

<b>Meeting:</b>	<b>Safer Bromley Partnership Strategic Group</b>
<b>Date:</b>	<b>21<sup>st</sup> March 2013</b>
<b>Subject:</b>	<b>Perpetrator Programme: Domestic Abuse</b>
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## Reason for report

To provide full feedback from the evaluation of the pilot perpetrator programme run in Bromley from April 2012 – June 2012 along with plans for future project delivery.

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## 1. RECOMMENDATION(S)

- 2.1 That providing a perpetrator programme become part of the domestic abuse strategy and workplan, subject to funding from MOPAC and delivery partners.

## 3. COMMENTARY

### Introduction

- 3.1 After identifying perpetrator provision as a gap in domestic abuse services in Bromley a pilot perpetrator programme was commissioned to run from April 2012 to June 2012. Funding was secured from the Police, Children’s Social Care and by way of a grant from the Portfolio Holder for Public Protection and Safety, totalling £28k and to include a formal external evaluation of the project by Greenwich University.
- 3.2 TRYangle were commissioned as they deliver programmes in Bexley, Greenwich and Lewisham. TRYangle delivered a twelve week group course for men, up to 20 individual counselling sessions for each man, a support group for the ex-/partners of the men attending, up to 20 individual counselling sessions for each woman and provided a support worker for women who required individual support. The men’s group was delivered in the evening at Community House in Bromley and the women’s group at Blenheim Children & Family Centre (who also provided crèche facilities). The one-to-one sessions were held in the Bromley Relate offices.

### Referrals

- 3.3 The number of referrals was low – with only twelve received in time for the programme. These were, however, all appropriate for the project and TRYangle did not deem any of the men referred unsuitable to be invited into the programme.

Outcome	Number of referrals
Engaged fully	4
Unable to attend – on tag	1
Unable to attend – other commitments	2
Engaged then dropped out	2
Did not engage / declined	3
Referral received too late (after session 4)	4
<b>Total Referrals</b>	<b>16</b>

- 3.4 These numbers are disappointing as the project had capacity for up to 15 men and their partners.

### Possible reasons for low referrals

- 3.5 **Project not well known:** It takes time for any new service to become embedded, particularly as Bromley is such a large borough with so many relevant agencies. TRYangle report that in

other areas it generally takes around six months of continuous operation before they see the expected number of referrals being made.

- 3.6 **Not publicly advertised:** As the project was only a pilot with no guarantee of continuation, the decision was made to not advertise publically for self-referrals.
- 3.7 **Large caseloads for frontline workers:** Although the project was specifically advertised to professionals working with families (through direct emails, team meetings and communication from management) a number reported back informally that they did not have the capacity to review their entire caseload within a short timeframe in order to identify potential referrals.
- 3.8 **Short timescale for referrals:** The timescale for referrals to the programme was tight, with the project opening for referrals six weeks before the course began and the group becoming closed after four sessions.

## Referral source

- 3.9 As expected, the bulk of the referrals came from Children’s Social Care, though it is anticipated that should the project continue referrals will increase from other agencies as partnerships are built. Other programmes have built strong referral links with Police Community Safety Units and Probation services, which could be a key area of development.

Referral Source	Number of referrals
Children’s Social Care	14
London Probation Trust	1
Welcare in Bromley	1

## Three month evaluation

- 3.10 The cohort were contacted after three months to take part in an evaluation – of these all the men and women took part in TRYangle’s informal evaluation (which took the form of a questionnaire), and all the women and three of the men took part in the external evaluation with Greenwich University which comprised of a lengthy questionnaire (which they had also completed before joining the programme) and a focus group.
- 3.11 It is recognised in this evaluation that in the course of the programme it became apparent that one of the couples (man D and woman Y) were actually in a relationship where she was the primary perpetrator – therefore their results are not indicative of the changes we might expect in participants.

## Informal Evaluation

- 3.12 TRYangle own internal evaluation of the cohort three months after they exited the programme, reported the following:

Men's behaviour: In the last three months (since finishing the programme) ...	Never	Rarely	Occasionally
I called my partner names	25%	75%	-
I swore at my partner	25%	75%	-
I yelled and screamed at my partner	50%	50%	-
I treated my partner like an inferior	75%	-	-
I monitored my partner's time and made them account for their whereabouts	100%	-	-
I used our money or made important financial decisions without consulting my partner	75%	25%	-
I was jealous or suspicious of my partner's friends	50%	25%	25%
I accused my partner of having an affair with another man	50%	25%	25%
I interfered in my partner's relationship with other family members	75%	-	25%
I tried to prevent my partner from doing things to help themselves	100%	-	-
I restricted my partner's use of the telephone	100%	-	-
I told my partner that their feelings were irrational or crazy	100%	-	-
I blamed my partner for my problems	75%	-	25%
I tried to make my partner feel crazy	100%	-	-

## 12 week evaluation - men

- 50% had separated from their partner in the three months since completing the programme.
- 100% reported a lasting positive effect
- 75% reported improved communication with their ex/partner

- 100% reported their quality of life had improved since attending the course
- 50% reported their use of abusive behaviour had completely stopped, and a further 25% that it has reduced.
- 75% reported there had been no violence since attending the course while a further 25% stated there had been less.
- 100% reported no Police involvement since they attended the course.

## 12 week evaluation – women

- 75% reported a lasting positive while 25% reported a temporary positive effect
- 100% stated the programme was very much worthwhile
- 50% stated the support for their partner was very effective, and a further 25% stated it was somewhat effective.
- Level of violence – 50% stated violent behaviour had been completely eliminated, with a further 25% stating it had reduced
- Abusive behaviour – 50% stated that abusive behaviour had completely stopped, with a further 25% stating there was less.
- 100% reported no Police involvement.

## Formal Quantitative Evaluation

- 3.13 Due to the low numbers taking part in the evaluation this is presented as an individual narrative to reflect the impact on the individual rather than impact on specific measures. We are unable to make any statistical analysis of significance of changes in scores. The full quantitative report is available in the appendices.
- 3.14 **Man B** – reported reduced incidence of dominating, isolating, emotional and verbal abusive behaviour. Slightly worse depression score (increased 2 points out of a scale of 28). Improved perceived health. Very slightly worse self-esteem (by 4 points out of a scale of 30) and self-efficacy (by 2 points out of a scale of 40). Slightly higher self-perceived need for support in parenting (by 7 points out of a scale of 100) and a reduced alcohol intake.
- 3.15 **Man C** - reduced incidence of dominating and isolating behaviour, the same score for emotional and verbal abusive behaviour. Improved depression score and perceived health. Improved self-esteem, and slightly worse self-efficacy (by 4 points out of a scale of 40). The same self-perceived need for support in parenting and the same reported alcohol intake (none).
- 3.16 **Man D** - reduced incidence of dominating and isolating behaviour, but slightly worse for emotional and verbal abusive behaviour (by 10 points out of a scale of 28). Improved depression score. Worse perceived health (by 25 points out of a scale of 100). Improved self-

esteem and the same level of self-efficacy. An improved self-perceived need for support in parenting and the same reported alcohol intake (none).

- 3.17 **Woman Z** – reported less dominating, isolating, emotional and verbal abusive behaviour. Reported improved depression and perception of health, and slightly worse self-esteem (by 5 points out of a scale of 30) and slightly worse self-efficacy (by 2 points out of a scale of 40).
- 3.18 **Woman X** – reported less dominating, isolating, emotional and verbal abusive behaviour. Reported improved depression and perception of health, and improved self-esteem and self-efficacy.
- 3.19 **Woman Y** – reported slightly worse dominating and isolating behaviour (by 1 point out of a scale of 20) and slightly worse emotional and verbal abusive behaviour (by 2 points out of a scale of 20). Reported improved depression and perception of health, and improved self-esteem and self-efficacy.
- 3.20 **Woman V** – reported less dominating, isolating, emotional and verbal abusive behaviour. Reported improved depression and perception of health, and improved self-esteem and self-efficacy.

## Formal Qualitative Evaluation

- 3.21 Focus groups were held, facilitated by the researchers from Greenwich University. The full qualitative report is available in the appendices. Please note all names have been changed
- 3.22 The major impression on the men taking part in the programme which came through in the focus groups was the impact it had on them regarding their children:

*“the first time I was in here I cried , I was sat down like my little girls and they were standing up and they were shouting and it physically moved me, I actually put myself in my child’s shoes and I sat there crying, it made me look at how when I bark at them so it’s ...even talking about it now I get sort of goose bumps because it really did move me ...it really sort of hit home, yeah it did.”* (John)

- 3.23 In addition they were very positive about the staff:  
*For them to come in here and sit down with a bunch of men knowing that some of us that’s here have all hit women, so for them to come and do that... (Joe) they don’t judge us at all (John) Yeah”* (Joe)

- 3.24 Regarding the techniques and knowledge gained on the programme the men were equally positive:

*“They teach methods of how to control yourself and how to calm yourself down..... there’s different ways of dealing with things.”* (John)

*“I think the consequences, knowing what the consequences could be..... you basically step out of your shoes for a few moments and look at yourself, it really scares you, you know what I mean, don’t really want to go back there”* (Sam)



*“I realised as well how my actions affect other people and to take a step back and think about that before you act really, that whatever you do, it does affect someone else” (Sam)*

## Conclusion

- 3.25 Although the numbers on the pilot were low and no statistical analysis can be done regarding the changes in their psychological assessments because of this, the qualitative evaluation is exceptionally positive; and as other evaluations of similar projects have been positive (such as the Domestic Violence Intervention Project – available here: <http://www.dvip.org/assets/files/downloads/Improving%20women%20and%20childrens%20safety.pdf>) it is recommended that we continue with this project as part of providing a holistic coordinated community response to domestic abuse in the borough. Since the closure of the pilot TRYangle have received at least 25 referrals for Bromley residents, most of which they were unable to work with for funding reasons.

