‘Walking on eggshells’:

An interpretative phenomenological analysis of service-users' perspectives of domestic abuse support services

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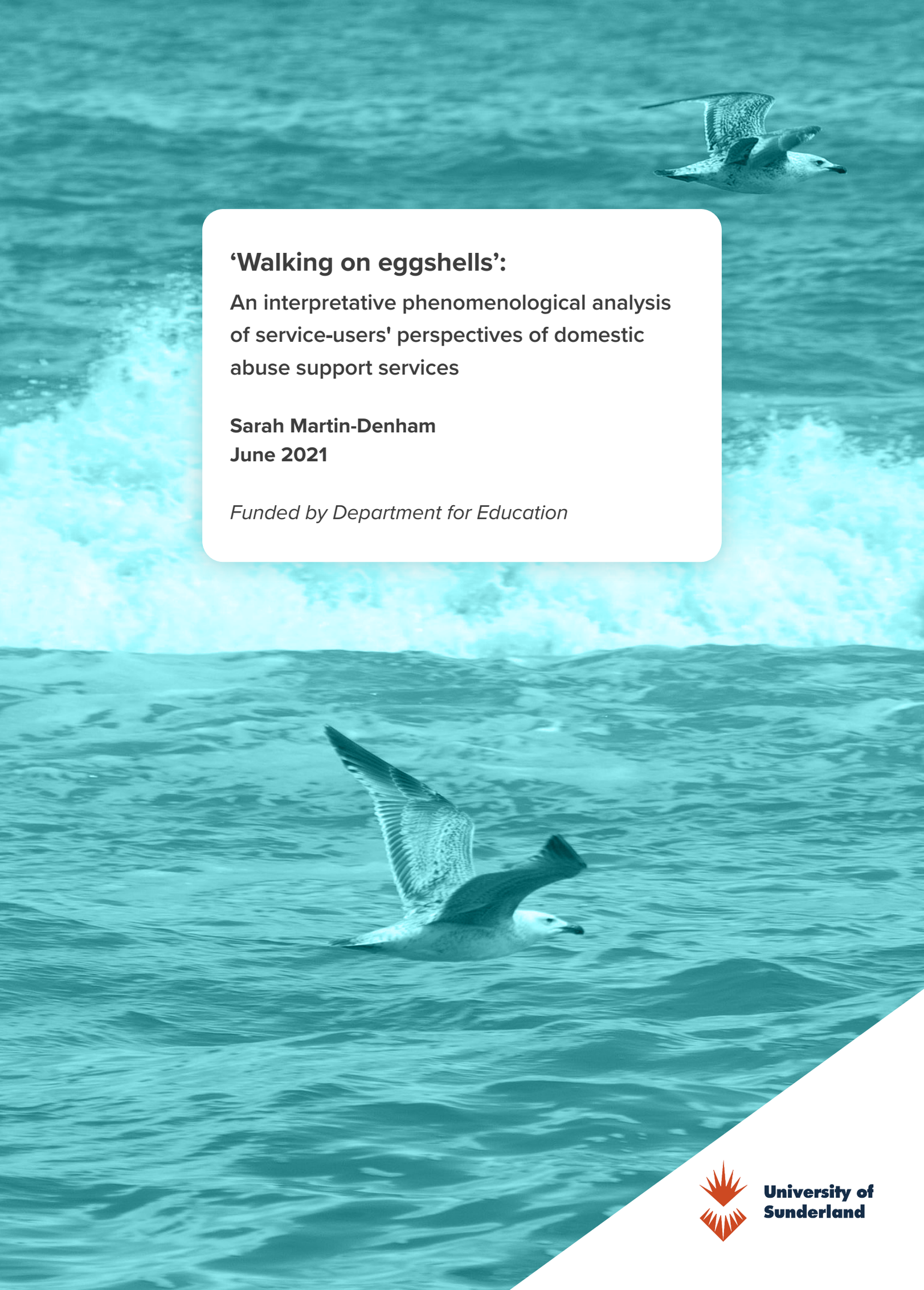

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Executive summary

'Violence against women is widespread and persistent' (Bulte and Lensink, 2021, p. 148) and has 'rapidly become a global health concern' (Walls and Drape, 2021, p. 156). It is widely understood that domestic abuse, which is not limited to domestic violence, is not a one-time event but instead is ongoing (Oliver et al., 2019). Kelly and Westmarland (2016) agree that violent men describe their behaviour in terms of incidents. In contrast, women talk of ongoing micro-management by their abuser, including 'what they wear, where they go and whom they see, household management and childcare' (p. 3). Baird et al. (2015) noted that the impact of domestic abuse is a significant and ongoing health issue. Sanderson (2008) and Pill, Day and Mildred (2017) explain that domestic abuse can happen to individuals in heterosexual and same-sex relationships, regardless of employment, education and socioeconomic status. Evidence consistently shows that women are at increased risk of domestic abuse and other severe and repeated forms of abuse (Women's Aid, 2018a; 2018b; 2020c; 2020d; 2020e).

Currently, in its third reading in the House of Lords, the long-awaited Domestic abuse Bill 2020 will include a legal duty on local authorities to assess the need for and commission refuge services. The impact of this not being a current requirement is that 64% of refuge referrals were declined last year alone due to a lack of space (Refuge, 2020). The charity announced an 80% reduction in funding to their services and anticipated that around £173 million per year is needed to increase the number of refuge spaces so that no children or caregivers are turned away.

In April 2020, Together for Children (TfC) commissioned Sarah Martin-Denham at the University of Sunderland to review their domestic abuse support services.

The Department for Education funded the review as part of the Transformation Programme. TfC commission a range of domestic abuse support services to provide early intervention to victims/survivors and domestic abuse perpetrators. For this research, 12 participants were interviewed 1:1 by telephone; seven women who were victims of domestic abuse and five men who had perpetrated domestic abuse against their intimate female partners.

The women accessed support and counselling from Wearside Women in Need (WWiN), a registered and accredited charity set up in 1983 as a member of the Women's Aid Federation. During 2019-2020 the charity received over 3,000 referrals, and their refuges accommodated 389 people (144 women and 245 children). BIG is a voluntary programme, provided by Barnardo's Impact Family Services and Gentoo (BIG), for men who have behaved abusively in their intimate relationships with women (Sunderland City Council, 2020). They offer a 26-week behaviour programme, accommodating groups of up to ten men every 26 weeks, funded by the Big Lottery Fund until the end of 2021.

This study, 'investigating the effectiveness of domestic abuse services from the perspective of the service-user', had the following objectives:

- Identify processes that supported participants in accessing WWiN and BIG.
- Determine if the WWiN and BIG services had a positive impact on the lives of the service users and their families.
- Evaluate and report measures to improve overall user engagement with support services for families.
- Determine how the services for those exposed to or engaged in domestic abuse could be improved.

The research findings were that WWiN and BIG provided valuable support to victims and those who perpetrated domestic abuse, with life-changing results. The participants found it challenging to identify shortcomings in either of the services. However, they provided insight into why they had not come forward and accessed support earlier, sharing fears of judgement from others and the prospect of a daunting recovery process including legal proceedings and emotional challenges. Most men and women expressed that they were not aware of available support that they could access. The women seemed particularly surprised by the extent of practical support that was available in their local area. Following counselling from WWiN, the women felt a strong sense of empowerment, making emotional and practical advances in their journeys toward recovering from their exposure to domestic abuse. The men shared essential knowledge they had gained about domestic abuse through the course content and regulation of behaviour strategies, and how they now employ the taught approaches to improve their relationships.

This report's recommendations are intended to guide Together for Children in commissioning decisions for domestic abuse support services and to direct future training needs within the organisation. The recommendations are based on the interview findings.

Recommendation 1: To continue commissioning and funding Wearside Women in Need (WWiN) and Barnardo's, Impact Family Services and Gentoo (BIG) as an essential service for the local community.

Recommendation 2: Ongoing and targeted training for staff in Together for Children to ensure consistent approaches and responses to identifying and signposting women, men and children in need of wider domestic abuse support services, to allow for identification at the earliest stage before the household's mental health and wellbeing are irreparably damaged.

Recommendation 3: To have consistent systems and processes across services and organisations that signpost women, men and children exposed to or engage in domestic abuse to mental health support services. A co-ordinated approach is needed between domestic abuse services for women, men and children.

Recommendation 4: To explore through a longitudinal research study if the BIG programme has a beneficial effect on their lives in the short, medium, and longer term.

Recommendation 5: To explore opportunities for further support for those exposed to domestic abuse in navigating legal and financial affairs, such as court hearings, separating joint finances, and divorce proceedings. This is essential for survivors of domestic abuse who may lack the knowledge, time and resources to initiate these crucial next steps independently.

Recommendation 6: For WWiN and BIG to be commissioned to provide training to education professionals in preparation for teaching children and young people about healthy relationships. This should include the characteristics of healthy and nurturing relationships and how to recognise and report abuse as required by Department for Education statutory guidance.

Recommendation 7: To develop public knowledge and understanding of different types of domestic abuse. Until awareness is raised among the local population that domestic abuse is broader than physical abuse, there will be challenges with those who perpetrate domestic abuse in acknowledging they have behaved abusively towards their current or previous partners.

Recommendation 8: Explore innovative advertising methods to address the stigma associated with support services for those exposed to and who engage in domestic abuse behaviours. This could include open days that include previous service users, digital marketing and targeted advertising in health centres, shopping centres and sports venues.

Recommendation 9: To explore opportunities for involvement of programme alumni in the marketing, teaching, and long-term engagement of the programme content.

Recommendation 10: Monitoring and evaluation systems should be reviewed in Together for Children to effectively and accurately track cases referred to commissioned services, the duration they attend the service and the impact on the service-user and household.

Acknowledgements

I would like to thank the women and men who openly shared their experiences of their personal situations and the support services they encountered. I hope I have done your contributions justice.

Thank you to the service leads, managers and counsellors at Wearside Women in Need and BIG for supporting the research evaluation and giving your time to understand the purpose and value of the study.

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Glossary of acronyms

BERA British Educational Research Association

BIG Barnardo's, Impact Family Services and Gentoo

CBT Cognitive Behavioural Therapy

CJS Criminal Justice System

CYPS Children and Young People's Service

CSEW Crime Survey of England and Wales

DfE Department for Education

DoH Department of Health

DA Domestic Abuse

DVPPs Domestic Violence Perpetrator Programmes

IDVA Independent Domestic Abuse Advisors

IPA Interpretative Phenomenological Analysis

IPV Intimate Partner Violence

NICE National Institute for Health and Care Excellence

NWB Non-White British

ONS Office for National Statistics

PTSD Post-Traumatic Stress Disorder

SEND Special Educational Needs and Disabilities

TFC Together for Children

TFCBT Trauma-Focused Cognitive Behavioural Therapy

UK United Kingdom

UN United Nations

VPPs Voluntary Perpetrator Programmes

WB White British

WHO World Health Organization

WWiN Wearside Women in Need

Glossary of terms

Cafcass	Cafcass represent children in family court cases in England. They independently advise the family courts about what is safe for children and in their best interests.
Coercive behaviour	'An act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim' (Home Office, 2013, p. 2).
Controlling behaviour	'A range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour' (Home Office, 2013, p. 2).
Intimate partner violence	'Behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (World Health Organization, 2020).
Perpetrator	'A person who carries out a harmful, illegal or immoral act' (Cambridge Dictionary, 2020a).
Victim	'Someone or something that has been hurt, damaged, killed or suffered, either because of the actions of someone or something else, or because of illness or chance' (Cambridge Dictionary, 2020b).

B

Definitions associated with domestic abuse

Many terms are used to describe abuse in households, including 'domestic abuse', 'domestic violence' and 'intimate partner violence' (World Health Organization, 2013). The term 'intimate partner violence and abuse' has evolved over the decades in how it is described and defined and is argued by Hardesty et al. (2015) and Bettinson and Bishop (2016) to be more inclusive than intimate partner violence (IPV). In the 1970s/80s, IPV was known as 'wife battering' (Appleton, 1980), a term later replaced by 'domestic violence' (Berrios and Grady, 1991). The term 'domestic abuse' was introduced in recognition that violence does not occur solely in a physical form (Nicolson, 2019), allowing for the expansion of the term to include control, humiliation, isolation of the partner and economic abuse. For this report, the term domestic abuse will be employed to encompass all these terms.

In 2012, the Government announced the definition of domestic violence would be broadened to include 16-17-year-olds with a change in wording to reflect coercive control (Home Office, 2013). Rogers, Rumley and Lovatt (2019) believe this was due to increased recognition that domestic abuse is not a social problem experienced by adults, but it is also an issue in children and young people's relationships. The Home Office (2013) widened their definition to include 'domestic violence and abuse' and the 16 and 17-year-old age category.

> **'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional'** (Home Office, 2012).

The expansion of the definition enforced in 2013 made 16 and 17-year-old perpetrators and victims visible, although if they were under 16, assaults of family members remained outside of the definition (Condry and Miles, 2014). Their research highlighted that the consequence of this exclusion from the official definition meant that assaults on parents by under 18s were not flagged as domestic abuse in police databases and were therefore omitted from domestic abuse statistics.

The Home Office (2018) recognises the distressing and harmful effects of physical, sexual, financial, and emotional abuse, including 'coercive and controlling behaviour' (herein referred to as coercive control). The importance of the inclusion of coercive control is that it recognises that domestic abuse is complex and multi-dimensional (Donovan and Hester, 2014).

> **'Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim'** (Home Office, 2012).

Kelly and Westmarland (2014; 2016) raised concerns about the significance of the words 'incident or pattern', criticising the combination of the two terms in domestic abuse statistics;

an incident of abuse 'will be given the same weight in the survey as repeated, and arguably more dangerous acts.' They believe it is the repetition and forms of power and control that entrap women in abusive relationships, a view supported by Kirkwood (1993) and Pence and Paymar (1993). Indeed, Hearn (1998) used the term 'incidentalism', where men say their violence was not serious, a one-off, or not violence. They noted that men represent themselves as non-violent while claiming that their actions were in some way out of character. In her earlier work, Kelly also emphasised the role of control in the motivation behind domestic abuse, suggesting that it was 'not motivated simply by a desire to inflict physical pain or even emotional suffering but rather as part of a larger effort by men to gain and maintain control over women' (Kelly, 2002, p. 814). The Domestic Abuse Bill (2020) will create a statutory definition of domestic abuse with an emphasis that domestic abuse can be emotional, coercive or controlling and economic, not just physical violence (Home Office, 2021).

Table 1 provides an overview of typical categories of abusive behaviours.

Table 1. Typical categories of domestic abuse behaviours

Physical	Sexual	Emotional	Coercive control	Financial
Shaking, smacking, punching, kicking, biting, stabbing, burning, choking, starving, tying up, strangulation, suffocation, throwing things, using objects as weapons, female genital mutilation, honour violence.	Rape (forced sex or prostitution). Touching in a way that is not consented to.	Destructive criticism, undermining confidence, eroding independence.	Exertion of power to cause fear.	Denying and/ or restricting access to money, gambling not paying bills.
	Ignoring religious prohibitions about sex.	Constant humiliation, belittling, name calling, making a person feel unattractive, making sexist or racist remarks.	Depriving someone of their independence and/or basic needs such as food.	Misusing another person's money, refusing to give money, asking for an explanation of how every penny is spent.
	Refusal to practice safe sex, sexual insults.	Demeaning/ degrading behaviour, monitoring social media, sharing personal videos.	Monitoring time, depriving access to support services.	Not letting a person work.
Physical harm on body parts usually covered by clothing.	Passing on sexually transmitted diseases.	Gaslighting (questioning their sense of reality).	Making threats.	Undermining efforts to study or find work.
	Preventing breastfeeding.	Threatening to call out sexual orientation or gender identity.	Controlling clothing, sleep routines and where you can go.	Making them beg for money.

Adapted from Department of Health (2017), Women's Aid (2019), National Health Service (2021)

Monckton-Smith (2021, p.12) provides three questions to consider when deciding if someone's behaviours are a problem in a relationship:

1. Are the behaviours part of a pattern?
2. Is the pattern making someone change their daily routines or choices?
3. Is someone fearful as a result of these patterns?

Winstok (2007, p. 359) raises a concern regarding the terms victim and perpetrator, suggesting they are 'abstract, subjective, interactional, and dynamic: abstract because they cannot be measured directly; subjective because they are the outcome of social discourse and construction; interactional because they are mutually definable and interdependent; and dynamic because they are not specific behaviours but rather patterns of conduct.'

The cost of domestic abuse

The National Institute of Clinical Excellence (NICE) (2014) shares that the cost of domestic abuse in both human and economic terms is high. More recently, the Department of Health (2017) noted that the cost to society for the burden of violence is considerable. Furthermore, in England and Wales, the cost to victims is estimated to be £66 billion, with the largest cost linked to the physical and emotional harm victims experience (£47 billion) (Oliver et al., 2019). Heeks et al. (2018) break down the costs into three main areas:

- anticipation (protective and preventative measures, such as closed-circuit television and alarms)
- consequence (damage to property, physical and emotional harm, time off work/reduced productivity, health and services for victims)
- response (police and criminal justice system)

Table 2 shows these costs are not all borne by the victims; some fall to the Government, for example, Housing (£550 million), including homelessness services, temporary accommodation, repairs and maintenance (Oliver et al., 2019, p. 6).

Table 2. Average costs of domestic abuse in England and Wales for 2016/17 (£ millions)

Costs in anticipation	Costs as a consequence				Costs in response				Total
	Physical and emotional harm	Lost output	Health services	Victim services	Police costs	Criminal legal	Civil legal	Other	
£6m	£47,287m	£14,098m	£2,333m	£724m	£1,257m	£336m	£140m	£11m	£66,192m

Prevalence of domestic abuse

In England and Wales, the prevalence of domestic abuse is captured by the Crime Survey England and Wales (EWCS), which asks a random sample of women and men if they have experienced acts of violence or abuse in their lives, specifically in the last 12 months. Data from this crime survey estimated that 5.5% of adults aged 16-74 (2.3 million) experienced domestic abuse in the year ending March 2020, with 8.8 million adults having experienced domestic abuse at some point since the age of 16. This equates to a prevalence rate of around 21 in 100. (Kelly and Westmarland, 2016; ONS 2020). Oliver et al. (2019) believe evidence from the survey suggests that between a quarter and a third of children have had exposure to domestic abuse, most commonly in their own homes as witnesses rather than recipients of abuse. The Children's Commissioner Report (Chowdry, 2018, p.3) describes children living in homes where there was the toxic trio of:

- Domestic violence and abuse
- Parental substance misuse
- Parental mental health issues

The report provides a conservative estimate of 0.9% (103,000) of children in households in England as being exposed to all three 'toxic trio' issues at a severe level compared to 420,000 or (3.6%) at a severe/moderate level. While one limitation is that the estimates relate to one adult in the household, the expectation is that exposure rates would be higher.

> **'The police recorded 758,941 domestic abuse-related crimes in England and Wales (excluding Greater Manchester Police), an increase of 9% from the previous year; this continues an ongoing trend that may reflect improved recording by the police alongside increased reporting by victims'** (Office for National Statistics (ONS), 2020).

They added that from October 2019 to September 2020, 842,813 people in England and Wales were domestic abuse victims, a 10% increase from the previous year. In this period, domestic abuse also accounted for 17% of all crime in England and Wales and 'There was an increase in demand for domestic abuse victim support services.

> **'Increases in demand for domestic abuse support were particularly noticeable following the easing of lockdown measures in mid-May, such as a 12% increase in the number of domestic abuse cases handled by Victim Support in the week lockdown restrictions were eased, compared to the previous week; this reflects the difficulties victims faced in safely seeking support during the lockdown'** (ONS, 2020).

The World Health Organization (WHO) (2021) estimated that around one in three (35%) of women globally had experienced either physical and/or sexual intimate partner violence or non-partner sexual violence throughout their life course, while other sources arrive at a figure of one in four for the same measure (Walby, 2009; Guy, Feinstein and Griffiths, 2014). Official statistics say that 7-24% of women and 4-14% of men have reported domestic abuse exposure (Department of Health (DoH), 2017; Strickland and Allen, 2017). Refuge (2020) report that, on average, two women a week are killed by current or ex-partners in England and Wales. As shown above, there is mixed prevalence data on domestic abuse, although Women's Aid (2020) suggests that England and Wales's Crime Survey offers the most reliable data. Their data suggests that an estimated 1.6 million women aged 16-74 were exposed to domestic abuse in the year ending March 2019 (ONS, 2019). Lazenbatt, Taylor and Cree (2009) and ONS (2016a; 2016b; 2018) acknowledge that there is significant underreporting of domesticabuse

as victims often remain silent, and their cases are not included in survey data. It is known that females are more at risk of repeated and severe forms of abuse (Harne and Radford, 2008), and regardless of whether they remain in the relationship or not, they can continue to have a wide range of traumatic symptoms including hyperarousal, distressing dreams, flashbacks and avoidance (Pill, Day and Mildred, 2017).

In the criminal justice system (CJS), there was a 78% conviction rate for domestic abuse-related crimes prosecuted in the year ending March 2020. In this same period, the arrest rate for domestic abuse incidents was only 34% (ONS, 2020). These *incidents* are defined as 'reports where, after initial investigation, the police have concluded that no notifiable crime was committed'. This can include incidents in which coercive or controlling behaviour may have been present (ONS, 2020). In 2014, an inquiry into domestic abuse victims' experiences with the CJS found inconsistency in the police's quality of support when called to a domestic abuse incident (Hawkins and Laxton, 2014). It also found that women were fearful of involvement from the police and the CJS and felt that they would not be believed. Accounts from individual women confirmed these fears, as victim- blaming and lack of action from police and other members of the CJS were alleged to have occurred frequently. When police did respond to domestic abuse incidents, there was a tendency to place the burden of proof on the victim, as little evidence was usually collected except for the victim's testimony (Hawkins and Laxton, 2014).

The notion that men are more likely to commit domestic abuse has been discussed at length in the literature (Douglass, D' Aguanno and Jones, 2020). In the late 1970s, Ross, Amabile and Steinmetz (1977) found that perpetration rates were comparable for males and females, and this was later supported by other researchers (Archer, 2000; 2004; Straus and Ramirez, 2007). Furthermore, higher prevalence rates of female versus male perpetration have also been reported in some cases (Archer, 2002; Stets and Straus, 1992a; 1992b; Thornton, Graham-Kevan and Archer, 2010), however the EWCS data contradicts this (ONS, 2020)

Westmarland and Kelly (2013) argue that too little attention has been given to male domestic abuse perpetrators, despite research showing they will continue to be violent in current and future relationships. Hester and Westmarland (2006) found that 50% of the 692 perpetrators they tracked for three years were involved in one or more domestic abuse incidents, with one in five assaulting a new partner.

