

The equilibrium domestic abuse behaviour change and healthy relationships programme: a service description and evaluation framework

Dafydd Thomas, Megan Stevens and Jason Davies

Dafydd Thomas is based at the Domestic Abuse Hub, Swansea Council, Swansea, UK.

Megan Stevens is based at the Domestic Abuse Hub, Swansea Council, Swansea, UK.

Jason Davies is based at the School of Psychology, Swansea University, Swansea, UK.

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Abstract

Purpose – Domestic abuse (DA) is a major issue with serious psychological, social, societal and economic impacts. Consequently, there has been an increased focus by policymakers and multiple statutory and third-sector agencies on addressing harms associated with DA and fostering healthy intimate and domestic relationships. This paper details the development and implementation of a whole family approach to DA set within a community social services setting.

Design/methodology/approach – A detailed description of the development and implementation of a new whole family approach is provided. This includes a focus on the equilibrium programme, an accredited strengths-based, solution-focused group element that has been devised and established for those engaging in harmful behaviours.

Findings – The importance of governance, programme support and practitioner supervision are discussed along with the ways these are used by the service. The evaluation framework presented will enable the impact of the programme to be determined over the coming years.

Practical implications – There is clear need to address the significant problem of DA/intimate partner violence. This paper provides a model and accredited treatment approach to implementing a whole family approach to DA set within a community social services setting. This provides an opportunity for early intervention based on a strengths-based, solution focussed approach to addressing harmful behaviours and building skills and resilience.

Originality/value – This paper details a whole system approach to early intervention with families in which there is DA. Providing input via social care child and family support services prior to legal involvement provides an opportunity to avoid an escalation of harms. It also enables solutions to conflict to be found which take account of the relationship between parents and children.

Keywords Domestic abuse, Intimate partner violence, Treatment, Intervention, Whole systems approach

Paper type Conceptual paper

Domestic abuse (DA) is a significant concern around the world, with an estimated 2.3 million adults aged 16–74 in England and Wales (1.6 million female, 757,000 male) experiencing DA during the period April 2019 and March 2020 (Office for National Statistics, 2019). Attempts have been made to determine the significant economic and social costs of DA (Oliver *et al.*, 2019), with incidents of DA having been linked with deleterious psychological and health impacts on victims (Langlands *et al.*, 2009) and, in some instances as a precursor to suicidality (Munro and Aitken, 2020). Fostering and maintaining healthy domestic relationships is also important for corrections services, government and wider society due to the links health relationships have with wellbeing and

reducing recidivism and antisocial behaviour (De Claire *et al.*, 2020). Consequently, the need for effective interventions for those who perpetrate DA and their victims is of high priority, especially as relying on legal sanctions alone (e.g. protection orders) may reduce subsequent violence for some groups, but an optimal approach is likely to use legal approaches in conjunction with treatment (Cordier *et al.*, 2021).

Within Wales, responding to DA is informed by three key pieces of legislation. Firstly, the Social Services and Well-being (Wales) Act, 2014 promotes a coherent approach to preventative work within communities, with a view to “helping families stay together”, and a focus on “early identification of need and effective early intervention”. Secondly, the Well-being of Future Generations (Wales) Act, 2015, requires public bodies to adopt five ways of working, which foster prevention, collaboration, involvement, integration and attend to the long-term implications of decisions. Thirdly, the Welsh Government’s ground-breaking legislation, the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015) [violence against women, domestic abuse and sexual violence (VAWDASV)], requires every local authority to produce a strategy and for the public sector to deliver the “National Training Framework” on VAWDASV. The VAWDASV National Strategy (2016) makes “early intervention and prevention a priority” (objective 4, p19) and places a “focus on holding perpetrators to account and provid[ing] opportunities to change their behaviour based around victim safety” (objective 3, p. 19). To support and provide governance for service development in this area, the Welsh Government requires that such work meets the Welsh Government Perpetrator Service Standards. These compliment the existing Respect accreditation process (see www.respect.uk.net/pages/accreditation, accessed 10/05/22), a quality assurance process for services that work with perpetrators. These provide commissioners, funders and practitioners, as well as survivors and perpetrators, with assurance that the service is monitored and is delivered to a high standard.