## Future delivery

- 3.26 A number of practical issues were identified when exploring options for future delivery – firstly that having a closed programme with a fixed start date means that some men will be referred but face a lengthy wait before being able to join the programme, and perhaps lose their motivation to engage because of this; and secondly, that there may not be enough demand in Bromley to fill a full, permanent programme (which would have capacity for around 50 couples per year).
- 3.27 In order to overcome the first issue TRYangle have previously run rolling programmes which men can join at any point provided they complete all the sessions. This programme is 24 weeks long – providing additional time with the men and women to effect change. Discussions have been held with Lewisham regarding sharing a service and although this is still subject to procurement arrangements it has been provisionally agreed that they wish to co-commission a full programme which would serve both Bromley and Lewisham borough residents. This would be held in a venue close to the border of the boroughs and be open for referrals both from professionals and individuals.
- 3.28 TRYangle have costed a full cross-borough programme at £90k per annum, providing work with up to 50 men and their female ex/partners. This cost would be split 50/50 with Lewisham. A bid has been submitted to MOPAC for £30k per annum, £15k has been identified by the Police to contribute for 2013/14 and Children’s Social Care have committed to contribute but budgets have yet to be confirmed.
- 3.29 Should the funding bid with MOPAC be successful a Service Level Agreement and targets will be set regarding referrals, engagement levels and outcomes which will be monitored quarterly and will inform ongoing funding decisions.

## 4. POLICY IMPLICATIONS

- 4.1 With agreement, that a commitment to providing services for perpetrators be included in the upcoming Domestic Abuse Strategy. Currently strategy focuses on services for victims of domestic abuse and criminal justice outcomes for perpetrators. The addition of voluntary services for perpetrators will improve the preventative aspect of the strategy.

## 5. FINANCIAL IMPLICATIONS

- 5.1 TRYangle have costed a full two-borough programme at £90k per annum, providing work with up to 50 men and their female ex/partners. This cost would be split 50/50 with Lewisham.
- 5.2 For 2013/14 £15k has been contributed by the Police, Children’s Social Care have committed to contribute but budgets have yet to be confirmed and the balance has been included in the bid to MOPAC. For 2014/15-2017/18 £30k per annum has been included in the MOPAC bid.
- 5.3 Until the outcome of the MOPAC bid is known precise budgets cannot be set.

## 6. PERSONNEL IMPLICATIONS

- 6.1 None. Minor commitment required from Domestic Abuse Strategy Coordinator and relevant stakeholders to oversee project.

<b>Non-Applicable Sections:</b>	Legal
Background Documents: (Access via Contact Officer)	[Title of document and date]



## Appendix 1: Formal Quantitative Evaluation

### Evaluation of Bromley TRYangle Pilot Intervention Interim Report

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18 January 2013

### Methods

Eight men and five of their female (ex)partners assessed as eligible for participation in the TRYangle intervention pilot self-completed a questionnaire prior to beginning the intervention. Only four men and four women completed the TRYangle group intervention and were sent a follow-up questionnaire 3 months after completing the intervention to determine any changes in their behaviour. The end of treatment follow-up was completed by TRYangle staff using a different questionnaire, and the data are not included in this interim report.

Results from the questionnaires were compared pre intervention and 3 month post intervention for men and women separately.

Due to the small numbers that entered or completed the intervention, it was not possible to determine whether any changes in outcomes were statistically significant. Therefore, data are presented for each participant to examine individual change in outcomes.

Table 1 lists the questionnaires that were administered.

**Table 1. Questionnaires self-administered**

Questionnaire	Men	Women
Revised Conflict Tactics Scale Short Form (CTS2SF) (20 questions)	x	x
PMWI-short (male/female version)	x	x
PhQ-9	x	x
EQ.5D.5L Quality of Life	x	x
Rosenberg's Self-Esteem Scale (SES)	x	x
General Self-Efficacy Scale (GSE)	x	x
The Parent Concern Questionnaire (PCQ)	x	x (follow up)
Alcohol Use Disorder Identification Test: Interview version (AUDIT)	x	
University of Rhode Island Change Assessment Domestic Violence (URICA.DV)	x	
Alcohol-Related Aggression Questionnaire (ARAQ)	x	

### Results

#### Males

Eight male participants completed the pre intervention questionnaire, of those half completed the TRYangle intervention. However, only three of them completed the 3 month post intervention follow-up questionnaire.

#### 1. Intimate partner violence

The degree of intimate partner violence (IPV) was quantified using the Revised Conflict Tactics Scale short form (CTS2SF) and PMWI-short (male version).

The CTS2SF is a 20-item questionnaire using an 8 stage likert scale to score the frequency of

agreement to each item on the questionnaire. For the purpose of this interim report the scale was recoded to group variables into two categories 1) No, this has not happened in the past year/3months, 2) Yes, this has happened in the past year/3 months (time period in relation to pre-intervention and 3 month post intervention questionnaire respectively).

Table 2 shows the number and proportion of participants who had perpetrated each of the 20 violence statements. The results should be interpreted with caution as pre intervention data examines the previous 12 month period whereas the post intervention data measures the previous 3 month period.

**Table 2. CTS2 SF**

Item	Pre intervention		3 month post intervention
	Yes in 12 months for all eligible n=8 (%)	Yes in the past 12 months for completers n= 4 (%)	Yes in 3 months post intervention n=3
1. I explained my side or suggested a compromise for a disagreement with my partner	6 (75%)	2 (50%)	1 (25%)
2. My partner explained his or her side or suggested a compromise for a disagreement with me	7 (87.5%)	3 (75%)	1(25%)
3. I insulted, swore, shouted or yelled at my partner	7 (87.5%)	3 (75%)	0 (0%)
4. My partner insulted, swore, shouted or yelled at me	6 (75%)	3 (75%)	1 (25%)
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner	2 (25%)	2 (50%)	0 (0%)
6. My partner had a sprain, bruise, or small cut, or felt pain the next day because of a fight with me	5 (62.5%)	2 (50%)	0 (0%)
7. I showed respect for, or showed that I cared about my partner's feeling about an issue we disagreed on	8 (100%)	4 (100%)	2 (50%)
8. My partner showed respect for, or showed that they cared about my feeling about an issue we disagreed on	8 (100%)	4 (100%)	1 (25%)
9. I pushed, shoved or slapped my partner	4 (50%)	1 (25%)	0 (0%)
10. My partner pushed, shoved or slapped me	3 (37.5%)	1 (25%)	0 (0%)
11. I punched or kicked or beat-up my partner	2 (25%)	1 (25%)	0 (0%)
12. My partner punched or kicked or beat-up me	3 (37.5%)	2 (50%)	0 (0%)
13. I destroyed something belonging to my partner or threatened to hit my partner	4 (50%)	2 (50%)	1 (25%)
14. My partner destroyed something belonging to me or threatened to hit me	2 (25%)	1 (25%)	1 (25%)
15. I went to see a doctor or needed to see a doctor because of a fight with my partner	0 (0%)	0 (0%)	0 (0%)
16. My partner went to see a doctor or needed to see a doctor because of a fight we had	0 (0%)	0 (0%)	0 (0%)
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	0 (0%)	0 (0%)	0 (0%)
18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex	0 (0%)	0 (0%)	0 (0%)
19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)	0 (0%)	0 (0%)	0 (0%)
20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)	0 (0%)	0 (0%)	0 (0%)

\* One male who completed the intervention did not complete the 3 month post intervention questionnaire, % are based on the original 4 completers.

The Psychological Maltreatment of Women Inventory- Male Short Version (PMWI) is a 14-item scale, split into two subscales 1) dominance-isolation, 2) emotional-verbal. The dominance-isolation subscale measures behaviours related to isolation from resources, demands for subservience, and rigid observances of traditional sex roles.. The emotional-verbal subscale measures behaviours related to verbal attacks, attempts to demean the partner, and withholding emotional resources. The

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higher the total scores the more domineering/isolating the person is and emotionally and verbally controlling of their partner. Scores can range between 0–28.

Tables 3 and 4 show the results of this scale.

**Table 3. PMWI Dominance Isolation subscale score**

ID	Timeframe		Reduced score
	Pre	Post	
A	0	-	-
B (completed)	4	0	Yes -4
C (completed)	3	0	Yes -3
D (completed)	4	0	Yes -4
E	0	-	0
F	0	-	0
G (completed)*	0	-	-
H	4	-	-

**Table 4. PMWI Emotional Verbal subscale score**

ID	Timeframe		Reduced score
	Pre	Post	
A	0	--	-
B (completed)	1	0	Yes -1
C (completed)	0	0	0
D (completed)	0	10	No +10
E	3	-	0
F	3	-	0
G (completed)*	7	-	-
H	2	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

The results should be interpreted with caution as pre intervention data examines the previous 6 month period whereas the post intervention data measures the previous 3 month period.

## 2. Depression

The Patient Health Questionnaire 9 measures whether an individual is depressed and the severity of depression. It uses a 9-item scale and asks over the *last 2 weeks*, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself in some way

A 4-point likert scale is used to quantify the results. Participants are given the choice of every day (coded as 3), More than half the days (2), Several days (1), or, Not at all (0). The sum of items specifies it severity of depression, if at all. The presence of a depressive disorder is shown if either a) an individual ✓s 4 items as 'More than half the days' or above, (one of which corresponds to Question #1 and #2), or b) an individual ✓s 5 items as 'More than half the days' or above, (one of which corresponds to Question #1 or #2). *Consider Other Depressive Disorder* if there are 2 to 4 ✓s in 'More than half the days' (one of which corresponds to Question #1 or #2).