Support for women exposed to domestic abuse

A range of information and domestic abuse support services exist in the UK, including helplines, counselling, and refuge accommodation (Women's Aid, 2018a; 2018b; 2018c; 2018d; 2018e). Demand for these services has risen rapidly during the COVID-19 pandemic. The National Domestic Abuse Helpline reported a 65% increase in calls and contacts between April and June 2020 during the global pandemic compared to the first three months of the year (ONS, 2020). Song (2012) reported that regular contact with trusted professionals, friends and family improved recovery from domestic abuse, coping strategies and self-esteem. The importance of trustworthiness, collaboration, choice and empowerment are frequently identified as the four core values of trauma-informed programmes (Harris and Fallot, 2001; Harris and Fallot, 2004; Fallot and Harris, 2009;

Tompkins and Neale, 2016). Service users need clear information and consistent practices in a safe and calm therapeutic environment (Herman, 1992; Elliott et al., 2005; Fallot and Harris, 2009; Bateman, Henderson and Kezelman, 2013).

SafeLives (2015) highlighted that those at risk of murder or serious harm live with domestic abuse for 2-3 years before seeking help. A further challenge is that 'coercive and controlling behaviour does not necessarily involve acts of physical abuse and is often less easy to identify because it can masquerade as 'caring', with victims becoming so worn down that they and others in the environment do not identify that abuse is occurring' (Kirk and Bezzant, 2020, p. 754). The Home Office Statistical Bulletin on the Crime Survey of England and Wales (Smith et al., 2012) reported that male and female victims of domestic abuse were most likely to disclose to family members about the abuse (56% women and 39% men), with the next most likely group being a friend or a neighbour (41% women and 39% men). Rose and Campbell (2000) found that victims were more likely to confide in friends than family members and called for continued research into 'the power of emotional support given by informal networks and its link to instrumental support provided by the professional sector' (p. 38). In addition, they uncovered that the victims in their study were 'constrained by what they perceived as norms against leaving the relationship or otherwise developing an independent role' (p. 38) and that these cultural norms emphasised the role of the wife/mother. Another crucial role of a support network is the validation of domestic abuse. Merritt-Gray and Wuest (1995) found that this validation, or 'being believed', is not always provided. However, when it was, the victim was advised to leave the relationship.

The 'Steps to Safety' approach from the National Society for the Prevention of Cruelty to Children (NSPCC) aims to address domestic abuse in its initial stages before escalation, and the authors of the approach specifically state that it should be applied to 'couples where abusive behaviour has not crossed a critical threshold' (McMillan and Barlow, 2019, p. 8). The authors found some evidence that the model's techniques can translate into 'better coping skills and reduced risk of perpetration of reactive violence' (p. 59). Pill, Day and Mildred (2017) reported insufficient evidence on the effectiveness of interventions for survivors in improving their trauma symptoms. Sanderson (2008) proposes psychodynamic therapy, cognitive behavioural therapy (CBT), person-centred therapy or psychoeducation as treatment approaches for domestic abuse survivors. Evidence also suggests that non-trauma-focused treatment is less effective among those with Post Traumatic Stress Disorder (PTSD) (Bisson et al., 2013). The National Institute for Health and Care Excellence (NICE) (2018) guidelines recommend trauma-focused cognitive behaviour therapy and eye movement desensitisation and reprocessing.

Victim interventions may also focus on different outcome measures and these may underpin the methods used in each intervention. Hackett, McWhirter and Lesher (2016) conducted a large meta-analysis, the first of its kind, on the therapeutic effectiveness of domestic abuse victim interventions. The analysis found that treatment differed according to six different areas of focus with regards to outcome measures:

a. External stress (behavioural problems, aggression or alcohol use)

b. Psychological adjustment (depression, anxiety or happiness)

c. Self-concept (self-esteem, perceived competence or internal locus of control)

d. Social adjustment (popularity, loneliness or cooperativeness)

e. Family relations (mother-child relations, affection or quality of interaction) and

f. Maltreatment events (reoccurrence of violence, return to partner)

(p. 123).

For example, the most extensive study in this meta-analysis was an advocacy programme with 729 participants, in which the only outcome measure of focus was maltreatment events, i.e. whether the victim had been subjected to violence by men since the end of the programme, which focused on technology safety for women (Finn and Atkinson, 2009).

Sullivan (2018) argues that there are three key outcomes that victim support programmes should achieve: '(1) a cognitive appraisal that life is good [life satisfaction]; (2) experiencing positive levels of pleasant emotions; and (3) experiencing relatively low levels of negative moods' (p. 125). Research on therapy for domestic abuse survivors considers these mental health outcomes and has often identified empowerment as a key factor in helping victims regain control of their lives and decisions, facilitating their journey towards a better quality of life. This area of focus has been adopted by many organisations that work with survivors (McGirr and Sullivan, 2017).

There are ethical and political concerns regarding interventions being targeted at the victims rather than the offenders. For example, some types of intervention attempt to increase women's security, rather than rehabilitating or punishing perpetrators (Vallely et al., 2005). One political concern raised by Williamson and Abrahams (2014) suggests that in scenarios in which 'men/fathers are often difficult to engage', there is a risk that these attempts are abandoned in favour of 'making inappropriate referrals for their female clients because they are unable to work appropriately with the family member who may be causing the problem' (p. 181). However, the authors found that engaging with domestic abuse victims facilitated positive attitude changes, including 'helping women on an individual level to stop blaming themselves for the abuse they had experienced' (p. 186). Regarding specific outcome measures, they found that the most significant emotional change post-intervention was an increase in anger, that they believed 'may well reflect women's move from blaming themselves to attributing blame for abuse onto the shoulders of perpetrators' (p. 187).

Increasing security for victims can be approached from a behavioural or practical standpoint. These approaches are referred to in crime science as 'target hardening'. This concept is rooted in situational crime prevention and rational choice theory literature that declares that all decisions, including those made preceding an offence, are based on risk, reward, and effort (Cornish and Clarke, 1987). Target hardening increases the effort of action and can even increase the risk due to a crime taking longer to commit and the increased likelihood of detection (Newman, 1996). Vallely et al. (2005) found that practical approaches to increasing victim security were received and evaluated in an extremely positive manner: 'All victims stated that practical action (provision of locks and panic buttons), emotional support and case updates provided by the advocate and dedicated police officer (DPO) were invaluable; such support helped them decide to continue [with the case]' (p. 5).

Why women are reluctant to disclose abuse

There are many reasons women don't disclose the abuse they are exposed to, including; a history of trauma, love, low self-esteem, class, ethnicity, ill mental health and believing if they do disclose they will have their children removed from their care. To respond to the abuse women experience, it needs to be recognised by professionals and the women themselves (McKie, Fennell and Mildorf, 2002). Hamby (2013, p. 24) expressed that 'women respond in complex ways to violence by their partner and that the situation is more complex than staying versus leaving'. Baholo et al. (2015) and Douglas (2016) add that some women stay with abusive partners due to the trauma caused by the abuse and dealing with the systems intended to help them leave. Similarly, Downes, Kelly and Westmarland (2019, p. 2) propose that 'the perpetration of domestic violence by partners and ex-partners, is a complex social problem that, despite its prevalence, is experienced as highly specific, isolating, and personalised.' For both partners in an abusive relationship, there can be confusion between dependency and jealousy; justified by being in love or neediness that may result in a decision to stay (Donovan and Hester, 2014). A barrier to women identifying as being in an abusive relationship is believed to be partly due to gendered roles and the consequences of low self-esteem brought about by the abuse (Humphreys and Thiara, 2003), and for some, living in poverty (Petersen et al., 2005). Mackenzie et al. (2015) suggest that class and ethnicity can also exacerbate women's reluctance to disclose. Mackenzie et al. (2019) found that women can also be reluctant to disclose because their abusive partners disrupt the disclosure, suggesting instead that they have mental health issues.

Exposure to domestic abuse can be associated with a lack of motivation, depression, denial and disengagement that may hinder women in seeking support. The implications of not disclosing abuse are a missed opportunity for support and a potential risk to life (Hamby, 2013).

A significant reason women don't disclose domestic abuse is due to the belief they will have their children removed from their care (Humphreys and Thiara 2003; Peckover 2003; Petersen et al. 2005). Indeed, where the abuse causes psychological damage, there may be an impact on the ability to care for and protect children (Calder and Regan, 2008). Mackenzie et al. (2019) added a further fear that disclosure might lead to stigmatisation, further violent episodes and questions about why you did not protect yourself sooner by ending the relationship. Lloyd et al. (2017) agree that domestic abuse is stigmatised, meaning women may view their abuse as a personal issue to be dealt with independently. Women also fear the risks of disengaging with an abusive partner and the financial implications of leaving (Cole, 2001; Burman and Chantler, 2005). There is also evidence from research that some women don't disclose because they blame themselves for provoking the abuse, which is more apparent among women with mental health challenges (Rose et al., 2011).

Johnson (2007) outlines a common conundrum for domestic abuse victims: the desire for the abuse to stop but not for their abuser to be arrested. Their data also revealed that victims are often fearful of the consequences of seeking support and considered that their abuse might escalate because of this. The research found that 'victims want police officers to listen to and understand their situation and provide information about support services and additional legal protection.' Victims were more likely to appraise police involvement

as satisfactory when 'police officers provided shelter information, information about what they could do to protect themselves, and when officers inquired about their injuries or need for medical attention as well as about the welfare of their children' (p. 507).

The notion that domestic abuse victims desire clear communication and accurate information is also supported in other studies on why women don't seek abuse support (Berns, 2004; Herman, 2015). Antle et al. (2010) interviewed female victims and found that many were not informed that they qualified for support, as they had only been involved in abuse that 'was either an isolated incident or occurred in the context of a marital argument' (p. 71). Fox (2020) adds that staff from healthcare and criminal justice services should be better informed about domestic abuse support: '[victim] narratives suggest the need for information to be better communicated to them, through conversations with the various practitioners they encounter' (p. 67).

Domestic abuse and the impact on mental and physical health

There is a plethora of research indicating that domestic abuse leads to significant and long-term mental and physical health issues (Khalifeh et al., 2015; Department of Health, 2017; Nicolson, 2019), including PTSD, depression and anxiety (Chambliss, 2008; Cunningham, 2008; Cerulli et al., 2012). These difficulties can persist after they have ended the abusive relationship and are considered 'safe' (Badenes-Ribera et al., 2015).

Monckton-Smith describes that being a victim of coercive control is like having another person with a gun to your head and knowing they would be happy to shoot you. Unsurprisingly, PTSD is the most prevalent mental health difficulty among domestic abuse survivors, believed to be present in 31% to 84.4% of those affected (Golding, 1999; Humphreys and Thiara, 2003; Khadra et al., 2015). Experiencing ongoing, repeated exposure to abuse can result in complex trauma (Covington, 2008; Sanderson, 2013; Women's Aid, 2018a, b, c) that disrupts the ability to function and perceptions of self and others (Bateman, Henderson and Kezelman, 2013). In cases of physical abuse, in addition to physical injuries, there is also evidence that exposure to domestic abuse is associated with mental health illness, more so than other causes, such as childhood maltreatment, alcoholism or drug abuse (Ferrari et al., 2016). Feder et al. (2011) also recognised the detrimental impact of domestic abuse on mental and physical health during and after the abuse.

Empowerment is a concept that is ultimately rooted in self-efficacy. Self-efficacy is the 'belief that one is competent and able to perform the actions needed to achieve goals important to them'. (Sullivan, 2018, p. 125). This outcome positively correlates with social, physical and emotional wellbeing. Sullivan (2018) suggests that societal systems do not allow victims of domestic abuse to achieve self-efficacy: 'A domestic abuse survivor's self-efficacy is often diminished not only by the abuser's pattern of ridicule, control and domination but also by prior community responses that have not only failed to help but that may have been revictimising or made the situation worse' (p. 125). This notion is echoed by research examining the harmful effects of victim-blaming and minimising domestic abuse incidents by perpetrators (Henning, Jones and Holdford, 2005; Kelly and Westmarland, 2016), and the victim's own family and friends (Merritt-Gray and Wuest 1995).

Mental health recovery is evident where people feel they have increasing control over their lives, making decisions and shared decision making with professionals (Ocloo and Matthews, 2016). Furthermore, women recognising and accepting they were not responsible for the abuse is believed to play an essential part in their recovery (Lloyd et al., 2017).

Effect of exposure to domestic abuse on children

Directly witnessing domestic abuse has also been found to correlate with antisocial behaviour later in a child's lifecourse. Meltzer et al. (2009) suggest that up to 4% of children witness domestic abuse in their household at some point in their childhood. A national prevalence survey in the UK in the early 2000s suggested that 5% of young adults had witnessed repeated incidents of domestic abuse in their households, while the proportion who had witnessed any domestic abuse in their household could be as high as 26% (Cawson, 2002). Meltzer et al. (2009) also found that 'witnessing severe domestic violence almost tripled the likelihood of children having conduct disorder' (p. 491). Research suggests that children may be exposed to domestic abuse differently, as some may hear the violence rather than see it. However, these children are also at risk of harmful outcomes (Fusco and Fantuzzo, 2009).

Researchers have found that experiencing family violence as a child can lead to short-term and long-term detrimental mental health outcomes. Pingley (2017) recommended that clinical support was essential for children in households with domestic abuse, as they were less likely to process traumatic memories and events without support.

Osofsky's (1999, p. 33) review of research relating to children's experience with violence suggests a key protective factor is: 'a strong relationship with a competent, caring, positive adult, most often a parent.' While this factor could be crucial to supporting children, the authors uncovered a caveat to this protection, in that 'when parents are themselves witnesses to or victims of violence, they may have difficulty fulfilling this role.'

Effects of domestic abuse on children are also thought to vary between different age groups. For example, younger children may exhibit internalising symptoms/behaviours, such as anxiety and clinging behaviour (Knapp, 1998). The implications of exposure to domestic abuse, are that they significantly predict future harmful behaviours in children, consisting of 'aggression, depression, anger and anxiety' (Hornor, 2005, p. 208). Additionally, Knapp (1998) investigated adolescent outcomes and found evidence of increased antisocial behaviours that could be life-altering, such as 'truancy, dropping out of school, drug/alcohol use and running away' (Hornor, 2005, p. 208).

Influencing children's attitudes and knowledge of domestic abuse

One form of protection from domestic abuse is to educate children to prevent them entering abusive relationships. Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) (1989) stipulates that 'state parties shall take all appropriate legislative, administrative, social and educational measures to protect children from all forms of physical and mental violence.' Monckton-Smith (2021) believes that education about relationships should start in school. She adds

that children should be taught that jealousy and possessiveness are problematic and not about love. In March 2017, the UK Government announced it would legislate to mandate primary and secondary schools to teach children healthy relationships (Department for Education, 2017). Later, the DfE (2020a) reported that the following subjects would be compulsory in schools in England to support young people to be healthy, happy and safe:

- Relationship education in primary schools
- Relationship and sex education in secondary schools
- Health education in state-funded primary and secondary schools

Relationship education in primary schools (DfE, 2020b) focuses on teaching children the characteristics of positive relationships. The guidance also suggests that schools teach children how to recognise and report abuse. The guidance for secondary education (DfE, 2019) is statutory, with just two direct references to teaching children about domestic abuse. Schools are directed to 'give young people the information they need to help them develop healthy, nurturing relationships' and 'know what a healthy relationship looks like' (p. 25). To date, evaluations of UK-based abuse prevention programmes in schools are methodologically limited and small scale (Gadd, 2015). The Scottish Executive (2002) evaluation of the Zero Tolerance Trust's Respect Pilot had limitations due to the focus on evaluating the participants' programme experiences rather than whether it changed the attitudes and behaviours of those who perpetrate abuse. Likewise, a study by Hester and Westmarland (2005) reported on three small-scale prevention projects in schools, but due to limitations in comparing individuals' responses at pre-and post-test, no statistically significant claim could be made.

Men's accounts of domestic violence and abuse

Monckton-Smith (2021) draws attention to the importance of recognising that those who perpetrate domestic abuse are dangerous, and powers are needed to manage their behaviours due to the detrimental impact on partners and children. Many researchers (Hearn, 1998; Anderson and Umberson, 2001; Cavanagh et al., 2001; Gadd, 2002; Whiting, Parker and Houghtaling, 2014) have explored men's perceptions, definitions, and explanations of violence within their relationships with a focus on minimisation, shifting of blame and denial. Kelly and Westmarland (2016) reflected that the men they interviewed would refer to a single or specific incident deeming only 'hitting or beating as constituting real violence, which served as a distinction through which they placed themselves outside of the category of violent men' (p. 12). They added that, commonly, the men would minimise their violence linguistically, using the word 'just' or referring to more serious violent crimes they were aware of. Furthermore, Hearn (1998) and later Kelly and Westmarland (2016) noted that some men would say they could not remember the violence they inflicted on their partners.

In recounting their experiences of domestic abuse, the perpetrators tended to exhibit common characteristics and manners of speaking. A study by Henning, Jones and Holdford (2005) found that domestic abuse perpetrators tend to share attributional styles when speaking about their offences. More significant blame is attributed to their partner, as opposed to themselves, and many participants 'deny the recent incident and/or minimise the severity of the offence' (p. 131). Rodriguez, Burge and Becho (2019) also note the tendency for men to explain away their

behaviour, remarking that 'men were prone to use generalities, euphemisms, or third-person references to their own aggression' (p. 7). Researchers have highlighted the frequency that people are susceptible to 'self-serving bias.' This bias entails attributing one's shortcomings to situational factors or excuses while attributing other people's shortcomings to dispositional factors (Arkin and Burger, 1980). The study by Henning Jones and Holdford (2005) highlights specific examples of this bias in interviews with men, 'According to the men, the incidents resulted from their partner's jealousy, poor anger control, emotional instability, unwillingness to compromise and relationship insecurity' (p. 136).

Descriptive statistics in Henning, Jones and Holdford's (2005) study also showed that, among the males, around 20% denied that any conflict or argument even took place. This attitude was further manifested in various explanations for domestic abuse accusations on their behalf, including that the victim and police reports on the incident were inaccurate (e.g., 'she made it all up') (p. 136). These statistics and the findings concerning cognitive biases suggest that various psychological barriers prevent perpetrators from recognising the extent of their abuse, which may also impact support service uptake.

Domestic abuse by men has links to the affirmation of traditional masculine values, positioning men as 'providers, protectors, rational thinkers, and authority figures' (Downes, Kelly and Westmarland, 2019, p.5). A notable factor that is thought to be associated with domestic abuse is the concept of gender norms. Evaluations of domestic abuse services have found that men often think of themselves as the 'head of the household' (Downes et al., 2019, p. 11), which is just one example of various gendered power relations perceived by men. These perceived gender norms are inherently restrictive towards women, often leading to conflict and perceived instability in the relationship by the male partner when the norms are broken (Downes, Kelly and Westmarland, 2019). Sociological research has suggested that domestic abuse is a manifestation of men's desire to preserve traditional gender roles, leading to a normalisation of violence as a consequence of deviating from these roles (Miller, 2013). Services evaluated by Downes, Kelly and Westmarland (2019) emphasised the importance of gender analysis and unpicking gender norms to reduce coercive control by men in abusive relationships.

Anderson and Umberson (2001) also suggest a link between masculinity and male perspectives on violence. In domestic abuse cases, they found that males were more likely to describe their own violence as 'rational' and violence from their female partners as 'hysterical' (p. 363). The study also revealed that men felt threatened by more dominant female partners and perceived this as a violation of gender norms and a threat to their masculinity (Anderson and Umberson, 2001, p. 368). A study from Vietnam showed that men were more likely to engage in domestic abuse if they experienced deteriorating economic status, while their female partners rose in economic status. The authors argue that this shift damages masculinity, rooted in perceptions of power and control, causing men to exert control through violence toward their partner instead (Bui and Morash, 2008). Men can also regain control through non-physical mechanisms and researchers have highlighted other coercive methods such as gaslighting, where the abuser manipulates their partner, 'twisting situations around to make them look or feel crazy or even 'diagnosing' their partner with a mental disorder' (Warshaw et al., 2014, p. 9).

Domestic violence perpetrator programmes

The first perpetrator programmes were set up in the UK in 1989 for those mandated by courts and for others who voluntarily opted in (Scourfield and Dobash, 1999; Rees and Rivett, 2005). Domestic violence perpetrator programmes (DVPPs) were not introduced as alternatives to the criminal justice system but as an opportunity to see if men would engage in change (Kelly and Westmarland, 2015). There is a clear capacity for both sexes to perpetrate domestic abuse, although the reality is that most offences are by men against women (Dobash et al., 1992; Women's Aid, 2015; ONS, 2018; Walby and Towers, 2018). As Hester and Lilley (2016) recognised, since the 1980s, support services for domestic abuse have been rooted in women's safety and domestic abuse prevention. Nevertheless, Coy, Kelly and Ford (2009) reported that less than one in ten British local authorities had a non-court mandated programme. Phillips, Kelly and Westmarland (2013) argued that there is a history of DVPPs underpinned by a gender-based domestic abuse analysis coupled with therapeutic approaches in the UK.

Over time, doubt has been cast on the effectiveness of men's programmes to end their violence (Fox, 1999; Schrock and Padavic, 2007). Monckton-Smith (2021) shares the view that people who control do so for various and complex reasons, and that maintaining control will be important in their relationships until they reflect and take responsibility. Akoensi et al. (2013) highlight the problematic nature of the evaluation design and measurement of success that limits the evidence base of programme effectiveness. Donovan and Griffiths (2015) argue that the effectiveness of perpetrator programmes should be measured by the rates of engagement, from referral to completion, and whether changes to behaviour and attitudes have been achieved. Historically, dropout rates of engagement in perpetrator programmes have been identified as an issue (Dobash et al., 2000; Daly and Pelowski, 2000). Strategies to improve attendance rates include motivational discussions before beginning a programme and to refer for additional support from other agencies, for example, for substance misuse, to ensure they are 'treatment ready' (Day et al., 2009). Donovan and Griffiths (2015, p. 1159) identified three prerequisites for improving take-up and attendance:

- Practitioners, particularly outside the criminal justice system, understand that part of their role is to engage with domestic violence perpetrators and refer them to a voluntary perpetrator programme.
- Practitioners can identify abusive behaviours, engage with abusive men, and gain consent from them for a referral to a programme.
- A consensus about the utility of voluntary perpetrator programmes and, finally, that the referring practitioner's work stops once a referral has been made.

There is limited research that examines how men use strategies and techniques taught in DVPP (Wistow, Kelly and Westmarland, 2017). Instead, research has focused on whether, as a combination of interventions, programmes work (Dobash et al., 1998; Dutton, 2006; Gondolf, 1999; 2002). Cowley (2017) believes that DVPP programmes are dependent on a system that establishes a comprehensive and co-ordinated response involving agencies and organisations such as the police, courts, probation service, social services, and women's domestic abuse services. Research has also identified other key areas that may improve DVPPs. Pandya and

Gingerich (2002) reported a 'need for flexibility and perhaps more individualised services [to] engage batterers in therapy' (p. 54).

