



An Evaluation of Domestic Abuse Programmes for Adolescents in Kent and Medway

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1. Background

LeHegarát's (2010) report on services for children affected by domestic abuse identified that the numbers of victims in the Kent and Medway area was 53,953¹ at an estimated cost of £1,012,517,559. The high cost of domestic abuse in both human and financial terms demonstrates a very strong argument for investment in prevention and early intervention services. However, teenagers tend to slip through the net in terms of service provision as most domestic violence services are aimed at adult victims and perpetrators (Jordan 2012).

LeHegarát (2010) suggested that partnerships between organisations which may influence domestic abuse services are not necessarily co-terminus, service provision is affected by funding, and areas of deprivation tend to attract more funds than affluent areas, because many services are targeted according to need (2010). The Kent and Medway Domestic Violence Strategy Group (Gilmour, 2010) recommended that more focus on prevention, early identification and low level services will prevent problems escalating, reducing the need for higher level services and therefore would be more cost effective and more effective for service users.

The aims of this evaluation were:

- 1) to undertake a literature review of national and international programmes to provide a contextual background of domestic abuse prevention programmes aimed at adolescents;
- 2) to investigate the perceptions of what does and does not work well across the domestic abuse prevention programmes for adolescents in Kent and Medway (including how programmes are delivered, establishing best practice and difficulties, and identifying any gaps in provision).

In order to put this evaluation into context, it is first important to define domestic abuse, both in general as well as how it affects adolescents.

1.1 Domestic abuse and teen dating violence

Domestic abuse (also known as domestic violence or intimate partner violence) occurs in all countries, irrespective of social, economic, religious or culture group. The terms refer to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in a relationship. Such behaviour includes acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion and controlling behaviours (Krug et al 2002).

Various studies make the distinction between adult domestic violence and what is termed as 'teen dating violence', a stage in the intergenerational cycle of violence that links witnessing or experiencing violence during childhood to perpetrating or experiencing intimate violence in adulthood (Sousa 1999). Sousa (1999) reported that teen dating violence mirrors adult domestic

¹ Women and girls aged 16-59 who have been a victim of domestic abuse in the past year, using the Home Office ready reckoner

violence in that it exists on a continuum ranging from emotional and verbal abuse to rape and murder and that the end of an abusive relationship is the most dangerous time for the victim. She points out, however, that there are important ways in which it differs:

- It occurs within the context of adolescent development, a time of rapid physical, intellectual, moral and social-emotional development
- Concerned friends and peers are generally the first responders
- The location where physical abuse is most frequently reported is in the schools

Sousa (1999) goes on to suggest that adolescent development and the repertoire of developmental tasks put some adolescents at risk for unhealthy behaviours. To cope with stress and gain status with their peers, adolescents can rush to become involved intimate relationships, and some accept abuse as part of those relationships. The stress and confusion of an abusive relationship can leave the victim with a diminished capacity to think, learn and plan for the future.

The results from the 'Teen Abuse' survey carried out by the NSPCC and 'Sugar' teen magazine (2005) found that 16% of young women had experienced being hit by a boyfriend (a quarter of which were experiencing this regularly), 31% thought that cheating gave a boyfriend the right to be aggressive, 43% would give an aggressive boyfriend a second chance and 40% accepted aggressive behaviour.

Factors associated with the interpersonal relations of young people, such as a history of abuse with family, friends and peers, can strongly affect aggressive and violent behaviour and shape personality traits that, in turn, can contribute to violent behaviour (Egeland 1993). Furthermore, it has been suggested that people who experience abusive, violent and controlling adolescent relationships (as victim or perpetrator) are very likely also to be in a violent relationship later on in life (Lavoie et al 2000, Murray 2000).

Adolescence is an important phase in regards to the dynamics of domestic violence, as it is then that young people begin to build and have romantic relationships. During adolescence young people go through the process of learning and creating the knowledge bases upon which their future relationships will be built (Schütt 2006). It is through this process that adolescents develop beliefs and attitudes about who they are and what they want to be (Herman 2004), hence why it is so important that prevention programmes take place at this stage of development.

The potential impact of domestic abuse on young people's physical, mental and emotional health and development has been widely researched. Although much still remains to be learned regarding childhood precursors of adult domestic violence and the mechanisms of intergenerational transmission of violence, on a long-term basis these children clearly are at greater risk of becoming the next generation of perpetrators of domestic violence towards spouses and children (Feldman, 2006). One way in which such risk is addressed is through the delivery of prevention programmes.

1.2 Prevention programmes

Research suggests that schools are well placed to run prevention programmes as they can address gender norms and attitudes before they become deeply ingrained in children and youth.

Community interventions can also empower women, engage with men and address gender norms and attitudes (WHO 2009). WOMANKIND et al (2010) suggests that schools have a role to play in creating an environment that does not accept violence against women and girls, and a legal requirement to address this under the Gender Equality Duty 2007. A model school-based relationship violence programme empowers young people, raises awareness at the school, parent and community level, provides educational groups for adolescents at risk for perpetrating relationship violence, and provides much needed support and services to adolescent victims of relationship violence (Herman 2004).

Evaluations of school-based interventions suggest they can increase knowledge about dating violence and improve attitudes towards it; their effectiveness at reducing levels of actual abuse towards females appears promising (WHO 2009). Positive results have been reported for a number of programmes, which are discussed in detail in Section 4 (Findings).

In the UK, the Department for Education's (DfE) Action Plan for Tackling Child Sexual Exploitation suggested that schools have an important role in protecting young people by spotting the first signs of abuse and making appropriate referrals. They also have the opportunity to deliver age-appropriate information to children and young people that will enable them to understand and manage risks, make informed positive choices and instil resilience. The Plan goes on to suggest that the voluntary sector has a key role in providing children with information about related risks and how to keep themselves safe.

The Department for Education states that children can benefit enormously from high quality Personal Social Health and Economic Education which supports them in making safe and informed choices. Sex and Relationships Education ('SRE') is part of their review of Personal, Social and Health Education ('PSHE') education, which was launched in July 2011, and is considering the core outcomes and body of knowledge and awareness that pupils should achieve from PSHE education. It is widely recognised that there is disparity between schools in how PHSE and SRE is delivered. Furthermore, individual agencies working with schools often encounter difficulties in terms of their limited resource capacity to encourage schools' use of PSHE and SRE productively.

As previously mentioned, domestic abuse occurs in all countries irrespective of social, economic, religious or culture group. In 48 population-based surveys from around the world, between 10% and 69% of women reported being physically assaulted by an intimate male partner at some point in their lives, the highest in Nicaragua, followed by Turkey (58%) and then Papua New Guinea (56%) (Krug et al 2002). The literature review that follows incorporates details of the research that has been undertaken both globally as well as within the United Kingdom.

2. Literature Review

2.1 International research

In 2005 the World Health Organisation ('WHO') published their "Multi-country Study on Women's Health and Domestic Violence against Women", which presented the results of interviews with 24,000 women from 10 different countries. The study demonstrated that violence against women is widespread and deeply ingrained, and has serious impacts on women's health and wellbeing. The recommendations put forward in the report included promoting primary prevention and involving the education sector, such as targeted programmes within schools and workplaces. The report suggested that schools programmes should begin as early as possible and be age appropriate. They should address issues of power and consent, and enable boys and girls to develop relationship and conflict resolution skills and to identify strategies to reduce the occurrence of violence.

Another study highlighted the importance of being able to talk to someone about the issue. Tiwari et al (2005) looked at an intervention of empowerment training for Chinese abused pregnant women, which was based on a protocol developed by Parker et al (1999) and consisted of advice in the areas of safety, choice making and problem solving. The component of empathetic understanding was found to be important as it offered the first real chance for women to tell their problems to someone, and to do so without the fear of being ignored or ridiculed. Tiwari et al reported that many felt relieved to hear that they were not alone and that the problem was not their fault.

Wekerle and Wolfe (1999) reviewed six relationship violence prevention programmes designed for and delivered to youth (some of which are included in Figure 1). Five programmes were school-based and one operated in the community. These programmes were summarised as follows:

- All articulated a theoretical framework;
- All delivered content that had the potential for universal prevention;
- One programme had cultural-specific content;
- Five of the six programmes targeted dating violence specifically, utilising high school participants across high school grades (aged 13-19);
- Two programmes were intended as selected prevention (no programme targeted adolescents with crystallised relationship violence, i.e. indicated prevention);
- One programme provided community-based follow-up services (support groups and crisis line access), although these were used by few participants;
- Pilot testing and adolescent focus groups were important components in developing curriculum and evaluation strategies;
- Each programme was delivered in group format, with professional facilitators trained by prevention project staff;
- One programme explicitly required both a male and female adult co-facilitator, with an additional option to include a programme 'graduate' youth co-facilitator;
- Community support was present in the form of facilitators, guest speakers and project consultants;

- The school-based programmes were delivered within health classes, specially designated classes or were stand-alone one or two sessions.

Wekerle and Wolfe (1999) asserted that the advantages of positioning prevention within schools included practical benefits (e.g. space, access to participants, need for transportation, use of school file data) as well as staffing support, both formally and informally. Disadvantages include not being able to reach those that have dropped out of school or are truant, the potential for participants to experience discomfort, apathy or ridicule, especially if material is being discussed in a setting that does not ensure confidentiality or opportunities to process personal beliefs and attitudes in a safe and open manner. Finally, student disclosures of violence may increase as a result of education, so policy, procedures and school staff training need to be established in advance.

Overall findings of Wekerle and Wolfe's review showed that interventions that were both didactic and interactive were effective at changing attitudes in a positive direction, at least in the short-run. Based on self-report measures, desired changes in perpetration were evident. Wekerle and Wolfe (1999) suggest that longitudinal monitoring of dating violence and healthy dating behaviour is required to fully assess the success of dating violence prevention programmes, including studies on couple reports (i.e. he said/she said) and observed couple behaviour.

Programmes that work with youth require a view of adolescents as persons with unique resources who can make important contributions to communities. Also, initiatives require a consideration of what we want to encourage in youth rather than a focus on what we want to avoid, and they cannot assume that education and skill development are automatically transferred to potentially problematic settings – programmes must incorporate action-oriented strategies that translate hypothetical learning into everyday behaviour (Grasley, Wolfe & Wekerle 1999).

Programmes for young people that address abuse within intimate relationships outside of the UK tend to be independent initiatives sponsored by bodies working to end violence against women. Examples of such programmes can be found in Appendix I.

The Youth Relationship Project (Canada) contains a 'pro-social' element which sets it apart from others and is therefore worthy of further description here. The project provides built-in opportunities to conduct community-based projects and community service, and to build self-esteem through contributions to the community. This incorporates one of Millstein et al's (1993) considerations for health promotion with young people – that active exploration of alternative roles can be supported by community-based projects.

In the last section of the Youth Relationship Project, the participants are given the opportunity to get out into the community, which involves youth, in pairs, being given a hypothetical problem related to dating violence and being instructed on how to approach organisations for help. Following preparation, the pairs visit a chosen agency to conduct a prearranged interview and then report back to the group with their findings. The goal of this exercise is to improve their help-seeking skills, decrease their anxiety in accessing community services, and overcome previous negative interactions with the social service system. Finally, participants plan a social action event in their

community, which facilitates a sense of empowerment in dealing effectively with violence in their own lives as well as to believe in their effectiveness at making a contribution to the cause of ending intimate relationship violence. The YRP programme capitalises on the inherent skills and positive attributes of youth, rather than their deficits.

