



Summary of Research Findings – Implications for Practitioners

What's Changed? Tracking male participants in domestic violence intervention programs

Introduction

Relationships Australia (NSW) and BCS LifeCare conducted a longitudinal, two year qualitative research project to assess "What Changes" when people participate in domestic violence intervention programs. The project interviewed participants and their female partners to assess their perceptions, beliefs and experiences from intake to follow up at six months. The research used an inter-agency, practitioner model.

The Programs: the intervention programs were run by BCS LifeCare and Relationships Australia:

BCS LifeCare:
Owning Up (6 wks closed)
Facing Up (18 wks closed)

Relationships Australia (NSW):
Taking Responsibility (25 wks open)
Stopping Violence (15 wks closed)

The Participants: 63 interviews were conducted with 28 couples over the course of the research. The majority of couples had been in the relationship for less than 15 yrs. At intake 16 couples were cohabitating and 12 couples had separated. A further four couples separated during the program. 27 of the 28 couples were co-parenting and the majority were in blended families. The age range was 26-54 yrs for men and 26-49 yrs for women.

Strengths of current programs: the findings indicate that participants perceived the features of group intervention to be beneficial, with peer support and relationships with other participants important. The interaction with the group leaders was described as beneficial and the visual aids and psycho-educational metaphors as helpful. The aids supported participants to be aware of their emotions and provided tips on managing them.

Perceptions of participants

The key findings reflect the recurring concerns and opinions of participants across the time-frame. These findings provide leverage points and motivational factors that practitioners can use in order to engage, support and intervene with clients who use violence and abuse, or are affected by violence and abuse.

Impact on the children: the majority of study participants had concerns about the impact of family violence on the children. This was described as a key motivating factor.

Connection with women: many of the men in the study indicated a need to connect with their female partners more and requested that their partners be involved in program activities.

Shame and stigma: some participants expressed shame as a result of attending the program, and some were concerned about the stigma they may experience if others heard about them attending. For this reason many chose not to disclose their attendance to friends and neighbours.

Ongoing pressures: many participants talked about the ongoing pressures in their lives as a distraction to attending the program. The pressures included financial concerns, work, mental health symptoms and the problematic use of alcohol and other drugs among others.

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What Changed

Through in depth interviewing at intake, completion or withdrawal from the program and at six month follow up, we aimed to identify what changed for clients and how they perceived these changes. Identifying positive change will support practitioners to develop more effective intervention programs.

Change for the men: a significant reduction in physical violence as a result of attending the program was reflected in both the participants' and their partners' statements. However, participants' statements also suggested an increase in other forms of abuse, such as verbal or psychological abuse. Close to half of the participants did not view these changes as sustainable.

Changes for the women: through attending women's groups, the women in our study said they learnt to set boundaries and make changes in their lives. They also described having safe conflict in their relationship and to be able to speak out in the family home. However, due to the difficulty of reaching female participants at six month follow up, we were unable to gain clarity of the sustainability of these changes.

Changes for the children: descriptions of children's behaviours and experiences by their parents in our study suggest that change in the behaviours of the children was variable. Some children became more settled, while some showed more challenging behaviour. There was also the concern of on-going intergenerational violence or increased levels of anxiety or depression among children.

Implications for practitioners

Reviewing domestic violence intervention programs is an on-going process of which this research is just one part. However, recurring research themes provide preliminary directions with which to develop, improve and evaluate programs to benefit families.

Intake

- Reduce the waiting time between referral, intake and program attendance.
- Screen clients at intake to ascertain levels of problematic alcohol and other drug use and / or pre-existing mental health diagnoses or phenomena.
- Also, screen for motivational factors to attending an intervention program.
- Include and increase referrals to complementary external services to support clients with the ongoing pressures experienced while attending the program.

Intervention

- Utilise and challenge motivational factors for attending the program.
- Increase the visibility and role of the women in the program.
- Target interventions that relate to the impact of violence and abuse on children.
- Enhance group process so that peer group members are more able to challenge each other.
- State and increase indicators of change in men's narratives.
- Acknowledge external factors and use participants' resources and strengths to manage these.

Aftercare / Post Group Activities

- Provide ongoing support, such as counselling, family therapy and parenting programs.
- Encourage and facilitate ongoing peer support, through informal contact and peer-meetings.

Summary

This project is part of ongoing collaborative and evaluation activities at Relationships Australia and BCS LifeCare. Through the rich and complex narratives offered by our participants, it is clear we need to: include female partners more; align the programs with complementary activities; adopt an individualised, client centred approach; increase the use of visual aids; empower clients to challenge each other in the group setting; develop follow up and aftercare activities to build on the relationships formed while in group; and to further support the family, through counselling, family therapy and parenting programs.

Acknowledgements

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