Project Mirabal is a longitudinal study measuring the impact of community-based, non-court mandated perpetrator programmes to evaluate if they reduced men's violence and abuse (Kelly and Westmarland, 2015). Their overarching findings were that DVPPs effectively extend men's understanding of domestic abuse and shift discussions about one-off incidents of physical violence to recognise ongoing coercive control.

Kelly and Westmarland (2013) acknowledge the lack of interventions for domestic abuse perpetrators, noting that the only exception appears to be DVPPs. The authors state that the lack of social work targeted at perpetrators is detrimental to rehabilitative efforts and jeopardises the safety of the victims and vulnerable individuals in the family (p. 1094). Furthermore, it is essential to define what constitutes 'success' with regard to interventions for perpetrators. Westmarland, Kelly and Chalder-Mills (2010) use various measures to arrive at such a definition, primarily from improvements in family life reported by domestic abuse victims. These measures are:

1. Improved and respectful relationship.
2. Expanded space for action (being able to stay out late, see friends)
3. Safety and freedom from violence and abuse for women and children.
4. Safe, positive and shared parenting.
5. Enhanced awareness of self and others for men on programmes, including understanding the impact domestic violence has had on their partner and children.
6. Safer, healthier childhoods for children in which they feel heard and cared about (p. 4)

Phillips, Kelly and Westmarland (2013) describe how British community based DVPPs use a range of approaches with men who have demonstrated violence against women, such as cognitive behavioural, pro-feminist and psychoanalytical influences. Donovan and Griffiths (2015) share that the effectiveness intervention programmes' in ending men's violent and abuse behaviours has been subject to doubt (Fox, 1999; Schrock and Padavic, 2007; Akoensi et al., 2013). One critique has been that they were restricted to evaluating single programmes and the views of lone researchers (Peralta, Tuttle and Steele, 2010). They added that multi-agency training is needed to develop confidence and skills to motivate those who perpetrate domestic abuse to participate in voluntary programmes. Most research on DVPPs focused on whether men change rather than the questions of how and why (Downes, Kelly and Westmarland, 2019).Some have also raised ethical and practical concerns concerning perpetrator programmes.

Investing in specialised perpetrator programmes has also been perceived unfavourably by victims of domestic abuse. Madoc-Jones and Roscoe (2010) interviewed female victims of domestic abuse and found 'generally negative' attitudes about perpetrator programmes, as they felt more services and support should be directed towards themselves rather than their abusers. Kelly and Westmarland (2015) remark that the shortage of perpetrator interventions in the UK can be attributed to a lack of knowledge about whether they are effective. They identify only two studies that have directly evaluated these programmes and cite methodological limitations within these, noting that they did not address programmes that were open to self-referrals (p. 185).

Finally, it is vital to evaluate existing perpetrator programmes longitudinally. While the measures outlined by Westmarland, Kelly and Chalder-Mills (2010) may provide insight into short-term improvements in communication, anger management and family interactions, research must track these measures on a long-term basis. Morgan, McCausland and Parkes (2019) found that one in five domestic abuse perpetrators who had completed a DVPP would go on to be convicted of a domestic abuse crime, or at least be a suspect. They claim: 'police reoffending data suggests that, for a minority of individuals, more work is needed to embed positive behaviours' (p. 15). The authors specifically indicate that 'behavioural change can take between six months and five years' (p. 14) and recommend further efforts to maintain behaviour after the programme has been completed. Murphy and Ting (2010) argue that the most statistically valid method of measuring the effectiveness of group therapies is through randomised controlled trials, in which perpetrators are randomly assigned to a control group (undertaking standard group sessions) and a treatment group, in which they are given a specific type of group therapy. However, they acknowledge practical and ethical considerations regarding this approach.

One of the most common approaches to DVPPs is group therapy (Pandya and Gingerich, 2002). Early research into the effect of group programmes on male perpetrators in the USA found some evidence of benefits regarding violence reduction immediately after programme completion and after a 6-month follow-up (Deschner and McNeil, 1986). Research on group therapy for domestic abuse victims has also shown promising results, such as reductions in symptoms and psychiatric distress in victims with depression (Iverson, Shenk and Fruzzetti 2009). Group therapy programmes have generally received positive feedback from participants, particularly regarding factors like shared social experiences and positive relationships with the therapists and peers (MacDonald et al., 2003; Hays et al., 2007; Pert et al., 2013; MacMahon et al., 2015). Group therapy tends to demonstrate common benefits regardless of its specific subject matter or context, mainly through social connection, cohesion, and interpersonal learning (Sloan, Bovin and Schnurr, 2012). Crowley (2017) attended perpetrator programmes to gain insight into the experience of perpetrators. The findings were that having a forum for talking, engaging with peers who had similar circumstances and identifying they could change provided a sense of hope for those in the groups. Alexander et al. (2010) found evidence for reducing partner reports of physical aggression in motivational interviewing and gender re-education group therapy approaches (Alexander et al., 2010, p. 582).

Maximising perpetrator access to support services

Monckton-Smith (2021, p. 50-51) recognises the importance of interventions to address abusive behaviours: 'no intervention means no change, which means the patterns will repeat. These patterns are not silos; that is, they are not contained incidents or events that have no relationship to future or past events. Of course, seeking domestic abuse support must usually be preceded by recognising one's situation or relationship as abusive, a perspective that can be difficult to uncover since domestic abuse incidents can often be perceived as trivial domestic disputes (Burman, Smailes and Chantler, 2004).

One major obstacle to supplying adequate access to domestic abuse support services is that resources are finite. Tackling this

necessitates an approach that prioritises high-risk demographics, communities and regions. Furthermore, victims and perpetrators from certain backgrounds and demographic groups may need more support than others. For example, Mach et al. (2020) suggest that men from disadvantaged socio-economic backgrounds are less likely to have a 'stake in conformity', which the authors define as 'the degree to which an individual is invested in the values of a society' (p. 5233). They found that this factor was associated with resistance to support, attendance and completion of IPV programmes.

One crucial factor in the accessibility of domestic abuse programmes is the referral process. If people experience complications or difficulties in referring to themselves or a friend/family member, they may not continue pursuing support for abusive behaviours. For example, one study found that only 24% of initial referrals for a perpetrator programme started the programme. The authors note this is higher than most perpetrator programmes, which are often only able to reach a 10% admission rate. They suggest various causes for this attrition, such as a lack of pre-assessment attendance or being turned away due to 'inappropriate referral' (Donovan and Griffiths, 2015).

There have been different approaches to measuring patients' readiness and motivation for therapeutic treatments and programmes. One definition involves equating motivation with 'readiness to change' (Philips and Wennberg, 2013), a concept also explored in Prochaska and DiClemente's (1983) seminal work, examining which factors, including motivation, increase the likelihood various types of behavioural change. They also address key differences between types of motivation. They describe autonomous motivation as 'intrinsic motivation,' in which external factors do not drive motivation. In contrast, controlled motivation is driven by 'external regulation. A behaviour is performed only to satisfy an external demand or reward contingency' and 'introjected regulation, in which behaviours are performed to avoid guilt or anxiety or enhance a contingent self-esteem' (p. 2). However, it can often be challenging to categorise motivation in this fashion. Morgan, McCausland and Parkes (2019) uncovered 'desire for better relationships' as the primary motivation in their perpetrator programme evaluation, yet it is not clear whether this desire stems from a need to reduce anxiety or a more intrinsic source.

McBride et al. (2010) found that controlled motivation was a negative predictor of remission in therapy, meaning that participants whose motivation was driven by external factors or self-esteem were less likely to show a reduction in depression symptoms. They found that autonomous motivation was more likely to lead to positive therapeutic outcome such as remission of depressive symptoms, a finding echoed in research on therapies for eating disorders (Carter and Kelly, 2015). Despite the importance of this study, McBride et al. (2010) issue a warning about motivation research, as results are highly variable depending on the type of therapy, target outcomes, and patient condition. Their study found that 'for those with highly recurrent depression, autonomous motivation was not related to therapeutic outcome' (p. 542). There may also be different levels of external pressure underlying a patient's participation in a service. Research on interventions for sex offenders has considered the role of mandatory therapy, and suggestions have arisen that 'If treatment is mandated or there is pressure to comply, it may be difficult to achieve true collaboration and partnership' (Dowling, Hodge and Withers, 2018, p. 327).

Philips and Wennberg (2013) found that females are more likely than males to show autonomous motivation instead of controlled motivation and suggest that this 'might shed light on why most of those who seek psychotherapy are females' (p. 6). However, their study did not find evidence that greater autonomous or controlled motivation predicted therapy outcomes, dropouts or completion. Valbak's (2004) review of pretherapy motivation found strong evidence for correlations between pretherapy motivation and therapy outcomes in five studies. This illustrates the importance of patient motivation regarding how well they progress during therapy and how likely benefits are to be kept after therapy.

Alexander et al. (2010) examined 'readiness to change' scores for domestic abuse perpetrators and found that different programmes were more effective depending on these scores. Participants who scored higher on 'readiness to change' measures were more likely to benefit from stages-of-change motivational interviewing. In contrast, those who scored lower on the same measures were more likely to benefit from cognitive behavioural therapy gender re-education. This led the authors to highlight 'the importance of tailoring abuser intervention programs to individuals' initial readiness to change' (p. 582).

Masculinity can also play a role in obstructing support-seeking behaviours in males. There is an abundance of research on the extent to which masculinity influences men's mental health, with studies even showing that adherence to traditionally masculine attitudes can prevent men with cancer from accessing support services (Cecil, McCaughan and Parahoo, 2010). A study by Huntley et al. (2019) found comparable results when examining barriers to accessing support services for male victims of domestic abuse, noting that men felt seeking support was a sign of weakness and would challenge their masculinity. While there is little research on the effects of masculinity on men seeking out DVPPs, research on general help-seeking illustrates that 'common masculinity norms' are highly likely to act as obstacles to support- seeking in men (Addis and Mahalik, 2003, p. 11) and this may extend to male admission to DVPPs for cases in which men do recognise their behaviour as abusive.

Another type of stigma is associated with the term 'perpetrator'. De Ridder (1997) takes issue with the deterministic and explicit label of 'perpetrator', as diverse cultures can have varying definitions of abuse. She felt the term did not leave room for understanding 'the complexities of human behaviour based on cultural backgrounds, belief systems and survival strategies' (p. 4). The term 'perpetrator' was justified by Borgwald and Theixos (2013), who felt it was needed when talking about bullies to make a statement about those who are agents of harm in schools as a victim is a term for those who are 'recipients of harm' (p. 165). However, the authors specify that they do not find the term completely appropriate in the context of 'bullies,' implying there are contexts in which they do find the term's application right. Katz (2020) noted that a limitation of their research was that the criminalising terms 'perpetrator', 'offender' or 'suspect' could confuse children in police interviews. The reason for this view was that, when exposed to abuse, the child could have been led to believe the abuse was 'play' or simply arguing (p. 30).

Morran (2011) supports the notion that the 'perpetrator' label could cause resistance to engagement and highlight how the label is used in an absolute fashion, remarking on the lack of opportunities for rehabilitated perpetrators to prove their reformation. Nordin (2019)

notes that there is insufficient research on the effects of specific terminology on acceptance and recovery for the victim and perpetrator. Their view is that it may be irresponsible to default to commonly used terms, although care must also be taken to not use terminology that understates abuse, as it may reduce the likelihood of victims seeking support, while normalising abusive behaviours.

The time-out strategy

DVPPs may provide participants with techniques to use in their relationships, such as the time-out technique. According to the Ananias Foundation, this technique allows the rational part of the brain to determine the most appropriate response, rather than the limited fight or flight reaction (2020). They add that a time-out allows people to think more clearly once the adrenaline subsides. Time-out techniques target the anger that precipitates violence. Sell (2011) identifies various triggers for general violent anger, such as 'insults, cost imposition, inattention, anger from another, insufficient reciprocity, insufficient praise, another's ignorance of your achievements' or the perception of any of these triggers (p. 382).

Gondolf (1987) proposed that time-out as early intervention could teach men how to control behaviours. Later, they suggested that interruption methods are simple to implement and contribute to a sense of self-efficacy and accomplishment. That is, 'they get results fast' (Gondolf, 2002, p. 145). In their research, Wistow, Kelly and Westmarland (2017) tested the use of 'time out' from a sample of 44 men and 27 victim-survivors of domestic abuse. They found that time-out was most effective when it was a principle rather than a rule-based technique, with the use of interruption and space 'to think about, reflect on, and understand one's actions' (p.746). Women who had partners involved at an early stage in DVPPs viewed time-out as a helpful technique when partners were going to be abusive, improving physical safety (Debbonaire, Debbonaire and Walton, 2003). A concern raised by Jennings (1990) was that some partners of domestic abuse perpetrators were not made aware that time-out was a technique to prevent violence. The outcome of this lack of information was that some partners would misinform about the technique, enabling the perpetrator to misuse time-out (Stith et al., 2005). Furthermore, the Debbonaire, Debbonaire and Walton (2003) study raised the issue that a man taking a time out signals to the partner that they are considering using violence, indicating the potential for abuse is still there. Therefore, as Gondolf (1987) clarifies, the ability to apply the interruption or time-out technique is not a cure:

> **'Unfortunately, the process of change and the end of psychological abuse is far from complete. While physical abuse may lessen, the psychological abuse may actually increase as the man verbalises his newly discovered hurts and uses this to manipulate his wife'** (p. 343).

Method

This study aimed to investigate the effectiveness of the Together for Children-commissioned domestic abuse services from the perspective of service users. A qualitative approach was adopted to build a picture of the effectiveness of the BIG programmes accessed by women survivors and men. There will be a second publication to follow, which examines the experiences of children who witnessed domestic abuse. Qualitative data was gathered through 1:1 in-depth semi-structured telephone

interviews with (n=7) women accessing WWiN and (n=5) men accessing the BIG programme. The interviews took place between November 2020 and December 2020), and focused on a series of open-ended questions about domestic abuse support services experiences. The interviews were recorded on a Dictaphone, transcribed verbatim and stored securely on a password-protected university server.

Interpretative phenomenological analysis

This study used Interpretative Phenomenological Analysis (IPA) as a qualitative research perspective, which is underpinned by the assumption that different subjective interpretations can be held regarding a single phenomenon (Guba and Lincoln, 1994; Lewis and Staehler, 2010). The IPA approach aims to capture humans' interpretations and understandings of their world through the biographical stories they tend to formulate (Brocki and Wearden 2014; King, Horrocks and Brooks, 2019) for given moments in time (Cuthbertson, Robb and Blair, 2020). IPA allows for the analysis of detailed individual accounts (Smith, Flowers and Larkin, 2009), enabling researchers to understand lived experiences (Flick, 2018) and provide insight into previously untold accounts (Tompkins and Eatough, 2012). This approach has been acknowledged as being valuable when 'examining topics that are complex, ambiguous and emotionally laden' (Smith and Osborn, 2015, p.1), so was deemed ideal for this research.

As the primary concern of IPA is detailed accounts of human experience, the issue is quality, not quantity, and due to this, studies benefit from this approach where there are small sample sizes (Smith, Flowers and Larkin, 2009). They add a reasonable participant sample for IPA is between four and ten participants to develop meaningful points of similarity and difference.

The researcher adopted an active role, using a two-stage approach (or double hermeneutic) in which the participant makes sense of their world through interview responses, and the researcher attempts to make sense of how participants perceive their experiences (Smith and Eatough, 2007). By synthesising participants' collective lived experiences, the researcher sought to represent their emotional, psychological, and transformative journeys (Colaizzi, 1978; Giorgi, 1985; van Manen, 2014) and was concerned with understanding personal experience (King, Horrocks, and Brooks, 2019).

Ethics

Ethical approval was gained from the University of Sunderland Ethics Committee (application 007091). The study was based on the ethical principles of the Government Social Research professional guidance (2005) and the British Educational Research Association (BERA) guidelines (2018). The BERA Ethical Guidelines (2018), which concern informed consent, the right to withdraw and data management processes, were adhered to. The research also conformed to the World Health Organisation (WHO) ethical and safety recommendations for domestic violence research (2001; 2016).

Participant safety protocols were established for situations where a woman may still live with the partner who perpetrated the abuse and for monitoring coercive behaviours from the men during the interview, but these were ultimately not needed, as all women were no longer living with their partners.

Recruiting adult participants

With the gatekeeper's permission, meetings were held with the Director and Independent Domestic Abuse Advisors (IDVA) outreach workers at WWiN, and the Chief Executive at BIG to share the project aim, objectives, protocols, participant recruitment, and to discuss and share the secure referral form. Recruitment of women accessing WWiN was through the counsellors who explained the research and invited them to participate. Facilitators at BIG discussed the research with potential participants and invited them to participate. Table 3 shows the number of participants from each service.

As Moretti et al. (2011) proposed, it is essential to share the principles and criteria used to select participants with details of their key characteristics to allow for future transferability of results to other contexts. Furthermore, the data's adequacy depends on robust sampling and saturation (Whittemore, Chase and Mandle, 2001).

Purposive sampling was used to select participants who met the following selection criteria:

- They had a City of Sunderland postcode
- They had been or were a service-user of Wearside Women in Need or BIG

Participants gave prospective consent to the facilitators and counsellors, who then forwarded their contact details to the principal investigator (PI). As informed consent is a process and not an isolated event (WHO, 2001a; Jewkes, Dartnall and Sikweyiya, 2012), the participants had the opportunity to discuss the research at length a week before the interview date and to text any questions regarding the project. The research took place during the Covid-19 pandemic, so all interviews were arranged to take place by telephone or via Microsoft Teams (all participants chose telephone). At the start of the interview, consent was gained as the researcher reiterated the study's purpose and discussed each bullet point in the consent form to seek their informed agreement to take part (BERA, 2018). For those participants who did not have an email, consent was captured verbally through an audio recording.

Table 3. Participant numbers from an expression of interest to participation

Participant group	The number referred by service staff	The number who declined at the introductory text	The number who withdrew before interview	The number who withdrew following the interview	Commissioned number of interviews	The final number of interviews
Wearside Women in Need (WWiN)	9	0	2	0	6	7
Barnardo's, Impact Family Services and Gentoo (BIG)	7	1	1	0	10	5

Vignettes of the participants

A short vignette was created for each participant (see fig. 1), using their pseudonym, to provide some context for their interview responses. These vignettes included - where details were available - time frames for abuse, types of abuse, childcare situation and service involvement.

Figure 1. Vignettes of the women

Helen received numerous abusive text messages and emails from her husband before, during and following the end of her 12-year relationship. The relationship ended following a physical assault in 2020 that her two children witnessed; her eldest child called the police. Helen was referred to WWiN by the police as part of their response, followed by Early Help. Helen has completed two months of 1:1 counselling at WWiN.

Mary experienced episodes of escalating violence and aggressive behaviour from her husband, who she had been in a relationship with for 15 years. Her husband would often come home under the influence of drugs and alcohol due to his addiction, which escalated his abusive behaviours. Mary left the family home with her two children in 2019 to temporarily live with her father. She had 1:1 counselling from WWiN for two years.

Clara experienced escalating violence, aggressive behaviour and threats to kill from her partner of more than six years. She self-referred to WWiN in 2019, following increasing violence levels and the impact on her and her young child who witnessed the abuse. Clara is the only participant who attended group support alongside 1:1 counselling before it was discontinued due to COVID-19. She received 1:1 counselling from WWiN for a year.

Hannah was on maternity leave with her only child when referred to WWiN by Early Help in Together for Children in 2020. The police made the referral to Early Help following numerous visits to the household for threatening and aggressive behaviour, including threats to take the baby. Hannah's ex-partner had drug and alcohol dependency stemming from him losing his job during the COVID-19 pandemic. The abuse from her ex-partner and his family members escalated once she had a non-molestation order put in place. At the time of the interview, Hannah had been accessing 1:1 counselling for seven months.

Libby, a mother of two, ended the relationship with her husband of ten years as he had been emotionally abusive with coercive control. Following numerous police visits, she left the family home, leaving their two children in his care; he prevented her from contacting the children for five months. The family court has decided the children will return to her care once she secures suitable accommodation. Libby continues to receive 1:1 counselling that she started four months ago.

Jane, a mother of one, was recommended to contact WWiN by Early Help in 2020. The police became involved with Janes' family when she reported violent and aggressive behaviours from her partner of 14 years. She has received 1:1 counselling from WWiN for ten months.

Morgana immigrated to the UK in 2008 and suffered domestic abuse from her partner who controlled every aspect of her life, including her finances. She has been receiving support from WWiN since 2018, when her friends gave her a place to stay after she decided to leave the house with her daughter.

Figure 2. Vignettes of the men

Sam accessed BIG after Cafcass mandated that he do so if he wanted to gain access to his children. He had been in jail due to domestic abuse, having verbally abused his ex-partner and threatening to kill her. He has recently completed the 26-week course at BIG, which was used as evidence in court upon trying to see his two sons again.

Nick was referred to BIG by Cafcass, who suggested that he undertake the course as it would improve his image for his court hearing, in which he sought access to his children. He could not access the course immediately, as the COVID-19 pandemic delayed the start-date by six months. Nick had not seen his children for four years until he started attending BIG, which he had done for 15 weeks upon interview.

Austin received a recommendation to attend BIG from social services and had done so for 17 weeks at the time of the interview. He was motivated to seek support due to his one-year-old daughter's birth, having abused his ex-partner. He had spent time in jail and was involved with probation service following his release.

James was 20 weeks into BIG at the time of interviewing and sought other support services such as anger management and marriage counselling, as he had stayed with his partner. Staying together meant that James and his wife both lost access to their children. He had spent a night in a holding cell after abusing his wife and undertaking the BIG programme to attempt to regain access to his children for himself and his wife.

Frankie completed the BIG course in early 2020, having self-referred after finding the programme online. He sought support for himself after discovering he was having a new baby with his current partner. He had abused his ex-partner, whom he had three other children with. The three other children got taken from his ex-partner after they had already separated.

Demographics

During the interview, information on gender, age, employment, housing situation and service involvement was collected. The interviews ranged from 17 to 59 minutes with an average interview length of 41:25 for the women and 28.22 for the men. All participants accessing WWiN identified as female, and all accessing BIG identified as male. The age range of the participants was 20 to 59.

Seven women from Wearside Women in Need and five men from BIG participated in the interviews. Tables 4 and 5 provide demographic information for the participant groups. None of the women in the study remained in a relationship or were living with the person who perpetrated the domestic abuse. To protect the women, ethnicity is reported as White British (WB) or Non-white British (NWB) and all participants in the research have been given pseudonyms.