It was apparent from the literature that only a handful of international domestic abuse prevention programmes have been formally evaluated. Figure 1 provides a summary of these projects and includes details of their outcomes in terms of the impact they had on participants.

Figure 1. Summary of International Domestic Abuse Prevention Programmes for Young People

Programme Details	Aim, Objectives, Purpose	Content & Delivery	Evaluation Results
SAFE DATES			
Location: CANADA Target Age Group: 13-15	A school and community initiative	<ul style="list-style-type: none"> • Ten session educational curriculum • School and community activities • Theatre production • Poster Contest • Training for providers of community services • Support services for affected adolescents 	A randomised controlled trial found that (compared to members of a control group) participants reported less psychological abuse and sexual and physical violence against their current dating partner one month after the programme ended (Foshee et al, 1998) and four years later (Foshee et al, 2005)
YOUTH RELATIONSHIP PROJECT			
Location: ONTARIO, CANADA Target Age Group: 14-16	A community-based intervention to help at risk adolescents develop healthy, non-abusive relationships with dating partners through pro-social action	<ul style="list-style-type: none"> • 18 x 2 hour sessions to groups of 6-10 participants of mixed gender • Education about healthy and abusive relationships • Conflict resolution • Communication skills • Social action activities 	A randomised controlled trial showed that the intervention was effective in reducing incidents of physical and emotional abuse and symptoms of emotional distress over a 16 month period after the intervention (Wolfe et al, 2003)
MENTORS IN VIOLENCE PREVENTION			
Location: UNITED STATES Target Age Group: HIGH SCHOOL/COLLEGE	Six or seven two-hour educational sessions to male and female students in mixed or single-sex groups	<ul style="list-style-type: none"> • Different types of abuse • Gender stereotypes • Society's acceptance of violence against women • Role playing to confront sexist attitudes and actively prevent violence 	An evaluation of the programme in ten schools found that, compared to members of a control group, participants' knowledge of violence against women significantly increased after the programme. It also indicated that the programme improved participants' attitudes towards violence against women and gave them greater confidence to intervene or speak out against it (Campbell, 2002)
KIDS CLUB			
Location: UNITED STATES Target Age Group: 5-13	Designed to foster resilience and enhance recovery from the traumatic experience of inter-parental violence,	<ul style="list-style-type: none"> • 10 week programme • Identifying feelings and fears associated with violence exposure 	Graham-Bermann (2000) tested a model with 221 families experiencing interpersonal violence, randomly assigning them to child-only, child plus mother, and no intervention

	providing support for children and their mothers	<ul style="list-style-type: none"> • Changing social cognitions (including gender attitudes) • Developing appropriate coping and social skills • Educating children and families about violence • Promoting positive beliefs and attitudes about families and gender • Reducing fears and worries 	groups. Change was greatest for the child plus mother condition, with the least improvements found in the control group. Children receiving the intervention also demonstrated reduced levels of Post Traumatic Stress Disorder. The programme was not successful in reducing depression, impulsivity or distractibility symptoms in children
SOUTHSIDE TEENS ABOUT RESPECT (STAR)			
Location: UNITED STATES Target Age Group: 12-17	To reduce the incidence of teen dating violence by increasing knowledge, changing attitudes, developing healthy relationship skills, promoting peer leadership, increasing community awareness and increasing utilisation of community anti-violence resources	<ul style="list-style-type: none"> • Classroom based education • Teacher workshops • Parent workshops • Peer leadership/activism training • Community-wide public awareness campaign • Community-based workshops for out of school youth 	Outcomes included: a 57% increase in calls to Helpline immediately after the billboards were posted; community workshops showed clear effects on participants' intention to seek help; in school-based workshops students who participated in the treatment group showed considerable gains over those in the no-treatment control groups, students receiving the intervention in two consecutive years benefitted more, clear effects on students' conflict behaviour, self-ratings of relationship skills and help seeking behaviour, and violence supportive attitudes and attitudes justifying violence in relationships showed trends in the right direction
EXPECT RESPECT			
Location: UNITED STATES Target Age Group: 10-11	A three year project to prevent dating violence, specifically designed for elementary students and their schools. Goal – for children to value equality, respect and safety, and to reject violence and coercive behaviours in their current and future relationships	<ul style="list-style-type: none"> • 12 session curriculum • Infusion of project activities and values into school/campus practices and procedures • Training for teachers and other school staff 	Students were more accurate in identifying examples of sexual harassment than those who did not receive the curriculum, significantly more likely to report bullying more often and in more places on campus, knowledge of sexual harassment increased, and attitudes regarding dating and sexual harassment changed significantly in the desired direction
BIG BROTHERS BIG SISTERS			
Location: UNITED STATES Target Age Group: 6-18	A programme to help children realise their potential and build their future	<ul style="list-style-type: none"> • Nurturing children and strengthening communities through meaningful, monitored matches made between adult 	An evaluation found that within a one year period, Big Brothers Big Sisters School-Based Mentoring made a real difference in the lives of at-risk school children. After 15

		<p>volunteers ('Bigs') and children ('Littles')</p> <ul style="list-style-type: none"> • Works in partnership with individual donors, foundations, corporations, governments and others to build a network of support that funds and enables their work 	<p>months, those with a mentor were 52% less likely to truant, 46% less likely to experiment with drugs and 33% less likely to hit someone. There were also reported improvements in self-esteem and better marks at school (iVillage 2012). Learning from the evaluation has been integrated into the programme so that impacts will be felt over a two-year period and beyond (BBBS 2012).</p>
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The following details have been gleaned from the literature regarding how these projects were evaluated:

- Safe Dates used a large control group and conducted follow up surveys one month and one year after the end of the programme. In 14 public schools students in the 8th and 9th grade were stratified by grade and matched on school size. Four victimisation and four perpetration outcome variables were used, including psychological abuse, non-sexual violence, sexual violence and measuring violence in a current relationship. Questions asked included:
 - Psychological abuse - ‘How often has anyone that you have ever been on a date with done the following things to you?...damaged something that belonged to me, insulted me in front of others, etc.’ scoring from 0 (never) to 3 (very often)
 - Non-sexual violence – same base question but choices of ‘slapped me, kicked me, hit me with a fist, etc.’, scoring from 0 (never) to 3 (ten or more times)
 - Sexual violence – same base question but choices of ‘forced me to have sex, forced me to do other sexual things I did not want to do, etc.’, scoring from 0 (never) to 3 (ten or more times)
 - Measuring violence in current relationship – if currently dating respondents were asked how often their partner had used physical force against them (not in self-defence), how often they had used physical force against a partner (not in self-defence), scoring from 0 (never) to 3 (very often)

A Likert scale format was used to measure all four constructs. Participants were also asked how strongly they agreed or disagreed with a series of statements, for example ‘Hitting a partner is never okay’, and four conflict management variables were formed (constructive/destructive communication skills, constructive/destructive responses to anger). Logistic regression analysis was used as an evaluation strategy

- In the Youth Relationship Project (YRP), 58 domestic violence exposed adolescents were randomly assigned to YRP group treatment versus a supportive group. The belief was that programme success should be defined in terms of the ability to meet stated goals, since traditional strategies were insufficient as they tend to assess either the presence or absence of target behaviour (such as abuse/violence). Methods were developed to evaluate help-seeking behaviour, and it was advised that a full evaluation requires consideration of a number of complex issues, for example the number of treatment sessions attended, treatment fidelity and facilitator effects
- In the community-based workshops, Southside Teens About Respect (STAR) collected data immediately before and after the one hour workshops took place. In the school-based workshops longitudinal data was collected from treatment and no-treatment groups at four points – 1) prior to the beginning of the intervention, 2) in the Winter/Spring after completion of the intervention, 3) one year later, and 4) after completion of the second year of intervention. Information collected included gender, ethnicity, whether the respondent was in/not in a relationship, number of dating partners, length of current relationship, amount of time spent alone with partner, whether they had been a victim of physical/emotional abuse, whether they had been a perpetrator of physical/emotional abuse

The international programmes which were sourced for the purpose of this evaluation provide useful ideas – both in general in terms of general facilitation and delivery, as well as specific, such as incorporation of community-based aspects (e.g. the social action element of the Youth Relationship Project in Canada). The international research also provides beneficial learning, such as the Southside Teens About Respect (STAR) project, which provided data that indicated that students were beginning to date and experience violence in their dating relationships at an early age, and therefore recommended that interventions should probably begin earlier (from age 9). In addition, the research provides an insight into the outcomes and impact of effective programmes and how formal, longitudinal evaluation can demonstrate this.

The next section looks at the research which has been undertaken nationally on the subject of domestic abuse prevention programmes for adolescents.

2.2 National research

In the United Kingdom, research on adolescent domestic violence has been very limited (Schütt 2006). However, recent evidence from across the UK suggests that the subject is starting to be taken seriously. This section focuses on such evidence. Details of government supported initiatives and national domestic abuse prevention programmes can be found in Appendix II.

A report published jointly by the University of Bristol and NSPCC in 2009 looked at the issue of partner violence in teenage intimate relationships. The findings of the survey undertaken clearly showed that violence in young people's intimate relationships should be viewed as a significant child welfare problem, and a central issue concerned gender, with girls reporting greater incidence rates for all forms of violence and describing a greater level of negative impact on their welfare (Barter et al 2009). The study, which involved 1,353 young people between 13 and 17 years old, also found that young participants were as likely as older adolescents to experience particular forms of violence. Also, the majority of young people either told a friend about the violence or told no-one, with only a minority informing an adult (the main professionals who were approached were school learning mentors). This highlights another reason as to why it is so important to carry out prevention work with adults, as if they are all informed of the signs and risks of unhealthy relationships and where to go to for help, they will be more able to assist and guide their peers.

Barter et al made a number of recommendations to addressing partner violence in teenage intimate relationships, including:

- recognition of teenage partner violence as a significant problem;
- ensuring that the wider experiences of girls remain a focus in intervention programmes;
- challenging boys' minimisation of their own use of violence;
- a coherent approach to prevention which recognises specific forms of violence, both in isolation and also in relation to each other in young people's relationships
- challenging the use of new technologies to control partners;
- professionals to routinely include the area of partner abuse in their overall assessments of young people's needs

- emphasising that, in professional assessments of harm, older partners (and especially 'much older' partners) routinely represent a significant risk factor
- enhancing young people's help seeking strategies;
- expand peer support and counselling schemes in schools to include the area of peer violence;
- consider the implementation of adult learning mentors within schools to develop and maintain effective and supportive mentoring relationships with young people and those engaged with them; and
- ensure that Personal, Social and Health Education (PSHE) classes focus on physical, sexual and emotional forms of partner violence, particularly concerning the role of coercive control and isolation of victims from support networks.

