intervention, such as role-plays and starter phrases, as these helped them to put knowledge into immediate practice. Several indicated that they would have appreciated more of these.

Summary

- The MAC training was successful in developing knowledge and understanding of domestic abuse
- The MAC training enhanced trainee confidence in approaching those who behave abusively to discuss their behaviour and the availability of support
- Trainees were confident about the support available and about referral roots into MAC
- The half day training reached a broad range of community stakeholders, including volunteers, third sector and public sector professionals. It therefore represents a significant intervention in building community and service resources to respond effectively to domestic abuse and to challenge factors that maintain abuse at the community and professional level.
- In qualitative feedback, trainees indicated that knowing there was a service to refer to made it possible to open up conversations about individuals' use of abuse.

Focus group analysis

Focus groups were conducted in Lincolnshire and East Sussex and Brighton and Hove, in March 2019, to explore perceptions of the proposed Make a Change intervention, and enablers and barriers to implementation of the pilot. Four major themes were identified from these focus group discussions (see Figure 1).

A depleted service landscape for domestic abuse

In the pre-implementation focus groups, all group participants identified a significant gap in services for those who use violence and abuse in intimate relationships, and particularly for those who are not accessing perpetrator interventions that are court or child protection mandated. There was a perception that the service landscape was generally depleted as a result of austerity related cuts, and that **domestic abuse services were particularly thinly stretched.** For example, in one group, participants noted that survivor services were already struggling with numbers exceeding their contracts:

> *"I think in terms of the numbers, it's a bit frightening how many over their numbers they are…kind of what they're contracted to deliver versus they're delivering… it's a big issue." (Focus Group Participant)*

It was therefore seen as important to ensure that funding for interventions for those who behave abusively should be *separate* from survivor focused services, to ensure that there was no risk that they be seen as depleting services available for survivors. It would therefore be important that services like MAC be commissioned alongside other services and that services be seen as either integrated, as with the Respect Standard (2017), or as collaborative but distinct, with a distinct purpose and value.

Post implementation stakeholders commented positively on the value of an integrated service that addressed the needs of both victim / survivors and of those who behave abusively:

> *"And I think, working with that source is really, really good. And I also think that, I like how the service almost bridges that gap, because it doesn't solely just work with the perpetrator, they also make the links with the victims as well, and offer that support on both sides. So, it's not like somebody gets neglected, both are equally supported." (Focus Group Participant)*

This suggests that the implementation challenge of ensuring that MAC was not seen as undermining vital services for victims had been credibly addressed in the pilot, with key stakeholders seeing the integrated service as offering a valued intervention for both parties.

Nonetheless, insecurity of funding and strain within the service landscape was still noted as a point of concern for post-implementation focus group participants:

"Commission services like this is hard. And commissioners have to account for every penny." (Focus Group Participant)

Some participants felt that this was also related to public perceptions and the pressure government and elected officials see to engage those perspectives. It was felt that there was more support for services that target victims than for services provided to perpetrators.

"I think that's down, mainly, to public perceptions, isn't it? Because people don't want to be seen to be funding things that almost benefit, like, offending people. Which we see a lot in the Prison Service, that people don't put money into books and education and things…" (Focus Group Participant)

Further, commissioning services oriented to prevention was also seen as challenging – something that might also 'hit' the commissioning of an earlier response service.

"It's commissioning, isn't it, the service is a commission for victims, and for crisis work. So, all the funding, the money, goes to the, after the event there's no funding in Lincolnshire for preventative work." (Focus Group Participant)

In an austerity economy, funding has become increasingly crisis responsive and risk led, and funding was generally seen as being harder to secure for work with individuals deemed a lower risk. This was seen as part of the reason for the inability of East Sussex and Brighton and Hove to support for the continuation of Make a Change.

Nonetheless, the focus on early intervention and prevention was seen as a positive of the MAC project in post-implementation focus groups.

"So, the PCC is responsible for commissioning victim services, but some of that in our eyes is that, well, actually prevent people from being a victim in the first place rather than just giving them support after they've been a victim. So that's one of the real positives." (Focus Group Participant)

Moving beyond 'making do'

In pre-implementation focus groups, participants noted that there were particular gaps in services for those who have not been mandated to attend an intervention by a criminal court or as part of a child protection plan. For instance, police noted the value of being able to offer a response to those in custody, for whom charges were not going to be pressed, or where courts had not mandated engagement with a domestic abuse perpetrator intervention.

"An obvious one for us would probably be obviously, we have a lot of people go through our custody block every day, including people who are arrested for domestic abuse, and if there was stuff that we could put in the blocks or have

posters up or something, then there may be some uptake from people." (Focus Group Participant)

"So, from a police point of view, as you mentioned earlier, it's, we're sort of targeting things like custody, as well, and CID, and things like that. Because they might not be involved with any of your agencies, or they might be involved with one of you and not us. So, if we go to custody, they've got that chance to then say, this is your first time here, don't make it happen again, like, do you know what I mean, like, this is your opportunity, that kind of thing." (Focus Group Participant)

This would enable an appropriate intervention to be accessed at a point where a need is clearly identified, but where there is a lack of available service. A similar gap was highlighted in probation:

"And secondly we do get cases coming out of prison, regardless of the offence, unless say BBR intervention is stipulated within the license, again at a loss, unless we do one to one work and that sort of thing." (Focus Group Participant)

Participants who worked in probation, homelessness organisations, drug and alcohol services and mental health services also noted that they were required to prioritise the needs of their client group, and where the presenting need was ***not*** domestic abuse, they were often left with no service to offer, and expressed concerns that they lacked the specialist knowledge to undertake work with people who behave abusively in their intimate relationships.

"In most cases, if say you have…I'm managing say an offender, but there are also domestic violence concerns, then I have to weigh in which way the risk lies more and then you'd find that the emphasis would be one and not the other, and certainly not have enough time to manage the whole risk effectively, so with this sort of option, I think there will be scope to then offload some of that work to an intervention like this, yeah" (Focus Group Participant)

"Well, we have to do one to one work with them again, but now it's dependent on the allocated officer and how much focus will be directed to that line of intervention, weighed against the offence and what the primary risk is. Yeah, so it can be a balancing act sometimes which is difficult, so you have to weigh one against the other." (Focus Group Participant)

Several noted that the lack of a service for those who use violence and control often meant that a family would not get service at all.

"Historically, unless they were, like you say, going through the court process, and there was an order within that to do the BBR intervention, there was nothing, then, that we could do."

I: So, there was no way that you could help that family?

"No, we didn't work with them." (Focus Group Participant)

As a consequence, participants noted that they generally did not attempt to establish if help was wanted, since there was none on offer if it was.

"We cover the county, offering outreach services for domestic abuse. And we don't work with the people who behave abusively. I mean, we've had some people who behave abusively that will want help, not a huge amount, I've got to say, but we're not promoting finding out whether they do, because there was nothing there. So, it's like opening a can of worms and nowhere to send them, do you know what I mean." (Focus Group Participant)

Many professionals reported a "making do" approach when use of violence and control was identified as an issue

"Mental health staff will do their best. And I think social workers do their best, early help workers do their best, you know, everyone tries to do their best to work with people who behave abusively in the most appropriate way that they can, in the capacity of their role. But there has been since, as (name) said, before this there's been nowhere to refer somebody to." (Focus Group Participant)

This suggests that responses are provided but within the limited range of skill and ability that specialists in other fields might have. Participants recognised the importance of a specialist response to those who use violence and abuse in their relationships, and noted that the focus on mandatory interventions neglected a large group of individuals and families who needed support but had not yet been required to access interventions. Without the availability of such a service, practitioners were finding ways to 'make do' within existing provision, but noted that specialist knowledge and skills in domestic abuse response had been depleted by austerity related cuts. They noted that they lacked the specialist knowledge to feel confident in responding to those who used violence and abuse.

Post implementation, focus group participants noted a significant shift away from feeling they have to 'make do' to seeing Make a Change as a resource that enabled a stronger response to abuse disclosures:

"I think it's definitely made people more aware, I think it's definitely made people more confident to have that conversation knowing they can refer to something and say, look, there's a intervention that might support you, might be able to…if you would like that. I think without that, people will go back to struggling to have those conversations because they'll immediately think, well, I can't do anything about it, there's no intervention, there's nothing I can refer to. I think that's why people have been happy to have the conversation, because they've got knowledge and then they've got somewhere that they can say to people, here's where you can get real support." (Focus Group Participant)

In this quote the stakeholder highlights the value of having something to refer to, to enable conversations about domestic abuse to happen. This overcomes the reluctance to "open up a can of worms", by asking about abuse, knowing that they could do something about disclosures if they were made. One stakeholder suggested the presence of the service, and its accompanying training intervention made her more aware of the issue of domestic abuse, and that that awareness was evident throughout her organisation:

"But I would say prior to Make a Change, there was probably ten per cent, 15 per cent of our calls which involved some level of domestic abuse, and that probably eight per cent of them were people coming in and saying, my behaviour is increasing, I'm worried about it, what can I do about it. And actually there was not a lot that could be offered, so this is a really positive thing for our church communities."

Other stakeholders highlighted the role of MAC as a potential source for consultancy on domestic abuse, to aid their own decision making.

"…as I walked in here, I took a call about domestic violence. So, the actual perpetrator was sat on my caseload with a victim sat in hospital, so how do we manage that? So my answer was, actually, Make a Change, let's have a conversation with them about where we move forward. So it's live, isn't it, and dynamic." (Focus Group Participant)

The intervention was also seen as a viable partner and component of other planned and current interventions in the region.

"we're running a social prescribing project … and we've been doing that for, what, 18 months. And so Make a Change has come at a brilliant time for that project, and certainly people do make disclosures about stuff that's happening at home. And I know that again these guys came along to one of our link worker meetings and that did generate, people actually – well, hopefully referring in to Make a Change, but certainly passing on information. So really invaluable, because again going into peoples' homes, often they're going in for one person

but actually it's the partner that is also, you know, an issue if that partner is prepared to engage with." (Focus Group Participant)

It is important too to recognise that domestic abuse often exists alongside other social, health and mental health needs and that MAC training and support can be supportive to practitioners working in other fields like homelessness, drug and alcohol and mental health services. Ensuring that practitioners in these fields are aware of domestic abuse, and referring when appropriate might ensure both a more appropriate response for clients, and a more integrated response that could ease pressure on services.

Partners who do not want to separate

Stakeholders in the pre-implementation focus group described how, without appropriate services for those who behave abusively, many of those who used violence and control in their intimate relationships tended to 'fall through the Cracks' in service provision – often taking their partners and children with them. In particular, participants noted that most survivor services focused on providing support to enable separation and to recover afterwards, but that there was insufficient focus on – and provision for – survivors who remained unsure and/or who wished to remain in the relationship, but to also be safe.

"It's not necessarily the traditional view of the pressure for a survivor and the perpetrator to separate and for the survivor to take sole responsibility for ensuring that they keep themselves safe and the children safe, that actually I think there's a real shift in there to being more accepting of the fact that families want to stay together, and actually somebody needs to be doing the work with both parties rather than saying, we can't do that safely, we need them to be separate, does that make sense?" (Focus Group Participant)

There is a risk that an overemphasis on separation might place much of the burden of the response to domestic abuse on the survivor. Instead, interventions that address the behaviours of the person who is using abuse potentially shift some of the focus of risk management away from the survivor, and enhance child safety and wellbeing by reducing exposure to domestic abuse in subsequent relationships.

In post-implementation groups, this was raised as valuable aspect of MAC, with stakeholders highlighting how MAC offered victims greater Space for Action (Kelly, 1998; 2003):

"I think it can give victims a chance to like, reflect on the relationship, and talk it through with someone else. And they can work out whether he's really going to change, and if that's a risk they want to take. They can make a choice about whether they stay together, and he works on it, or if it's better just to walk away." (Focus Group Participant)

This is an advantage of an integrated support service, which focuses on the survivor's own decision-making, safety and well-being. Victims / survivors are encouraged to decide for themselves whether their abusive partners are making meaningful change, and whether the change made is sufficient for them.

Focusing on the abuser

In pre-implementation groups, it was suggested that failing to provide an adequate response to those who use violence and abuse meant that the burden of managing its consequences largely fell to survivors. Participants felt it was appropriate to shift that burden of responsibility away from survivors:

> *"I work mainly with survivors, but I've just seen recently the real difference in making a support plan with the survivor and we're saying, okay, we'd like you to engage with this and we'd like you to do that and we'd like all these things that we ask the survivor to do, when…and then with the perpetrator it's kind of everyone's at a loss to know what to do, and it shouldn't be that imbalance of asking the survivor to…putting so much responsibility on them to…" (Focus Group Participant)*

> *"I think anything that tackling the sort of offender, offender psychology and getting them to stop would be fantastic, because everything seems to be skewed…not skewed, that's the wrong word, makes it a bad thing, but everything is focused on the survivors usually, quite rightly for support and everything else, but obviously if we can do something with the offenders, get them to change their behaviour, change their mindset, whatever it is, then that's going to make people an awful lot safer and potentially prevent not just that survivor being at risk, but obviously other people that that person might get into relationships with" (Focus Group Participant)*

Although all participants felt it was essential that survivors are well supported, nonetheless they felt that a perpetrator focused intervention would shift the burden of responsibility for change and for managing risk away from the survivor and back onto the person using violence and abuse.

This was seen as a successful aspect of implementation in the post-implementation focus groups. Stakeholders commented on how much they had valued the shift away from a focus *only* on victims and survivors to a focus on those who have behaved abusively.