The Total sum indicates:

- 1-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression



**Table 5. Severity of depression – PHQ-9 total score**

ID	Timeframe		Reduced score	
	Pre	Post		
A	11	-		-
B (completed)	0	2	No	+2
C (completed)	2	0	Yes	-2
D (completed)	10		Yes	-8
E	23	-		0
F	10	-		0
G (completed)*	4	-		-
H	13	-		-

### 3. Quality of Life

Quality of life was measured using a visual analogue scale. Participants were asked how good or bad their health was on the day they completed the questionnaire, where 0 was really bad and 100 was really good health. We compared participant's health from baseline to the 3 month post intervention.

**We would like to know how good or bad your health is TODAY**

**Table 6**

Id number	Health score		Improvement in health
	Pre	Post	
A	70	-	-
B (completed)	60	80	+20
C (completed)	70	80	+10
D (completed)	100	75	-25
E	65	-	-
F	65	-	-
G (completed)*	98	-	-
H	100	100	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

### 4. Self-Esteem

The Rosenberg's Self-Esteem scale (SES) was used to assess levels of self-esteem. This is a 10-item questionnaire which is scored and totalled to give an overall SES score by which self-esteem is measured. The 10-items are both positively and negatively phrased therefore half of the items are re-coded to make them all positive before totalling the score. Scores can range between 0-30, if a participants total score lies between 15 and 25 they are within the normal range of self-efficacy; however if a score is below 15 this suggest low self-esteem.

**Table 7 Self-Esteem Scale total score**

	Self-Esteem Scale total score		
	Pre	Post	Difference
A	9	-	-
B (completed)	30	26	- 4
C (completed)	20	22	+2
D (completed)	18	23	+5
E	11	-	-
F	15	-	-
G (completed)*	27	-	-
H	22	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

## 5. Self-Efficacy

The General Self-efficacy scale (GSE) was used to measure participants' level of self-efficacy, a measure of one's own self belief in their ability to complete tasks and reach goals and has a great influence over a person's sense of power and how the individual deals with a situation. The GSE is a 10 item measure which when summed gives a combined score of between 0-40. The higher the total score, the greater ones self-belief in their own ability to affect situations and self-belief.

**Table 8 Self-Efficacy Scale total score (SES)**

Id number and if completed the intervention	Self-Efficacy Scale total score		
	Baseline	3 Months	Difference
A	28	-	-
B (completed)	38	36	-2
C (completed)	34	30	-4
D (completed)	30	30	0
E	29	-	-
F	30	-	-
G (completed) *	39	-	-
H	34	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

## 6. Parenting

The Parenting Concerns Questionnaire was implemented at both pre intervention and 3 month post intervention. There are a total of 37 items, scored between the range of 0– not an issue, 1- issue present but not severe, or 2- issue present and severe. The total score is calculated to create an overall parental concerns image, scores range between 0-74, with the higher the score the greater the parental need.



**Table 9 Parenting Concerns**

Id number	Which questionnaire		Change
	Baseline	3 months	
A	7	-	-
B (completed)	4	11	+7
C (completed)	3	3	0
D (completed)	9	4	-5
E	10	-	-
F	6	-	-
G (completed)*	1	-	-
H	8	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

## 7. Alcohol

The Alcohol Use Disorder Identification Test (AUDIT) was used to measure participant's alcohol consumption and alcohol related aggression. It is a 10-item scale which is assessed by the sum of its total. A score of 8 or above in men signifies hazardous drinking. Only one participant (ID 35) met criteria for hazardous drinking pre intervention.

**Table 10 How often do you have a drink containing alcohol?**

Id number	Timeframe		Change
	Pre	Post	
A	2 to 4 times a month	-	-
B (completed)	2 to 4 times a month	Monthly or less	Yes
C (completed)	Never	Never	No
D (completed)	Never	Never	No
E	Monthly or less	-	-
F	Monthly or less	-	-
G (completed)*	2 to 3 times a week	-	-
H	Never	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

**Table 11 How many drinks containing alcohol do you have on typical day?**

Id number	Timeframe		Timeframe
	Pre	Post	
A	5 or 6	-	-

B (completed)	1 or 2	3 or 4	Yes
C (completed)	1 or 2	1 or 2	No
D (completed)	1 or 2	1 or 2	No
E	5 or 6	-	-
F	Monthly or less	-	-
G (completed)*	Never	-	-
H	Never	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

**Table 12** How often do you have six or more drinks on one occasion?

Id number	Timeframe		Change
	Pre	Post	
A	Less than monthly	-	-
B (completed)	Never	Less than monthly	Yes
C (completed)	Never	Never	No
D (completed)	Never	Never	No
E	Less than monthly	-	-
F	Never	-	-
G (completed)*	Never	-	-
H	Never	-	-

\* Participant completed the intervention but did not complete the 3 month post intervention questionnaire

## Females

Five females completed the pre intervention questionnaire. Four females completed the TRYangle intervention and the 3 month post intervention questionnaire.

### 1. Intimate partner violence

The degree of intimate partner violence (IPV) was quantified using the Revised Conflict Tactics Scale short form (CATS2SF) and PMWI-short (female version).

**Table 13 CTS2 SF**

Items	Yes, in 12 months prior to intervention n=5 (%)	Yes, in 3 months post intervention n=4 (%)
1. I explained my side or suggested a compromise for a disagreement with my partner	5 (100%)	3 (75%)
2. My partner explained his or her side or suggested a compromise for a disagreement with me	5 (100%)	3 (75%)
3. I insulted, swore, shouted or yelled at my partner	5 (100%)	3 (75%)
4. My partner insulted, swore, shouted or yelled at me	4 (80%)	3 (75%)
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner	4 (80%)	1 (25%)
6. My partner had a sprain, bruise, or small cut, or felt pain the next day because of a fight with me	1 (20%)	0 (0%)
7. I showed respect for, or showed that I cared about my partner's feeling about an issue we disagreed on	5 (100%)	3 (75%)
8. My partner showed respect for, or showed that they cared	5 (100%)	3 (75%)

Items	Yes, in 12 months prior to intervention n=5 (%)	Yes, in 3 months post intervention n=4 (%)
about my feeling about an issue we disagreed on		
9. I pushed, shoved or slapped my partner	2 (40%)	0 (0%)
10. My partner pushed, shoved or slapped me	4 (80%)	1 (25%)
11. I punched or kicked or beat-up my partner	1 (20%)	0 (0%)
12. My partner punched or kicked or beat-up me	1 (20%)	0 (0%)
13. I destroyed something belonging to my partner or threatened to hit my partner	1 (20%)	0 (0%)
14. My partner destroyed something belonging to me or threatened to hit me	2 (40%)	0 (0%)
15. I went to see a doctor or needed to see a doctor because of a fight with my partner	0 (0%)	0 (0%)
16. My partner went to see a doctor or needed to see a doctor because of a fight we had	0 (0%)	0 (0%)
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex	0 (0%)	0 (0%)
18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex	0 (0%)	0 (0%)
19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)	0 (0%)	0 (0%)
20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)	2 (40%)	1 (25%)

The results should be interpreted with caution as pre intervention data examines the previous 12 month period whereas the post intervention data measures the previous 3 month period.

**Table 14 PMWI Dominance Isolation subscale score**

	Timeframe		Reduced score
	Pre	Post	
Z (completed)	14	7	Yes (-7)
Y (completed)	15	0	Yes (-15)
X (completed)	0	1	No (+1)
W	0	-	-
V (completed)	5	0	Yes (-5)
Total	5	4	

**Table 15 PMWI Emotional Verbal subscale score**

	Timeframe		Reduced score
	Pre	Post	
Z (completed)	21	10	Yes (-11)
Y (completed)	7	0	Yes (-7)
X (completed)	6	8	No (+2)
W	11	-	-
V (completed)	16	2	Yes (-14)
Total	5	4	

The dominance-isolation subscale measures partner behaviours related to isolation from resources, demands for subservience, and rigid observances of traditional sex roles. The emotional-verbal subscale measures partner behaviours related to verbal attacks, attempts to demean, and withholding emotional resources. The higher the total scores the more domineering/isolating the participant considers their partner to be and the more emotionally and verbally controlling they consider their partner to be.

The results should be interpreted with caution as pre intervention data examines the previous 6 month period whereas the post intervention data measures the previous 3 month period.