Maxwell et al (2010) suggested taking a 'whole-school approach' to an issue such as gender equality and violence against women and girls. Maxwell & Wharf's (2010) study examined how a number of schools developed a whole-school approach to promoting gender equality and challenging violence against women and girls. The results of their two year study demonstrated the need for a passionate and committed leader working across the school in order for progress to take place. Barriers to undertaking work in schools included a lack of understanding of how subtle gender inequality could be and of how prevalent violence against women and girls was in schools and the local community, and a lack of staff capacity and space within the curriculum to develop new areas of work.

Recommendations for overcoming barriers included:

- Making links: increasing awareness of issues through training, small research studies and group discussions; building the legal, business and moral case for why a focus on gender equality and violence against women and girls is relevant; and clearly positioning the work within the school's policy framework and priorities
- Advocating for change: ensuring there is a passionate and committed person leading the work; building on what is already in place; involving the whole staff team in awareness raising and discussions; and developing a 'shared language' within the school which engages with/incorporates internationally agreed definitions of key terms
- Shared leadership: developing structures that will support the person or working group taking the lead with the work; getting young people involved in initiating change; developing partnerships with external agencies
- A whole-school approach: action to occur at institutional and policy level through staff awareness-raising, continued professional development and support and work with students; and ensuring all staff are aware of the school's support structures and child-protection procedures

Schütt's 2006 study with adolescents in Southwark (London) identified that participants showed a good understanding of what a healthy relationship should consist of, but seemed to lack knowledge about how to help a friend that was being abused. The young people also highlighted that the sex education they received in schools did not address issues around healthy and unhealthy relationships and recommended that schools address emotional aspects of relationships, as well as the implications these can have. Interviews with service providers indicated a limited knowledge of, and awareness about, domestic violence in general and adolescent domestic violence in particular.

Findings indicated that there was a general need for improving the awareness of young people, and ensuring that service providers were equally knowledgeable about domestic violence.

Papadopoulos (2010), in her review of the sexualisation of young people, suggested that schools have a vital role to play, together with parents, in helping young people to develop healthy relationships, manage their emotions and challenge the behaviour of some young men towards women and girls. Amongst her recommendations were to provide all school staff with training on gender equality (also endorsed by Herman 2004), with specialist training and ongoing support for those who teach PSHE and/or Citizenship, and the commencement of Sex and Relationships Education (SRE) in primary schools.

In terms of how the national programmes are evaluated, details have been gleaned from two projects (Tender's Healthy Relationship Education project and AVA's Community Groups Project, full details of both can be found in Appendix II). In September 2010, Tender commissioned an external evaluator to conduct an evaluation of the project in order to assess the success of the project model in helping schools achieve a 'whole-school' approach to violence prevention, to identify how the project model worked and lessons that might have wider application. Data collection included interviews with key adult informants, observation of delivery sessions and feedback from young people. The outcome of the evaluation suggested that the work had been successful in increasing young people's knowledge and confidence in year one of the project and, perhaps most importantly, had got the issues firmly on the schools' agenda to set the scene for further work in following year (McNeish et al 2011).

Tender commissioned the same external organisation to evaluate their overall work in 2012. Evaluation methods involved analysis of questionnaire data, as well as qualitative interviews in a sample of five schools, including group interviews with a total of 54 young people who had participated in the programme, and individual or group interviews with a total of 10 teaching staff in four of the five schools. Results of the evaluation indicated that quite a substantial number of young people had experience of some sort of relationship abuse, but very few indicated that they had sought advice or support. Where they did, this was mostly from friends and family rather than formal agencies. These findings reinforce the importance of work in schools that raise the awareness of young people and their confidence in seeking help (DMSS 2012).

AVA states that evaluation is key their work, and as such they always build in capacity in funding bids to ensure work can be externally evaluated. In terms of the costs of such evaluations, of course these would vary depending on the project size and requirements. As a guide, AVA would budget at least £20,000 for a full external evaluation.

Evaluation models and methods used also depend on the needs and requirements of each project, for example they have previously worked with a university to evaluate their Community Groups programme (a community-based model for women and children who have experienced domestic violence) which involved conducting focus groups and semi-structured interviews and collecting pre and post-survey data. A cost-benefit analysis was also undertaken as they feel that social return on investment is crucial for evaluations in the current climate.

AVA is also a social research centre and therefore evaluates the work of other organisations. For a current evaluation for Comic Relief they have developed surveys, interviews and focus groups in collaboration with the organisations they are evaluating.

AVA strongly believe in participation and empowerment evaluation models and have also held quarterly networking events to bring together organisations to discuss work, successes, challenges, key emerging findings and dissemination plans.

It is important to consider national research in terms of the implications that it has on a local level in Kent and Medway. Useful ideas include the 'whole-school approach' to tackling issues, as well as practical suggestions that for facilitation, including that it is important for messages to be delivered by other young people (DfE 2011).

3. Methods

The evaluation was made up of two stages. The first stage of was to carry out an extensive literature review in order to ascertain what research had already been conducted around the subject of domestic abuse prevention programmes for adolescents and to enable a theoretical framework to be developed. The literature review provides a picture of the state of knowledge and of the major questions in the subject area being investigated (Bell 1987). Relevant literature obtained on the subject of domestic abuse prevention programmes for adolescents included peer-reviewed articles, government papers, reports, etc. via the Canterbury Christ Church University ('CCCU') e-library as well as through the internet search engine 'Google Scholar'.

The second stage of the evaluation was to investigate the perceptions of what does and does not work well across the domestic abuse prevention programmes for adolescents in Kent and Medway. A qualitative methodology was adopted for this stage, and opinions and views were elicited from stakeholders in the form of semi-structured interviews. Questions were devised to meet the aims of the evaluation, which included: what the project was, how it was delivered, what worked well, what were the most useful aspects and benefits for participants (as well as their organisation), what difficulties were encountered, what lessons were learnt, and details about the level of engagement of adolescents.

In terms of identifying the full array of stakeholders, the Coordinator of Swale Action to End Domestic Abuse (SATEDA) initially highlighted key contacts who were involved in the provision of prevention programmes to adolescents on the subject of domestic abuse. A forum of stakeholder representatives was established at the outset of the evaluation, who were able to suggest other potential participants. Individuals were contacted by the researcher via email and asked whether they would like to take part in the study. Further participants were highlighted to the researcher via existing participants. Of the suggested participants, only two organisations were unable to provide feedback due to the time constraints of the evaluation. Other key contacts that were unable to meet face to face were able to provide relevant information via email, and one organisation was visited in order to obtain copies of evaluations, as well as conducting an interview with the Project Worker who has previously delivered the programme but was now employed elsewhere.

As the approach to the interviews was relatively informal it allowed both researcher and participant to talk around the questions and explore different avenues, therefore eliciting further relevant information. The interview schedule (see Appendix III for a copy) was sent to the Coordinator of SATEDA, the partner in the evaluation, to review. This served as a pilot to test out the questions, and the result was that it was not deemed necessary to make any changes to the interview schedule.

A major advantage of interviews are their adaptability – it is possible during interview for ideas to be followed up, responses probed and motives and feelings investigated, which would not have been possible via a questionnaire. The ways in which responses are made (tone of voice, facial expression, etc.) can also provide information that a written answer would conceal (Bell, 1987).

The disadvantage of interviews, however, is that they are time consuming and also highly subjective so there is always a danger of bias. Other factors that influence responses include eagerness of the respondent to please the interviewer and the tendency of the interviewer to seek out answers that support preconceived notions (Borg 1981).

Interviews were conducted with ten service providers (see Appendix IV for details) who were currently involved (or had been historically) in the delivery of domestic abuse prevention programmes with adolescents. The interviews took place over a period of two weeks in May 2012 at a time and location that was convenient to the interviewee, which meant that only the researcher had to spend the time travelling to the interview venues. Interviews were recorded using a digital Dictaphone. The researcher ensured that informants consented to being recorded at the beginning of each interview. Interviews were transcribed by the researcher in order for the analysis to be undertaken.

The interview data was analysed 'within-case' using the software 'NVivo', which enabled the researcher to identify and elicit themes from transcripts by going through each one line by line and highlighting relevant quotes accordingly. This enabled the researcher to become very familiar with the material to build up separate descriptions of events, opinions and phenomena which were used to identify patterns (Collis and Hussey, 2003).

Ethical considerations

The study involved gathering data and information from human subjects, and therefore it was crucial that ethical principles were taken into consideration at all stages. It was vital that participants were not subjected to any harm or risk as a result of being involved in the study. The evaluation adhered to University requirements for ethics and research governance throughout.

4. Findings

The second part of this evaluation involved conducting an investigation amongst local providers of prevention and intervention programmes to elicit what is currently being provided across Kent and Medway. Interviews were conducted with ten service providers (seven female respondents and three male) who were involved in the delivery of programmes to adolescents. All services worked with male and female adolescents. The respondents worked in the following seven organisations: Action for Children, Domestic Abuse Volunteer Support Services, K-DASH, North Kent Women’s Aid, Folkestone Academy, Rising Sun and Swale Action to End Domestic Abuse. Figure 2 (below) provides a summary of the programmes, showing the number of establishments in which they were delivered, the number of people that were reached, and how long they ran for.

Figure 2. Summary of beneficiaries and timescales of programmes

Project	No. of establishments	No. of beneficiaries	Timescale
Domestic Abuse Awareness Course <i>Action for Children, Dover</i>	All secondary schools in Dover (apart from one) plus a couple outside of the area	500+	Three year project, funding ended 2011
Domestic Abuse Volunteer Support Services <i>DAVSS, Tonbridge</i>	1 college	A number of teenagers within college	One off delivery
Healthy Relationship Programme <i>North Kent Women’s Aid, Dartford</i>	12	650 – including 103 Year 7 students, Year 8-11 students and youth groups	Figures in previous column relate to the period May 2010 – November 2011
Domestic Abuse Awareness <i>Folkestone Academy</i>	4 senior schools	345 students per year	2006 - present
New Horizons <i>K-DASH, Maidstone</i>	N/A	18 children attended two groups in 2011/12	Funding ends August 2012
Educational Domestic Abuse Project <i>Project Salus, Thanet</i>	10 secondary schools; 31 primary schools	2,411 young people - preventative education; 93 - targeted intervention; 46 women supported on Freedom programme; 128 staff trained; 44 parents – additional support	Project commenced 2006, finishes August 2012 <i>(figures in previous column relate to the period April 2008 – December 2011)</i>
Love Shouldn’t Hurt <i>Rising Sun, Canterbury and East Kent</i>	15 secondary schools 1 primary school; 3 youth centres; 1 college	Assemblies and workshops delivered to 7,500-8,000 pupils	April 2011 – March 2012
Healthy Relationships <i>Swale Action to End Domestic Abuse, Sittingbourne</i>	5 secondary schools	228	September 2010 – April 2011 <i>(figures in previous column relate to September 2010 – January 2011)</i>

Figure 3 (on the following page) provides details of each programme, and is followed by an in-depth analysis of the interviews which were carried out with ten key contacts and providers of domestic abuse prevention programmes for adolescents (see Appendices III and IV for the interview schedule and interviewee details).