Whilst the context for attention on healthy domestic and intimate relationships is well defined, selecting the most effective approach for intervention, where this is needed, is much less clear. Despite the wealth of current intervention programmes described within the literature, the evidence for programme impact on recidivism is mixed (Arias *et al.*, 2013; Babcock *et al.*, 2004; Eckhardt *et al.*, 2013; Feder and Wilson, 2005). Reviews of outcome research would suggest that interventions most commonly draw on cognitive behavioural therapy approaches (Arias *et al.*, 2013; Miles and De Claire, 2018). However, assisting individuals to address domestically abusive behaviour is complex, in part because of the heterogeneous motivations associated with DA perpetration (Elmquist *et al.*, 2014). Additionally, a growing understanding of the reasons for and pathways to DA suggests that interventions may need to draw on additional theory and practice to be maximally effective. For example, ensuring an intervention is trauma-informed (Miles and De Claire, 2018; Domoney *et al.*, 2019) and embedding common therapy factors (e.g. therapeutic alliance, fostering of hope) in intimate partner violence work (Bowen *et al.*, 2019) may be some such elements. Thus, to establish positive change, individual characteristics and backgrounds must be recognised and, where relevant, addressed within the intervention.

Within the wider context of working with those who have harmed others, there has been increased recognition of the importance of placing treatment within a (re)habilitation framework. For example, the Good Lives Model (Ward, 2010) seeks to understand offending behaviour as a dysfunctional/asocial way to achieve a range of common human goals. By attending to the individuals’ primary values and interests, this model functions as an effective rehabilitation framework through promoting individuals’ personal goals whilst simultaneously managing risks for future offending. This framework has an obvious relationship with solution-focused and strengths-based approaches to intervention. Solution focussed approaches are future-focused and shift the focus from trying to understand the problem to constructing solutions, whilst strength-based interventions comprise principles (e.g. comprehension, reform and accountability) that facilitate clients to take an active role

in treatment. Promising results have been reported when using solution-focused approaches with victims of DA (Diale, 2014; Dinmohammadi *et al.*, 2021), and Solution-Focussed Brief Therapy programmes for perpetrators of domestic violence have been described (Bowen, 2013) including adaptations for individuals with a learning disability (Banting *et al.*, 2018).

It is widely recognised that clients can be reluctant to engage in DA interventions, with high dropout or non-participation rates commonly reported. For example, a recent feasibility study of an intervention for couples with a young child found that only 21 of the 70 parents referred to the programme completed it (McConnell *et al.*, 2020). Thus, careful participant selection for suitability and attention to engagement throughout the period of intervention are likely to be important. Motivational interviewing strategies (Miller and Rollnick, 2012) have been recognised as important when working with those who engage (have engaged) in DA, and this approach dovetails with the client centred, future-focused and goal-orientated ethos associated with the GLM and solution focussed and strengths based approaches.

This paper presents a detailed programme description of a holistic approach to enabling routes to healthy domestic relationships consistent with local and national strategy. A pathway to evaluation of the approach is described, and descriptive data used provide some initial information about features of the programme.

Programme development

In 2012, a local review of the Public Protection Notifications (a formal document summarising victim vulnerabilities completed by police) identified that early intervention opportunities were only available to families who met the threshold for a service from statutory child and family social services (Whyley and Richards, 2012). Consequently, 80% of the families subject to a notification missed the opportunity for diversion to preventative and early intervention services. In response, a job role was created and an initial service review identified an array of specialist services for victims – especially female victims/survivors of DA, and for children and young people who had witnessed abuse at home. However, this service review also revealed an absence of targeted, voluntary, community-based support and intervention for perpetrators of DA who had not been convicted of a relevant offence. As a result, many perpetrators of DA were not offered an opportunity to change their behaviour to engage in safe, respectful and sustainable intimate relationships. This meant that many individuals continued to engage in abusive behaviours, often within a series of relationships; leading to further harm to individuals and families, with subsequent impacts on health, social and criminal justice services.

To address the provision gap, a voluntary community programme was developed for fathers who use abusive behaviours towards their partners or ex-partners. The programme aims to cultivate caring and respectful relationships while managing and reducing risk to partners and children through enhancing skills and knowledge. The resultant “Equilibrium” Perpetrator Programme (EPP) includes a number of features which, when combined produce a novel approach to intervention. These concern:

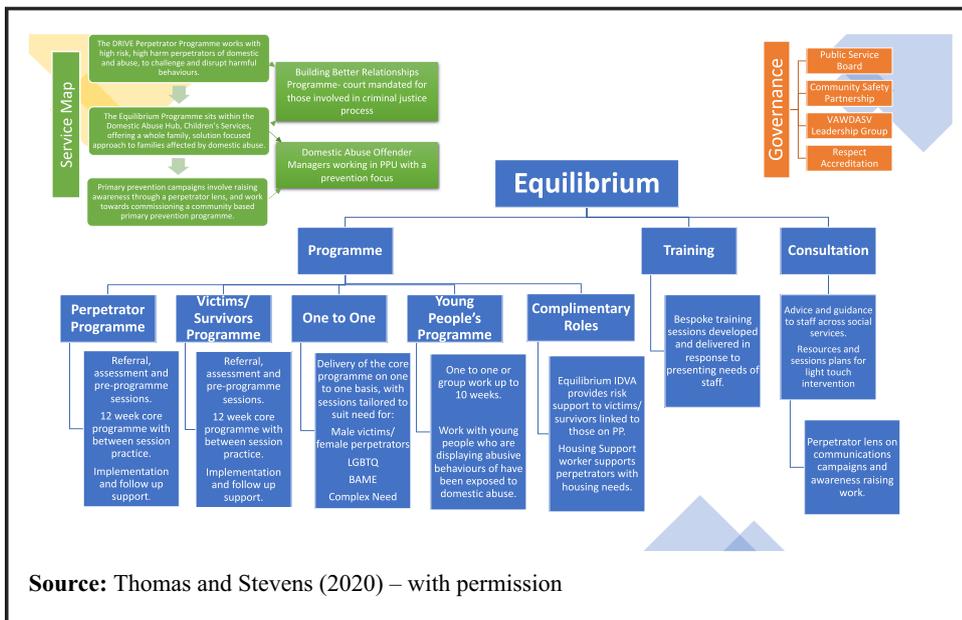
- the focus on early identification and intervention for individuals displaying harmful relationship behaviours (not requiring an arrest or conviction to enter the programme);
- developing and sustaining safe, respectful, healthy and equal/balanced relationships for families who plan to remain together or in close contact in the future;
- voluntary entry into the programme;
- the strengths based, solution focussed approach to intervention;
- the ways in which the programme can be delivered (i.e. group or one to one, in person and online); and

- the whole family, whole system approach taken to healthy relationships and harm reduction.

To provide a holistic service, a victim/survivor programme for those who have experienced (or are experiencing) abusive relationships and a programme for children/young people who have been exposed to abusive behaviour or are themselves displaying unhealthy relationship behaviour are offered alongside EPP. This suite of interventions take account of the VAWDASV legislation and Welsh Government perpetrator service standards with the core EPP having achieved full Respect accreditation [1]. In addition, as a condition of engagement in EPP, attendees are required to consent to their current or ex-partners being proactively contacted and offered support by the team's Independent Domestic Abuse Advisor (IDVA), who prioritises the safety and well-being of the (ex)partner and their children. Should (ex)partners choose to engage with the IDVA, and they are provided with information on the EPP content and updated with their (ex)partners progress and levels of engagement. Information may also be shared with partner agencies (governed by the Domestic Abuse Hub Information Sharing Protocol) to enable a multiagency response to DA. This is essential for effective risk and support planning, ensuring that support is delivered by the right person at the right time. Finally, to minimise disruption to victims and children, EPP places the onus on the perpetrator to relocate or make adjustments to living arrangements, where necessary. The Equilibrium Perpetrator Housing Worker (EPHW) works with housing organisations to help perpetrators find new accommodation when there is a need for them to relocate or move out of the family home. The EPHW can also provide support to help stabilise life affecting issues, such as addictions, mental health, employment, benefits and debt issues.

Figure 1 provides a summary of the suite of activity delivered by the equilibrium service including the range of intervention programmes and approaches, training and consultation. This figure also shows the reporting and oversight structures in place which provide governance and the wider service map to place the equilibrium service into context.

Figure 1 Overview of equilibrium programme suite, training and consultation (main); its governance (top right) and wider service context (top left)



