Evaluation of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) 2006-2008

Final Report
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Dr Emma Williamson
&
Professor Marianne Hester

University of Bristol

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Executive summary

Aims

The South Tyneside Domestic Abuse Perpetrator Programme was launched on 27th September, 2006, in order to: develop and set up a voluntary domestic abuse perpetrator programme based in South Tyneside; provide services to perpetrators of domestic abuse; provide support services to the partners and ex-partners of men on the programme; and to reduce domestic violence thereby improving the safety of women and children.

Evaluation method

Alongside the development and implementation of STDAPP, a team from the University of Bristol was commissioned to evaluate the programme. This included conducting: analysis of relevant documentary evidence; conducting interviews with key stakeholders & practitioners (phase 1 N=25, Phase 2 N=12); interviews with male clients/ perpetrators (Phase 1 N=18, Phase 2 N=3); interviews with (ex) partners (Phase 1 N=11, Phase 2 N=2); and analysing monitoring/output data (various sources) and outcome data from the police.

Key findings

Over the two year period October 2006-2008, 166 men were in contact with the STDAPP, of which 62 had initial and/or ongoing contact with a practitioner to discuss issues of domestic abuse.

Seven men completed the programme between October 2006-2008[1].

The clients we interviewed were generally positive about their experience of the STDAPP programme and felt that it had helped them.

32 STDAPP men had incidents of domestic violence recorded on the police database prior to their enrolling on STDAPP, and this number fell to 12 men after enrolment. In terms of arrests for domestic violence, 26 clients were recorded on the database prior to enrolment on STDAPP compared to only 6 clients after enrolment.

Sixty-eight men made an initial contact with the service but chose not to continue to the assessment phase.

Men engaged with the programme because they wanted happier and less stressful family lives.

43 women, whose partners had been in contact with STDAPP, were supported by the women's support service Options between October 2006 and 2008.

The women we interviewed welcomed the support they had received from the women's support service.

Although part of the original plan, children were still not being provided with a specialist service by the end of the evaluation period.

[1] A further 10 completed by March 2009.

The level of multi-agency cooperation during the initial planning and start up phase of this project was impressive. This STDAPP is an excellent model of multi-agency working and one which should be championed both locally and nationally.

During the early phase of the programme the number of referrals from Children's Services, due to child protection concerns, had a seemingly negative impact on the dynamics and success of the programme.

A lack of senior managers on the Commissioning Group resulted in a loss of impetus, which had consequences on funding decisions, and also on core staffing of the programme.

A lack of commitment on the part of organisations that provided practitioners resulted in staff being trained but not being in a position to contribute to STDAPP.

STDAPP works holistically, addressing all of the issues impacting on clients and how this might affect their successful engagement with the programme.

Recommendations

The maintenance of a strong Commissioning Group with appropriate representatives who have the power to make funding and other commissioning decisions.

The regular collation of police data to continue to monitor all STDAPP clients and ex-clients (either once or twice yearly).

It was felt that wider dissemination about the purpose and aims of the programme to potential referring organisations was crucial. There had been delays in this dissemination due to changes in staffing. Organisations would include GPs, Health visitors, local private counsellors etc.

Additional local advertisement based on testimonies of previous clients would ensure the continued flow of clients into STDAPP.

On-going review of the implementation of the inclusion criteria.

Restriction of the number of referrals from Social Services regarding child protection. While this appeared to have stabilised measures should be put in place to ensure that the STDAPP is not overwhelmed from any one service in future.

Need regular training to replenish the practitioner group (possibly including volunteers) and more formalised commitment from organisations to ensure regular contribution to the STDAPP programme. Also need to screen potential practitioners to ensure that people do not drop out during training due to the impact of the content of the material.

It would be useful to collect data on an on-going basis about current and previous drug and alcohol abuse to examine whether this influences the retention of clients on the programme.

Review of reasons why so many clients are making contact and not attending initial assessment sessions. This might include having a more comprehensive message on the

answer machine outlining what they can expect, and a time they can call for information when someone would be there.

Monitoring of the communication between STDAPP and Women's Support services.

Background and Context

The British Crime Survey (BCS) self-completion Inter-Personal Violence (IPV) modules are widely acknowledged as the most robust sources of information on the prevalence of domestic across the UK. The 2006/07 IPV indicates that more than a quarter (29%) of women and less than a fifth (19%) of men had experienced some form of non-sexual partner abuse since the age of 16, while for women the experience of partner abuse was much more severe (Povey et al., 2008). As part of the research undertaken in General Practitioner surgeries in South Tyneside (Westmarland, Hester & Reid, 2004) 621 patients were asked about their experiences of perpetrating domestic violence. Of the 177 male patients who completed the question *have you ever behaved in a violent manner towards a partner/someone at home?* 16% (29) said they had, most of them occasionally. Fifteen per cent thought their behaviour had made a partner or someone at home feel frightened. Despite these figures, which give an indication of the magnitude of the problem of domestic violence, and in particular abuse from male to female partners, few perpetrators are dealt with via the criminal justice system. Research in the North East, which examined the overall pattern of attrition in domestic violence cases also found an alarmingly low rate of conviction. Of 869 incidents of domestic violence reported to the police only 3.6% (of incidents) resulted in a criminal conviction and only 12.9% of these convictions (0.5% of incidents) resulted in custodial sentences (Hester, 2006).

Very few interventions exist in the UK for perpetrators of domestic violence. There are currently 42 probation areas and five prison sites offering probation run court mandated perpetrator programmes. Few services exist for men who are not engaged within the criminal justice system. Most areas of England currently have no voluntary perpetrator program, with even fewer offering services which meet the minimum standards of Respect[2], the umbrella organisation which oversees the provision and quality of services to domestic violence perpetrators. Moreover, there is a lack of methodologically rigorous evaluation of programmes, which has resulted in a lack of data about the effectiveness of perpetrator programmes generally, and about specific types of programmes[3].

A recent review of the effectiveness literature found only four methodologically rigorous studies – and only from the US - which while rigorous, were unable to offer conclusive evidence of the effectiveness of such interventions (Feder et al., 2008). MacMillan & Wathan (2001) reported that the Candadian Task Force on Preventative Health Care found conflicting evidence regarding the effectiveness of batterer interventions (with or without partner participation) in reducing rates of further domestic violence. Davis, Taylor & Maxwell (2000) concluded that batterer intervention has a significant effect in suppressing violent behavior while batterers are under court control, but may not produce long-term change in behaviour. A study by Dunford (2000) of perpetrators in the armed forces, found that the perpetrator programme did show some impact on recidivism after one year, although there is a question over the context and whether the navy setting was influential in deterring post intervention incidents. Feder and Forde (1999; 2000) found a small but significant effect on recidivism for those men who attended all 26 sessions of the program, thereby identifying the importance for perpetrators of domestic violence to complete domestic violence interventions. Palmer, Brown & Carrera (1992) found that men assigned to the perpetrator program re-

[2] http://www.respect.uk.net/

[3] Respect is currently in the process of evaluating voluntary services, as is NOMs in relation to court mandated services.

offended at a significantly lower rate than men assigned to probation services only, although the sample was small. Dobash and Dobash (2000) found an improvement in perpetrators behaviour, especially where they were court mandated, in an evaluation of two programmes in Scotland.

Gondolf (2002) from a wide-ranging evaluation of perpetrator programmes found that "the system" is of central importance in providing a service where "some men stop physical and perhaps other forms of violence". In perpetrator programmes, this means the manner of the intervention, the length of the course, the ability of staff to retain perpetrators, and effective strategies to deal with repeat offenders via multi-agency working with criminal justice and other professionals.

The development of a voluntary service in South Tyneside

In 2005 the main emphasis of service development in South Tyneside was on providing services for victims/survivors of domestic violence. While services and support for victims continue to be key, they must also be underpinned by appropriate prevention and intervention strategies which directly target domestic violence perpetrators and assist and enable them to stop offending. In South Tyneside, however, there were no acknowledged perpetrator services, at that time, and only a few other programmes available to deal with perpetrators elsewhere in the North East Region, including a voluntary sector and a couple of probation run programmes. Research commissioned by the Northern Rock Foundation and the Home Office and undertaken by the University of Bristol across the Northumbria Police Force area highlighted the help-seeking pathways and potential opportunities for early intervention and prevention with perpetrators. Among the key findings and recommendations were the following:

- Men are more likely to seek help at some kind of 'crisis' moment.
- Adverts in newspapers would be useful highlighting abusive behaviour and directing to services.
- Some men wanted the police to direct them to perpetrator programs
- Men who are violent towards women need to learn new, appropriate responses to feelings of jealousy and aggression.
- Agencies from criminal justice, health, social care, family proceedings and other sectors need to work together to develop coherent and coordinated approaches to perpetrators.

(Hester et al. 2006)

Following these recommendations, the South Tyneside Domestic Violence Forum began the development of a voluntary perpetrator programme in the South Tyneside area. This culminated in the launch of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) on the 27th September 2006. In order to ensure that this new and innovative service developed in line with 'what works' and drew lessons during its implementation, the programme was evaluated independently from its inception for two years.

Developing from within the Domestic Violence Forum, the programme was established as a unique multi-agency approach. Both management and practitioners were drawn from a range of agencies. A group of practitioners who were employed by health, children's and various adult services (from South Tyneside Primary Care Trust; The Riverside Children's Centre, South Shields; Barnardos Streetlevel Family Centre, South

Shields; Sunderland Family Support Services and Impact family services (child contact and family mediation); South Tyneside Matrix Service; and South Tyneside Drug Action Team were identified to undergo intensive training. Once trained, this group constituted the STDAPP practitioner team. The work of this team and the service as a whole was coordinated and based at Barnardos Streetlevel Family Centre. The coordinator of the service was one of the practitioners employed by Barnardos, and supported by a part time administrator.

Each of the practitioners provided a different level of input into the service ranging from four hours a week to an almost full time commitment. The important element in this is the commitment of each practitioner and their parent organisation to the establishment and further development of a service which is not solely dependent on one or two individuals and only one organisation. This multi-agency approach is outlined further later in this report.

Programme Aims

From the outset, the South Tyneside domestic violence forum had as part of its aims to:

1. Develop and set up a voluntary domestic abuse perpetrator programme based in South Tyneside.
2. Provide services to perpetrators of domestic abuse.
3. Provide support services to the partners and ex-partners of men on the programme.
4. Reduce domestic violence thereby improving the safety of women and children.

Practice and managerial approaches

Members of the domestic violence forum investigated a number of different existing voluntary domestic abuse perpetrator programmes in order to establish a format that would be feasible within South Tyneside. The IGNITE approach was identified as the most appropriate.

IGNITE approach

The aim of the STDAPP programme is to provide perpetrators of domestic abuse with structured one-to-one and group support to assist them in changing their abusive behaviour. The programme itself is based on the "Action for Change" programme designed, developed and with training delivered by IGNITION[4]. The IGNITION approach is defined as falling within the 'broad parameters' of a "pro-feminist broadly cognitive-behavioural model combined with gender analysis" (Ignition, 2003: 7). Key principles include:

- The concepts, skills and philosophies of motivational engagement and enhancement and a clear appreciation of human change being at the core of the programme;
- Taking account of the need to work holistically;

[4] See www.ignition-learn.com for more information about the ignition, Action for change programme.

- Predicated and designed around the skills and techniques of "active" work, meaning drama and theatre based;
- Para-therapeutic approach working with powerful emotional drivers linking to attachment in addition to cognitive and behavioural approaches.

In South Tyneside, the holistic nature of the programme was reinforced by the multi-agency approach of the forum and the appointment of practitioners from different agencies. The use of drama and theatre based work was new to most practitioners, but was recognised as an innovative way in which to ensure that clients were engaging with the programme in order to maintain their motivation to change. "They must be there because they wish to be there and see the benefits for themselves in terms of personal change" (Ignition, 2003: 9).