## 2. Depression

**Table 16 Severity of depression – PHQ-9 total score**

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Count

Id number	PHQ-9		Change in score
	Pre	Post	
Z (completed)	5	3	-2
Y (completed)	8	1	-7
X (completed)	8	7	-1
W	2	-	-
V (completed)	8	3	-5

### 3. Quality of Life

**Table 17 We would like to know how good or bad your health is TODAY - 100- GOOD**

Count

Id number	Health score		Change in health
	Pre	Post	
Z (completed)	45	75	+30
Y (completed)	70	80	+10
X (completed)	40	50	+10
W	93	-	-
V (completed)	60	80	+20

### 4. Self-Esteem

**Table 18 Self-Esteem Scale total score**

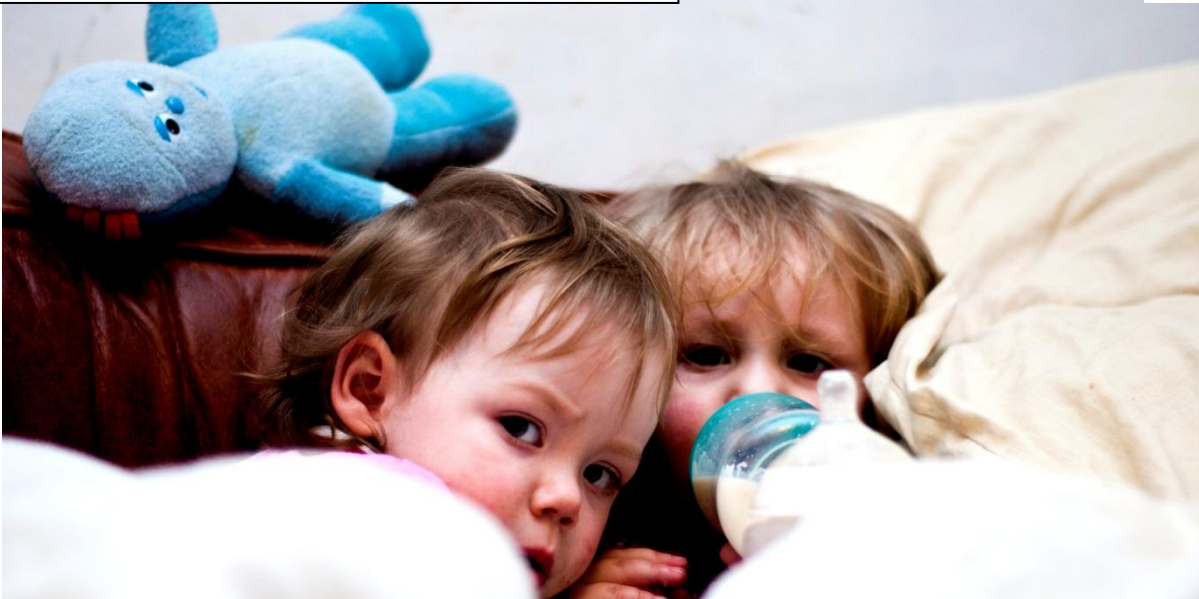
Id number and if completed the intervention	Self-Esteem Scale total score		
	Pre	Post	Change
Z (Completed)	30	25	-5
Y (Completed)	20	22	+2
X (Completed)	17	21	+4
W	21	-	-
V (Completed)	20	27	+7

### 5. Self-Efficacy

**Table 19 General Self-Efficacy total score**

	General Self-Efficacy total score		
	Pre	Post	Change
Z (Completed)	36	34	-2
Y (Completed)	29	30	+1
X (Completed)	27	34	+7
W	-	36	-
V (Completed)	29	38	+9

Appendix 2: Formal Quantitative Evaluation



A FOCUS  
GROUP  
REPORT

*“It physically moved me, I actually put myself in my child’s shoes and I sat there crying”*: A qualitative study of the experiences of perpetrators and victims of Intimate Partner Violence participating in the Bromley TRYangle Programme.



Lisa Wales and Gail Gilchrist  
November 2012



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## *“It physically moved me, I actually put myself in my child’s shoes and I sat there crying”*: A qualitative study of the experiences of perpetrators and victims of Intimate Partner Violence participating in the Bromley TRYangle Programme.

### 1. Introduction

The research was conducted by the Centre for Applied Social Research at the University of Greenwich and funded by the internal University of Greenwich Alumni funds. Ethical approval was granted by the University of Greenwich Ethics Committee.

This report presents the findings from two focus groups and three individual interviews conducted between the 19<sup>th</sup> and 25<sup>th</sup> July 2012. Focus groups consisted of 1) male perpetrators of intimate partner violence (IPV) and 2) their female (ex)partners, who had attended the Bromley TRYangle IPV Intervention Programme. The aim of the focus groups was to examine participants’ acceptability and experience of attending the TRYangle programme, and the impact that participating had had on their relationship.

In addition, individual interviews were held with two perpetrators and one victim who were assessed as eligible or began the TRYangle Programme but did not attend or complete it.

### 2. The Intervention.

Bromley Council piloted a 12-week intervention (TRYangle) to reduce IPV among male perpetrators and their intimate female partners. Perpetrators were mostly referred from social services but could also self-refer. Both male perpetrators and their female partners separately completed a 12-week same sex group intervention (2 hours session per week), with further opportunity to attend a maximum of 20 individual counselling sessions.

### 3. Methodology

Focus groups were held to correspond with the final session of the 12 week intervention (July 2012) to maximise the participant’s recollection of experience and participation in the research.

As the number of perpetrators and victims that had dropped out of the programme was too small for additional focus groups, individual interviews were undertaken using the same topic guide as the focus groups.

### 4. Participants

Participants were assessed by the facilitators of the TRYangle programme. At entry to the TRYangle programme, participants were asked to give their consent to participate in the evaluation.

Participants were informed by researchers that their participation in the evaluation would not affect their participation in the programme. They were informed that the researcher would have to inform TRYangle staff if any participant disclosed intent to harm themselves or another person. An overview of the evaluation process and aims of the focus groups/interviews were discussed with participants before proceeding with the research. Issues of anonymity and confidentiality were discussed. There were opportunities to answer questions about the study before written consent was given. The data were audio-recorded and transcribed.

Both focus groups and two face to face interviews were facilitated by two female researchers, and one telephone interview was conducted by one female researcher. Participants attending in person received a light meal and £20 in vouchers for their time.

## 5. Location

Focus groups and interviews were conducted at the TRYangle Programme venues in Bromley (Perpetrators) and Orpington (Victims). Crèche facilities were made available at the Bromley location for the female participants to attend the focus group.

## 6. Data

A topic guide consisting of 11 questions was developed following discussion with representatives from TRYangle, Bromley Council and the research team. The topic guide allowed a natural balance of discussion to ensure the aims of the evaluation were met, and to facilitate debate between participants in the focus group. The topic guide for those who had completed the Programme asked:

- Why did you decide to go to the TRYangle programme?
- What did you expect from the programme?
- What did you like/dislike about the programme?
- What did you think was most/least useful about the programme?
- How do you think it could be improved?
- Is there anything you would like to be included on the programme that was not included?
- What do you think about the involvement of partners in the treatment?
- Why did you not come to all the sessions? (for those who did not always attend)
- What have you learned from attending the programme?
- Do you think you will change/have changed your behaviour as a result of attending?
- Would you recommend others in your situation to attend the TRYangle programme? Why/why not?

The topic guide for those who did not attend or dropped out of the programme asked:

- Was the programme explained to you before assessment?
- Why did you decide not to attend/continue with the TRYangle programme?
- What did you expect from the programme?
- What did you like/dislike about the programme?
- How do you think it could be improved?

## 7. Analysis

The five phases of the framework approach were used to organise and analyse the qualitative data: 1) familiarisation 2) identifying a thematic framework 3) indexing 4) charting and 5) mapping and interpretation (Pope et al., 2000).

## 8. Results

Two focus groups of programme completers each lasting an hour. The first group consisted of four females classified by the project as victims of IPV. The second group classified as perpetrators of IPV consisted of four males. While several attempts were made to individually interview six perpetrators and six victims who did not attend or dropped out of treatment, only two interviews with perpetrators and one interview with a victim were

completed.

Whilst participants were not asked to divulge the name of their partner, they were asked if their partner was attending the programme. Several participants disclosed their partner's name during the research which allowed the analysis to consider the experience for couples and the impact that attending the programme had had on their relationship.. Pseudonyms have been used to retain anonymity. The term 'partner' has been used within this report to represent both married and cohabitating couples.

## 8.1. Participants in the research

Eleven people participated in the evaluation (6 men, 5 women). Four couples and three participants who attended without their partner or were separated from their partner. English was not the first spoken language of all participants. Of the 11 participants, 8 (4 male, 4 female) completed the 12 week intervention programme, the other 3 participants started but did not complete the programme

The results are presented firstly from the interviews with those who did not complete the TRYangle programme, and then the results from the focus groups of programme completers are presented.

## 8.2. *"It wasn't the place I dreamed of going"* - Perspectives of those who did not complete the intervention programme.

Hannah, Micky and Steven initially engaged with the TRYangle programme, though disengaged early into the scheduled 12 week sessions. Hannah only attended the first session, Steven attended four sessions and Micky remembered attending around four or five sessions. All three individuals suggested external reasons why they were no longer able to attend including duration of the programme and distance from home (Hannah); and additional problems in their lives that prevented them from attending; such as inpatient substance abuse detoxification (Steven) and a criminal justice evening curfew (Micky). Table 1 summarises the experiences of those who dropped out of treatment in greater detail.

