positive shift

a group program for women who use force

Independent Evaluation of +SHIFT at Tarrengower Prison

November 2019

THE UNIVERSITY OF MELBOURNE

Baptcare

Acknowledgements

The Evaluation of the +SHIFT program at Tarrengower prison has been prepared by members of the research team at the University of Melbourne.

The research team would like to thank the evaluation's partner organisation Baptcare for staff participation in many meetings and consultations about the program in general, and especially the facilitators for their generosity of time and insights about the program.

Most importantly, a special thank you goes to the women participants in the +SHIFT program at Tarrengower who assisted the evaluation and who spoke about their experiences.

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Executive Summary

Background

The contentious and complex issue of 'women who use force' is relatively new in the Australian context. While there is now a considerable body of literature about men's violence against women, the issue of women's use of force has created more debate and controversy.

In the context of a dominant pattern of male violence perpetrated against women, there are some women who use force in their intimate relationships. Recent research has highlighted the importance of developing services for this population. While a heterogenous group, women's use of force is described as differing in motivation, intent and impact from male perpetrators of violence (Kertesz et al, 2019). Programs for men who use violence may also fail to recognise the complexity of the issues faced by women who use force including the number of women who have a history of victimisation (Larance & Miller, 2017).

The term 'women who use force' was originally coined by Larance and colleagues (Larance, 2006) as a neutral descriptor of women's actions. In her research, Larance found that women who use force in the context of their familial relationships were most often *wanting* power through the assertion of personal autonomy from a partner (use of force) rather than *having* power through the exercise of personal authority over a partner (coercive control) (Larance & Rousson, 2016).

Very few gender-responsive programs for women using force (mostly American) have been implemented in Australia, and there have been even fewer programs developed in the Australian context. This gap in the service system for women who use force was identified by the Victorian Royal Commission into Family Violence (State of Victoria, 2014–16). While this may be due to the lack of mandatory arrest policies in Australia, there is now a growing awareness that many women are misidentified by police as perpetrators of DFV, and that many women identified as having used force have also been victims themselves of DFV (Humphreys & Nicholson, 2018; Larance & Miller, 2017).

The +SHIFT program

To address the needs of this population, in 2018, Baptcare (as the lead agency) in partnership with Berry Street implemented a trial of the +SHIFT program, adapted for the Australian context from the Vista framework. Vista was developed in the United States to attend to the contextual and complex needs of women referred by the judicial system to attend behaviour change programs (Larance, Hoffman & Shivas, 2009; Kertesz et al, 2019). The +SHIFT program is breaking ground in Australia in terms of introducing an evidence-informed response for women who use force.

The *Positive Support and Healing creates Innovative Forward Thinking* (+SHIFT) Program is a 16-session group work and case support program for women who use force, which takes a therapeutic, gender-responsive, trauma-informed approach, building on the strengths of more traditional survivor support groups. +SHIFT addresses intersectional identities and promotes healing, while facilitating participants' engagement with viable alternatives to force, and who are in a position to engage with the program.

Evaluation aims and methodology

In 2018, Baptcare contracted the University of Melbourne to conduct an independent evaluation of the +SHIFT Program. In 2019, Baptcare also contracted the University of Melbourne to separately evaluate the program in the context of a trial at Tarrengower women's prison near Maldon, Victoria.

The evaluation of +SHIFT at Tarrengower aimed to evaluate the effectiveness of the +SHIFT program in the context of the prison environment, as compared with program effectiveness in community-based locations. A mixed methods approach was adopted (Creswell & Clark, 2007) to assess program feasibility in relation to program content, participant experience and measured differences in participant attitudes, behaviour and well-being. Data collected included:

- data from participant pre-program and post-program questionnaires (incorporating validated outcomes measures at these two time points);
- assessment data;
- participant feedback (brief comments collected at the end of each session);
- post program interviews with women participants.

This report is based on a very small sample of seven women who participated in the +SHIFT program at Tarrengower prison in July-September 2019. Due to the length of ethics approval processes, it was not possible to include data from the first program for six women run at Tarrengower. Despite problems of generalization due to the smallness of the sample, the evaluation nevertheless can provide some indication of how the program was received by participants and what difference it made to their attitudes and use of violent behaviour. Comparison with the evaluation of community-based +SHIFT programs (46 women in total, 23 of whom provided pre-and post-program data) also provides context.

Changes in attitudes to violence and use of violent behaviour

Changes in attitudes to violence should be interpreted in the light of the experience all women participants have had of trauma and abuse; they had been subjected to far more violence than they had used themselves. Women participants in the +SHIFT program at Tarrengower had enrolled in the program due to having used force themselves, but they reported that this was mostly in defence of themselves or their children, either in response to an assault, or proactively to "get in first".

Findings indicate that women's levels of anger and aggression were lower at the end of the program. These findings should be treated with caution due to the small sample size, and the decrease is smaller than that found in the community-based sample. However, the shift is reinforced by the descriptions given by women participants themselves of how their understanding grew and thinking changed during the course of the program. Change is a gradual and lengthy process. Women participants reported learning to understand how past experiences of abuse and trauma have led to current behavioural responses to situations and new strategies to deal with conflict and stressful situations. These create a foundation for changed behaviour.

Mental Health and Psychological Distress

Women's mental health (and specifically distress, anxiety and depressive symptoms) has been shown to be negatively impacted by domestic violence trauma. Overall, little change in psychological distress was found among women participants. However, when the questions are examined in detail, a difference can be seen between those items where a positive change occurred and those which showed no change. It is interesting to note a much greater

improvement on this measure in the community-based programs. The latter items – 'everything is an effort', 'so depressed that nothing could cheer' and 'hopeless' – could be seen as related to the aspect of women's situation which they believe they cannot change. However, there was improvement in levels of restlessness, nervousness and sense of self-worth. These feelings relate more closely to the content and aims of +SHIFT. Indeed, women participants commented that they finished the program with a greater sense of self-worth. This greater self-confidence, in addition to a new toolbox of pro-social strategies for dealing with difficult situations, will assist women towards the development of healthier relationship patterns in the future.

Sources of Support

One of the aims of +SHIFT is to assist participants to build supportive social networks. This may lead to better emotional and practical support for many women and the development of healthier relationship patterns. Changes in women participants sense of isolation, having someone to turn to were minimal and mixed in the Tarrengower context, in contrast with positive results in the community. However, women's self-reported ability to look after themselves (go for a walk or do something positive for myself) when angry or depressed, did increase.

In a prison environment, where are limited opportunities to find new supportive relationships and avoid negative ones, it could be expected that women's sense of support would not change significantly. However, the program has been successful in helping women access their inner resources at difficult times.

Presentation of the Program

Feedback about the environment created by facilitators was very positive. Individual change is facilitated by the participants feeling safe enough to open up their vulnerabilities to themselves and to others, and through this process discuss some of their past and present experiences. Safety is created by facilitators' leadership in creating an open, respectful and non-judgemental space for discussion. In a prison environment, where women participants have to interact with each other in between group sessions, attention to managing different personalities within the group is particularly important. This sense of safety was generally achieved in the program under evaluation. In addition, facilitators' warmth and engagement with women participants was a significant factor in women participants' own engagement with the program.

Concluding Comments

The strong evidence base of the *+SHIFT* program has led to an intervention that is valued highly by participants and staff alike. The creation of a safe space for women participants, and the nurturing of a trusting and therapeutic relationship with facilitators in addition to peer support are significant in building self-worth and the capacity for change. Participants not only reported a better understanding of how experiences affect actions but also referred to learning new strategies that were viable alternatives to the use of force.

Ongoing data collection in relation to change associated with this program will build the database to a point where firmer conclusions can be reached from the data, but the preliminary indications from the small sample under investigation in the evaluation are that the program can indeed promote a positive shift for women who have used force in the context of experiences of trauma, abuse and unhealthy relationships.

1. Background to the evaluation: contextualising women's use of force

The exploration of the contentious and complex issue of 'women who use force' is relatively new in the Australian context. While there is now a considerable body of literature about men's violence against women, the issue of women's use of force has created more debate and controversy. This debate is between those who believe women use violence at similar rates to men, and those who support a gendered analysis of domestic and family violence (DFV), that overwhelmingly men use violence to exert power and coercive control over women and children.

Recent Australian research confirms a pattern of gender-based violence in this country, with women far more likely than men to experience violence (Australian Bureau of Statistics, 2017), and to be victims of intimate partner homicide than men (Australian Domestic and Family Violence Death Review Network, 2018).