The programme consists of 75 hours of intervention over 26 weeks. This is based on a block of two days (16 hours) of work at the beginning of the programme and subsequent weekly meetings. Excluding the two day block, sessions are of three hours duration in order to ensure two and half hours working time when taking breaks into account. The core programme is preceded by a minimum of four sessions of one-to-one work. Following one-to-one sessions there is a pre-group motivational block which addresses: being in a group; disclosing in a group setting; an active style of working; and core concepts of the programme.

The aim that perpetrators on the Action for Change programme are there voluntarily is an important consideration and is incorporated within the programme with regard to the relationship which is developed between facilitator and client. Similarly, the programme has at its core both the safety of perpetrators' partners and the Respect principles (Respect, 2004).

Following the IGNITE approach, the core group work sessions of the STDAPP Action for Change programme include the following seven modules:

- Module 1: Defining, analysing and ending abusive behaviours
- Module 2: Defining, analysing and ending abusive behaviours
- Module 3: Effects on children
- Module 4: Respect, trust and support
- Module 5: Sexual respect
- Module 6: Honesty, accountability and partnership
- Module 7: Future conduct

The inclusion and exclusion criteria for men accepted on to the programme are fundamental to ensuring that the needs of the various multi-agency partners were also being met. STDAPP accept men aged 18 years or over; who agree voluntarily to attend the programme; who recognise that there is a problem within their relationship; and finally who accept that their partner or ex-partner will be contacted via a women's support service. In the majority of cases that support service would be the local women's support service Options[5]. Further support was provided by Wearside Women in Need and South Tyneside Refuge. Where the following exclusions applied other

[5] Options provides a range of services for women who have experienced domestic violence including: Freedom Programme, befriending service, counselling, IDVA's and advocacy.

agencies might also be contacted for additional information in order to make an appropriate risk assessment of the potential clients:

- Severe/chronic mental health/psychiatric illness
- Recent convictions for firearms possession/use
- Convictions for sexual abuse
- Extensive criminal record of violent crimes
- Chaotic substance abuse or chemical dependency that first requires stabilisation through a treatment programme.

The victim/survivor and client/perpetrator were advised of a client's suitability for the programme after the individual sessions had been completed. If a referral was rejected, STDAPP documented the reason(s) why and informed the women's support worker. If a client met the eligibility criteria he would be contacted and arrangements made for assessment sessions.

Managing STDAPP

The Domestic Abuse Perpetrators Steering Group (SG) was established from members of the Domestic Violence Forum who were involved in the development of STDAPP. The workplan of the SG included the development of policies and procedures including the: terms of reference, service level agreements (with partner organisations); media strategy; practitioner recruitment application process; practitioner contracts; services quality standards; practice standards; data sharing protocol; and child protection protocols. In addition, prior to the launch of the programme, the SG attended to the recruitment of volunteers; established monitoring databases; and the provision of support services for women and children.

Following the launch of the programme, the SG discussed the need for the group to evolve into a commissioning/project management group (SG Minutes 02.10.06). The recommended membership of this new group included the participation of the four statutory organisations who fund the service: Probation, Local Authority, Police and the Primary Care Trust. In addition, it was recommended that Barnardos, as project co-ordinators, be a part of the commissioning body. Alongside the move from a Steering to a Commissioning group the SG recommended the development of a practitioner group to meet on a regular basis to discuss operational issues relating to the programme. This practitioners group has met regularly since October 2006.

Training

Eight practitioners were trained in the first cohort. This training took place from February to June 2006. A second group of practitioners were recruited and trained from April to November in 2007 in order to increase the number of available practitioners. A number of issues were recognised at this point, which the steering group tried to address by redrafting the contract required from individual organisations. It was necessary to: identify the minimum commitment required by practitioners and to ensure that organisations supported this commitment; to limit the number of senior staff who were trained as they often found it difficult to fulfil their regular commitments; and to ensure

that there were an adequate number of both female and male practitioners as the group work element requires both a male and female worker. By the time this report was being completed 15 staff had been trained and there were eight active practitioners (March 2009). The programme was by this time looking at employing sessional professionals to work alongside trained perpetrator workers and were in discussion with Ignition about the implications of this staffing change. The programme was still having problems due to a limited number of active male practitioners.

The evaluation

The programme was evaluated independently from its inception in September 2006 and over two years, by a team based at the University of Bristol. Evaluation of both process and outcomes was necessary to ensure that the service was meeting both the needs of the individual service user as well as the overall needs of commissioning agencies. It was also important to document the implementation phase of 'setting-up' a domestic violence perpetrator programme in order that others may benefit from that knowledge. *The evaluation team*, began collecting base line and other relevant data in September 2006. An initial set of interviews with practitioners, stakeholders, clients and their partners was carried out (Phase 1). Phase 2 interviews included follow-up interviews with all groups where possible. These aspects are detailed further below.

1. Documentary evidence

The minutes of SG meetings from June 2005 (prior to the launch), as well as the policies and procedures which developed over time were collated. This enabled assessment of the way in which decisions have been made, problems addressed, and the changing nature of the management of STDAPP. In addition, the IGNITE Action for Change core programme manual was accessed. This outlines the programme as well as its aims and objectives. This document also allowed us to examine the methods of the programme and compare this against clients' and practitioners' views and perspectives.

2. Interviews with key stakeholders & practitioners (phase 1 N=25, Phase 2 N=12[6])

We conducted interviews with key stakeholders and practitioners from October 2006. Key stakeholders included members of the domestic violence forum, the STDAPP Steering Group, and bodies responsible for the funding of the programme. It should be noted that practitioners may also be defined as key stakeholders, but we identify them on the basis of their active engagement with clients/perpetrators.

3. Focus group with social workers (phase 2)

[6] Of the remaining stakeholders/practitioners, 5 were no longer at the same organisation, or had moved position within it. One did not respond to requests for an interview, 3 responded that they were too busy to take part, and 2 were only minimally involved in the first phase and didn't feel they had anything to add. The remaining 2 practitioners, interviewed in Phase 1, were from outside of the local area and were interviewed only once during the Summer 2007.

During the course of the evaluation a large proportion of men coming to the programme were being referred from Children's Services. As a result, it was decided to conduct a focus group with social workers. The purpose of this group was to try to establish what expectations social workers had of the programme. The anonymised information was fed back to the programme co-ordinator in order to help design the recruitment and dissemination materials of STDAPP.

4. Interviews with male clients/ perpetrators (Phase 1 N=18, Phase 2 N=3)

All STDAPP clients in contact with the project from October 2006 until March 2008 were asked if they would like to take part in the evaluation while they were in the initial stages. Those men who responded positively were contacted by the research team directly in order to arrange an interview. In some cases this consisted of a face-to-face interview within the STDAPP building, and in others this consisted of a telephone interview. The 18 men who were interviewed were asked a series of questions about how they came to be in contact with the STDAPP service and about their previous help-seeking behaviour (appendix 1). In addition, the men were asked to complete an inventory of controlling behaviours (appendix 2)[7].

The intention was to carry out follow-up interviews with all the men interviewed in Phase 1 who completed the programme. However, not least because many of the men did not complete the programme, it proved extremely difficult to get the men to agree to take part in the follow-up. Three of the original 18 men were interviewed in this phase. They were asked about any changes to their relationship status as well as a series of questions about their experience of the STDAPP programme and whether they recognised any changes to their behaviour. Men were also asked about whether this had had an impact on them, their (ex) partners, and their children. The full inventory of controlling behaviours was not administered again but specific questions were asked when relevant.

5. Interviews with (ex) partners (Phase 1 N=11, Phase 2 N=2)

When clients engaged with the STDAPP programme they were required to provide the contact details of their partner or ex-partner in order that the Women's support service (predominately Options) could contact the women to offer support. All of the female partners concerned were asked if they wanted to take part in the evaluation. Eleven female partners or ex-partners of men engaged in the STDAPP programme were interviewed during Phase 1. All of these women had children, with the children of seven women also having involvement from the Children's Services and with the children in care. Three of these children were in kinship care. As will be discussed below, this corresponds with the high number of male clients on the STDAPP programme who had been "referred" by Children's Services. As with the male clients, it proved difficult to organise follow-up interviews with female partners, and only two took part in the Phase 2 interviews.

[7] The team also piloted a Q-sort methodology with a number of the men and their partners, as developed by researchers at Sunderland University. We found that this method was not appropriate to this group as it was difficult for men to establish from which point they were answering questions. In addition, we felt that the method was more useful in ascertaining attitudinal changes in groups rather than individual change over time.

The women were asked a series of questions both about themselves and about their abusive partner (appendix 3). In addition, women were asked to complete the inventory of controlling behaviour so that this might be compared with the data provided by the men. Interviews took place shortly after the women were referred to the women's support service (Phase 1) and follow-up interviews were carried out once the men had completed the programme (Phase 2). In the follow-up interviews women were asked about whether there had been any changes to their relationship status, whether there had been any changes to their partners behaviour, and their views on the services they, and their partner, had been provided. We did not re-administer the inventory of controlling behaviours but asked partners specific questions about any incidents which had happened since their partner had been on the STDAPP programme.

6. Monitoring/output data (various sources) and outcome data (police)

To provide further assessment of the progress and impact of the programme, outcome data, monitoring and output information was collected throughout the evaluation from a range of sources. This included monitoring data about the male clients from STDAPP and about the female partners from the primary women's support service (Options). Data from STDAPP included anonymised practitioner notes on the groupwork sessions, as well as information about the number of sessions attended by clients, key demographic information, and referral information. Data from Options included the number of women who had accessed the service whose partners were on STDAPP; information about whether the women were in contact with Options prior to a referral from STDAPP; reasons for disengagement with the service; and an indication of the length of time for which the client was engaged with the service. In addition, we did have contact with those women's support services who provided additional support (Wearside Women in Need; South Tyneside Refuge).

Anonymised data as provided by the South Tyneside police outlining the number of domestic violence incidents recorded against the STDAPP client group prior to and after their attendance on the programme was analysed to provide outcome data. It is important to note here that whilst a decision was made at the Steering Group meeting on December 4th 2006 that the evaluation team would have access to third party information for the evaluation, changes to the consent form to enable this access were not enacted by the programme until a later date. This meant that police data was not available from the outset, but was only made available for all clients from March 2008.

Male clients/perpetrators in contact with STDAPP

From October 2006 until October 2008, 166 clients had some level of contact with the STDAPP service. Of these, 130 cases were closed during this period with 68 (52%) of these cases being closed before the first assessment session took place. Data on progress through the programme will be discussed further below (see Findings).

The average age of the 166 clients was 36 years old ranging from 18 to 77. Just under half (46%) of all clients (n=77) had Children's Services involvement in their families and 21% (n=35) had children subject to a child protection plan. The vast majority of all clients engaged with STDAPP were white British, which is representative of the local population.

Demographics of the 18 clients who were interviewed

The age distribution of the 18 STDAPP male clients we interviewed was similar to that of the wider client population. The mean age of interviewed clients was 39. The vast majority of the interviewed clients described themselves as white British or white English, again a similar distribution to the wider client group. All of the interviewed men were asked if they were employed at the time that the interview took place. Considering that all but one of the men we interviewed were of working age, six (33%) were unemployed with an additional two men (11%) describing themselves as unable to work. Of the remaining seven men (39%), one was self employed, two were engaged in skilled work, and four were engaged in unskilled work.

From the initial interviews it became apparent that for many of the men we interviewed there were multiple issues affecting their lives. Four clients (22%) admitted to having previously had drug abuse issues. Five men (28%) admitted to having a previous alcohol problem, with two (11%) men admitting that they had a current (within the last month) alcohol problem which they were attempting to deal with. It may be that because the STDAPP programme is located within a voluntary sector service which also provides comprehensive alcohol and drug abuse interventions, these practitioners are aware of the STDAPP programme and perhaps more likely to refer their clients to it. It would have been useful to collect data on an on-going basis about current and previous drug and alcohol abuse to examine whether this influences the retention of clients on the programme. However such data was not available to the evaluation team.