Table 4. Demographic information Wearside Women in Need participants

Participant	Age	Ethnicity	Employment status	Children	Abuse perpetrated by	Interview duration
Helen	30-39	WB	Employed	Yes	Husband	55:39
Mary	40-49	WB	Unemployed	Yes	Husband	52:57
Clara	30-39	WB	Employed	Yes	Partner	28:38
Hannah	40-49	WB	Employed	Yes	Partner	52:31
Libby	20-29	WB	Unemployed	Yes	Husband	17:20
Jane	30-39	WB	Employed	Yes	Partner	24:35
Morgana	40-49	NWB	Employed	Yes	Husband	58:20

Note* *Both women who reported being unemployed were employed before the domestic abuse. Ethnicity WB (White British) and NWB (Not White British). Interview duration in hours: minutes.*

Table 5. Demographic information BIG participants

Participant	Age	Ethnicity	Employment status	Children	Interview duration	Course completion
Sam	30-39	WB	Employed	Yes	42:43	Completed
Nick	30-39	WB	Employed	Yes	21:31	15 Weeks
Austin	20-29	WB	Not employed	Yes	16:20	17 Weeks
James	30-39	WB	Employed	Yes	44:31	20 Weeks
Frankie	20-29	WB	Not employed	Yes	16:46	Completed

Table 6. Duration of support from WWiN and referral route

Participant	Length of WWiN involvement (as of 12/2020)	Referred by
Helen	Since 2020 (two months)	Police
Mary	Since 2019 (23 months)	Social Services
Clara	Since 2019 (13 months)	Early Help
Hannah	Since 2020 (6 months)	Early Help
Libby	Since 2020 (3 months)	Does not remember
Jane	Since 2020 (10 months)	Early Help
Morgana	Since 2018 (2+ years)	Recommended by a friend, then self-referred

Table 7. Duration of support and BIG referral route

Participant	Length of BIG (out of 26 weeks)	Referred by
Sam	Completed	Cafcass (mandated)
Nick	15 Weeks	Cafcass (suggested)
Austin	17 Weeks	Social Services
James	20 Weeks	Local Authority Offer
Frankie	Completed	Self-referred

Right to withdraw

All participants were told of their right to withdraw, the process and the latest withdrawal date. No participants withdrew from the research following the interview (Table 3). The principal investigator remained 'sensitive and open to the possibility that participants may wish, for any reason, and at any time to withdraw' (BERA, 2018, p.9) and explained to the participants that if they chose to discontinue, there would be no attempt to persuade participants to re-engage. As shown in Table 3, following initial expression of interest, n=1 declined at the introductory text, n=3 declined before the interview, and none withdrew following the interview.

General risk management

The participants' safety was paramount and underpinned all project decisions (WHO, 2001; 2016). The following precautions were embedded in the research for 'the management of distress or discomfort that may arise' (BERA, 2018, p.19). To prevent potential incidences of retaliatory violence or abuse, the University did not publicly share the study, research team or gatekeepers (WHO, 2001; 2016). The men in the BIG theme were not aware of additional research with the women.

At the consent stage, the women were asked to nominate safe contact times and secure contact details (WHO, 2016). None of the women interviewed lived with their ex-partner, so the planned protocols for checking they could talk freely did not have to be implemented (WHO, 2016).

Due to the COVID-19 pandemic, the initial plan of interviewing all participant groups face to face was not possible. All interviews were carried out 1:1 via a telephone call. The interviewer had prior experience of interviewing at-risk groups (Martin-Denham, 2020a; 2020b; 2020c). To protect the interviewer's wellbeing, no more than three interviews were carried out in a single working day (Jewkes and Sikweyiya, 2012).

Pre- during and post-care of adult participants

Safeguarding protocols were in place for the project and were approved as part of the University of Sunderland Ethics application. The information sheet and consent form included signposting to national and local domestic abuse support services. As advocated by Jewkes et al. (2012), the interviewer knew how to respond to participants in distress by offering sympathy, short breaks, providing support information or ending the interview. All interviews were ended positively with the interviewer thanking them for their time and re-stating that everything discussed would remain confidential. The interviewer also checked each participant's wellbeing following the interview via a follow-up text message (Morris, Hegarty and Humpreys, 2012).

Interview questions

The questions were designed, shared and discussed with the service heads of the organisations WWiN, BIG and Together for Children (appendix 1). This process allowed the questions to be refined to reduce any potential risk of harm to the participants. The primary research questions were aligned to the objectives of the research to ensure they would be achieved (appendix 2).

Interview procedure

This section outlines the interview procedure, processes and protocols. The principal investigator carried out all interviews. The methodology adopted was 'the ethics of care' (Noddings, 2003; Held, 2006), as it has a central focus on promoting empathy and valuing the relationship between the researcher and participants (Preston, 2001). Before and after the interview, the researcher exchanged text messages with every participant to build a positive relationship and provide support and signposting to services. The interviewer showed warmth and compassion, allowing participants to exercise choice and control during the interview process (Campbell et al., 2009). There was no direct questioning around domestic abuse experienced, though some participants chose to disclose about events during the interview (Morris, Hegarty and Humphreys, 2012).

Data analysis

The data was analysed according to the Interpretative Phenomenological Analysis (IPA) principles described by (Smith and Osborn (2003) and Smith, Flowers and Larkin (2009). The principal investigator who carried out the interviews and the research assistant listened to the recordings and read the anonymised transcripts repeatedly to identify emergent themes. The transcriptions were inputted into NVivo, a computer-based management programme for qualitative research.

Following the IPA, the data were analysed in four broad stages:

1. Detailed readings of the transcripts to obtain a holistic perspective and to document initial thoughts in note form.
2. Initial emergent themes from each interview were identified and organised into clusters.
3. Refining and condensing data to create superordinate themes and examining for connections and similarities across emergent themes.
4. Creating a narrative account of the interplay between the researcher's interpretations and the participant's experiences in their own words.

Following the IPA process, four superordinate themes and 13 subthemes were identified from the interviews with the seven women (Figure 3), and four superordinate themes and 12 subthemes were created from the interviews with the five men (Figure 4).

Results and discussion

'How effective are domestic abuse services in supporting and engaging with individuals who have perpetrated and experienced domestic abuse?'

Wearside Women in Need

For the WWiN interviewees, four superordinate themes emerged (see fig. 3): **Impact of domestic abuse on the mother, impact of domestic abuse on the child or children, protective factors and risk factors.**

Figure 3: Emergent superordinate and subthemes: Wearside Women in Need

Impact of domestic abuse on the mother	Impact of domestic abuse on the child or children	Protective factors	Risk factors
• Becoming empowered • Financial implications • Learning about domestic abuse • Impact of domestic abuse on the mental health of the women	• Breakdown in the relationship between the child and their father • Impact of exposure to domestic abuse on the children's mental health	• The importance of family and friends • Services and organisations that kept me and my children safe	• Shortcomings in service involvement • Men not accessing support for behaviours • Women not disclosing abuse

Impact of domestic abuse on the mother

Becoming empowered

Many of the women described how the counselling and wider support provided by WWiN had led them to become empowered. Through support from WWiN, Helen came to realise that none of the abuse she experienced was her fault:

> **'I think you blame yourself so much. You finally realise that it's not you. And in that way, it's quite empowering, and it took us a while, don't get us wrong, it wasn't something that happened overnight, but when it happens, it is really empowering.'**

Helen further explained that the counselling made her stronger: 'It's made us stronger. I don't know what I'd have done without them. I really don't'. She added that since seeking the support of WWiN, she feels positive about life. Likewise, she stated she had a new outlook on life:

'I came out looking at my life a whole lot different. [My counsellor] gives this analogy about how you need to tidy stuff up in your brain like it's your big cupboard. If that big cupboard was a mess, all you can think of is this big cupboard, and you cannot put things in the right places. She's said that's what you need to do in your head; you need to get these things dealt with and put away so you could move on. That just blew my mind. I was like yeah, you're totally right.'

Mary remarked that through WWiN, she became empowered to talk about the abuse she encountered and her feelings about events that she was exposed to, 'I've changed my way of thinking, but I think I have changed my way of thinking from 10 years ago to now if that makes sense.' Morgana repeatedly used the term 'strengthened' to describe her empowerment:

'It's kind of strengthened me in my spirit and as a person. I felt strengthened as a person to know that I had options. I felt strengthened to know that I was not responsible. I was not the only one responsible. I've always felt 'cos every time he would make me feel like I was doing something really wrong and everything wrong in the household.'

During the relationship, Morgana felt that she did not have options to make her own decisions. Group work at WWiN gave her advice that helped her understand the choices she could make: 'For women, they can be more empowered. To work to have their own access to financial income that would give more women the strength. I felt stronger, really. I know what my rights are now, and I'd like to speak them loud.'

Mary felt empowered by having a new home away from the parties that her partner would often have in the family home, 'We're coming up to our first Christmas in our new house so nobody out, nobody shouting and no smell of smoke.' Libby also reflected on how the support from WWiN had helped her recognise indicators of domestic abuse, resulting in her being less fearful of her ex-partner: 'I would speak out straight away. I've got more confidence to say something now than what I did when I was with my ex-husband. And after going through all this, it's just changed me life loads.'

The findings echo those of Sullivan (2018) and McGirr and Sullivan (2017), that victim support programmes should empower women to regain control of their decisions and lives. The survivors in this study became empowered by the intervention from WWiN that facilitated women to have a positive outlook and stop blaming themselves for their situation (Williams, Abrahams and Affilia, 2014).

Financial implications

Most women described the detrimental financial implications of leaving their partners. Jane had hoped there would be more support for women who left abusive relationships. 'I was hoping for a little bit of help. He's still on my joint mortgage. I'm not sure how I can go ahead with getting him taken off. Like I struggle financially, I don't get any maintenance from him. Seeing a solicitor is gonna cost us a lot of money'. Clara shared this concern, having already spent thousands of pounds on solicitor fees to separate from her partner: 'I've had a solicitor, so it has cost me thousands up to now and because I don't get any help. It's horrific like I don't know where, like I'm getting the money from. It's ridiculous.' Likewise, during maternity leave, Hannah was required to contribute to legal bills of £355 a month which, in addition to her household costs, left her with only £65 a

month to live on. She described her situation as:

> **'More stressful than the domestic violence if I'm honest like, I missed my mortgage payment this month cause I had to pay legal bills. I think at the minute I'm kind of stuck because I don't know because if I pull out now, I could be liable for thousands and thousands of pounds to pay for these orders, so it's like an absolute nightmare.'**

Hannah believes the financial worry and stress was compounded by being a single parent, as well as debt letters and drug dealers asking for money for her ex-partner's debts. Helen realised she would not be able to afford the £180 an hour (plus VAT) quoted to speak to a solicitor, so instead contacted Citizens Advice, who did not respond to her request for support: 'Because of COVID, we can't get the staff working, so leave your details; somebody will ring you back within two days. They didn't'. Hannah described her financial situation as: 'An absolute nightmare. I just think I've done nothing wrong really, and I feel like he is wandering around, not a care in the world, and it's me left with all the broken pieces to try and fix together and the financial worry.'

Morgana disclosed her difficulties due to cultural expectations in her marriage: 'In a (non-white British) marriage, it is possible for the woman not to know what the man is earning, or how he is spending the family earnings. But they have the right to know what his wife is doing or even demanding money from his wife.' Since leaving her husband, she struggles to manage on state support: 'We are placed on benefits, and no matter how much you think, it's never enough. I spend much of it on bills and then what's left on food and my daughter. I never had anything for myself at all.'

Ending the relationship with their abusive partner had detrimental financial implications in both the short- and long-term for these women. They predominantly referred to costs that Heeks et al. (2018) would categorise as 'response' costs, such as expensive and unrealistic solicitors' fees and legal bills required to pursue a separation.

Learning about domestic abuse

All the women talked about the positive impact of learning about domestic abuse at WWiN. Most important to them seemed to be learning about potential patterns of abusive behaviours encountered in abusive relationships. Helen reflected that during the counselling sessions, she was advised about abusive behaviour patterns, 'She did advise on kind of patterns of behaviour and things like this; he's a bit of a narcissist my ex, I was recognising his behaviours.' She also felt the counsellor sharing the stages of loss helped her understand her ex-partner's reactions:

> **'The most important thing she said was explaining and asking me to read up about the five stages of loss in a relationship breakdown. It totally explained a lot of his behaviours, and how sort of before they reach the acceptance stage, they can appear okay one day but bounce back to being angry. That was really helpful because when I was reading it, in my head, I was like, oh it was, he must have been at that stage, and it kind of resonated if you like. It made sense a bit more. If you know what I mean.'**

Clara shared a similar view to Helen that the counsellors at WWiN would explain the stages of relationship breakdown as, 'This is what happens and this might happen now, they're always right, and it's like they've seen it so many times, they understand.' Mary agreed that through counselling, she learned about the

cycle of abuse, which helped her 'Put things into perspective.' 'Hannah added: 'She knew everything I wanted to know. She's there all the time, straight away just full of knowledge, full of good advice and the right thing to do.' Libby commented that in counselling, not only did she learn about domestic abuse, but she felt it gave her increased confidence that will equip her in recognising abusive behaviours from partners in the future: 'It's helping us see the signs like, if I see a sign, like red flag right, I think. That's not right, and obviously, I'll say something.' Morgana could identify the benefits of the learning in counselling and the positive impact they would have on her children:

> **'I know what my rights are as a woman, as a mother and [I'm] much more encouraged, more strengthened, you know, to act on behalf of my daughter. I mean even for like enlightened women and educated women, I am enlightened and educated'.**

Helen, Hannah and Clara agreed that the counselling at WWiN enabled them to see that the domestic abuse they experienced was not related to their actions in the relationship. Helen commented, 'They make you realise that it's not you and when the things that you talk about with them, they're like, 'yeah, we understand'.' Clara acknowledged that she blamed herself for her partner's behaviours in the past but now recognises this was not the case, 'None of this is my fault, and I think that really resonates because I think you blame yourself so much.' Believing she was responsible for her partner's abusive behaviours, Hannah described thinking she was 'going mad.' She added: 'You feel like you're going mad. You think you're overreacting, is it me? Whereas I think it sometimes takes someone from outside who doesn't know either person to listen to your side of the story and then give advice.'

The findings highlight the importance of timely relationships education in schools to teach children and young people about the characteristics of positive relationships. However, it will not be known for some time the benefits and impact, if any, of introducing statutory requirements on schools to teach children about healthy and nurturing relationships (DfE, 2019; DfE, 2020b).

Women's accounts of being blamed for their abuse correspond with Henning, Jones and Holdford's (2005) research on victim-blaming, in which the abusers blamed domestic abuse on their partner's jealousy and emotional instability. The women also felt that these coercive techniques were effective and led them to doubt where the fault lay.

Impact of domestic abuse on the mental health of the women

There was a cumulative effect for all women and a breaking point where they described having to end the relationship with their partners and husbands. For Helen, the final straw was a physical assault which followed numerous emotionally abusive events:

> **'A lot of the abuse, apart from that actual physical incident, a lot of the abuse was more emotional and bombarded with messages, and you know, like horrible messages as well, causing me anxiety. You know he was interrupting me working day, all day long. I couldn't concentrate at work.'**

Hannah felt she could no longer continue with the cycle of forgiveness and abuse. She shared that she was prescribed medication for stress and worry, and could not continue with the relationship:

> **'I just couldn't continue with the way my ex-partner was behaving. It was just a cycle**

of behaviour that just kept going round in circles. I just thought this has gotta stop. And I kept forgiving him, and he was coming back. Then he was drinking smoking weed, and it was just an ongoing thing. He was hungover. He'd be lopping around, and I needed to be up with the baby, and it was just horrible like I couldn't continue.'

Once Hannah ended the relationship, the abusive behaviours increased during the child contact handover. Helen described how her ex-partner became abusive when he collected their children for contact time:

'He'd been emailing us all day, and it was starting to get down to the nitty-gritty of it, talking about divorce and what's going to happen and this and that, and what he wants, like the house and all the stuff. He'd obviously just wound himself up about the whole thing, and then it escalated when he came, 'cos he forced his way in again, pushed past us at the front door. He stole my phone because I was trying to get it back off him. Which is when he like kicked off.'

For Morgana, she shared reaching the limit of what she could bear in her relationship due to her husband having complete financial control, 'You know when something gets too much for you to bear when it's like you're... it's filled up, and you feel like you're nearly bursting.' Mary played down her abuse despite revealing there had been a degree of violence. For her, the final straw was her husband having a house party on Christmas Eve at four o'clock in the morning:

'There was a degree of violence, but it was more like mental and emotional. He was drunk and full of drugs on Christmas Eve. So, I pressed 999, but I didn't have the courage to go through with the call, but they turned up anyway. So, I called his mother. His mam stayed with me because the kids were really upset that this happened. They told him that he had go away from the property for 48 hours and go and calm down. In the meantime, his mother called and said that he was going to take one of the girls. The police had gone; he just came storming in, pushed his mother over, started flinging plant pots about and stuff like that outside.'

Mary believed her situation had to reach this point for her to end the relationship. She felt she had normalised his drug and alcohol use even though she knew they were the source of his behaviours. Libby had a realisation that the behaviours of her partner were abusive. She described how the abuse started with a telling off, escalating to more extreme controlling behaviours, including constantly ringing her phone accusing her of having a relationship with someone else. For Libby, the final straw was her partner deactivating Facebook and other controlling behaviours that left her feeling like she was 'walking on eggshells'. 'Going on me emails, like going on me social media, deactivating me Facebook, so I've gone off that. There's lots of photos of me mam, 'cos me mam died when I was young. So, he deactivated my Facebook, and I lost all the photos of my mam.' Unlike the other women, Libby left the family home, leaving the children with the abusive partner as she 'Couldn't take it anymore. It's just so much that the other things I can't find the time or the mental capacity to deal with it.'

All the women described living in fear of future abuse from their ex-partners. Following the arrest of Helen's ex-partner for forcing his way into her home, she said she was at ease, 'Because following from the arrest, he was arrested and was on bail condition, so he wasn't allowed to come near.' She explained that she was worried that there was a risk in the future

that he might, once again, become volatile, 'It might kick him off again, I don't know. So that's all obviously in the back of my mind.' Clara shared that her ex-partner entered the family home without permission, 'I wasn't here, and he went in the loft and took stuff without discussing it, so I got the locks changed.' She was worried that, as the court had granted him access to the child, it would open a pathway to further domestic abuse:

> **'Cos, he used to turn up at the back of my dad's house during the night and stuff, and then it got to the point where he put his fist through my parents' windows when me and my daughter were inside and it got to that point and then it was like right, I need to stop him from seeing her and then WWiN like helped us.'**

Clara had recently received death threats, 'He sent me death threats. And there was one; he threatened to kill me quite a few times. He had wrote one down about my ex, saying that he wanted to slit his throat and all this in a message.' Libby also described living in fear of her ex-partner turning up. She had developed the confidence to contact the police, who had attended many times. Hannah also experienced ongoing anxiety despite having a non-molestation order in place. He would turn up at any time:

> **'I still felt anxious, worried about him turning up, the repercussions of that. He broke the non-molestation order; he came round, and I was in the kitchen. I had the window open, and I nearly died. Another time he showed up at the property. Full of drink, me not knowing what he was gonna do, banging at the door, climbing ladders to try and get in the bedroom window and climb 6-foot fences, like looking around the back, looking round the front, so I'm having to hide in the house, blinds shut and just feeling intimidated.'**

Jane described not feeling 100% safe. She felt her ex-partner was 'mentally unstable,' knowing it could 'kick-off anytime'. Clara agreed, adding that she had fitted CCTV in her new home due to her ongoing anxiety to provide reassurance that she was safe.

The impact of domestic abuse has left a legacy of fear with an ongoing need for mental health support. The analysis correlates with other research findings that being in an abusive relationship has a detrimental and significant effect on mental health (Khalifeh et al., 2015; Department of Health, 2017; Nicolson, 2019). Badenes-Ribera et al. (2015) suggest this persists when the union ends. The findings illustrate the importance of timely identification and response to prevent or limit deleterious mental health and wellbeing outcomes. As Covington (2008), Sanderson (2013) and Women's Aid (2018 a; b; c) clarify, experiencing ongoing and repeated exposure to abuse can result in complex trauma.

Impact of domestic abuse on the child or children

Breakdown in the relationship between the child and their father

The vast majority of women reported that the fallout of the abuse they experienced resulted in the relationship breakdown between their children and the father. Libby recounted how her children would 'Kick-off when they've gotta go home with their dad'. Similarly, Morgana described how she had received a court order for video contact between her ex-partner and daughter, but that 'Somewhere along the process, the girl started protesting'.

Mary also recalled a change in her daughter's behaviour, in that her daughter used to 'adore' her father, but once he became aggressive towards her grandad, she would confront him, saying, 'Don't go near my grandad.' Women also saw their children change their attitudes towards their fathers as a result of witnessing domestic abuse. Clara explained that her daughter, 'Witnessed quite a lot, so she doesn't want to see him'. Helen detailed that her son had experienced a complicated relationship with his father ever since, 'He felt unsafe and felt the need to call the police on his own dad'.

Most women had experienced domestic abuse in their children's presence and felt that this had a detrimental impact on their children's wellbeing. The children ranged from infant-aged to 15 and had witnessed a range of domestic abuse behaviours.

Helen felt strongly about her son having to intervene in domestic abuse perpetrated against her:

> **'My eldest son was 15, he was the one that actually had to ring the police. Obviously, my 9-year-old was right next to me when it happened as well, so it was really... Really conflict of them carrying feelings I didn't want them to carry, and my eldest was kind of feeling a bit guilty that he had to ring the police on his own dad and things like that.'**

Mary's children had also been placed in dangerous situations by her ex-partner. While her eight-year-old managed to remove herself from the situation, her four-year-old had not, as 'He had a hold of her, and he was saying he was getting her ready and he was gonna take her out and she witnessed her gran being pushed over as well.' Libby added that her children had witnessed abuse from her partner, as they 'Witnessed him shouting at us and all that.'

Hannah even suggested that she would have tolerated the abuse if it wasn't in the presence of her infant son:

> **'It's one thing if he's acting himself in a relationship with me, but not when there's a little baby involved, like us. I just didn't want [my son] to be in that environment.'**

Some mothers also denied that their children had directly witnessed domestic abuse, but they had witnessed other events, such as police visits or may have been aware of the domestic abuse. Clara explained that, when police visited their house, her daughter was aware of the domestic abuse, 'She knew it was because of her dad'. She elaborated that, although she hadn't directly witnessed the abuse, 'She's aware of what's going on. She's not silly.'

While the children were exposed to different levels and frequencies of domestic abuse in their households, the vast majority of mothers reported that their child was exposed to domestic abuse in some way, and future harmful outcomes may still pose a risk to these children if proper support is not provided (Fusco and Fantuzzo, 2009).

Impact of exposure to domestic abuse on the children's mental health

The vast majority of women believed that the domestic abuse they experienced harmed their children's mental health. Some women had children who were old enough to understand that abuse was occurring, while others had younger children who they expected would need mental health support later in life.