Figure 3. Kent & Medway Programme Matrix

	Target Age	Size of Group	Target Group	Areas Covered	Type of Service	Mode of Delivery	Funding
Domestic Abuse Awareness Course <i>Action for Children, Dover</i>	13-14	Varying (up to 60 if two classes combined)	Adolescents (mixed gender groups)	Definition of domestic abuse; Building positive relationships .	Raising awareness; Prevention.	6 weeks; School-based within healthy living or sport curriculum; Lecture based with a DVD plus question and answer working.	Comic Relief (now ended).
Domestic Abuse Volunteer Support Services <i>DAVSS, Tonbridge</i>	13-17	Varying (classes)	Adolescents (mixed gender groups)	Overview of domestic/dating abuse; Advice on where to go for help/information.	Raising awareness; Prevention.	One off delivery; School-based; Presentation.	Tonbridge & Malling Borough Council.
Healthy Relationship Programme <i>North Kent Women's Aid, Dartford</i>	11-24	Varying – classes or on an individual basis	Children; Adolescents (mixed gender groups); Families.	Exploring and challenging gender stereotypes and expectations; What is abuse?; Resolving and managing conflict; Relationships, communication and respect; Examining violence, excuses and responsibilities; Keeping safe and where to seek help; Teenage dating abuse; Safety on the internet.	Raising awareness; Prevention; Intervention (therapeutic)	6 weeks; 60 minutes per session; Delivered by Young Person's Outreach Worker; School-based (group work designed to fit in PSHE curriculum); Training offered to staff; Workshops including a DVD; Community-based (one to one work).	Big Lottery Fund (3 years funding).
Domestic Abuse Awareness <i>Folkestone Academy</i>	13-18	Varying (classes)	Adolescents (mixed gender groups)	Definition and key elements of domestic abuse, stalking and cyber-stalking; Spiritual and racial abuse; Self-preservation; Refuges; Assault; What is a healthy relationship?	Raising awareness; Prevention	By PCSO across four schools in area; School-based in Values lessons; Two sessions of 1 hour and 10 minutes; Showing of 'Spiralling' DVD; Group work; Quizzes.	PCSO works for Kent Police but 50% funded by school.

	Target Age	Size of Group	Target Group	Areas Covered	Type of Service	Mode of Delivery	Funding
New Horizons <i>K-DASH, Maidstone</i>	Up to the age of 12 + mothers	Up to 12	Children; Mothers.	For mothers – supporting their children, rebuilding bonds; For children - play therapy covering breaking the secret, understanding feelings, exploring their experiences, safety plan, responsibility, anger problem solving, dealing with family changes, self-esteem.	Raising awareness; Intervention (therapeutic)	12 weeks of 2 hour sessions; Community-based; Facilitated group work - mothers and children do separate group work and come together at the end of each session to eat a meal.	Various sources, including Maidstone Borough Council.
Educational Domestic Abuse Project <i>Project Salus, Thanet</i>	10-25	Varying – classes or on an individual basis	Children; Adolescents (mixed gender groups).	Impact; Raising awareness of services Strategies; Healthy relationships; Self-esteem and self-confidence; Value awareness; Problem solving; Perspective training; Social skills training assertiveness; Understanding; Developing self; Equality; Gender; Stereotypes; Anger	Raising awareness; Prevention; Intervention (therapeutic)	School-based - Project Officer delivered during PSHE/ Citizenship classes; Community-based; Raising Awareness Programme - 6 sessions over 6 weeks; Freedom Programme (adapted for young people) - 12 one hour sessions over 12 weeks; Respecting You, Respecting Me - 12 one hour sessions over 12 weeks; Individual work - 12 one hour sessions over 12 weeks	Local Children's Service Partnership (LCSP) through Kent County Council (KCC), Early Intervention Grant. Apr 2008 - Dec 2011.
Love Shouldn't Hurt <i>Rising Sun, Canterbury and East Kent</i>	11-18	Varying – classes or on an individual basis	Adolescents (mixed gender groups).	Education; Raising awareness of domestic violence in teen relationships; Gender stereotypes; Self-esteem; Conflict resolution; Rights and responsibilities; Healthy relationships; Early warning signs of unhealthy behaviours	Raising awareness; Prevention; Intervention (therapeutic and advocacy)	Two facilitators (one male, one female); School-based; Youth centres; 6 weeks of 1 hour sessions or a bank of presentations tailored to suit the school (e.g. during focus days); Mentoring; Enrichment days.	Various sources, including schools, Golding Homes Housing Association, Domestic Violence Forum (after initial funding from Comic Relief was cut).

	Target Age	Size of Group	Target Group	Areas Covered	Type of Service	Mode of Delivery	Funding
Healthy Relationships Project <i>Swale Action to End Domestic Abuse, Sittingbourne</i>	11-18	Up to 15	Adolescents (mixed gender groups).	Raising awareness; Prevention; Healthy relationships; Sexual relationships; Notions of consent; Resilience; Positive coping strategies; Friendships; Respect; Communication; Notions of society - challenging ideas and beliefs and looking at where they came from.	Raising awareness; Prevention: Intervention (therapeutic)	School-based workshops (within PSHE curriculum) covering five secondary schools in Swale; One to one work – therapeutic worker; 6 weeks of 1 hour sessions for workshops, ideally 12 weeks for therapeutic work; Art competition (designing of a poster relating to the subject of domestic abuse).	Kent Poverty Pilot Fund (now ended).

The above matrix shows that, despite the programmes looking similar on the surface, there are a variety of ways in which they are delivered and very different specialist activities are offered by each individual project. The following sections (4.1 to 4.5) provide further analysis of each programme.

4.1 Facilitation and delivery of programmes

Methods of delivery

The interviews uncovered a variety of ways in which the programmes are facilitated. The dominant approach was through group work in schools, and some projects also incorporated therapeutic work² as well as workshop facilitation, so that participants who were highlighted either before or during workshops as high risk could get the individual help that they required.

One project incorporated the delivery of a mentoring scheme, and two respondents raised the concept as an idea that would be beneficial to build into programmes, as well as to sustain them after the formal delivery has ended:

“Maybe we’d try to look at how we can utilise groups and mentoring as well...some of the young people, especially the ones that had been through the process, were really skilled and wanted to assist and support other young people that were going through it because they knew that they could relate to how they felt and they were really keen to do that.”

All facilitators raised the importance of the need to be flexible in terms of delivering the programmes to allow the participants to express their views and be led by them, and bring them back to the points that needed covering in that workshop. Flexibility in terms of what suited the individuals was also felt to be important, especially in one to one work where some young people would respond better outside of school and in terms of working out which lessons can be missed if required.

Characteristics of facilitator(s)

The gender of facilitators differed across the programmes – of the eight programmes, five were delivered by females, one by a male and two were delivered by a female and male facilitator.

One male facilitator felt that his gender was an advantage as it gave a different perspective, especially for the young male participants. One of the programmes which was led by a male and a female facilitator felt that this aspect was an advantage in terms of providing role models and relating to the workshop attendees:

“The idea is that it’s designed to model the healthy relationship between male and female...I think that is quite a powerful thing...especially with young people.”

It was felt by some respondents that it was important to have someone close to the age of the participants so that they could relate to them and further enhance key messages, such as a mentor or graduate:

“...maybe we can connect with these kids at one level but it would probably need to be backed up with somebody at a different level to keep the momentum going. If they’re

² Therapeutic work is usually on an individual basis and delivered via a range of interventions designed to help people to work through difficult and challenging emotions and situations and increase skills and coping strategies

getting the message from a 20 year old male who comes in and says ‘what they’re saying is right’ then that’s going to add more weight to what we’re doing.”

The number of facilitators differed between the programmes, but they were normally conducted by one to two people, and all respondents stated that other adults were present, whether that was teaching staff, somebody from the Child Protection team, or a co-facilitator. This was felt to be important in terms of managing the behaviour of the classes/groups, dealing with disclosing of issues by participants, or in the event of participants becoming upset and needing to be taken out of the workshop.

The evaluation uncovered the variety of training and knowledge of those that facilitated the programmes. The range of qualifications and experience included:

- Relevant postgraduate and undergraduate degrees (including teaching and youth work)
- Qualified child/adolescent psychotherapist and counsellor
- Specific training courses including working with young people affected by domestic abuse and working effectively with schools (provided by Respect, AVA and Tender), Duluth model training, Community Domestic Abuse Programme (CDAP), Integrated Domestic Abuse Programme (IDAP), Coordinated Action Against Domestic Abuse (CAADA) training for Independent Domestic Violence Advisors (IDVAs), Common Assessment Framework, and the Freedom programme
- Child and adult protection, sexual exploitation, restorative approaches, train to be a trainer and lone working courses
- Numerous years of work experience in the domestic abuse sector
- Ongoing professional development, including attendance at relevant conferences

4.2 Partnership working and referrals

It was apparent that, in some cases, effective partnership working depended on the area and what services were available there - one respondent commented that there is very little in west Kent and others commented on the lack of any services for adolescents affected by domestic abuse or dating violence. Other programmes mentioned working in partnership with the Adolescents’ Resource Centre (ARC) in London and local Domestic Violence Coordinators.

Referrals into programmes were made by a variety of people, including school staff, women’s refuges, Social Services Child Protection, Kent Police, health visitors, Primary Intervention Project, parents and carers, self-referrals and by agencies and organisations through the use of Team Around the Family (TAF) and the Multi-Agency Risk Assessment Conference (MARAC).

Many outward referrals were also made, including to counselling, the Freedom Programme, Connexions and Social Services.

4.3 Evaluation and impact

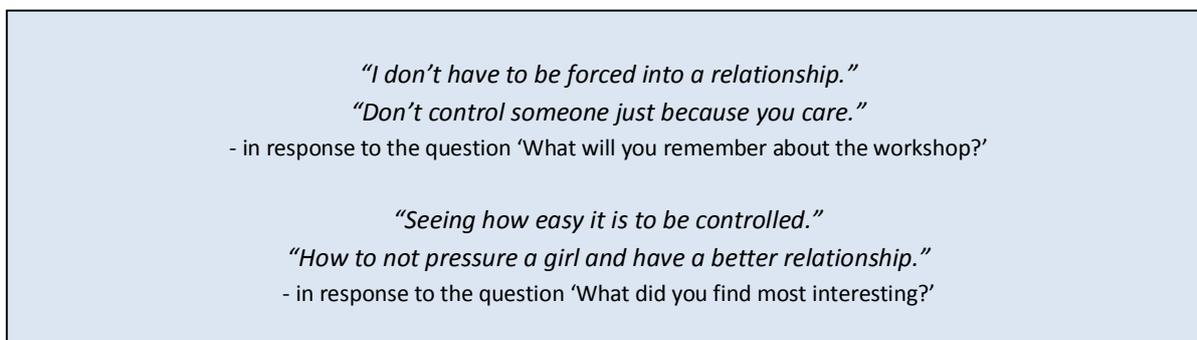
Most of the Kent and Medway projects undertook some monitoring exercises to ascertain numbers that were reached and basic details such as ethnicity and geographical location. For example, the Educational Domestic Abuse Project (Project Salus) showed that, in addition to 2,411 young people receiving education on domestic abuse during PSHE and Citizenship classes, 128 members of school staff were trained, 44 parents were provided with support and 46 women were supported through the Freedom Programme. In addition, 93 people at risk of engaging in violent abusive relationships received targeted intervention (Holness 2012).