**Table 1. Experience of participants who dropped out of the TRYangle Programme**

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Hannah	Steven	Micky
<p><b>Initial engagement:</b></p> <p>Although, referred through social services, Hannah had asked for herself and her partner as a couple to attend a programme which could help with anger management.</p> <p>Her partner did not engage with the programme, although he did go for the initial assessment.</p>	<p><b>Initial engagement:</b></p> <p>Social services referral but later spoke of a court order.</p> <p>Access to children was a motivation to joining the intervention. <i>"I need to do this to see my kids"</i> and ex-partner.</p> <p>He had no expectations, knew the programme was group based but not that there was counselling, he was interested in pursuing counselling.</p>	<p><b>Initial engagement:</b></p> <p>Social services referral <i>"social services stepped in and they said that I needed to try and like just see, see what it was like for my girlfriend from her point of view"</i></p> <p><i>"I didn't think I was going to enjoy it, I thought it would be someone else going to be nagging at me down the phone telling me I'm wrong by this and I'm doing this and that wrong but going and being there and talking to other people that's been through it... it does help"</i></p>
<p><b>Experience of intervention:</b></p> <p>Limited information can be gained from Hannah's experience of the intervention as she only attended the first session.</p>	<p><b>Experience of intervention:</b></p> <p>As a result of attending the 4 sessions he felt he had <i>"already changed"</i> and <i>"every time I walked out I felt a bit better about myself"</i> Steven thought the support from the other men was really useful, and that they could discuss issues openly. But was shocked by some of the situations some of the men discussed.</p> <p>The role play and brainstorming diagram was really helpful it <i>"showed reasons why people act in a particular way"</i> – this has helped him change his behaviour, <i>"encourages thought before acting...think before speaking"</i> and he has put this into practice, he said he reacts differently than before.</p>	<p><b>Experience of intervention:</b></p> <p><i>"I regret missing it because I enjoyed it, like hearing other people's problems and other people going through the same thing as I do, I always thought I was on my own, you know what I mean, like no-one else understood me"</i></p> <p>Micky was very positive about the intervention, seeing it as a place he could speak openly in a supportive atmosphere. Peer support was highly praised, so too was staff support.</p> <p><i>"my partner was attending the other TRYangle project with his (male peer's) partner and just to be able to talk to each other on a level and understand what each other's going through and stuff, like it helps, it does help so .."</i></p> <p>Role play was effective.</p>
<p><b>Reason dropped out:</b></p> <p>The perception that the course would last <i>"six months"</i> was an issue, with her <i>"daughter being too small...and it was very far as well."</i></p> <p>The intervention was too far from where Hannah lived, she needed to travel on a bus and train which she considered was difficult to do with a new-born child.</p>	<p><b>Reason dropped out:</b></p> <p><i>"I went into hospital [detoxification] so I couldn't go to the course any more... this was the only reason I didn't finish the course"</i>.</p> <p>He had not attended any other programme before TRYangle, but now attends a drug/alcohol group. He also believed substance abuse (drugs &amp; alcohol) had a major role in his behaviour.</p>	<p><b>Reason dropped out:</b></p> <p><i>"[I'm] on a four month curfew [tag]...so I haven't been able to attend about five or six programmes but I'm hoping to, once it's off, to go again 'cause it is helpful."</i></p> <p>The tag and 7pm curfew prevented Micky from attending the programme.</p> <p>He would like to complete the course once his tag is removed.</p>
<p><b>Points to note:</b></p> <ul style="list-style-type: none"> <li>• Was open to the intervention</li> <li>• Partner did not engage</li> <li>• Inconvenient location</li> <li>• Programme duration deemed too long</li> </ul>	<p><b>Points to note:</b></p> <ul style="list-style-type: none"> <li>• Positive experience of intervention</li> <li>• Liked peer support, role play and brainstorming</li> <li>• Acknowledgement of complex lives</li> </ul>	<p><b>Points to note:</b></p> <ul style="list-style-type: none"> <li>• Positive experience of intervention</li> <li>• Liked role play, peer and staff support</li> <li>• Consideration of routes back into programme</li> </ul>

### 8.3. Focus Group Results with TRYangle Programme completers

The aim of the focus groups was to describe participants' acceptability and experience of attending the TRYangle Programme, and the impact it had on their intimate relationships to date.

#### 8.3.1. Acceptability

Overall, the TRYangle Programme was acceptable to those who attended and completed the Programme. This acceptability was expressed equally between perpetrators and victims, although there were a number of ways each group believed the programme could be improved.

Participants thought the topics addressed were very relevant to their own experiences and that sessions were facilitated in a non-judgemental way. Both the perpetrator and victim groups discussed being able to 'relate' to the programme.

*"I think it helped that everything that was covered, in one way or another all affected us. [some agree] There wasn't nothing that didn't affect us in any way at all, whether it be about the children or the partner or us (victims), it all, you know, made sense and we could relate to it, which I think that was the most beneficial." (Kelly)*

#### 8.3.2. What participants liked and disliked about the programme

The broad consensus among the male and female participants was that they enjoyed attending the TRYangle Programme, *"it's not a chore"* (Kelly), and all participants would recommend it to others in their situation and indeed, many already had.

When asked how the TRYangle programme could be improved, the general consensus was that the programme was excellent and that no changes were required. However, some participants were aware that it was originally a 24 week programme that had been revised into a 12 week schedule and felt that potentially it may have been better to run the programme over the 24 week duration:

*"I think they was trying to pack so much in, into one session, it was like only a one or two hour session, they were trying to get so much in in one session... I reckon it can benefit from another couple more weeks sessions I reckon, 100%..." (John)*

*"I'm aware of the course is a 24 week course, fitted into 12 weeks and I think that's the trouble, there's a lot – and you can't quite go..., you can't go deep individually with, with individual people... there are underlying issues that I think if someone can go deeper with that person, like with all four of our guys, they might get a bit further" (Isabelle)*

Females highlighted their interest in couples counselling in addition to what is already offered by TRYangle. Although men also raised the possibility of working in couples, for them this need was not as evident as it was for women:

*"I would like John's [mentor] to work with him and I together, I'd like something a bit more together with him and I from TRYangle, I feel like we've not, even though we're on the course together, I don't feel like it's done that to us, I don't feel like it's brought us together, I don't feel like it's helped properly to have an understanding of each other. I don't know how you feel ...? (Isabelle) I agree, yeah (Josie) Yeah, you probably understanding more. I would have liked something like Isabelle said, something like maybe one week with me and Joe together, you know because what we, sometimes I would like him to hear*



*what I'm saying, what he's doing wrong, you know, so he knows that it's what he's doing" (Kelly)*

Other ways of improving the programme highlighted by men were the inclusion of the teaching life skills (money management, cooking lessons etc). However, there were mixed feelings about this in the perpetrator group as described in the extract below:

*"Just life skills to help people, as I say that's male and female, we're generally rubbish at clearing up and washing up and all the rest of it but a bit of direction and a bit of help would be ...(John) That should come from the parents I think (Sam) Well you say that but then I lost my dad when I was 15 so a father figure, I didn't have one, so I've had to learn from scratch so I think a life skill course (John) More general than relationships and communication, as you're saying money management and cooking ... (Facilitator) Yeah, the whole shebang, it needs to be there, I think otherwise the emphasis is either left on one person or the other (John) So you see that more in relation to arguments or ..? (Facilitator) Yeah, well all generally me and my other half argue about is money..." (John)*

It is clear that John believes if life skills and money management were addressed, then there would be a potential reduction in disagreement between himself and his partner which would in turn reduce the escalation from arguments into violence perpetration. This emphasises the complexity surrounding IPV and the difficulties in addressing 'individual' needs within a group setting.

In summary, whilst in general all programme completers were highly complementary about the relevance and nature, the size and accessibility of both the programme and staff, there were suggestions on how to improve the programme which included greater understanding of both male and female roles in IPV, couples counselling, and longer duration of the programme.

The main areas raised are described in more detail below: staff support, group approach, role play and perpetrator versus victim.

### **8.3.3. Staff support**

Participants spoke highly of the staff and the importance of the support they had received from staff, this was particularly evident among the perpetrators' group.

*"...the people that do this, they've been really nice and it's nice to have two kinds of people as well, you've got Lyla who's one particular kind of person and Chris is a big guy, skinhead, you think he looks like a nutter but he's not at all, it's just ... they've been open and honest to us and vice versa [They're] just so easy to talk to, you know, you can just comment and feel like you can speak about anything, you know what I mean? That's how they make you feel, they make you feel so relaxed and ... (John) So you said they're non-judgemental, you like the tools that they've given you ... (Facilitator) The role plays are great (John) The job they do is just brilliant (Joe) It is good (John) For them to come in here and sit down with a bunch of men knowing that some of us that's here have all hit women, so for them to come and do that... (Joe) they don't judge us at all (John) Yeah" (Joe)*

Perpetrators considered that having a male and female programme facilitator was effective. So too was splitting the groups by gender, and both victims and perpetrators highlighted the benefits of having the perpetrator and victim group sessions on the same day as this facilitated discussion of the sessions in the home. Women attended a daytime session, and their male partners attended a corresponding session that same evening. This was considered beneficial as it allowed women to prepare their partners for the evening session, for the couple to



discuss what the session had covered together, and on occasions for staff to address issues the women had identified during their session.

*“What we’d done in the morning, the answers we give, she kind of used against the boys ‘cause she knew which husband belonged to who so she knew what I’d said, what was bothering me kind of ...” (Isabelle) “We could say what we think it should be covered ...” (Kelly) “And she kind of covered it with that man, do you know? I thought that was good, so then she wasn’t directly saying, “your wife said this, this morning” (Isabelle)*

*“we talk about it as most of us do but we agree and we listen to each other, say “it helped us in this way” and we talk, yeah it’s good to actually go “oh we covered this today and they covered that” and we discuss it,”(Carla)*

Whilst the female group indicated a level of control in the direction of sessions, several males commented that the programme placed too much onus on the males as being responsible for the IPV, and they would have liked the women’s group to learn more about their perspective and the female role in the build-up to any confrontation as John describes:

*“It’s not a negative response, where the men are made to feel on this course as though we were the guilty parties” That’s what you were expecting or that’s what’s happened? (Facilitator) That’s what’s happened. I was kind of expecting that and kind of not, I thought they might kind of see both sides of the story but as this has gone on, I feel that hasn’t happened, I feel as though the impression you’ve got of the men is “you’re the people that caused what happened to your partner”, there is two sides to a story and same as I hear obviously what my partner comes home and tells me, she comes home kind of gloating some days and bigging herself up where I don’t feel enough emphasis has been put on the women to maybe have a look at themselves as well as us because we’re really having to look at ourselves and see where we’ve gone wrong and how to correct that. (John) So what do you think is needed then to make that happen? (Facilitator) I think it’s getting the women to see how men feel from, we’ve been put in loads of scenarios of how a woman feels and I just feel you should do exactly the same course for women as men because in my relationship, my partner was just as violent to me as I was to her, I’m not saying it’s right but the feeling I’ve got out of it is that she hasn’t really been told that, she’s not really feeling how I feel” (John)*

#### 8.3.4. Group approach

Everyone commented on the support they received from the other group members in the programme.