The dominant pattern of DFV is male violence perpetrated against women notwithstanding, there are some women who use force in their intimate relationships. Recent research has highlighted the importance of developing services for this population. While a heterogenous group, women's use of force is described as differing in motivation, intent and impact from male perpetrators of violence (Kertesz et al, 2019). Programs for men who use violence may also fail to recognise the complexity of the issues faced by women who use force, including the number of women who have a history of victimisation (Larance & Miller, 2017).

The term 'women who use force' was originally coined by Larance and colleagues (Larance, 2006) as a neutral descriptor of women's actions, in contrast to the term violence, defined as force used unjustly with the intention of causing injury (House, 2001). In her research, Larance found that women who use force in the context of their familial relationships were most often *wanting* power through the assertion of personal autonomy from a partner (use of force) rather than *having* power through the exercise of personal authority over a partner (coercive control) (Larance & Rousson, 2016). Wider research suggests that women who use force in their intimate heterosexual relationships often have a history of experiencing violence from their male partners (Bair-Merritt et al, 2010; Larance & MIller, 2017) and are motivated to use force for a range of reasons including protecting themselves and their children and asserting their dignity. They face severe relationship and societal consequences (Dasgupta, 2002; Swan et al, 2012).

Interventions for women using force first emerged in the United States to meet the needs of the growing numbers of women arrested for DFV offences under the mandatory arrest policies introduced in the 1990s (Larance, 2006). With limited intervention options, many of these women were required to attend programs designed for male perpetrators (Miller, 2001). It has been recognised that such programs are inappropriate for women, and while the option of referring women to victim support groups due to the vast majority having experienced DFV has been advocated, some community-based services do not provide services to anyone who is seen to perpetrate violence and abuse (Osthoff, 2002; Worcester, 2002).

Very few gender-responsive programs for women using force (mostly American) have been implemented in Australia, and there have been even fewer programs developed in the Australian context. This gap in the service system for women who use force was identified by the Victorian Royal Commission into Family Violence (State of Victoria, 2014–16). While this may be due to the lack of mandatory arrest policies in Australia, there is now a growing awareness that many women are misidentified by police as perpetrators of DFV, and that many women identified as having used force have also been victims themselves of DFV (Humphreys & Nicholson, 2018; Larance & Miller, 2017).

1.1. Development of the +SHIFT program

To address the needs of this population, in 2018, Baptcare (as the lead agency) in partnership with Berry Street implemented a trial of a the +SHIFT program, adapted for the Australian context from the Vista framework. The +SHIFT program is breaking ground in Australia in terms of introducing an evidence-based response for women who use force.

Vista was developed in the United States to attend to the contextual and complex needs of women referred by the judicial system to attend behaviour change programs (Larance, Hoffman & Shivas, 2009; Kertesz et al, 2019). This framework and philosophy was identified as a suitable model to pilot in Victoria for a range of reasons. These include:

- a recognition that women's use of force is different from men's violence in terms of motivation, intent and impact;
- the program's emphasis on contextualising women's use of force, and acknowledgement of their histories of trauma and abuse;
- co-design of the program by participants and a respect for client needs;
- a realistic and systematic approach to this work, with reported positive client outcomes;
- implementation by a range of organisations, including the US Airforce's Family Advocacy Program;
- sequential but flexible content programming with an expectation that the program would be tailored to the local service provision context and to the needs of women from a range of backgrounds;
- the willingness of the program creator, Lisa Young Larance, to work directly with Victorian staff. (Larance and colleagues., 2019 forthcoming)

1.2. +SHIFT program description

The ***P**ositive **S**upport and **H**ealing creates **I**nnovative **F**orward **T**hinking* (+SHIFT) Program is a 16-session group work and case support program for women who use force, adapted from the VISTA Program (Copyright Larance and colleagues, 2009). The program takes a therapeutic, gender-responsive, trauma-informed approach, building on the strengths of traditional survivor support groups. +SHIFT addresses intersectional identities and promotes healing, while facilitating participants' engagement with viable alternatives to force, and who are in a position to engage with the program.

Group session content addresses a range of issues including: personal identity; impact of force on self and others; defence mechanisms; personal boundaries; shame; communication strategies; protection planning; and healthy relationship dynamics. Each session is presented within the ecological nested model framework, paying attention to socio-cultural issues and how such issues impact women's perceptions of viable alternatives to using force.

Assessment and engagement, while the first step in working with women, is conceptualised as an ongoing process throughout a woman's contact with program staff (Larance, 2012). The Family Violence Risk Assessment and Risk Management Framework (State Govt Victoria, 2017) is incorporated into the assessment to identify risk factors associated with family violence. In addition, the Contextual Abusive Behavior Inventory (Larance, 2006) is used at intake to assist women in seeing the contexts in which their use of force has occurred, and to facilitate the beginning of therapeutic conversations.

1.3. The University of Melbourne evaluation of +SHIFT at Tarrengower

Since 2018, Baptcare has trialled the program with women who use force with adult family members in a number of community locations, and has contracted the University of Melbourne to conduct an independent evaluation of the +SHIFT Program. In 2019, Baptcare also contracted the University of Melbourne to separately evaluate the program in the context of a trial at Tarrengower women's prison near Maldon, Victoria.

This evaluation will provide evidence regarding the effectiveness of the +SHIFT program in the context of Victorian Corrections. The evaluation will increase knowledge of what works to change the behaviour of women who use force, addressing the issues that have contributed to their actions, and deliver support to the children and families impacted by their actions. This research will also address recommendation 87 of the Royal commission into Family Violence targeting perpetrators from diverse communities and those with complex needs.

1.3.1. Aims and methodology

The evaluation of +SHIFT at Tarrengower aimed to evaluate the effectiveness of the +SHIFT program in the context of the prison environment, as compared with program effectiveness in community-based locations. A mixed methods approach was adopted (Creswell & Clark, 2007) to assess program feasibility in relation to program content, participant experience and measured differences in participant attitudes, behaviour and well-being. Data collected included:

- data from participant pre-program and post-program questionnaires (incorporating validated outcomes measures at these two time points);
- assessment data;
- participant feedback (brief comments collected at the end of each session);
- post program interviews with women participants.

The +SHIFT Evaluation Project was approved by the University of Melbourne Research Ethics Committee and the Evaluation at the Tarrengower location was also approved by the Department of Justice & Regulation Human Research Ethics Committee (JHREC). A number of strategies were employed to ensure that participants were not put at risk by the research, felt safe and supported during data collection and were protected from identification in any reporting of research findings.

Baptcare offered the +SHIFT program twice during 2019 to women within Tarrengower prison. These programs were run over eight weeks, in eight intensive days of two sessions each to fit in with prison timetables. Due to the length of the ethics approval processes, only program numbers could be provided for Program 1 (see Table 1). This report is therefore based on data from the second group in Tarrengower.

Table 1. +SHIFT programs at Tarrengower and data collection for the evaluation

Program Dates	No. of participants at beginning of program	No. of participants who completed the program	No. of Pre- and Post program Questionnaires & measures	No. of Post program interviews
3 April-22 May 2019	6	6	-	-
17 July-11 Sep 2019	9	7	6	2

Nine women commenced the program and seven completed the program. One of the women did not complete the program because she was transferred to another prison. The other woman withdrew so that she could complete another program required for her to be eligible for parole. Pre-program data was collected from seven women and post-program data from six women. Two participants participated in an interview about their experience of the program (Table 1).

2. Findings

2.1. Participant demographic information

The demographic data outlined below provides a profile of the women participants (N = 7) who started the +SHIFT program and completed the pre-program evaluation questionnaire. Due the small sample size, care has been taken to provide information that does not infringe individual confidentiality on sensitive information.

Participants ranged in age from 26 to 65 years old, with a mean age of 40 years. All were born in Australia. All but one had completed school and tertiary education (TAFE or university). Five of the seven women reported having children.

2.2. The context of participants' use of force – histories of violence and abuse

Most participants indicated that they entered the program due to incidents relating to their partner or ex-partner, for one woman the incidents related to her child and for one other woman to both partner and child. However, these incidents should be seen in the context of other information the participants provided about violence in their lives.

Participants presented various reasons for using force in their relationships. Most frequently participants indicated they used force because they were 'defending themselves' because they knew their partner was going to hurt them. Participants could give more than one reason for using force (Table 2).

