



Baptcare

## Volume 1

Executive Summary | Positive Shift Program | Evaluation of Positive Shift | Practice Framework

# Women who use force

Final Report of the 2018-2180 – Perpetrators Package – Female Perpetrators Activity: Department of Social Services

August 2020



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## The Report consists of 4 Volumes:

Volume 1	Executive Summary, Positive Shift Program, Evaluation of Positive Shift, and Practice Framework
Volume 2	International Literature Review
Volume 3	National Workforce Survey
Volume 4	Positive Shift Curriculum

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# Terminology

## ***Women who use force***

This term 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 has 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, 2012).

## ***Use of Force***

Physically, verbally, and emotionally detrimental behaviours used toward an intimate partner to gain short term control of chaotic, or abusive and/or intimidatory situations (Dasgupta, 2002; House, 2001; Larance, 2006; Osthoff, 2002).

## ***Domestic and Family Violence (DFV)***

Domestic violence refers to “an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening”. This may include physical, verbal, emotional, financial or sexual violence. Family violence refers to a broader range of marital and kinship relationships in which violence may occur. For this reason, it is the most widely used term to identify the experiences of Indigenous people. (Council of Australian Governments, 2010)

## ***Victim/survivor***

This term is used to describe people (usually women and children) who have been subjected to violence, abuse or coercive control in childhood and adulthood. The term recognises the agency of these people in acting to survive their experiences.



# Executive Summary

## Background to the research program

The contentious and complex issue of ‘women who use force’ is a little explored issue 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. Recent Australian research confirms a pattern of gender-based violence in this country. While the dominant pattern of DFV is male violence perpetrated against women, there are some women who use force against adult members of their families. The majority of these women are themselves victims/survivors of DFV.

Recent research has highlighted the importance of developing services for this population. While a heterogeneous group, women who use force is described as differing in motivation, intent and impact from male perpetrators of violence (Kertesz et al, 2019). The University of Melbourne, in collaboration with Curtin University and Baptcare, has therefore undertaken a research program to investigate issues relating to women who use force in the Australian context and trial a service response for this population. The collaborative partnership has brought together academic expertise in family violence and perpetrator research with Baptcare’s service experience.

## The DSS-funded research program

The research program has been funded by a Department of Social Services funding scheme - *Perpetrator Package - Female Perpetrators Grant* – which provides seed funding for new, innovative community-based projects that identify gaps in delivery of perpetrator services and trial of innovative solutions.

The objectives of the research program are to:

- develop the Australian knowledge base about issues specific to women who use force
- increase the capacity of services and workers to respond effectively to women who use force
- raise awareness of the issues specific to this cohort, including their potential history of victimisation
- decrease the use of force by women in their relationships.

The research program consisted of a number of components, presented in several volumes:

- |   |            |
|---|------------|
| 1. a pilot of the Positive Shift program for women who use force in three Victorian locations (Baptcare and Berry Street);  | Vol. 1     |
| 2. development of a practice framework for programs which respond to women who use force in Australia, including a brief framework document and a curriculum for Positive Shift (all project partners); | Vol. 1 & 4 |
| 3. an evaluation of the pilot, including interviews with women participating in the program, relevant workers and referrers to the program (University of Melbourne);                                   | Vol. 1     |
| 4. an international literature review of programs and service responses to women who use force (Curtin University);   | Vol. 2     |
| 5. an Australia-wide online workforce survey (Curtin University);   | Vol. 3     |

## International literature review

The international literature review - *Women who use Force in a Family Context: Scoping Reviews* (Volume 2) - conducted by the research team at Curtin University, addressed the questions: *What is known about women who use force, and what programs are available internationally which can inform this work?*

The report addresses the controversy in research and practice between a gendered analysis of DFV, in which physical and non-physical violence are seen to exert power and coercive control over women and children, and gender symmetry theories, which suggest that women perpetrate DFV at similar or higher rates than men. While no peer-reviewed studies were identified that addressed population-level prevalence data for women's use of force, the Australian Personal Safety Survey makes it clear that DFV in Australia is gender-based, that women are far more likely than men to experience violence (Australian Bureau of Statistics, 2017). Where 'mutual violence' has been identified, the violence is often asymmetrical, with men being more controlling and coercive than women. Reported links between women's use of force, mental health problems and alcohol or drug use should be treated with caution as the evidence is inconclusive.