*“The thing that I’ve enjoyed most is meeting these three ladies, the having, having that one thing in common that we’ve all gone through and it’s been for me advice every Thursday, I look forward to coming...” (Isabelle)*

*“we were quite a small session, really only three of us for the whole lot, so we become really close and bonded and we’ve opened up to each other really nice, so we’re all glad we’ve come here” (John)*

Using the group approach to discuss IPV was well received. Participants discussed forming close bonds with other group members with whom they felt they had a connection as they all had *“that one thing in common”* (Isabelle).

The size of the group was discussed in both focus groups. All participants agreed that having small single sexed groups created a greater connection between participants, better group dynamics, and created a safe environment for them to discuss their feelings without being curtailed by time constraints or being fearful of opening up in front of participants of the opposite sex.

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*"I think the friendship that we've all built has helped, has helped the course, I think if we'd all kept to ourselves and not spoke, you know, they wouldn't have shared as many experiences and you know, we've helped each other solve problems, you know, just advice and I think personally a small group, I don't know whether I'd have felt with a big group of 20 people."* (John)

*"it was very small, you know, it was very easy to communicate and it was a very warm atmosphere and I found that"* (Lucas)

*"this one was really good and the small groups, because I'm going to alcohol service in Croydon, I really like it too but it's a bigger group so you don't get to say as much as we want to and we just sit there and listen and it's about 20 women so it's actually just say "I'm this and that" but here [in TRYangle I'm] actually saying a little bit more about myself, I know they understand me."*(Carla)

*"...because it's a small group, we can actually say things about our life,...we didn't actually just work on the programme, we could say "actually this happened to me" and we could all relate to that"* (Kelly)

Whilst some participants in both groups stated they would be happy with mixed groups (perpetrators/victims) there was uncertainty about how the group dynamics would work in mixed sex groups. Some stressed they would not have felt comfortable discussing personal accounts of IPV within a mixed sex group.

The female group showed resistance to mixed groups also on the grounds that they would not feel comfortable discussing personal issues with the opposite sex regardless of their role in violence:

*"the fact that it's all women [in the group],, if the male was the victim, I don't think any of us would have been able to open up as much ..."*(Isabelle) *If it was a mixed gender group?* (Facilitator) *"Yeah, not because our experiences would be different but just maybe because of you know, he was, he is the opposite sex and it's, sometimes you can feel ..."* (Isabelle) *Like we've got our problems with the opposite sex ..."* (Kelly) *"Yeah, you can feel maybe intimidated or just upset by it,"* (Josie)

While men did not confirm this, several females highlighted their partner *"wasn't happy because he said there were two new men coming in the middle of the session and he didn't like it, he found it very intimidating, anyway he didn't like it at all."* (Carla) *"My husband said about that, some new ones started but they started half way through the course which makes it unfair for the other boys then, the men that have done it from Day One, for someone to come in half way through and complete it ..."* (Kelly) *"It doesn't make sense does it?"*(Isabella). However, Sam (who joined several sessions into the group) describes *"a misunderstanding basically when I was supposed to start and that made me a bit more nervous... When I first came and they [other men] were very relaxed and talk about their problems, I don't know, I just felt that welcome from the first session straightaway".*

## 8.3.5. Role play

Role-play was used to demonstrate different approaches and reactions to confrontations. While some participants found role play difficult, it resulted in a strong emotional response from both the male and female groups (though mainly from the male group), especially in relation to how their partner (both male and female) and children experienced physical and verbal confrontations:

*"the first time I was in here I cried , I was sat down like my little girls and they were standing up and they were shouting and it physically moved me, I actually put myself in my child's shoes and I sat there crying, it made me look at how when I bark at them so it's ...even talking about it now I get sort of goose bumps because it really did move me ...it really sort of hit home, yeah it did."* (John) *"You see yourself in that role play ..."* (Lucas) *"And other people."* (John) *"...arguing in the sitting room with your wife and your kids aren't in the room, they sleeping, you think they sleep, I never check...That loud voice, it just..."* (Lucas) *Okay, so it's been quite emotional ...*

(Facilitator) “Very emotional.” (Lucas) “A lot of crying.” (John)

*“What done it for me, what you said as well, when we saw what our kids were seeing innit, basically, all that shouting and the aggressiveness, do you know what I mean and you look at it from your kid’s point of view ...”*

*(Sam) “Life changing innit?” (Joe) “Scary innit? ...that’s how it affects you..., it does something to you inside, basically because what, because me, I’ve never physically hit my ex-partner but it’s, it’s been so many rows I’ve been responsible for, you could say mentally putting her down and etc, vice versa, that’s how it was then, my argument was well it’s not been physical so it’s not that serious but ever since I’ve been doing this course, I can see that it’s just as much as hitting her, it’s just as much as physical fighting in our kids’ eyes, do you know what I mean?” (Sam) “It’s worse than hitting someone innit?” (Joe) “yeah...you don’t realise that at the time.” (Sam) “they showed me how hard it must be for the kids.” (Joe)*

*“it [role-play] just opened my eyes to what my children were actually seeing and hearing, not just the seeing part of it, what they were hearing and what they were seeing after, like even weeks after and ... yeah, it has, it’s opened and it made my husband like that, when he did it at his session, he come home and couldn’t talk so ... and he’s normally mouthy and always talking but he didn’t, you know, he come home and he didn’t say a word so I knew because we was told from the morning that the men were doing it in the evening so I was prepared, because my eldest son blames my husband for being in care so when he heard and he did the children part, it really emotionally affected him because now he knows why my son says them things to him,” (Kelly)*

*I didn’t know that’s what we were going to cover about the emotional effects on children, us, how it affects them as well, the other half, the partner. (Carla)*

The impact of their verbal and physical conflict on their children was the most powerful message for many participants. Whilst sessions were not always comfortable for participants, for example the role play, they were seen after the event to be very effective. Both perpetrators and victims commented on the benefit of this approach. Perpetrators were very clear that the role play aspect of the programme had been particularly beneficial in helping them to see *“yourself basically but from someone else’s point of view”* (John), and that it gave them a way to stand outside their situation and see from their partner’s perspective:

*“The role play, just opens your eyes you know, seeing is believing ...See where you went wrong...” (Joe)*

*“the best part of it I think, like the role play and when they’re actually showing the people the way it can be...they get it down to a tee and it makes you think” (Sam)*

Victims also described the benefits and acceptance of the role play exercises, although one participant expressed not enjoying acting out scenes in the group:

*“...I don’t like role play; I don’t like being centre of attention... (Josie) when we have to be involved, yeah (Kelly) It’s not a huge amount of pressure but because you’re put on the spot and everyone’s looking at you and then you’re like ... is what I’m saying right, is it wrong, does it even have anything to do with what we’re talking about? And then the other person answers you and then you think “oh my gosh, what have I got to say?” and then you’re just like worried and then you forget and it’s, I just hate role play all together, or any kind of like ... speaking in front of a group, I mean this isn’t too bad but just anything, you know, I have to quickly think of that’s out of my comfort zone, it’s just like “no” ...! (Josie) but after you did it, did it benefit you in any way? Yeah, I think it helped, I do think it helped but just while I was doing it, it was just like “oh my gosh, I can’t do this, this is horrible!” but no I think it did help in a good way (Josie) Can you think of a different way that they could have done those sessions without using role play? I don’t think we would have understood the situation if we hadn’t had done it perhaps because it was the answers we gave ... (Kelly) that was the ... (Carla) that was the things that they wanted us to see? Does that make sense? (Kelly) Yeah [some agree] whereas ... if they’d (staff) have done the role play then we wouldn’t have really seen how it was, you know, how much effect it would have had, or the, what’s the word, or the outcome or just how it made us feel, you know?” (Isabelle)*

### 8.3.6. Perpetrator versus victim

The victims’ group was also aware that some of them had also been violent towards their partners, at times in self-defence, but at others the violence was reciprocal:

*“ [it] should be acknowledged ,that you know the line between we can both be perpetrators and it can be a woman and you know, and I didn't know how to feel because I was asked these questions, did he, “does he hit you?” and “does he ..?”, but we do it, both of us we done it and I was the one who was removed so it's kind of ... but I did, you know, a lot of things applied to me and I, made me understand more so ... So do you think you need a different course? (Facilitator) No I'm not sure ... Or to do both courses or...? (Facilitator) No, I think yeah, 'cause you're looking at it from both sides 'cause yeah, that, I don't think there are many women like me! Or maybe, I don't know! (Carla) Don't worry, don't worry (Kelly) We're very equal in our relationship so I don't know, maybe it's me” (Carla) “Me and John used to like, have physical arguments before you know, we broke up for a while, before we broke up, I was physical, I think more in defence to myself to him but I was more physical that time round than what I was this time (Isabelle)”*

While John's partner, Isabelle, acknowledges her role in previous violence, it appears she does so to support Carla's disclosure. Carla, however, was removed from her home, her husband was awarded custody of the children, and Carla admitted to being physically violent towards her husband, though both agree that the violence was reciprocal. Carla attended the victims' group and her partner, Lucas, attended the perpetrators' group as groups were gender specific. Whilst they were eventually both accepting of being allocated to these groups, group dynamics could have been affected by the involvement of a perpetrator in a victims' group and vice versa. There is a clear need to address perpetration for women. Overall, the perpetrator group stated they would be happy for mixed groups based on participants' role in violence rather than their gender, however, this was not the case for the one individual (Lucas) who was in this situation.