Some projects went a step further than basic monitoring and conducted more formal evaluations in order to elicit the impact of the programmes on behavioural changes. The Educational Domestic Abuse Project (Project Salus) highlighted the following impacts of their programme:

- Reduction in the number of young people engaging in violent abusive relationships
- Increase in awareness of domestic abuse and its impact (young people's knowledge of warning signs for a potentially abusive relationship improved from 64% to 90%)
- Increase in the number of children and young people reporting positive attitudes and behaviours in (or in relation to) relationships (for example, on first completion of a 'where do you stand' questionnaire, 13% disagreed that a girl really means it when she says she doesn't want sex, and 18% were not sure. Following sessions no young people disagreed and 2% indicated that they didn't know)
- Improvement in conflict resolution skills of children and young people

North Kent Women's Aid (NKWA) carried out an evaluation of their Healthy Relationship Programme (through post-programme questionnaires) which indicated that 68% of the 103 Year 7 participants would change the way they act towards other people, 95% of the 399 Year 9-11 participants found the workshop useful in understanding what a healthy relationship is, 85% of the same group would know what to do if someone they knew was experiencing domestic abuse and 97% found the workshop useful in understanding how domestic abuse affects relationships. Quotes from the NKWA evaluation which further highlight the impact the programme had can be found in Figure 4 below.

Figure 4. Participant feedback from NKWA Healthy Relationships Project



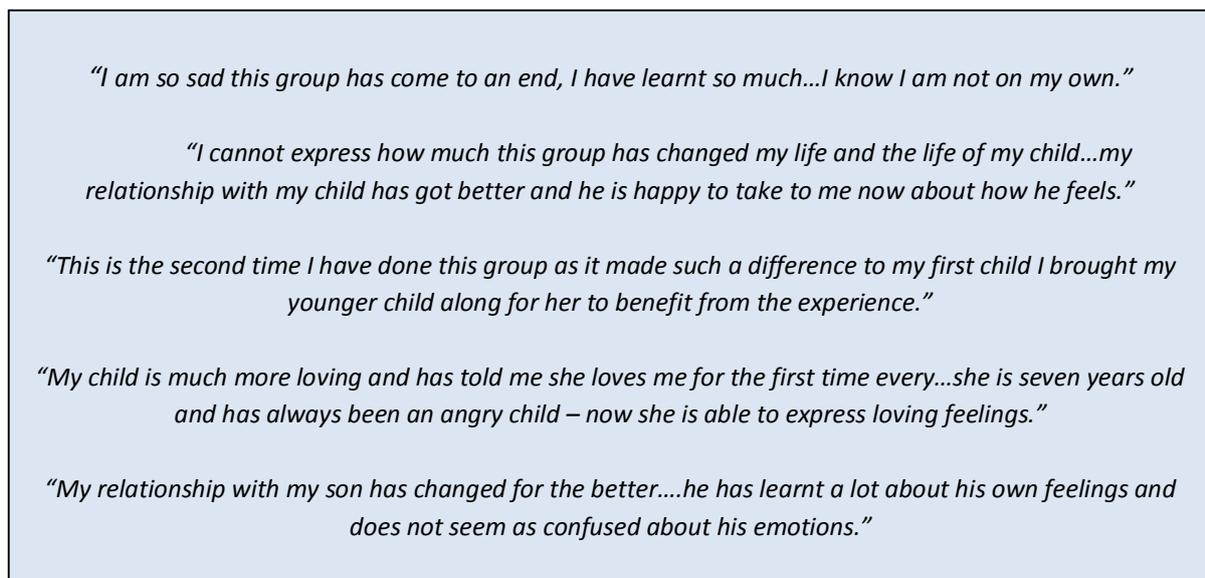
As part of the NKWA evaluation, participants were asked about improvements that could be made to the workshops. Suggestions included incorporating role plays, images and videos, looking at domestic abuse via technology, and making the sessions longer.

K-DASH sought feedback on their community-based programme, New Horizons, which took place both pre and post-attendance. Data from sessions that took place from September 2011 to April 2012 (which were attended by 15 children and 14 mothers) showed that 100% of mothers answered strongly agree or agree to the statement 'I have changed for the better' (as a result of attending the programme).

K-DASH also used an 'Empowerment Star' to assess outcomes, which incorporates nine points including safety, accommodation, support networks, legal issues, health and wellbeing, money, children, work and learning and empowerment and self-esteem. The Empowerment Star is completed pre- and post-programme and is a useful visual aid for the women to see how far they have progressed, usually having moved a point or two on most categories, and often between four to six points on one or two categories.

Further quotes from the participants of the K-DASH New Horizons project can be found in Figure 5 below.

Figure 5. Participant feedback from K-DASH New Horizons Project



SATEDA also carried out an evaluation of their Healthy Relationships Project, using adolescence wellbeing scales to assess at what stage participants were at intake and closure. Their outcomes included 53% of the 60 participants engaged in the service reporting increased wellbeing, 23% reporting improved family life, and 55% were referred for further specialist support. The quotes in Figure 6 below further illustrate the positive impact that this programme had.

Figure 6. Participant feedback from SATEDA Healthy Relationships Project

"It made me realise that not all abuse is physical and that it is a serious issue."

"I thought that when people were getting hit by their boyfriends you could just get up and walk out, but now I know it's not that easy...I understand what could happen and how to stop it occurring."

"If it happened to me I would now know what to do."

"It's helped me know what type of person to be with."

"This has shown me how violence and no communication can break relationships."

The SATEDA Healthy Relationships Project also had an unexpected impact for the mother of one of the young people who attended the programme at school (see Figure 7 below).

Figure 7. A Mother's Testimony

"I first heard about the project that was running in schools when my daughter came home and told me about what she had learned in the class that she had attended.

She had one of the 'dominator' leaflets. She sat and circled all the things she felt her Dad had used on me. At first I just laughed it off. When I looked at it more closely I realised she was right.

Without my daughter learning about this subject at school I might not have been able to recognise the signs of the dominator.

I am now separated from the children's father and I feel amazing and free. Even now when he tried using the usual tactics on me I am able to see through them.

It would be a real benefit to children and parents alike if these lessons continue to reach out through the schools.

I had been with my husband since I was 19. Had I learned this at school, I may have had almost 20 years of being 'dominated'."

(2 June 2011)

Other projects, including Love Shouldn't Hurt and the Healthy Relationship Programme (North Kent Women's Aid) reported success stories of being approached by participants who had recognised that they were in unhealthy relationships, then returning to the school some weeks later to find out that the young person had left the relationship, in one case, and a young couple in a relationship had addressed the issues and altered their behaviours, as a result of attending the programmes.

Another example which indicates the success of one project is the Love Shouldn't Hurt programme being announced as the winner of The Biggest Impact Award at the UK Youth Hearing Unheard Voices Campaign Awards 2011 – a prestigious UK Youth Campaign award for ground breaking work tackling the issues of domestic violence.

There were also numerous comments from participants across the projects stating that they would like to have spent more time on the subject.

As part of their evaluations, some programmes obtained feedback from the schools in which they were delivered. Figure 8 below provides examples of the positive feedback which was received.

Figure 8. School feedback

“It helped students learn more about themselves, be more aware of themselves and how they can be in control of the relationships they have in their lives so they can be empowered to look after themselves.”

“There were a lot of disclosures made after the assemblies from young people who thought their relationship was normal, and there had been violence or abuse of some sort.”

“Following the project being delivered in our school we have been made aware of many cases of unhealthy relationships that have needed our support and input. Raising the awareness of domestic violence has made children feel like they can talk about the difficulties that they have faced and almost has erased the stigma attached to it. It was clearly needed and the children are finally receiving the right support.”

- from members of staff regarding the Love Shouldn't Hurt Project

“It makes the students look at relationships in different ways They were totally engaging and the students were interested.”

-from a teacher regarding the SATEDA Healthy Relationships Project

“It challenges students into thinking about their own perceptions of a healthy relationship.”

-from a teacher regarding the SATEDA Healthy Relationships Project

Most of the Kent and Medway programmes also provided staff training. This was felt to be important, as one respondent commented:

“They [the teachers] would approach us and say they felt uncomfortable talking with young people about domestic abuse, self-harming, substance misuse...they felt they didn't have the skills...there was a massive need for training.”

4.4 What worked well

Interviewees were asked about what worked well in their programmes, including the useful aspects and benefits for their organisations, schools and communities, as well as the participants.

Respondents identified a range of positive aspects which included:

Mixed gender facilitation

Two of the programmes were delivered by one male and one female facilitator. As mentioned in Section 4.1, this was felt to be an advantage in terms of providing role models and an example of a healthy relationship, as well as enabling male and female participants to relate to facilitators of the

same gender. This is reflected in Wekerle and Wolfe's (1999) study which reviewed six programmes, one of which explicitly required both a male and female adult co-facilitator (see Section 2.1). Tender's Healthy Relationship Education project (see Appendix II) is also delivered by a pair of trained arts facilitators (one male, one female).

Providing a safe environment

The provision of a safe and confidential environment in which participants can reflect on their own experiences, their hopes and aspirations for the future and talk openly was felt to enable programmes to run more effectively and to encourage high levels engagement from the adolescents. One respondent stated:

"It enabled them an environment to actually talk about what was happening at home."

The physical aspects of the setting were also felt to be important, as one respondent stated:

"It would be nice, you know, comfy seats, let's sit down, informal...so it's formal but not formal, you've got contact but you're not detached from what you're trying to deal with."

Advocacy, empowerment and mentoring

Advocacy and empowerment of the adolescents participating in the programmes were felt to have a particularly strong impact, as the following quotes demonstrate:

"It gave them someone to champion for them and to say 'actually, this is what's going on in their life.'"

"Maybe they would need social services involvement and stuff like that going on around certain families, so the young people were really able to feel that they had someone to turn to because actually, because of their threshold, they wouldn't alternatively have had anyone."

"It enabled them to realise that actually when they enter adulthood they can choose to have a different type of relationship and they can choose what kind of life they want, and it's about aspirations and empowerment and I think that really had a big impact."

In the Love Shouldn't Hurt programme participants were encouraged to become advocates of the charity and to get on board with changing the culture of unhealthy relationships. In order to raise awareness in the communities alongside the adolescents in the schools, the programme put on a fundraising fashion show, which allowed the young people to take action in standing up for healthy relationships. The feedback from participants on this initiative was very positive, and is a good example of both pro-social action (within the community) and empowerment.

One programme incorporated individual mentoring for young people who had experienced domestic abuse. This was carried out in an alternative setting, for example going to get a hot chocolate together or kicking a football around, as it was found that individuals receiving the mentoring opened up more away from the school environment. Mentoring was considered to be a very

effective and integral part of this programme.

Evidence shows that mentoring schemes, such as 'Big Brothers Big Sisters' in the US (see Figure 1, Section 2.1), can make a real difference in the lives of at-risk school children. The evaluation of this particular scheme showed that those who were mentored were less likely to truant, experiment with drugs or hit someone. There were also reported improvements in self-esteem and better marks at school.

Other programmes stated that they would like to look at including a mentoring element in their projects in the future as they thought it would be very beneficial:

"We also would want to back it up with a sort of mentoring background, with somebody who could be there as a mentor for these kids so that we just didn't go in, deliver it and then just disappear."