Only one of the men we interviewed did not have any children. Of the remainder, nine clients (50%) reported that Social Services were currently involved in their children's lives.

Findings

1. Practice and managerial approaches (across phases 1 & 2)

As reflected by Gondolf (2002), when providing services for perpetrators of domestic violence success is often determined by "the systems" that govern the programme and how they are implemented. As such, it is important in any evaluation to examine process. In the case of STDAPP, because this was a new programme, this gave us an opportunity to evaluate the setting up process as well as managerial development.

Setting up and managing STDAPP

Steering Group

STDAPP was based from the outset on strong multi-agency foundations. This is reflected in the original steering group and the number of agencies represented as key stakeholders. This included: the local Primary Care Trust (PCT); Children's Services; Local Council; Probation; Police; Barnardo's; Options (Women's Support Service); Women's Aid; Victim Support; Mediation services; Drug Action Team; Other voluntary agencies; Child Protection team. During Phase 1 interviews we asked respondents to identify any agencies who they thought might be missing in terms of representation on the Steering Group these included: CAFCASS; Housing; and the judiciary.

STDAPP was launched on the 27th September 2006, although not all policies and procedures were in place by that time. The minutes of the steering group meeting on the 7th November 2006 show the following policies to be still outstanding and the related timescale within the STDAPP workplan of 07.11.06:

- Terms of reference (March 2007)
- Service Level Agreement (March 2007)
- Media Strategy (December 2006)
- Volunteers (if practitioner left post and returned as volunteer (March 2007)
- Practitioner recruitment application process (cohort 2) (December 2006)
- Practitioner contracts (March 2007)
- Training/commissioning (January 2007)
- Policies and procedures (December 2006)
    - Information sharing
    - Child protection
    - Confidentiality policy
    - Complaints procedure
    - Referral procedure
    - Risk assessment
    - Supervision guidance
    - Health and safety at work
    - Care and control guidelines
- Services quality standards (December 2006)
- Practice standards (March 2007)

As this list illustrates the volume of work required by the steering group members during the early stages of the launch of STDAPP was considerable. It is important to remember that the majority of the practitioners who had a key role in the development of these policies and protocols were only seconded to work on the STDAPP programme for a limited amount of their time. In relation to evaluating the initial start-up phase of STDAPP it is important to recognise that the programme started before all of the protocols and policies were finalised. This decision meant that on the positive side, men could begin accessing the service earlier, but also meant that there were some problems which were not addressed until a later date. It is difficult to evaluate whether this lack of clarity at the outset had a negative impact on the programme in the early months but may have influenced how practitioners dealt with initial enquiries, particularly where men were referred from other agencies.

Information and data sharing was raised by practitioners during Phase 1 interviews as one of the few areas of anticipated concern. Whilst the practitioners group and managerial steering group had, at the time of the Phase 1 interviews, produced a draft information sharing protocol, there was still some confusion about how it would work in practice and the data protection implications which might arise. All practitioners were aware of the two sides to the debate which were that 1) some men would be reluctant to engage with the programme if it resulted in information about their attendance on the programme being recorded by the police, and 2) that sharing all information was crucial to maintaining the safety of women and children. Generally, it was felt that everyone had been able to express their views on the dilemmas in this debate freely. At the time of the interviews some felt that the current provision required "fine tuning" while others perceived it as a more fundamental problem.

> There are issues around things like information sharing, confidentiality, child protection issues, which I think are probably unavoidable in establishing any new service, and I think it's right and proper that other agencies might have concerns that this organisation you know addresses those issues and makes sure that they're properly accounted for (Stakeholder, Phase 1).

It is important to recognise that whilst the majority of key stakeholders acknowledged that delays in the implementation of the information sharing protocol was a problem, they also recognised it as a problem which was being addressed. This is evidence of the positive way in which the Steering Group was able to address issues as they arose.

Changing from Steering Group to a Commissioning Group

Following the launch of STDAPP there was a recognition that the dynamics and function of the management group would need to re-focus to address the on-going needs of the STDAPP programme. Once the programme had been launched the management group would need to focus on commissioning and many interviewees expressed that more senior members of individual organisations might need to be represented. This was an issue which was raised as a concern in Phase 1:

> There are some members of the steering group who are the right people to remain on the group and probably have the authority to take the service forward and make major decisions. And there are other people who perhaps need to accept that they're not the right people to be on the future of the group, provided

> that individuals within their organisation who do have the authority to make those decisions do commit to the group (Practitioner, Phase 1)

These fears about the development of the commissioning group which were raised during Phase 1 appeared to be founded. During interviews in Phase 2, stakeholders discussed the ways in which the "communication and impetus" of the original steering group had been lost, and that "No-one from strategic level wants to take responsibility for it (STDAPP)". The overwhelming concern was that without senior representation within the commissioning group then long term funding would become a serious issue and jeopardise the programme as a whole.

Long term resource allocation

As indicated above in relation to the transition of the steering group into a commissioning group, the issue of long term funding was an area of concern for the majority of key stakeholders and practitioners. During the two years of the evaluation, uncertainty about long term resource allocation had a direct impact on the programme with a number of key staff leaving STDAPP. The majority of practitioners from voluntary services are familiar with funding uncertainty but this had a particularly negative impact on STDAPP. Not only were core staff subject to funding uncertainties, but so were many of the organisations from which practitioners were employed. This resulted in constant funding threats to the core posts of coordinator, manager, and administrator, as well as to the primary roles of practitioners.

Multi-agency processes

During Phase 1 interviews with key stakeholders they were asked to rank the multi-agency working within the STDAPP project on a 1-10 scale (where 10=the highest). The average (mean) response was 8.4, which is very high. When asked to elaborate on their reasons for the given scores, respondents were extremely positive when comparing multi-agency working on the STDAPP project to their experience of multi-agency working generally. One participant went so far as to say that "I've never ever seen anybody work so well from different organisations" (S.4. pp. 9). There appear to be a number of factors which stakeholders believed contributed to the success of the STDAPP multi-agency team. These were: STDAPP was/is not owned by any one individual or agency; Everyone is committed to moving the project forward; All agencies are committed to addressing domestic violence; There are powerful champions/leads within the forum who enthuse others; Things happen/get done which encourages people to move forward; Everyone has a different agenda but domestic violence is part of everyone's different agendas; and finally, stakeholders felt that the multi-agency process in STDAPP was inclusive and "not precious".

Certainly, the level of multi-agency cooperation during the initial planning and start up phase of this project was impressive. The initial scores indicate the excellent model of multi-agency working being employed and one which should be championed both locally and nationally.

When asked during follow-up interviews to rank the multi-agency working of the project the average (mean) response was 7.3. This is lower than the original scores, but still high. It should be noted that those with a closer connection to the day to day practice of the

programme tended to rank multi-agency working lower, in Phase 2, than those with a strategic stakeholder role, indicating some diversion of opinion by this phase.

Referral

A key feature of the STDAPP programme was the voluntary nature of the service with clients self-referring. As described by key stakeholders within the initial interviews, the notion of choice was related to the positive aspects of men recognising that they had a problem, that they needed to change, and doing something proactive by referring themselves to the programme.

> The principles I think of the Programme are to recognise that men can change; that they can help themselves change; that they need to do it as, as a reason for themselves rather than being forced into attending a programme because the Court says they have to, or because Social Services say they have to. And at the same time recognising that for the service to work it needs to be able to support the women and the children that are the victims of the original Domestic Abuse in the first place (Stakeholder, Phase 1).

During the course of the evaluation the concept of "referral" became an issue, particularly around the role of the Children's Services. The potential impact of this is discussed later in relation to client, partner, and follow-up stakeholder interviews. Whilst it needs to be acknowledged that the existence of truly voluntary decisions may perhaps always be questioned[8], the voluntary nature of the programme was a key component of the training given to practitioners and fundamental to the programme's content. In this regard there is some evidence from the evaluation that indicates that an initial lack of retention on the programme was partly due to the issue of referral.

During follow-up interviews it became clear that issues of referral had been a problem during the early start up phase, and that this issue had impacted on the success of the programme at that stage. One respondent felt that "there needs to be motivation in the criteria". This is interesting because motivation and willingness to change were important factors in the inclusion criteria and were used for all assessments of potential programme clients. The issue of referral was discussed at length with all of the practitioners in the interviews and a number of concerns were raised. Some felt that when clients had been pressured by other agencies to come to the group they had not engaged and this had impacted on the success of the group in the early stages. Others felt that "referral" from other agencies was fine so long as the way in which the programme was "sold" was appropriate and that the men were still taking control of their issues. It was felt that wider dissemination about the purpose and aims of the programme to potential referring organisations was crucial. There had been delays in this dissemination due to changes in STDAPP staffing.

Some practitioners also felt that the (initially large) number of referrals from Children's Services had had an impact on the dynamics of the early groups and that the reality did not match the situation discussed in the training.

> When we did the training … you will always get certain men who were at a different place with regards to levels of culpability, responsibility and wanted to

[8] Chung and O'Leary use the term social coercion to describe the ways in which men can be coerced onto a programme.

> change. And you'll always have men who are more um, have more of an insight about what's gone on and about wantin' to change, and you hope that that guy has an impact and influence on the rest of the group. Or if you get a couple of those men that they can influence the rest of the group who aren't at that stage. 'Cos it's very much about learning about from one another. My concern is for instance that you might have one man who's there for genuine reasons and is actually self-referred who can potentially be outnumbered by men who feel that they've been coerced onto the Programme, …And that's the difference. This guy's done it without any involvement of Social Services. Whereas the others, would they have come forward if Social Services hadn't been involved? And is his lone voice gonna be enough perhaps to influence the group the way we would hope that it would work? If we had more of a mix, perhaps that would increase the likelihood that that change could occur. So I do have concerns about how that might affect the group dynamic. (Practitioner, Phase 2)

This extract highlights the potential impact of referral on group dynamics and suggests that this is an issue that might need more time during training.

Training

During the evaluation period, a total of 15 practitioners undertook the comprehensive training provided by IGNITE, eight within the first cohort, and seven within the second. This training consisted of 20 days training covering: Recognising perpetrator types; individual working pre-group preparation; perpetrator assessment skills; improved risk assessment; assessing perpetrator suitability for change; co-gendered working; and leading group-work sessions and supporting co-workers[9]. The majority of practitioners during Phase 1 interviews were extremely positive about the IGNITE training they had received. Generally there was very little, apart from the use of drama and role-playing, which was completely unfamiliar to them. Practitioners had some idea about the use of role playing but agreed that it could be extremely useful in tackling this issue. This was borne out in Phase 2 interviews where practitioners were again very positive about the flow of the Action for Change intervention and raised no areas of concern in relation to the content of the course.

In relation to the recruitment of practitioners to undergo training, it was felt that recruitment for the second round of training was in some ways better than the first, but that additional lessons still needed to be learnt. Prior to the recruitment of the second practitioner cohort, the STDAPP coordinator developed a contract to be agreed with practitioner's host organisations. However, it was felt that there was still some mis-communication between managers and practitioners where managers did not appreciate what was required of their staff as STDAPP practitioners. The result of this mis-communication was that practitioners stopped contributing to the programme and the number of available practitioners reduced in number.

> The last lot of training was better than first time. (It) didn't go as smoothly as would have liked but have learnt lessons. I don't think (they) spent enough time promoting the training with the different agencies. Some mis-communication between managers and practitioners because (they) didn't promote it there wasn't

[9] Information from draft proposal for STDAPP presented at SG meeting of 2nd November, 2005.

> enough take up. (They) got a couple of people who started the group who shouldn't have been on that. Two dropped out because their line managers didn't appreciate what was required. They were not entering into this agreement (of) staff doing it in their time (Practitioner, Phase 2).