*“How about you, you were just saying there that if there was a female who was a perpetrator, should she come to this group? (Facilitator) She (Carla) should be, perpetrators should be put together because this guy (referring to Lucas), he's sitting here with men who's done things and whatever and like his situation's completely different, it should be the other way round, do you know what I mean? (John) How do you think it would work if it was a mixed gender group? (Facilitator) It would be okay, man. Treat each other with respect ... (Joe) How would you have felt if you were in a group that was predominantly women? (Facilitator) No, I wouldn't be comfortable in there! (Lucas) there's one big thing we've noticed is culture [including the role of women] playing a big problem in this whole scenario and that is a big factor ...his woman's trying to be like a man so to him, he's respecting her but he lives in a Western society now, you know and we've all noticed that... relationships are going on in the UK where there's clashing and fighting because of clashing different nationalities (John) ... So how do you feel being in the UK now with a partner who's from a different culture to you? (Facilitator) I don't know, it's bit confusing, I'm still learning, I still try to find out a way, it's really hard, different culture, different religion, different lifestyle, even different food (Lucas) ... John, he was saying earlier about that course where they teach you an understanding of different cultures and things like that, that's what he needs innit?” (Sam)*

#### 8.4. Experience of the programme

Focus group participants described their journeys both as an individual and as a group. It was clear through the participants' narrative that there was a staged attitudinal change, or journey through the programme.

As a group the female participants' journey began without any expectations, which was shortly followed by a willingness to discuss sensitive issues within the group as trust began to grow. As the programme progressed, a greater sense of support grew, as did their expectations. Interestingly the female group discussed frequently their experience of the programme through the perspective of the impact of the programme on their partner; compared to the male group who spoke mainly of their own behavioural change.

Male participants experienced a change from 'coercion' to 'apprehension to attend' to 'acceptance' to 'active



engagement' in the Programme. This pathway begins from the position of coercion and fear of the consequences of not being *seen* to engage with the programme. Whilst these consequences are never devoid from thought throughout the whole process, the narratives quite quickly change from not only being *seen* to engage, to feeling comfortable engaging within the context of the session and group dynamics. This stage is concluded by an active, positive engagement to the point where the participant looks forward to attending a session.

Although the male and female groups followed slightly different pathways they share a number of similar experiences, therefore where relevant we will discuss participants' experience of the programme collectively in the following sections, however the impact and behavioural change will be addressed later.

#### 8.4.1. Coercion. *"I wasn't making the decision, I was sort of told this is what I had to do because I was kicked out of my home and if I wanted to go back, I had to do this course"* (John)

It was clear from the narratives that participants perceived Social Service involvement in their lives had resulted in little alternative but to attend the programme, for fear of the consequences of not doing so. This coercion was at times also met with denial, *"social services said I had to come [but] I'm not a violent person, I don't need it"* (Sam). The majority of men had been removed from the family home as a result of their perpetration of IPV (one couple had the roles reversed where the women was the perpetrator and was removed from the family home), and as a result had limited, supervised, or no access to their children prior to engagement with TRYangle. Therefore, for many, programme attendance was viewed as a route back into the family unit or as a way to regain custody or parental rights. The following extract is from the victims' focus group discussing the reasons they entered the TRYangle programme:

*"[We] Was just told he had to go, he wouldn't ask, he had to go because my situation, my children are in care because my husband with his domestic violence and like with the violence and that, he would, my children were put in care over it. Without him doing this course, we wouldn't get our kids back so this was part of what he had to do, you know? But he's enjoyed it so... (Kelly) We've both been told to, that we have to do this [attend TRYangle], we have to, you know they can't force us, but... (Carla) If you hadn't have gone on the course, what would the consequences be? (Facilitator) It would have been bad for me (Kelly) If I would have gone back, we would go to court and they would, the other people would decide what's happening with ... (Carla) With the children ... (Josie) Yeah with the children because if I would have moved back, they could be removed and put in a foster care for some time and I don't even want that to happen so ... obviously, but we are both very happy that we've started, my husband can't praise you know enough, the programme and ... yeah, really good" (Carla)*

Both Kelly and Carla suggest that whilst they were aware programme attendance was voluntary, *"they can't force us"*, the repercussions of not attending were so great that they or their partner really had no choice. It was apparent that perpetrators had to be *'seen'* to engage with the TRYangle Programme to *"show"* Social Services or their partner that they were motivated to change, but many described feeling coerced to engage or face the consequences *"to get social services out of our lives"* (Sam):

*"I wasn't making the decision, I was sort of told this is what I had to do because I was kicked out of my home and if I wanted to go back, I had to do this course."* (John)

*"Yeah and they put the pressure on me, you know, I just feel like that I didn't have any choice... Yeah, but I was still like that, you know, like, I think myself, like a dog, put a chain on my neck and drag me here"* (Lucas) [Lucas was identified as a victim of IPV but attended the gender specific male perpetrators' group. However, he and his partner have indicated a dual role in IPV

perpetration].

There was a belief that nonattendance signified a lack of willingness to address IPV to Social Services, that could ultimately result in one or both parents losing custody of their children. Children were therefore, a strong motivator to attend the programme. At inception of the programme, attendance did not mean active engagement but rather a sense of *“taking it on the chin...and do(ing) as you are told”*. (John)

#### 8.4.2. Apprehension, *“I didn't know what to expect”* (Isabelle)

Participants stressed they were apprehensive about attending the programme as they were uncertain what to expect. Male participants described a fear of the stigma surrounding perpetration of IPV, including expecting to be being labelled as perpetrators and to be judged negatively about their behaviour. These beliefs indicate that men were aware that their behaviour was not socially acceptable. This was not only in relation to the programme content, but also in relation to the perception that *they* may be different to other perpetrators.

*“I expected to see skinhead nutters who beat their missus to a pulp and I'm not like that and I was, and that's why I was a bit hesitant to come, I phoned Lyla and said “is it going to be full of these kind of people ‘cause I'm not like this”, I'm not a bully and I was kind of feeling a little bit intimidated by the unknown”* (John).

*“I was thinking about “what they going to say to me, what are going to ask me?”* (Lucas)

Lucas and John both show apprehension and concern of what to expect on the programme, though for different reasons. Whereas, female participants on the whole did not show the same level of anxiety about starting the programme, but were rather ambivalent. Only one female had *“attended a similar course”* (Kelly) so knew what to expect. Kelly was however, anxious about disclosing her children were in care as she thought *“because I'm the only one with kids in care, I kind of felt a bit embarrassed about that at first, when I first came.”*

#### 8.4.3. Realisation *“...there's nothing to [be] scared about”* (Lucas)

However, this apprehension was soon discarded early in the programme, *“When I came here to the group, it was first session and second and third one, I found out there's nothing to scared about”* (Lucas) as staff and other participants were *“Just so easy to talk to, you know, you can just comment and feel like you can speak about anything... that's how they [staff] make you feel...”* (Sam).

This rapid change in belief led to enhanced engagement in the programme that could be attributed to a variety of reasons. The TRYangle staff were key to creating a conducive atmosphere of safety and confidentiality, so that the victims could voice their opinions, and experiences without fear that what they had said would be fed back to their partners. In addition, perpetrators also felt comfortable discussing their experiences without the fear of being judged. In this respect an element of trust needed to be created between the participants and facilitators. Staff were viewed as open, trustworthy, and most importantly non-judgemental which, as described in the section on staff support, was a highly praised element of the programme.

Moreover, the development of trust and support from peers participating in the groups was crucial to the group dynamics, validation and sharing of feelings and experiences led to a positive experience of attending the programme. Such validation from group participants (both male and female) demonstrated they were not alone,

*“everyone(s) in the same boat” (Kelly) they were not the only ones that had relationship difficulties which could escalate beyond the norm, although potentially in different ways. Both perpetrators’ and victims’ stressed the importance of the support from other group members during the programme, and although group members were discouraged from forming friendships outside the programme, many reported they had ‘bumped into’ one another at Social Service offices and would have welcomed the opportunity to become friends once the group ended “we’re kind of confused about what should we be doing because we meet each other at social services, that’s not a perfect environment to go to, “oh how are you, what you doing here?”... but yeah, I’d love to catch up.” (Kelly) and, “The only thing that I’m sorry for is that it’s actually going to finish, it’s been great, it really has, it’s just a bit gutting it’s near the end” (John).*

#### **8.4.4. Active engagement. “We’re not going to change you, we’re going to show you the things, you’re going to change” (Lucas)**

As a result of the support from staff and group members, participants began to describe actively engaging in the programme. Some participants from both groups looked forward to attending the session each week:

*“It’s like a meeting place ...” (Joe) “Yeah it is, just like a meeting place, I think we’ll all be a bit lost after this week and don’t know where to go!” [laughs] (John)*

*“meeting these three ladies, the having, having that one thing in common that we’ve all gone through and it’s been for me advice every Thursday, I look forward to coming...” (Isabella) “Yeah, same with me.” (Kelly) “Yeah” (Josie)*

Openly discussing issues or situations not only about the programme, but also real life situations that had arisen during the week, both positive and negative, were greatly appreciated. Many had not discussed their feelings regarding their situation openly before, but felt confident in this environment in doing so, and this also bolstered their confidence in both giving and receiving support from the group. This method of learning to change behaviour was viewed as useful.