"We were able to identify what's important, but also what's missing, for example mentoring support groups. Some of the young people, especially the ones that had been through the kind of process, were really skilled and really wanted to assist and support other young people that were going through it because they knew that they could relate to how they felt and they were really keen to do that."

Therapeutic work

Most programmes incorporated therapeutic work as well as workshop delivery. Such work took the form of one-to-one or group counselling and child psychotherapy, usually over a set period of time and often school-based. It was felt to be a vitally important part of the programmes, as one respondent reported:

"They've been able to identify their anger, express it in a controlled and appropriate way and to actually talk about what they want to happen in life to them...that avenue to actually talk about what was happening, because some of them were really traumatised and confused..."

The same respondent went on to say:

"I wouldn't deliver the project without it [therapeutic work]...we know it would be very difficult for services to meet the high thresholds of need within child protection, so we know that they may not get the right service that they need, so it's really important that we provide it. I suppose it's more expensive and more timely, but the outcomes I think on a long term basis are a lot better because you've got preventative and then you've got recovery as well."

Whole-family approach

Some respondents remarked on the fact that whilst they were working on prevention with young people, it was important to have a 'whole-family' approach.

"It's about helping the family as a whole and not just sticking a plaster on it by working with

the child but not the parents.”

One respondent gave an example of a positive whole-family approach, where they had arrived to carry out one to one therapeutic work with an adolescent to find their parents also present. Although this was unexpected, the therapeutic worker was able to find out what was happening from all parties (and determine negative behaviours and patterns) and was then able to work with the adolescent but also to refer the parents on to relevant programmes, resulting in a positive outcome for the whole family.

Relevant materials

All respondents commented that it was important to use materials which engage young people, including social media (Facebook, Twitter, etc.), programmes that they watch and can relate to and relevant audio visual clips, including popular music videos. Using these materials, beliefs and attitudes about what the participants saw and heard could be challenged. Comments from facilitators and teachers included:

“Young people were really attuned to that and came out with some great insights so were able to inform their peers about what was happening.”

“During group work the materials facilitated good discussion and allowed people to engage, air their perspectives and hear the views of others.”

And from a participant’s perspective:

“Steve made it in our language so we understood.”

(a participant of the Domestic Abuse Awareness Course, Action for Children)

In terms of notable benefits of the programmes, the following aspects were reported: better relationships for the schools with their pupils; positive behaviour changes; the facilitation of knowledge exchange between participants and their peers and families, and also between facilitators/schools/participants:

“For us, it gave a really great insight into what’s going on and their views.”

(Facilitator)

One project reported that they had even managed to reach people who were excluded, in that they weren’t attending school, and in a couple of cases had young people coming into the school for the first time in months to see the therapeutic worker. So even though they were not attending lessons, their relationship with the school was improving.

4.5 Difficulties and lessons learnt

Alongside the many positive aspects and feedback regarding the programmes, there were also difficulties encountered and lessons learnt as to what might work better for current and future projects. Difficulties reported by the respondents included:

Funding

Lack of funding to employ facilitators to deliver the programmes and small PSHE budgets in schools meant that it was difficult to run programmes. Funding issues were also linked to lack of evaluation as priority had to be given to 'front line' provision of programmes.

Funding cuts resulted in programmes having to be scaled down or stopping altogether, which had a detrimental effect on participants:

"One person recently really needed one to one, a bit more counselling, and we don't have an adolescent counselling service any more, which is such a shame...specialist counselling is so much more effective...We don't have an outreach service any more, which was huge and the main ethos of our charity. When we were funded by Comic Relief we were doing so much more"

Funding cuts could also lead to a lack of belief in the programme – there was a fear that parents as well as participants could perceive the programme as 'sub-standard' if it could be there one year and taken away the next. The withdrawal of programmes due to funding cuts could also prove detrimental to those participants who had begun to build a relationship and trust in the facilitators – there was a strong feeling that once they had started talking about domestic abuse they needed to see the process through.

Lack of resources and time

Many respondents reported lack of resources and time as being issues that prevented them from delivering programmes, as the following quotes illustrate:

"It was meant to be something we continued but due to pressure of other work we couldn't carry on with it."

"There's limitations as to me as an individual...my co-manager and myself get paid twelve hours a week, we work forty hours a week and the main people who do the work are volunteers and don't get paid anything apart from travel."

Another respondent commented that once their school-based programme had been implemented they were completely over-subscribed and had to freeze referrals on occasions due to being inundated with requests. This was put down to the lack of services and resources for young people in the area who are affected by domestic abuse. As stated by one respondent:

"There's a steady flow of those [referrals] because there isn't another dedicated service dealing with this."

Buy-in from schools

The interviews elicited problems with the commitment of schools for a variety of reasons, including a lack of understanding of the importance of the issue of domestic violence (despite time and effort spent getting into the schools and awareness raising through meetings and presentations), lack of time and/or space in the school curriculum:

“Some schools award more time to PSHE than others, and the grammar schools don’t really address it, I don’t think it’s important to them.”

Some respondents felt that buy-in to their programme was down to the awareness of key individuals within schools, perhaps their own personal experiences and whether they felt it was relevant to their particular setting

Lack of whole-family approach

Whilst some respondents commented that taking a ‘whole-family’ approach was beneficial (see Section 4.4), it was apparent that in some cases it was difficult for participants to make changes to their attitudes and behaviour without the support of their family, which perhaps also indicates a lack of provision of services to support families in particular areas.

One example of a lack of whole-family approach was given by a respondent regarding therapeutic work carried out with a Muslim male adolescent. They reported that it was difficult to broach some matters around relationships and roles due to the patriarchal framework and strong beliefs about gender roles within that family. Cultural issues are covered in more detail in the following section.

Lessons learnt

Lessons learnt from the programmes included ensuring they took place in the right environment in terms of it being a suitable size and a setting and layout which encouraged the facilitation of group work. The size of the groups was also important, with those facilitating larger groups finding it more difficult to keep all participants engaged. Those who ran programmes in schools and during lesson time found that this worked to their advantage:

“We looked at trying to offer a closed group workshop outside of school...we did that for eight weeks and there was very poor attendance...we recognised that if we could put a service into the school you are going to get a higher level of engagement than if you would in an external...”

“During lesson time did help their engagement, it was a kind of buy-in factor...the safeguarding lead would make sure that they didn’t miss the same lesson twice...they’d okay it with the teacher, so it was all within the school parameters of education.”

It was also found that it took a significant amount of time and effort to introduce and establish a new programme, as well as to deliver it, which is useful learning for the future:

“We wouldn’t just do it if we were offered funding for twelve months, we couldn’t do it, we’d have to do it for a long period...we need it sustained for a three year period minimum because by the time it takes to actually get it up and running and get the young people involved it’s not appropriate to have a twelve month programme running.”

It is through running prevention programmes that further needs could be identified, such as the usefulness of having a mentoring support initiative incorporated into projects. Gaps in the content of programmes could also be established, including support for Lesbian, Gay, Bisexual and

Transgender young people and the need to provide appropriate information around male victims of domestic abuse (since many of the programmes discussed in the Findings are aimed at women and young females).

Finally, the issue of cultural awareness is an important factor for consideration. One respondent suggested:

“An Asian girl at 14 to 22 is four times more likely to have mental health issues than a white middle-class girl because of the pressures regarding forced marriage and so-called honour-based violence.”

Although some respondents stated that there had been no issues experienced at all in their programmes regarding cultural differences, others had encountered them:

“There was a lot of Asian girls in the class and the teach who was in the room at the time was a male teacher...part of the feedback that came back was that they would have preferred it to be all female in there because they didn't feel that they could talk...they felt a little bit kind of restricted about what they could actually say because they were aware that not only was he male but he was Asian as well.”

“In the therapeutic work particularly we had a couple of examples where young people have really struggled where it [domestic abuse] had become normalised within their family home due to different cultures, but they were really trying to identify themselves within that culture but also realise that isn't acceptable...there was definitely a need for that because the young person didn't have an environment where they could explore...and where the two don't marry up they really need the support to work those things out.”

This suggests that facilitators and schools need to be able to adapt to different cultures and be aware of the issue that may be raised as a result.

5. Discussion

The aim of this evaluation was to investigate perceptions of what does and does not work well across the domestic abuse prevention programmes for adolescents in Kent and Medway. In order to put the subject into context, it was first necessary to carry out an extensive literature review regarding the programmes that take place outside of the area (internationally as well as nationally).

The international programmes which were sourced for the purpose of this evaluation provide useful ideas – both in general in terms of general facilitation and delivery, as well as specific, such as incorporation of community-based aspects (e.g. the social action element of the Youth Relationship Project in Canada). The international research also provides beneficial learning, such as the Southside Teens About Respect (STAR) project, which provided data that indicated that students were beginning to date and experience violence in their dating relationships at an early age, and therefore recommended that interventions should probably begin earlier. In addition, the research provides an insight into the outcomes and impact of effective programmes and how formal, longitudinal evaluation can demonstrate this.

Useful ideas also come from the literature reviewed and projects implemented in other parts of the UK, including that programmes are more effective if they are delivered in multiple sessions over time (rather than in a single session) and if they aim to change attitudes and norms rather than simply provide information (Harvey et al 2007). Also, the fact that young participants are as likely as older adolescents to experience particular forms of violence (Barter et al 2009) indicates that prevention programmes should target all ages groups, which is in accordance with the international research. Another suggestion is that it is important for messages to be delivered by other young people (DfE 2011).

One of the biggest areas of interest in terms of previous research is Maxwell et al's (2010) 'whole-school approach'. Such an approach entails action being taken at the top, but being supported at all levels. It is also suggested that a shared language and culture is generated so that everyone has an awareness of the issue, ensures that the students are active in bringing about change, and that teachers are mindful when in class as to gender equality. A whole-school approach should also be part of the School Improvement Plan, and the learning should be filtered not just through PSHE but the whole curriculum. Projects such as Tender's Healthy Relationship Education programme have undertaken a whole-school approach with some success according to their evaluations (see Section 2.2).

The literature review also uncovered details of various national government initiatives, such as ring-fencing £28m of Home Office funding to support domestic violence services. However, in the last year big cuts have been made by local authorities, and such figures can be misleading since what is left when the cost of helplines, etc. is taken out has to be bid for by individual agencies. In terms of the local picture in Kent and Medway, it could be suggested that (as with the whole-school approach) a top-down approach from the government in terms of legislation, may add power to the argument of getting programmes for adolescents into schools and communities.

The interviews conducted with domestic abuse prevention service providers in Kent and Medway elicited key themes, which are presented in the Findings (Section 3). Important points for consideration in future programmes included looking at how the projects are facilitated, for example would it be beneficial to have a male and female facilitator delivering each workshop, who can demonstrate a model healthy relationship and are able to relate to all participants? What age should the facilitators be?

In terms of the structure of programmes, it was apparent that a combination of prevention work (in the form of workshops that raise awareness of the issue of domestic abuse) and intervention work (therapeutic and advocacy) works well for facilitators of programmes as well as the participants.