Table 2. Participant reasons for using force

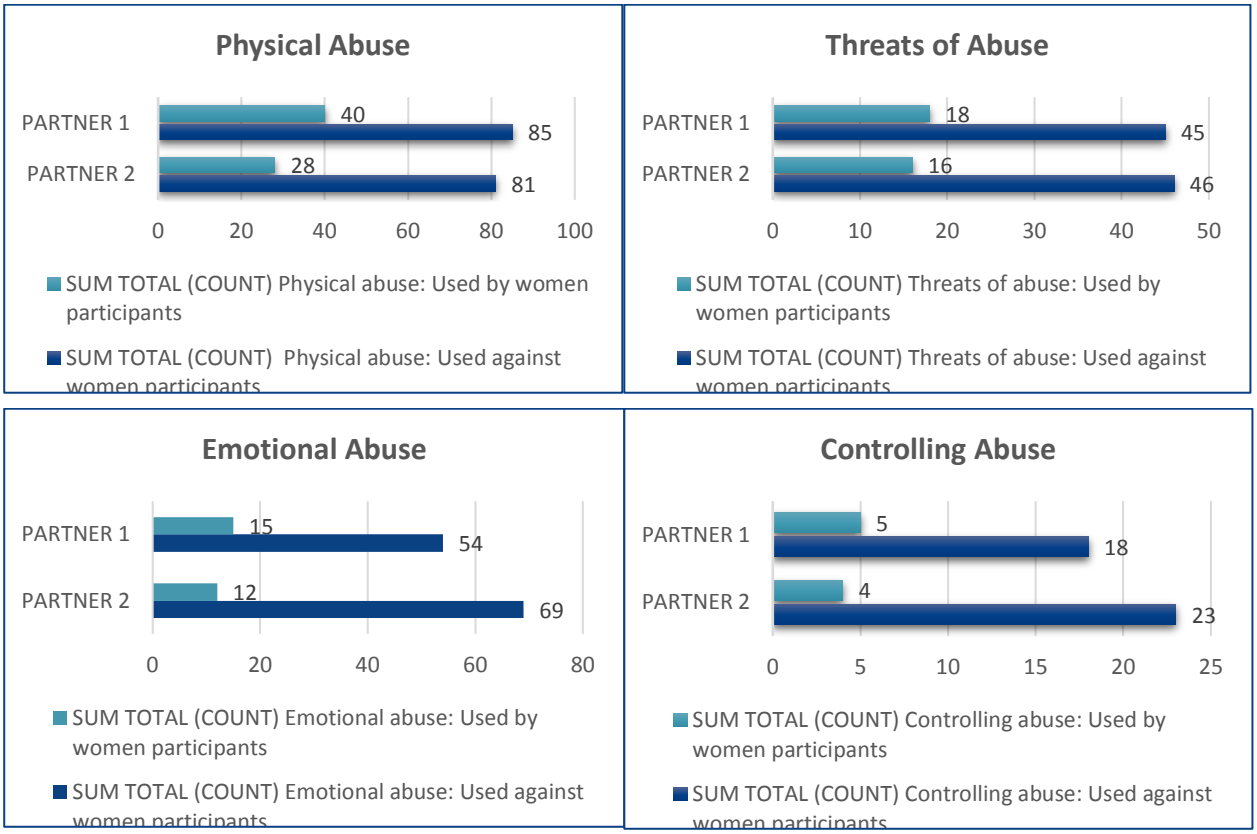
I used force against my partner because -	No. of participants
I was defending myself	7
I saw my mother abused and I refused to be abused too	2
I knew my partner was going to hurt me, so I responded first	5
I lost my temper	3
I was protecting my children from my partner	4

Four out of the seven participants reported that their current or recent partner was abusive towards them (physically, verbally, emotionally or sexually). All the women had a history of violent partners, ranging from one partner to five who had been violent. Nevertheless, most of the women agreed that they had a choice about how they reacted, and all agreed to some extent that they were responsible for their behaviour in their relationships.

The Contextual Abusive Behavior Inventory (C-ABI) (Larance et al, 2009) provides a platform for understanding the contextual factors the contribute to women's use of force, and is a tool suitable for assessment, therapeutic and evaluative purposes. Covering physical, sexual and psychological aggression and abuse, the inventory records acts both perpetrated by, and inflicted upon, women. In order to summarise the highly detailed data provided.

While not yet validated, the data concerning the C-ABI collected in this evaluation was very detailed. Data across four key factors (physical abuse, emotional abuse, threats of abuse, emotional abuse and controlling behaviours) has been summarised with the aim of providing greater insight into the specific contextual factors that may have an impact on women's use of force (Figure 1). Each item has been scored (1= Yes, 0 = No) in relation to abusive behaviour perpetrated by, or used against, women participants in relation to two partners. These scores provide a rough indication that while the women participants have used a range of violent behaviours, they have been subjected to a greater range and amount of violence.

Figure 1. Women's use of force compared to force used against them (C-ABI)



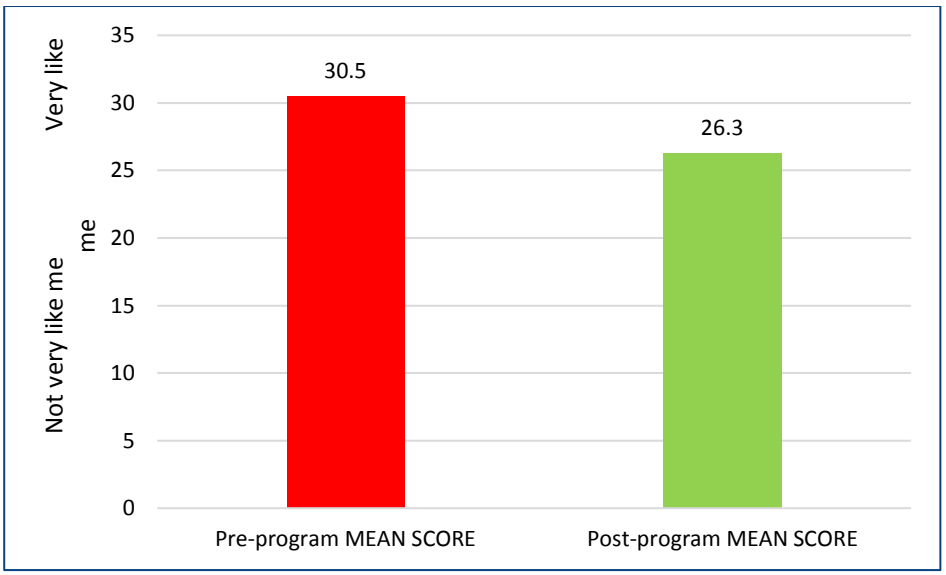
2.3. Measures of change

2.3.1. Aggression

In order to measure any changes in women's anger and aggressive behaviour over the course of the program, women participants were asked to complete the Buss-Perry Aggression Scale – Short Form (BPAQ-SF) at both pre-program and post-program. The BPAQ-SF is invariant across genders and is based on one of the most popular validated measures of aggression (Gallagher, 2016). It consists of 12 items, three items for each of four factors: physical aggression, verbal aggression, anger and hostility. Participants were asked to indicate the level to which they agreed with statements (e.g. 'I have trouble controlling my temper') on a 5-point scale, ranging from "very unlike me" (1) to "very like me" (5).

Six participants completed the BPAQ-SF at both pre-program and post-program. Figure 2 shows the overall mean scores decreased between pre-program and post-program. On ten out of the twelve items, scores indicate that women's anger and aggression decreased between the commencement and the end of the program.

Figure 2. Pre and Post program mean scores for the BPAQ-SF



2.3.2. Mental Health

Women's mental health (and specifically distress, anxiety and depressive symptoms) has been shown to be negatively impacted by DFV and trauma. We therefore aimed to assess women's current states of mental health, and any changes to women's self-reported mental health pre-program and post-program.