Whilst STDAPP is an excellent example of multi-agency working, the reliance on a multi-agency team of practitioners is also a potential weakness. Without clear commitment from practitioners and their organisations, there is a tendency for practitioners to be limited in the amount of time they are able to contribute to the programme. One would expect some natural slippage as staff move on to new jobs, in new areas, but by relying so heavily on multi-agency provision, the STDAPP programme risks losing practitioners. The solution is to have regular training courses, but it is not clear that provision has been made in funding for this to take place in the coming financial year. At the time of writing, the programme was running with eight practitioners (with varying levels of commitment). Ideally there should be 15 practitioners. In addition to practitioners dropping out of the training programme due to issues of time and workload commitment two potential practitioners dropped out due to personal issues raised by the training. This suggests that better screening procedures need to be in place during the recruitment of practitioners.

Practitioners

As has already been outlined, STDAPP is based on multi-agency working arrangements of practitioners. This is reflected in the agencies involved in the original steering group as well as in the diversity of agencies represented in the practitioner group. This included staff from a range of statutory and voluntary agencies. Within the first training cohort eight practitioners from: Primary Care Trust; Drug Action Team; Streetlevel; Impact family services (child contact and family mediation) and Surestart, were trained. Of this group five were still active in providing services by the time the report was written, although three of these were involved on an infrequent basis. Seven practitioners underwent training within the second cohort. These practitioners were from: Matrix service; Drug Action Team; Streetlevel; Impact family services (child contact and family mediation) and the PCT. Of this cohort, only three practitioners remained active. From a total of 15 practitioners who have undergone training, eight therefore remain as active practitioners.

Despite having supervision guidance in place from August 2006, which suggested that supervision should be held on a four-weekly basis, this was not evident in practice. During Phase 2 interviews with practitioners lack of formal supervision was raised as an issue, but one which had been raised and was being dealt with.

Practitioners who committed to providing time to work on STDAPP, conducted their work from the Streetlevel project. The day-to-day aspects of practitioners were managed by the project coordinator, supported by a project administrator, and formal management and supervision was provided by the Barnardo's manager. It is important to note that during the course of the evaluation STDAPP had three coordinating officers at different times, and two project managers. In the case of the project coordinator, this high level of staff turnover was partly due to the lack of long term funding provision of the project.

Aims of the program

Key stakeholders offered a number of explanations as to the primary aim of the STDAPP programme. Firstly, they considered that the programme was an early intervention to help men address their abusive behaviour before (and instead of) ending up in a criminal justice context. Secondly, the intervention for male clients was located in issues of safety for partners and children, both in terms of the safety of current partners as well as future partners. Thirdly, practitioners felt that by offering men an opportunity to access assistance they were able to remove 'lack of support' as an excuse used by abusive men to justify their continuing unacceptable behaviour. This, it was suggested, would assist abused women in making more informed choices. Having an understanding of practitioners' views on the aims of the programme is particularly important as we look at who STDAPP clients are, and how they perceive the service they receive.

2. Male clients/ perpetrators

This section examines the data we were able to collect relating to male clients of the STDAPP programme. This includes data from STDAPP, Options, the police, as well as data collected about clients from the men themselves, their partners or ex-partners, and practitioners. This section starts at the point where clients made initial contact with the service and moves through to their views of the programme post-intervention. It is important to say at the outset that the clients we interviewed were generally positive about their experience of the STDAPP programme, although our follow-up interview data was limited.

Initial contact

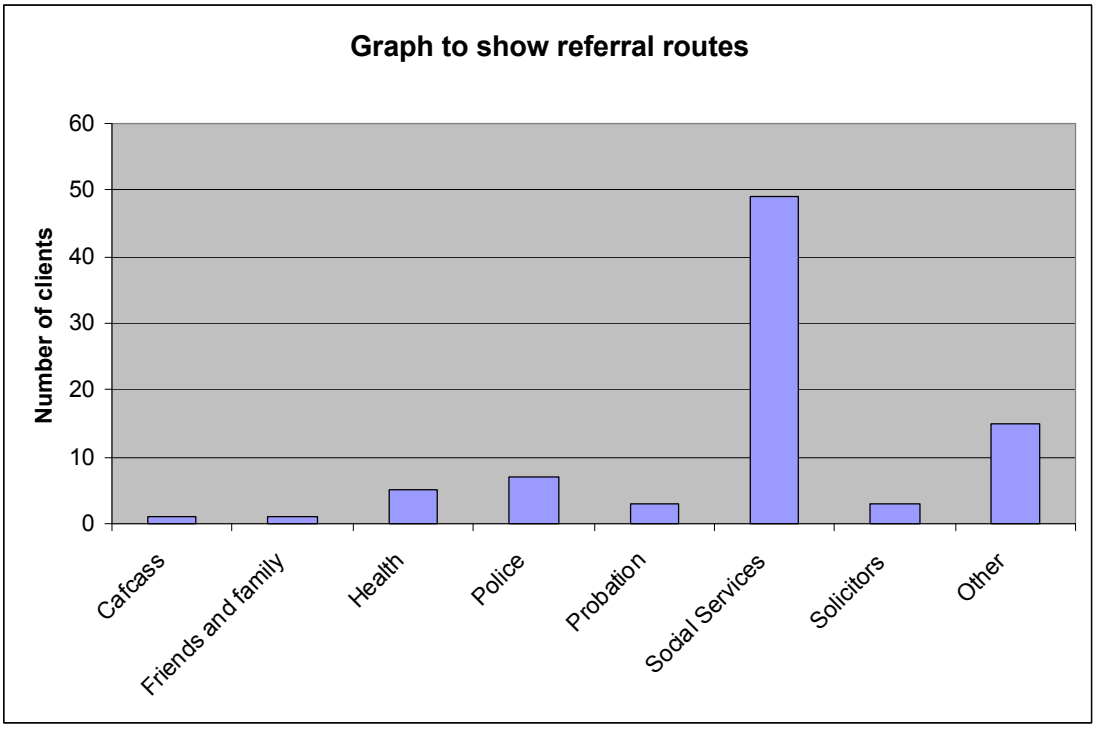
Of the 166 men who made contact with STDAPP between October 2006-2008, 68 men made an initial contact to the service to find out about it but chose not to continue to the assessment phase. When we interviewed clients during Phase 1 who had attended at least one assessment session, they all described feeling nervous about attending, but they felt able to attend because the practitioner they had spoken to had reassured them.

On the basis that there is a high drop out of men who make an initial contact to the service but do not progress further, and that men who do attend the assessment sessions describe feeling nervous and embarrassed, it might be helpful to examine the message which clients hear on making an initial contact. This might include having a more formalised script for the project coordinator and administrator to use, as well as having a more detailed message on the answer machine which encourages potential clients to call back at a time when a practitioner is available.

Referral

Although STDAPP is a voluntary programme, clients did talk about being referred to the service, particularly by Children's Services. The issue of referral was not raised in the initial key stakeholder interviews but did become an issue during the follow-up interviews in Phase 2 (see above). Concerns were raised primarily in relation to the number of "referrals" coming from Children's Services. Between October 2006 and October 2008 a

total of 50 referrals were from Children's Services. Of these 50 cases, 43 had been closed by October 2008 with only 1 man completing and only 3 progressing on to the group programme. 35 of these referrals were directly from Social Workers with a further 15 men referring themselves but stating that they were encouraged to do so by Social Services. The chart below shows the referral routes of all men who contacted the service, where that information was available.



By far, the largest group of men are those whose referral pathway is via Children's Services. The second largest identified group is the police closely followed by solicitors.

Referral pathways of men interviewed

Of the 18 men who were interviewed as part of the evaluation, 10 men (56%) were referred to the programme from Social Services with five men (28%) being self referred, while there was some doubt about the referral routes for the other three men. Of the 10 men who had been referred to the programme by Social Services, eight claimed within their interviews that they were only attending the programme because Children's Services had said they had to either to get their children back, so their partner could get the children back, or in order to avoid the children being taken into care.

> Basically, the Social Worker (put) pressure on us to go…. So that's the only reason I've contacted them and I've just got, because I do not feel I really need to, like I'm honest if I thought I did need to go on it I would go on it you know. (Interviewer: What do you think will happen if you don't go on it?) The Social Workers'll get on me back. That's why I'm just hopin', I'm hopin' they're not really bothered about it to be honest (Client, Phase 1, EW10).

This client did not continue his engagement with the service and ceased attending after one initial assessment meeting.

In some of these cases referred by Children's Services the secondary impact of attending the programme was that the men were learning about the impact of their behaviour on their families, for others, they felt that the programme was a complete waste of time. In some of these cases the men stopped attending the programme when either the children were returned to them or their partner, or a decision was made that the children would not be returned. This occurred even in cases where the men had engaged with the programme for a substantial period of time before such a decision was made. The impact of 'referred' clients on the dynamics of the group were raised earlier in relation to the views of practitioners, and one of the clients on the programme also raised this issue.

> No disrespect to any of the guys here, some, you can see they don't wanna be there. And they don't make an effort to turn up. They've got the most pathetic excuses in the world for not turning up (STDAPP client, Phase 1, EW5)

Where this client was concerned, he was faced every week with other men in the group who did not want to be there and subsequently with a group that was dwindling in numbers as these men stopped attending.

Motivation to change

All of the men we interviewed were asked about what had led them to the STDAPP service. In response, we ascertained how men were finding out about the service (which was from other practitioners, family and friends, and from local media coverage), as well as the reasons why they were dealing with issues at this particular point. Reasons included: a recent incident of violence; partners threatening to leave; feeling that their own behaviour was wrong and needed addressing; and feeling that as men their issues were being ignored. It is also important to note here that there was some confusion from the male clients about the function of the women's support service. Some male clients believed that the women's support service was the female equivalent of STDAPP. This confusion was fuelled partly by a minimisation of the impact of their abusive behaviour and in some cases because although they accepted their behaviour was wrong, they still believed that their partner was in some way to blame.

We found that men could accept some responsibility for their behaviour in order to justify their attendance and inclusion on the programme, whilst simultaneously holding contradictory views about the culpability of their partners. For some of the men we interviewed they spoke about their own responsibility but still talked about how their partner had "pressed the right buttons", "slept with my friend", and/or was trying to prevent the client from seeing their child/ren and thus deliberately antagonising the client into behaving in an abusive way.

> I felt absolutely degraded. I felt like, there's no actual words I can use. (Interviewer: So how did you get from what you were feeling with that to thinking, "I'm gonna pick up the phone and contact somebody"?) Basically she was receivin' help. Everyone was settin' out basically to screw me over, right. (Interviewer: In what way? What do you mean?) Because I'm a man right. And because there's a child involved. They say after the trial, Child custody it always

> goes for the mother… He (son) would actually be better off with me. I genuinely believe that <ex-partner> is severely unsafe. I mean she's a compulsive liar. I'm not havin' my son callin' someone else 'Dad' every week. That is how she is. All of it let up to (me) thinkin' well, "I need some help." (STDAPP client, Phase 1, EW3).

This client brought up a number of issues. Firstly, he was frustrated that there did not appear to be services available to him, as a man. Secondly, he exhibited a lack of responsibility for previous domestically violent incidents and therefore some confusion about whether STDAPP would be appropriate for him. During the course of the interview it became apparent that this client did not actually want custody of his son (as stated in the quotation above), but equally did not want his ex-partner to either. This client attended eight one–to-one sessions before disengaging with the programme through none attendance. This extract illustrates the difficulty in assessing a client's motivation to change and how the one-to-one assessment sessions were important in helping the men decide on motivation.