Typologies used to categorise men's violence, such as impulsive versus premeditated violence, do not appear to fit women's use of force. While some studies have classified women as generally violent or partner-only violent women, a much larger number have explored the context in which women use force, finding that it differs from men's violence in motivation, intent and impact. Women use more psychological, verbal and emotional force than other kinds. Physical force, when used, is more likely to be minor or moderate, rather than severe. Motivations for the use of force by women most commonly identified in the literature include self-defence, retaliation, anger and stress.

There is strong evidence that women who use force have experienced high rates of DFV and childhood abuse victimisation. A contextualised and trauma informed approach to assessment and intervention is therefore essential. A number of programs addressing women's use of force were identified. While many of these are based on approaches designed for male perpetrators of DFV, some programs incorporate a contextualised understanding of women's use of force and may be applicable to the Australian context.

## National Workforce Survey

*Women who use Force in a Family Context: National Workforce Survey* (Volume 3) reports on a national online survey of the Australian community services sector which was conducted by the research team at Curtin University to investigate workforce requirements for responding to women who use force.

This is the first national survey of its kind to identify the current knowledge, understandings and responses to women's use of force in the Australian Community Services sector, including the DFV sector. A total of 278 participants completed the survey, with responses from all Australian jurisdictions and from professionals in a cross section of service types.

Across the workforce, there are varying understandings and definitions of what constitutes women's use of force and the extent to which it is considered different from men. The findings indicated study participants view that women's use of force is mostly situational, sometimes mutual with power and control seen as less frequent, and more typical of same-sex than heterosexual relationships. Respondents reported that on average women often use verbal abuse, sometimes use physical and emotional force, and rarely use economic, social and spiritual abuse, and sexual coercion. Many respondents also stressed that an understanding of the context of force is vital.

The survey inquired into how women's use of force is identified by practitioners. The most common method is through women's self-disclosure. Self-disclosure has not been found to be reliable in studies of men's violence. While women are more likely to self-disclose, there are very real deterrents in the fear of consequences through child protection or family court proceedings. Other common sources are referral



forms, general assessment and risk assessment processes. However, questions regarding this issue are not generally included in assessments. Further, when a woman is identified as using force, study participants report that they do not know of specific services addressing this issue. The misidentification of women as 'primary aggressor' in DFV incidents or court orders was highlighted as an area of particular concern.

For professionals working with this target population, a knowledge of DFV and its impacts, and trauma-informed practice were considered the most important areas of professional knowledge, while empathy was also highly valued as an attribute for workers in this field. The report identifies that there is some urgency in building knowledge about this area of work, as women who use force are seen regularly by study participants in their work.

## The Positive Shift Program

The *Positive Support and Healing creates Innovative Forward Thinking* (Positive Shift) Program is a 16-session group work and case management program for women who use force, adapted from the VISTA Program (Larance et al., 2009). The program takes a therapeutic, gender-responsive, trauma-informed approach, building on the strengths of traditional survivor support groups. Positive Shift addresses intersectional identities and promotes healing, while facilitating participants' engagement with viable alternatives to force. In addition to program content introduced through group sessions, the intervention focuses on ongoing assessment and engagement, and provides individual case support.

In 2018, Baptcare (as the lead agency) in partnership with Berry Street implemented a trial of the Positive Shift program, adapted for the Australian context from the Vista framework. Between October 2018 and June 2019, ten Positive Shift programs were offered, at three locations - two in the Melbourne metropolitan area and one in a major regional centre in Victoria. These were community-based programs. (In addition, and separately from this research program, Baptcare has piloted the program in a minimum security women's prison, in April-May and again in July-September 2019. A separate evaluation of the second program shows promising results.)

Across all programs 23 women completed the program during this period. However, considerable attrition was observed at different stages, at referral (291) to assessment (90) to group commencement (49) to completion (23)

A large number of inappropriate referrals suggests that, while there is interest in the program, more work needs to be done to educate the community about the program's aims, philosophy and eligibility criteria. The range of referral sources listed for the early months of the program suggests that the program has gained most traction in services which view women participants as perpetrators or offenders, rather than as victims/survivors. Further investigation is needed to understand why women do not follow through to the program after initial contact is made, and what factors lead women to leave the program without completing it.