Source: Thomas and Stevens (2020) – with permission

Programme ethos and content

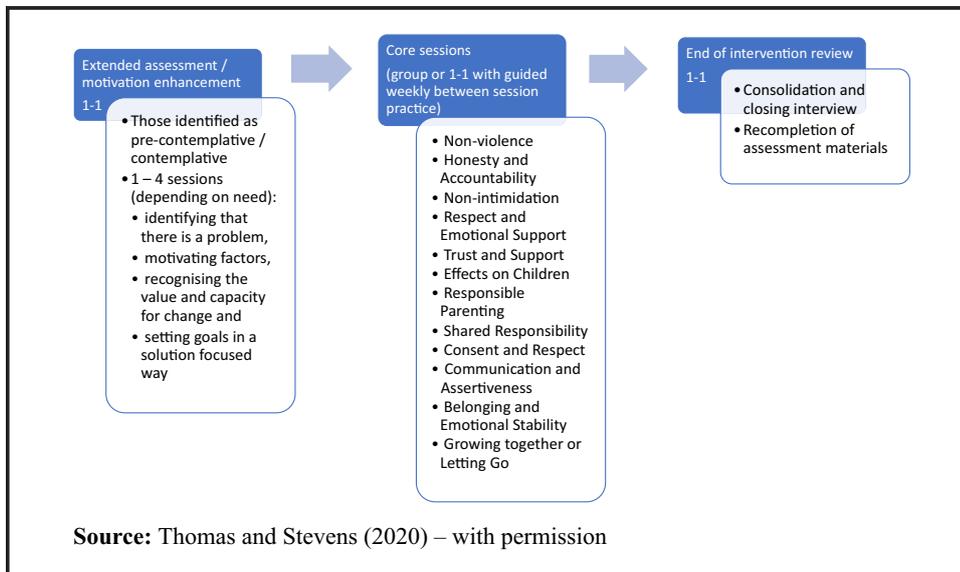
The equilibrium programme is strength-based and developed in line with the principles of solution-focused approaches (Lee *et al.*, 2003; Macdonald, 2011), whilst the Duluth Equality Wheel (www.theduluthmodel.org/wheels/, accessed 10/5/22) provides the starting point for each session. This provides a positive model of relationships that becomes familiar and recognisable over the duration of the programme. However, in keeping with the Good Lives Model (Ward, 2010), the traditional Duluth model's focus on gender socialisation is broadened to consider how individuals are interdependent and rely on both social resources and relationships to achieve goals.

The programme seeks to disrupt and challenge abusive cognitions and behaviours and to raise awareness of the impact of their behaviours on the people around them. However, this is approached by working with participants to develop and successfully deploy alternative tools, techniques and positive coping strategies. By encouraging participants to consider healthier, more effective ways of dealing with pressures, tensions and conflict within relationships the programme aims to enable skilled responding to challenging situations, during relationship conflict and at times of insecurity or threat. Through this, it is expected that escalation of abusive behaviour can be avoided and a more positive and fulfilling life promoted. This requires a deliberate balance within sessions to provide general information and skills development and to create opportunities for personalisation, goal setting and action planning. Positive affirmations are threaded through the sessions, and negative attitudes are appropriately challenged and steered towards more positive thinking. A strong emphasis is placed on recognising healthy (better) futures and how taking responsibility for one's choices plays a role in achieving this. Consideration of consequential thinking is used to support individuals to examine ways their lives and relationships can be improved through their choices and actions.

When referrals are received from Child and Family services, a common motivator for participation in the EPP is the desire to be actively involved in their children's lives. Consequently, the programme includes a focus on parenting and parent-child relationships with a whole family focus (including partner, (ex)partners, children and step children). This "parenting" motivation is used where appropriate to generate discussion, identify harmful and unhelpful patterns and their consequences and explore adult behaviours from the child's perspective. As might be expected from the growing research on adverse childhood experiences (Bellis *et al.*, 2019), this focus can give rise to powerful memories of DA participants' witnessed and experienced when they were growing up. The programme adopts a trauma-informed approach (Purkey *et al.*, 2018; Schauss *et al.*, 2019.) and encourages open discussion between participants about their childhoods. Facilitators guide participants towards finding the link between their own experiences and their behaviours and attitudes in adult life. This knowledge is used to identify patterns, explanations and solutions to assist participants to find ways to "navigate a different course" now they are an adult and thus interrupt intergenerational transmission (Narayan *et al.*, 2021). This includes identifying ways to enable their child to feel safe and secure around them.

The core structured programme comprises 12 weekly group-based sessions supplemented by four extended assessment/motivation enhancement pre-programme individual sessions where needed (Figure 2). Participants who access the core programme are required to recognise that they engage in problem behaviour within their intimate and domestic relationships and must indicate a willingness to address this. Thus, the core programme can be characterised as requiring participants to be at least near to the "planning" phase of behavioural change (Krebs *et al.*, 2018). Those who might be characterised as being in earlier stages of change can access (up to four) pre-group sessions that draw on motivational interviewing approaches. These aim to support individuals to move towards a place of recognition and acceptance to complete the core programme. Participants who

Figure 2 Core programme structure and content



are highly defensive, blame others or deny their actions are not considered suitable for the core programme. In such situations, the service focus remains on safeguarding families with access to the programme offered should their willingness to actively participate change.