> *"As a survivor, myself, from ten years ago as well, I think there has been very little support for anything like that, any knowledge around domestic abuse, and how it happens, has been very little, hasn't it? And I think, this is a wonderful piece of work, works on those that want to Make a Change, but from the perpetrator side. Rather than actually focusing it all on the survivor, or the victim. It's actually working on that, it's more, I suppose, not prevention, but*

prevention better than cure, type scenario, isn't it, you're actually tackling the main source, if you like. Which I think is invaluable." (Focus Group Participant)

"It's nice to move, to take that away, to shift that away. Because previously it's, you need to go to the solicitor, you need to go into refuge, you need to do this, you need to do that, as if it's all her fault. But actually, this puts the onus back on where the abuse is coming from, and actually, who needs to deal with the issues. And I think the women, in particular, have really liked that that is, you know, that they're actually, they've got to take some responsibility for what they're doing. And why shouldn't we, you know." (Focus Group Participant)

The focus 'solely' on survivors was seen as inappropriate, and a shift to a focus on the person using abuse was highly valued. Stakeholders commented that a victim only focus had the potential to support the particular victim, but did not interrupt the behaviour of the abuser enabling their behaviour to escalate, and to spiral on to new victims:

R4: "If you only manage it from the angle of the victim, obviously you've got to give the victim support, but if you support that victim and don't do something with the perpetrator, they will move on to the next relationship, the next person and then you'll get that continued…"

R3: "Or they'll go back and the cycle will start again, yeah."

R2: "And it's how quickly and proactively you're going to put that intervention… [interruption]. It's how quickly we can get that intervention into that, isn't it, really, so, yeah"

(Focus Group Participants)

This shift of emphasis away from a victim only focus was seen as spreading across the service culture in the delivery sites, with a transformation in attitudes being seen as starting to take hold much more widely.

"Culturally, there is that transfer of responsibility, isn't there? Whereas, previously, it used to be the responsibility of the victim, that they're the ones that have got to report it, they're the ones that have got to the refuge centers, et cetera, et cetera. Whereas, now, it's the responsibility of the perpetrator to say, well actually I've got a problem, this is what's happening. So I think that transfer is really important." (Focus Group Participant)

This signals a shift in which action is no longer positioned as solely the responsibility of the victim / survivor. The victim was offered support, but increasingly it was seen as the responsibility of the person using abuse to bring about change.

Self-referral

Stakeholders in the pre-implementation focus groups indicated that a key gap that would be filled by the MAC intervention was offering services for those who wanted to self-refer. They expressed concern that for those who wanted to address their use of violence and abuse, there was little available outside self-help and online forums. They noted that motivation to change was a key component of a successful intervention outcome, and that that was more likely to be present in a voluntary intervention than in a mandated one.

> *"I think the fact that it's not mandated is a positive, yeah. I mean, would it eliminate all risk? I don't know that it would have any more risk than another intervention, just because an external agency was monitoring it. I think if anything you're going to get people who genuinely want to change, yeah, I think people who…or are willing to have a look at their own behaviours instead of being told they have to, and they genuinely have to." (Focus Group Participant)*

It was noted that motivation to change might come in cycles, and that a speedy response was needed to 'catch' the individuals when they were ready to engage. For this reason it was suggested that MAC might offer a corrective to lengthy waiting times for some domestic abuse services.

This was noted as a key contribution of MAC, in the post-implementation focus groups.

> *"I really like it when people can self-refer…" (Focus Group Participant)*

> *R1: "It isn't just about us and professionals going, you need to go to this, they can actually recognise that part themselves and actually refer into…"*
>
> *I: "What do you see as the value in that?"*
>
> *R1: "The person's taking ownership actually of some of their behaviour, you know, realising that actually this is a real problem, and before it escalates to something that becomes unmanageable…"*
>
> *R3: "They want to do something…"*
>
> *R1: "…they're taking that first step, which to me that makes change more likely."*

R3: "Absolutely, yeah."

R2: "It's that empowerment, isn't it?"

ALL: "Yeah."

R2: "And I think we are making that shift to that more empowered, holistic, person-centered approach…"

(Focus Group Participants)

This shift is conceptualized here as one that offers the potential for an earlier response, by enabling non-criminal and non-judgmental support and a positive, self-directed choice to make some changes.

R: "And I think that is what's invaluable, and that's where the positive outcomes are going to come, isn't it? Because they're wanting to, rather than being told they have to, and then instantly putting that barrier up, these guys are wanting to do it."

R2: "And it's a massive commitment…"

R4: "Absolutely."

R2: "…that's the other thing about Make a Change, is it's not just for four weeks, it's 26 weeks, so it's half a year, basically, more than half a year, that they've got to commit every week. It's a huge commitment, and for me, if they're going back time and time again, and moving onto the next phase, it's working, and that's really…and that's down to the delivery of it, and you know, the intervention."

(Focus Group Participants)

The choice to self-refer was seen by stakeholders as enabling those who behave abusively to engage with the intervention in a less defensive manner. Their engagement was described as a commitment signaling a clear shift from other interventions where attendance is mandated and consequently resistance could be high.

Shifting the Risk Narrative and Prioritisation According to Threshold

Participants noted that the domestic abuse service context, and social care services in general, were dominated by risk-based thinking, and overly focused on high risk cases, and that this could act to limit appropriate early intervention. Participants highlighted that

many serious cases had been judged to be low or medium risk before serious incidents occurred, and that leaving cases until families were at high risk served only to enable escalation.

> *"The focus is all about reducing the risk in kind of that shift with operations teams realising that actually you can't do that without involving and getting support for the perpetrator as well. And obviously there's that re-victimisation where there'll be…one male perp might actually impact on several women's lives, and you see that pattern as well, so it's all about that kind of preventative element, which again is what this intervention provides, because yes, there might be high risk people who behave abusively that come through this, but because you're taking out criminal justice and you'll actually be hitting people earlier on in that kind of preventative…which obviously has a massive impact if you start thinking about safeguarding and impact on people and just generally in the city, I think that's really positive."* *(Focus Group Participant)*

It was suggested that the dominance of the risk paradigm was a strategy for managing limited resources, but that it was not driven by a focus on what was most effective, or what needs were present in the community. One participant noted of early intervention:

> *"Because we don't often get to do that because of capacity and resource and time pressures, we just kind of get into high risk cases, so it's really good to be able to signpost people to this."* *(Focus Group Participant)*

Participants felt that preventative intervention and intervention earlier in the lifecycle of the problem could reduce risk, alleviate the need for criminal justice involvement and ultimately be more efficient as a response to domestic abuse.

> *"a bit of a kind of preventative model, and that could alleviate some of the pressures like you were saying, repeat offenders is a massive thing, so actually that's much more of a long term thing, but it could actually take some pressure off in areas." (Focus Group Participant)*

The MAC model was therefore seen as a welcome potential corrective to an over-focus on risk, and a shift to more preventative and early intervention. This was seen as a bit of a 'work in progress' in the post implementation groups. Stakeholders welcomed the emphasis on prevention and early response, but did suggest that the culture change required to enable this more fully would take some time, as highlighted in the 'depleted service landscape' theme.

Workforce Training and Service transformation

Participants noted that there had been significant workforce depletion in the domestic abuse, social care and criminal justice sectors in recent years, and that this impacted on capacity to respond to domestic abuse.

> *"We only have a few facilitators or officers who have been trained in that line of work (domestic abuse perpetrator work), so now I think the pool of expertise is getting less and less, and we're getting more and more newly qualified members of staff who don't have that experience at all." (Focus Group Participant)*

As the workforce has been restructured and cut, domestic abuse specialism has been lost or siloed (into BBR programmes, for instance) and the effect has been a reduction of frontline staff able to respond effectively to those who disclose their use of violence and abuse in intimate relationships. There was also a sense that many professionals would not know what to do if violence or abuse was disclosed, and that as a consequence inter-agency risk assessment and management processes like MARAC might become overloaded without an adequate perpetrator response:

> *"I don't think they know what to do at the minute, to be honest. Because I don't think they are…some might know about the intervention, but I don't think they all do. And I think there would be a bit of, you know, where I send them if I do…" (Focus Group Participant)*

> *"They refer them to MARAC." (Focus Group Participant)*

Whilst a referral to MARAC might be better than no action at all, the MARAC is only set up to deal with high risk cases effectively, and consequently large numbers of low to medium risk cases would only serve to overburden the system. Having a clear training and clear referral route was seen as very important to the potential success of MAC. Participants suggested that many frontline workers felt out of their depth in this area:

> *"A big part of our role is just to signpost, and so we've got quite a large shallow knowledge on a lot of different subjects, but not that in depth, and that does concern me that somebody who…as a key worker might support a perpetrator without kind of any skills or training to do that, and feel quite out of their depth, but for that client, that's the only professional that they might be engaging with, it puts a lot of pressure on that key worker to kind of know what to say, even, and how to have a conversation." (Focus Group Participant)*

Participants reflected extensively on the challenges of starting the conversation, and many noted that participants did not know how to recognise signs of domestic abuse perpetration, respond to their suspicions or engage the individual about their behaviour and its impact.

"Some of the training then that might be helpful is around those conversations, and how do we, what kind of questions do we need to ask, to be having those conversations about relationships, rather than going straight in. Because we can't mention domestic abuse but what we can say, how are things at home, I don't know, whatever. But what kind of questions we can use to try and start those conversations without giving the information that you know, that you want to get." (Focus Group Participant)

Participants reported a clear need to have training and support around 'how to start the conversation' and what to do next. This need for training was perceived to be widespread amongst a broad range of practitioners.

In post-implementation groups, this was seen as a successful intervention in terms of raising skills and awareness in the broader workforce. The training intervention was very highly valued and was seen as enhancing the sustainability of domestic abuse interventions in the local areas. The project was seen as raising awareness of domestic abuse as an issue for all public facing services, not just those with a specialist remit:

"But actually, this brings out that more holistic awareness of what's going on…police forces, probation, all sorts of people that are involved. And I do think, these kinds of interventions are invaluable, to actually bring out that knowledge, and actually understand what it's all about, for emergency services, for victims, for perpetrators. I think it's an invaluable service, I really do."

Stakeholders suggested that workers were no longer preoccupied with children and adult victims / survivors, but instead were more aware of the role of the abuser. This was leading to changes in practice and meant that workers were actively engaging with people who behave abusively, to offer them support and to challenge their behaviours constructively.

"I think particularly around children's services and having had lots of conversations with not the actual practitioners but the managers and having their feedback saying that actually it's really helped people to understand when you're working in a family and you are working with a potential victim and a potential perpetrator at the same time, the difficulties of how to manage that dynamic, because that's happening every day. These people are going…children's service officers are going into homes and that's just a natural part of their work, but how to manage that, I think that's really helped them to recognise signs, to be able to recognise behaviours, actually look at where potentially they might have been colluding and not realised they were. So I think it's really opened up a lot of that and it's given them some tools and techniques to use as well initially to have that conversation to then get them referred obviously on to the course, on to the…yeah. So I know for children's services it's been valuable, very valuable." (Focus Group Participant)

"And I think actually that's really evident through the partnership, that whatever we do now we always say, well, hang on a minute, we can't just think about the victims and the children here, we need to actually think about what are we going to do with the perpetrators as well. And that even stems to child to parent care abuse and looking at how we work with children that are displaying behaviours, abusive behaviours. So I think throughout now it's changed the culture in that way, that we're constantly thinking about the holistic view of domestic abuse and how we tackle it rather than just focusing on one element. So it's definitely helped bring that I think more to the forefront, it was there anyway, but I think really bring it to the forefront and make us realise how important that is, so that's definitely been an impact in terms of the cultural change I think." (Focus Group Participant)

MAC was also seen as shifting the way that frontline services were engaging with domestic abuse, transforming language and the way that abuse was being approached.

"But I think that's what's good about this service. Because rather than being like, you are a perpetrator of domestic violence, you are, like, committing an offence. It's like, the behaviours that you've got is what's caused this, and it's focusing more on the behaviours, and it sort of separates the two. And I have a forensic psychology background, and I did a lot of research into, like, the impact that labelling can have, when you give somebody a label, and that self-fulfilling prophecy that leads after it. But by sort of taking away that label, and being like, yes, it's your behaviours, let's look at it, let's identify those concerns, it sort of removes that issue. And it's like taking away from it, and it's like, you're still viewing the person's human, and you're not judging them for what they've done. And I think that's really important."

"I just think that the police are starting to be more, I suppose, show more empathy towards what's happening, and maybe identify it a little bit better, than what they did." (Focus Group Participant)

The use of a more trauma-informed and less judgmental approach by colleagues across a range of services was viewed as enabling those who behave abusively to ask for help and to seek out support.

MAC was seen as a model for good multiagency working, particularly in Lincolnshire, where there it was seen as challenging a service delivery context that was still quite siloed.

"I think they've been excellent at actually building rapport with other organisations." (Focus Group Participant)

"We are still not in a position in Lincolnshire where we are not silo working, we still are doing that. We might be further along the way to that integration, but I think Make a Change already demonstrate that we can work in that way, that's the beauty of what this…" (Focus Group Participant)

This valued aspect of the intervention was seen as essential to its future success, enabling a fully integrated service that was coherently embedded in the broader service landscape.

"I think the only way to do that really is to integrate things like Make a Change into current services and structures, because I think if it sits outside as a separate thing all the time, you're never going to get that part of your… So I do think that that's part of a development going forward, is that we need to look at whether it's Make a Change or a perpetrator intervention for Lincolnshire that's integrated with services, integrated with schools, integrated with, you know, it needs to be part of that, so…" (Focus Group Participant)

In both delivery sites, participants highlighted the importance of maintaining the kinds of culture shifts that MAC had enabled in their area:

"I think, actually, we're starting to look at things more collaboratively, aren't we, very joint working .. And actually, more of a holistic awareness of domestic abuse, and I think that's so important, isn't it. The social aspect, the financial aspect, everything around it, rather than just looking at the victim, and then what's going on around" (Focus Group Participant)

An integrated and holistic service that engaged those who behave abusively, and adult and child victim / survivors was seen as essential to the provision of an effective response to domestic abuse.