Considering the newness of Positive Shift, the challenges described above in advertising the program and its specific approach, and in recruiting and engaging participants, are not surprising. It takes time for a new program to become known and understood, particularly one which takes a different approach.

### Limitations to the research on the Positive Shift program

The evaluation of Positive Shift reviews the first 12 months development and implementation of the program. Issues relating to introducing a program of this nature into the service system, and the need to ensure that women referred to the program were program-ready, resulted in a smaller than expected sample for evaluating the effectiveness of the program. Given the smallness of the sample of 22 women, findings for program effectiveness are indicators only, and need to be confirmed with a larger sample.

## Profile of Positive Shift participants

Women participants in the Positive Shift groups had enrolled in the program due to having been seen to use force themselves. A close examination of women's narratives and accounts of past abuse reveal a diverse group of women, from many walks of life, and with a range of traumatic experiences in their past. It is in this context that they lost their tempers, or defended themselves and their children. While these women were referred to the program for use of force, it is their experience of being victims/survivors that is the common element. Yet, the women themselves do not all identify themselves in this way. By the time they attended the program, many women had moved on from the relationship in which the triggering incident had taken place, and this speaks to the nature of the program as an opportunity for healing. In the ways that women speak of their experiences, they reveal themselves to be both victim and user of force at different times.

## Program Effectiveness

The findings for program effectiveness are based on a sample of 22 women who completed both pre and post-program questionnaires, and a smaller number of nine women who agreed to be interviewed in greater depth about whether and how the program had helped them. Follow-up data to examine whether change is sustained up to six months after the program finished is not available, as to date women have not been responsive to follow-up recruitment.

Encouraging positive and significant changes were observed across all areas of measure, as summarised in the following paragraphs. However, it should be noted that the paired samples t-tests used lack power to draw significant conclusions, due to the small sample size.

Findings indicate that women's levels of anger and aggression were lower at the end of the program. This change is amplified by the descriptions given by women participants themselves of how their understanding grew and thinking changed during the course of the program.

Women's mental health (specifically distress, anxiety and depressive symptoms) has been shown to be negatively impacted by domestic violence trauma. Overall women reported feeling less psychological distress at the end of the program.

Participants felt more supported in their social networks at the end of the program and more able to act on their negative feelings, primarily by relying on their inner resources. It appears that the group process may have helped women in the context of the supportive +SHIFT group, but there was less change to emergency support networks. Women reported that when they were not feeling good, the supports outside themselves had not changed significantly. However, their self-confidence and sense of self-worth did increase enormously, and women spoke of this specifically in the interviews.

For the interviewed women, the aspects of the group process which helped them the most powerfully were several. The connection with a group of women who shared similar experiences broke down the isolation of shame and provided women with others who would support and encourage them, and in some cases, ongoing friendships. Acquiring a greater knowledge of violence and abuse, and through that an understanding that traumatic experiences can lead to destructive patterns of behaviour, allowed women to make choices about their future actions. Learning about healthy relationships and skills and strategies to deal with difficult people and situations helped women to build more respectful relationships with others, and to act more in tune with their own sense of integrity. Women talked about becoming aware of their own needs and learning how to ensure they are met.

## Profile of Positive Shift in the Community

While the facilitators engaged enthusiastically in the promotion of the program, there is evidence of a lag effect in terms of capacity building regarding education and support for women who use force. The program has been advertised as an intervention for women who use force, and this has caused some

unease in the DFV service sector, as the name appears to feed into the common misidentification of women as ‘primary aggressor’ when they are victims/survivors of DFV perpetrated by male partners. As was mentioned above, most referrals have come from organisations who view these women primarily as users of violence, rather than as victims.

Recent management discussion of these community attitudes towards the program has resulted in plans to revise publicity materials so as to provide more detail for professionals regarding the therapeutic philosophy and aims of Positive Shift. There is a need to clarify that the program’s focus is gender-responsive, trauma-informed, healing and non-judgemental. It is proposed that the current program tagline “*Positive Shift: a program for women who use force in their intimate relationships*” be revised to “*Positive Shift: A healing program for women to explore family safety and viable alternatives to force in their intimate relationships*”. This is currently under review by program staff.

## **A feasible service model within the Australian context**

The Vista curriculum has been revised and updated to make it suitable for the Australian context. Revisions have primarily been to language and to the participant resources. The new **Positive Shift Curriculum** is included as Volume 4 of this report.