Sessions are organised around key themes and include psycho-educational components, group tasks and group discussions. Participants are encouraged to share their experiences and to challenge each other when necessary. They are also guided to personalise the content by examining their own life situations and applying learning to their own circumstance. Where required individuals can also be given additional 1–1 support to assist with learning or to help build and reinforce learning. Structured “between session practice” is expected with participants encouraged to engage in specific tasks aimed to allow real-world practice of key group content. This commonly takes the form of observing, identifying, reflecting, trying out or identifying alternatives to enable in-session content to be embedded and new skills to be practiced. Between sessions practice is reviewed within the subsequent group session to identify success and troubleshoot difficulties (typically thoughts or behaviours) that may have been experienced.

For those who do not meet the criteria for the existing group programme (e.g. female perpetrators, male victims, people with mental health concerns and same sex couples), the programme can be tailored and offered on a “one to one” basis. This format can also be considered where practical reasons dictate e.g. childcare issues, work commitments and clashing personalities in group. Full details of the programme can be obtained from the first author.

Programme governance and practitioner supervision

A range of measures have been established to ensure the safe and effective delivery of the equilibrium programme in an open and transparent manner. Prior to entry into the programme, a pre-programme consent form is completed with both the perpetrator and the partner/ex-partner. This highlights that any safety concerns raised will be acted upon, including reporting these to police and/or social services where necessary. Following each session, a debrief takes place between the facilitators and the practice lead. This time for review and reflection is

informed by the “Sign of Safety Approach” to child protection (www.signsofsafety.net/what-is-sofs/, accessed 10/5/22) and targets strengths and weaknesses of practice; goals or barriers that emerged during the session and any areas or issues for further action. This can include input from the programme’s IDVA who makes regular contact with partners/ex-partners to monitor their safety and welfare. In addition, the location of the programme within the Local Authority’s Domestic Abuse Hub ensures that information on reported incidents is shared with programme staff where appropriate. Where necessary, decisions are made about actions needed to address risks to or from group participants. This may include the IDVA supporting a partner/ex-partner to report incidents to the police and/or assisting the partner/ex-partner to move to a place of safety and programme staff reporting disclosures of unsupervised contact or not keeping to the agreed safety plan. There is also a deselection process that can be triggered where removal from the programme may be necessary. This process is governed by a document that sets out the circumstances under which deselection may be considered and the steps necessary to enact this.

One to one supervision (Davies, 2015) is an essential element in practitioner wellbeing and development and service governance. Individual supervision is provided to all staff on a 4–6 weekly basis and is framed around the normative, formative and restorative functions of supervision (Proctor, 1986). This individual supervision provides a safe space to discuss the work being delivered, the well-being of the worker and to identify areas of good practice and opportunities for further development. In addition, clinical group supervision takes place for the whole equilibrium team with an external psychologist every six weeks. This forum enables the team to explore welfare issues, including vicarious trauma and emotional well-being. Individual equilibrium participants can also be discussed, drawing on a psychological lens to further enhance the understanding of service users. Finally, group-based case review takes place on a six weekly basis. This allows the triangulation of information from different perspectives by bringing together all those involved with each family (e.g. equilibrium facilitators, IDVA).

Independent governance is provided through service, wider organisational and external processes. Managerial and performance review of the full team is undertaken by a Practice Lead from outside of the equilibrium team. This includes reviewing recorded sessions and identifying areas of good practice and areas for development. Independent accreditation of the programme via the Respect scheme also ensures that the programme meets the standards expected of a high quality programme for addressing DA.

The impact of COVID-19

The COVID-19 pandemic and associated response measure in the UK during 2020–2022 necessitated changes to the ways in which the programme was delivered. Programme staff secured grants to purchase equipment and adapted the programme to enable online delivery. Where possible, participants were supported to access the programme remotely; however, this was delivered on a one to one basis to cater for an array of individual circumstances. Face to face meetings were provided where these were deemed essential. Throughout this period, the IDVA continued to monitor the wellbeing of the family with no reported incidents of remote working leading to conflict or further incidents of abuse. Although the introduction of online delivery was initially seen as a short-term response to “stay at home” directions, the success of the online format (e.g. levels of engagement) meant that this approach has been added to the delivery options for future participants where appropriate.