#### **8.5. Techniques learned to reduce violence escalation and perpetration**

Participants believed that by attending the programme they had learned a number of ways to reduce violence escalation and perpetration, mainly anger management, more effective communication with their partner and had also gained an understanding of IPV. These were voiced by both perpetrator and victim groups (unless otherwise specified) and are described below.

Many highlighted the value of the **anger management** methods they had been taught during the programme so *“it (argument) doesn’t escalate”*(Kelly) into violence including walking away or taking time out:

*“They teach methods of how to control yourself and how to calm yourself down and take, you know take time out as we call it if you get stressed, have a walk down the road for 10 minutes and come back, there’s different ways of dealing with things.” (John)*

*“Just what they told us innit, just how to deal with it, if you feel it coming, if you feel like you’re going to be stressed, just go for a walk or take time out...I think the consequences, knowing what the consequences could be and basically that, when you see the role play and everything that they’ve done here, you basically step out of your shoes for a few moments and look at yourself, it really scares you, you know what I mean, don’t really want to go*



*back there” (Sam)*

*“I know to leave it for a bit, till he’s done a time out or if, you know leave it till the next day and then try and talk about it, instead of going straight back at him when he’s in this mood” (Kelly)*

Female victims stated the programme had helped them *“Learn not to blame ourselves as much”* (Josie), however some men felt that there was a need to get *“the women to see how men feel from, we’ve been put in loads of scenarios of how a woman feels and I just feel you should do exactly the same course for women as men because in my relationship, my partner was just as violent to me as I was to her, I’m not saying it’s right but the feeling I’ve got out of it is that she hasn’t really been told that, she’s not really feeling how I feel”* (John)

Many believed that they had learned to **communicate with their partners more effectively** as a result of attending the course including listening and not jumping to conclusions:

*“we’re just approaching each other a bit more”(Joe)*

*“Oh it’s better, I ... I listen to her more and try to understand, try to be without problem” (Lucas)*

*“listening to them without getting angry back” (Kelly)*

*“it has made me look at myself just a little bit more than maybe I might have done before” (Isabelle)*

The programme had provided a greater understanding of the effect of IPV on both partners and their children, *“I realised as well how my actions affect other people and to take a step back and think about that before you act really, that whatever you do, it does affect someone else”* (Sam)

## 8.6. Behaviour change

Perpetrators and their victims were asked whether they had changed their behaviour in relation to reducing violence. Many male participants believed that what they learned as a result of attending the TRYangle programme had enabled them to change their behaviour for the better, and gave examples of using time out and other anger management strategies to stop arguments escalating into verbal or physical violence. Findings are discussed for the three couples who completed the programme.

### 8.6.1. Couple 1. Joe and Kelly

Joe believed while he and his partner still argued, they both used techniques learned at the programme in an attempt to stop the escalation of violence:

*“ I think I have [changed], ... she’s doing the course as well,...we argue but we haven’t rowed, we’ve argued and basically it’s like she’ll put the phone down on me or I’ll put the phone down on her, now when we was in a relationship or just before all the social and that got involved, if one of us put the phone down on each other, basically she’ll phone me and phone me and phone me and we’d just exchange abuse from text messages to each other, ...it would just go on all day, but that’s stopped basically, I wouldn’t hear from her or she will phone me later or I’ll phone her later and say “do you know what, I think I did raise my voice, I apologise for that call because that wasn’t helping the matter” and we’ll speak there and then.” (Joe) And is that because you’ve both been on the course or ...? (Facilitator) “I think I’ve changed, I think she’s changed as well basically*

*so I think that's, even I've been surprised, "wow that's not you", basically she's calm." (Joe)*

Whilst Joe's partner, Kelly, agreed they were both using the time out as a tool to reduce escalation of violence, she believed Joe "could benefit maybe from a few more sessions than the 12 weeks..." even though "...he's done really well,...still maybe a little more..." is needed.

## 8.6.2. Couple 2. Isabelle and John

Isabelle also believes John requires further intervention:

*"he stays calmer a little bit longer than what he would have done before, he's got a little bit more understanding ... but he still minimises what he did and he still points the finger at me and says it's my fault... at me and says it's my fault, I made him do it so ... yeah, so he's still got a bit more work and I don't know if the 12 weeks was too short for John" (Isabelle)*

John to some extent confirms Isabelle's assertions of blame, although he did believe he had changed:

*Yeah, I'm a lot more calmer, I'd like to say my partner is but er, I don't really see what she's got out the course on the women's side of it 'cause I don't feel like I'm getting anything back (John) So are you still arguing as much or ...? (Facilitator) Pretty much and pretty much about the same old things, it's just I'm not getting it to the stage that it used to get to, which was like pushy shoving, proper screaming ...So you still argue but you're not being physical ... (Facilitator) Still arguing, yeah, not being physical, no, knowing when to sort of, as you say take time out or ..." (John)*

John describes how his attendance had helped him re-join his family:

*"I'm home now about three/four weeks So do they come and do an evaluation based on your attendance here or ...? (Facilitator) They write a report, TRYangle send it back to the social and depending on how that goes, 'cause I talk to a drug counsellor as well so everyone's reporting back and yeah, it's all looking good so I .. So the condition was that you went to drug counselling and to TRYangle? (Facilitator) "Yeah" (John).*

In addition, he reported levels of overall anger reduction, "I'm not arguing with my social worker, I couldn't stand her, I couldn't see ... step in my house, it was hurting me ... I'm so angry but not anymore" (John).

## 8.6.3. Couple 3. Lucas and Carla

Both parties are consistent in their assertions of change. Both Lucas and Carla see themselves and each other as calmer and less volatile:

*"Oh it's better, I ... I listen to her more and try to understand, try to be without problem." (Lucas) And how is she with you, has she changed? (Facilitator) "Yes, yeah, she change a lot. She's not getting angry that much" (Lucas). So you're not fighting with her? (Facilitator) "No, no, we don't live together at the moment but she come and stay sometimes, come and stay over and she come and see kids many time, I can't wait her to back at home, you know" (Lucas)*

*“it really helped him a lot and you’ll probably get his feedback tonight.” (Carla)*

Although Lucas and Carla do not currently live together, they speak of greater communication as a result of the intervention programme:

*“we talk about it as most of us do but we agree and we listen to each other, say “it helped us in this way” and we talk, yeah it’s good to actually go “oh we covered this today and they covered that” and we discuss it” (Carla)*

#### **8.6.4. Individuals whose partner did not attend or complete the programme**

While corroboration from partners could not be ascertained for Josie or Sam as their partners did not attend or complete the programme, they reported perceived changes in their behaviour. A major change for Josie was separating from her partner (who did not complete the course), saying she “...prefer(s) him not being there ...[I] can have routine with my child, I don't have to explain...I find it easier with him not being there.” (Josie)

The realisation that not all couples should continue in the relationship, is not an easy choice to make or to actualise, especially when the couple have children. Sam understands this difficulty, and believes greater communication is the key to getting this right:

*“I’ve taken on board from the course which really has helped me about how to deal with a lot of situations because obviously my ex-partner, she’s going to be in my life, we’ve got two girls together so just to deal with, to get social services out of our lives, it’s just going to be me and her and that’s something we’ve got to get right, so there’s a lot of things that I’ve learned here that will help me to communicate with her better for everyone’s sake.” (Sam)*

Female and male participants who remained in intimate relationships with a partner attending the programme, indicated greater communication with their partners, including discussion around each session and feeding back what they had learned. In the female focus group there was a view that they had changed their behaviour, to some extent, to minimise conflict in certain situations, with one participant saying: “I’ve learned to wait until the situation’s calmed down instead of going straight back in and rowing back with him because that can escalate into seriousness, like what it used to, so now I know how to deal with that when he gets into these situations, these moods and things what he does, I know to leave it for a bit, till he’s done a time out or if, you know leave it till the next day and then try and talk about it, instead of going straight back at him when he’s in this mood, that’s not going to get anything sorted, for me it would have been just normally to get hit, you know, that would have been the end of it because I’ve gone back in, now I know not to do that and to leave it and it’s worked for us (Kelly).”

One male participant highlighted a number of situations where they had tempered their behaviour, controlling anger in situations that would previously have led to confrontation and to violence, including taking time out, not blaming and communicating better.

Perpetrators believed they would be able to sustain their new learned behaviours:

*“I’m not just going to forget it, do you know what I mean? It’s something that I’m going to keep with me forever because I know where I can go with stress and with anger” (John)*

## 9. Conclusions

Both perpetrators and victims attending and completing the Bromley pilot of the TRYangle Programme evaluated it highly. For the overwhelming majority, the motivation for attending and completing the programme was their children, rather than their relationship with an intimate partner. They believed the strength of the programme lay in the non-judgemental messages and support from staff, the relevance and emotiveness of the sessions, group format and support from group members. A clear pathway was apparent, with most males describing feeling coerced and all participants apprehensive to attend as they did not know what to expect from such a programme. However, as a result of attending, they soon actively engaged in the programme and self-reported behaviour change on its completion. Male and female participants believed they now possessed the tools to sustain this behaviour. Nevertheless, it is believed by some of the victims that not enough progress was achieved by their partners at completion of the programme.

Issues that could be considered for future programmes are the need for couples work and longer programme duration. Furthermore, potential participants should receive more detailed information on what to expect prior to entering the programme to enhance their understanding of what was involved and enhance retention.

## 10. References

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