While the uncertainties of the implementation period caused confusion and discomfort for some staff, a strength of the program’s implementation has been the clinical support provided on a regular basis through supervision and team reflective practice. Continuation of this support, along with well-planned group scheduling and human resources planning, is critical given the difficult and complex nature of the work.

Drawing on the experience of implementing Positive Shift in Australia, and the knowledge and understanding acquired through the **International Literature Review** (Volume 2), the **National Workforce Survey** (Volume 3) and the **Program Evaluation** (included in Volume 1), a practice framework has been developed. The **Australian Practice Framework** (see Volume 1 of the report) sets out the underlying theories and frameworks, the principles, and practice guidelines for any program intervening with this group of women. It also discusses the advantages and disadvantages of group work and one-to-one work intervention modalities, emphasises the critical importance of clinical support for program staff, and discusses record-keeping issues and community engagement and education activities.

As was established through Curtin University’s **National Workforce Survey** (Volume 3), professionals in a range of sectors regularly see women who have used force, and would benefit from the Positive Shift program, because of its capacity to recognise that the victim/perpetrator distinction is not always a clear distinction. Senior program staff also report widespread interest in Positive Shift from organisations wishing to address the needs of this population group.

The Positive Shift program is establishing itself in Victoria. Early program effectiveness measures are encouraging, supported by feedback from the women participants themselves, suggesting that program content is appropriate to the needs of participants. Challenges in relation to community engagement and education are predictable in the early stages of implementing a new and different program, and are being grappled with, as program management grow to understand the service system context. Widespread interest suggests that the program is filling a gap in the service system. Further investigation is needed to understand attrition rates from referral to program completion, and to understand the best way that the case support role can be implemented.

# 1. Introduction

## 1.1. Background to the research program:

The contentious and complex issue of ‘women who use force’ is a little explored issue 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). While the dominant pattern of DFV is male violence perpetrated against women, there are some women who use force against adult members of their families. The majority of these women are themselves victims/survivors of DFV. At times, women are wrongly identified as the perpetrator or seen as having responsibility in mutual violence.

Recent research, however, has highlighted the importance of developing services for this population. While a heterogeneous group, women who use force is described as differing in motivation, intent and impact from male perpetrators of violence (Kertesz et al, 2019). The Victorian Royal Commission into Family Violence also raised the issue of women who use force, and though no specific recommendation was made about this group, there was recognition that the service system had no appropriate response to these women (State of Victoria, 2014–16).

The University of Melbourne, in collaboration with Curtin University and Baptcare, has therefore undertaken a research program to investigate issues relating to women who use force in the Australian context and trial a service response for this population. The collaborative partnership has brought together academic expertise in family violence and perpetrator research with Baptcare’s service experience.

## 1.2. The DSS-funded research program

The research program has been funded by a Department of Social Services funding scheme - *Perpetrator Package - Female Perpetrators Grant* – which provides seed funding for new, innovative community-based projects that identify gaps in delivery of perpetrator services and trial of innovative solutions.

The objectives of the research program were to:

- develop the Australian knowledge base about issues specific to women who use force
- increase the capacity of services and workers to respond effectively to women who use force
- raise awareness of the issues specific to this cohort, including their potential history of victimisation
- decrease the use of force by women in their relationships.

The research program consisted of a number of components, presented in several volumes:

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| 1. a pilot of the Positive Shift program for women who use force in three Victorian locations (Baptcare and Berry Street);  | Vol. 1     |
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| 3. an evaluation of the pilot, including interviews with women participating in the program, relevant workers and referrers to the program (University of Melbourne);                                   | Vol. 1     |
| 4. an international literature review of programs and service responses to women who use force (Curtin University);   | Vol. 2     |
| 5. an Australia-wide online workforce survey (Curtin University);   | Vol. 3     |

## 2. Implementation of Positive Shift

### 2.1. Development of the Positive Shift program

In 2018, Baptcare (as the lead agency) in partnership with Berry Street implemented a trial of the Positive Shift program, adapted for the Australian context from the Vista framework (see below). The program was trialled in Victoria in two metropolitan locations and in a major regional centre. These were community-based programs. In addition, and separately from this research program, Baptcare has piloted the program in a minimum security women's prison, in April-May and again in July-September 2019. A separate evaluation of the second program shows promising results, in the context of a very small sample.