Previous help-seeking

We asked clients about previous help-seeking in order to examine whether there had been previous opportunities for intervention with the perpetrator to address his abusive behaviour. The profile of the client group we interviewed meant that the majority of men had had previous contact with drug or alcohol services, as well as with Children's Services as outlined above. This raises issues about the way in which specialist and multi-agency services are provided. Some of the clients we interviewed were engaged with more than four support services in addition to STDAPP. In some cases they were receiving specialist counselling from a range of practitioners to deal with the individual problems that they had. One of the positive aspects of STDAPP was that the men were given an opportunity to contextualise their abusive behaviour in relation to their other problems during the assessment period. This ability to talk holistically was discussed positively by clients as is outlined below.

When asked to identify key crisis points in the past where issues of anger and abuse had been an issue, men talked about going to see their GP and/or going for Relate counselling. Some of the men had been recommended anger management or generic counselling. In some cases, the GP had focused not on the issue of abuse but on other factors such as drug or alcohol abuse. In terms of Relate counselling, this was again quite common and was often something initiated by the men's partners in an attempt to address the issue of abuse via more generic 'relationship issues'. In some cases once the issue of domestic violence had been raised within the initial counselling service they were no longer offered a service. In other cases services were offered and it appears that clients were not honest about the abuse taking place in the relationship. The STDAPP programme began, during the evaluation period, to make links with the local Relate network which, as the following extract illustrates, was a positive move.

> We had trouble with the relationship so we went to Relate. Relate said, as soon as we mentioned there was any violence or aggression in the relationship, Relate said, "Stop there. We're not taking it any further. It's up to you to go away and sort that out. Once you sort it out then we'll talk to you as a couple," which I found amazing. It was a big step to admit you've got a problem then go and get

> some help. And when you make that first step you get kicked back. And then they said, "Well you can phone these people." It was some helpline. And they said, "Oh no we don't help men anymore. It's just women." So that was another knock back. And then I got put on to, they gave me a number of somebody else who said, "Oh yeah we help men. We can, aggressors if you like, as opposed to victims. We can help you." I said, "Great. Can I organise coming in." She said, "Oh no we don't do that. It's just over the phone." I said, "Well I need some sort of help. That's not good enough. I don't want to phone you whenever I feel angry. It's not gonna achieve anything." So she gave me a number to call somebody else who said they were running a group in eight months' time, and I could go on that one; where did I live? I said where I lived and they said, "Sorry you're out of the catchment area. I'll give you the name of somebody else." (STDAPP client, Phase 1, EW5).

This extract illustrates how a lack of services for perpetrators impacts on men who are looking for services. It also highlights an area of good practice by Relate whose practitioner, in this example, is following guidance which warns against conducting couple counselling where domestic violence is an issue[10].

Expectations of programme

As outlined above previous help-seeking, as well as other experiences, can influence what men expect from the programme. During Phase 1, we asked men about their expectations. Some clients perceived STDAPP as an anger management course and were uncomfortable with the domestic abuse perpetrator label. Others, who had already been on probation run domestic violence programmes described the STDAPP programme as being more interactive in that if you challenged the programme you would not be automatically sent back to court. As with the issue of referral, this is another area where practitioners may have to consider balancing the need to hold clients to account for their abusive behaviour whilst retaining them within the programme. Other clients were very clear about what they wanted to get from the programme in terms of a happier family life, less stress at home, and being able to feel better about themselves and their behaviour.

> Well I was just gonna say like that the group thing … I'm really really scared about it. But even without that, the kinda, how can I put it, like 'self-realisation' or 'acceptance' if you like, of kind of what I have been doin', is like, it's helped us so much (STDAPP Client, Phase 1, MH3).

Finally, some of the men talked about having had unrealistic expectations of the programme and talked of wanting someone to 'wave a magic wand' and for everything to be better. This suggests the need for practitioners to manage expectations carefully in order to retain men in the programme as well as ensuring that they remain accountable for their behaviour.

Attendance and attrition

[10] Relate are currently looking at the way in which new clients are screened, including for issues of domestic violence.

According to STDAPP monitoring records, of the 166 men in contact with STDAPP during the two year period up until October 2008:

- 7 men had completed the programme (with a further 10 men having completed the programme since Oct. 2008)

Of the 130 cases that had been closed:

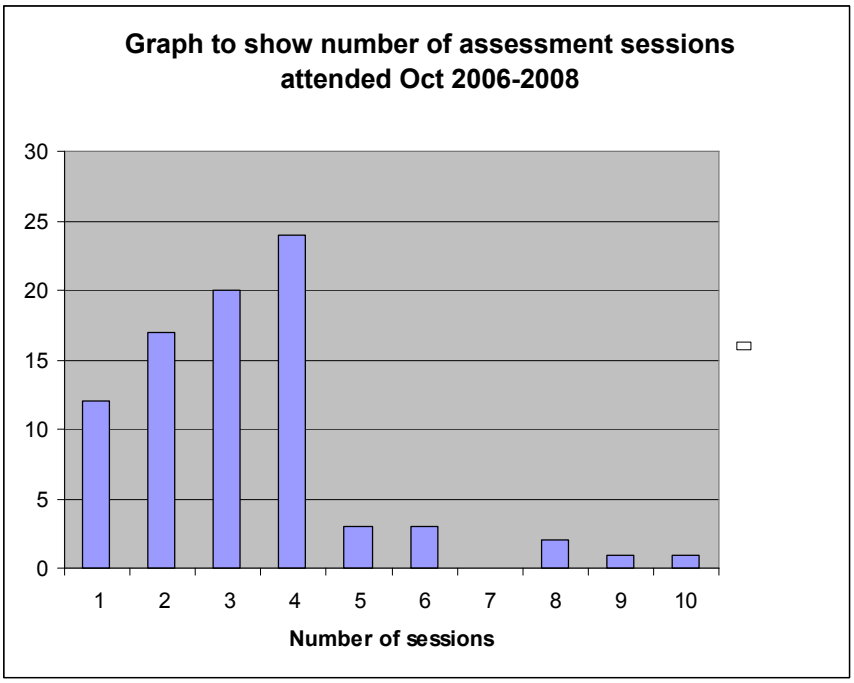
- 68 (52%) of these cases were closed before the first assessment session
- 18 were due to non-attendance
- 61 men did not want to proceed
- 15 men could not be contacted
- 3 men left the area
- 2 men were taken into custody
- 1 man was prosecuted
- 7 men were referred to other services (this included 3 men who were mandated to attend CDVP).
- 15 men did not meet the criteria
- 1 man left due to the discontinuation of the Tuesday core group.

Of the 36 open cases which were currently open in October 2008:

- 1 was at pre-assessment stage
- 12 at assessment stage
- 10 at pre-group stage
- 13 at core programme stage

Clients who attended the assessment sessions attended between one and 11 sessions (see graph 1). A total of 83 assessment sessions were conducted with clients from October 2006-2008.

Graph 1



The pre-group sessions follow on from the one-to-one assessment sessions and run for two hours with two practitioners and are intended to prepare men for the group sessions. The number of sessions which men attended varied from one to six. This is partly explained by those men who disengaged and then re-engaged with the programme, and also by sessions which were cancelled due to poor turnout.

Of all of the men who engaged with the STDAPP programme, 18 attended the core group sessions, and 7 of these men had completed the programme by October 2008[11] (see Table 1). Table 1 shows the number of core groups that have run since the beginning of STDAPP.

Table 1: the core groups and completion rates

Core groups	Average men attending[12]	How many men finished	Date started	Date ended
1. Tues (Eve)	6	0[13]	17.07.07	18.03.08[14]
2. Weds	6	6	07.11.07	13.08.08
3. Tues (Eve)	6	NA[15]	30.09.08	ongoing
4. Sat	6	1	31.05.08	ongoing

Attendance and attrition of interviewed clients

Attendance data was available in relation to 15 of the 18 men we interviewed during Phase one. These clients attended on average three or four assessment sessions, ranging

[11] A further 10 men completed this group between October 2008 and March 2009.
[12] This does not necessarily represent different men as some clients were required to move groups.
[13] Men in this group were fed into group 2.
[14] Group disbanded because there was not a male facilitator.
[15] No completions as yet as up to module 5.

from one to 11. Six of the interviewed clients had dropped out by the pre-group stage and a further two by the core group stage. Seven clients who we interviewed in Phase 1 entered the group stage of the programme and attended between 2-26 sessions.

Many of the men on the programme, and specifically those referred by Social Services, or those with drug or alcohol issues, appeared to live very chaotic lives. This meant that the process of attending sessions at the same time each week was sometimes difficult. Some men had other obligations such as parenting classes, drug or alcohol counselling sessions, child contact, meetings with social workers and solicitors, to fit alongside their attendance on the STDAPP programme. Some men also worked either evenings or weekends and were unable to attend the sessions. These problems of achieving regular attendance were consequently addressed by the programme so that the men had more choice about when groups take place. This provides evidence of the reflexive nature of the programme and its practitioners.

The programme is specifically designed to be long enough to effect real change in men's abusive behaviour. Some of the men found the length difficult, with some losing interest or missing sessions. This also had an impact on retention.

> The only thing I don't like about it it's six month long. It's the only thing. If you haven't got like the will power, I would actually stick to somethin' like that (STDAPP client, Phase 1, EW5)

This client (who did indeed stick with it, attending four one-to-one sessions, two pre-group sessions, and 12 group sessions), recognised that the length of the programme might impact on attendance and attrition for some of the men. Again, this is a difficult issue and one which all programmes are faced with.

Another difficult issue for those men who were in employment was their ability to take messages and arrange sessions whilst they were at work. This is an issue that might need to be addressed so that anybody making an enquiry to the service is told how they will be responded to. It is also possible that addressing this issue might improve the high number of men who contact the service but do not make it to the first assessment session.

Benefits from being on the programme

All of the men we interviewed, despite some initial apprehension, described a number of benefits from being on the STDAPP programme. The men were interviewed towards the beginning of the programme, with all at the one-to-one stage. For some men this was the first time that they were able to talk about their anger and abusive behaviour. This was also therefore the first time that they were beginning to consider the impact this had on their partners and others. They appreciated the very real tools they were given at early one-to-one sessions about 'time out' techniques which had an immediate impact. 'Time out' is a concrete tool which the men can incorporate into their lives as a way to recognise and control their abusive behaviour. In some cases it can be used to further abuse a partner, so it is important that the associated women's support service can explain to partners how the technique is meant to work.

> Time out works you know. Obviously it doesn't work if you just stomp out the house . You've gotta say, "I'm goin' out for half an hour because it's getting' a bit heated," you know, and it were. If you just stomp out, you come back in, and then it's gonna kick off again for just stompin' out the house. So. It's gotta be worked through like (STDAPP client, Phase 1, EW8).

As this extract highlights, some men are aware of how the timeout technique can be used in an abusive way, so it is important that the use of the technique is monitored during subsequent sessions. However, it is evident that the men we interviewed found it useful. Men also described how talking about their emotions and feelings was a real benefit. These men also described how STDAPP had challenged their own views that they were always right, and that this had meant they were being more reflective about the impact this had on their partners and family members.

> Well, I need to stop thinkin' that I'm right all the time and stuff like that you know. This has been the thing. What I've said has gone as such. Even when I've known <my partner>'s been right, I'll try and turn it round to make it look like she's not you know (STDAPP client, Phase 1, EW8).

These extracts illustrate how clients talked about the benefits of being on the programme and where they felt that the programme had helped them. It is evident from the Phase 1 interviews with clients that the programme was balancing the need to provide support for the men to address their own emotional issues, while simultaneously holding them accountable for their behaviour. This is not an easy task, but as these interview extracts show, if achieved, then both are experienced as positive and life changing.

Those men we interviewed who also had alcohol issues also talked about such benefits. However, these clients were often in denial about their responsibility, often blaming the alcohol for their abuse rather than recognising that their choices around substance misuse was within their control. This might be something that the programme needs to consider in terms of the alcohol and drug issues of some of the service clients.