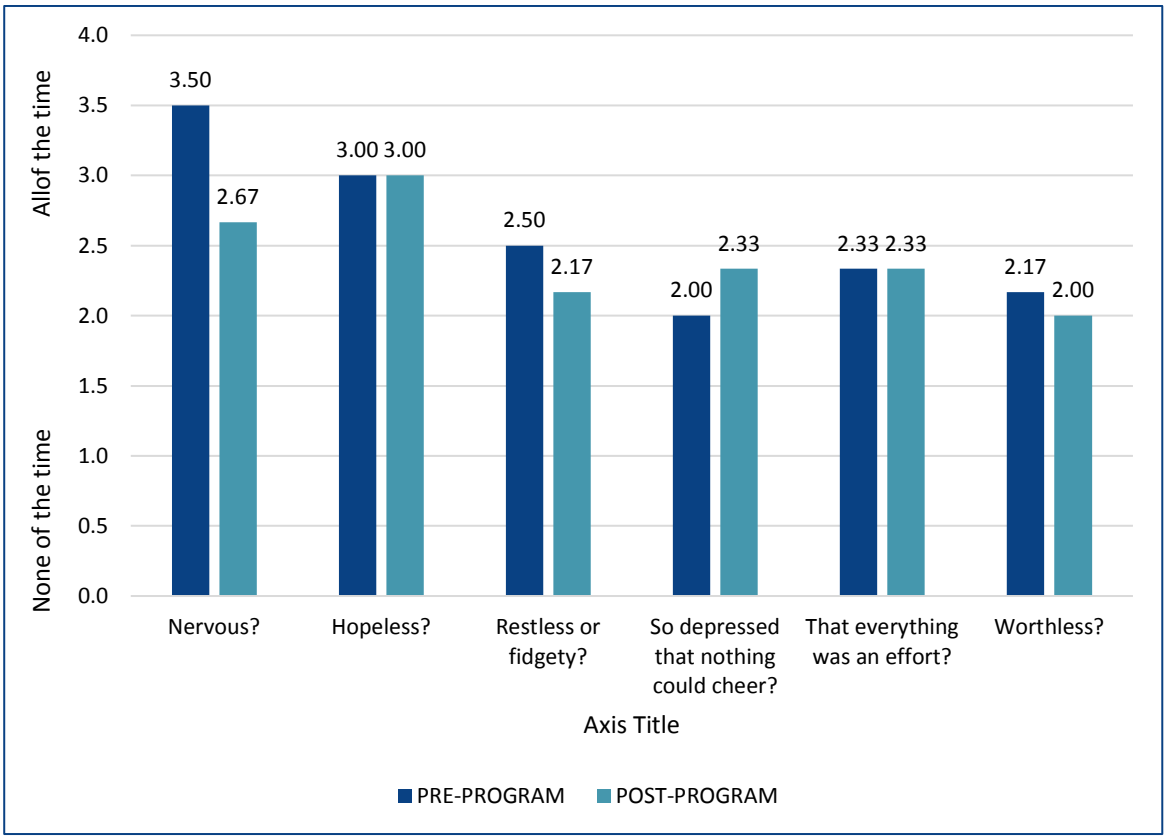
Participants were asked to self-report any mental health concerns they were currently experiencing. Six out of the seven participants indicated they had mental health concerns (diagnosed or undiagnosed). Four of these participants outlined their specific health concerns – these included anxiety, depression / bipolar, and post-traumatic stress disorder.

Participants were also asked to complete the Kessler Psychological Distress Scale (K6), a 6-item measure, widely used for screening severity of nonspecific psychological distress. The measure uses a 30-day previous reference period and asks respondents rate how often: they felt nervous, hopeless, restless or fidgety, so sad that nothing could cheer them up, that everything was an effort, and worthless (Fleishman & Zuvekas, 2007). Each question is scored from 0 (none of the

time) to 5 (all of the time). This scale has been shown to be consistent across different sociodemographic samples and is widely utilised for its brevity.

Six participants completed the K6 at both pre-program and post-program. The mean participant scores for each of the six items are shown in Figure 3. Improvement between pre-program and post-program can be seen on three items - nervous, restless or fidgety and worthless. Lower scores indicate reduced levels of psychological distress. However, overall mean scores showed little change from pre- to post program.

Figure 3. Mean scores of items of the Kessler 6: Pre-program and Post-program

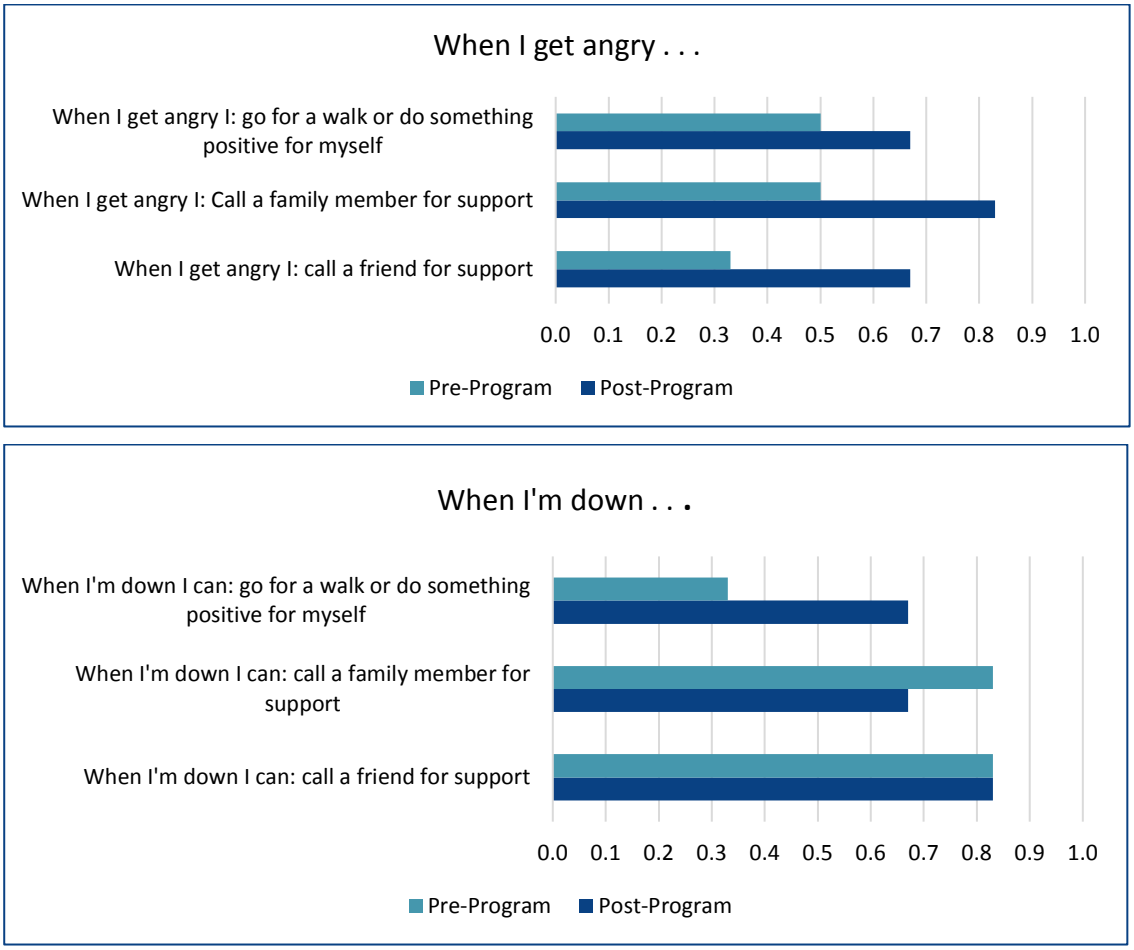


2.3.3. Sources of Support

Social support is an important part of maintaining both healthy relationships as well as mental health (Cohen et al, 1995; Werner-Seidler et al, 2017), particularly in the context of the social isolation experienced by women who have lived with domestic or family violence. The +SHIFT program aims to provide an opportunity for women to develop social support networks with other women in the program, as well as use the skills they learn to more fully develop existing and new social connections.

Six participants completed questions at pre-program and post-program regarding support-seeking and coping when they were 'angry' or 'down'. The mean scores for the sample (ranging from 0.0-1.0) are outlined in Figure 4. When feeling angry, participants indicated a greater willingness to contact family members and friends at post-program, compared with pre-program. There was less change observed in support-seeking when participants felt 'down' however. Mean scores regarding improved coping strategies, such as 'going for a walk' or 'doing something positive', were significantly higher at post-test, both for feeling angry or 'down'. This suggests that women were more motivated at post-program to act on their negative feelings.