Barriers and Challenges

Although many advantages were noted to the MAC model, some potential barriers and challenges were noted. These were seen as occurring at the individual level (barriers to engagement), organisational level (communication challenges) and implementation level.

Participants noted several barriers to engagement that might present access challenges for potential service users. One issue was reaching a group of people whose use of violence and abuse was not known to services already.

"…obviously, that the training course for the people who behave abusively is kind of like an early intervention, it's to stop them from getting to that point. So, you know, these are gonna be the ones that we don't know anything about, they might not necessarily tell us in that thing. So, like you say, if there was a poster that prompted them, you know, they're sat there because obviously they've got

an alcohol issue, or whatever. But actually, you know, they see that poster, and actually, they make a link there as well, you know." (Focus Group Participant)

It was seen as important to the success of the project that knowledge of MAC be very widely shared, to reach this less traditional target group. It was suggested that changing discourses around perpetration might address some of the barriers to access that people who use violence and abuse might experience.

"Because we had this, for a long time, and I think it has shifted, but we had this very much survivor/perpetrator, so we don't, it's very much survivor/perpetrator. That actually, and this is what I see with our staff sometimes, who are working with somebody who's been a perpetrator for a long time, is that, because you know and understand their background and their history, and actually why they have gone on to abuse others, then it becomes very difficult to keep hearing them talked about in this negative way. And I do wonder whether the intervention isn't going to soften some of the way…" (Focus Group Participant)

"I think there is something in that, about the language that we use, and it needs to be, when we're selling this, if you like, it comes back to that, about it being around relationships, and healthy relationships, and support, and all the rest of it. Rather than around, domestic abuse and people who behave abusively, and that's the kind of language I think we should be avoiding. I guess, in terms of the posters, and all that, I'm presuming they'll all be a positive kind of message. And I guess some of that is about the training as well, in the training, about those questions that we use, and again, it's around using that right kind of language, so those barriers don't go up straightaway." (Focus Group Participant)

Participants recognised that there was a challenging balance to be struck between not turning potential service users away by using negative terminology that might make it difficult for individuals to recognise themselves in the labels deployed, and trivialising or dismissing the seriousness of the problem of domestic abuse.

However, it was also noted that, particularly in rural and more 'hard to reach' areas, people who use violence might be less inclined to come forward because of concerns about their reputation and recognisability.

"And I'm just surmising, but I would imagine that a lot of people we're talking about as well, particularly in the community, and a voluntary type perpetrator intervention are, you know, professionals, known in the community, with good jobs, and all those types of things. And that would be another barrier, to going on a intervention, you know, in a group situation. So actually, maybe someone will want to travel that amount of…" (Focus Group Participant)

While group presentation has significant advantages in terms of maintaining accountability and drawing on group learning, it also presents potential access barriers. This was extended in relation to the interactional style of the potential service user, and it was seen as important to recognise that group work wasn't 'for everybody':

> *"A lot of people who behave abusively that we work with, actually have quite high levels of social anxiety. We know that they perpetrate abuse against an individual, and also the children, but that's, you know, a by-product in a way. But because, and part of, if you look at their psychological makeup, part of that is because, actually, you know, they have an issue with the rest of society in how they interact with them. So, going to a group, I think the number of people who will want to go to a group…and we do a lot of groups, now, because obviously it saves money on the NHS, you know, it's really difficult. And when I look at people who behave abusively being referred in, and we know they are, that's the point at which they drop out, if they engage." (Focus Group Participant)*

It was suggested that alternatives to group presentation should be available for those with significant barriers to participation (e.g. those who were not gender conforming and might find an all-male group challenging, or individuals with additional needs that might make group participation challenging). However, it was recognised in the stakeholder group that there needed to be clear criteria and limits around the availability of one to one provision to ensure that most service users tolerated some discomfort and entered the group. In the implementation of MAC, one to one support was offered to a small number of individuals and this was judged by delivery teams to be largely successful.

Limits on confidentiality were also a source of concern for participants, with some noting that engaging voluntarily in a 'perpetrator intervention' might raise worries for some that it might somehow be on their 'record' and might impact on future job chances.

> *"I think it might be helpful to have some open conversations at the beginning, so from the university perspective, I think there might be some concern from our students about taking part on a intervention like this, how that might affect…if they're on a professional course, for example, and that might spread a bit wider than the university as well, so just…yeah, people worrying about their jobs or…yeah, it may or may not impact." (Focus Group Participant)*

It was seen as important to give clear examples and guarantees about confidentiality, its limits and reporting of violence and safeguarding concerns, in order to allay these concerns. These concerns are mitigated through the delivery of Make a Change and stringent confidentiality procedures. The emphasis on non-disclosure was seen as an advantage of the MAC intervention in engaging some of these concerns.

Participants also suggested that communication challenges and challenges linked to multiagency work might present some implementation issues for MAC. The perennial

challenge of information sharing and working across multiple organisations and agencies was raised as a particular concern in maintaining safety whilst working effectively with those who use violence and abuse.

> *"I think it's difficult, so it's difficult at medium and standard, we have a really good process for who we think is a high risk in terms of the ability to communicate, and effectively share information. But as the level of the DHRs at the moment show… So actually, you know, that's where the issues are, is our mediums and standards. So, you've got one agency that would identify…the police might go out to an incident, LPFT might have a disclosure from a survivor, and then somebody might be in A&E and give another disclosure. And actually, none of us know that. So, if somebody is pregnant, or there's children involved, we're much more likely to have had those conversations." (Focus Group Participant)*

Although local authorities have information sharing standards in place to enable good communication and management of high -risk cases for the MARAC process, questions were asked as to how information sharing would occur. Make a Change built in specific information sharing protocols to support professional confidence in their abilities to share information.

Post implementation, participants also echoed some of these concerns. Communication and data sharing did not emerge as a point of concern for MAC implementation, but there were several concerns raised about geography, funding and sustainability. In both areas, the geographic spread of the region was seen as a barrier to implementation, making it challenging to reach the full range of individuals who would benefit from the service. Both focused their attention on specific towns and cities for the pilot, to enable an effective service with the limited resource available, but stakeholders in both areas indicated that, whilst this was acceptable for the pilot, attention needed to be paid to how a broader population would be reached in these counties. It was suggested that the roll out of the service in a second wave of implementation needed to be guided by needs assessment:

> *"I would agree, I think we are moving to that population health management approach, so it would make absolute sense to duplicate a similar model particularly on that east coast and Boston area, we know that there's high levels of prevalence, we know that there's high levels of rough sleeping, et cetera, et cetera, so we would need to take account of our tactical approach I think." (Focus Group Participant)*

There is a strong argument for further funding to be able to broaden the reach in both areas.

In both areas, earlier provision of training was seen as important to supporting successful implementation.

"To start with people were just…it was that training element, it was that knowledge, it was that how to…who am I targeting here. Once that was cleared up and obviously there was all the work done by the team to go out as you said and work with all the agencies, I think people felt more comfortable, but I think to start with there's that uncertainty, that was a definite barrier of…who was the cohort we were looking for, who did we want on the course, what was, you know, the kind of aim of it I think." (Focus Group Participant)

Insecure and short-term funding was seen as a significant issue for interventions:

"I would say one of the non-natural barriers towards the end of last year was the fact that people were thinking, is the funding going to continue, do we carry on doing what we do. So I think it feels like a temporary initiative and I think people feel that. So I think that is always a natural barrier when you've got a fund, you know, time-limited kind of project anyway." (Focus Group Participant)

Stakeholders felt that referrals and use of the service were impacted by the short-term funding available for the service, which they felt made the project feel precarious and insecure. This is a perennial issue produced by the use of short-term commissioning and competitive tendering practices, which place strain on services.

R4: "And it's that longevity, isn't it, so I think our frustration is there's a lot of funding pots come up where you can bid and you can do something to demonstrate that it's got value, but then at the end of that one year, two years, three years, how do you get sustainable funding which means you can embed something…"

R1: "Just as the impact is starting to be demonstrated…"

R4: "…yeah…"

R5: "Yeah, that's right."

R4: "…and keep that momentum going."

(Focus Group Participants)

The endless cycle of innovation demand produced by competitive tendering means that it can be difficult to embed and sustain interventions, which are often just starting to get on a secure footing when funding is coming to an end.

Stakeholders also felt that support for children was key to successful future implementations of MAC:

"I don't think you can work with the victim and not work with children in that family, I think it's really important that they get that same opportunity to express how they feel and explore those emotions that they've been going through." (Focus Group Participant)

"In our outreach services, we're seeing the referral levels are just going up and up and up constantly, in terms of the engagement with children and young people, there's a lot of engagement that's needed and there's a lot of demand, so I think that's only going to increase, like you say, with other initiatives." (Focus Group Participant)

It was suggested that holistic and integrated service does require that the needs of children who experience domestic abuse are recognized, and that they are also supported.

Stakeholders across both delivery sites felt that there was a need for the service, and that demand was significant and growing. As noted in previous themes, stakeholders felt that, before there was a service for those who behave abusively, practitioners simply were not having conversations about this area of domestic abuse. They indicated that now, those conversations were starting to be held, and that this would fuel service demand:

"And I think opening up conversation has been really important so that, you know, I've seen delivery to groups, organisations, that's got a dialogue going, so like I say again, it's kind of a hidden area" (Focus Group Participant)

In particular, they suggested that opening up the conversations in a non-judgmental way helped to challenge the stigma of abuse, reduced anxiety about how disclosures would be received, and made it more likely that individuals would seek help

"And I think as that grows and that awareness grows, the need escalates, because it starts to uncover it and make it less a stigma. So I think they've been really good at giving that information out, the challenge now is sustaining it and allowing it to organically grow county-wide." (Focus Group Participant)

"Since we've been delivering the domestic abuse including the Make a Change, perceptions have changed, people are contacting us because they don't fear that we're going to say, what are you doing that for or whatever the situation might be, so from a church's perspective, most definitely." (Focus Group Participant)

Summary: Stakeholder Focus Groups

- Stakeholders described MAC as a highly valued intervention
- MAC was seen as enabling a shift away from a sole focus on victims of domestic abuse, which could be victim blaming, to enable a broader focus that positions responsibility for change with the person who uses abuse.
- The shift from a criminal justice focused understanding of domestic abuse perpetration to a proactive focus on help seeking and behaviour change for those who behave abusively was viewed as positive
- This culture shift was seen as impacting services across the local authorities, enabling more appropriate responses by a broader range of professionals when domestic abuse was identified.
- MAC was seen as enabling greater awareness of domestic abuse, and a greater willingness to have difficult conversations about the use of abuse. The presence of the service was seen as a catalyst enabling such conversations in the wider service landscape, reducing anxiety about what practitioners should do if abuse was identified.
- The early response approach taken by MAC was valued and shared, but it was noted that a broader culture of crisis responsive service commissioning Poses a challenge to the provision of early intervention which is crucial to be able to deliver.
- Precarious funding and competitive commissioning of services was seen as a barrier being able to deliver this work in the long term. Funding was secured however to continue in Lincolnshire, but East Sussex and Brighton and Hove were unable to commit to funding at the end of the intervention.
- Wider implementation was seen as necessary, and was welcomed. It was suggested that such provision should also incorporate services for children.

Discussion and Conclusions

The Make a Change intervention represents an important new intervention in the domestic abuse service landscape. It offers a cost-effective early response to those who behave abusively. Those who engaged with the intervention reported that they developed insight into the nature of and motivation for their behaviour and a commitment to changing abusive behaviours in the medium and longer term. Integration with partner support services helps to keep victim / survivors safe, and provides valuable opportunities for reflection on the relationship and its impact, enhancing victim / survivors' sense of space for potential action and change.

The implementation of MAC can generally be assessed as successful. It has been demonstrated to be a feasible intervention that fits well within existing service frameworks. It is compatible with existing domestic abuse services, whilst also addressing concerns that have already been identified as important in both perpetrator responses and victim support research, practice and policy. In particular its provision of an early response to abuse is consistent with policy frameworks that emphasise prevention of the harms associated with domestic abuse. Domestic abuse services and research have long expressed concerns that commissioning based on risk alone means that intervention is often left too late, and is typically focused on addressing harms already done, rather than preventing the onset and escalation of abuse. The project also fits well with contemporary calls for services that support victims, but do not hold them responsible for the abuse they have experienced. Stakeholders in focus groups were enthusiastic about the intervention, suggesting that it is a much-needed intervention within their local authority region. The intervention has high acceptability within partner organisations. Although pre-implementation stakeholder groups had expressed some concern that provision of services for those using abuse should not be at the expense of support for victim services, the post-implementation groups were clearly reassured about this, and the intervention is viewed as highly acceptable both in focus and in delivery strategy. It was seen as a much needed and wanted intervention in both delivery sites.

The MAC model had several components: support for victim / survivors, intervention for those using abuse, training for practitioners, and community engagement. Generally, the intervention and support service were delivered with high fidelity to the intervention design and practitioners saw the intervention toolkit as a useful resource. Some slight adjustments were made to the ordering of sessions, as practitioners responded flexibly to, for example, practical time constraints, or the circumstances of individual men's need for 'catch-up'. In addition, the training element of the intervention enabled MAC to address both the practitioner community and volunteers working within organisations, enabling community as well as professional reach. The intervention has achieved excellent reach across organisations in relation to training and support for referral into the intervention. Participants also commented that they would take their learning into their everyday lives.