During the period of COVID-19 working arrangements (from March 2020 to December 2021), 136 referrals were made to the equilibrium service. As can be seen in Table 1, only a small number of those starting the programme did not complete it (10%; 5 of 52), whilst almost a third of those referred (32%; 44 of 136) elected not to engage in the programme.

Table 1 Status of referrals during remote 1–1 working in response to COVID-19

Status	Number (percentage)
Completed 1–1 online delivered programme	36 (26%)
Currently engaged in 1–1 online delivered programme	11 (8%)
Deemed suitable but not yet opted in	23 (17%)
Programme not appropriate*	17 (13%)
Choose not to engage	44 (32%)
Started programme, but dropped out	5 (4%)

Note: *Reasons include moved out of area, currently in prison, high risk (referred to DRIVE)
Source: Created by authors

However, it is not known how many of these did not attend because of the online delivery format or for other COVID-19 or non-COVID-19-related personal reasons.

Pathways to practice-based evidence

Whilst anecdotal evidence from participants, partner agencies and staff delivering the programme indicates positive outcomes, a more systematic and detailed exploration and evaluation of the programme is required. In January 2020, a range of methods were agreed to provide a systematic approach to gathering, analysing and reporting evidence for the programme. The key principles for this were that the data collected should be rigorous, useful at the individual and service level (e.g. to inform end-of-treatment reports and provide service outcomes information) and place little burden on facilitators and participants. However, just as these were being established, significant changes to methods of delivery and staff roles took place in response to the COVID-19 pandemic. As a consequence, the introduction of the multifaceted evaluation strategy was placed on hold. During this period, only referral and programme completion data was recorded; however, the evaluation approach described below will now be introduced when group-based delivery returns as COVID-19 restrictions lift.

Approaches to routine data collection have been developed, which will make use of data already collected by the programme and service (e.g. attendance, recorded incidents and between session contact with the team) and will allow new data to be easily collected. A post-session facilitator recording system will enable facilitators to rate a number of variables, namely, punctuality, engagement with session content, apparent understanding of session content, engagement in between session practice and responses to specific tasks (e.g. quizzes). A narrative description will also be used to record examples, further evidence or points of note (e.g. any specific examples of effective responding; challenges faced/overcome by the individual). This is based on a format developed for use with other group interventions (Nagi *et al.*, 2014) and replaces the narrative post-session notes traditionally made by facilitators. Prior to commencing the programme and post-programme, participants complete a programme-specific questionnaire developed to assess the extent to which individuals are able to identify challenges they face and their ability to use and use skilled responses/apply their learning and within the post-treatment questionnaire additional questions on the programme content and delivery. This has been designed for use at 6 and 12 months following the programme to assess the extent to which change has been sustained. This is complemented by a post-treatment questionnaire completed by (ex)partners, which provide another perspective on the nature and extent of any change. Both of these have been piloted with individuals who completed the programme and their partners/ex-partners, (eight participants and eight partners/ex-partners). This was achieved through a one-to-one meeting with each participant during which they were given (and asked to complete) the questionnaire. Following this, they were asked for feedback on factors such as the clarity of the questions, any areas they believed to be important that were not covered by the questionnaire, and their view on the length of time taken to complete it. This feedback was reviewed by the paper authors, and

modifications were made where necessary. These were to ensure that the self-report feedback processes are able to reveal individual change and capture views on strengths and weaknesses with the programme content and/or its delivery.

Limitations

It is important to acknowledge that whilst there are anecdotal positive reports for the impact of the programme, formal evaluation is in the very early stages of implementation. However, the methods for evaluation set out in this paper are now being implemented with an intent to systematically examine programme attendance and engagement and the nature and scale of any impact the programme has on reducing harms and fostering healthy domestic relationships.

Conclusion

The need to foster intimate relationship safety and provide appropriately targeted interventions for intervening early in domestically abusive situations is increasingly being recognised. The equilibrium programme detailed in this paper provides an accredited, whole family approach to addressing DA. With an evaluation framework in place, work is now needed to examine the impact of the programme and how this might be used to maximum effect with those for whom it is designed.

Note

- 1 Respect is a charitable organisation who seek to advance best practice on work with domestic abuse perpetrators. They provide quality assurance certification based on a comprehensive approach to programme review (see www.respect.uk.net/pages/accreditation).

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Corresponding author

Jason Davies can be contacted at: jason.davies@swansea.ac.uk

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