Despite over 20 years of activism in the field of violence against women, remarkably few interventions have been rigorously evaluated (Krug et al 2002). The literature review suggested that some of the projects outside of Kent and Medway (i.e. international and national programmes) have been subject to high quality, longitudinal evaluation. These evaluations have demonstrated positive results, including that they have been effective in reducing psychological abuse and physical and sexual violence. The implications for Kent and Medway, where differing methods of evaluation are currently carried out and some programmes are only recording basic monitoring data, is that until funding can be leveraged in order to allow more formal evaluation to take place it is not possible to show the effects and impact of the projects and which aspects should be concentrated on.

The Department of Education and Early Childhood Development (DEECD) in Australia suggests that in violence prevention and respectful relationships education, as in any area of teaching and learning of health promotion, it is not good enough to measure 'customer satisfaction' with the session. Nor is it good enough to simply ask participants after the programme what impact they think it had.

Guidance from DEECD (2009) states that good practice in order to evaluate impact of programmes should involve a comprehensive process that, at a minimum:

- reflects the programme framework and logic
- includes evaluation of impact or outcomes, through:
 - pre and post-intervention assessment
 - long-term follow up
 - use of standard measures or portions of them
 - measures of both attitudes and behaviours
- includes a process for dissemination of programme findings in the violence prevention field

And ideally include:

- longitudinal evaluation, including lengthy follow up at six months or longer
- examination of processes of change and their mediators
- process evaluation of programme implementation and fidelity
- measures of school culture and context
- experimental or quasi-experimental design incorporating control or comparison schools, students or groups

What we have learnt from this evaluation is that some of the Kent and Medway programmes received very positive feedback from the schools they were delivered in. The feedback elicited from schools was limited in the confines of this study, but the comments are indicative that it would be useful to capture such feedback in evaluations carried out going for future projects.

The issue of cultural awareness was also raised during this evaluation. It has been suggested that in more traditional societies, wife beating is largely regarded as a consequence of a man's right to inflict physical punishment on his wife (Krug et al 2002). In her study regarding an intervention to prevent relationship abuse among Caribbean and Caribbean-American adolescents, Herman (2004) asserted that it is imperative that any programme seeking to undertake the issue of relationship violence among teens be culturally competent and includes culturally relevant issues.

To this end, it is therefore important to ensure that Kent and Medway programme facilitators, as well as healthcare professionals, are fully aware of and sensitive to the differences between cultures, particularly in the area of domestic abuse.

There were many aspects of the programmes that worked well, including the provision of relevant materials that participants can relate to, raising awareness, empowerment and mentoring of individuals (as endorsed by Herman 2004), providing a safe environment where open discussion can take place, advocacy and the intervention/therapeutic aspect working alongside the prevention aspect. It is important that these positive points are taken on board and continue to be part of local projects.

It is important that lessons are learnt from the difficulties encountered by the Kent and Medway programmes. Problems that need to be overcome include lack of funding, time and resources to deliver programmes. It is hoped that this piece of research, along with other academic work that has been carried out, will strengthen the evidence-base for the need to run such prevention and intervention programmes, and for them to be formally externally evaluated going forward.

Another issue encountered was the lack of commitment and buy-in from schools, as well as problems regarding where it fits within the curriculum. As previously mentioned, a top-down government approach that works in partnership with grass roots organisations would help in this area. Again, the academic back-up of evaluations such as this one will help, as well as effective and efficient project management across the county in order to implement a whole-school approach.

Finally, a non-cohesive approach was felt to be an issue, in terms of service providers working with adolescents to raise awareness and instil behavioural changes, but this not being as effective as working with the whole family. It is suggested that the potential of a 'whole-family approach' is taken into account for future programmes.

Going forward there exist many future opportunities and developments in the area of domestic abuse prevention for adolescents. At the time of writing, the Kent County Council (KCC) Select committee were conducting research into the topic of domestic abuse, particularly breaking the vicious cycle and impact of domestic abuse in Kent and examining coordination and collaboration within and between statutory and voluntary agencies. The results of this research (which will be going to Council in December 2012) may have a resulting positive impact on the funding for

prevention programmes.

Another project in Plymouth saw a change in the way that police deal with domestic abuse issues whereby schools were contacted the day after a domestic violence incident had been attended where a child was present (This is Plymouth 2012). This pilot demonstrated how effective close liaison and information sharing between police officers and schools can be and how it can help safeguard children who may have witnessed or been involved in an incident of domestic abuse. The project team are working with the Home Office on rolling it out across England and Wales, planned for Autumn 2012.

Other suggestions that have been made throughout the course of this evaluation include linking programmes through healthcare professionals, such as Healthy Schools coordinators, who are Kent-wide NHS employed practitioners work with all schools. Other opportunities include ensuring that school nurses, Family Liaison Officers (FLOs) and Parent Support Assistants (PSAs) based in many schools to support young people in their care as well as parents in making referrals to domestic abuse specialists and professionals. Schools and their partners have reported that they believe the FLO service is invaluable and particularly effective at targeting and engaging the 'hard to reach' families and preventing the escalation of issues (LeHegarat 2010).

6. Conclusion

One of the main benefits of carrying out this evaluation was the realisation that local service providers in Kent and Medway are willing to share knowledge and information about their work and projects, which bodes well for future collaborative and consistent work across the region.

This evaluation has shown that there are many positive benefits and outcomes of the programmes have been delivered historically and currently. The findings provide a good indication of what works well, successes and lessons that can be learnt from the various projects. This information can now be utilised for future funding opportunities for the ongoing development and delivery of prevention programmes.

Areas for future development in the areas of evaluation of programmes, a consistent approach, improved partnership working and learning from international and national best practice should now be taken into account and addressed accordingly.

Effective partnership working and building strong working relationships with other agencies can only benefit the work that is carried out in that there is not any 're-inventing of the wheel'. Strong collaboration, integration and knowledge exchange with healthcare professionals, as well as with other agencies, will improve the level of support provided to adolescents, children and families.

7. Recommendations

In terms of the future of domestic violence prevention programmes for adolescents in Kent and Medway, the following recommendations are put forward for consideration:

1. Identify specific outcomes that all educational programmes should be targeting and monitoring to ensure quality of work
2. Ensure collaborative working takes place so that knowledge is kept up-to-date and exchanged between service providers in Kent and Medway and best practice can be identified
3. In developing and delivering work, services to look at incorporating peer mentoring, therapeutic work and 'pro social' (community) elements into programmes, delivery by a male and a female facilitator, and rolling out to all age groups, including those who have not reached adolescence
4. Ensure any identified gaps are addressed in future programmes, e.g. support for LGBT (Lesbian, Gay, Bisexual and Transgender) young people, cultural issues, male victims of domestic abuse, etc.
5. Commissioners to look at the issue of inconsistent provision of services across Kent and Medway (see Figure 2), for example current limited provision in Medway
6. Seek to obtain funding to employ a Project Manager to oversee a 'whole-school' county-wide approach, ensuring greater consistency of messages, learning and impact and promotion of available programmes to commissioners, schools, etc.
7. Ensure that all programmes carry out thorough and consistent evaluations (to include comprehensive feedback from schools), and consider the need to secure funding to enable formal, external and longitudinal evaluation to take place across the county

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APPENDIX I

Examples of International Domestic Abuse Prevention Programmes

Girl's Power (Calabar, Nigeria)

An initiative aimed at young girls who met weekly over a three year period to discuss issues related to sexuality, women's health and rights, relationships and domestic violence. Specific topics in the programme, designed to build self-esteem and teach skills for self-protection, included societal attitudes that put women at risk of rape, and distinguishing between love and affection.

Faces and Masks of Violence (Mexico)

A workshop for adolescents to help prevent violence in dating and within relationships between friends which used participatory techniques to help young people explore expectations and feelings about love, desire and sex, and to understand how traditional gender roles can inhibit behaviour, both in men and women.

Service Volunteered for All (SERVOL, Trinidad and Tobago)

Workshops conducted over 14 weeks for adolescents to assist them in developing healthy relationships and learning parenting skills, involving teaching students how to recognise and handle emotions and become more sensitive to how early physical and psychological traumas can lead to destructive behaviour in later life.

The Teen Dating Violence Prevention and Intervention Programme ('TDVPIP') (Massachusetts, USA)

The goal is to foster a school culture with zero tolerance for dating violence. The objectives and goals are based on the experience of the female experience of violence and include: breaking the silence and naming abusive behaviour; education and awareness combined with intervention strategies; community awareness and a coordinated community response; and peer support, including supporting youth leaders and encouraging schools to develop new peer leadership programmes. As a result of the TDVPIP, support groups for victims have been established in 52 schools, interventions for youth at risk for dating violence have been established in 35 schools, all school districts have been encouraged to establish guidelines for addressing teen dating violence, and school-community collaborations have been established to accomplish this task. All of the 23 schools now in their third year of funding have active teen dating violence and advisory groups and policies and procedures in place for addressing teen dating violence (Sousa 1999).

Start Strong: Building Healthy Teen Relationships (USA)

The largest initiative ever funded (\$18m in 11 communities over four years³) to target 11-14 year olds and involve entire communities to promote healthy relationships as the way to prevent teen

³ *Start Strong: Building Healthy Teen Relationships* is a national program of the Robert Wood Johnson Foundation (RWJF) in collaboration with Futures Without Violence, formerly Family Violence Prevention Fund. Robert Wood Johnson Foundation and Blue Shield of California Foundation are investing \$18 million in 11 Start Strong communities across the US (*Robert Wood Johnson Foundation is funding ten sites around the country and Blue Shield of California Foundation is funding one site in California.*) <http://www.startstrongteens.org/about>

dating violence and abuse. Among the aims of Start Strong are to educate and engage youth in and out of school settings and educate and influence parents/caregivers and teachers. The programme collaborates with health centres, community and domestic violence organisations, youth programmes and schools to promote new approaches to building healthy teen relationships. Activities include after school workshops, family dinner nights and participation in local events (Start Strong 2012). The Start Strong programme is due to end in November 2012, the evaluation of which will be worth reading in relation to this study.

Supporting Urban Residents to be Violence-Free in a Violent Environment (SURVIVE) project (USA)

A twelve week multiple family group intervention which was implemented in the Bronx (USA). The programme is offered in the community where youth live, attend school and socialise. The curriculum was developed and adapted by working directly with community members to ensure its relevance to and acceptance by families in the community and, of critical importance, it acknowledges the essential role of parents in influencing children's lives and, as such, requires the participation of parents in all groups. Parents and children meet both together as families and in separate meetings. Weeks eight and nine of the programme focus on the subject of domestic violence, in particular looking at – the dynamics of domestic violence and its particular effects on victims, safety planning, creating safer relationships for children, addressing the impact of witnessing the victimisation of a parent, and identifying and discussing possible signs and consequences of teen dating violence. This community-based intervention demonstrates the value of community collaboration in addressing community-wide problems.

