

WHAT FACTORS SHOULD BE CONSIDERED WHEN DEVELOPING PROTOCOLS TO WORK WITH DOMESTIC ABUSE PERPETRATORS WHO ARE RE-ENGAGING WITH THEIR CHILDREN AND FAMILIES?

A feasibility study

Delivery Organisations	University of Greenwich
Evaluator	University of Greenwich
Principal Investigator	Dr Helen Elliott
Protocol Author(s)	Dr Helen Elliott, Dr Ann Hanrahan
Type of Trial	Feasibility study
Age or Status of Participants	Adults
Number of Participating Local Authorities	One site - Kent Community Health NHS Foundation Trust



Number of Children and Families	No children
Outcome(s)	Better understanding the factors which both inhibit and facilitate the re-engagement of children/families and perpetrators of domestic abuse.
Output	Increased support in the development of policies and protocols to support social workers and other professionals working with domestic abuse perpetrators re-engaging with their children.
Contextual factors	Domestic abuse perpetrators and survivors. Professionals working with these groups.



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Background

Domestic abuse is a long-standing issue in health and social care. Traditionally the focus has been on the safety of the victims and children, and it has rarely considered the potential long-term impact on children with little or no contact with the perpetrator parent in their lives. Yet there is a growing evidence base that Adverse Childhood Experiences (ACEs), including lack of contact with a parent, can have consequences that impact adult life. This project examines whether it is possible to develop policy and other tools to support domestic abuse perpetrators' re-engagement with their children and families. What potential benefits could re-engagement bring for the family and, in particular, the children, and how can practitioners support re-engagement while ensuring that they mitigate against further harms to all involved and in what context could this happen.

Radford et al. (2011) found that 15% of children had witnessed at least one form of domestic violence and abuse during childhood. The Adoption and Children Act (2002) clearly states that children are to be protected from 'seeing or hearing the ill-treatment of another'. It is known that children can 'witness' abuse without directly observing it through overhearing arguments or observing cuts, bruises, and broken furniture. Studies show that being exposed to family violence as a victim or a witness in childhood may result in several negative social, emotional, psychological, and behavioural problems throughout childhood and later life (Humphreys, 2006; Cleaver, 2015; Thornton, 2014). Adverse Childhood Experiences (ACEs) are traumatic and stress-related events such as domestic abuse that occur during childhood. ACEs can immediately affect the child's health and well-being, which can persist across the lifespan (Wiehn, Hornberg, & Fischer, 2018). Children who suffer ACEs, such as domestic abuse, have higher rates of chronic health conditions, lower school and adult success and lower life expectancy.¹ However, children supported by caregivers can build resilience and be protected from the negative impact of adversity. When fathers have a positive role in their children's lives, this positively impacts their social and emotional development (Dumont & Paquette, 2013). The fact that ACEs are harmful should be considered sufficient reason to engage with fathers and implement strategies to stop and prevent them from losing contact where possible.

Why is this project important?

Evidence points to domestic abuse as a growing societal issue – raising awareness of the negative consequences a child's lack of contact with a parent can have. Domestic abuse is a significant public health issue affecting many women nationally and internationally (World Health Organization, 2005). With an increasing number of domestic abuse disclosures and reports by police, there has been a need to keep children safe when they are having contact with fathers who are perpetrators. The most recent figures available relating to domestic abuse (year ending March 2022) from the Crime Survey for England and Wales indicate that 50% of 16 - 74-year-olds experienced domestic

¹ www.centerforchildrenshealth.org



abuse during the previous 12 months (an estimated total of 2.4 million people). These statistics also indicate that women are more likely than men to be the targets of domestic abuse (6.9% and 3.0%, respectively). Despite these high numbers, this is still an under-reported area and does not include the impact of domestic abuse on children.

At the same time, new policies and tools which enable practitioners to work effectively in this space have not developed at the same pace. In addition, over recent years, the debate has evolved in the academic and professional literature about the father's role in children's lives, their views on the value of re-engagement with their children, and the benefits of creating a safe and productive environment in which this can take place.

What do we know about domestic abuse perpetrators?