Figure 4. Mean scores for support seeking: Pre-program and Post-program



The Social Provisions Scale (Cutrona, 1987) aims to record women's current support networks at pre-program, and at post-program. It consists of 8 items. Respondents are asked to rate their agreement (1 = strongly disagree, to 4= strongly agree) with statements about the supports and relationships they had in their life. The +SHIFT version of this scale comprises two items from each of the Social Provisions subscales of guidance, social integration, attachment, and reliable alliance.

Six participants completed the Social Provisions Scale (modified) at pre-program and post-program. The results (as shown in Figure 5) for both positive and negative support items were mixed, some showing slight improvement and some no change or a drop in sense of support.

2.4. Participant Experiences of +SHIFT

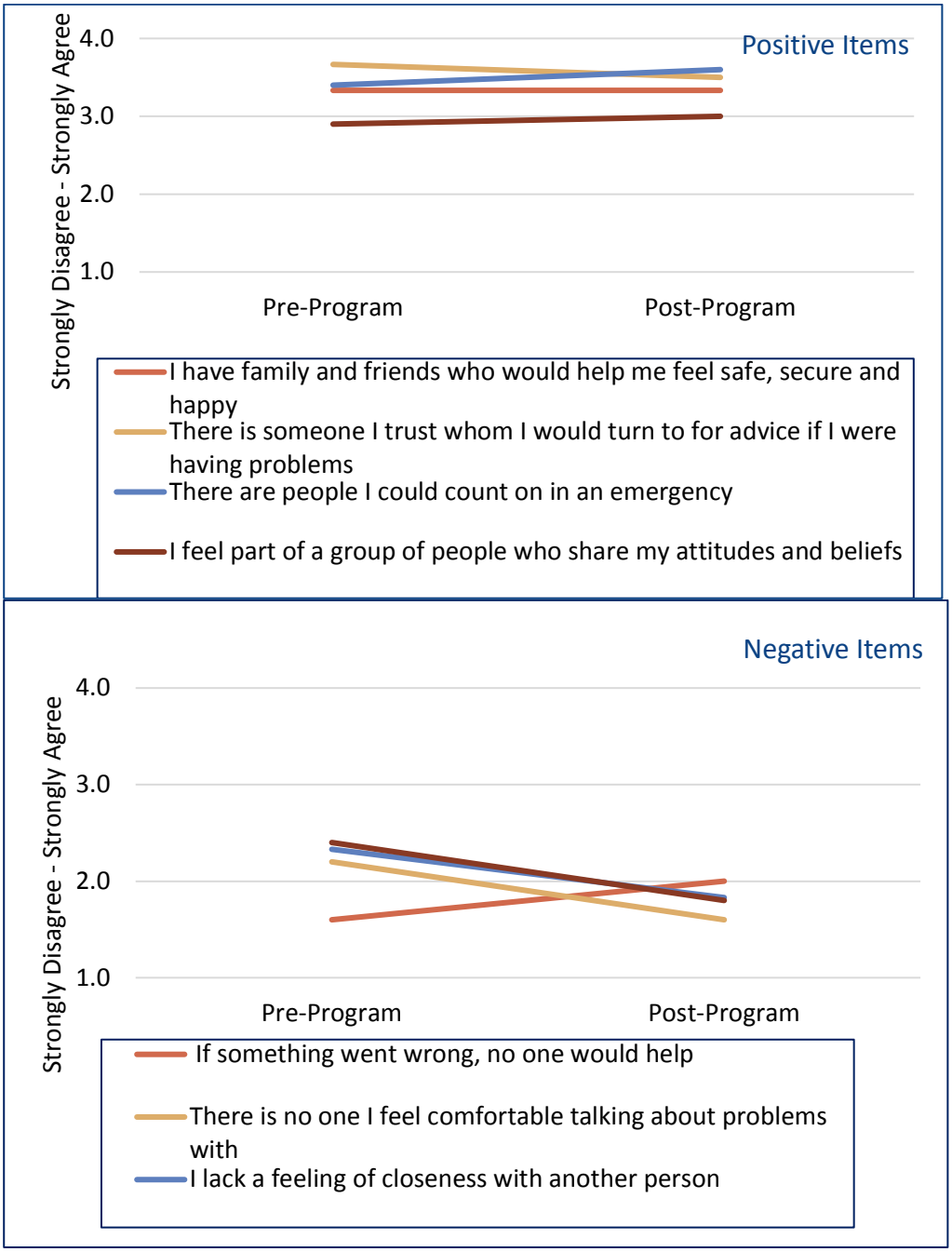
Women participants were asked to provide brief written feedback at the end of each program session. In addition, two women who had attended +SHIFT agreed to be interviewed about their experiences of the program. While the women came to the program with different perspectives, there were a number of themes in common emerging from feedback and interviews.

It was difficult and stressful going to the first session of the program, as the women did not know who would be in the group. Safety was a key theme, as the content and discussions could be intense and trigger traumatic memories. While women participants complained when one person dominated the discussion, the facilitators managed this in a positive and helpful way. The latter

were described as being open, non-judgemental and helping women feel safe enough in the group to "*be free to open up*". One woman noted that the group felt safer as it progressed.

> *"You knew you were safe, you knew you were getting something, you knew you were understanding."*

Figure 5. Mean scores for Social Provisions Scale: Pre-program and Post-program



The women interviewees were positive about program content – describing them as relevant and thought-provoking – "*every session I came away [with] something new*". Learning about safe boundaries, expressing feelings, intimacy and healthy relationships, were all seen as valuable. Topics could be confronting because they opened up memories and feelings about past trauma.

> *"You're always worried that your story is going to be the worst. But [after hearing other stories] you feel more normal."*

The women talked about learning to understand how "*the patterns of history and childhood"*, and the situation they are in, affect their decisions and their actions.

> *"Even though we do particular things, it is because we want to stop things in the short term, want to stop being hit."*

By the end of the program, the women reporting feeling more self-confident, having gained or re-gained a sense of self-worth and strength. They expressed that in future relationships they need to have some value in that relationship. On a practical note, the women reported that through the program they learned new strategies for approaching situations differently - to deal with the power dynamics in relationships, rise above them, or walk away when it is not safe.

> *"If you have a fire burning inside, they [the facilitators] help with steps to calm down."*

Feedback about the presentation of the program content focussed on two points. Some participants found it useful that resources and handouts were read aloud by the group as they found reading the handouts difficult. Use of a board to record and summarise discussion for everyone to see was also valued by participants.

3. Discussion

This report is based on a very small sample of seven women who participated in the +SHIFT program at Tarrengower prison in July-September 2019. Due to the length of the ethics approval processes, it was not possible to include data from the first program run at Tarrengower. Despite problems of generalization due to the smallness of the sample, the evaluation nevertheless can provide some indication of how the program was received by participants and what difference it made to their attitudes and use of violent behaviour. Comparison with the evaluation of community-based +SHIFT programs (46 women in total, 23 of whom provided pre-and post-program data) also provides context.

Women participants in the +SHIFT program at Tarrengower had enrolled in the program due to having used force themselves, but they reported that this was mostly in defence of themselves or their children, either in response to an assault, or proactively to "get in first". All had histories of abuse or trauma, and C-ABI evidence suggests that they had been subjected to far more violence than they had used themselves, reinforcing the defensive nature of their use of force. This is consistent with (or even greater than) the experiences of women participants in the community-based programs.

Changes in attitudes to violence and use of violent behaviour

Findings indicate that women's levels of anger and aggression were lower at the end of the program. These findings should be treated with caution due to the small sample size, and the decrease is smaller than that found in the community-based sample. However, the shift is reinforced by the descriptions given by women participants themselves of how their understanding grew and thinking changed during the course of the program. Change is a gradual

and lengthy process. Women participants reported learning to understand how past experiences of abuse and trauma have led to current behavioural responses to situations and new strategies to deal with conflict and stressful situations. These create a foundation for changed behaviour.

Mental Health and Psychological Distress

Women's mental health (and specifically distress, anxiety and depressive symptoms) has been shown to be negatively impacted by domestic violence trauma. Overall, little change in psychological distress was found among women participants. However, when the questions are examined in detail, a difference can be seen between those items where a positive change occurred and those which showed no change. It is interesting to note a much greater improvement on this measure in the community-based programs. The latter items - everything is an effort, so depressed that nothing could cheer and hopeless – could be seen as related to the aspect of women's situation which they cannot change. However, there was improvement in levels of restlessness, nervousness and sense of self-worth. These feelings relate more closely to the content and aims of +SHIFT. Indeed, women participants commented that they finished the program with a greater sense of self-worth. This greater self-confidence, in addition to a new toolbox of pro-social strategies for dealing with difficult situations, will assist women towards the development of healthier relationship patterns in the future.