Helen shared that both of her sons had received mental health support after her partner assaulted her. Her eldest had been 'taken out of some of his lessons' so that the school could

support his mental health needs, as he was 'feeling upset and guilty that he'd had to call the police on his dad'. Helen also allowed mental health professionals to speak to both of her sons at her house:

> **'I asked for her to come out and speak to them without me being present because I didn't want them to feel like they had to say they felt a certain way because I was listening. So, she had a good chat with them individually, and the little one actually burst out crying, which we were really surprised at because he is really happy-go-lucky and hasn't shown any signs of being unhappy or sad or anything like that.'**

Like Helen's eldest son, Jane's daughter was also struggling with mental health at school. Jane shared that 'she's got anxiety. Every day is a battle getting her into school because she doesn't want to go'. Her child's school had also told Mary that they would recommend changing schools. However, she opposed this recommendation, declaring 'I know they're resilient but I'm not forcing them to change, because I knew they didn't want change schools.'

Other consequences of domestic abuse were also found to affect some of the children. Libby expressed concern about her children's situation as she had left the abusive relationship, but the children were still forced to live with their father. She was only able to have limited contact with them 'twice a week for about three and a half hours.' Morgana also felt that the environment her ex-partner created was harmful to her child:

> **'With the child, he was pretty much having inappropriate conversations with her and trying to turn the child against me. And also, he was watching sexual content in the presence of the child. Yes, where the child cried a lot of times, and he wouldn't listen. He just felt he had the authority to do whatever he wanted.'**

Finally, there were more extreme concerns from Clara concerning her child's traumatic experiences. She was informed by mental health services that 'she's probably gonna need counselling as she grows up due to the trauma.'

Prior research indicates that concerns expressed by parents on behalf of their children's mental health are valid (Meltzer et al., 2009) regardless of whether they hear or see the violence (Fusco and Fantuzzo, 2009). Research by Pingley (2017) uncovered an increased risk of poor mental health and unprocessed trauma in children who grew up around domestic abuse between their parents. One mother mentioned resilience as a protective factor; this is also reflected in research (Osofsky, 1999; Pingley, 2017). Exposure to domestic abuse also created challenges in school, and increased dropout rates have been observed in adolescents with similar experiences (Knapp, 1998; Hornor 2005).

Protective factors

The importance of family and friends

Most of the women in this study sought support from friends and family members in numerous ways, all of which were reported positively. The women were supported on an emotional level through disclosure and sharing experiences but were also supported in practical ways that improved their safety.

Women were able to disclose their experiences to their family or friends, which helped some break out of their limited perspectives. However, the extent to which they were able to confide in friends and family was often limited.

Clara recalled that 'one friend was aware of many things that were going on and obviously me parents, not everything.' Mary reported that her 'friend knew what was going on' but that 'my side of the family, I didn't say anything to.' Libby confided more in her family at an early stage of domestic abuse:

> **'I didn't speak to anybody at the time, but then obviously I started slowly telling my family and my family started seeing changes in him.'**

Morgana shared that she was close to her sisters and disclosed a lot to them, although she believed that her sisters shared the cultural attitude that she should not take excessive action in her situation:

> **'They were [country of origin] women like me, and as I said, [country of origin] women are quite reserved, right? Always very reluctant to take any direct action where a home, a marriage is concerned and 'cos we don't want to disrupt anything because of the children.'**

Morgana was also unable to access a refuge when she left the household with her daughter. However, she was 'taken in by members of the church', one of whom also introduced her to WWiN. Mary also had access to alternative accommodation that she took advantage of:

> **'It was dinner time Christmas Eve, and we went straight to my dad's. WWiN think I am an exceptional case because I did have my dad's where my children could go, so you know, like, it wasn't like I was trying to access like refuges or anything like that. We were lucky that we had a safe place. My sister is local, and their gran is just down the street. So, we had plenty of places where they could go.'**

The women in this study frequently confided in family members and sought support from them in the form of emotional support, advice and accommodation. These findings do not align with Rose and Campbell's (2000) research, which suggests that women are more likely to confide in friends than family members. There was also no evidence that friends and family invalidated the women's domestic abuse accounts, contrary to some of Merritt-Gray and Wuest's (1995) findings. Nevertheless, some congruous findings were that women were sometimes advised to leave their abusive relationships by friends and family and that cultural norms played a role in the support and advice offered to victims (Gray and Wuest 1995; Rose and Campbell 2000).

Services and organisations that kept me and my children safe

The women discussed various resources to improve their family's safety, which protected against acts of domestic abuse and minimised the contact between the family and the abusive father. Various approaches were used to minimise contact, some of which were supported by WWiN.

WWiN advised Helen to minimise the contact she had between her and her ex-partner, to prevent him from employing any coercive tactics. This was primarily achieved through digital communication restrictions: 'I was getting bombarded, I had to block him on everything. 'Cos it was messaging, ringing. That's completely stopped now, and we just communicate by email.'

Two of the women also moved homes to minimise contact with their abusers. Clara 'moved to a new build' because she did not feel safe in her old house. She explained, 'I lived in an old, terraced house before so you could hop

over into my yard, and it was just horrendous.' Hannah also reflected on support with security at her new home:

> **'They arranged like a security light on the house and stuff to go on the windows; I guess if someone chucked a brick at the window, it wouldn't shatter. Also, like the door lock, if someone tries to kick the door, it will take a bit longer. So, my support worker arranged all that, and they came out, and they fitted the different little bits and bobs, so she's just been dead good she really has, she's been like an adoptive mother.'**

Morgana also left her home and felt that she 'just did very well moving from one house to the other', adding that her daughter 'responded very well too.' In Hannah's case, she was able to remove her partner from the household. However, he continued to attempt entry and on consulting the police, she recalled, 'I got advised that it might be better if I get like a non-molestation order against him 'cos he was like coming round all the time and hassling us.'

While the women recognised the value of these safeguarding measures, they could not always implement them with complete success. Hannah recounted how her ex-partner broke his non-molestation order and that she was scared when he did so, remarking, 'I just saw him at the window, and I nearly died.' Helen recalled that her ex-partner continued to push boundaries that she tried to set:

> **'My Early Help* worker, when I saw her last week kinda was like hmm, we need to be keeping an eye on this. WWiN as well said it's as if he's pushing the boundaries. It's as if he's coming a step further every time now.'**

All women were unanimous that the support provided by Wearside Women in Need (WWiN) was fundamental to changing their lives for the better. Helen described WWiN as 'a brilliant service and I think that they're very well needed in the city.' Clara echoed Helen's view: 'I did have counselling through WWIN and that was brilliant. It was so good and, and obviously, I know that they're there for me all the time. Honestly, it's amazing, amazing.' Morgana recalled being impressed with the service from the first point of contact:

> **'I was never forced to make any contact initially, but then right from the moment I made the contact, I never looked back. I felt welcomed. I felt comforted. They listen; that's one good thing we can say about them. They will always listen to you intently and empathise very well, very deeply, very deeply.'**

The women commended the support workers' telephone check-ins during the pandemic when face-to-face contact was not permitted. Helen valued the weekly phone call: 'At the minute she is ringing every Friday. Just to check in with us every week. Just to see if anything has gone on or if I need support with anything. So, it's been great. It has been good to know she's there.' Hannah was also receiving weekly phone calls and viewed them as essential for her ability to cope: 'I just couldn't have managed without her if I'm brutally honest. She'll just ring up every week and just check-in and see how you are doing how you are feeling.' For Libby, the phone calls meant she felt looked after: 'She used to ring as well just to make sure everything was alright. It was just lovely. It was just a lovely little comfort. It was like having a friend checking up on us.' Mary also appreciated how the weekly phone calls supported her in gaining access to broader support other than counselling: 'You know just getting the weekly phone to help me move, you know, like accessing funds. She could get me a van and

Early help is available to families if a problem emerges in the family. It can be provided at any stage in a child or young person's life.

accessing funds to have my carpet for my new house. So, from that side of things, she was unbelievable. But the support was just second to none, really. She was absolutely fantastic.'

Clara found the phone calls reassuring and also commented on knowing she could contact WWiN at any time: 'They're ringing us every two weeks and obviously, I know if I need to ring them up, they're there anyway. If I ever needed to go back, I know that I can just contact them, and they'd just speak to me.' Mary also found the ability to call any time reassuring: 'I think that I've chilled out with the option of being able to phone if things ever started again, or if I was ever worried. Everything's been kinda left; the case has been closed, but I've got the numbers there and I've been told just to ring if need be.' The importance of having someone available at the end of the phone was also shared by Hannah:

> **'I knew if I rang, she'd be there for us, or if she didn't answer, she'd ring straight back. She would listen for hours on end if need be. Sometimes you feel like you've been a burden if you talk to the solicitor or talk to Early Help. They say: OK, now you've been talking for 20 minutes, I've gotta go. I've got a meeting, or I've got to be on the call whereas the counsellor spoke and would never make us feels like that.'**

Morgana also identified the importance of having someone contact her, which boosted her confidence, 'She was just supporting me, yes, but she was always there calling me, helping me feel good about myself, you know, and boosted my confidence up, just by being there.' Hannah revealed that she felt she would not have coped without her counsellor: 'I don't think I would have coped without her. She has picked us back up when I've been really down, stressed with anxiety. I felt like I had nowhere to turn and like I just needed someone like, to help us, and she's there all the time.' Morgana thought of WWiN as family: 'They're more like my second family if I can put it like that. I find myself always come running to her with what's next. She's like a big sister to me.' Hannah also valued the relationship with her support worker:

> **'She was so understanding, showed a lot of empathy and gave such good advice. I offloaded everything to her and built up like a little friendship with her. As I've moved on, I've always just felt happier speaking to her. It's not that I've got anything against any of the other staff or anything; it's just I don't know them. I think, just 'cos she's been so good with us. I preferred to have the one to one with her, and even when she's off, I think I'll just ring her when she's in on Tuesday. I don't really get in touch with the helpline. I just prefer to get in touch with her.'**

The women agreed that WWiN provided support beyond what they had expected, including liaising with external organisations. Helen found this support eased her anxiety: 'Wearside Women in Need was like: I can help you when you're speaking to a solicitor. 'Cos at first, I was worried about contact and stuff like that, and she was saying she could help me in that respect. And that's good to know that that's there.' Morgana also received support with dealing with the solicitor about child contact:

> **'I was so distressed; I just remember I was weeping. I was so scared and anxious. I couldn't stop crying, and then they did the most beautiful thing. They called my solicitor and talked to her. I was right there. They appealed to her, talked to her, trying to find out what she was doing. Just because they intervened on my behalf, she became much more approachable to me, and we were able to resolve the issue amicably.'**

Morgana was also appreciative of her support worker accompanying her to court: 'I'm self-representing, knowing my support worker is going to be there, knowing they are in the background, you know, I think in the area with me and also noting down certain decisions or points that are reached at the hearing.' Lara also felt that the support with legal complexities was appreciated: 'They know the legal side and stuff like that. They have been great with like filling in forms and going to court. I don't know what I would have done without them, to be honest. It's been brilliant.' Libby recalled the support with gaining access to funding following the separation from her partner: 'She's helped us with an application with Women's Aid to get help to get 150 pounds to help us through to Christmas. I'm a different person like, I never had no confidence, no self-esteem.' Mary spoke of the support she received when she needed to move to a new house following her separation from her husband: 'She took me into Gentoo to speak to the people.' Hannah noted the way that her support worker at WWiN was able to think ahead of the support she might need: 'I'm struggling massively at the minute so she's always like, thinking ahead and like, of different things that you can suggest, to contact Citizens Advice and the civil service and just like even help us like draft emails and things like that. So, she's just been like an absolute little guardian angel.'

The importance of trustworthiness, collaboration, choice and empowerment are frequently identified as the four core values of trauma-informed programmes (Harris and Fallot, 2001; Harris and Fallot, 2004; Fallot and Harris, 2009; Tompkins and Neale, 2016), and the evidence suggests that the women received this approach from WWiN. Service users received clear information and consistent practices in a safe and calm therapeutic environment, which is the current recommendation for best practice (Herman, 1992; Elliott et al., 2005; Fallot and Harris, 2009; Bateman, Henderson and Kezelman, 2013; Brown, Harris and Fallot, 2013).

Services that protected my family and me

Aside from WWiN, all women also had some involvement with other services, such as the police, Early Help, Gentoo, individual social workers, solicitors and children's services workers. Each service also provided support and protection through a variety of mechanisms.

Some women described the police as essential to their protection, while others remarked upon how they first heard about domestic abuse support services through the police. Helen explained that 'The police at the time gave us the details for WWiN', an experience that Hannah shared when considering the impact of her referral: 'I'm sure the police have mentioned WWiN as well a few times to us If I'm honest. If I hadn't gone to the police and gone down that route, then I wouldn't have known'. Jane was referred to Early Help by the police, who she claimed, 'Got in touch with social services just to check on me daughter's safety' and were 'happy that they didn't need to be involved but offered Early Help' instead.

Morgana felt a sense of security due to police involvement, stating:

> **'They've always protected me. My ex was stalking me a lot and stalking some of my friends and my contractor. He was causing a lot of disturbance. So, they would have to call the police. I had to call the police when he would come stalking round where I live. Well, they'd be very supportive, and I've always found them supportive. The amount of times they came to the house to**

make sure my daughter and I were okay. My contact number was on speed dial with them, and they always encourage me to call. They said: no matter what he does, I should always call the line and they'd get involved. And every time I call, I've only always had easy access to them.'

Mary also had a positive experience with police involvement on a protective level, saying that 'The police were there instantaneously when they were needed.' She also noted their calming presence, saying they were 'really nice and very relaxed.'

Early Help also received positive feedback from two of the women. For Helen, they aided her in many different ways. Her general appraisal was that: 'they've been great. Absolutely great. Yeah, really helpful. She came out to see us because I was worried about the children. They witnessed what happened to us.' She elaborated that they had checked up on her and referred her to WWiN: 'The Early Help worker used to work for them (WWiN), she's a very good advocate for them and knows what they do very very well, so I kinda took her advice on that.' Finally, she felt that Early Help's interactions with her ex-partner had also helped, asserting that 'whatever the Early Help workers have said to him, he seems to have taken it on board big time, and he's leaving us alone.'

Jane also felt supported by the involvement of Early Help, giving similar reasoning to Helen. She felt that Early Help was crucial to her WWiN referral and praised her support worker: 'The more I've gotten to know her, the more she got to find out about my situation, and she said, have you not thought about contacting Wearside Woman in Need, for to help you with what you're going through?' She also felt that the support provided by Early Help was both emotionally supportive and informative at the same time. On one hand, she recounted how she would: 'Ring as well just to make sure everything was alright. It was... It was just lovely. It was just a lovely little comfort. It was like having a friend checking up on us', but on the other hand, she was also, 'A friend who knew what I had to do, if that makes sense.'

Another vital element of the Early Help support for Jane was that they helped her administratively when she did not have the time or resources:

'Children and Young People's Service (CYPS) took a really long time, and it was the early health worker who kept pushing it for us. I didn't have the mental capacity to chase things like that. I was a single Mam, I'm trying to hold down a full-time job as well as having all of this going on in my head, and she chased it up for us. Otherwise, it probably wouldn't have been done.'

Jane was so pleased with the support from Early Help that she decided to recommend them to one of her friends who was in a similar situation. Her friend initially said, 'I don't need any help' and that she didn't want anyone 'sticking their nose in', but Jane encouraged her to seek support from Early Help, stating: 'It's not like that at all. It's brilliant they're gonna be there for you and the kids. Do it.'

In accordance with Song (2012), the support services were a protective factor for the women in developing trusting relationships with professionals, beginning their recovery from abuse and developing coping strategies.

Risk factors

Shortcomings in service involvement

All the women interviewed recalled involvement with a service that they expected to be supportive, but they felt let them down. The

services included the police, Early Help and the criminal justice system. Expectations for these services were either held intuitively or were directly set by the services themselves. The women identified miscommunication issues, lack of initiative, taking the side of the perpetrator and gaps in service.

Women who felt let down by the police felt either that the police did not do enough to protect them and their children or let the perpetrator 'get away' with their behaviours. Clara recalled that 'the police were involved loads' but felt their involvement 'didn't make a difference.' She concluded from her own experiences that she could understand why people don't ring them when they experience domestic abuse. Hannah echoed this notion to an extent, claiming that police did not take further action because there was 'no evidence', although she conceded that 'they can only do so much really.'

Libby was less sympathetic to the police's obligations and capabilities, suggesting 'they seem to be letting him get away with all of it.' Jane found out that the police would prohibit her from going on holiday with her daughter, which she said upset her considerably:

> **'When this first happened, like my Mam took us on holiday and he [her partner] went absolutely off it, so much that the police had to come, and the police even said: you know you can't take her on holiday without his permission. If he rings us, we'll have to have ya arrested at the airport. I was like, you're kidding me! I'm taking my daughter on holiday to get away from all this crap and you're saying I'm not legally allowed to do that?'**

The majority of the women suggested they were not supported adequately by Early Help. They either felt that they were not as informative and responsive as they would have liked, or did not get the impression that the worker was empathetic towards their situation.

Clara was convinced that her situation would have worsened had she not received WWiN support in addition to Early Help, declaring: 'Early Help, if I'm honest, were useless. If I'd have been left with just Early Help, I would have really struggled with mental health.'

Hannah and Jane agreed that their first support worker for Early Help was too young and inexperienced to cope with their needs:

> **'She wasn't very good. I don't know If she was new to the job. When she first came out, she was with her manager, and so she was like kind of relying on her manager, and she didn't really have much knowledge'** (Hannah).

And

> **'The first one was quite young, and I felt like I needed some support, and I needed somebody to tell me what was there for me, and sometimes I felt like I was telling *her* what was there. She just didn't feel like she had enough experience to deal with our case and what was going on'** (Jane).

Hannah elaborated on why she did not feel as supported by Early Help as she did by WWiN. She felt that they didn't provide her with 'any of the guidance or support you would expect compared to WWiN.' She also didn't feel that the support was empathetic and perceived any involvement from them to be a 'tick-box exercise.' She also claimed that their interactions caused her to feel 'stupid' because she asked for support that they weren't able to provide.

Mary had some involvement from Early Help,

which she described as 'pretty useless' and claimed they had potentially put her safety at risk. She recalled that her ex-partner had visited Early Help while in an infuriated state due to loss of child contact and that Early Help had 'said "oh no, it's Mam that's saying you can't see the kids, it's not us." It's just like really, why don't you just give him a hammer, and he can put it through my head then?'

Two of the women had negative experiences with the CJS to a certain extent. They both had involvement from legal representatives in which they were not believed and felt they were on the side of the abuser or did not try to understand their perspective.

Clara went into fine detail about her experiences with the CJS regarding court proceedings. She found the experience difficult, emotionally draining, and accusatory:

> **'I'm going through the legal side at the minute, and it's horrific. It is horrific. Like in all honesty, I wish that I'd kept some things to myself and just hadn't bothered saying it because in court, they just they just throw it out. So, it's like, you've gone through this so much, and your emotions are all over the place, and then it just gets thrown to the side as if you're a liar.'**

And

> **'The judge was like "no, he did everything because he was desperate, and he wanted you, and you weren't allowing that, and you weren't telling him where he stood." He [ex-partner] sent me death threats, and he threatened to kill me quite a few times, but he had wrote one down about my ex, saying that he wanted to slit his throat. That message was sent to the court, and the judge turned round and said that he was just joking 'cos he put "LOL" at the end. So, they get away with it.'**

Hannah had similar experiences in a different scenario. Her ex-partner had gained considerable debt, and bailiffs came to her house and demanded that she supply evidence he's not living there. She said that their visits made her feel 'stressed to death', as they were threatening to 'come and remove possessions.' She was frustrated, as she had told them where he was now living, but 'nobody was listening' and the bailiffs continued to place the burden of proof on her.

The participants were united that they wanted the police to protect them from domestic abuse but could describe instances where they did not receive a good service. The police have been reported as a protective and risk factor, showing varying experiences of experiences of the responses and support they received. Similarly, the women were not positive about the support and guidance they received from Early Help. Their views were that they lacked the knowledge and understanding of them and their family's situation. This could be due to the women going on to receiving the expertise of WWiN, who are trained to respond to domestic abuse cases and meet the specific needs of the women they serve.

The 2014 Women's Aid enquiry reflects these conflicting accounts of whether the police provided adequate support or not. It noted that issues with women's access to justice through the police stemmed from 'an inconsistent approach' to domestic abuse between police forces. The inquiry also found that women were fearful of the CJS not believing their account, as were the women in the present interviews, some of whom directly experienced the CJS not believing them. Finally, the inquiry and the interviews both revealed that women did not believe the police would have the evidence to act upon domestic abuse incidents, with the

inquiry suggesting that police do not view these incidents in the larger context of the abusive relationship and frequently collect insufficient evidence or take domestic abuse seriously (Hawkins and Laxton 2014).

Men not accessing support for behaviours

The vast majority of women reported that their ex-partners were not accessing any support for their abusive behaviours. The analysis found three main reasons why these ex-partners did not access support. They either denied that they had been abusive and therefore did not believe support was needed/appropriate; they were concerned about the stigma that comes with seeking support and being labelled a perpetrator; or they experienced practical difficulties with support, ranging from timeliness to an absence of support offered to them entirely.

According to Helen, her ex-partner 'still won't admit that he did anything wrong.' To accept a position on a perpetrator programme, he would have to admit that he was abusive, but 'he won't ever admit that he's a perpetrator or that the incident happened.' Clara gave similar reasoning as to why her ex-partner wouldn't seek support for perpetrators of domestic abuse, stating: 'He won't see himself as a perpetrator, no way, he thinks he has done absolutely nothing wrong.' She elaborated that:

> **'You might be offered the perpetrators course and stuff like that through TfC, but she said the only way that we will allow him to do it is if he accepted that, and we know that he would never ever do that.'**

Mary described how her ex-partner's barrier to support-seeking is that he takes no accountability for his actions. When asked about the support he had accessed, she responded: 'He doesn't think he needs it. It's all other people. If you know what I mean. So, it's all other people's fault that this has happened. He's got to be right. You can't talk to him and highlight things.' Jane gave a slightly different account of her ex-partner's attitude to support, explaining that her ex-partner felt support services were just 'sticking their nose into his business.'

Some women spoke about concerns that their ex-partners had about being stigmatised if they were to access domestic abuse perpetrators' support. Regarding her ex-partner being labelled a 'perpetrator' through accessing a perpetrator programme, Helen questioned: 'You associate that with what you see on the telly. What guy is gonna want to be labelled with that? Or woman, whichever way round it may be. Who is gonna wanna be labelled with that? Nobody.' She felt that, while the label may be warranted, it could serve as a 'repellent' for her ex-partner. Jane attempted to convince her ex-partner to seek support on many occasions; she concluded that 'he wouldn't go because of the stigma attached to mental health.'

Finally, there were some practical barriers to accessing support. For example, Hannah considered that her ex-partner probably didn't have a solicitor, 'because he probably can't afford one'. She added, 'I actually felt a bit sorry for him because he got dropped and got no further support' once their case had been closed. She specifically hoped that he would be able to access awareness programmes: 'I just feel as if he does go in this drink awareness, behaviour awareness, drug awareness and realises what it does to other people. I think that can only be a good thing, really positive, but it just seems that it's taken forever.' Morgana felt that her ex-partner did not have the initiative to access support, and when he did access it due

to a mandate, 'the minute the case was closed, nobody contacted him afterwards.'