In recent years, there has been little research into those who perpetrate domestic violence. We do know that many perpetrators of domestic abuse are men. The men are often young, troubled, unemployed, and of low self-esteem, who have often experienced abuse of various types themselves (Romans et al., 2000). There is much evidence to indicate that early intervention positively impacts long-term outcomes for children (Munro, 2011). Children begin to thrive when building better relationships with fathers, including safe contact and positive co-parenting. However, Stanley et al. (2010) found that when children's services are informed of a domestic abuse incident by police, in most cases, no substantial work was conducted with the family. Abusive fathers may be viewed as undeserving of inclusion and support, with some social workers failing to work effectively with domestic abuse perpetrators (Strega, 2006). Their engagement with health professionals is inconsistent and problematic due to social workers' concerns about safe contact and safety in the home (Littlechild, 2005). However, Edleson (1998) questioned how children and mothers could be safe if the male abuser did not receive any social work intervention. While these issues do not justify abusive behaviour, can reconciliation with their children help rehabilitate them and prevent them from carrying similar ACEs onto the next generation? Programs for stopping domestic violence can be effective for those who are motivated to change their behaviour and see the programs through to completion.

Engaging the domestic abuse perpetrator with their children

Serious Case Reviews (DH 2011-2014) echo the lack of engagement with fathers (Sidebotham et al., 2016), where there can be 'deficit' views of fathers who are abusive with suspicions of them as carers (Rivett, 2010). Stanley, Miller and Foster (2012) acknowledged the risks involved when the perpetrator was part of the equation and that engaging with perpetrators requires confident and competent practitioners who can focus on safeguarding the victim and children. However, social worker's interventions often involve surveillance of women, including making them responsible for the children's safety. Is this a missed opportunity to build the relationship between the child and the father? Featherstone and Peckover (2007) considered the need to change the narrative around perpetrators and focus on the needs of fathers in supporting women and children with an emphasis on the development of non-violent parenting. Deave and Johnstone (2008) endorsed fathers' inclusion and emphasised their value in supporting their children.



Brandon et al. (2017) suggest that multi-agency teams consider the relationship between the father and child, weighing the potential benefits and assessing the child's possible risk of harm. The National Institute for Health and Care Excellence (NICE 2012) promotes the inclusion of fathers and recommends that the practitioner's role supports the development of the father/child relationship. It is known that social workers are often in the position of implementing court-ordered contact between the father and the child. Ferguson and Hogan (2004) recognised that when fathers had restricted legal access to their children, they could not be active fathers, and services would not work with them. These legal restrictions have meant that professionals may avoid engaging with abusive fathers, expecting the mother to protect the children from harm.

It is recognised that re-building trust is an essential aspect for fathers on programmes, especially if they had separated and were making contact arrangements. Services must develop creative ways to include fathers to support their children's health and well-being (Plaintin et al., 2011). For victims of abuse to develop trust that the father would be attentive to the needs of the children played a significant part in successful contact arrangements. This research fills a needed gap in the evidence base. We know that childhood parental relationships are vital to future healthy adulthood. This work will provide a foundation that we hope will help social workers work more confidently and effectively in this space,

Problem statement

When fathers have a positive role in their children's lives, this positively impacts their social and emotional development. However, it is recognised that when fathers have restricted legal access to their children, they could not be active fathers, and services would not work with them. These legal restrictions have meant that professionals may avoid engaging with abusive fathers, expecting the mother to protect the children from harm. New policies and tools which enable practitioners to work effectively in this space have not developed.

The project will collect information from practitioners, survivors, and domestic abuse perpetrators. It will examine each group's perspective on whether it is possible to reunite domestic abuse perpetrators with their children, for what benefit, and in what circumstances. It will bring all stakeholders together to debate and examine the evidence gathered in a policy design workshop, which will map the steps necessary to consider in this space, including a set of recommendations which will provide the foundations for future policy. If the participants we recruit cannot work together in a single policy workshop, we will bring the groups together separately while sharing each other's input.

Aim and objectives

This study aims to undertake research which will support the development of policy and protocols to support social workers and other professionals working with domestic abuse perpetrators re-engaging with their children.



Feasibility study

Research questions to inform protocol development

This project will collect information from practitioners, survivors/carers, and domestic abuse perpetrators. It will examine each group's perspective on whether it is possible to reunite domestic abuse perpetrators with their children, for what benefit, and in what circumstances. It will bring all stakeholders together to debate and examine the evidence gathered in a policy design workshop, which will map the steps necessary, and a set of recommendations, to inform policy and the development of a protocol.