Finally, all of the men we interviewed (n=18) said that they would recommend the STDAPP programme to other men who were having the same problems as them. In general, they felt it was important that there was a resource there to help them, and appreciated that there was someone to talk to about their experiences.

We had a mixed response from the 3 STDAPP clients who we interviewed in Phase 2. One client, who had had involvement with his family from Children's Services was extremely hostile when we conducted the follow-up interview. This client had attended a substantial number of group sessions and had been successfully retained on the programme. However, he claimed that any changes to his behaviour were the result of his own initiative and not as a result of the programme.

A further client discussed how it had "opened his eyes" and that he was much more aware now of his behaviour. As a result of being on the programme, this client had come to the conclusion that he was better off being single.

> But to be quite honest with you I'm not looking to be in a relationship with anyone. Not now, and probably not in the future. I'd just rather be on me own. Better and safer just to be on me own (STDAPP client, Phase 2, EW7.2),

This client also believed that had he had access to STDAPP whilst he had been married, he might still be in that relationship. Finally, the third client we interviewed during Phase 2 was also positive about the programme and what he had learnt.

Balancing retention and accountability

Balancing the need to retain clients with the need to ensure they take responsibility for their abusive behaviour is the key to a successful voluntary programme. Unlike court mandated programmes, STDAPP does not have the power to sanction men who choose to leave the programme. At the same time, it is important that men do not see STDAPP as an easy option. Many of the clients we interviewed contacted the service at a crisis point in their relationships and following an ultimatum by their partner. In these cases it would be dangerous to send a message out to partners that a client has changed through attendance on the programme when in reality they had not even engaged.

> The Staff down there are spot on like. There's no pressure. As opposed to the other course (probation course) I've been on…. Which is a good thing. You don't feel, what's the word now, they're not tryin' to put words in your mouth. You just, they're easy goin' and very helpful (STDAPP client, Phase 1, EW8)

Another issue associated with accountability is the potential for men within the group to judge their own behaviour against that of other men and decide that "they are not that bad". This is a danger of all perpetrator programmes, and one reason why such programmes need to be carefully monitored and be inclusive of women's support services.

> But then the last, last week particularly was really good because I started finding out what the other guys had done and thinking, "Well I'm not that bad. I haven't done that." And, "Oh right. I can relate to that." (STDAPP client, phase 1 EW5)

The client in this, while judging himself against other men in the group, was also able to recognise and relate to their experiences too, thus again indicating the STDAPP practitioners ability to balance retention and accountability.

> I never once was criticised, or to be made to feel like I was two inches tall even though I felt it when I walked in. But I was never made to feel like that. I was quite surprised in a way because once I got there it was quite, a warm feel – atmosphere, which can put some people to rest. It put me to rest. And after the first session, you know what you're gonna do and what you're gonna say and that, it's after time after time after time that it gets easier to come out with things you know (STDAPP client, Phase 2, EW7.2).

This quotation comes from a client interviewed during Phase 2 of the evaluation after the client had completed the programme and illustrates the importance of engaging with clients in a way which makes them feel comfortable and open to change.

Family and friends

We found that while there was some embarrassment associated with admitting that domestic violence was a problem, in the majority of cases friends and families did know about the abuse and were involved, either positively or negatively, within the situation. Where there had been difficult relationships between clients and their parents, or partner's parents, these were often exacerbated by the domestic violence and were sometimes used by clients to suggest that situations had been inflamed by the interference of family members. This suggests that the role of family in supporting clients, and their partners, is an important consideration (see also Hester et al., 2006). There are a number of reasons why it is important to consider the role of family and friends. Firstly, men's behaviour might be condoned by family members. Secondly, men might blame their previous family history and/or other family members for their use of abuse. Thirdly, female partners may be persuaded to lie to their families by abusers who are embarrassed, thus potentially isolating them. Fourthly, family members find it very difficult to deal with abuse within their families, and helping abusive men to begin a dialogue with others about their behaviour might be a useful exercise.

> I'd mentioned to my Mom, that I was, I'd been a bad boy and wasn't proud of meself and explained to her what happened. She was, she took it very well, very supportive as a mother sort of thing. But then it was like you know, "You've gotta get some help." And I was like, "Well yeah. I will sort, got to see that." So it was quite a big weight off the shoulders mentioning it to her. But then to a complete stranger, you know it was really difficult 'cos it's not an easy subject to talk about (STDAPP client, Phase 1, EW5).

Finally, family members can be a good source of support and in some cases it will be family members who recommend men attend STDAPP or go and get help for their behaviour. As with other issues above, it is important that STDAPP practitioners work alongside the women's support service when considering how to manage the involvement of family and friends.

Partners views of STDAPP and its clients

We interviewed 11 women in Phase one of the evaluation whose partners or ex- partners were engaged on the STDAPP programme. We interviewed the majority of women very soon after they had been contacted by the women's support service. At the time of the interview most men were engaged in the one-to-one assessment sessions. The majority of the women were positive about their partners being part of the STDAPP programme. Those who were not positive were generally ex-partners who thought that the men on the programme were manipulating the system rather than genuinely engaging with it. These findings are not surprising given that many women who are still within an abusive relationship will minimise the potential risks and dangers. Our interviews also included women who were adamant that there was no violence in their relationship and therefore that the programme was not particularly helpful, although in these cases, the support of the women's service was appreciated (this is discussed below). In these latter cases it was the involvement of Children's Services that had led the men to be referred to STDAPP and the women to Options.

> To be totally honest with ya, I think it's a waste of time what they're doin' with him because he's very very clever. He fools absolutely everybody. Like he, well he

> obviously has again…… He constantly like, he doesn't need to go there. He'll say to them all the time, I've heard him say to the Social Worker, "I'll do it but I don't need to." He's probably one of the most nastiest men I've ever ever met in me life (STDAPP partner, Phase 1, EW Partner 9).

This woman was interviewed when her ex-partner had initially engaged with the STDAPP programme. He went on to attend for three one-to-one assessment sessions and four pre-group sessions before disengaging from STDAPP. Even where partners were generally positive about the programme there were still some reservations about how the programme would work.

> I think he's concerned because we then had an incident three weeks ago (STDAPP partner, Phase 1, EW Partner11).

This interview took place when this woman's partner was in the pre-group stage of the programme. He went on to complete the programme. Although being assessed as high risk by STDAPP at the outset, and having previous incidents and arrests by the police, this client had not had any police documented incidents since completion. However, as this extract highlights, it is also important to ensure that partner's testimonies are continually taken into account.

The women we interviewed also echoed the views of their partners when talking about how communication had improved between them. By the men acknowledging that they had been abusive in the past and recognising the impact of that behaviour on their female partners, some women now felt they were able to talk much more and share decisions. The women talked about their partners being calmer, more placid, and generally more pleasant to be around, which in turn had made the women feel less stressed and anxious.

In addition, like the men, the women were generally very positive about the time out technique. Where the technique had been used properly the women felt it had enabled their partners to take ownership of their previously controlling and abusive behaviour and begin to recognise how to change that behaviour. However, we also encountered examples where female partners felt that the perpetrator was abusing the time out techniques. This was exacerbated because the women were not aware that this technique would be used with the men, and as a consequence the women's support worker had not had the opportunity to discuss the technique with them.

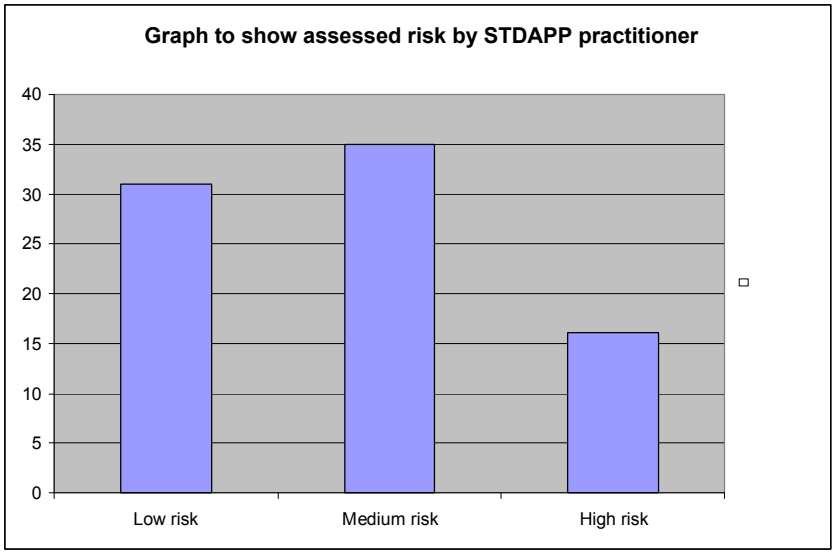
> A couple o' times I'll be honest, there was a couple of occasions where I felt like he was abusin' the, STDAPP. Because instead o' sayin' you know, "Can I have a little bit o' time out," or "I want a little bit o' time out." It was, "Time out." And hands on the face and I was like, "Well that's not fair because I think you're abusin' what people are sayin' to you". But lately he's, he's been absolutely fantastic. I think he's, because he was genuinely not aware of what he was (doing), well I think of what he was doing. Now that he's aware, it's not happenin' as much. It's not a hundred per cent (STDAPP partner, Phase 1, EW Partner 8).

This women's partner engaged in four one-to-one assessment sessions, six pre-group sessions, and six core group sessions on the STDAPP programme before disengaging with it because he no longer wished to attend. He was originally directed to the

programme by his partner who had accessed the women's service and identified that she was being emotionally and psychologically abused within the relationship. Again, this extract illustrates the importance of STDAPP monitoring client's behaviour via contact with their partners and the services that are working with them. This is particularly important for psychological and controlling abusive behaviour which may not appear in police data.

Practitioner views of the men

One aspect of the practitioners engagement with the men was ongoing assessment of risk. We examined the monitoring data concerning this for indications of change. No risk assessment was recorded for more than half (51%) of cases, primarily due to none attendance at the assessment sessions. Of the remaining cases, 31 clients were assessed as having low risk, 35 with medium risk, and 16 as having high risk. It was decided that a risk plan was required in only two of these cases, one for a client deemed at medium risk and another at high risk. Of the men we interviewed we have practitioner risk assessments for 9 of them. Of these, two clients were deemed low risk, five classified as medium risk and two clients high risk.



We have both practitioner risk assessment data and police outcome data for 26 clients. Table 2 shows the number of clients recorded on the police database both before and since engaging with STDAPP in relation to the practitioners risk assessments (where this is available).

Table 2: Police incidents and arrests in relation to practitioner risk assessments

	Number of clients			
Risk Assessment	Incidents prior	Incidents since	Arrests prior	Arrests since
1 (N=5)	3	0	1	0
2 (N=15)	13	5	9	3

3 (N=6)	6	2	6	1
Total N=26	22	7	9	4

As this table shows those assessed as having low risk recorded no further incidents and arrests following their engagement with STDAPP. In terms of high risk, all of those clients classified as high risk had incidents and arrests recorded on the police database prior to engagement with the programme which reduced to 2 clients and 1 client respectively following STDAPP.

During the course of the STDAPP programme practitioners also monitored the progress of clients in other ways. The records provide progress reports on each client and enabled us to examine how clients' progress is perceived by practitioners. Firstly, STDAPP practitioners recognised the contradictions which may exist in the testimonies of clients and these were well documented. Consequently practitioners were picking up on reluctance on the part of clients to accept responsibility. Practitioners' notes also identified that sessions were sometimes difficult if there had been any particularly stressful and conflictual events between sessions. These included: court proceedings, child protection meetings, and other such professional interventions. Such events appeared to consume clients attention making it difficult for practitioners to focus on the underlying issue of supporting behavioural change. However, the fact that practitioners did focus on these other issues, and addressed clients' anger and frustration about aspects of their lives corresponds with clients' testimonies that the STDAPP practitioners listened to them and took them seriously. This holistic approach also meant that STDAPP practitioners had a wider view of the issues affecting these men and could focus on the abusive aspects of their behaviour in context. Finally, practitioners also reported that after initial reluctance and some embarrassment, men were opening up and talking about their behaviour and its impact on them and others.