The participants agreed that one reason the men would not seek support for domestic abuse behaviours was that they did not identify as being responsible or at fault. Therefore, they did not recognise that they needed support and not accepting responsibility means that they would not be offered a therapeutic programme as they are not seen as having a 'readiness to change' (Philips and Wennberg, 2013). These views correlate with the men interviewed for this study, who appeared not to be driven by accepting liability but instead to appear to the family courts as open to support to gain access to their children.

Echoing the findings of Morran (2011), the women felt the reasons their ex-partners did not engage with domestic abuse support services was due to the stigma of being labelled a 'perpetrator of domestic abuse.' Again, the analysis of the men's interviews provided many examples of the stigma of domestic abuse being a barrier to them seeking support for their abusive behaviours. The term 'perpetrator' is widely used in policy and research (De Ridder 1997; Borgwald and Theixos 2013), with varying views on the use and implications of the word. De Riddler (1997) raises concern that it doesn't consider that diverse cultures can have varying definitions of abuse. In contrast, Borgwald and Theixos (2013) regarded the term as necessary when talking about bullies and agents of harm. As Monckton-Smith (2021) proposes, if we want those with abusive behaviours to change, they need the opportunity to reflect and take responsibility. To do this, we may need to reconsider the term 'perpetrator' while taking care not to understate the abuse (Nordin, 2019).

Women not disclosing abuse

The vast majority of women could articulate why they did not come forward or seek support earlier and sometimes gave more reasons why other people might be similarly hesitant. Women often referred to fear when explaining why they didn't seek help or leave the relationship. They were fearful of their partner at the time, afraid of judgement from others and the UK's CJS. Some women also felt that support was not appropriate for their circumstances, while others simply were not aware of the available support. Finally, others desired stability for themselves and their children, and they believed that leaving the relationship would put that stability at risk.

Fear of judgement was mentioned by two of the women regarding their thought processes before accessing support. Helen was in a unique situation, as she worked with people who she believed would have access to records of her accessing support, and she recounted that: 'At first, I was a bit personally like, oh God, there will probably be people that I know, that will see the records of this and stuff like that. So, I was a bit dubious.'

Morgana felt very strongly that her cultural roots caused her to fear judgement from others if she were to seek support:

> **'Maybe it's something that is being programmed into me, since in [country of origin] we are very reserved, and we find it very difficult to confide our problems. Because somehow there's something about the [country of origin] system that makes women feel guilty, fully responsible for problems happening in their marriages, and that's the mind-set I have had for a very long time.'**

Two women reported feeling fearful of the CJS in the UK if they officially reported domestic abuse to the authorities. Clara shared that she understands other women's reservations about coming forward due to her own experience with the CJS: 'I'm going through the legal side at the minute and it's horrific, and I totally understand why women don't come forward.' Morgana also had pre-existing reservations about the CJS, which she claimed she carried over from her country of origin:

> **'In the UK, one of the things I was very scared of was the court system, and I never wanted to have anything to do with the court. I don't know. I've always had the mind-set that a woman is disadvantaged somehow because we were disadvantaged in [country of origin]. That then gave me the mind-set that we had the disadvantage also here. So, I mean that had always been a fear for me.'**

Two women referred to a fear of one's abuser when discussing barriers to accessing support. Interestingly, however, both referred to this fear as something that another victim might experience. None of the interviewed women referred to this fear as a barrier to accessing support. For example, Helen hypothesised: 'I think you've got to want to come forward, and they might want to come forward, but don't dare come forward, I guess. Just 'cos of the situation and how frightened they are.' Similarly, Morgana referred to other women when she spoke about being fearful of one's abuser. She thought that 'a lot of women are living in terrible situations, circumstances, afraid to speak out, afraid of what the fall out of speaking out would be.'

Some women were aware of domestic abuse support services through various avenues but did not feel that their situation constituted domestic abuse at first. Helen specifically referred to the term 'battered wife', suggesting that she did not identify with this description because 'I only had one incident, I'm not a victim of long-term abuse.' She added that she reacted, 'God no, I'm not wasting their time when she was offered Early Help. I'm sure they have more demanding cases than me.' She elaborated on difficulties she had identifying that her ex-partner's behaviours were abusive: 'I didn't feel like I warranted their support if you know what I mean? Because I know how in demand the service is, but the Early Help worker was like, "No, you are a victim of domestic abuse."' Clara echoed this notion in her recollection:

> **'When I first got involved with WWiN. I kind of wasn't aware that I'd been in a domestic violence relationship as such. You know, I knew some things had gone on that I didn't like and stuff like that, but I thought domestic violence was like physical, so going to the group kind of opened your eyes like oh, oh yeah, that happened to me. It really opens your eyes to what's actually happened to you.'**

Hannah also had doubts about whether it would be appropriate for her to seek help. However, this was down to a desire to remain independent rather than a lack of understanding about domestic abuse services. She explained that she likes to 'Deal with things on my own' and didn't want to 'burden people or seek help.'

Two women explained that they were initially unaware of the extent of support available to domestic abuse victims. Helen was initially dubious about accepting support, as she believed it to be intensive, but when this notion was dispelled, she felt differently: 'I didn't realise the extent of the support that they offered, so once she explained it, I was like, oh

well, yeah can't do any harm.' Morgana had a unique perspective as an immigrant regarding the awareness of support services. She felt that initially, she 'didn't know who to talk to in this country,' and during her struggles, she recounted that 'I didn't know I would come across an organisation like Wearside Women in Need. I didn't expect that to be part of the experience, but of course, it's really helped me.' She concluded that, if she was unaware of the support, there must be 'many women out there that don't know they have access to help, like especially immigrant women.'

Finally, some women refrained from disclosing their experiences initially due to a desire for stability for themselves and their children. Helen revealed that she had her doubts about getting social workers involved in her situation. She recalled that her initial reaction to domestic abuse support was, 'I don't want to get involved with any of these people, 'cos, you know, they'll get social workers involved in this that and the other.' Jane was also apprehensive about getting involved with support services due to associating social services with a particular stigma:

> **'When social services ring you, I mean I felt physically sick, and the worst things go through your head, and really, it's not bad. I think it's a stigma attached to it, and I think if that stigma was gone, it wouldn't be so bad. You hear these horror stories of social services raging into your house, taking your kids away from you. They're away for months before they do the investigation. And it's not like that.'**

When considering family stability, some women were concerned that having their ex-partner arrested would lead to instability. When her friends encouraged her to report the domestic abuse, Helen retorted with: 'You gotta think of the boys as well, their lifestyle, the home, being supported. If he lost his job, they would lose all of that.' She elaborated on this dilemma, as she 'really want(s) him to be punished for what he's done to us, but at the same time I can't because I need him to support us.' Morgana felt that her culture gave rise to an attitude of persevering and struggling through domestic abuse:

> **'I didn't want to be like an alarmist. I know people have marital problems and stuff like that, but you know, I just felt maybe let me just keep managing. As we [country of origin] women would usually think about doing it for our children, you know, just to keep things together for the sake of our children. And that's what I was doing.'**

She also felt that women have to face a disproportionate amount of instability when coming forward about domestic abuse, stating that: 'The woman needs to face the brunt of the whole disruption in the home. It's the women that face all the life-changing experiences', whereas she believed that 'the men do nothing.' While support services told her, they did not want to disrupt her family, she argued that 'If they wanted us living together as a family, this man has got to change.'

Women in the interviews revealed barriers that prevented them from disclosing domestic abuse and seeking support, all of which have been identified to some extent in prior research. Fear of judgement, observed in the interviewed women, has been suggested as a barrier to the disclosure of abuse (Mackenzie et al. 2019), as has the fear or 'trauma' associated with CJS involvement (Baholo et al., 2015; Douglas, 2016).

Antle et al. (2010) found that female victims were not informed about support, and whether or not it was appropriate for them. The women in this study also indicated that they did not

know support was available for them initially or if the support was suitable for their needs. The women were mainly referred to WWiN through Early Help. However, Fox (2020) recommends that staff from other services should be more aware of the support and contribute to referrals as well.

A few women did not recognise that they were in an abusive relationship and did not seek support (McKie, Fennell and Mildorf, 2002). As Lloyd et al. (2017) proposed, the women described their abuse as a personal issue to be dealt with independently. There was a sense that they perceived their abuse as not as bad as other women's, which could be due to media representations of domestic abuse.

As found by Humphreys and Thiara (2003b), Peckover (2003) and Petersen et al. (2005), a significant reason the women didn't disclose the abuse they were exposed to was the belief that it would alert social services, and they would have their children removed from their care. Another concern raised, that supported Cole (2001) and Burman and Chantler (2005), was that a few women worried about the financial implications of leaving and the repercussions on maintaining their children's lifestyle.

Barnardo's, Impact Family Services and Gentoo (BIG)

The 26-week voluntary programme BIG, is provided by Barnardo's, Impact Family Services and Gentoo for men who have behaved abusively in their intimate relationships with women. The behaviour programme accommodates is group work with up to ten men at a time.

As shown in Figure 4, five superordinate themes were identified: access, denial, taking part, life-changing and programme reflections.

Figure 4: Emergent superordinate and subthemes: BIG

Access	Taking part	Denial	Life-changing	Programme reflections
• Drivers for accessing the programme • Ease of getting on the programme • The stigma of domestic abuse and support-seeking	• Feelings about joining • The benefits of group work	• Not accepting responsibility • Other types of domestic abuse are worse	• Accepting responsibility • Learning about domestic abuse • Learning and applying behaviour regulation strategies • Stronger relationships	• Exceeded expectations • Programme improvements • Raising awareness of domestic abuse • Needing further support

Access

Drivers for accessing the programme

All the men shared their drivers for accessing the programme. All had children, and Sam, Nick, Frankie, and James had experienced a restriction of access to their children. Sam remarked that it was unlikely he would have sought out the course if Cafcass had not mandated it:

> **'I went to court to see me, children, together. To get a contact order. Cafcass turns around and says they want us to do a domestic violence course. So, they wouldn't let us proceed with the court case until I'd actually done that course. If it wasn't for Cafcass being like right, we won't accept you in court unless you do this course, then I wouldn't have done the course. I woulda still fought it.'**

Nick had similar experiences to Sam. However, he did not perceive that it was mandatory, explaining instead that, '[Cafcass] suggested that it would look good for me if I'd done the programme, but it was up to me to self-refer.'

Frankie also affirmed that access to his child was the main driver for applying to the course: 'So I had like, yeah, a bad relationship with me ex-partner and with me new partner now, we were having

a baby. So, I was just doing everything we could just to get the baby home. So, I had like social services like, involved.'

James did not have access to his children but did not directly cite this as his reason for attending the course, although he did suggest it was recommended after the children were taken away: 'We couldn't find anybody to look after our youngest one. So that's when they did. They gave me the opportunity to do the BIG project.'

Austin's motivation for accepting a position on the course was also related to his child, but he did not mention that he had been denied access to his daughter. Rather, he explained that: 'Purely havin' her I needed to change. I wanted to change as soon as havin' her. I wanted to learn to respect women and stuff.'

While some of the men were mandated to access the course, they still made some references to other sources of motivation that were less externally driven. For example, Sam emphasised the importance of wanting to change:

> **'Like in yourself, you've gotta need to change, if you don't wanna change then, you just go in there just to tick a box. If you've been sent there by social or a court, you've gotta actually want to change yourself; otherwise, you won't learn a thing and you won't put it into practice.'**

James also had a general motivation to seek support before he was aware of BIG: 'I'd always said that I would basically undertake any support or – or be thankful of it, so I said I would definitely go for it.'

Most of the men exhibited controlled motivation in their drivers to access the programme. When asked what led them to access the programme, Sam, Nick, and Frankie directly referred to a mandate or suggestion from social services that they should access the programme, which Philips and Wennberg (2013) would argue is controlled motivation as the 'behaviour is performed only to satisfy an external demand' (p. 2).

There was also evidence of autonomous motivation for some of the men in the present study. James' claim that he would be thankful for support opportunities suggests some level of intrinsic motivation to change. Sam made direct reference to concepts underlying autonomous motivation, highlighting that 'in yourself, you gotta want to change' – exhibiting intrinsic motivation. He rejected the notion of completing the course 'just to tick a box,' which is a prime example of external demand.

While the literature on the extent to which autonomous and controlled motivation influences therapy and support services outcomes are inconclusive, it is still relevant to examine the origins of participant motivations in the present study. Examining why participants access the service can help the service providers understand their target demographic and which participants may demonstrate greater engagement and/or positive outcomes upon course completion.

Ease of getting on the programme

The vast majority of the men gave feedback on the ease of access to the programme, which was generally positive, with participants citing distinct reasons while detailing their first-hand experiences of signing up to the course.

James spoke about the procedure he went through to access the course and felt it was timely and straightforward:

> **'From what I remember, I think after I'd been through all the questions and stuff that she had to ask for us, she said, well you definitely qualify for a place on the course**

if you'd like to have one. If you sign the form, then basically, you're going to take a position, and you'll come down on whatever date I'd agreed on, start the course basically. I think I was there a week or two later; it wasn't long.'

James also noted that the available options regarding dates and times of sessions were suitable to his schedule, 'Mondays was the best day for me cos that's when I'm off from work.' Sam felt more restricted by the timings due to his schedule, stating, 'I had to pick the Thursday one because I was working all the time and I couldn't guarantee the Saturday morning.'

Frankie also concurred that there was little difficulty in accessing the course. He self-referred and declared: 'It was quite easy, it was. It gives you enough information and, like, tells you what it's all about and what you do and stuff. Yeah, I just signed up and then I had like me assessment within a couple of weeks and then I got straight on.'

Sam had a different experience with accessing the course and recalled the difficulty in doing so on an earlier occasion in a different region regarding gaining consent from his partner, explaining: 'Me current partner at the time, she didn't want her name mentioned so when [it] asked who your partner is I says: well, she doesn't want anything to do with the course; [they] says: well, we can't allow you to do the course'. However, he elaborates that his experience with accessing the programme in Sunderland was more positive: 'As soon as Sunderland social services, I was invited to conferences, asked questions, I was involved in everything. So, I've been more impressed with Sunderland.'

James did not feel that support services, including the BIG programme, were made available to him in a timely manner. He believed that he should have received support of this kind much earlier, considering his circumstances:

'Like I say, I think all the different support and stuff that we've managed to access ourselves should've been given to us from the very beginning. But they weren't. We had to obviously go out and do it off our own back. It was only like I say, it was only a good six or seven months down the line when we started getting things offered to us, courses, and stuff to do. And obviously by this time, by the time we got all this stuff, obviously the damage had already been done. And there was, y' know, we'd kind of gone past the point of no return.'

However, James did clarify that he was satisfied with the punctuality of starting the course once he had accessed it, 'It wasn't so bad for me because like I say with the BIG project, it was only a couple of weeks from when I had the induction to when I actually started the course.' Nick also wanted to access the course earlier but felt that he could not give fair feedback due to complications from the COVID-19 pandemic. When asked if it was easy to get on to the course, he said 'It probably is in the real world. But because of this pandemic we've had, I don't know.'

There is little research on ease of access to perpetrator programmes, as opposed to victim support services. Therefore, the interviews with the men provide important insight into the factors that facilitate and obstruct access to domestic abuse support services for those who have perpetrated abuse. It is vital to examine whether services are easy to access for perpetrators as well as victims. Schreiber, Renneberg and Maercker's (2009) study corroborates some findings from the men's interviews in that factors such as time,

location, and knowledge/information influenced perceptions of accessibility.

Data has shown that people involved in domestic violence often wait a dangerously long time before finally accessing support services (Safelives, 2015), and easier access to support for perpetrators could play a role in shortening this wait. Punctuality, a factor covered in Schreiber, Renneberg and Maercker's (2009) study, was a key factor for the men regarding the length they waited to access the course. James was adamant that a delay in being offered support services was the reason that his family had been damaged 'past the point of no return.' Conversely, Frankie found that the course start date arrived promptly after signing up. James' clarification that he was also positive about the timeliness of the course once he was signed up suggests that the length of time between sign-up and course start date is not an issue. Regardless, the length of time it took to be offered the course through other services could be improved. Men on the course also found sessions and times that worked for them.

There is also some evidence that accessibility differed between regions. Sam claimed a positive experience accessing the programme in Sunderland but shared his frustrating experience in another region. He also stressed that there was conflicting information regarding this issue, and Schreiber, Renneberg and Maercker (2009) argue that clear information is key to facilitating access. Frankie believed that he had access to all the information he needed about the course, suggesting that this issue may not pertain to all providers and regions.

The stigma of domestic abuse and support-seeking

Some of the men expressed concern that they felt stigmatised and that this impacted the extent to which they felt comfortable seeking support. These feelings arose from various sources, such as social workers, peers, partners and family. It also manifested in various forms, including perceived prejudice against perpetrators and threats to masculinity.

Sam blamed his ex-partner for his experiences with stigma, as he would have to change social worker when she was involved in an incident with their children:

> **'I'm not even like involved in the children's lives, but I'm still getting labelled, because of what she's doing, because she was like subjected to abuse, then they put it down to that, so I'm being labelled all the way through.'**

He felt that this led social workers to label him before meeting him, claiming, 'Whatever is written in front of them they take that as fact, where really… it's not. 99% of it's not.'

Nick revealed that he would hide his participation in the course initially due to concerns about stigma, reporting that he 'didn't want anybody to know because of the potential stigma that goes with it.' He elaborated by providing anecdotal evidence of this perceived stigma:

> **'One of me old bosses when I first started the course, he says 'Oh, you've gone to your naughty boys class' like that was just tongue-in-cheek joking around to us, but to a lot of people, they think like: 'you've been a bad person so ya must go here'. If that could be like, really looked at and it's not because you've been a naughty boy as if to say it's going to improve your life.'**

Upon realising the course's positive impact, Nick claims that he changed his perspective

and said that he was 'only too happy to tell anybody and everybody that I'm doing this course because... it's for the right reasons.'

Threats to masculinity were also mentioned when the men were asked about their attitude to seeking support. Sam felt that 'getting men to actually seek support is hard because some men are just too proud. He presented his own first-hand experiences with this attitude, stating: 'If I need something doing, I'll go out and do it meself or get over it meself. I'd rather learn meself, rather than ask somebody else.' He concluded that he still agreed with this perspective, believing that 'I think people respect you more.'

Austin, when asked for his opinion on why men are less likely to seek support, responded that cultural perceptions should be considered:

> **'Obviously for people like me, well I've been to like jail 'n stuff. People like me think they're like a lad's lad; that's where they've gone wrong so they don't wanna seek the help, so like if they could see more lad's lad's kind of people, like more like criminals and more like streetwise kind of people like meself, like, doin' well off that course, they would see that.'**

Numerous examples of stigma were discussed in the men's interviews and in all cases, these were associated with barriers to seeking support. The responses correspond with research about the barriers to males seeking support in a variety of ways. Men were concerned about being labelled due to their abusive behaviour and their participation in the programme. Using the 'perpetrator' label is common in policy and research (De Ridder 1997; Borgwald and Theixos 2013), and the men's interviews showed that there were worries about living with such a label. Sam's belief that social services were labelling him, and Nick's concern about being labelled as a member of 'the naughty boys club' suggests that such a stigma could be a barrier to accessing support, as doing so may imply an admission of perpetration/guilt. Nick's responses indicated that engagement with the programme alleviated some of these concerns.

Mentions of values that underpin masculinity were also observed in the interviews. Literature showing that men perceive support-seeking as a weakness, and a threat to their masculinity (Huntley et al., 2019) was also reflected in the interviews. Sam felt that he would gain respect from dealing with his problems independently, and Austin felt that people like himself might not want to seek support to uphold their image of being a 'lad's lad'. Pride is also a central masculine value that can obstruct support-seeking (Cecil, McCaughan and Parahoo, 2010); a notion supported by Sam's assertion that some men are 'too proud' to seek help.

Taking part

This superordinate theme was identified as the men shared their perceptions and experiences of a focus group approach. There were commonalities between the men regarding their experiences when they first joined the course and as they became more familiar with the other members.

Feelings about joining

Most of the men commented on how they felt about joining the course and their first session. Experiences differed depending on the disposition of the participant, as some were more confident than others.

Nick did not feel nervous about joining the group sessions, as he proclaimed that he was 'quite a confident person,' and that the group

sessions ''doesn't faze us at all, doing anything like that.' He went on to explain that he was one of the more vocal members of the group. On the other hand, Austin was open about how nervous he felt before attending the first group session, admitting 'I was really nervous about gan' to it like as a group and stuff like that.' He expanded on his feelings, noting that he was uncertain about his expectations, 'I just I dunno and didn't expect what I got.'

The experience of feeling nervous because of unclear expectations was echoed by James, who described a similar experience and jokingly referred to his specific expectations of the other group members:

> **'I was a little bit apprehensive at first. I didn't know what to really expect or anything. Like I didn't know as to what the other fellas were there for. Obviously, I knew it was all to do with like violence and domestic abuse an' that. I'll sound silly, but I was kind of expecting you know when you see it on films of like being in a prison kinda, 'they're all like massive blokes with like teardrop tattoos under their eyes and tattoos all over them and stuff'.'**

Most of the men spoke positively about induction procedures and generally felt that overcoming this initial step helped them become more comfortable and to engage with other members.

James explained how members were asked to 'check-in,' in order to introduce themselves to one another and how it helped him find similarities between himself and other members:

> **'So, it's basically 'who are you', y' know? What your name is, what your wife's name is, who your kids are, what kind of services are involved like local authority or solicitors, courts, things like that. It basically gives everyone else on the course opportunity to learn a bit about you, but it's giving you a bit of an opportunity to learn about them. It surprised us how many people are in the same situation.'**

Frankie described his change in attitude as he became more comfortable with the other members: 'It's just like the first day it's a bit daunting but, as it goes on, you like, you get to know each other, and then you feel more comfortable in talking.' When asked if he was comfortable sharing with the group, he replied: 'Me first couple of days I wasn't, until we like got to know we like, like the other people who was there and [as] soon as you feel comfortable, you just start talking about it.'

Sam also mentioned that he had observed similar changes in new starters who started the programme later than he did. He described that: 'When they come in, they were a bit dubious to know... what to expect n' things like that. And then it's like somebody's started to talk, like if I start talkin' then they would open up a little bit more.'

The benefits of group work

Most men made remarks about their positive experiences with the group format of the course. They made comparisons to one-to-one counselling, described the dynamics of their particular group, and commented on the atmosphere that encourages collective progress.

Nick and Austin both referred to a collective effort adopted by the group, with Nick remarking that 'We've all supported each other through it.' Austin elaborated further on this effort, clarifying that, 'Everybody's opened up and there's not, there's not anybody who's draggin' their feet, and everybody's putting their bit in.' Austin later referred to their collective struggle again:

> **'I just feel like if we're all honest with each**

other an' we're all honest with what we've done an' stuff like, we've got a good group and we're at a good place, we can deal with it.'