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 perpetrators (Osthoff, 2002; Worcester, 2002).

Very few of the 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. 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).

Recognising this service gap within the Victorian service system, Baptcare Victoria's State Manager for Family and Community Services, Dr Dave Vicary, conducted an international review of programs designed to meet the needs of this population. Baptcare is a faith-based not-for-profit organisation with a 70 year history of providing care and support to vulnerable and sometimes marginalised people. Its broad range of services extend across Victoria, Tasmania and South Australia.

The Vista program 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.



## 2.2. Description of the Positive Shift program

The ***Positive Support and Healing creates Innovative Forward Thinking*** (Positive Shift) Program is a 16-session group work and case management program for women who use force, adapted from the VISTA Program (Larance et al., 2009). The program takes a therapeutic, gender-responsive, trauma-informed approach, building on the strengths of traditional survivor support groups. Positive Shift addresses intersectional identities and promotes healing, while facilitating participants' engagement with viable alternatives to force.

The intervention includes several components:

**Assessment and engagement.** While this is the first step in working with women, it 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.

**Sixteen group sessions of two hours each.** Group sessions are run weekly over 16 weeks, or twice weekly over eight 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, paying attention to socio-cultural issues and how such issues impact women's perceptions of viable alternatives to using force.

**Individual case support** offered throughout the intervention period to women participants. The groups are free of charge, and assistance with transport and childcare is offered. There is also limited involvement with women's family members – assistance with referrals to appropriate services is offered.

A detailed curriculum framework for the Victorian context (Larance et al, 2019) is included as Volume 4 of this report.

## 2.3. Inclusion and Exclusion criteria

Program inclusion criteria:

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

Program exclusion criteria:

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

## 2.4. Program fidelity

While there is inevitably some variation in group facilitation, due to the diversity of women and their individual histories of trauma and use of force, a range of strategies has been employed to ensure program

fidelity across different sites with different facilitators, and to maintain consistency of fundamental program principles and core content.

Program staff are required to take part in a three-day training course provided by Lisa Young Larance, who has acted as a consultant due to her experience in designing and running the Vista program. Twenty-four staff attended this training in August 2018 and a further fourteen staff attended in May 2019. Staff (including management) who have joined the program since May, have been provided with online training by Lisa Young Larance and have also been trained by their local colleagues.

Two facilitators attended each group session, and an observer trained in the Positive Shift program model attended selected sessions of each program cycle. The program manager and agency managers both provided regular supervision to facilitators and regular reflective practice sessions were led and supported by Larance.

## 2.5. Program performance

Between October 2018 and June 2019, ten Positive Shift programs were run across three sites - two in the Melbourne metropolitan area and one in a major regional centre in Victoria. Table 1 shows program numbers for this period. More details of recruitment and retention can be found in the program evaluation (section 3, Volume 1). The Positive Shift program has been funded to continue its service from July 2019 to June 2020.

**Table 1. Positive Shift program cycles and participant numbers**

Group / location	Dates	No. of participants at beginning of program	No. of participants who completed the program
W Metro 1	29/10/18 - 09/02/19	1	1
W Metro 2*	29/10/18 - 20/12/18	1	0°
W Metro 3	11/02/19-03/06/19	4	1
W Metro 4	12/02/19 - 04/06/19	2	0
W Metro 5	29/3/19 - 20/6/19	6	2
N Metro 1	11/02/19 - 03/06/19	4	2
Ballarat 1*	29/10/18 - 20/12/18	6	4
Ballarat 2	19/02/19 - 04/06/19	6	4
Ballarat 3	21/02/19 - 06/06/19	12	7
Ballarat 4*	3/05/19 - 28/06/19	7	2
<b>TOTAL</b>		<b>49</b>	<b>23</b>

\* Programs which offered 2 sessions a week for 8 weeks. Others were offered weekly over 16 weeks.

° The single participant in this program did not complete all sessions as it was not the right time for her. She also attended group 4 but dropped out of this group as well.

## 3. Evaluation of Positive Shift, June 2018 - October 2019

### 3.1. Evaluation aims and methodology

#### 3.1.1. Research aims

The primary aim of this evaluation of Positive Shift is to determine whether the program is effective, and whether it is appropriate for use both in the Victorian service delivery system and broader Australian context.