Research questions	Method and data collection
What factors are relevant (to perpetrators, survivors, and professionals) in developing protocols for the re-engagement of domestic abuse perpetrators with their children/families?	Focus groups
Do perpetrators, survivors, and professionals think that it is appropriate/possible to develop protocols?	Focus groups
What are the risks to take into account when developing protocols?	Focus groups
What would a protocol need to contain to support perpetrators, survivors, and professionals?	Focus groups

Design of feasibility study

This study aims to undertake research which will support the development of policy and protocols to support social workers and other professionals working with domestic abuse perpetrators re-engaging with their children. The study will focus on a purposive sample of three categories of participants.



Three 90 minutes focus groups (including a refreshment break) will take place, engaging the following groups of participants individually:

1. **Professional stakeholders:** Social Workers, Health Visitors, School Nurses, and those in contact with perpetrators in the Criminal Justice System
2. **Perpetrators:** who have admitted to, been accused of or convicted of domestic abuse and who have lost contact with their children but wish to re-engage
3. **Adult survivors/carers:** Partners of the perpetrator who have custody of children from the relationship or those who currently care for or have a relationship with the perpetrator's children (e.g., grandparents, extended family or foster carers).

The following considerations will be taken into account when conducting the focus groups:

- Kent Community NHS Foundation Trust – Domestic Abuse Team are supporting the study and will be recruiting participants.
- No children are involved in this study.
- The focus groups will be held in separate groups and online using MS Teams for the safety of participants. The researchers will work closely with the Kent domestic abuse team to ensure that participants understand the purpose of the research, how their data will be collected, stored and used. We also have in place a briefing and debriefing system (with social workers/support workers or significant others) to ensure that people are not harmed by taking part.
- All data will be anonymous. Pseudonyms and unique codes will be used for each participant in the focus groups. The focus group recordings will be transcribed by an authorised research assistant or authorised audio typist familiar with transcribing confidential data. Any identifying elements or remarks of individuals will be removed. Audio only recording on MS Teams, or a Dictaphone will be used to collect the data. Once data has been collected this will be transferred onto the University of Greenwich cloud and deleted from the Dictaphone or MS Teams immediately.
- The data will be saved in a password protected computer file in the university secure IT system. To protect the participants' identity, the data will remain anonymous. Consent forms will be electronic and kept in a password protected computer file (separate to the data collection file) in the university secure IT system.
- After data collection and analysis, we will develop policy recommendations through a Policy Development Workshop. The Policy workshops will be held on campus. If the ability to get people together, or it proves difficult for ethical reasons, to recruit to a face-to-face meeting this will be conducted online using MS Teams.
- All research data collected by the researchers will be deleted within three years following the completion of the data collection. The data will be password protected and stored electronically. Participant names will not be used during the analysis, workshop or final write up of the research to ensure individual participants are not identifiable.



- The findings will be shared widely within health and social care, charities, policymakers, and local government.

Analysis plan

The data collected from the focus groups will be recorded. These recordings will be fully transcribed by a professional transcriber and uploaded to NVIVO for analysis. The analysis will be thematic using framework analysis. Although thematic analysis is flexible, this can lead to inconsistencies when analysing the data, and deriving themes (Holloway & Todres, 2003). Therefore, at least two researchers will independently code the transcripts and who will then convene to compare and agree on themes. Thematic analysis will be undertaken using Creswell's (2017) principles to guide the process. Preliminary notes will be made alongside the data to increase the focus and to establish an initial understanding of the data from the perspective of the participants. Following this process, line-by-line coding will progress from descriptive coding through to a level of data-led interpretative coding (Creswell, 2017). Coding will aim to identify key themes, issues, and meaning from within the data thoroughly and systematically (Creswell, 2017). The researchers will engage with the data and establish its meaning from the participants' perspectives, combining emergent themes and sub-themes. The researchers will use an inductive approach so that the data 'speaks for itself'.

Focus group analysis will inform discussions at the policy development workshop.