The men talked about how the format promoted engagement from all members rather than passive observation. Austin recalled how he felt the need to share despite initial nerves: 'I wouldn't say easy; it's uncomfortable, but... like, I get more out of talkin' than I do by sittin' there silent'. Sam shared strategies that the group leaders used to evoke discussion, describing that 'they try and get you to argue with each other like confronting each other. If you don't agree with something that somebody's said, then they get your view across.' James had a similar view that engagement and honesty were key within the group:

'I'm always trying to be... trying to be as open as what I possibly can with them. If you're going to be, you know, not talk about much, then you're not going to really solve any problems really. You've gotta go in and have a bit of an open mind and be willing to talk.'

Some of the men also expressed the value of shared experiences within the group. James found that shared experiences helped him feel more comfortable speaking in the group, reasoning that 'the other people you do the course with have heard this stuff from either themselves or others on the course.'

Men also made explicit reference to their preference for group therapy as opposed to one-to-one sessions. Austin talked about his experiences with other services like anger management, and revealed that: 'It was just like, face-to-face with one person and it was like. I don't think face-to-face with one person, you're sharing things and you're not opening up to people. Like I think group sessions is the way to open up.' Sam held a similar opinion. He thought that: 'The group sessions are better than the one-to-one would be, because I think you're just sat in a room talking, and you're not really taking it in.'

The men often praised the benefits of group therapy and understood that honesty and openness were key to taking advantage of the format and for learning to take place. The first of these benefits was interpersonal learning, a universal benefit of group therapy (Sloan, Bovin and Schnurr, 2012; Crowley 2017). As with Crowley's (2017) research, the men remarked on the importance of sharing perspectives and learning from one another, as they were all in similar circumstances. The interviews referenced the techniques that the group convenors used to elicit conversation, discussion and even confrontation.

The interviewees also referenced a sense of community and collective effort. Shared experiences allowed the men to obtain another universal benefit of group therapy, a sense of social connection and cohesion (MacDonald et al., 2003; Hays et al., 2007; Sloan, Bovin and Schnurr, 2012; Pert et al., 2013; MacMahon et al., 2015; Crowley, 2017), describing their peers as 'friendly', that they 'support each other', and believing that this environment was pivotal to their positive experiences with the programme.

Denial

'Denial' describes instances in which the men tended to deny the severity of their actions, blame their current situation on somebody else, or downplay their abuse by comparing it to other forms of abuse. Comparisons also invited claims that some of the course content was unnecessary for men who felt their actions were not as bad as other course members'

actions. One of the BIG aims is to encourage the acceptance of responsibility and blame. Therefore, it is relevant to examine responses to the contrary.

Not accepting responsibility

Only one man gave responses that entailed the shifting of blame to a certain extent. Sam placed some blame for his current predicament on his ex-partner, implying that she had manipulated those around her. Regarding his arrest and incarceration, he displayed some doubt as to his ex-partner's motivations: 'I got sent to jail for threats to kill. So that's what I went to jail for. But she reported it five days later. Like, after the fact, because we had another argument.'

Sam did not accept responsibility for having access to his children prohibited and denied claims that he had told his children to hurt his ex-partner, stating: 'I never said those words', and gave the alternative explanation that children try to please both parents. He added, 'That might be what the child was on about, trying to keep mammy happy… because mammy doesn't want the kids seeing daddy.' The social worker told the ex-partner not to let Sam see the children anymore and Sam felt they 'should've been *aware* of [the child trying to please both parents]. And he probably was, but he didn't tell me ex-partner that.'

Other types of domestic abuse are worse

While most men did not directly reject blame or responsibility for their actions, some men tended to downplay or minimise the abuse they inflicted on their partners. After learning about different forms of abuse, some men referred to their abuse as 'just verbal.' The men would also compare their actions to other members of the group that they perceived to be more severe or 'worse.'

Sam claimed that he had only committed verbal abuse and frequently compared this to physical abuse. He stated that his abuse 'was nothing physical, like between me and me partner, it was always **just** verbal, like shouting at each other.' He also directly compared his abuse to that of other members of the group: 'The few lads I were in with, all of them were physical violence. And I was the only one that was just verbal.'

Despite Sam saying that he was incarcerated for 'threats to kill,' he denied the possibility that his verbal abuse would have escalated and did not believe course content about physical abuse was appropriate for his situation:

> **'The like physical violence, there was a lot of that in the group. Like a lot of courses on that, and, I was sat there, I was like, well that doesn't really apply to me because I never actually done it. I never, y' know, I'd never do it. Whereas the lads that were on the course, they were all violence, y' know so, like yeah it would've benefited them, but it wouldn't have benefited me.'**

Nick also remarked that he felt some course content was not beneficial to him when comparing his own actions to those of the other members:

> **'So, everyone's in there for different scenarios, and there's things there like the verbal side of it, that applies more to me, and there's other categories that apply to other people, y'know there's horses for courses as they say.'**

As suggested by Kelly and Westmarland (2016), the men placed themselves outside of the category of violent men and, through repeated use of the word 'just', showed they too were trying to minimise their domestic abuse behaviours.

Blame was also placed on the ex-partner in one instance. This is a common occurrence in domestic abuse (Henning, Jones and Holdford, 2005) and it is coupled with minimisation of the offence by reducing it to a single occurrence, which also aligns with observations made by Kelly and Westmarland (2016).

Life-changing

This superordinate theme concerned the participants' experiences and reflections of how the BIG Programme impacted them, their partners, and their children.

Accepting responsibility

With only one exception, they claimed responsibility for the impact of their actions on their partners and, in some cases, their children. Sam shared that:

> **'You've gotta take responsibility for your own actions, your own self. Rather than like a couple of years ago, I would just turn around, and I'd just say, "what the fuckin' hell you on about fuckin' you took your time" and like blame her. I was guilty of most types of abuse. But just not the physical side.'**

Whereas now, Sam reflected that the situations that happened were his fault, and he was able to recognise this following the BIG programme: 'Where really it would be like... I didn't check the timetable because my phone was dead. So, it was my fault, so owning up to me own like, taking the blame.' He felt it was the BIG Programme that enabled him to challenge his perception of who was at fault: 'So they do encourage it. I done this, I done that, I am responsible for my actions.'

Nick also took responsibility for past behaviours, self-referring to the service:

> **'That's why I self-referred, 'cos of my mouth. You cannot unsay something, and some of the things that used to come out with were quite nasty and offensive, and I didn't obviously mean it. I knew there was something there that I needed to work on, not just for the loss of jobs as well, like friendships as well, like fallouts, unnecessary fallouts.'**

Likewise, Austin shared that the programme allowed him to learn about himself and the impact of his actions on others, 'The programme learns you a lot more about yourself, and just to accept what you've done and accept that that's like, that's all because of my own actions like, just about taking, just taking blame for us and just taking responsibility.' He recognised his behaviour needed to change but required support to understand what he needed to do 'At the time I knew, I knew, I knew me behaviour needed to change but, it was just like getting to grips with what I needed to do and just do it.'

Frankie was driven to take responsibility for his behaviours to convince children's services that he and his partner were able to care for their children:

> **'Just to prove to people that I've changed, 'cos I've got another three children, and they're like living with family members, and I wanted to get this baby home, so I proved to, like, Together for Children that I've changed.'**

He reported that the programme worked, and they were closing his case in the coming months, and he was now approved for unsupervised access: 'Then it turns out like, being on this... course and stuff it's shown people that I've changed. Now I get to see them every week, and like, it's unsupervised so I can just go to like, where they are pick them up and

take them out meself.' Frankie believed that it was the programme that challenged him to recognise his abuse behaviours and the impact on his children: 'There was arguments, but there was never no violence, like name-calling and stuff but now, knowing what I know, it's just as bad. Like the effect, it can have on 'em.'

Only James failed to claim responsibility for his abusive behaviours. He felt that despite an incident resulting in an overnight stay at the police station, he did not see himself as abusive. He described how both he and his partner would argue and shout at one another 'but there was no involvement with the police after' like the first' like incident, like a couple years ago. There was a one, one night, one night stay in a holding cell for me.' He disclosed that he and his partner had attended numerous courses to address their problems including, 'The BIG project,' 'the women in need,' 'the anger management,' 'marriage counselling' to sort out all the problems. But they haven't basically paid any attention to it.' James's driver in accessing services was to regain access to his children who are no longer in his and his partner's care.

Seemingly due to the programme's impact, the vast majority of the men claimed responsibility for their actions and its effect on their partners. This supports the findings of Westmarland, Kelly and Chalder-Mills et al. (2010), who found that successful domestic abuse programmes gave participants enhanced awareness of themselves and the impact of domestic abuse on both partners and children. Only James was not yet accepting responsibility for events that occurred despite being held by police. The lack of acceptance could be because he had six weeks of the 26-week programme remaining.

Learning about domestic abuse

All the men acknowledged that the BIG Programme gave them new knowledge and understanding of what constitutes domestic abuse. Sam explained:

> **'You've got like different ranges of, like, abuse. So, it's not just shouting like shouting at each other and violence. That's what, at the time, I was classed as domestic violence, but like actual assault. So, an argument, if you're just shouting at each other, I wouldn't class that as domestic violence, but apparently it is.'**

Frankie felt he did not have prior insight into what domestic abuse was: 'It's just given us more insight into what domestic violence was 'cos I didn't really have much of an understanding of what it was. I've learned quite a bit from it.' Similarly, Sam added that he hadn't realised he was being abusive until he was told by the BIG Programme facilitators: 'But it opened me eyes to, like different ways of what abuse is. You know? Like I didn't realise when they were asking us questions.' He also described how through the programme he learned about coercive control: 'You can't control that person, that person's their own person, not your property, y' know if she wants to go out, she goes out. There's nothing you can do to stop her.'

Sam was able to share his learning of how verbal abuse can escalate to violence:

'It can escalate to like, actual physical violence. Verbal can escalate to physical violence, but the way they teach ya if somebody is like, verbally abusive. The way they teach ya, they teach ya like getting this mind-set an' talk calmly an' think about things before the situation kicks off. If they teach you that first, then the physical violence wouldn't

even come into it, if the person actually knew about it.'

The programme also had an impact on Sam's understanding of how exposure to hostile home environments can impact negatively on children:

> **'It was about their parent and child, and they've got like a jigsaw puzzle out, and they were saying like put into the pieces, there was a picture of a child in a cot who's lonely; there you go that makes up a child health and education. Things like that. So, it was like, if you take away one bit of that, so that child's, like, being abused an' hearing mam and dad arguing. If you take one of them away, the whole rest fall apart.'**

James also felt that learning about the impact of exposure to domestic abuse on children was important: 'The course doesn't just go on about like the effects on, a marriage or a relationship, it goes on about the effects of the kids.'

Like Sam, Nick and Frankie remarked that the programme educated them on types of domestic abuse: 'It's opened me eyes to lots of different areas of because I didn't really understand the extent to it, but I'm getting there. I'm certainly still a work in progress, but there's a lot to absorb' (Nick) and 'I've learned the effect of it and what it is' (Frankie). The impact of learning about domestic abuse was described by James as enabling him to identify his behaviours as abusive:

> **'The stuff that I've learned has been really good as well, like it's definitely helped us see things, like from a different point of view sorta thing, like whereas before, obviously when you hear about domestic violence and stuff, you imagine like physical stuff you don't think of like the other side of things like the mental side of things and stuff.'**

Both Austin and James remarked that they come away from each session having learned something new: 'Ya never gan down each week and come away with nowt; you're comin' away with all sorts every week. And yer thinkin about it all week. It's like, just even, even things like havin a conversation with yer kids about what's, what's gone on' (Austin) and 'I always seem to take something different away each week' (James).

James was able to articulate how the programme had helped him see the impact of his behaviours on his partner, 'like constantly thinking of meself kind of thing, it's helped us kind of like open me eyes to how like she would be feeling about things.' He also shared that being educated about domestic abuse could potentially support him in the future:

> **'It's always helpful to know as much as what you can about a certain subject. Just in case that sort of situation comes up in the future or something, and I think, oh well y'know, I've learnt about this stuff before I know how to deal with it kind of thing.'**

A theme that arose throughout the interviews was that men had different definitions of domestic abuse before and after their participation in the course. They repeatedly mentioned their initial confusion at being labelled an abuser, especially those who had claimed they were never physically abusive. Difficulty in identifying and defining domestic abuse is not unique to the men in this study, nor perpetrators in general. Some of the men felt victimised themselves and struggled to recognise habitual and nonspecific patterns of behaviour, factors that Winstok (2007) suggests contribute to difficulties defining terms like 'perpetrator'.

The men described not understanding that domestic abuse included a range of types of

abuse beyond physical. Relationships education in primary and secondary school is now a statutory requirement (DfE, 2019; 2020a) but was not during the men's schooling. This could be the reason for their lack of knowledge and understanding of domestic abuse. However, since attending the programme, there is evidence that these gaps in knowledge and understanding have been somewhat addressed.

Learning and applying behaviour regulation strategies

All the men felt that the programme equipped them with strategies they could apply within their relationships. Frankie reported that the programme changed his ways of thinking. For Sam, it was learning his trigger points that helped him most in changing his mind-set: 'Mainly for me, it was trigger points. 'Cos I always knew all the rest of it, I mean like, the trigger points like, the *starting* of the arguments.' Likewise, Austin remarked that he too benefitted from learning a range of behavioural techniques: 'I love it, me. I love it just purely just 'cos it just teaches ya about yourself like obviously your triggers and like learn you points and just learns you a lot of new behavioural techniques.' He seemed surprised by the impact the programme had on him and his way of thinking:

> **'I cannae believe like how much they're getting out of us. I weren't expectin' that. I was thinkin,' ah it's gonna be another like, another like group where they pamper ya and teach ya little things and like, I dunno. I just weren't expectin' it to be this intense and this like, well it affects ya this much and gets to ya head this much it's a big course like.'**

James agreed that the programme gave him, and other men, approaches such as 'time out' to diffuse situations, 'A few of the other men have talked about, how they used to get like angry before, they used to get wound up before, but being a part of BIG's given them, like approaches, like time out. I think one of them said is they just, just walk away.' Like Sam, James felt that the way the programme teaches you to identify your triggers is helpful:

> **'They basically try to say like, everybody's got a different trigger. Whether it's like butterflies in your stomach or sweaty palms or anything like that, then as soon as you feel that comin' on, just say, look I need to go an' take a time out and go an' get yourself away for a bit of time, chill out y'know? They break it down into like an hour. So, it's kind of goin' away and just clearing your head an' then thinking about what's gone on and stuff and then preparing yourself for coming back into the situation.'**

Nick took comfort from being told that his behaviours could be changed: 'Everything you've learned can be unlearned and I didn't really understand the concept of that mostly. Now I do; it's quite surprising. But it's very eye-opening.' Sam reflected that the taught strategies helped not just him but others. 'Maybe I'm a bit brainwashed by it, I don't know, but it's working for me, and it's working for the other lads on the course as well.'

All the men were keen to share how their newly acquired techniques supported them in regulating their behaviours and diffusing situations with partners. The primary approach used for de-escalating situations was walking away (time-out) and returning once they were calm. Sam and Nick were able to talk about how they continued to apply this technique, moving away from potentially hostile situations, later returning to talk calmly about what had happened: 'Just walk away and then go back when you've calmed down, and just have a

conversation. I don't want a reaction. I wanna like sort the matter out, sort the problem out' (Sam). Nick also shared the importance of calming down: 'You just keep your mouth shut, walk away, gan back when you've calmed down an' have a conversation.'

Sam talked about how in situations where he would have previously 'blown up and reacted', he can apply what he has been taught about managing his responses:

> **'What I've learned over the course; if like something kicks off, or if I'm out somewhere like bickering starts. I'm thinking in me head: I'm not having this, so I'd like revert to what I've learnt on the course. Y'know, so I'd like learn my trigger points and things like that. So, like I'll assess the situation an' I won't kick off.'**

Sam gave multiple examples of applying the strategies taught to him on the programme. He was proud that he had overcome his temper, recognising the positive impact on his demeanour: 'The moment you start putting it into practice, like I found that, it works. And you do feel yourself being a lot calmer and a lot more placid. Rather than just being uptight all the time and being on edge. So, it has worked for me like, massively.' Sam is now in a new relationship and was confident that his attitude had changed for the better, taking responsibility for his actions and thinking before he acts:

> **'If I'm out with her, like, I'll either apologise to her if it was my fault or if it wasn't my fault. But in me mind, I'm just like stayin calm all the way through, and I'll be like, I'll be asking questions, I'll not like kick-off: 'you coulda walked round there' or 'sorry I was standing in the wrong place, sorry my fault'. I'll take responsibility for me actions, and that's just when I'm out and about. Y' know?'**

Sam reflected that he can now consider the implications of his reactions: 'I'll think about the situation first. I'll think: what could happen at the end of the situation? It's always just going to end up in an argument or fight, so I'll defuse the situation before it gets there now.' He also commented that his friends have noticed he is calmer and more relaxed, giving an example of how he has changed 'If I'm out and someone bumps into us a coupla years ago I'd turn round and say what the bloody hell you, like what you doin buy us another pint and all that. But now I'll just turn around 'ah sorry mate'. I'll apologise to them.' Interestingly, Sam feels able to recognise when others are in abusive relationships based on his experiences:

> **'Even people walking down the street. If they're like bickering and things like that. I'd be able to notice just on, like the woman's face, like is she being... is she like scared of him or, is she being like passive and just agreeing like being the 'yes' person an' just lettin him get away with it or is she scared.'**

Nick talked about how the approaches taught on the programme changed him as a person, making him happier: 'I'm not argumentative, I'm not getting annoyed by stupid little things and just little things like that. Just little pointers here and there, and it just changes your mind-set.' He disclosed how over the years, his argumentative responses led to losing employment, but like Sam, the programme has given him the time out technique that works for him: 'Now I just, if I'm annoyed, I'll walk away and I'll go back when I've calmed down, and that was the thing that, the main thing they taught was the time out. I am a different person. The time out on the course, well it's like if you can feel yourself get, like the adrenaline gets flowing, and somebody said something that, like irritates ya, just walk away.'

Men would often refer to their 'triggers' when explaining how they have changed their behaviours and interactions with their partner. This included identifying and recognising internal triggers, biological markers such as sweaty palms and high adrenaline, and external triggers like comments from their partners, altercations, arguments, and confrontations. The triggers reported by the men corresponded to well-researched precipitators of domestic violence (Sell, 2011). They also understood that learning these triggers was crucial to preventing escalation. Most importantly, the vast majority of the men believed that knowledge of their triggers had not only helped them avoid specific incidents but had provided more holistic benefits such as a calmer temperament. Some of the men even recalled scenarios in which they used these strategies outside of their domestic environment.

All the men were able to talk about how the programme gave them strategies to de-escalate and regulate their potentially toxic behaviours once they had been exposed to their triggers. The most used approach was time-out, which allowed them to engage the brain's rational part rather than the fight or flight reaction (Ananias Foundation, 2020). Drawing on the time-out technique when they became stressed was clearly beneficial to the men's intimate relationships, although as Debbonaire, Debbonaire and Walton (2003) suggest, it signals to the partner they are at risk of domestic abuse. Gondolf (1987) also supported that view, proposing that the time-out technique is not a cure but instead indicates there continues to be a risk of abuse.

Interestingly, some men shared that following a time-out, they returned to their partner for a conversation to talk calmly and in a measured way about what had occurred. This demonstrates the positive impact of the programme on sustaining a healthy relationship.

Stronger relationships

Some of the men discussed how the programme had been influential in improving and changing relationships with their partners, new partners, and children. James felt that learning to care more, be open-minded and interested in his partner meant that their relationship became stronger. 'It's helped, it's helped me an' me wife a hell of a lot; it's definitely strengthened our, our relationship.' He reflected that improving communication was key to building a stronger relationship: 'We're definitely able to communicate better and even like the little things of cuddling and stuff and sitting watching TV together, or you know, being in the same room, not necessarily like talking to each other, just sometimes like the body language and stuff.' He conveyed that he had become more responsive and aware of her point of view and needs:

> **'I don't know how to explain it. It hasn't really affected one thing, it's kind of like had an impact on quite a lot of things from the way that like, I deal with things day-to-day, to the way that like, I would talk to me wife and stuff like that. Just like, it seems to have affected loads of different things; it's definitely helped us get through things and see things through her eyes.'**

James recognises that he was dismissive of his partner before the programme and was not aware of her emotional needs. He appreciated being taught the time-out technique, but since changing how he engaged with his partner at a more emotional level, he has not had to apply it. James reflected that he changed his behaviours to ensure she feels cared for:

'I used to just collapse in front of the TV. I wouldn't show me wife like any like sort of emotion or anything like that, y'know? It would make her feel as if I wasn't wanting to see her when I came in. Whereas now, when I come in, I'll give her a hug and I'll give her a kiss, and I'll ask how her day's been and if she's been up to anything or how did it go. I'll show a little bit of interest in what she's been doing, which obviously makes her aware that I'm interested, kinda thing, in how she feels and how she thinks, y'know if there's anything that she wants to talk about that's happened during the day or anything. Then we'll sit and have a talk about it, something like that, whereas stuff like that never used to happen before.'

Like James, Frankie expressed that he too was disinterested in engaging with his partner. 'I used to be angry a lot, I used to just, not be bothered and like argumentative and that but now, I'm like, I know about time-outs and stuff, like just, for us to go and like have, an hour to cool down, so I didn't like have arguments an' stuff.' Austin was hoping that in the remaining nine weeks of his programme, he would learn other strategies to support him in dealing with relationships. 'Hopefully, we can move on and learn more stuff in the future, for when we are feeling like, angry or upset or whatever, just to deal with it in a better way an' just talk and just listen to people.'

Nick described how his relationship with his children changed as his learning on the programme led to him overcompensating during his supervised access. He sought advice from the programme facilitators on how to improve the relationships with his children.

'It's probably made us a little bit too soft, but last night I had the conversation about the impact on the children. They gave us quite a few pointers. You cannot overcompensate for time lost and things like that, and you can't be too soft. You gotta learn to say no and things like that. That's what I'll be taking onboard for someday when I see them again.

One of the men interviewed explained that he and his partner were denied access to their children because they stayed together. This is a likely explanation as to why the other men were not with their initial partners anymore, and any mentions of improved relationships were about new partners or their children. A desire to improve relationships with partners or children was observed in some of the men, corresponding with findings suggesting that this is the overriding motivation for accessing domestic abuse programmes (Morgan, McCausland and Parkes 2019). Regarding the outcomes of the programme, men reported improved communication, fewer arguments and less disinterest in their relationships. Effective communication and greater respect are highlighted in Westmarland, Kelly and Chalder-Mills' (2010) reported outcomes of a 'successful' programme, and there is some evidence in the interviews that these are present in relationships with the men's current partners.