Police outcomes

At the Steering Group meeting of December 4th 2006, the evaluation team discussed with the Steering Group the need to alter the programme consent form to ensure that clients were consenting to their information being used for the purposes of evaluation. Unfortunately, this did not occur at that time. As a result, we were limited with regard to the number of clients we were able to track via police data over the two years. Of the 166 clients who contacted STDAPP we were given access to data for 60 of them. Of these 60 clients, 59 had had some previous contact with the police for any offence, 48 were recorded on the police database in relation to one or more domestic violence incidents. 49 had relevant convictions. In terms of the number of incidents reported to the police this ranged from zero incidents (10 clients) to 70 incidents (1 client). The total number of all domestic and non-domestic violence related incidents on the police database relating to these 60 clients was 510.

An update of police data provided on 11th December 2008 provided detailed information on 43 of the above STDAPP clients and allowed further analysis of recidivism after leaving the STDAPP programme. We were able to link 36 of the men on the police database with those recorded on the STDAPP database. 32 of these STDAPP men had incidents of domestic violence recorded on the police database prior to their enrolling on STDAPP, however, this number fell to 12 men after enrolment. In terms of arrests for domestic violence 26 clients were recorded on the database prior to enrolment on

STDAPP compared to only 6 clients after enrolment. Thus the number of incidents recorded by the police decreased with the men being on the programme.

Although an extremely small sample, data was also available for five of the seven men who completed the programme between October 2006-2008. This also reflects decrease in incidents recorded by the police. Four of these men had incidents prior to enrolling on STDAPP ranging from two to 10 incidents. This was reversed after enrolling on STDAPP with only one incident being recorded for this group. Similarly, prior to enrolling the police record for domestic violence arrests showed that three of the five men had between one and four arrests each. Only one of the men had a further arrest recorded after enrolling on the programme.

Of the men who we interviewed during Phase one of the research, four of the 18 had both incidents and arrests of domestic violence recorded on the police database prior to engaging on STDAPP. Of the three men we interviewed in Phase 2, we only have police data on one client who had one incident of abuse recorded on the police database since attending STDAPP but no further arrests.

3. Female partners

Women's Support Services

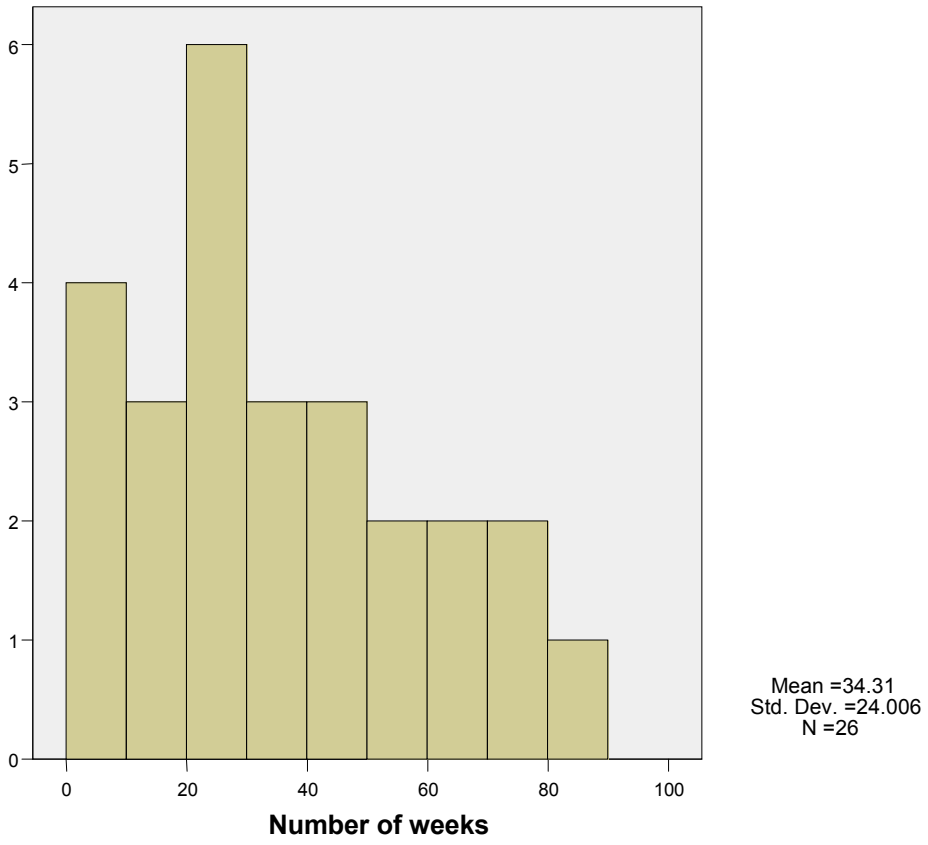
All men who engage with STDAPP have to agree that the women's support service can contact their partner or ex-partner. This is a fundamental part of the programme and serves several functions. Firstly, STDAPP practitioners need to know that if they have concerns about the safety of a partner, this can be passed on. Secondly, women are given an opportunity to talk about their experiences and access appropriate support services. Finally, it is important that claims made by clients can be verified by their partners in a safe environment. In STDAPP, the majority of the women's support service was provided by Options based in South Shields. For those men who were referred to the programme from Sunderland, Wearside Women in Need provided support services for female partners.

OPTION data

Options had information about 43 women who had been referred to and/or engaged with their service between October 2006 and 2008, and whose male partners were in contact with STDAPP. Of these women, 24 women were referred to Options following a STDAPP referral, while 18 women were already engaged in the Options service before their partners made contact with STDAPP. This suggests that the women's support service had a much more active role in referring clients to STDAPP than originally anticipated.

Of the 43 Options clients, eight were still receiving on-going support when the report was written; eight did not engage with the service at all; 18 (42%) engaged and then disengaged with the service (for various lengths of time, see below); and finally, eight women engaged and were deemed to have completed the necessary work with the service (see Graph 2).

Graph 2 - the number of weeks women engaged with the service.



Women's engagement with the Options service ranged from one to 85 weeks with an average of 34 weeks. This gives an indication of the level of input provided to support partners of STDAPP clients. Moreover, this was a diverse group with differing levels of support need.

Support

The evaluation team interviewed 11 women whose partners or ex-partner were engaged with STDAPP. It should be noted that all of the women we interviewed described often chaotic lives involving abusive behaviour from their partner as well as issues about previous abuse and its consequences. All of the women we interviewed, even those who had initially been reluctant to engage with the women's support service, were positive about it. The women felt supported by workers, given space to talk about the issues they faced, including those relating to the impact of domestic violence on them and their children. They valued the groups where they gained confidence from engaging with other women who had experienced abuse. It is important to acknowledge that many women who experience abuse feel isolated, and may be deliberately isolated by their partners. Being actively encouraged to attend Options helped many women to feel less isolated and to feel that there were others who shared their experiences and they were not alone. Women also expressed how talking about issues in a safe environment helped them to assess their situations and learn to stand up for themselves.

> I think it's me. I think I've changed. It's um, like I say I've got to the stage whereas I think, "No I'm not. You know I'm not his punch bag. I'm not doin' it any more." You it's I mean like I say I mean I've got my life and, and I'm not but, I'm not gonna I'm not put up with it, simple as (STDAPP partner, Phase 1, EW Partner 10).

This woman engaged with Options over a period of 31 weeks although this interview took place early in her contact with the service, and early in her partners contact with STDAPP. Her partner attended four one to one assessment sessions, two pre-group sessions, and 12 group sessions. Helping women to recognise abuse and violence, in a way which is safe, is an important function of the women's support service.

Services

Options provides a range of services to both the partners of STDAPP clients and other women experiencing domestic abuse. This includes: the Freedom programme, an educational intervention which helps women to recognise the existence of abuse; pampering sessions, such as reflexology, indian head massage, and aromatherapy; counselling; and advocacy. They also offer more informal sessions and fund-raising events.

> I started to come here two weeks before Christmas. When I come, there was loads of presents for the kids. Loads of presents for the kids. There was presents for me. There was presents for all the women. We had a little party. And it was lovely you know (STDAPP client partner, Phase 1, EW Partner 1).

This extract highlights the human nature of the services which are provided for the women and how they are received. In this case the service did not formally provide Christmas presents for clients, but the staff provided the gifts in order to demonstrate how the women were valued. The women we interviewed recognised that the staff valued them and were there to help. This has enabled Options to engage women even where there was hostility to the service initially.

Children's Services

As with STDAPP clients, a large proportion of the women who access services from Options do so after a 'referral' from other agencies, including Children's Services. Of the 43 women seen by Options whose partners were engaged by STDAPP, seventeen were referred from Children's Services; thirteen referred from STDAPP itself; five were genuine self referrals; four referrals were from the police and there were two referrals from Streetlevel; one final referral came from victim support. For those women we interviewed who were currently engaged with Children's Services, this impacted on how they were able to access support services. As a result, it also impacted on the role they could play in the monitoring of perpetrators on the STDAPP programme.

> Social Services move the goalpost every time they get what they want even down to the Personal Protection Units "This proves to us you're protecting your family." …. So every time he came 'round and kicked the door in because he couldn't get what he wanted off me, whatever it was … I'd hit the alarm. … And they used it against us in court to prove how many times he'd been to the house to take the children … so you stop using them, because you think, "No. Fuck

> you. I'd rather have a slap 'round the face and a black eye than lose my family." So you stop using them, or you minimise the use, you use 'em when it's necessary. But at the end of the day, it didn't matter what I did. It didn't matter how far I went, it didn't matter what I agreed to, it didn't matter what groups I went to, appointments I went to. You know, they took 'em anyway. (STDAPP Partner, Phase 1).

This extract illustrates the dilemma faced by those who are responsible for supporting non-abusing parents to deal with issues of domestic abuse, whilst also charged with protecting children from witnessing that abuse. As this extract demonstrates, confusion about who the primary service user is in this context, the non-abusing mother or her children, creates difficulties for those who are trying to support her.

> when the Social Worker first got involved she made us believe that we could get help together, and then be together at the end of it when we'd all passed the courses and everything. And then it wasn't till half way through it she says, "No. You've gotta make the choice. Your kids or [your partner]." (STDAPP Partner, Phase 1).

This experience, from the partner of a STDAPP client, is interesting because it describes both the Options and STDAPP services as 'courses' which need to be passed in order to fulfil the demands of Children's Services, as opposed to the aims of the STDAPP and women's support service. Both of these extracts also highlight how the partners of abusive men can feel that it is they themselves who are being observed and punished as a result of their partner's abusive behaviour.

4. Children

During the very first discussions about setting up the STDAPP programme, key stakeholders recognised that there was a need to provide services to men (perpetrators), women (victims), and also to their children. Due to funding constraints, the STDAPP service did not by the time of writing provide services to children who had, or were, experiencing domestic violence at home. This is an issue which continues to be raised at the Commissioning Group.

Despite a lack of specialist services for children experiencing domestic violence children were present throughout our evaluation in a number of ways. 1) Men have children, 2) Women talk about children, and 3) Referrals happen because of children. As a result, it is encouraging that the provision of services specifically for children who witness domestic violence is still on the STDAPP Commissioning Group agenda.

Conclusion

Key findings

Men

- Over the two year period October 2006-2008, 166 men were in contact with the STDAPP, of which 62 had contact with a practitioner to discuss issues of domestic abuse.

- Seven men completed the programme between October 2006-2008[16].

- The clients we interviewed were generally positive about their experience of the STDAPP programme and felt that it had helped them.

- 32 STDAPP men had incidents of domestic violence recorded on the police database prior to their enrolling on STDAPP, this number fell to 12 men after enrolment. In terms of arrests for domestic violence 26 clients were recorded on the database prior to enrolment on STDAPP compared to only 6 clients after enrolment.

- Sixty-eight men made an initial contact to the service but chose not to continue to the assessment phase.

- Men engaged with the programme because they wanted happier and less stressful family lives.

Women

- 43 women, whose partners had been in contact with STDAPP, were supported by the women's support service Options between October 2006 and 2008.

- The women we interviewed welcomed the support they had received from the women's support service.

Children

- Although part of the original plan, children were still not being provided with a specialist service.

Process

- The level of multi-agency cooperation during the initial planning and start up phase of this project was impressive. This example is an excellent model of multi-agency working and one which should be championed both locally and nationally.

[16] A further 10 have completed since that time.

- During the early phase of the programme the number of referrals from Children's Services, due to child protection concerns, had a seemingly negative impact on the dynamics and success of the programme.

- A lack of senior managers on the Commissioning Group resulted in a loss of impetus which had consequences on funding decisions, and also on core staffing of the programme.

- A lack of commitment on the part of organisations that provided practitioners resulted in staff being trained but not being in a position to contribute to STDAPP.

- STDAPP works holistically, addressing all of the issues impacting on clients and how this might affect their successful engagement with the programme.

Recommendations

1. The maintenance of a strong Commissioning Group with appropriate representatives who have the power to make funding and other commissioning decisions.

2. The regular collation of police data to continue to monitor all STDAPP clients and ex-clients (either once or twice yearly).

3. It was felt that wider dissemination about the purpose and aims of the programme to potential referring organisations was crucial. There had been delays in this dissemination due to changes in staffing. Organisations would include GPs, Health visitors, local private counsellors etc.

4. Additional local advertisement based on testimonies of previous clients would ensure the continued flow of clients into STDAPP.

5. On-going review of the implementation of the inclusion criteria.

6. Restriction of the number of referrals from Social Services regarding child protection. While this appeared to have stabilised, measures should be put in place to ensure that the STDAPP is not overwhelmed from any one service in future.

7. Need regular training to replenish the practitioner group (possibly including volunteers) and more formalised commitment from organisations to ensure regular contribution to the STDAPP programme. Also need to screen potential practitioners to ensure that people do not drop out during training due to the impact of the content of the material.

8. It would be useful to collect data on an on-going basis about current and previous drug and alcohol abuse to examine whether this influences the retention of clients on the programme.

9. Review of reasons why so many clients are making contact and not attending initial assessment sessions. This might include having a more comprehensive message on the answer machine outlining what they can expect, and a time they can call for information when someone would be there.

10. Monitoring of the communication between STDAPP and Women's Support services.

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Appendices

Appendix 1: STDAPP Client interview schedule

Introduction

This research is looking at whether <name of programme> offers the type of support people might need to change their behaviour.
Your identity will be kept anonymous and anything you tell us is confidential. The answers you give will help us to write a report but we will not tell the programme organisers or anyone else what you have told us unless it relates to issues around child safety, which we are legally obliged to report.
All tapes will be locked away securely, and any electronic files will kept on a password secured server.
Do you have any questions?

A. Demographic information

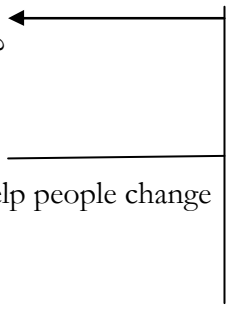
1. Age
2. Can I ask you whether you work? What type of work you do?
3. Are you currently in a relationship? (Living with partner? Married?)
4. Do you have any children? Does your partner have children? (Do you live with them/ see them)
5. How would you define your ethnicity – as white or BME?

B. About the programme (if on one)
1. How did you come to be part of this programme?
[or initial contact if declined]
    Was there a specific incident/event?
    How did you find out about the program?
    Were you referred by a professional, family member, or friend?
2. Can you tell me about the programme you're on?
    How long been on it
    How often attend
    Whether have missed any sessions and why
3. What sort of things do you do in the 1-1 sessions?
4. What sort of things do you [think you will] do in the group?
    How many people are in the group you're in? (do you think this is about the right number?)
5. Are you finding this programme useful?
6. What do you think are the most useful things about being on the programme? (why?)
7. Do you think that you need to be on this programme? (why/why not?)
8. Do you think it has led to you changing your behaviour
    a) towards a partner,
    b) towards other people?
    c) how/why? has it already led to a change?
9. What do you think are the least useful things about being on the programme and why?

10. Is there anything that you think you need to help you with your behaviour which is not covered by this programme?

C. Defining behaviour and creating change
1.Can you tell me why you think you behaviour has been a problem?
2. If you think back to the first ever incident – what happened? What would have helped to get you to change your behaviour at that point?
3. Do you think it might have been possible to change your behaviour at that point? If not, why not?
4. Have you also used violence at work or in other places/ with other people?

D. About other agencies
1. Is this the first time you have tried to change your behaviour? (how long have you been trying to change your behaviour for?)
Have you been in contact with any other organisations?
What did they do? What did you do there? What did you get there?
How easy was it to access them? (why?)
Were they helpful? (in what ways?)
Is there anything else you think they could have done?
7. What other services/organisations do you think are needed to help people change their behaviour?



E. Other
1. What about your family or friends – have they provided support to change behaviour?
2. If you had a friend who told you that they wanted to seek help, what would you advise him to do and who would you advise him to contact?

Anything else you would like to add?

Thank-you

Appendix 2: Inventory Of Controlling Behaviours – Male Clients

This is a list of common behaviours we know some people use in relation to their partners. We want to know which ones you have used over the whole course of your relationship and those you have used in the last six months. All your responses will be treated in confidence – it will help us if you can be as honest as possible.

If you don't know exactly how often (how many times) you have behaved in a certain way, put down the best guess you can make or the figure you think is the nearest. Please put the last 6 months (in the first column) and over your whole relationship (in the second column):

Name:_____

Length of relationship to which you are mainly referring:_____

Have there been occasions when you have:	Over the last 6 months	Over the whole relationship
Insulted or swore at your partner		
Criticised her clothes or physical appearance		
Criticised her childcare		
Yelled and screamed at her		
Sulked or refused to talk in order to punish her		
Stomped out of the room / house		
Demanded a strict account of how she has spent money		
Made a major financial decision without consulting her		
Withheld money		
Accused her of having an affair		
Discouraged contact with her friends and/or family		
Discouraged her contact with other men		
Not allowed her out of the house when she wanted to go		
Restricted her use of the car or the phone		
Deliberately embarrassed her in front of others		
Driven the car recklessly to frighten her		

Interrupted her sleep in order to bother her		
Threatened to take the children away		
Threatened to leave the marriage / relationship		
Threatened to kill your partner		
Threatened to hurt or kill yourself if she left		
Threatened to hurt or kill her if she left		
Blamed her for your problems		
Had affairs which you made sure she knew about		
Actively hurt yourself in her presence		
Let her know that you have hurt yourself and blamed it on her		
Deliberately withheld affection		
Deliberately withheld sex		
Verbally pressured her to have sex		
Hurt her sexually		
Made her have sex against her will		

	Over the last 6 months	Over the whole relationship
How many times have these children been aware of your violence / abuse to your partner?		
How many times have these children attempted to intervene in your arguments?		

INVENTORY OF CONTROLLING BEHAVIOURS (CONT.)

We now want to ask about physical violence and threats.

If you don't know exactly how often (how many times) you have behaved in a certain way, put down the best guess you can make or the figure you think is the nearest. Please put the last 6 months (in the first column) and over your whole relationship (in the second column):

Have there been occasions when you have:	Over the last 6 months	Over the whole relationship
Threatened to hit her		
Threatened to throw something at her		
Threatened to harm the children		
Threatened her friends / relatives		
Physically harmed a pet		
Thrown, hit or kicked something (furniture, objects) in your partner's presence		
Pulled her hair		
Spat at your partner		
Thrown something at your partner		
Pinched her		
Pushed, grabbed, held or shoved her		
Held and shook her		
Pushed her up against a wall / floor		
Slapped, smacked / spanked her		
Kicked her		
Bit her		
Punched her with a fist		
Headbutted her		
Hit or tried to hit her with something		
Beat her unconscious		
Grabbed her throat		

Threatened her with a knife		
Threatened her with a gun		
Used a knife or fired a gun in her presence		
Thrown bodily		
Burnt her		
Kicked, punched or hurt her whilst she was pregnant		
She has been bruised to her head due to your violence		
She has been bruised to her face due to your violence		
She has been bruised to her body due to your violence		
She has had a black eye due to your violence		
She has been cut to her head due to your violence		
She has suffered other injuries due to your violence		
She has needed medical attention due to the injuries you caused		
She was unable to do things (e.g. go to work, look after the house, go shopping) after the injuries you caused		
You were in trouble with the police		
Your partner left for her own safety		
Your partner got support from a woman's group or refuge		

	Over the last 6 months	Over the whole relationship
When separated, how many times have you attempted to make contact that was not welcome?		
Waited outside her house without her agreement?		
Waited in a place where you expected to see her (e.g. local shops / playground)		
Tried to see the children without her agreement		
Watched her or checked up on the children without her agreement		
Attempted to check up on her (e.g. asking her whereabouts or activities)		

Appendix 3: STDAPP: Partner interview schedule

This research is looking at whether the <name of programme> offers the type of support people might need to change their behaviour.
We are interviewing the partners of men who are accessing the program in order to get your views.
Your identity will be kept anonymous and anything you tell us is confidential The answers you give will help us to write a report but we will not tell the programme organisers or your own support workers what you have told us unless it relates to issues around child safety, which we are legally obliged to report.
All tapes will be locked away securely, and any electronic files will kept on a password secured server. Do you have any questions?

A. Demographic information
1. Age
2. Can I ask you whether you work? What type of work you do?
3. Are you currently in a relationship? (Living with partner? Married?)
4. Do you have any children? Does your partner have children? (Do you live with them/ see them)
5. How would you define your ethnicity – as white or BME?

B. About the programme

1. How did your partner come to be part of this programme?
    Was there a specific incident/event?
    How did they find out about the program?
    Were they referred by a professional, family member, or friend?
2. Can you tell me about the support you have received?
    How long been supported
    How often attend sessions
    Whether have missed any sessions and why
3. What sort of things do you do in the support sessions/group?
4. Are you finding the support you have been offered useful?
5. Have you found your partner being on the programme useful?
6. What do you think are the most useful things about being on the programme? (why?)
7. Do you think that your partner needs to be on this programme? (why/why not?)
8. Do you think it has led to him changing his behaviour
    a) towards you?
    b) towards other people?
    c) how/why? has it already led to a change?

9. What do you think are least useful things about being on the programme and why?
10. Is there anything that you think your partner needs to help them with their behaviour which is not covered by this programme?

C. Defining behaviour and creating change
1.Can you tell me why you think your partners behaviour has been a problem?

2. If you think back to the first incident – what happened? What [if anything] would have helped your partner to change his behaviour at that point?
3. Has your partner also used violence at work or in other places/ with other people?

D. About other agencies

1. Is this the first time your partner has tried to change his behaviour? (how long has he been trying to change his behaviour for?)
2. Is this the first time you have tried to get help for yourself/child/family?
    a) Have you been in contact with any other organisations?
    b) What did they do? What did you do there? What did you get there?
    c) How easy was it to access them? (why?)
    d) Were they helpful? (in what ways?)
    e) Is there anything else you think they could have done?

3. What other services/organisations do you think are needed to help people change their behaviour?

E. Other

1. What about your family or friends – have they provided support to your partner to change his behaviour? Have they supported you?
2. If you had a friend who told you that they wanted to seek help, what would you advise them to do and who would you advise them to contact?
3. Barriers to help-seeking – was there anything that made it difficult for your partner to get help to change his behaviour?

Anything else you would like to add? Thank-you