Post policy workshop analyses

The focus group analysis will be revisited in the light of the outcomes of the policy workshop. The workshop will discuss the findings from the research to sense check their validity with the workshop group. In addition, the group will be asked to develop and agree recommendations for the protocol for professionals, perpetrators, and survivors.

Project management

Dr Helen Elliott, Project Lead – responsible for the day-to-day management. Health Visitor, researcher, educator and practitioner specialising in domestic abuse. Completed thesis in 2019 and published and presented papers on identifying and recognising domestic abuse for nurses and health visitors.

Dr Ann Hanrahan, Researcher – responsible for assisting with data collection, analysis and write up. Twenty years of social research experience. Specialist in qualitative methods. Experience working with vulnerable groups in research, most recently with ex-offenders with multiple disadvantages. 60+ academic publications. Ten years+ of policy development.

Professor Claire Monks, mentor and advisor – responsible for overview of the project. Professor of Developmental Psychology at the University of Greenwich where she leads the Centre for Vulnerable Children, Young People and Families. She is an experienced researcher whose work has focussed on young people's peer relationships and behaviour, including bullying.



Collaborator/Partner

Joyce Masimba- NHS Trust. Health visitor and domestic abuse lead for Kent Community NHS Trust.

Timeline

Dates	Activity	Staff responsible/ leading
31 March 2023	<p>Programme Set Up:</p> <ul style="list-style-type: none">Initial launch Meeting attended by the domestic abuse lead in Kent, research team and Prof Claire Monks. This meeting will agree project aims and outputs, timelines, and responsibilities for each attendee. Including project protocolThe ethics application will be drafted and shared with Foundations for comment.	Dr Helen Elliott
14 April 2023	<p>Research Protocol 1/2:</p> <ul style="list-style-type: none">Protocol draft returned to Foundations for comment. The study protocol will be drafted considering any issues raised by the initial launch meeting. The protocol will be sent to Foundations for comment.	Dr Helen Elliott
30 April 2023	<p>Programme Data Protection 1/2:</p> <ul style="list-style-type: none">The university will draft data protection documents to be share with Foundations for any comments and sign off. Stakeholder advisory PanelThe first Stakeholder advisory panel meeting will take place during April 2023 to initiate the study, discuss methodology, recruitment and any other issues that arise during the writing of the protocol.	Dr Helen Elliott



30 August 2023	Research Protocol 2/2: <ul style="list-style-type: none">• Final protocol submitted to Foundations with all required comments and feedback incorporated, ready for publishing.• Protocol published on the Open Science Framework (OSF) Programme. <p>Due Diligence 1/2:</p> <ul style="list-style-type: none">• Ethics application submitted to the university research ethics committee• Written consent and information forms for Focus Group Participants.	Dr Helen Elliott
30 August 2023	Programme Data Protection 2/2: <ul style="list-style-type: none">• The ethics application includes questions on data protection which are intended to ensure that privacy of participants is protected. The University's Data Protection Officer is also a member of the Research Ethics Board• Data will not be shared with external partners so data sharing agreements will not be required. <p>Programme Due Diligence 2/2:</p> <ul style="list-style-type: none">• Ethics approval confirmed. Focus Groups• Recruitment completed• Focus Group topic guide designed and tested.	Dr Helen Elliott
31 August 2023	<ul style="list-style-type: none">• Literature review completed to inform research questions 31 August 2023 LEGAL\53295290v1 design• A draft paper for journal submission will commence• Stakeholder advisory panel meetings conducted to review focus group topic guides• To review progress to date and discuss any issues that have arisen during the planning so far.	Dr Helen Elliott and Dr Ann Hanrahan