APPENDIX II

Examples of Government Supported Initiatives and National Domestic Abuse Prevention Programmes

Government initiatives:

The ways in which the government has responded to the issue of domestic violence include:

- As part of the UK Department of Health's taskforce on "Responding to violence against women and children" a domestic violence subgroup made recommendations include: prevention, to include partnership working; identification and management, in the form of clinical team training; commissioning intervention programmes for women and children; improving availability of and access to services; and information sharing, creating a two-way flow between child protection and domestic violence (Barran and Feder 2010)
- Due to a gap in services for teenage victims, the police are working with the Home Office to propose reducing the common definition of domestic abuse to include young people down the age of 16⁴ (it is currently 18)
- The government claims that despite the current deficit, it has ring-fenced £28m of Home Office funding to support domestic violence services, yet in the last year there have been big cuts made by local authorities: *"In 2011 there was a 30% cut in funding for domestic violence by local authorities."*⁵
- The Department for Education's national action plan for tackling child exploitation (2011) highlights four key stages where the government need better intervention in the sexual exploitation of young people: raising awareness with young people, parents and professionals; taking effective multi-agency action; securing robust prosecutions and improving court processes; and helping children and families to get their lives back on track
- The government is re-running a Teenage Relationship Abuse campaign, aimed at preventing teenagers from becoming victims and perpetrators of abusive behaviour in their relationships. The campaign was launched by the Minister of Equalities and Criminal Information in September 2011 and is running on a variety of social media, in films, on TV and in youth magazines
- 'Together We Can End Violence Against Women and Girls' (2009) is a cross-government strategy that sets out a coordinated approach to ending violence against women and girls. It includes a range of actions for the police, councils, the NHS and government departments across the areas of prevention, provision and protection. Part of this work includes an awareness raising campaign for teenagers aged 13-18. There is also an intention to include gender inequality in the school curriculum and to develop training for teachers

⁴ Chief Constable Carmel Napier, ACPO Lead on Domestic Abuse, on BBC2 Newsnight report – 25 April 2012

⁵ Prof Walby for Northern Rock Foundation and Trust for London, on BBC2 Newsnight report – 25 April 2012

National domestic abuse prevention programmes:

A range of general and bespoke local programmes take place across the United Kingdom, including the below.

The Freedom Programme

An 11 or 12 week rolling programme which provides information about male violence to women. The Freedom Programme has been adapted and implemented in school settings, such as in St Helen's, Merseyside to Year 10 pupils as a five week programme, with some success. Support and advice were taken up, staff remained present and assisted with group work, participants were engaged in the programme, it took place in a suitable venue with flexible seating arrangements, was seen as good staff development, and the head teacher commented that the success of the programme gave the school confidence to engage with outside agencies. Lessons learnt regarding the running of the programme were that learning mentors, who had been excluded may in fact be included to assist communication and support for children with learning difficulties and in places the language used was felt to be too advance for certain pupils. Following the programme it was hoped that each school in St Helen's would nominate a member of staff willing to take on responsibility for domestic violence awareness training, and that these staff would attend training to become facilitators of the programme (Merseyside Police, year unknown).

The Freedom Programme has also been adapted and rolled out in community settings, such as in Cambridge in 2007 where an eight week programme aimed at 14-24 year old girls was designed to provide therapeutic learning for those affected by domestic abuse issues, or those seeking to avoid such issues in future relationships. An evaluation of the programme (Keress 2007) indicated a high degree of learning and demonstrated that the Freedom Programme was as enjoyable as it was educational and therapeutic for participants. Attendees indicated that they would have preferred a longer course, which was unexpected given that the length of the session was two hours per week which was outside of school hours. A multi-agency delivery supported the aims and objectives of the programme and ensured that ongoing support was available to those attendees with complex issues. Also of benefit were the previously established relationships between facilitators and attendees, leading to greater group cohesion. Having a project manager to coordinate week by week and follow upon outstanding issues proved invaluable, as did having a substantial budget. The well resourced programme (including transport and an evening meal) made participants feel valued and created a positive learning environment. Accreditation of the programme also added value for the attendees, whose portfolios have since been used to raise awareness of domestic abuse issues with appropriate environments. Lessons learnt from this programme included the need for it to be more varied in terms of delivery methods, giving the opportunity to go with the flow of discussions more freely, and that resources could be tailored to facilitate group learning in a more youth friendly environment. The costs involved were also high, and the programme would not have been able to run without the substantial funding received from Cambridgeshire District Council.

Tender's Healthy Relationship Education ('HRE') project

Tender has been delivering healthy relationship education in London schools since 2004. The project uses drama and the arts to empower young people and engage teachers and schools in creating safer cultures. Their work aims to: enable young people (5 to 25 years old) to develop positive

attitudes towards relationships in order to prevent violence against women and girls; equip adults with the skills and resources they need to promote healthy relationships amongst young people.

The drama-based aspect, as well as proving enjoyable for participants, also has a distancing effect whereby young people can explore the emotions and decisions of characters rather than focusing on their own personal experiences. The HRE project is delivered by a pair of trained arts facilitators (one male, one female) who work with a group of young people aged 13-18 through ten hours of workshops to become whole-school champions of healthy relationships and prepare a performance or presentation which is showcased to other young people and also to parents, carers and families. The project aims to educate, to expose attitudes and enable young people to seek support and make use of the services available. All participants are invited to continue campaigning around the issues after the life of the programme by becoming one of Tender's Youth Ambassadors, and individuals are invited to join the Young Person's Liaison Group.

As part of the Tender HRE project, teachers are trained in order to develop a basic awareness and understanding of the key issues for victims experiencing violence and abuse. The programme is evaluated using pre and post-project questionnaires for teachers and young people. Tender's 2007-2009 evaluation found that 90% of students felt that they had learnt something from the project, 79% of teachers noted changes in most pupils and 92% felt that the changes noted in their students were positive.

AVA Community Groups Project

The Against Violence & Abuse (AVA) Community Groups project involves establishing Community Group Programmes in London and across the UK for children, young people and their mothers who have experience domestic violence. Each programme runs over a 12 week period for children aged 4-21. Issues addressed are validation of the children's experiences, understanding abuse, reducing self-blame, safety planning and managing appropriate and inappropriate expressions of emotions. The programme offers a concurrent component for mothers to also attend a group where they are supported to understand how the violence has impacted on the child and how best to help them through the healing process. AVA suggests that collaboration and commitment across partner agencies is the key to the success in operating and sustaining the programme. Through such partnership working, staff can increase their knowledge and skills which they can transfer to other work settings, and those taking part from other agencies bring their expertise from their primary work environment and utilise that in the groups to assist children who are encountering difficulties in other aspects of their lives (AVA 2012).

Expect Respect

The Women's Aid 'Expect Respect Educational Toolkit' consists of easy to use 'core' lessons for each year group from Reception to Year 13 and is based on themes that have been found to be effective in tackling domestic abuse. Although the toolkit is targeted for use by teachers within schools, it can just as easily be used by a range of other professionals working with children and young people in a variety of settings (e.g. youth clubs, play schemes). Sessions include: looking at and challenging gender expectations; friends, secrets and people who can help us; gender, careers and assumptions; resolving conflict and where to get help; examining violence, excuses and responsibility; unwritten rules; myths and realities; and supporting resources (Women's Aid 2012).

Local bespoke programmes

Examples of localised bespoke programmes include the following:

- Home Safe Project (Islington, London) – the long term aim of the project is to embed domestic violence awareness and child protection into the curriculum, employing a full-time Project Officer. Schools have received training, introduced prevention lessons and produced guidelines on responding to disclosures of domestic violence. In addition, information and resource packs for schools have been produced and self-defence training for young women in years nine and ten have been made available to all secondary schools. The project has worked in partnership with the National Youth Theatre to deliver peer led drama work on violence in young people’s relationships, and has been presented with an Award of Distinction from the Mayor of London for its outstanding contribution to achieving the aims of the second London Domestic Violence Strategy in the Children & Young People’s section.
- The Westminster Schools Domestic Violence Prevention Project (London) - free to schools and youth centres and includes awareness training and support for teachers and classroom facilitation with children and young people. The aims are to promote awareness of domestic violence and how it affects children and young people amongst teachers and support staff, to assist schools in responding to the needs of children and young people living with abuse at home and to enable children and young people to form their own healthy, safe relationships. The programme consists of awareness training, classroom sessions led by the schools outreach coordinator (ideally co-delivered with a teacher) on healthy relationships, trust, friendship, respect and feeling safe. Classroom work is delivered using arts, creative writing and drama, either as part of a series of workshops or a one-off session. Primary classroom work looks at friendships and bullying, the treatment of girls and boys, self-esteem, feeling safe at home and where to go for help. Secondary classroom work looks at the same themes, but focuses on intimate teen partner abuse, controlling behaviours and early warning signs. The project can be tailored to fit in with school's mission statement and policies, PSHE, Social and Emotional Aspects of Learning SEAL⁶, Citizenship and Healthy Schools⁷ agendas.
- Safe & Sound (Derby) – a structured education package delivered to young people in schools and other settings to help them avoid becoming victims of child sexual exploitation, through raising awareness of warning signs amongst practitioners who support children, young people and families in Derby, parents, carers and the wider community.

⁶ SEAL is a comprehensive, whole-school approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools (Humphrey et al 2010)

⁷ Part of the Department for Education’s Child Health Promotion Programme

APPENDIX III

Interview Schedule

- 1) Can you tell me a bit about the project(s) you are/were involved in?
 - *what is/was the project called?*
 - *what does/did the project involve (content, delivery methods, individual/group work, etc.)?*
 - *how often it runs/ran*
 - *who runs/ran it*
 - *duration*
 - *capacity in which it was delivered (charity/volunteers/training required/ qualifications, etc.)*
 - *who are/were the funders*
- 2) What aspects of the project work/worked well? *Please give specific examples*
- 3) What is/were the most useful aspects and benefits for participants?
- 4) What is/were the most useful aspects/benefits for your organisation?
- 5) What were the successes of the project?
- 6) Were there any difficulties experienced? *Please elaborate*
- 7) What lessons were learnt?
- 8) What is/was the level of engagement of adolescents?
inappropriate referral/ unable to access service due to location, etc. What were the issues for engagement?

Answers to the following questions would be useful for the evaluation in terms of context, but if you do not have them to hand you can email them to me.

- 9) How is/was the project accessed?
- 10) How is/was project promoted?
- 11) Where does/did referrals originate from?
- 12) What are/were the level of referrals per quarter?
- 13) Who and which agency are/were able to refer into project? *i.e. are/were there restrictions, does/did this have a positive/negative outcome?*
- 14) What data is/was collected? DOB/gender/ethnicity/first language/disability/postcode or ward
- 15) What are/were wellbeing scale levels at intake and exit?
- 16) Is/was there improved family life/family cohesion?

What is/was the effect on family members? How was this measured?

17) Does/did a risk assessment take place?

i.e. CAADA DASH RIC (DV risk assessment tool to identify high risk victims) NSPCC Matrix?

18) Is/was attendance at school/employment affected by the project?

did it improve, for example?

19) Is/was an outward referral made, if so who to?

MARAC (high risk client), Social Services (child protection), Common Assessments Framework (lower threshold of child protection), etc.

20) Do you have any anecdotal evidence?

21) Do you have anything you would like to add?

APPENDIX IV

Interviewee details

Name	Organisation
Steve Bennett	Action for Children (previously)
Derek Cuff	Domestic Abuse Volunteer Support Services
Jo Farace	K-DASH
Julie Maytum	K-DASH
Sylvia Murray	North Kent Women's Aid
Deborah Jordan	North Kent Women's Aid
Janet Rumley	PCSO, Folkestone Academy
Lucy Stone	Rising Sun
Dan Britnell	Rising Sun
Rebecca Perry	Swale Action to End Domestic Abuse