The broad study objectives can be summarised as the following:

1. Evaluate the outcomes and appropriateness of the evaluation measures for participants in the Positive Shift Program.
2. Examine whether the Positive Shift program represents a feasible service model within the Australian context.

#### 3.1.2. Evaluation design and method

The Positive Shift evaluation adopted a mixed methods approach (Creswell & Plano Clark, 2007) to assess program feasibility in relation to program content and delivery, participant recruitment and retention (process evaluation) as well as measured differences in participant attitudes, behaviour and well-being (outcome evaluation) (Kertesz et al, 2019; see Volume 1, Appendix B).

#### Process evaluation

The process evaluation of the Positive Shift program followed an action research methodology, with researchers participating in all aspects of program implementation including training, program development, and attending management and practice meetings as participant observers. Ultimately, the process evaluation in this pilot study aimed to assess whether the Positive Shift program was being implemented as designed and identify issues such as recruitment, retention, barriers to implementation and women's participation. It also aimed to assess the appropriateness of the current Positive Shift program in an Australian context.

Data collected through the process evaluation included interviews with referring professionals; interviews with all facilitators and other program staff; client satisfaction forms; and analysis of demographic and program data. In addition, other data was captured in the process evaluation, including participant feedback for each of the Positive Shift sessions, and administration data and meeting minutes.

<b>Process Evaluation Questions</b>	<ul style="list-style-type: none"><li>• Is Positive Shift a feasible service model within the Australian context?</li><li>• How effectively is the program reaching its target group?</li><li>• What are the barriers and enablers to service use?</li><li>• Are there process and impact differences between metropolitan and rural sites?</li><li>• Does Positive Shift provide an effective practice framework for Australian women who use force?</li><li>• What were women's experiences of the program and how can their satisfaction be increased?</li><li>• What strengths and weaknesses have appeared as the program was implemented?</li><li>• Have other program participants (including staff, community organisations, community members) been positive about the program?</li><li>• Does the program differ from the original protocol? What program changes were made?</li></ul>
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## Outcome evaluation

The quasi-experimental design for the outcome evaluation included data collection at pre-intervention, and post-intervention. The outcome evaluation included data from participant pre-test and post-test questionnaires (incorporating validated outcomes measures at these two time points; assessment and program data); and qualitative interviews with women participants and all program staff at post-intervention.

<b>Outcome Evaluation Questions</b>	<ul style="list-style-type: none"><li>• How effective is Positive Shift in assisting women to find viable alternatives to the use of force?</li><li>• How have women's attitudes to violence and use of violent behaviour changed during the Positive Shift program?</li><li>• How has the impact of women's experience of trauma changed during the Positive Shift program?</li><li>• Are changes sustainable in terms of attitudes to violent behaviour and trauma experience?</li><li>• Which components of the program are most effective in assisting women to change (e.g. groupwork, case support)?</li></ul>
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### 3.1.3. Data collection

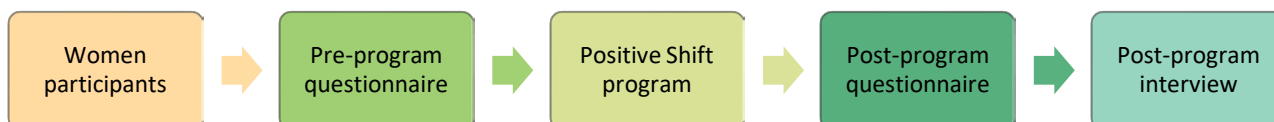
Data for the process evaluation was collected between June 2018 and October 2019.

#### Women participants

Figure 1 illustrates the data collection process for program participants. Between October 2018 and July 2019, data was collected from women participants of the Positive Shift programs to the end of June 2019. Data relating to programs after June 2019 is not included in this report.

Data collected from women participants at intake included demographic data, client histories and the Contextual Abusive Behavior Inventory (C-ABI) (Larance, 2006), which was administered at intake to identify the contexts in which women used force, and to facilitate the beginning of therapeutic conversations.

**Figure 1. Overview of the data collection process for women participants**



Questionnaires incorporating validated measures were administered to women participants at two time points: before participants commenced the program (pre-program) and immediately following the completion of the program (post-program). The initial pre-program questionnaire was administered by program facilitators at assessment prior to the program. Members of the research team attended the final session of the program, and invited women participants to complete the post-program questionnaire at that time. Women participants were also invited to volunteer for a qualitative interview at this time. Women who consented to being interviewed were contacted within 2 weeks of completing the Positive Shift program. Table 2 summarises outcome measures and summarises the purpose of each measure.