The training model was very successful in raising awareness of domestic abuse and building skills and confidence to constructively challenge abusive behaviours and the conditions that maintain them. Training was seen as essential to enabling referrals to the intervention, and it was suggested that this should be delivered earlier in the implementation cycle, to maximize referrals to the intervention. Uptake of the intervention was slow initially, but good referral numbers were being achieved by the close of this evaluation, particularly in Lincolnshire where continuation funding had been secured.

At the client level, it has been challenging to establish the individual effectiveness of the intervention. The IMPACT data available suggests that the toolkit may not have been the optimal tool for the assessment of the baseline information for MAC given the lack of requirement for initial disclosure and then need to identify abusive behaviours in the IMPACT T0 (baseline). It is recommended therefore that the use of IMPACT for baseline data be reviewed in the next phases of Make a Change. There is a better fit with the IMPACT measures in phases 2 and 3 of MaC as these phases are closer in terms of content to interventions where disclosure of abuse is required.

However, qualitative feedback from group participants and from those who accessed partner support was, however, extremely positive. The intervention was highly valued by both those who behave abusively, and by victim / survivors. Group participants valued the constructive, non-judgmental approach of the facilitators, the space to reflect on and understand their use of abuse, and the supportive challenge enabled by the group context itself. Those who used the partner support service valued its flexibility and commented positively on it being proactively 'brought to them'. In their comments about their relationships and their engagement with the service, it was clear that the support offered had opened out space for reflection and for potential action relating to the abuse and to their relationship with their partner / ex-partner. Support beyond the lifecycle of the group was highly valued by the victim / survivors we spoke to.

Concerns were raised by all participants (those who used the service, those who delivered it, and the wider community of stakeholders) about the precarity of the funding landscape. Delays in the release of funding by the Home Office resulted in less time being allocated to the development of the materials and resources needed for the MAC intervention, and as a consequence, development and implementation were typically co-occurring. There was strong support for continuation in the Lincolnshire site, where the office of the Police Crime Commissioner and police are particularly supportive of the work. Funding has now been secured through the Big Lottery Fund to enable the continuation of the project in Lincolnshire, and to roll out implementation in other delivery sites. However, lack of local authority support and commitment meant that the East Sussex and Brighton and Hove delivery site closed. Precarity of funding had an impact on how the project was perceived in each delivery site, how referrals were made (e.g. referrals had to halt in East Sussex (and Brighton and Hove) to ensure that any newly referred individuals could be supported through the intervention cycle), and on the sense of stability and

continuity of the intervention. It is imperative that national and local government prioritise secure funding for those who perpetrate domestic abuse. Despite the challenges that precarity has produced, the delivery teams in both sites were able to deliver a largely successful implementation of MAC.

Recommendations

Based on this evaluation, the following recommendations are made for future implementation

- MAC constitutes a promising intervention, providing an early response to domestic abuse. The integrated model of service delivery and the capacity of the project to respond to self-referrals presents an important intervention in domestic abuse services that warrants investment and further evaluation.
- Websites and promotional materials need to be available from the outset of the project to enable a good flow of referrals.
- Training should continue to be offered earlier to support awareness raising and referrals to the intervention.
- It is important to ensure that the needs of children and young people are recognised and responded to in future iterations of MAC.
- A more appropriate and effective tool should be considered for the measurement of base line data for the group intervention, as IMPACT is more suited to traditional perpetrator interventions.
- The community aspect of the intervention was largely attained through the availability of posters in community locations, and through the training activity of the project team. This work is important in challenging the conditions that produce and maintain abuse, and this aspect of MAC warrants further development and attention.

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Appendices

Appendix 1: Rapid Evidence Review - Best practice in non-mandated interventions for those who behave abusively in their intimate relationships

Domestic abuse interventions have historically been focused primarily on survivors, with a view to supporting safety and recovery in the aftermath of violence. Similarly, female survivors continue to be the focus in certain areas of intervention. For example, parenting interventions continue, to a greater extent, to be aimed at mothers in recovery (as opposed to perpetrating fathers), emphasising the importance of mother-child relations in moderating the impact of domestic abuse, and the potential for mothering capacity to promote or to further hinder their child's recovery. However, responses to people who behave abusively in their intimate relationships are becoming not only more prevalent but are increasingly varied in their aims and scope. Alongside more traditional approaches, such as group based domestic abuse perpetrator interventions (typically aimed at heterosexual men), responses now include couple and parenting-based interventions, adjunctive interventions which incorporate, for example, domestic abuse intervention with drug and alcohol addiction or mental health interventions. Responses have typically been psycho-educational, but therapeutic approaches informed by cognitive behavioural, psychodynamic, and attachment theories, and those informed by various branches of counselling and therapy, are increasingly being implemented (Miles and De Claire, 2018). While there are variations in the aims and objectives of interventions, perpetrator responses largely operate around the central aims of desistance of violence and increased accountability for perpetration (Pallatino et al, 2018). Preventative and early intervention initiatives are typically community-based and designed with a view to transforming social norms and acceptability of violence and promoting bystander intervention.

Even for the more embedded responses, such as the traditional gender-based, feminist Duluth interventions, which have generated a larger body of research than less integrated, small-scale and localised interventions, the evidence base in relation to efficacy still appears to be inconclusive (Corvo & Dutton, 2009; Miles and De Claire, 2018), as it does for alternative approaches (Gondolf, 2011). This may in part be related to the heterogeneity of interventions and their evaluations (Graham, 2019; Miles and De Claire, 2018), their varying theoretical underpinnings, structures and durations, as well as the qualifications and training backgrounds of practitioners delivering such interventions (Morrison et al, 2017; Pender, 2012). Furthermore, it could be a consequence of the

differing definitions of efficacy, which historically has aligned successful intervention with desistance of physical violence (Westmarland and Kelly, 2012), as well as the ways desistance is conceptualised and promoted during and after intervention (Morran, 2013). In addition, anecdotal evidence suggests that for organisations, practitioners and family courts, attendance and completion is often seen as evidence of 'success'. Due to this lack of homogeneity, various authors have explored the need for greater consensus around what constitutes good practice (Morrison et al, 2017), and have considered the need for adherence to best practice guidelines (Pender, 2012). Others have called for theoretical transparency and consistency, and for robust standardised evaluative designs and, in turn, evidence-based practice (Corvo et al, 2008; Gondolf, 2011; Miles and De Claire, 2018). For example, in relation to evaluation, a review of UK Domestic Abuse Perpetrator Interventions by Bates and colleagues (2017) found that data collected was predominantly descriptive and only 28.6% of those interventions included in the review collected outcome data on recidivism. In addition, where recidivism data has been collated, this is often reliant on police callout and arrest data, and is therefore a very partial source of evidence.

This rapid evidence review aims to explore the literature involving responses to people who behave abusively in their intimate relationships, with a view to identifying areas of good practice in intervention. The review will include peer reviewed academic databases and grey literature. The research team will synthesise the key elements of good practice from this literature.

This review of the evidence base was guided by two aims and one research question:

Aims

- To identify key areas of good practice in responses to people who behave abusively in their intimate relationships
- To synthesise key elements of good practice from literature and map against the key principles of the Make a Change intervention.

Question

What are the key areas of good practice in responses to people who behave abusively in their intimate relationships?

Search Strategy

In order to answer this question, we searched seven databases: CINAHL, Web of Science, PsycINFO, PsycArticles, SocINDEX, Social Care Online, and Google Scholar (see appendix 1, table 1). Additionally, we conducted searches in Google with a view to accessing relevant grey literature and governmental reports. Search terms related to violence (i.e. "domestic

abuse", "intimate partner violence", and "family violence"), to intervention (i.e. "intervention", "prevention", "program"), and to sample (i.e. "perpetrator", "batterer", "community", "bystander", "parenting") (see appendix 2, table 2). Terms were entered into databases in various Boolean string combinations, in conjunction with Boolean operational terms "AND", "OR", and wildcards (i.e. *), to identify as much relevant literature as possible (see appendix 1, table3 for search log). As we anticipated a relatively small body of literature in this field, in order to keep searches as broad as possible, searches were open to primary studies of all research designs, quantitative and qualitative literature, meta-analyses and systematic reviews, and of any geographic locale. Searches were limited by English language, by period (2009-2019), and by abstract or, depending upon the database, in some cases by title.

References were assessed first by title, second by abstract and third by article. Through title and abstract searches, with limitations imposed, we identified a total of 3926 articles. After scrutinising these, we excluded 3486 and retained 440. We then examined each abstract again, checking relevance and comparing against review aims and inclusion criteria, we excluded 253 and retained 187. Following this initial sift, we excluded articles related to populations mandated to attend intervention, excluding a further 69 articles and retaining 118. At this point the 118 articles were loosely thematised into five main themes; preventative initiatives (e.g. social and community-based educational, awareness-raising, and bystander initiatives); criminal justice responses; traditional Domestic Abuse Perpetrator Interventions or BIPs; therapeutic approaches; and integrative or adjunctive approaches (e.g. perpetrator interventions as part of addiction interventions). To ensure articles were included in the review that were most relevant to MAC and most in keeping with the intervention's aim as an early intervention, researchers made the decision to exclude articles related to preventative initiatives, although the option remains to draw these back into our analysis later on for our final report, if considered appropriate and relevant. Excluding preventative articles, we retained a total of 48 articles for review.

These were divided amongst researchers (JA & JC) for independent review and quality assessment. Quality assessment tools were used to assess methodological quality of the studies. The Mixed Methods Appraisal Tool (MMAT) Pluye et al (2011) was used for qualitative, quantitative and mixed methods studies, and the Critical Appraisal Skills Intervention (CASP) was used for reviews. After review and quality assessment we retained a total of 11 articles meeting inclusion criteria. We imposed a minimum quality cut-off of 75% for articles assessed with the MMAT tool, and while CASP does not have a rating system, we considered the number of items answered positively when making decisions about whether to include/exclude an article using this tool.

Rapid Evidence Review Findings

Domestic abuse perpetrator interventions

1) Stanley and colleagues (2012) adopted a mixed methods approach to exploring men's engagement with the 'Strength to Change' (STC) intervention delivered in the north east of England. In particular, the authors were interested in the ways that the men's fathering role and their involvement with children's social services played a role in their motivation to participate and engage in intervention.

STC is a two-phase intervention programme, comparatively long-term for a Domestic Abuse Perpetrator programme, encompassing 10 individual sessions (informed by a range of therapeutic approaches) and a one-year group-based intervention. Stanley and associates conducted a total of 57 semi-structured interviews with men enrolled on STC, their partners, project staff and steering group members and analysed quantitative intervention data obtained by the service. Quantitative data captured (amongst other aspects) number of sessions attended and attrition, police data relating to domestic abuse incidents and offences, as well as contextual information such as history, family context, service use, parental status, and risk.

Involvement with children's social services was identified to be a motivating influence over men's motivation and engagement with STC and a mechanism by which to obtain access to their children and as a way of avoiding care proceedings, and an increase in insight into the impact of domestic abuse on children was described by more than half of the men interviewed, and half described a hope that the intervention would help them be better fathers. Survivors reported positive change in their partner's behaviour. This study suggests that the men's constructions of themselves as fathers facilitated their motivation to engage in intervention and Stanley et al (2012) highlighted the potential value in using fatherhood as a way to promote motivation and engagement. However, the authors did note that, although the STC programme is voluntary, some agencies (particularly children's services) may have given some men the impression that participation was mandatory. This may have influenced men's emphasis on fatherhood, as they may have seen engagement as a requirement, for instance, to retain access to children.

2. Arias et al conducted a meta-analysis examining the efficacy of batterer interventions within a 35-year period (1975-2013). Efficacy was determined by official reports (OR) and couple reports (CR) of recidivism. The meta-analysis incorporated studies of interventions informed by Duluth, cognitive behavioural therapy (CBT), as well as other, more therapeutically informed interventions (categorised by the authors as 'other types of intervention' or OTI). Authors included articles if they reported sample size; reported rates of recidivism for completers; provided recidivism rates as reported by officials and couples; provided recidivism rates at 6 months or more; outlined theoretical approach of intervention and detailed content and duration. Nineteen experimental and quasi-experimental studies were identified to meet inclusion criteria and were included within the review. Authors observed predominantly positive but non-significant effects for the interventions included in the meta-analysis. Length of follow-up (short- versus long-term) was not found to determine recidivism. No significant effects were found for the Duluth or CBT interventions included in the meta-analysis, although the OTIs were observed to be

significant. No significant effects were identified via couple reports of the duration of intervention (brief versus long). However, significance was observed in official reports of long-term interventions, suggesting that following long-term interventions, less recidivism was reported by officials. Limitations of this review are two-fold. Firstly, efficacy is viewed solely as a lack of reported recidivism, potentially obscuring movement towards change, and other modes of change. Secondly, in adopting a realist view of official and couple reports of recidivism as providing evidence of the level of efficacy of interventions, it is largely uncritical of the potential for misreporting of such reports. It was not clear from this report which programmes were mandated or not mandated, so some caution should be exercised in relation to the inclusion of this study.

3. Westmarland and Kelly (2012) conducted a thematic analysis of qualitative interviews with stakeholders involved in the Domestic Abuse Perpetrator Programme process from five UK-based community programmes. Their intention was to develop an understanding of the ways stakeholders conceptualise 'success' in Domestic Abuse Perpetrator Programmes. This is therefore not an evaluation of the interventions per se, but of stakeholder perceptions of what works and what counts as success. They conducted a total of 73 interviews with men who had experienced of BIPs (n=22), female (ex-)partners (n=18), programme staff (n=27), and funders/commissioners (n=6). Authors reported that the stakeholders interviewed held broad conceptualisations of success that exceeded the traditional measures of success of Domestic Abuse Perpetrator Programmes, which most typically revolve around a lack of recidivism and, especially, physical violence desistance. In addition to this typical measure of success - the lack of physical violence and the safety and freedom that accompany this - conceptualisations of success were diverse and incorporated improved/happier relationships with open, honest, respectful and effective communication; 'expanded space for action' for the survivor, entailing less regulation, greater safety and more freedom; co-parenting and greater attentiveness to children's needs was considered to be another example of successful outcomes of a Domestic Abuse Perpetrator Programme; the development of men's empathy and greater awareness of their own and others' emotions/ feelings. Finally, participants (especially professionals) conceptualised success as increased safety for the children of the family, living happier and physically and emotionally healthier lives. Findings highlight that the historic emphasis on lack of recidivism and the desistance of physical violence as a measure of success in Domestic Abuse Perpetrator Programmes, may not account for many other possible indicators of successful intervention. Findings show a broad array of successes that men, their (ex-)partners, the professionals working with them, and the funders and commissioners supporting the programmes envisaged that may result from BIPs. This study suggests then that the definition of success may need to be extended to include improvements in other areas not only the desistance of physical violence.

4. Ali & Ariss (2017) evaluated the Doncaster Domestic Abuse Perpetrator programme, a short intervention that offers non-mandated group based intervention. Their evaluation aimed to develop a detailed description and assess the programme logic of the perpetrator programme including its component elements and key in-built assumptions: explore key

contextual factors that influence the (i) change mechanisms and/or (ii) implementation processes; to explore and describe any differential access, experiences and outcomes of the programme by gender, socioeconomic and ethnic group; and to identify strengths and weaknesses of the perpetrator programme and transferable lessons for other contexts. They used a mixed methods approach, incorporating qualitative interviews with 20 clients, a review of case notes for 33 clients, interviews with delivery staff, stakeholders, ethnographic observations of one-to-one sessions, a review of routinely collected data for 281 clients, pre- and post- programme attitude surveys completed by 42 clients, and the IMPACT toolkit administered at the beginning of the programme (T0), the end of the programme (T1) and 3 months post-completion (T2). Their qualitative findings suggested that there was a key window of engagement for those who accessed the DAPP, and that it was important to harness that client motivation to change, which was an important precondition for successful involvement with the programme. Clients found the programme content relevant, and this was important too in maintaining motivation. Staff were viewed as important models for respectful relationships, and group work offered further opportunities to learn about supportive and respectful relationships within the group, and from the experiences of other group participants. Most participants reported that they had put their learning into practice and had seen improvement in their relationships. They also reported improved wellbeing. Whilst some participants were confident they could maintain their gains, others were less secure, and were concerned about the lack of future support if they were to encounter further relational difficulties. Impact scores suggested a significant reduction in the use of violence and abusive behaviours. A significant limitation of this study is that it only included the perspective of people who behave abusively in their intimate relationships and that researchers did not interview survivors or analyse survivor Impact data.

5. Cunha (2015) used a quasi-experimental design to evaluate the efficacy of The Promotion and Intervention Program with Batterers, a psychoeducational cognitive behavioural programme, comprising of 18 group sessions and 4-6 individual sessions. This programme recruits court mandated and self-referring people who have used violence and abuse. The study involved 26 'male batterers' who attended the psychoeducational programme, and 19 who constituted the control group. Participants completed the Brief Symptom Inventory, to assess psychological symptoms, the Marital Violence Inventory, Attitudes to Marital Violence Scale, the Rosenberg Self Esteem Scale, the Spousal Assault Risk Assessment, and Problem Solving Inventory. The study reported reduced use of violence, and reduced problematic attitudes to gender-based violence (e.g. reduction in views that abuse is acceptable). Reduction in psychological symptoms, and improved problem-solving skills were also noted. It is notable that this study relied only on the self-report of the person who have behaved abusively. Partner / ex-partner outcomes were not considered. The quasi experimental design also meant there was a lack of randomisation in the sampling and assignment process, which combined with the very small participant numbers is a significant limitation.

6. Bayarri Fernàndez, Ezpeleta, Granero, de la Osa, & Domènech (2011) evaluated a Spanish intervention integrating drug and alcohol treatment and an IPV reduction intervention. Participants were allocated to either the treatment condition (n=34), and received the integrated intervention, or to the control condition, receiving treatment as usual, which was and IPV reduction intervention. Researchers found that the integrated treatment intervention was associated with significantly better outcomes than IPV treatment alone, suggesting that there is value in this integration. The impact of these findings is offset by the small sample size and relatively short follow up period.

Therapeutic Programmes

1. Smith (2011) examined participants' perceived psychological effects and perception of change of a therapeutic domestic abuse intervention. Informed by cognitive behavioural and bio-psycho-social approaches, the 'Abuser Schema Therapy' (AST) is a 20-week community-based programme which incorporates two assessments prior to acceptance on the programme (similarly to traditional Domestic Abuse Perpetrator Programmes), and a follow-up every 3 months for up to a year post-intervention. AST includes weekly counselling for men and their partners (counselled separately). Counselling is integrative, informed by a person-centered approach, cognitive-behavioural psychotherapy, and theories of attachment. The programme takes a 'gender neutral' approach to domestic abuse.

Smith adopted a qualitative approach to evaluation, conducting semi-structured interviews with 18 male AST participants immediately post-intervention and again at each of the follow-ups. A content analysis examined the four most frequently occurring variables across the interview dataset: reduced anger; increased communication and assertiveness; reduced reaction to anger-provoking events; changed perception of responsibility for personal power. All 18 participants perceived that the intervention had helped to reduce anger and/or a sense of fear or threat. Most of the men (17) suggested that communication with their therapist and/or their partner had helped to reduce aggression. Ten participants reported a reduction in impulsivity and reactivity post-intervention, suggesting that they were better able to consider situations before they reacted. Authors reported that nine participants considered that their beliefs and understandings of power had altered due to the programme, which, in turn, had helped to reduce angry and aggressive reactions. This study illustrates the potential, according to completing participants, of AST for affecting change in men who have perpetrated violence. A limitation of this study is the dual role assigned to the delivering practitioner, also seemingly involved in data collection, which heightens the risk that participants will report outcomes considered socially desirable in this context. The qualitative design is not well suited to assessing outcomes, and it is difficult to draw robust conclusions about outcomes based on the data presented. Further, it was not

clear whether the programme incorporated a gendered understanding of power relationships may also be a limitation.

2. Keiski et al (2018) evaluated the efficacy of a non-mandated programme aimed at women who have perpetrated family violence (towards their partners, or their child/ren or both). The 15-week psychodynamic group-based programme, delivered in Finland, was designed to support emotion regulation, develop relational skills, and to promote stress-management and relaxation. In their evaluation, the authors took a quantitative approach with a quasi-experimental study, administering questionnaires capturing demographic information (age, marital status, no of children and education), and frequency and direction of violence perpetration. In addition, the 'Preventing Violence & Increasing Self-Knowledge Scale' (PVISS) was administered which measures (amongst others) level of contentment, self-respect, self-control, anxiety, and motherhood. Data were gathered for women at three time points; pre-intervention (n=134), post-intervention (n=128), and at follow-up (n=110). Authors identified a small statistical significance in reduced ratings of the perpetration of physical abuse between pre and post intervention, with a further reduction reported at follow-up. The frequency of emotional abuse shifted between pre and post, moving from 'often' using emotional abuse to 'rarely' using it. All six aspects of the PVISS increased significantly between pre-intervention and follow-up ratings. Ratings for motherhood increased the most, whereas self-respect and contentment improved the least. In addition, authors maintain that the women's increase in self-knowledge and reduction in violence observed at post-intervention persisted at follow-up (6 months after completing intervention). Findings illustrate the potential for a psychodynamic intervention in treating women who behave abusively in their intimate relationships; increasing 'self-knowledge' and reducing perpetration of family violence (towards their partner, their child/ren, or both). Limitations exist around the sample which unusually, due to the intervention target group, consisted of a mix of women who *'were afraid that they might use family violence'* (p.331), as well as those seeking help for their perpetration of violence. While overlaps could be assumed between these groups, they are potentially two distinct populations. Authors do not seem to separate results by cohort, and this blending of the two limits our ability to interpret findings in conclusive ways.

3. Kamal and colleagues (2017) examined participants' experiences of an attachment-based programme for parents (people who behave abusively in their intimate relationships and survivors) affected by IPV. 'Parenting and Violence' is a 10-week psycho-educational group-based programme informed by attachment theory. The programme is delivered in Sweden by social workers, it has a focus on parenting and improving parent-child relations and includes violence reduction. It is aimed at parents who are survivors or people who behave abusively in their intimate relationships and works with mothers and fathers in separate groups. Kamal and associates adopted a qualitative approach to evaluation,

conducting post-intervention focus groups with 26 parents (16 mothers and 10 fathers). Thematic analysis reveals that parents reported being less reactive, less impulsive, and more attentive and responsive to their child/ren and their needs. Parents perceived improvements in their ability to cope with and manage conflict, as well as in their parenting skills, and in their communication with partners and children. They reported developing awareness of negative parenting practices, and the positive changes in relation to their self-conception as 'good enough parents'. Furthermore, mothers reported greater insight and awareness of violence. Via parental reports, authors conclude that 'Parenting and Violence' not only improved parent-child relations, but also positively impacted upon the couples' intimate partnerships. A key limitation of this study, as authors observed, is that parental reports were not verified, for example, by the children of the family or by officials.

Other Interventions

1. Roddy, Georgia, & Doss (2018) examined the associations between demographic, individual and relationship factors and low intensity IPV (LI-IPV) to assess if LI-IPV moderated the effects of the online "Our Relationship" programme on relationship satisfaction. In this programme, couples worked separately, except for three structured conversations prompted by the programme, engaging in a programme of relationship education and skills training. The intervention aims to build a more objective understanding of the core relationship issue and increase emotional acceptance. The programme had three phases: Observe (to identify the biggest problem(s) to work on); Understand (where participants were facilitated in gaining a '3rd party' perspective on problem); and Respond (in which the couples develop tailored solutions to the core issue). The intervention did not specifically focus on domestic abuse but did include a leaflet and online activity of 'tips' on reducing IPV if desired, and also included short telephone based coaching sessions. The typical programme was 6-8 hours long and was usually completed in 6 weeks. The study was an RCT of online delivery in a community sample, with 151 heterosexual couples in the delivery condition and 151 in the control group. Participants were excluded if they reported clinically significant IPV in the preceding 3 months. Survey questionnaires were used to establish demographics and the Classifying Relationship Distress and Physical Abuse Interview was used to identify three groups - no violence, low intensity IPV, clinically significant IPV. Participants also completed a GAD7 (anxiety). CES-D 10 (depression), the Couple Satisfaction Index, and questions about child sexual abuse, binge drinking and sexual infidelity. They found that relationship satisfaction was associated with both low intensity and clinically significant IPV, and that LI IPV did predict relationship satisfaction through the course of the intervention, suggesting this is a viable intervention for couples with LI IPV. Online relationship support was therefore established an effective approach to reduce relationship distress for couples with LI IPV. It was noted that it was cost effective and more accessible than face-to-face delivery. However, it should be noted that the study did not directly assess whether the intervention reduces incidence of IPV itself, focusing only on relational distress as an outcome measure. The

absence of a specific module on violence and violence reduction is a significant limitation of this model in its use to intervene in the use of violence and abuse.

2. Mbilinyi et al., (2011) completed a preliminary evaluation of telephone based motivational enhancement programme with men who used violence and abuse. Participants self-referred and were randomly assigned to the treatment or control condition. Use of violence was assessed using the Conflict Tactics Scale, and substance use was assessed using the structured clinical interview for DSM IV. Coercive control was not assessed. The research found that intervention did reduce the use of violence at 30 day follow up but did not impact use of substances. A small number of participants also reported seeking treatment for substance issues during the programme. Although telephone-based intervention may hold some promise in reducing use of violence, this study reported very modest improvements, suggesting the need for more research before this approach is adopted.

Discussion

This rapid evidence review aimed to explore the literature on non-mandated interventions for people who behave abusively in their intimate relationships. Our intention was to identify areas of good practice to inform the MAC development. It should be noted that the evidence base is extremely limited and that most of the studies reviewed were not of high evaluative quality.

Overall the review suggests some improvements in participants' use of violence and abuse that was related to their engagement with the interventions. This seemed particularly the case for programmes that combined an understanding of the use of power and control with cognitive behavioural change strategies. This suggests that the MAC programme has adopted an approach for which there is some (albeit limited) evidence base.

There is an emerging literature on alternative interventions. More therapeutically focused interventions hold some promise, but the evidence base in this area requires development. The use of telephone-based interventions appears to have limited efficacy. Online programmes appear to be accessible, and acceptable to couples impacted by domestic abuse, but more work is needed to establish whether they reduce violence and whether they represent a sufficiently safe intervention. At present this kind of work has only been used with couples with low intensity IPV.

Appendix 2 – Training outcomes from Make a Change

Table 1. Main themes, sub-themes and relative frequencies.

		Half-day training	Two-day training
Motivations for taking the training	To update knowledge and skills	96	8
	To understand domestic abuse for the needs of clients	75	7
	Mandatory training	57	0
	To know how to help	51	0
	Personal interest in the field	10	0
	Personal interest in the programme	26	0
	To share knowledge with colleagues	12	6
	To lead a project on domestic abuse	5	1
Outcomes after the training	More confidence in approaching a perpetrator	211	12
	No increase in confidence	18	0
	More understanding of how to refer to the programme	62	0
	More awareness of signs of abuse	32	0
	More awareness of dynamics of abuse	10	0
Perceived barriers to approach a perpetrator	Assessment of risk	56	8
	Fear for the family of perpetrator	44	2
	Fear for own safety	31	1
	Wrong situation or timing	50	4
	Fear of misunderstanding the situation	21	0
	Fear of ruining the relationship with the perpetrator	20	0
	Lack of confidence or anxiety about the conversation	8	0
Positive strategies to approach a perpetrator	To support a focussed reflection	40	3
	To investigate life circumstances	15	7
	To investigate the relationship	16	3
	To drop hints into the conversation	10	1
	To focus on feelings	19	0
	To focus on an incident	6	0
	Direct approach	10	0

	To talk about the service	31	2
	To have an adequate personal preparation	5	0
	To build a relationship first	14	0
	To care about the right setting to start a conversation	11	0
	To be open, gentle, non-judgmental, but honest	53	4
Intentions after the training	To use new skills in personal and professional life	62	7
	To disseminate with colleagues and other professionals	45	13
Actual use of new skills	Not yet used	23	1
	Provided training or disseminated with colleagues	7	2
	Talked to perpetrators	7	0
	Talked to survivors	2	0
	Raised awareness in the community	2	0
	More personal awareness of the service	2	0
	More personal awareness of signs of abuse	4	0
Experience in approaching perpetrators	More confidence	6	0
	Positive response	3	1
	Negative response	4	0
	Training had no influence	3	0
Barriers encountered	No barriers	22	2
	Potential presence of partner	0	1
Strategies used to approach perpetrators	Direct approach	6	0
	Indirect approach	3	0
	To build a relationship first	1	0
	To be careful about the right setting	1	0
Uncovered areas	Actual training on how to work with clients	2	1
	How to involve people in probation	1	0

Opportunity to practice conversation starters	1	0

Appendix 3: Analysis of the Make a Change Outcome data, produced by the IMPACT Monitoring Toolkit Research Team

Analysis of the intervention: Make a Change

Descriptive analysis of the intervention

Make a Change

Results of the Impact Outcome Monitoring Toolkit for Make a Change (East Sussex and Brighton and Hove and Lincolnshire). A total of 76 questionnaires were submitted to the LimeSurvey platform. The distribution across Times, Participant group and between the two sub-interventions is the following:

Particip \ Time	**T0**	**T1**	**T2**	**T3**	**Total**
group	**(Sus/Lin)***	**(Sus/Lin)**	**(Sus/Lin)**	**(Sus/Lin)**	**(Sus/Lin)**
Client	41 (7/34)	13 (4/9)	13 (6/7)	4 (4/0)	71 (21/50)
Partner	3 (3/0)	0	2 (2/0)	0	5 (5/0)
Total	**44 (10/34)**	**13 (4/9)**	**15 (8/7)**	**4 (4/0)**	**76 (26/50)**

*Sus = Sussex; Lin = Lincolnshire.

In this report, descriptive statistics were conducted to describe the results obtained in the different times of the intervention. Results are organized by Time, to provide the bigger picture of participants at each stage of the process. Also, as the number of responses (participants) varies significantly across time, results from each time are not directly comparable. For each analysis, we provide summary tables and a short interpretation of the results. This report is complemented by two additional reports, one per sub-intervention, that present the analysis of the changes between the beginning and the end of the intervention. All the results present in the reports should be interpreted with caution due to the small number of responses at certain times points.

The organization of each section is the following.

- Sociodemographic information of the respondents.
- Main results of the abusive behaviour scales (frequency of behaviours and number of reported behaviours).
- Partners' safety and well-being.
- Children.
- Relationship between the client and the (ex)partner.
- Way to intervention (only for clients' T0 and T1; and in T2 as 'reasons to stay in the intervention').

- Partners' hopes regarding clients' participation in the intervention (only for partners).
- Perceived impact of clients' abusive behaviour on (ex)partners.
- Reasons for using violence against (ex)partners (only for clients).
- Perceived changes thanks to the participation in the intervention (only clients' T3).

T0 Client

0.1. Sociodemographic information

	Clients' gender	
Partners' gender	**Female**	**Male**
Female	1	39
Male	1	
Total	**2**	**39**

Age group	**Freq**
18 - 21	4
22- 30	**12**
31 - 40	**13**
41 - 50	6
51 - 60	6
Total	**41**

Employment status	**Freq**
Full-time employment	**26**
Part-time employment	1
Unemployed	11
Unemployed and caring for children/family	2
Other	1
Total	**41**

Income	**Freq**

Comfortably managing – don't have to worry	5
High income	1
Managing regular treats and saving or holiday	2
Managing to buy the occasional treat or save sometimes	**16**
Managing to pay for essentials but nothing left over	**10**
Struggling to pay for the essentials (home, bills, food, child support, travel to work)	7
Total	**41**

Interpretation sociodemographic information T0 client

Most clients are male. There are two female perpetrators, one in a homosexual relationship and the other is in a heterosexual relationship. Most of them are employed full-time but there is a significant proportion of unemployed clients. Low income or medium income are the most frequent.

0.2. Abusive behaviour

0.2.1. Frequency behaviours

	N	Mean	SD
EMOTIONAL BEHAVIOURS	40	1.2636	.27834
PHYSICAL BEHAVIOURS	40	1.1089	.15429
SEXUAL BEHAVIOURS	40	1.0500	.11943

Scale 1-never / 2- sometimes / 3-often

0.2.2. Number of behaviours

Number of items in each scale

- Emotional behaviour: 11
- Physical behaviour: 14
- Sexual behaviour: 8

Number of behaviours reported by clients in each scale.

	N	Mean	SD
EMOTIONAL BEHAVIOURS	40	2.5500	2.63069
PHYSICAL BEHAVIOURS	40	1.5250	2.16010
SEXUAL BEHAVIOURS	40	.4000	.95542

Frequencies of the number of behaviours reported by clients in each scale. The first column shows the number of behaviours reported and the second column (N) the number of clients who reported this number of behaviours. For instance, the second row shows that 6 clients reported only one emotional behaviour.

Number behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	12	30.0	22	55.0	30	75.0
1	6	15.0	4	10.0	8	20.0
2	4	10.0	3	7.5	0	0
3	5	12.5	2	5.0	1	2.5
4	7	17.5	5	12.5	0	0
5	1	2.5	1	2.5	1	2.5
6	1	2.5	2	5.0	0	0
7	0	0	0	0	0	0
8	2	5.0	1	2.5	0	0
9	2	5.0	0	0		
Total	**40**	**100.0**	**40**	**100.0**	**40**	**100.0**

Interpretation abusive behaviour T0 client

Results show a low frequency for the three types of abusive behaviour (close to 1-never). Emotional behaviours were slightly more frequent than the other two. In the same line, clients reported more emotional behaviours than physical and sexual behaviours, this proportion is higher is if we consider that the physical behaviour scale has more items. Most of the clients (30) do not report any sexual behaviour; some report no emotional (12) and physical (22) behaviours.

0.3. Partners' safety

Frequency of police callouts	N of clients
6-10 times	1
2-5 times	6
Once	**13**
Not at all	**20**
Total	**40**

	N	Mean	SD.
Partner fearful	40	2.00	1.038

Scale 1-never to 4-often

Interpretation partners' safety T0 client

Clients perceive relatively high safety levels for their partners, as they report rarely or never calling the police, and the mean of partners being fearful is relatively low (2=not often).

0.4. Children

Items	N = 40
I live with my children	**9**
I don't live with my children but I see them regularly	**18**
My ex-partner won't let me see the children	3
The courts or state child protection have stopped me from living with my children	2
The courts or state child protection have stopped me having contact/access	1
I have applied to the court for contact with our children	1
My children have been removed and are being looked after by foster parents	0
I don't think our children were affected by the abuse	**9**
One or more of my children is angry or upset with me	4
One or more of my children is angry/upset with my partner/ex because of what's happened	3
One or more of my children is currently registered with the state child protection as in need of protection because of the violence/abuse in our relationship	**7**

Interpretation Children T0 client

Almost a quarter of clients think their children were not affected by the abuse; one quarter live with them and almost half do not but see them regularly. Some say their children are under child protection.

0.5. Relationship

Relationship status	N
I am not sure	5
In the process of splitting up	2
Other	1
The relationship has ended and we are living apart	7
Together and living together	**14**
Together but living apart	**11**
Total	**40**

Hopes for the relationship	N
I am not sure	3
Other	1
That we will be together and living together	36
Total	**40**

Interpretation Relationship T0 client

Most of the clients reported still being in a relationship and a vast majority, even those that did not mention being in a relationship, said they want to live with their partners.

0.6. Way to intervention

Reasons to intervention	N
I have to come as part of my criminal court sentence or bail or parole conditions	0
I have to come because the family court told me to	1

I have to come because the child protection services told me to	6
I don't want to go back to prison again	0
I want to be a better parent to my children	17
I want to stop using violence	19
I want to stop using abusive behaviour	**31**
I don't want my partner to leave me	20
I don't want my partner to be afraid of me	**25**
I don't want my children to be afraid of me	19
I want my partner/ex to feel safe around me	**26**
I want my relationship to be better	**34**

Note: more than one response per client is allowed.

Referral route	**N**
Poster/internet/other publicity	2
Police	3
Child protection	**12**
Criminal courts	0
Probation	0
Civil courts (injunction)	0
Civil courts (custody/access)	0
Addiction service	1
Health – doctor/hospital etc	1
Helpline	2
Friends/family/colleagues	2
Partner/ex-partner	**6**
Counselling/mental health service	4
Relationship counselling service	0
Restorative justice	0
Religious place (church, mosque, temple etc)	0

Note: only one response per client.

Interpretation Way to intervention T0 client

Most frequent reasons to enrol in the intervention were related to clients' will to improve the relation-ship with their partner. Child protection and the referral of (ex-)partners were the most frequent routes.

0.7. Impact of abusive behaviour

	N	Min	Max	Mean	SD
Number of impacts	40	1.00	14.00	7.5500	3.9804

Impact on your partner	N
Injuries such as bruises/scratches/minor cuts	15
Injuries needing help from doctor/hospital	**1**
Didn't have an impact	**0**
She lost respect for you	**28**
Made her want to leave you	**25**
Depression/Sleeping problems	21
She stopped trusting you	**26**
She felt unable to cope	17
Felt worthless or lost confidence	21
Felt sadness	**32**
Felt anxious/panic/lost concentration	19
Felt isolated/stopped going out	11
Felt angry/shocked	24
Self-harmed/felt suicidal	**5**
Feared for her life	**6**
She had to be careful of what she said/did	17
Made her worried you might leave	**8**
Made her defend self/children/pets	10
Made her feel afraid of you	16

Interpretation Impact of abusive behaviour T0 client

The most frequently reported items were related to the quality of the relationship (loss of respect, thoughts of breaking up), and the least reported had to do with the need for a doctor and risk of death. All clients reported some impact, although the number greatly varied among them (from 1 to 14 impacts). The mean number was 7 out of 18 (excluding the item didn't have an impact), but the standard deviation was high (around 4).

0.8. Reasons for violence

	N	Min	Max	Mean	SD.
Number of reasons for violence	40	.00	8.00	2.8250	2.24051

Reasons for violence	N
To stop her from doing something	13
Made you feel in control	11
Because she was laughing at you	7
Because she betrayed/rejected you	11
To make her do something you wanted her to do	**4**
Because you didn't trust her	13
Because of your alcohol/drug use	10
To stop her from leaving you	11
Didn't feel good enough/felt insecure	**18**
Because you were jealous/possessive	**15**

Interpretation Reasons for violence T0 client

Most clients reported some reason for using violence with their partners (38/40). Most frequent reasons were insecurity and jealousy, although there was a wide variety of reasons given. The least frequently mentioned reason was forcing partners to do something. Clients reported an average of almost two reasons for violence.

T1 Client

1.1. Sociodemographic information

	Clients' gender
Partners' gender	**Male**
Female	12
Male	1
Total	**39**

Age group	Freq
18 - 21	1
22- 30	2
31 - 40	**5**
41 - 50	**4**
51 - 60	1
Total	**13**

Employment status	Freq
Combining part-time employment with caring for children/family	1
Full-time employment	**9**
In education or training	1
Part-time employment	1
Unable to work because of sickness	1
Total	**13**

Income	Freq
Comfortably managing – don't have to worry	2
High income	1
Managing to buy the occasional treat or save sometimes	7

Managing to pay for essentials but nothing left over	2
Struggling to pay for the essentials	1
Total	**13**

Interpretation Sociodemographic T1 client

In T1, all perpetrators were male, one in a homosexual relationship, the others in heterosexual relationships. Most clients are between their 30's and 40's. Most of them employed full-time and are in a medium-income level.

1.2. Abusive behaviour

1.2.1. Frequency behaviours

	N	Mean	SD
EMOTIONAL BEHAVIOURS	13	1.1958	.21592
PHYSICAL BEHAVIOURS	13	1.0769	.15828
SEXUAL BEHAVIOURS	13	1.0096	.03467

1.2.2. Number of behaviours

Number of statements (items) on each scale.

- Emotional behaviour: 11
- Physical behaviour: 14
- Sexual behaviour: 8

Mean number of behaviours reported by clients in each scale.

	N	Mean	SD
EMOTIONAL BEHAVIOURS	13	1.9231	1.93484
PHYSICAL BEHAVIOURS	13	1.0769	2.21591
SEXUAL BEHAVIOURS	13	.0769	.27735

Number behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	3	23.1%	9	69.2%	12	92.3%
1	3	23.1%	2	15.4%	1	7.7%
2	4	30.8%	0	0.0%	0	0.0%
3	1	7.7%	0	0.0%	0	0.0%
4	1	7.7%	0	0.0%	0	0.0%
5	0	0.0%	0	0.0%	0	0.0%
6	0	0.0%	2	15.4%	0	0.0%
7	1	7.7%	0	0.0%	0	0.0%
Total	**13**	**100.0%**	**13**	**100.0%**	**13**	**100.0%**

Interpretation Abusive behaviours T1 client

Very low frequency for physical and sexual behaviour (close to 1-never). Emotional behaviours were slightly higher than the other two. Clients report a greater number of emotional behaviours than physical and sexual behaviours (almost twice). Few clients (3) reported not doing any emotional behaviour, in contrast with the majority of clients reporting not doing any physical and sexual behaviour (9 and 12 respectively).

1.3. Safety

Frequency of police callouts	N of clients
2-5 times	1
Once	10
Not at all	2
Total	**13**

	N	Mean	SD
Partner fearful	13	1.46	.519

Scale 1-never to 4-often

Interpretation Partners' safety T1 client

Clients perceive high safety levels for their partners, as all but one reported rarely or never calling the police, and the mean of partners being fearful is low (between 1-never and 2=not often).

1.4. Children

Items	N = 9
I live with my children	1
I don't live with my children but I see them regularly	0
My ex-partner won't let me see my children	0
The courts or state child protection have stopped me from living with my children	0
The courts or state child protection have stopped me having contact/access	0
I have applied to the court for contact with our children	0
My children have been removed and are being looked after by foster parents	0
I don't think our children were affected by the abuse	**3**
One or more of my children is angry or upset with me	**4**
One or more of my children is angry/upset with my partner/ex-partner because of what's happened	1
One or more of my children is currently registered with the state child protection as in need of protection because of the violence/abuse in our relationship	1

Interpretation Children T1 client

Four clients did not tick any of the items in the scale. From those who did, the majority thinks that children were angry with them but were not affected by the abuse.

1.5. Relationship

Relationship status	N
Other	1
The relationship has ended and we are living apart	3

Together and living together	**9**
Total	**13**

Hopes for the relationship	**N**
I am not sure	1
Other	1
That this relationship will end	1
That we will be together and living together	**10**
Total	**13**

Interpretation Relationship T1 client

Most of the clients reported still being in a relationship and the vast majority said they want to live with their partners.

1.6. Way to intervention

Reasons to intervention	**N**
I have to come as part of my criminal court sentence or bail or parole conditions	0
I have to come because the family court told me to	0
I have to come because the child protection services told me to	2
I don't want to go back to prison again	0
I want to be a better parent to my children	**7**
I want to stop using violence	4
I want to stop using abusive behaviour	**8**
I don't want my partner to leave me	2
I don't want my partner to be afraid of me	6
I don't want my children to be afraid of me	4
I want my partner/ex to feel safe around me	**7**
I want my relationship to be better	**11**

Note: more than one response per client is allowed.

Referral route	N
Poster/internet/other publicity	1
Police	1
Child protection	**7**
Criminal courts	0
Probation	0
Civil courts (injunction)	0
Civil courts (custody/access)	0
Addiction service	1
Health – doctor/hospital etc	0
Helpline	1
Friends/family/colleagues	0
Partner/ex-partner	1
Counselling/mental health service	2
Relationship counselling service	0
Restorative justice	0
Religious place (church, mosque, temple etc)	0

Note: only one response per client.

Interpretation Way to intervention T1 client

The most frequent reasons were related to clients' will to improve the relationship with their partner and children. Child protection was the most frequent routes.

1.7. Impact of abusive behaviour

	N	Mean	SD
Number of impacts	13	6.7692	4.53052

Impact on your partner	N
Injuries such as bruises/scratches/minor cuts	4
Injuries needing help from doctor/hospital	**1**
Didn't have an impact	**0**
She lost respect for you	**8**
Made her want to leave you	**9**
Depression/Sleeping problems	6
She stopped trusting you	7

She felt unable to cope	3
Felt worthless or lost confidence	4
Felt sadness	**11**
Felt anxious/panic/lost concentration	**9**
Felt isolated/stopped going out	**1**
Felt angry/shocked	6
Self-harmed/felt suicidal	3
Feared for her life	4
She had to be careful of what she said/did	7
Made her worried you might leave	**0**
Made her defend self/children/pets	**1**
Made her feel afraid of you	4

Interpretation Impact of abusive behaviour T1 client

Almost all clients acknowledged making their partner feel sad and many said they made them feel anxious/panic. Other frequently reported items were related to the quality of the relationship (loss of respect, thoughts of breaking up), and the least reported had to do with the need for a doctor and risk of death.

All clients but one reported some impact, although the number greatly varied (from 0 to 13 impacts). The mean number of reported impacts was slightly below 7 out of 18 (excluding the item didn't have an impact), but the standard deviation was high (above 4).

1.8. Reasons for violence

	N	Min	Max	Mean	SD
Number of reasons for violence	13	.00	6.00	2.0769	1.97744

Reasons	N
To stop her from doing something	2
Made you feel in control	**4**
Because she was laughing at you	**0**
Because she betrayed/rejected you	3

To make her do something you wanted her to do	**1**
Because you didn't trust her	2
Because of your alcohol/drug use	3
To stop her from leaving you	3
Didn't feel good enough/felt insecure	**5**
Because you were jealous/possessive	**4**

Interpretation Reasons for violence T1 client

Clients reported between 0 and 6 reasons for using violence, with an average of two. The most frequent reasons were insecurity and jealousy and getting control, although they gave a wide variety of reasons. Least frequently mentioned reasons were forcing partners to do something and partner laughing at them.

T2 Client

2.1. Sociodemographic information

*Clients are not asked about their age and gender at Time 2 and beyond because this information is available in previous responses.

Employment status	Freq
Full-time employment	11
Unemployed	1
Unemployed and caring for children/family	1
Total	**13**

Income	Freq
High income	1
Managing to buy the occasional treat or save sometimes	7
Managing to pay for essentials but nothing left over	5
Total	**13**

Most clients are employed full-time and with a comfortable income.

2.2. Abusive behaviour

2.2.1. Frequency behaviours

	N	Mean	SD
EMOTIONAL BEHAVIOURS	13	1.1119	.15371
PHYSICAL BEHAVIOURS	13	1.0055	.01981
SEXUAL BEHAVIOURS	13	1.0481	.09599

Scale 1-never / 2- sometimes / 3-often

2.2.2. Number of behaviours

Number of statements (items) in each scale

- Emotional behaviour: 11
- Physical behaviour: 14
- Sexual behaviour: 8

Mean number of behaviours reported by clients in each scale.

	N	Mean	SD
EMOTIONAL BEHAVIOURS	13	1.0769	1.44115
PHYSICAL BEHAVIOURS	13	.0769	.27735
SEXUAL BEHAVIOURS	13	.3846	.76795

Number behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	7	53.8%	12	92.3%	10	76.9%
1	2	15.4%	1	7.7%	1	7.7%
2	1	7.7%	0	0.0%	2	15.4%
3	2	15.4%	0	0.0%	0	0.0%
4	1	7.7%	0	0.0%	0	0.0%
Total	**13**	**100.0%**	**13**	**100.0 %**	**13**	**100.0 %**

Interpretation Abusive behaviours T2 client

Very low frequency for the three types of abusive behaviour (close to 1-never). As before, emotional behaviours were slightly more frequent and numerous than the other two. The mean number of reported behaviours in the three scales is very low (one behaviour for the emotional scale; nearly zero for the physical scale and less than half a behaviour on the sexual scale). Most of the clients (10) do not report any sexual behaviour, many report no emotional (7) and almost all (12) report no physical behaviours.

2.3. Safety

Frequency of police callouts	N of clients
Not at all	**13**
Total	**13**

	N	Mean	SD
Partner fearful	13	1.77	.725

Scale 1-never to 4-often

Interpretation Partners' safety T2 client

Clients perceive relatively high safety levels for their partners. All of them report never calling the police in the last months, and the mean of partners being fearful is low (below 2=not often).

2.4. Children

Items	N = 13
I live with my children	5
I don't live with my children but I see them regularly	6
My ex-partner won't let me see the children	1
The courts or state child protection have stopped me from living with my children	0
The courts or state child protection have stopped me having contact/access	0
I have applied to the court for contact with our children	1
My children have been removed and are being looked after by foster parents	0
I don't think our children were affected by the abuse	1
One or more of my children is angry or upset with me	0
One or more of my children is angry/upset with my partner/ex because of what's happened	0
One or more of my children is currently registered with the state child protection as in need of protection because of the violence/abuse in our relationship	0

Interpretation Children T2 client

Most of the partners are either living with their children or see them regularly.

2.5. Relationship

Relationship status	N
The relationship has ended and we are living apart	4
Together and living together	6
Together but living apart	2
Other	1
Total	**40**

Hopes for the relationship	N
I am not sure	1
That this relationship will end	1
That we will be together and living together	8
Other	3
Total	**40**

Interpretation Relationship T2 client

Half of the clients reported still being in a relationship and living together. The majority of clients said they want to live with their partners and living together.

2.6. Reasons for staying in the intervention

Reasons to intervention	N
I have to come because the child protection services told me to	2
I don't want to go back to prison again	0
I want to be a better parent to my children	**10**
I want to stop using violence	4
I want to stop using abusive behaviour	**10**
I don't want my partner to leave me	4
I don't want my partner to be afraid of me	6
I don't want my children to be afraid of me	**8**
I want my partner/ex to feel safe around me	**10**
I want my relationship to be better	**8**

Note: more than one response per client is allowed.

Interpretation Reasons for staying in the intervention T2 client

Most of the reasons for staying in the intervention clients gave relate to making their relationship with their partners and children better, making them feel safe.

2.7. Impact of abusive behaviour

	N	Min	Max	Mean	SD
Number of impacts	13	.00	15.00	7.0000	5.04975

Impact on your partner	N
Injuries such as bruises/scratches/minor cuts	3
Injuries needing help from doctor/hospital	0
Didn't have an impact	1

She lost respect for you	**9**
Made her want to leave you	5
Depression/Sleeping problems	5
She stopped trusting you	**8**
She felt unable to cope	6
Felt worthless or lost confidence	**7**
Felt sadness	**7**
Felt anxious/panic/lost concentration	**7**
Felt isolated/stopped going out	3
Felt angry/shocked	5
Self-harmed/felt suicidal	4
Feared for her life	3
She had to be careful of what she said/did	**7**
Made her worried you might leave	4
Made her defend self/children/pets	3
Made her feel afraid of you	5

Interpretation Impact of abusive behaviour T2 client

Two clients did not report any impact of the abusive behaviour on their partner. Among the rest (11), the most common impacts were related to partners' trust and respect towards the client, and partners' feelings.

2.8. Reasons for violence

	N	Min	Max	Mean	SD
Number of reasons for violence	13	.00	6.00	2.6154	2.25605

Reasons	N
To stop her from doing something	5
Made you feel in control	**6**
Because she was laughing at you	**0**
Because she betrayed/rejected you	**1**
To make her do something you wanted her to do	4
Because you didn't trust her	3

Because of your alcohol/drug use	3
To stop her from leaving you	2
Didn't feel good enough/felt insecure	**7**
Because you were jealous/possessive	3

Interpretation Reasons for violence T2 client

Ten clients reported at least a reason for using violence with their partners. The most frequent reasons were related to partners' control and insecurity. The least frequently mentioned reasons were related to partners' behaviour. Clients reported an average of 2.6 reasons for violence.

T3 Client

3.1. Sociodemographic information

*Clients are not asked about their age and gender at Time 2 and beyond because this information is available in previous responses.

Employment status	Freq
Full-time employment	3
Retired	1
Total	**4**

Income	Freq
Comfortably managing – don't have to worry	1
Managing to buy the occasional treat or save sometimes	1
Managing to pay for essentials but nothing left over	2
Total	**4**

Interpretation Sociodemographic T3 client

Most of the clients are employed full-time and mostly have low income or medium income.

3.2. Abusive behaviour

3.2.1. Frequency behaviours

	N	Mean	SD
EMOTIONAL BEHAVIOURS	4	1.0455	.05249
PHYSICAL BEHAVIOURS	4	1.0000	.00000
SEXUAL BEHAVIOURS	4	1.0000	.00000

Scale 1-never / 2- sometimes / 3-often

3.2.2. Number of behaviours

Number of statements (items) in each scale

- Emotional behaviour: 11
- Physical behaviour: 14
- Sexual behaviour: 8

Mean number of behaviours reported by clients in each scale.

	N	Mean	SD
EMOTIONAL BEHAVIOURS	4	.5000	.57735
PHYSICAL BEHAVIOURS	4	.0000	.00000
SEXUAL BEHAVIOURS	4	.0000	.00000

Number behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	2	50%	4	100	4	100
1	2	50%				
Total	**4**	**100%**	**4**	**100%**	**4**	**100%**

Interpretation Abusive behaviour T3 client

Clients report no physical and sexual behaviours at all and very low frequency of emotional behaviours. The four clients reported no physical and sexual behaviours, and two reported one emotional behaviour.

3.3. Safety

Frequency of police call-outs	N of clients
Not at all	4

Scale 1-never to 4-often

	N	Mean	SD
Partner fearful	4	2.25	1.500

Interpretation Partners' safety T3 client

Clients perceived relatively high safety levels for their partners, as all report never calling the police, and the mean of partners being fearful is below the midpoint (2.5).

3.4. Children

items	N = 4
I live with my children	1
I don't live with my children but I see them regularly	1
My ex-partner won't let me see the children	1
The courts or state child protection have stopped me from living with my children	0
The courts or state child protection have stopped me having contact/access	0
I have applied to the court for contact with our children	0
My children have been removed and are being looked after by foster parents	0
I don't think our children were affected by the abuse	0
One or more of my children is angry or upset with me	1
One or more of my children is angry/upset with my partner/ex because of what's happened	0

One or more of my children is currently registered with the state child protection as in need of protection because of the violence/abuse in our relationship	0

Interpretation Children T3 client

Clients do not report any risk for their children.

3.5. Relationship

Relationship status	N
The relationship has ended and we are living apart	1
Together and living together	1
Together but living apart	1
Other	1
Total	**4**

Hopes for the relationship	N
I am in another relationship already	1
I am not sure	1
That we will be together and living together	2
Total	**4**

Interpretation Relationship T3 client

There is a big dispersion in the current status of clients' relationships, as well as for their hopes.

3.6. Impact of abusive behaviour

	N	Min	Max	Mean	SD
Number of impacts	4	7.00	12.00	9.0000	2.16025

Impact on your partner	N
Injuries such as bruises/scratches/minor cuts	0
Injuries needing help from doctor/hospital	0
Didn't have an impact	0
She lost respect for you	**4**
Made her want to leave you	2
Depression/Sleeping problems	3
She stopped trusting you	**4**
She felt unable to cope	3
Felt worthless or lost confidence	3
Felt sadness	**4**
Felt anxious/panic/lost concentration	2
Felt isolated/stopped going out	2
Felt angry/shocked	**4**
Self-harmed/felt suicidal	0
Feared for her life	1
She had to be careful of what she said/did	1
Made her worried you might leave	1
Made her defend self/children/pets	0
Made her feel afraid of you	2

Interpretation Impact of abusive behaviour T3 client

The four clients acknowledged a minimum of 7 types of impact on their partners and a maximum of 12. All of them said their abusive behaviour made their partners lose respect and trust for them and feel sadness and anger.

3.7. Reasons for violence

	N	Min	Max	Mean	SD
Number of reasons for violence	4	2.00	7.00	4.5000	2.88675

Reasons	N
To stop her from doing something	**4**
Made you feel in control	**3**
Because she was laughing at you	1
Because she betrayed/rejected you	2

To make her do something you wanted her to do	1
Because you didn't trust her	2
Because of your alcohol/drug use	0
To stop her from leaving you	2
Didn't feel good enough/felt insecure	2
Because you were jealous/possessive	1

Interpretation Reasons for violence T3 client

Clients acknowledged at least two reasons for violence and a maximum of 7 (mean 4.5). Most mentioned reasons were related to control.

3.8. Changes thanks to the intervention

Type of changes	**N**
I have stopped using violence	2
My partner decided not to end the relationship	1
Our relationship is better	2
My ex-partner and I ended the relationship amicably	1
My partner/ex and I can work well together on the upbringing of our children	**3**
I am allowed to have contact with my children	2
I believe my children are not afraid of me	2
I believe my children are still afraid of me	1
I believe I am a better parent to my children	**3**
I believe I am the same parent as before	1
I believe I am a worse parent to my children	**0**
I have stopped using abusive behaviour	**3**
I fulfilled my criminal court sentence or bail or parole conditions	0
I haven't gone back to prison again	0
I believe my future relationships will be non-abusive	**3**
My current new relationship is non-abusive	1
Nothing has changed and I am still using violence	**0**
Nothing has changed and I am still abusive	**0**
I believe my partner/ex is not afraid of me	**4**
I believe my partner/ex is still afraid of me	**0**

I believe my partner/ex feels safe around me	2
I believe my partner/ex feels less safe around me than before	**0**
Things have generally got worse between us	**0**

Interpretation Changes T3 client

Clients reported many changes due to their participation in the intervention. The most frequently mentioned changes were the possibility to have future healthy relationships, partners' loss of fear, being a better father and, more generally, stop using abusive behaviour. None of them ticked items of negative changes or no changes.

T0 Partner

4.1. Sociodemographic information

Age group	Freq
22- 30	1
31 - 40	3
Total	**4**

Interpretation Sociodemographic T0 partner

Partners' were most frequently in their 30's.

4.2. Abusive behaviour

4.2.1. Frequency behaviours

	N	Mean	SD
EMOTIONAL BEHAVIOURS	3	1.3636	.15746
PHYSICAL BEHAVIOURS	3	1.5000	.39770
SEXUAL BEHAVIOURS	3	1.0000	.00000

Scale 1-never / 2- sometimes / 3-often

4.2.2. Number of behaviours

Number of statements (items) in each scale

- Emotional behaviour: 11
- Physical behaviour: 14
- Sexual behaviour: 8

Mean number of behaviours reported by clients in each scale.

	N	Mean	SD
EMOTIONAL BEHAVIOURS	3	3.3333	1.52753
PHYSICAL BEHAVIOURS	3	6.0000	4.00000
SEXUAL BEHAVIOURS	3	.0000	.00000

Number behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	0	0.0%	0	0%	3	100%
1	0	0.0%	1	33.3%	0	0.0%
2	1	33.3%	0	0.0%	0	0.0%
3	1	33.3%	0	0.0%	0	0.0%
4	0	0.0%	0	0.0%	0	0.0%
5	1	33.3%	0	0.0%	0	0.0%
6	0	0.0%	1	33.3%	0	0.0%
7	0	0.0%	0	0.0%	0	0.0%
8	0	0.0%	0	0.0%	0	0.0%
9	0	0.0%	0	0.0%		
10	0	0.0%	1	33.3%		
Total	**3**	**100.0%**	**3**	**100.0%**	**3**	**100.0%**

Interpretation Abusive behaviour T0 partner

Low Frequency for the three types of abusive behaviour (close to 1-never). None of the three partners reported sexual behaviours. The number of emotional and especially physical behaviours shows great variation among them.

4.3. Safety

Frequency of police call-outs	N of partners
Once	1
Not at all	2
Total	**3**

	N	Mean	SD.
Fear	3	3.33	1.528

Scale 1-never to 4-often

Interpretation Safety T0 partner

Partners perceived low levels of safety. Although police call outs are not frequent, the three of them report feeling fearful quite often (between sometimes and often).

4.4. Well-being

Scale 1-Never to 5- Always/mostly

	N	Min	Max	Mean	SD
Anxious	3	4	5	4.33	.577
Depressed	3	3	4	3.33	.577

Interpretation Well-being T0 partner

The three partners who responded this scale reported feeling anxious and depressed frequently (often for anxiety, between sometimes and often for depression).

4.5. Children

items	N = 3
My partner/ex-partner lives with me and our children	1
My partner/ex-partner doesn't live with me but has regular contact with our children	1
I have refused to allow him contact with our children	0
The courts or state child protection have told my partner/ex he can't live with our children	1
The courts or state child protection have stopped him having contact/access	0
He has applied to the court for contact with our children	0
My children have been removed and are being looked after by foster parents	0
My partner doesn't think our children were affected by the abuse	0
One or more of my children is angry or upset with my partner/ex-partner	1
One or more of my children is angry or upset with me because of what's happened	1

One or more of my children is currently registered with the state child protection as in need of protection because of the violence/abuse in our relationship	0

Interpretation children T0 partner

There is variety in the situation of partners' children among the three respondents.

4.6. Relationship

Relationship status	N
I am not sure	1
Together and living together	2
Total	**3**

Hopes for the relationship	N
I am not sure	2
That we will be together and living together	1
Total	3

Interpretation Relationship T0 partner

Two of the partners reported they were together and living together. Two partners do not know what their hopes for the relationship are.

4.7. Hopes

items	N
He will stop using violence	2
He will stop using abusive behaviour	**3**
My children won't be afraid of him	1
I won't be scared of him	2
We can end the relationship amicably	0
Our relationship will be better	**3**
He will leave me alone	0

I will be able to make my own decisions	0
I will feel safe around him	2
He will be a better parent	1

Interpretation Hopes T0 partner

Three of the four partners hope the client will stop using violence and that their relationship will improve thanks to their participation in the intervention.

4.8. Obstacles for change

item	N
His drinking or drug taking	0
His mental health or emotional state	0

Interpretation Obstacles for change T0 partner

None of the partners thinks drugs, alcohol or mental health problems will be obstacles for clients to change their abusive behaviours.

4.9. Impact of abusive behaviour

	N	Min	Max	Mean	SD
Number of impacts of abusive behaviour	3	9.00	14.00	12.0000	2.64575

items	N
Injuries such as bruises/scratches/minor cuts	2
Injuries needing help from doctor/hospital	**0**
Didn't have an impact	0
Lost respect for your partner	**3**

Made you want to leave partner	2
Depression/Sleeping problems	**3**
Stopped trusting partner	**3**
Felt unable to cope	2
Felt worthless or lost confidence	**3**
Felt sadness	**3**
Felt anxious/panic/lost concentration	**3**
Felt isolated/stopped going out	2
Felt angry/shocked	**3**
Self-harmed/felt suicidal	**1**
Feared for life	2
Felt had to watch what you say/do	**3**
Worried partner might leave	**0**
Defended self/children/pets	**1**
Felt afraid of partner	**0**

Interpretation Impact of abusive behaviour T0 partner

All partners reported many consequences of clients' abusive behaviour (at least 9 types of impact).

T2 Partner

5.1. Sociodemographic information

Age group	Freq
22- 30	1
31 - 40	2
Total	**3**

5.2. Hopes

items	N
He will stop using violence	0

He will stop using abusive behaviour	**2**
My children won't be afraid of him	1
I won't be scared of him	1
We can end the relationship amicably	0
Our relationship will be better	**2**
He will leave me alone	0
I will be able to make my own decisions	0
I will feel safe around him	1
He will be a better parent	1

Interpretation Hopes T2 partner

Two of the three partners hope the client will stop using violence and that their relationship will improve thanks to their participation in the intervention.

5.3. Abusive behaviour

5.3.1. Frequency behaviours

	N	Mean	SD
EMOTIONAL BEHAVIOURS	2	1.1818	.00000
PHYSICAL BEHAVIOURS	0		
SEXUAL BEHAVIOURS	2	1.1250	.17678

Scale 1-never / 2- sometimes / 3-often

5.3.2. Number of behaviours

Number of statements (items) in each scale

- Emotional behaviour: 11
- Physical behaviour: 14
- Sexual behaviour: 8

Mean number of behaviours reported by clients in each scale.

	N	Mean	SD
EMOTIONAL BEHAVIOURS	2	2.0000	.00000
PHYSICAL BEHAVIOURS	0		
SEXUAL BEHAVIOURS	2	1.0000	1.41421

Number behaviours	EMOTIONAL		PHYSICAL		SEXUAL	
	N	%	N	%	N	%
0	0	0.0%			1	50.0%
1	0	0.0%			0	0.0%
2	2	100%			1	50.0%
Total	2	100.0%			2	100.0%

Interpretation Abusive behaviour T2 partner

No responses were registered for the physical scale and we observe low Frequency for the other two types of abusive behaviour (close to 1-never).

The two partners reported experiencing two types of emotional behaviours. One partner reported no sexual behaviour and the other reported two types of sexual behaviour.

5.4. Safety

Frequency of police callouts	N of partners
Not at all	2

	N	Mean	SD
Fearful	2	1.50	0.707
			1

Scale 1-never to 4-often

Interpretation safety T2 partner

Partners perceive quite high levels of safety. They report rarely being fearful and no calls to the police.

5.5. Children

items	N = 2
My partner/ex-partner lives with me and our children	1
My partner/ex-partner doesn't live with me but has regular contact with our children	1
I have refused to allow him contact with our children	0
The courts or state child protection have told my partner/ex he can't live with our children	0
The courts or state child protection have stopped him having contact/access	0
He has applied to the court for contact with our children	0
My children have been removed and are being looked after by foster parents	0
My partner doesn't think our children were affected by the abuse	0
One or more of my children is angry or upset with my partner/ex-partner	0
One or more of my children is angry or upset with me because of what's happened	0
One or more of my children is currently registered with the state child protection as in need of protection because of the violence/abuse in our relationship	0

Interpretation Children T2 partner

It seems that partners think the situation of their children is good, as the two respondents did not report any of the problems listed in the table.

5.6. Relationship

Relationship status	N
Together and living together	1
Together but living apart	1
Total	**2**

Hopes for the relationship	N
Together and living together	2
Total	**2**

Interpretation Relationship T2 partner

The two partners were still in a relationship with the client and were hoping to live with them.

5.7. Impact of abusive behaviour

	N	Min	Max	Mean	SD.
Number of impacts of abusive behaviour	2	6.00	7.00	6.5000	.70711

Items	N
Injuries such as bruises/scratches/minor cuts	0
Injuries needing help from doctor/hospital	0
Didn't have an impact	0
Lost respect for your partner	1
Made you want to leave partner	0
Depression/Sleeping problems	1
Stopped trusting partner	**2**
Felt unable to cope	0
Felt worthless or lost confidence	1
Felt sadness	**2**
Felt anxious/panic/lost concentration	**2**
Felt isolated/stopped going out	1
Felt angry/shocked	1
Self-harmed/felt suicidal	0
Feared for life	0
Felt had to watch what you say/do	**2**
Worried partner might leave	0
Defended self/children/pets	0
Felt afraid of partner	0

Interpretation Impact of abusive behaviour T2 partner

The two respondents reported 6 and 7 types of impact of their partners' behaviour. Not trusting them, feeling sad or anxious and being careful with what they said were the items in which they coincide.