Sources of Support

One of the aims of +SHIFT is to assist participants to build supportive social networks. This may lead to better emotional and practical support for many women and the development of healthier relationship patterns. Changes in women participants sense of isolation, having someone to turn to were minimal and mixed in the Tarrengower context, in contrast with positive results in the community. However, women's self-reported ability to look after themselves (go for a walk or do something positive for myself) when angry or depressed, did increase.

In a prison environment, where are limited opportunities to find new supportive relationships and avoid negative ones, it is to be expected that women's sense of support should not change significantly. However, the program has been successful in helping women access their inner resources at difficult times.

Presentation of the Program

Attendance was generally consistent across the program cycle under review, with absences mainly due to other commitments. While some of the women enrolled in the group following encouragement by prison staff, others became interested after hearing positive accounts of the first program.

Feedback about the environment created by facilitators was very positive. Individual change is facilitated by the participants feeling safe enough to open up their vulnerabilities to themselves and to others, and through this process some of their past and present experiences. Safety is created by facilitators' leadership in creating an open, respectful and non-judgemental space for discussion. In a prison environment where women participants have to interact with each other in between group sessions, attention to managing different personalities within the group is particularly important. This sense of safety was generally achieved in the program under evaluation. In addition, facilitators' warmth and engagement with women participants was a significant factor in women participants' own ongoing engagement with the program.

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Appendix A: British Medical Journal article

Open access Protocol

BMJ Open

Working with women who use force: a feasibility study protocol of the Positive (+)SHIFT group work programme in Australia

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To cite: Kertesz M, Humphreys C, Larance LY, *et al*. Working with women who use force: a feasibility study protocol of the Positive (+)SHIFT group work programme in Australia. *BMJ Open* 2019;**9**:e027496. doi:10.1136/bmjopen-2018-027496

► Prepublication history for this paper is available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2018-027496).

Received 25 October 2018
Revised 13 March 2019
Accepted 14 March 2019

Check for updates

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ABSTRACT

Introduction This study assesses the feasibility of the Positive Shift (+SHIFT) programme in the context of legal responses and social welfare provision in the state of Victoria, Australia. The +SHIFT programme, adapted from the Vista curriculum, is a group work and case management programme for women who use force. Building on traditional survivor support group strengths, the programme facilitates participants' engagement with viable alternatives to force while promoting healing. The study also aims to increase understanding about the characteristics and needs of women who use force in Australia.

Methods and analysis This feasibility study will assess the +SHIFT programme's appropriateness in addressing women's use of force in the Victorian context. Process evaluation will be undertaken to identify recruitment, retention, women's participation, barriers to implementation, the appropriateness of proposed outcome measures and other issues. The feasibility of an outcome evaluation which would employ a longitudinal mixed methods design with measures administered at preprogramme, programme completion and 3 months postprogramme time points, along with semistructured interviews with participants, programme staff and referring professionals, will also be assessed.

Ethics and dissemination Research ethics approval was obtained from the University of Melbourne Human Research Ethics Committee. Results of the study will be communicated to the programme providers as part of the action research process evaluation methodology. On completion, final results will be reported to programme providers and funding bodies, and published in academic journals and presented at national and international conferences.

Strengths and limitations of this study

- A study strength is the triangulated data collection. This includes outcome measures, supplemented by qualitative data gathered through semistructured interviews, necessary to understand programme dynamics. Observations and perspectives will be gathered from participants, programme staff and referring professionals.
- The longitudinal design allows early examination of programme feasibility in facilitating women's use of viable alternatives to using force, healing from trauma and the intervention's sustainability in the Victorian context.
- The 9-month programme time frame restricts follow-up data collection to 3 months postprogramme rather than a preferred 6 months and contributes to piloting rather than a trial at this stage.
- Programme recruitment may be slow and the sample size is smaller than anticipated. The study will be focused on feasibility rather than efficacy.

BACKGROUND

The Positive Support and Healing creates Innovative Forward Thinking (+SHIFT) programme is a group work and case management programme addressing women's use of force. The provision of a service response for this group of women raises complicated issues of definition, the change process which underpins the programme and potential referral pathways. +SHIFT nevertheless represents a potentially exciting innovation and a significant development in the Australian service system.

The feasibility of providing a service to this group of women is the subject of the proposed evaluation and this protocol paper.

Definitional issues

The initial response to the use of the term 'women who use force' is to ask why not use the term 'female perpetrators' or 'women who use violence', the same terms used for men but noting the gender difference. The question goes to the heart of the +SHIFT programme's development—while women who use force are not a homogenous group, the ways in which they predominantly use violence and abuse in their relationships differ markedly from the dominant patterns

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of male violence towards women in 'motivation, intent and impact'.[1] Patterns of women's use of force continue to emerge from research that is specifically focused on community-based domestic violence services.[2–8]

Central to recognising 'motivation, intent and impact' is placing the use of violence and abuse in context. It goes beyond a narrow understanding of 'physical assault', which has often been used to measure violence.[9] Instead, the patterns of abuse and impact need to be explored. It is argued that the use of coercive control is the pattern frequently used in male perpetrated domestic violence, in which power over partners and ex-partners is established through intimidation, a wide range of tactics of abuse (financial abuse, emotional degradation, isolation, undermining the mother–child relationship, sexual assault, physical assaults) and oppression that draws on the wider cultural mores that generally privilege male dominance over women.[10]

In general, women who use force in their intimate heterosexual relationships are often abused by their male partners;[6 11 12] motivated to use force for a range of reasons including protecting themselves and their children and asserting their dignity;[11 12] and face severe relationship and societal consequences.[10 13] Larance and Rousson analysed 239 unduplicated programme participants during 6 years of a group work co-facilitation, of which 90% of the women were referred by probation or the courts.[5] They argue that most women were *wanting* power through the assertion of personal autonomy from a partner (use of force) rather than *having* power through the exercise of personal authority over a partner (coercive control).[5] The use of force may involve primary or retaliatory aggression with the motivation of gaining short-term control over a situation, rather than an ongoing pattern of coercion and tactics of abuse which create fear and subjugation of the victim.[3] Further evidence of the contrasting patterns is provided by Miller *et al* who observed men and women directed by the courts to single sex group work programmes for their use of violence.[7] The researchers found that 95% of the 95 women were not 'batterers' (ie, they were not using violence to control others) but rather were involved in defensive behaviour or using force in the short term out of frustration with the abusive behaviour used against them by their partners.[6] They talked openly about the incidents that led to their arrest and tended to blame themselves rather than others. By contrast, the men's group was dominated by men who protested their innocence, and blamed others despite evidence of ongoing acts of violence.

The British Crime Survey with its module on experiences of personal violence may shed further light on this issue.[14] Analysis of these self-completed questionnaires showed that approximately 25% of women aged over 16 experienced some form of non-sexual domestic abuse.[14] However, the survey also showed (using the same definition) that approximately 17% of men had also experienced domestic abuse since the age of 16. While this is a significantly smaller percentage than that experienced by women, it is nevertheless considerable. Importantly, when the number of incidents in a 12-month period was examined, 81% were male violence against women, and of those who suffered four or more incidents, 89% were women.[14] Men were three times less likely than women to be living in fear and three times less likely to be injured. The data suggest that women are involved in perpetrating significantly fewer incidents and these are creating little fear or injury. These data are complemented by detailed analysis of police files in northern England.[15] The majority of men (83%) had at least two incidents recorded, whereas when women were named as perpetrators, in 62% of cases, only one incident was recorded.[15] The data showed the severity of violence by men was also much greater.

The patterns of violence also raise serious questions about the misidentification of female perpetrators of violence by police and the courts. Programmes for women in the USA initially developed following legislation mandating arrest in cases of domestic violence.[16] In this 'gendered injustice'[17] process many women became 'caught' in the criminal justice system when they were not the predominant aggressor.[2] Recent research highlights the difficulties in identifying victims of coercive control.[18] These concerns are live in the Victorian context, where women are being misidentified as perpetrators of violence, due to their violent male partners manipulating the police as an act of coercive control.[19]

The impact for women who use force suggests that while they may harm others in this process, their use of force will frequently result in greater adverse consequences to themselves.[12] They have negligible effect on changing the behaviour of their partners who are generally not afraid of them.[6] Most women who use force are themselves survivors of domestic violence either in their current or past adult relationships, or through childhood experiences in their families of origin.[3 7 20]

Given the complexity of the issues involved, sustainable, effective programmes for women who use force have been slow to develop with issues of feasibility needing to be tested.

Programme development

The dynamics associated with women's use of force, and that of coercive control,[21] call for the development of gender-responsive programming that addresses intersectional identities.[22–24] Programme design must acknowledge women's victimisation and trauma history, while simultaneously facilitating awareness of viable non-forceful alternatives.[5 6 25] In Victoria, Australia, the Vista programme framework,[3 26] which provides a contextual view of women who have used force, has been identified as the most appropriate to tailor to the Australian context as +SHIFT and test for feasibility.

The Vista programme was attractive because it actively engaged participants in its development; was identified by the antiviolence service sector as a gender responsive service;[27] recognised that women who use force are often domestic violence survivors; and is currently

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used by a range of entities including the US Air Force's Family Advocacy Program, where it is currently being evaluated. Additionally, the programme is grounded in an ecological approach which recognises and situates women's use of force in its wider sociocultural context; it is trauma informed in its approach; and it is designed to heal as well as challenge. Other programmes such as *Beyond Violence* developed by Covington were also explored.[28] However, while showing promising evaluation results, the programme is not specific to family violence, and has been implemented in Australia primarily with incarcerated women.

Because +SHIFT has been adapted from the Vista curriculum, it requires feasibility testing for implementation in the Australian context. For example, while the Vista curriculum is typically run as a continuing group, with new participants entering the group at any point in the session cycle, +SHIFT will be piloted as a 16-session group programme, closed to new participants once the programme has commenced. Additionally, +SHIFT eligibility will be more inclusive, for example, participants who have used force in the context of kinship care (eg, the children's mother assaulting her own mother who has care of the children), in same-sex relationships, and as extended family members.[29]

A key feasibility testing issue lies in whether organisations (justice and human services) will refer women to the +SHIFT groups, and whether women referred and assessed as suitable will attend. Most US-based programme referrals are Child Protection and/or court mandated.[4 16] This route is not as common in the Victorian context for men who use violence, and there is an assumption that the referrals for women who use force will be through the community-based organisations as well as corrections, police and the courts. In the latter case, civil protection orders may have a condition to attend, rather than the order mandated through criminal proceedings.

STUDY AIMS AND RESEARCH QUESTIONS

The primary study aim is to implement and evaluate the +SHIFT programme for Australian women who use force, a Vista programme[26] adaptation. The study will address research questions in three areas:

1. Is +SHIFT a feasible service model within the Australian context?
   - A. How effectively is the programme reaching its target group?
   - B. What are the barriers and enablers to service use?
   - C. Are there process and impact differences between metropolitan and rural sites?
2. Does +SHIFT provide an effective practice framework for Australian women who use force?
   - A. What were women's experiences of, and engagement with, the programme and how can their satisfaction be increased?
   - B. How have programme activities been implemented and adapted, and what are the consequences?
   - C. What strengths and weaknesses have appeared as the programme was implemented?
   - D. Which components of the programme are most effective in assisting women to change (eg, group work, case management, materials, delivery quality)?
3. Are the proposed outcome measures useful in assessing outcomes for +SHIFT participants in terms of:
   - A. Changes in women's attitudes to violence and use of violent behaviour?
   - B. Changes in the impact of women's experience of trauma?
   - C. Sustainability of changes in attitudes to violent behaviour and trauma experience?

METHODS AND ANALYSIS

Study design and timeline

+SHIFT will be implemented at three community-based domestic violence intervention service sites between October 2018 and June 2019. All three regions, two in metropolitan Melbourne and one in regional Victoria, have been identified as having high levels of domestic violence. The metropolitan sites differ in that one is located in an area serviced by a 'Support and Safety Hub', a single coordinated entry point to services for families experiencing domestic violence or needing other supports.

The study will adopt a mixed methods approach[30] to assess programme feasibility in relation to programme content and quality of delivery, participant recruitment, engagement and retention (process evaluation) and the feasibility of selected measures in providing information about the change process.

Process evaluation

The process evaluation, focusing on programme implementation, will follow an action research methodology, with researchers participating in training and programme development, and attending steering committee meetings as participant observers. A process evaluation is useful for understanding how programme impact and outcome are achieved and for programme replication. It is also relevant to understanding the relationships required to ensure programme efficacy, particularly where the intervention is controversial.[31] The process evaluation will identify issues such as recruitment, retention and barriers to implementation and women's participation and views on the programme components and the quality of delivery. Process evaluation data collection will be undertaken through interviews with three referring professionals in each of the three regions: interviews with all facilitators and other programme staff; client satisfaction forms; and analysis of demographic and programme data.

Feasibility testing of outcome measures

The longitudinal design for the testing of outcomes measures will involve data collection at three time points:

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Table 1 +SHIFT project outcome measures to be trialled and data collection time points

Outcome	Measure	Preprogramme	Postprogramme	Follow-up
Primary outcome An expanded repertoire of behaviour options that women can use as viable alternatives to using force	Buss-Perry Aggression Scale-Short Form	✓	✓	✓
	Contextual Abusive Behavior Inventory	✓		
	Women's Use of Force Programming Questionnaire (revised)	✓	✓	✓
Secondary outcomes				
Changes in mental health	Kessler 6 (measure of psychological distress, anxiety and depressive symptoms)	✓	✓	✓
Social supports in place	Social Provisions Scale	✓	✓	✓

preintervention—during assessment interviews immediately prior to programme commencement; postintervention—within 1 week of the final session; and 3 months following the final session (follow-up)—see table 1. Data will be collected using self-administered questionnaires incorporating validated outcome measures at these three time points: assessment and programme data; and qualitative interviews with three women participants from each programme cycle and all programme staff at postintervention and follow-up.

The intervention

The +SHIFT programme is a 16-session group work and case management programme, adapted from the Vista programme curriculum developed by Larance and colleagues, in the USA as a contextual response to the complex needs of women referred by the judicial system to behaviour change programmes.[26] Like Vista, +SHIFT takes a therapeutic, gender-responsive, trauma-informed approach, addressing intersectional identities while facilitating participants' engagement with viable alternatives to force and promoting healing.

The intervention includes several components:

1. Assessment and engagement. While this is the first step in serving women, it is conceptualised as an ongoing process throughout a woman's contact with programme staff.[20] The Family Violence Risk Assessment and Risk Management Framework[32] will be incorporated into the assessment to identify risk factors associated with family violence. In addition, the Contextual Abusive Behavior Inventory[3] will be used at intake to assist women in seeing the contexts in which their use of force has occurred, and to facilitate the beginning of therapeutic conversations.
2. Sixteen group sessions of 2 hours each. Group sessions will occur twice weekly during the first programme cycle. Later programme cycles will offer group sessions once a week for 16 weeks. Group session content addresses a range of issues, including personal identity, impact of force on self and others, defence mechanisms, personal boundaries, shame, communication strategies, protection planning and healthy relationship dynamics. Each session is presented within the ecological nested model framework,[33] paying attention to sociocultural issues and how such issues impact women's perceptions of viable alternatives to using force.
3. Individual case management offered throughout the intervention period to women participants. The groups will be free of charge, and assistance with transport and childcare will be offered. There will be limited involvement with women's family members—assistance with referrals to appropriate services will be offered.

Inclusion and exclusion criteria

Programme inclusion criteria:

- Women aged 18 years and over who use force in their relationships with other adult family members.

Programme exclusion criteria:

- Current drug/alcohol use at levels which hinder effective programme participation.
- Mental illness that includes psychosis or delusions.
- Severe cognitive limitations.
- Medical conditions constituting the primary cause of violence (eg, acquired brain injury).
- Continued lack of commitment by a woman to increasing her safety or changing her behaviour that causes disruption to the group.

Service providers and training and programme fidelity

The programme will be provided by two agencies with established histories of domestic violence service provision. Programme staff will be required to take part in a 3-day training course provided by the third author.

As the programme will be implemented at separate sites with different facilitators, ensuring programme fidelity across programme cycles is essential. While some group facilitation nuance is built in, due to the diversity of women and their individual histories of trauma and use of force, fundamental programme principles and core content should remain consistent. To this end, a range of strategies will be employed. Two facilitators will attend each group session, and an observer trained in the +SHIFT programme model will attend selected sessions of each programme cycle. The programme manager will provide regular supervision to facilitators

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and the third author will lead and support reflective practice on a weekly basis.

Sampling and recruitment

+SHIFT will run three times at three separate locations over 9 months—a total of nine programme cycles. Up to 10 participants are expected to take part in each programme cycle, with a possible total of 90 participants. However, due to this new service provision area, intake numbers may be smaller.

Programme participants will be recruited through a range of services, including courts, police, child protection and domestic violence services. Flyers will be circulated to potential referring agencies and staff will also proactively provide outreach.

Evaluative data collection activities are built into the programme design. Once participants are assessed as eligible, they will be invited by programme staff to take part in the evaluation. Consent or non-consent will then be recorded. All programme participants will be asked to complete the self-administered questionnaires. Three randomly selected participants from each programme cycle will be invited to take part in the postintervention semistructured interview, and then again in a follow-up interview, to obtain detail about their programme experiences. Participants who drop out during a programme cycle, or do not attend all 16 sessions, will still be invited to complete the postintervention and follow-up questionnaires. Women who participate in the evaluation will receive a small honorarium at each point of data collection to recognise their time and costs.

Programme staff will be invited to participate in a semistructured, postintervention interview after each programme cycle. In addition, a small number of referring professionals will be identified through the facilitators and approached by the researchers to participate in semistructured interviews.

Data management

To ensure anonymity, programme participants and professionals will each be assigned a unique research ID for use throughout the study. Data will be collected in paper questionnaires and electronic spreadsheets by programme staff and transferred to a secure electronic database at the University of Melbourne. Interviews will be recorded (with consent), transcribed and similarly stored in an NVivo database.

Measures to be assessed for feasibility

When considering outcome measures to be trialled, validated psychological measures were initially reviewed with a preference for brief measures to reduce participant burden. However, this is a relatively new area of research and validated instruments that directly match our objective of providing women with viable alternatives to using force and assisting them to heal from trauma are underdeveloped. As a result, validated scales have been combined with more contextualised but unvalidated intervention tools, developed specifically for programmes using the Vista curriculum. Table 1 summarises outcomes, measures and data collection time points.

Buss-Perry Aggression Scale-Short Form

The primary outcome for +SHIFT is that women have access to an expanded repertoire of viable alternatives to using force. The Buss-Perry Aggression Scale-Short Form (BPAQ-SF)[34] will be assessed as a measure of change in women's anger and aggressive behaviour over the course of the programme. The BPAQ-SF is invariant across genders and is based on one of the most popular validated measures of aggression.[35] It consists of 12 items, three items for each of four factors: physical aggression, verbal aggression, anger and hostility. Items are rated on a 5-point scale, ranging from 'very unlike me' to 'very like me'.

Contextualised measures for assessment and evaluation

Given the patterns of women's use of force highlighted in the literature and discussed earlier in this paper, greater insight into the context of women's anger, as well as their use of force, is required than may be provided by the *BPAQ-SF* alone, particularly as women are more likely than men to take responsibility for their behaviour.[6 8 10 12 36] The *Contextual Abusive Behavior Inventory*[5 25] does not assess change, but though not yet validated, it provides a platform for understanding the factors contributing to women's use of force, and is a tool suitable for assessment, therapeutic and evaluative purposes. The inventory records acts of violence both perpetrated by, and inflicted on, women. It comprises 44 items that cover physical, sexual and psychological aggression. Respondents are asked to indicate whether they have performed the act or whether this act was used against them by their partner and as many ex-partners as they wish. It is essential that this information is situated within the larger intake narrative to properly contextualise their actions. Similarly, the *Women's Use of Force Programming Questionnaire*[37] was developed to assess changes in women's sense of responsibility for their actions, shame and coping strategies. It consists of a combination of multiple-choice and open questions, so as to obtain qualitative contextual detail.

Kessler-6

Women's mental health has been shown to be negatively impacted by domestic violence trauma.[38] Therefore, levels of psychological distress will be assessed using the *Kessler-6*, a widely used screening tool for mood and anxiety disorders. This scale has been shown to be consistent across different sociodemographic samples and is widely used for its brevity.[39] Respondents are asked to rate how often they experienced symptoms in the preceding 30 days on a 5-point or 7-point scale. It comprises six questions, with scales varying per item from a range of 1 to 5, to 1 to 7 for other items. Questions relate to how the respondent has been feeling during the past 30 days and so this measure will reflect women's current states of mental health.

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Social Provisions Scale

Social support is an important part of maintaining both healthy relationships as well as mental health.[40 41] +SHIFT envisages that women will develop social support networks with other women in the programme, as well as use the skills they learn to more fully develop existing and new social connections. Changes in social support will be assessed by a shortened version of the *Social Provisions Scale*,[42] consisting of eight items. Participants are asked to rate their agreement (1=strongly disagree to 4=strongly agree) with statements about the supports and relationships they had in their life. The +SHIFT version of this scale comprises two items from each of the Social Provisions Subscales of guidance, social integration, attachment and reliable alliance.

Data analysis

Qualitative and quantitative data will be collected for this project. In line with recently published mixed methods evaluations,[43 44] the two forms of data will be analysed separately and then synthesised.

The quantitative data will be analysed with the assistance of SPSS version 25 software. Analysis will include descriptive analysis of frequencies and cross-tabulation.

The qualitative data will be analysed by collection source according to the thematic analysis method set out by Braun and Clarke.[45] This form of thematic analysis involves an inductive coding process assisted by NVivo software, where patterns of ideas or actions are identified and brought together into meaningful groups. The qualitative data will provide detailed and in-depth data to capture the broad context of women's experiences that are not captured in measures.

Participant and public involvement

The +SHIFT programme was adapted by staff from the organisations involved in implementing the programme, who were also consulted about the development of the research questions, methodology and tools. Neither the public nor potential participants were involved at this developmental stage, but their views will be obtained during the process evaluation to assess feasibility and improve programme delivery. Interested study participants will receive a summary of the study findings.

ETHICS AND DISSEMINATION

Research ethics approval was obtained from the University of Melbourne Human Research Ethics Committee (ID1852266.1). Results of the study will be communicated to the programme providers as part of the action research process evaluation methodology. On completion, final results will be reported to programme providers and funding bodies, and published in academic journals and presented at national and international conferences.

DISCUSSION

Across Australia, programmes for women who have used force are limited to those designed for incarcerated women. Thus, there is an urgent need for community-based programmes.

This study aims to assess the feasibility of such a programme, +SHIFT, in the context of Victoria, Australia, offering participants the opportunity to engage with viable alternatives to their use of force and heal from trauma. This feasibility study is necessary to test the implementation of a group work and case management programme in a range of community-based urban and regional settings, while retaining fidelity to the model's approach. The programme will be implemented in a variety of legal and social welfare contexts, which differ from the American setting where the Vista programme was originally developed. It will also vary between different Australian metropolitan and regional settings.

While international literature about women who use force, and how communities are responding, is increasing, current knowledge of the Australian context is minimal. Further Australian research is required to better understand women's use of force and to develop more nuanced ways of understanding and addressing domestic violence. If feasible, these findings will inform future trialling and expansion of the +SHIFT programme within Australia and contribute to international knowledge building in this under-researched area.

Acknowledgements We give special thanks to our colleagues at Baptcare, Berry Street and Curtin University for their assistance with the development of the programme and its evaluation.

Contributors CH, DV and MK are chief investigators. CH, MK, AS-S and GO each prepared parts of the manuscript. LYL designed the Vista programme and acts as a consultant to the project. She is currently a doctoral candidate at the University of Michigan in Ann Arbor, MI, USA. DV is an agency manager and oversees the programme trial. All authors reviewed and approved the final version of this manuscript.

Funding The programme trial is funded by Family Safety Victoria (Victorian Government) as one of the New Community-based Family Violence Perpetrator Intervention Trials, Grant No P13063. The evaluation is supported by the Federal Department of Social Services under their National Initiatives programme (Activity: Female Perpetrators 4-83U9UNQ).

Disclaimer Neither funding body has played a role in the design or conduct of the study.

Competing interests None declared.

Patient consent for publication Not required.

Ethics approval University of Melbourne Human Research Ethics Committee (ID1852266.1)

Provenance and peer review Not commissioned; externally peer reviewed.

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