**Table 2. Summary of key measures used in the pre-program and post-program questionnaires**

Measure	Summary of measure	Outcome
<b>Buss-Perry Aggression Scale – Short Form (BPAQ-SF)</b>  <b>(Gallagher, 2016)</b>	<p>The <i>Buss-Perry Aggression Scale – Short Form (BPAQ-SF)</i> 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”. The BPAQ-SF is invariant across genders and is based on one of the most popular validated measures of aggression.</p>	<p>The BPAQ-SF is a measure of change in women’s anger and aggressive behaviour over the course of the program.</p> <p>This measure aims to measure any changes in women’s anger and aggressive behaviour over the course of the program.</p>
<b>Contextual Abusive Behaviour Inventory (C-ABI)</b>  <b>(Larance, 2009)</b>	<p>The <i>Contextual Abusive Behavior Inventory (C-ABI)</i> provides a platform for understanding the contextual factors that contribute to women’s use of force, and is a tool suitable for assessment, therapeutic and evaluative purposes. The inventory comprises 44 items that cover physical, sexual and psychological aggression both perpetrated by, and inflicted upon, women. 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.</p>	<p>This measure aims to assess discrepancies in physical, sexual and psychological aggression both perpetrated by, and inflicted upon, women.</p> <p>The C-ABI will provide essential information regarding the context in which women participants use force. This measure will be situated within the larger intake narrative to properly contextualise participants’ actions.</p>
<b>Kessler Psychological Distress Scale (K6)</b>  <b>(Fleishman &amp; Zuvekas, 2007)</b>	<p>The <i>Kessler Psychological Distress Scale (K6)</i>, is a 6-item measure, widely used for screening severity of nonspecific psychological distress. The measure uses a 30-day reference period and asks respondents to 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. Each question is scored from 0 (none of the time) to 5 (all of the time). Scores are then totalled, generating a minimum score of 0 and a maximum score of 30. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress. This scale has been shown to be consistent across different sociodemographic samples and is widely utilised for its brevity.</p>	<p>This measure aims to assess women’s current states of mental health, and any changes to women’s self-reported mental health pre-program and post-program.</p> <p>Women’s mental health (and specifically distress, anxiety and depressive symptoms) has been shown to be negatively impacted by domestic violence trauma.</p>
<b>Social Provisions Scale (SPS)</b>  <b>(Cutrona, 1987)</b>	<p>The <i>Social Provisions Scale</i> 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 have in their life. The Positive Shift version of this scale comprises two items from each of the Social Provisions subscales of Guidance, Social Integration, Attachment, and Reliable Alliance.</p>	<p>This measure aims to record women’s current support networks at pre-program, and at post-program.</p> <p>Social support is an important part of maintaining both healthy relationships as well as mental health (Cohen, 1995; Werner-Seidler, 2017). Positive Shift envisages that women will 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.</p>

Nine women participants who completed the Positive Shift Program were interviewed over the 2018-2019 time period. The women who were interviewed about their experiences of the program were referred as a result of an incident of abuse involving a family member. The majority of women who participated in qualitative interviews indicated that they had used force against their intimate partners; and a smaller number used force against their children. Of the nine women interviews, most were referred through an L17 police report, or the court, and were contacted by a Positive Shift program facilitator via coordinated response pathway.

Identifying demographic information about participants was not collected for safety reasons. However, of the nine women, only one was currently residing with or in a relationship with the partner related to the reported incident. Six women had left the partner involved in the incident, and the remaining two women were referred as a result of using force with other family members.

### Positive Shift facilitators and managers

Semi-structured interviews were conducted with program facilitators and managers of the Positive Shift program following the first cycle of programs (Nov-December 2018), and again in July 2019 (see Figure 2).

**Figure 2: Overview of the data collection process for program staff of the Positive Shift programs**



## 3.2. Positive Shift in the service system context

### 3.2.1. Group participation and program attrition

The Positive Shift program has been operating at three separate sites: Northeast Melbourne, Western Melbourne and Ballarat. The first program was implemented in the last week of October, 2018 and included a total of eight women (6 women participants started the program at the Ballarat site and 2 women at the Western Melbourne site). Overall, 7 women completed the program. One woman left the program due to family commitments.

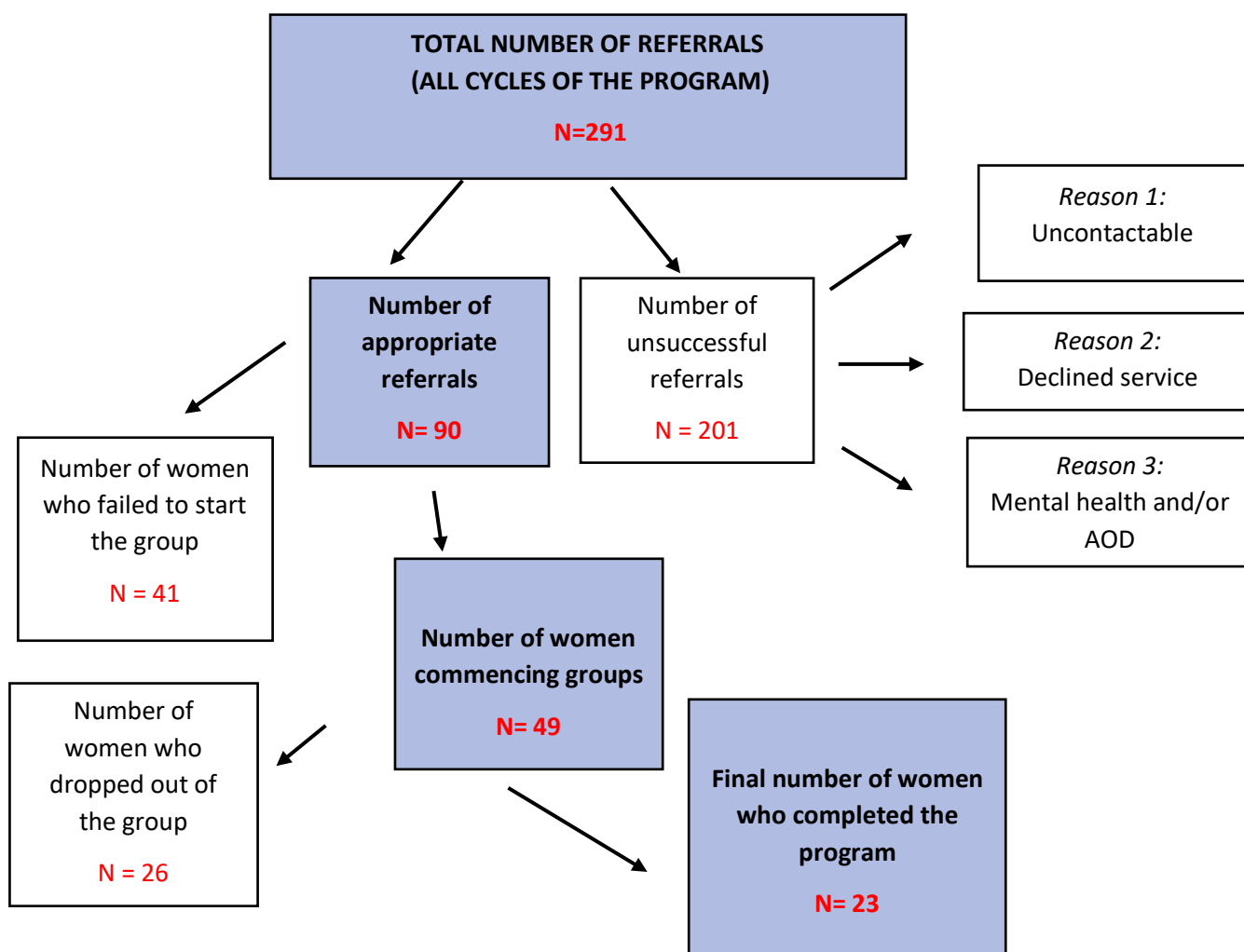
Subsequent cycles of the program have been operating in 2019 since mid-February. Overall, one group has been implemented in Northeast Melbourne, five groups in Western Melbourne, and four groups in Ballarat. The number of participants completing the program across all ten groups varied from one to seven participants, though a larger number commenced groups (see Volume 1, Table 1).

Approximately 291 referrals have been received across all cycles of the program. