

Executive Summary

Introduction:

Make a Change (MAC) has been developed by Respect in consultation with Women's Aid Federation England (WAFE). It is designed to fill a significant gap in current service provision, for situations where people know that domestic abuse is taking place, but where the behaviour or concerns do not yet meet the threshold for a statutory referral. By translating WAFE's flagship Change That Lasts approach to survivors into a corollary, whole-system, survivor-focused and early response to perpetrators, the project aims to:

- Intervene with abusive behaviour at an earlier stage than is typical, before it becomes entrenched and intervention is mandated by family court, criminal justice and/or children's social care processes;
- Enable survivors to achieve safety and recovery for themselves and their children as soon as possible, and seek professional help addressing their partners' behaviour without waiting for the involvement of statutory services;
- Encourage communities, including friends, family members, professionals and other agencies, to see themselves as part of the solution, and empower them to take action to address domestic abuse;
- Reduce the wider social and financial impact of abusive behaviour.

The Make a Change model:

Developed through consultation with those enrolled on behavioral change programmes, the MAC model is grounded in an established evidence base for safe and effective domestic abuse perpetrator work. It is designed to reduce the barriers that communities, professionals and perpetrators face in seeking and accessing support, as well as to raise awareness of domestic abuse more generally.

MAC has a multi-stranded model with four main components:

Expert support for people who have used abusive behaviours in their intimate relationships, *or who are concerned that they might have*;

Integrated support services for the partners and ex-partners of those accessing expert support;

Workforce development in the wider community, via training and consultancy for public, voluntary and private sector organisations;

Community engagement, focusing on raising awareness of domestic abuse and the availability of the expert support programme.

MAC's expert support strand features a 26-week group-work intervention divided into three phases:

Phase One (10 sessions) focuses on identifying domestic abuse and controlling behaviour, and exploring their personal and societal supports;

Phase Two (10 sessions) requires participants to discuss specific episodes of abuse and to learn and implement alternative, non-abusive ways of relating to intimate partners;

Phase Three (6 sessions) focuses on the impact of domestic abuse on children, and non-abusive, child-centered ways of parenting and post-separation parenting.

MAC also offers one to one work to people for whom the group is not suitable, for example if they cannot engage in a group, are a same-sex relationship, and/or women who have used force in their intimate relationship.

Unique features of the Make a Change model:

Self-referrals

A key feature of the MAC programme is that it accepts self-referrals. This means that people who are concerned about their abusive behaviour can access support at a much earlier stage than usual, at a time when their motivation to change is higher and their behavioural difficulties are less entrenched.

MAC also accepts referrals from the partners and ex-partners of people who are using abusive behaviours. This is designed to give survivors greater agency in addressing their situations, and to allow families to receive support faster and more easily, without having to wait for a referral.

Disclosures

The phased, modular structure of MAC's behavioural change programme is designed to allow clients to engage with the service without first explicitly disclosing their abusive behaviours. Disclosure is encouraged during Phase One (weeks 1-10), but is not required until Phase Two (weeks 11-20). This is designed to broaden access to the service, by enabling participants to engage without the stigma and shame that might be associated with a 'perpetrator programme'. This enables them to learn about what constitutes abuse, in order to better understand their own behaviour and work towards making disclosures.

"I think the fact that you can self-refer is invaluable, because it just means that you're sort of taking responsibility and you get the ball rolling... When you can't self-refer it takes much longer".
(Service user)

Intended outcomes:

Community engagement:

- Communities are aware that help is available, and that access is voluntary
- Friends and family are offered support that is implemented and tested in collaboration with Respect and Women's Aid England

Workforce Development and Training/Expert Support:

- Professionals are helped to develop and practice skills recognising, responding and referring to interventions
- Improved organisational and multi-agency responses to domestic abuse

Expert Support for Perpetrators, and Integrated Support Services for Survivors

- Increased safety for survivors and their children via improved and expanded space for action (Mirabal¹)
- Increased access and support for survivors who otherwise would not access a specialist service
- Reduced opportunities for perpetrators to abuse without consequences
 - Increased accountability of perpetrators of domestic abuse
 - Changed behaviour for perpetrators of domestic abuse

Evaluation:

This evaluation used mixed methods to assess the impact of Make a Change on client, service and implementation outcomes (Proctor *et al.*, 2011) in its two pilot sites: Lincolnshire and East Sussex, including Brighton & Hove. The analysis combined quantitative outcomes data, interviews with service users, focus groups with stakeholders, interviews with project staff and implementation managers, Action Learning sets and a training impact evaluation. The aim of the evaluation was to:

- Explore the impact of Make a Change on people who use or have used violence and abuse in their intimate relationships, and on adult survivors;

¹ <https://www.dur.ac.uk/criva/projectmirabal/>

- Assess its impact on the service landscape in each delivery site, through focus groups with relevant stakeholder professionals;
- Use Action Learning Sets and feedback loops between research and delivery to support reflection on practice and inform ongoing development of the intervention;
- Evaluate the impact of training and support for stakeholder professionals and practitioners.

Main findings:

People using abusive behaviours

Between January 2019 and March 2020, and across two delivery sites, a total of 78 people were referred for expert support. Analysis of this data showed that:

- ⇒ 77% of those referred to MAC – by themselves or someone else – went on to undertake behavioural change work.
- ⇒ 75% of the men who attended MAC's behavioural change programme completed it; this represents an unusually high level of retention.
- ⇒ Self-referral was the most frequent referral pathway for those accessing expert support: 28 of 34 referrals in Lincolnshire and 21 of 44 in East Sussex. This challenges the notion that only mandated clients will complete behavioural change programmes.
- ⇒ The most frequently cited motivation for those accessing the programme was wanting to improve their relationships, wanting help to stop being abusive, and wanting their partners and ex-partners to feel safe around them.
- ⇒ The ages of those referred ranged from 19-66, a distribution which challenges the commonly held view that those who behave abusively are typically clustered in the young adult to early middle age range.