Programme reflections

Exceeded expectations

All men were unanimous in the view that the course had exceeded their expectations. James commented, 'it's definitely been a really big help doing the course and stuff I really enjoy doing it.' Likewise, Sam stated, 'it's been excellent; I've enjoyed every week, every day I've been there.' Nick also held the programme in high regard, saying:

'I'm enjoying the course. I'm getting out a lot more from it than what I expected. I was

quite open-minded about the course… it's far exceeded my expectations; it's completely changed me as a person.'

Similarly, Austin reflected that the programme was, 'working unreal for me.' He also described the facilitators as: 'Absolutely brilliant, they're absolutely brilliant. I couldn't fault them at all.'

Both Sam and Nick stated without prompting that they would recommend the programme: 'I definitely would recommend to others' (Sam). Nick agreed, adding:

'I've even recommended it to other people and was even saying to my mam earlier. I says I think every bloke should do it. I really do think every bloke should. They get to certain age, and it should be mandatory! I think it's a quality course. I would actually recommend it to anybody.'

Nick also shared that he recommended the programme to one of his friends who was having similar personal issues to him, 'so he's signed up and he's gonna get on to the course as well so that speaks volumes as well.'

Programme improvements

Nick and Frankie were both unable to identify any improvements needed for the current programme: 'I cannot see how they'd make it better' (Nick) and:

'Everything I've done in the sessions has worked like, brilliantly. The timing and everything's great as well. It just works great there's like, no faults you can pick from it' So everything's been like, what's been said. It's been really helpful to me' (Frankie)**.**

Sam suggested having a member of the group who is further on in the programme to encourage new starters to open up in discussions: 'If they had somebody more experienced in each group, rather than a full set of new starters, like, a few weeks ahead, that person would open up and then the rest of the group will gan: 'Oh well it's okay to say this, it's okay to do that'.'

Sam shared that he didn't see the relevance of learning about physical violence as he felt it was not relevant to him as he was verbally abusive.

'I was learning about [physical violence] a lot and it *was* interesting, but to me, it wasn't; it was more wasting me time because I wasn't learning what I needed to know. I just think it could be more suited like to each individual, their circumstances. So, if you've got like, people [who are physically violent] or he's got mental abuse, or you got verbal abuse, there could be like a few more, like bits added? To like each session, about the different types of abuse.'

Nick also felt there were times he struggled with some of the programme content, though he recognised the importance of learning about it: 'I telled them at the end of the session I was like… I've struggled because it didn't get it, but I've got enough understanding, but it's not something that ever applied to me anyway.' Though he did acknowledge that other men in the group needed and benefited from the range of content provided.

'To be honest, they need to cover [sexual abuse], 'cos there were other lads in there who I was with, they did understand, and they did nod, and they did agree, they did say like, look it does apply to me.

When asked about potential improvements to the programme, the men predominantly touched upon improvements in marketing and tailoring content to the needs of the participants. Some felt that they were not the target audience for content regarding physical

violence and sexual abuse. These findings resemble those found by Pandya and Gingerich (2002), who noted that non-completers of DVPPs were likely to report a need for more individualised support. However, the men also acknowledged that this content applied to other group members and accepted that the modules were necessary.

Raising awareness of domestic abuse

Most men suggested that awareness of the indicators and impact of domestic abuse should be taught in secondary education. Frankie felt a focus should be on what domestic abuse is and the impact on your partner and children. Sam also reflected:

> **'If you educated on it, if they roll it out in schools, it would be an absolutely excellent thing to do for like 12 to 13, 14-year-olds; a lot more people would be a lot more educated on it. Like a miniature version of this course, into the schools. I think it would actually work; there'd be a lot less abuse for when people start growing up and actually getting partners. Like make women aware of the start of violence and making them aware that women aren't there just to be like, slaves.'**

He also felt that by educating children, they would notice if their parents were abusive as they would identify the trigger points and seek support. James also recognised the importance of teaching about domestic abuse in schools: 'It'd probably be a good thing to let kids know about it, like in schools and stuff, to open their eyes to something that might have a bit of a big impact on them. Especially if stuff happened like that at home and then not necessarily aware of it.'

Sam raised the point that marketing and advertising about the impact and support services for domestic abuse targets men. It does not consider that women can perpetrate abuse: 'Y'know, so any poster that goes on the wall, anything on the TV or even during the lockdown, they were putting adverts on telly about domestic abuse. But it was always a male that was doin' the abusing, and sometimes it is the female.' Austin also said there was a lack of information on domestic abuse courses available to men. He believed that more men would take part in domestic abuse support programmes if marketing showed a positive impact on men from doing the course.

Austin held the view that the programme needed to be better advertised, coupled with increased availability: 'There's not enough information to get people, like obviously people who are abusing people, onto the course and stuff. There's not like, there's not enough information out there to say that that course is running.' He also suggested open days where men who have completed the programme would act as advocates to encourage others to access the programme: 'Having lads who've done the course maybe stand about and have like open days. The lads who've done the course doing the open days an' stuff like that. Like, to talk to the lads and say, 'this is what I've done an' this is everything I've done and... like, learned all these behavioural techniques, this is my life now.' James felt that internet search engines should have domestic abuse programmes at the top to give contact details with services available at the end of the phone:

> **I think it's basically just about the advertising and stuff, really if people are in a position where they feel as if they wanna access something themselves and Google stuff or anything like that on the internet. Just basically being the first one at the top of the page about, y'know, the BIG project,**

with contacts at the end and stuff. Then like, if you're involved with social workers and local authorities, just basically tell them straight away. Soon as they get any sort of involvement with 'em. Tell them about it straight away.'

The men were united in the view that a preventative measure to counteract the detrimental impact of domestic abuse was to teach children in secondary schools about what domestic abuse is and its impact on families. It is hoped that the guidance for primary schools (DfE, 2020b) and statutory duty on secondary schools (DfE, 2019) will support children in recognising when relationships they enter are not healthy or nurturing.

Needing further support

Most of the men felt they needed additional support beyond that provided on the programme. Sam described himself as 'I'm certainly a work in progress.' He recognised he was not where he wanted to be yet; he still had self-improvements to make but planned to 'continue on this path.' Frankie had a history of mental health support but identified a gap in service involvement until he started the programme. 'I was seeing a psychiatrist and stuff like when I was in school and stuff and then I didn't have no other support until I joined the BIG project.' Likewise, Austin had accessed the services of the charity MIND when he as younger. He reflected that, 'It's something that I wouldn't mind actually doin' again, to be honest.' James and his wife had also sought support from other services:

'Me an' me wife have participated in marriage counselling, and I've done a little bit of anger management. But when I started the BIG project, the woman who did me induction explained that while I was on the project, it was probably not worth us doing anything else at the present moment because it can have like a knock-on effect on what I'm getting told.'

James is aware that his support needs are ongoing and that he will be seeking further mental health support. 'I'm still going to try and access a few more counselling services and stuff after the BIG project's finished. We'll just have to see how that goes, really.'

The findings indicate that most of the men recognised their ongoing need for social, emotional and mental health support. Only Nick did not explicitly say he needed further support. Both Frankie and Austin had mental health support as children, and Sam identified himself as a work in progress. The findings indicate that there needs to be early intervention as children and ongoing therapy for some men across the lifecourse.

Concluding remarks

This study aimed to investigate, from the service-user perspective, the effectiveness of the Together for Children commissioned services in supporting and engaging with individuals who have perpetrated, witnessed or experienced domestic abuse.

Research objectives

- To identify processes that supported participants in accessing WWiN and BIG.
- To determine if WWiN and BIG had a positive impact on the lives of the service users and their families?
- To evaluate and report measures to improve overall user engagement with support services for families.
- To determine how the services for those exposed to or engaged in domestic abuse could be improved.

What were the processes that supported participants in accessing WWiN and BIG?

The women interviewed accessed WWiN without difficulties once they had decided to do so. However, they reported feeling a lack of awareness of what type of support was on offer and whether support services such as WWiN were appropriate for these women. Most women were referred through Early Help, though only a minority had heard of WWiN before this stage. The women claimed that they were not aware of the practical support that WWiN could provide for them. Some said they felt that they needed such practical support rather than emotional or therapeutic support but were unaware that WWiN could help them implement safeguarding measures, navigate legal proceedings, and provide contacts to aid them financially. Several of the women claimed that this lack of awareness underpinned their reluctance to contact support services in the first place.

Furthermore, some women were under the impression that the level of abuse experienced did not warrant support services' involvement. Most had experienced ongoing abuse and/or domestic abuse incidents that they did not believe constituted domestic abuse or believed the incidents to be minor and not worthy of support. It appeared that advocacy for seeking support was less likely to reach women who experience coercive control rather than physical abuse.

The analysis of what motivated the men to access the programme found that they were predominantly mandated to take a position on the programme, whether through a court mandate or through Cafcass. While this can be categorised as external motivation rather than internal/intrinsic motivation, there was no evidence that this reduced their engagement with the programme, and most men still acknowledged a need for change in their behaviours. The men expressed that the procedures of signing up, being offered a place, and attending induction were timely, making the programme easy to access, as did flexibility regarding session dates to fit around employment and convenience of location. Any criticisms of timely access were based on men not being offered the programme promptly once the need arose. Despite sharing their uncertain expectations about the course, most men remarked that they had access to all the required information before taking a position on the course. Before receiving a position on the programme, some men had shared concerns about being labelled an abuser and whether they would be stigmatised if they

revealed their participation in the programme. The men claimed Men shared that some of these concerns were alleviated once they became more engaged and involved with the programme, even resulting in an eagerness to share their service involvement with others outside of the service.

Did the WWiN and BIG service positively impact the lives of the service users and their families?

There is no doubt that WWiN positively impacted women's lives, giving them strength, independence, and a positive outlook. The women were unanimous in the view that the service was fundamental to changing their lives for the better. To the women, WWiN was more than a support service for domestic abuse; they became part of their family. The service empowered them to understand that the abuse from their ex-partners was not their fault and gave them the strength to start a new life with their children. The counselling sessions contributed significantly to the women's knowledge and understanding of patterns and cycles of abuse and relationship breakdown stages. Going forward, the women reflected that they had increased confidence and were equipped to recognise the indicators of potentially abusive relationships. Knowing that their support worker was at the end of the phone, alongside the weekly check-ins, was a key strength of the WWiN service. What WWiN provided was beyond counselling; it provided a complementary therapy package, guidance, information and access to essential funding to rebuild their lives. Through support from WWiN and the empowerment it has afforded the women, the women felt their children's lives had changed for the better. They said their children no longer witness abusive adult relationships and have an improved sense of security and safety, while recognising the legacy of the exposure to the trauma could be long-lasting.

The programme has seemingly provided men with an understanding of their triggers for aggression and self-regulation strategies to prevent the escalation of incidents. Time-out was the most frequently reported strategy to regulate behaviours, preventing escalation when incidents of conflict arose. Some of the men described being able to walk away and later return to their partners to have a calm conversation about the reasons for the time-out. The findings from the small sample of participants suggest that the programme's strategies have positively impacted the family unit. The use of the time-out strategy indicates the potential for volatile situations to occur if the approach is not applied, showing the men are not cured, and the risk of future abuse remains. Consideration should be given to the possibility that there could be relapses in the future and services will need to be available, in some form to provide prompt intervention and support.

How can we improve overall user engagement with support services for families?

While women provided overwhelmingly positive feedback regarding WWiN, there were evident barriers to engaging with support services overall. The women provided various reasons why they felt uncomfortable coming forward as victims or identifying themselves as victims. Women reported that they felt pressure to handle their problems independently, a notion that some felt was precipitated by cultural norms. They also viewed these norms as influential to their self-perception as mothers and gave , giving them a reason to stay in the relationship to provide stability for their families.

Beliefs held about police and the CJS and direct

negative experiences with these services also inhibited seeking help. Engagement with WWiN was also positive, but the women recalled their initial reluctance to engage with social services; when they did, they sometimes felt they were not receiving sufficient practical support, helpful information, or empathy from the social workers. Since many women were referred to WWiN through other services such as Early Help, it is vital to maintain positive engagement between domestic abuse victims and these other services, as negative experiences could lead to women ignoring such referrals. Finally, when asked none of the women said their ex-partners engaged with broader services for their substance dependency and mental health needs, due to access barriers. Instead, the women acknowledged that felt their ex-partners would not use support services until they understood and took responsibility for their own abusive actions.

The programme's group work structure was positively received. The men maintained that they were open and honest about their behaviours and experiences. A sense of community with others in the group seemed to motivate the men to attend sessions, share their views, opinions and personal situations. The men reported actively engaging in the programme due to their sense of belonging, despite their differing reasons for attending.

Most of the men described feeling enabled and supported in accepting responsibility for their actions and their effect on their partners. Although the majority

of men seemed to accept responsibility for their abusive behaviours, there is a broader issue of those who perpetrate abuse not recognising that domestic abuse can take many forms, not just physical violence. To improve engagement with the service, there needs to be a recognition that this view of abuse being 'just verbal' is likely to be held by other perpetrators of domestic abuse. Until there is a consensus of what constitutes domestic abuse, perpetrators will not recognise themselves as abusers and will consequently refrain from seeking service involvement.

How can services for those exposed to or engaged in domestic abuse be improved?

The women were unable to identify any service improvements for WWiN. They did raise inconsistencies in responses from Early Help and the police, and perceived that, at times, the police were inadequate in their protection of them and their children. However, they did acknowledge they were limited in the action they could take. Not feeling supported by police was reported as a barrier tothe women reporting further abuse from their partners. The findings in this study suggests that Early Help did not always come across as empathetic to the women's situation in these cases. It could be considered that there is a training and development need for some Early Help staff to ensure there is a consistent response to the multi-faceted needs of women and children in the household. The training should include developing the support workers' knowledge and understanding of broader support services, and the detrimental impact of abusive relationships on women and their children's mental health and wellbeing. Based on the women's responses, services must have a prompt approach to supporting children who have witnessed domestic abuse. Children should be seen by health professionals as a matter of urgency when there are reports of domestic abuse in a household, rather than waiting for mental health needs to become apparent.

Only some of the men were able to identify areas for improvement within their programme. The most common suggestion was increasing

the availability of the programme and better marketing. The men felt that more people should be made aware of the service, and some were eager to act as role models and ambassadors for the programme. Several men believed that they and their families would have benefited from earlier opportunities to access the BIG programme. There were some suggestions concerning greater individualisation of the course content; men identified that their needs were more specific than the wide range of content provided, specifically citing modules on physical violence and sexual abuse that they felt were inappropriate for their situations. However, these men also acknowledged that other course members would benefit from this content and accepted the inclusion of those modules.

Hopefully, the introduction of relationships education for primary and secondary-aged children will teach the characteristics of positive relationships (DfE, 2019; 2020b), although direct references to domestic abuse are minimal. The impact, if any, of this statutory requirement will not be known for many years. Teachers must be provided with quality training to develop knowledge, understanding and confidence in teaching about domestic abuse. Early intervention and support are paramount if men who perpetrate abuse are guided to change abusive behaviours. Without intervention, they lose relationships and access to children as behaviours become embedded and are increasingly normalised and chaotic.

Recommendations

This report's recommendations intend to guide Together for Children's commissioning decisions for domestic abuse support services and to direct future training needs within the organisation. The recommendations are based on the findings of the interviews. Their purpose is to identify areas for improvement within TfC services, such as gaps in support, opportunities for facilitating support access, broadening the organisation's scope for domestic abuse support, and considerations for future research.

Recommendation 1: To continue commissioning and funding Wearside Women in Need (WWiN) and Barnardo's, Impact Family Services and Gentoo (BIG) as an essential service for the local community.

Recommendation 2: Ongoing and targeted training for staff in Together for Children to ensure consistent approaches and responses to identifying and signposting women, men and children in need of wider domestic abuse support services, to allow for identification at the earliest stage before the household's mental health and wellbeing are irreparably damaged.

Recommendation 3: To have consistent systems and processes across services and organisations that signpost women, men and children exposed to or engage in domestic abuse to mental health support services. A co-ordinated approach is needed between domestic abuse services for women, men
and children.

Recommendation 4: To explore through a longitudinal research study if the BIG programme has a beneficial effect on their lives in the short, medium, and longer term.

Recommendation 5: To explore opportunities for further support for those exposed to domestic abuse in navigating legal and financial affairs, such as court hearings, separating joint finances, and divorce proceedings. This is essential for survivors of domestic abuse who may lack the knowledge, time and resources to initiate these crucial next steps independently.

Recommendation 6: For WWiN and BIG to be commissioned to provide training to education professionals in preparation for teaching children and young people about healthy relationships. This should include the characteristics of healthy and nurturing relationships and how to recognise and report abuse as required by Department for Education statutory guidance.

Recommendation 7: To develop public knowledge and understanding of different types of domestic abuse. Until awareness is raised among the local population that domestic abuse is broader than physical abuse, there will be challenges with those who perpetrate domestic abuse in acknowledging they have behaved abusively towards their current or previous partners.

Recommendation 8: Explore innovative advertising methods to address the stigma associated with support services for those exposed to and who engage in domestic abuse behaviours. This could include open days that include previous service users, digital marketing and targeted advertising in health centres, shopping centres and sports venues.

Recommendation 9: To explore opportunities for involvement of programme alumni in the marketing, teaching, and long-term engagement of the programme content.

Recommendation 10: Monitoring and evaluation systems should be reviewed in Together for Children to effectively and accurately track cases referred to commissioned services, the duration they attend the service and the impact on the service-user and household.

Limitations

This research used a small purposive sample, reached through WWiN and BIG gatekeepers, so findings cannot be generalised. The small sample sizes mean the data is only a snapshot of those who access domestic abuse support services in one local area. The sample was self-selected and was primarily made up of white women and men, limiting the representativeness and transferability of findings. The study does not include any participants who dropped out of accessing the support of WWiN or BIG. Furthermore, the study does not include partners' or service providers' perspectives or wider tracking data from the services. For these reasons, the study has limited validity and reliability, showing a need for broader research. However, the study offers a window into the participants' experiences of two domestic abuse support services in one local area and reveal the areas of importance for them through in-depth analyses of their accounts. The research has shown the short-term benefits of therapeutic support across the services; further longitudinal research is needed.

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Appendices

Appendix 1. BIG and WWiN Interview questions

BIG interview questions

- How are you today?
- How long have been coming to this service?
- How did you hear about the service?
- What led you to come to the support service?
- How did you feel about seeking support?
- Did you speak to anyone else about the DV before WWiN?
- What, if anything has supported you to access this service?
- How do/did you feel about the group support?
- Did you access the 1:1 counselling sessions?
- Did you learn about DVA at school?
- Should DVA be taught in schools?
- What other services have you accessed in your life?
- Are there anyways you can think of that would encourage more people to take part in impact services?
- Do you feel you had adequate information from the service about what they offered?
- Have you found any barriers to accessing support services? Dates/times/other?
- Is there anything in the service that worked particularly well for you?
- What has been the most helpful thing someone said to you (within context of the group/1:1)?
- Has being part of the group/1:1 given you any new strategies or ways of thinking?
- Have you found it easy to talk about your thoughts and behaviours in this group/1:1?
- Was there anything in the service that did not work particularly well?
- What would you like to see the service do better?
- What could be done to improve services for those who wish to change their behaviour in their relationships?
- Do they identify causes for your behaviours?
- Do you think the programme has impacted on your children?
- Is there anything else you'd like to say about the service?
- Has any aspect of your life changed since accessing this service?
- Demographics, age, gender, living with partner, children, ethnicity
- Can I ask if you are 16-19, 20-29, 30-39, 30-39,40-49,50-56, 60+ ?
- Can I ask what gender you identify as?
- What ethnicity do you identify as?
- Are you currently employed? (FTE, PTE, student, homemaker, benefit, incapacity, unemployed, carer)
- Current housing (owner, rented, safehouse, refuge, friends, parents, council)
- Would you be willing to have a follow up conversation?

WWiN interview questions

- How are you today?
- How long have been coming to WWiN?
- What support do you get from WWIN?
- Do you know who referred you to WWiN?
- How do/did you feel about seeking support?
- Did you speak to anyone else about the DV before WWiN?
- What, if anything has supported you to access this service?
- What were your thoughts about joining the service?
- Is there anything in the service that worked particularly well for you?
- What has been the most helpful thing someone said to you (within context of the group)?
- Are there anyways you can think of that would encourage more people to take part in this service?
- What led you to come to the support service?
- Do you have children?
- Has accessing the support, affected your children positively?
- Have your children had any support?
- Has being part of the group given you any new strategies or ways of thinking?
- Has any aspect of your life changed since accessing this service?
- In what way has the service supported change in your life?
- Was there anything in the service that did not work particularly well?
- What would you like to see the service do better?
- What would engage others in accessing this service?
- What other services have you accessed, were these helpful, how?
- Can I ask if your ex-partner sought support?
- Is there anything you think would have helped them seek support?
- Is there anything else you'd like to say about the service?
- Do you need any support going forward?
- Can I ask if you are 16-19, 20-29, 30-39, 30-39,40-49,50-56, 60+?
- Can I ask what gender you identify as?
- What ethnicity do you identify as?
- Are you currently employed? (FTE, PTE, Student, homemaker, benefit, incapacity, unemployed, carer)
- Current housing (owner, rented, safehouse, refuge, friends, parents, council)
- Would you be willing to have a follow up conversation?

Appendix 2. Mapping of research question to project objectives

Objective	Research Question
Identify processes that supported participants in accessing WWiN and BIG.	• Do you know who referred you to [the service]? • How did you feel about seeking support? • Did you speak to anyone else about the DV before accessing support services? • What, if anything has supported you to access this service? • Can I ask if your ex-partner sought support (WWiN)? • Is there anything you think would have helped them seek support (WWiN)?
Determine if the WWiN and BIG services had a positive impact on the lives of the service users and their families.	• What support do you get from [the service]? • What has been the most helpful thing someone said to you (within context of the group/1:1)? • Has being part of the group/1:1 given you any new strategies or ways of thinking? • Have you found it easy to talk about your thoughts and behaviours in this group/1:1 (BIG)? • Do they identify causes for your behaviours (BIG)? (Added in interview 4) • Do you think the programme has impacted on your children (BIG)? (Added in interview 3) • Has accessing the support, affected your children positively (WWiN)? • Has any aspect of your life changed since accessing this service?
Evaluate and report measures to improve overall user engagement with support services for families.	• What were your thoughts about joining the service? • How do/did you feel about the group support? • Is there anything in the service that worked particularly well for you? • Are there anyways you can think of that would encourage more people to take part in BIG services? • What could be done to improve services for those who wish to change their behaviour in their relationships? • Have you found any barriers to accessing support services (BIG)? Dates/Times/other?
Determine how the services for those exposed to or engaged in domestic abuse could be improved.	• Did you learn about DVA at school (BIG)? • Should DVA be taught in schools (BIG)? • Do you feel you had adequate information from the service about what they offered? • Was there anything in the service that did not work particularly well? • What would you like to see the service do better?

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