28 September 2023	<ul style="list-style-type: none">• Focus Groups implemented• Transcription of all focus groups completed• Submit interim report to Foundations for comment.	Dr Ann Hanrahan
31 October 2023	Data Collection: <ul style="list-style-type: none">• Baseline data collection will be completed.	Dr Helen Elliott and Dr Ann Hanrahan
30 November 2023	One policy development workshop will be conducted to include all stakeholders. If the participants we recruit cannot work together in a single policy workshop, we will bring the groups together separately while sharing each other's input. Finish Data Collection: <ul style="list-style-type: none">• Complete transcription and data analysis• Stakeholder advisory panel meetings to discuss findings and how these will develop into recommendations following the policy workshop.	Dr Helen Elliott and Dr Ann Hanrahan
17 January 2024	Final Report 1/2: <ul style="list-style-type: none">• Final report draft completed and returned to Foundations for review, quality assurance and comment.	Dr Helen Elliott and Dr Ann Hanrahan
31 January 2024	Dissemination planned and advertised through networks and University of Greenwich platforms	Dr Helen Elliott
29 February 2024	Final Report 2/2: <ul style="list-style-type: none">• Feedback incorporated into the final report and submitted to Foundations for publishing. Dissemination preparation: <ul style="list-style-type: none">• Dissemination plan in place and reviewed by Foundations• Dissemination funding spent, and expenses submitted to Foundations	Dr Helen Elliott



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- Conference places booked and presentations scheduled
 - Podcast and social media content to be developed in the final quarter of the project.
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Risks

Risk	Mitigation
Delays in delivery	The project is appropriately staffed. Should the project stall, the wider team are all skilled researchers and can pick up any aspect of the project as needed.
Difficulty recruiting subjects	We have extensive experience in recruiting people into research. Our partners, the Kent Domestic Abuse team as well as Dr Elliott's personal contacts as an educator will be used to recruit as necessary. We also have extensive links across Greenwich into which we can reach if necessary. We plan to offer a small incentive to recompense non-professional participant for their time and expertise.
Difficulty recruiting stakeholders for Advisory Group	We have strong links with Kent Domestic Abuse team and through Dr Elliott's personal networks, Greenwich local government and other services. If we have difficulty in recruitment, we have wider networks from which we can draw expertise in children's services locally.
Difficulty recruiting lived experience for the Advisory Group	Our partners, the Kent Domestic Abuse team as well as Dr Elliott's personal contacts as an educator will be used to recruit as necessary. Care will be taken in supporting all group members and ensuring that they are safe and well throughout their participation.



Insufficient data generated by the project to inform recommendations

We have designed this project to have multiple data collection approaches.

Potential for those with lived experience (perpetrators/survivors) to be triggered by taking part in the project.

In addition, in domestic abuse team there is knowledge of potential participants (as well as their support workers) so that they can be approached with prior knowledge about their experiences. In addition, Dr Hanrahan has many years of experience researching vulnerable groups and is an expert in designing studies that are ethically sound. The University Ethics Research Committee will oversee the handling of this issue.

Compliance

Registration

This study will be registered with the Open Science Framework (OSF).

The informed consent process

Before starting the focus groups, we will clearly communicate that participation in the research is entirely voluntary. Choosing not to take part or withdrawing at any stage will not have any negative consequences. If someone decides to withdraw during or after the focus group, their data will not be used in the analysis or project documentation. Regardless of participation, incentives will be provided to survivors/caregivers and perpetrators.

Confidentiality and anonymity

To ensure confidentiality, all data will be made anonymous, using pseudonyms and unique codes for each participant. Focus group recordings will be transcribed by authorized research assistants or audio typists familiar with handling confidential data. Any identifying information will be removed from the transcripts. We will collect data through audio-only recordings on MS Teams or a Dictaphone. Once data is collected, it will be transferred to a secure University of Greenwich cloud and deleted from the original recording device.

All research data will be stored securely in a University of Greenwich IT system with access limited to the research team. To protect participants' identities, the data will remain anonymous and saved in password-protected computer files. Consent forms will be electronic, stored separately in a password-protected computer file.



After transcription by an approved professional service with robust data handling policies, all recordings will be deleted. Focus group data will be anonymized. All research data will be deleted within three years after the completion of the focus group.

To safeguard participants, social workers/support workers, researchers, or others involved, a briefing and debriefing system will be offered to ensure no harm occurs during their participation.

Ethics

Before commencing data collection, approval from the University's Research Ethics Committee will be provided. This is important to ensure that the research is conducted in an ethical and responsible manner and that the rights and welfare of participants are protected. The following ethical considerations have been considered in depth throughout the process of applying for ethical approval.

Data protection

The data controller and data processor for this project is the University of Greenwich. Foundations – What Works Centre for Children & Families (an organisation formed through the merger of the Early Intervention Foundation and What Works for Children Social Care) will not act as a data controller or processor for any data throughout the duration of the project.



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