The qualitative data from interviews with participants in the MAC programme, as well as with victims/survivors supported by the service, indicates that it was perceived to be effective in:

- ⇒ Helping participants to identify and understand abusive behaviours;
- ⇒ Facilitating behavioural change, by moving away from stigmatising, shaming language and approaches, and providing a supportive, if challenging context for participants to reflect on their behaviour;
- ⇒ Removing obstacles perpetrators face in accessing support for their abusive behaviour; participants expressed particularly strong support for the option to self-refer.

"I turned up to those sessions thinking, how did I end up here? You've got the wrong guy. And I kicked out against it for quite a few weeks. But then I had a sudden, kind of miniature epiphany... where things started to fall into place. And that revelation was quite a difficult thing to deal with. But everybody in the room was in the same place..." (Service user)

Partner and Ex-partner Support Services

It is particularly important to consider data pertaining to the partners and ex-partners of individuals accessing expert support; interventions which can otherwise seem not to offer 'value for money' or which appear to have been unsuccessful on the basis that a perpetrator did not complete all the

- ⇒ The integrated support service engaged with 54 partners and/or ex-partners during the course of the intervention;
- ⇒ Practical and emotional support was offered via one-to-one sessions and telephone, text and email support, according to their needs;
- ⇒ The ages of those accessing support ranged between 18-69.

available sessions, may in fact have produced positive results for families, and for survivors in particular. Across the two MAC pilot sites:

The qualitative data from interviews with victims/ survivors supported by MAC indicates that they felt that the benefits of this support included:

- ⇒ Understanding the programme and what it involved;
- ⇒ Proactive contact from the Integrated Support Service, which often represented the first time they had ever spoken about their experiences, to a professional or anyone else;
- ⇒ Space for reflection, concerning decisions about their relationship with the abusive partner.

“The support has been absolutely amazing... I hadn’t ever told anybody the whole truth about it all... you just feel too ashamed, stupid, like you’ve done something wrong... Whereas talking to [a support worker]... It’s like a weight has been lifted.” (Survivor)

Workforce Development

The evaluation revealed that the MAC model was very effective in raising professional awareness of domestic abuse, and building skills and confidence to constructively challenge abusive behaviours and the conditions that maintain them:

- ⇒ 365 professionals from a wide range of organisations attended a half-day or two-day training aimed at increasing their capacity to recognise, respond and refer to those using abusive behaviours appropriately;
- ⇒ Self-assessment forms indicated that the improvement in both their confidence and knowledge was highly significant; many delegates reported enhanced confidence in approaching the issue of domestic abuse, especially talking to perpetrators.

“I feel more confident in myself to approach the subject in ways that will get them to engage in conversation”

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

Conclusion:

Make a Change represents an important new intervention in the domestic abuse service landscape. Concerns have long been expressed – both by researchers and organisations in the sector – that if commissioning is based exclusively on risk, interventions often come too late: they are focused on harms done, rather than preventing the future onset and escalation of abuse.

The Make A Change model is highly effective as an early response to people who behave abusively in their intimate relationships. Continued removal of key obstacle to help-seeking, coupled with a motivational approach, is likely to lead to high programme retention rates, as has been demonstrated to date. As such, it sits alongside and complements existing services, whilst also addressing concerns that have been identified as important in both perpetrator responses and victim support research, practice and policy.

The implementation of Make a Change has been successful, and the service has high acceptability within its partner organisations. Those who engaged with the programme reported that they developed greater insight into their abusive behaviour, as well as a commitment to changing it in the medium and longer term. The number of self-referrals (over 60% across the two sites) suggests the value of this referral pathway, and the absence of an initial disclosure requirement – coupled with a

highly motivational approach – are likely to have contributed to the programme’s unusually high retention rate.

Integration with partner support services was crucial in helping survivors to achieve and maintain safety and recovery from domestic abuse; it also provided them with valuable opportunities to reflect on their relationships, enhancing their sense of space for potential action and change. Survivors also played a crucial role in managing risk and shaping service delivery. The project therefore fits with calls for services that support and empower victims, and do not hold them responsible for the abuse they have experienced.

Finally, the provision of trainings across a wide range of public, voluntary and private sector organisations provided was well received and proved invaluable raising awareness of the MAC service and increasing professional confidence and competence in recognising the signs of domestic abuse and referring appropriately.

Recommendations:

- ⇒ There is a clearly established need for wider availability of early responses to domestic abuse, both to reach clients who are not yet entrenched in criminal justice and other systems, and to prevent their difficulties from escalating to that point;
- ⇒ All interventions with perpetrators should be delivered alongside integrated survivor support services, and survivor services should expand their support for children, who are also victims of domestic abuse;
- ⇒ There is a need for workforce development to take place alongside domestic abuse interventions to ensure professionals develop the requisite skills to recognise and respond to domestic abuse, and refer to services appropriately;
- ⇒ There is a need to raise awareness of available services in communities so that those experiencing or using abuse, as well as anyone who is concerned about this issue, are aware of these options;
- ⇒ Services must be Quality Assured to ensure safe and effective practice as well as the confidence of referrers and/or commissioners;
- ⇒ Funding must be longer term so that there is continuity of service and change can be sustained. This funding must be separate to, and complement, that made available for survivor services; perpetrator work should never replace survivor support;
- ⇒ There is a need to commission a range of services to meet the needs of those using abusive behaviours in their intimate relationships across the full spectrum of inflicted risk, harm and need.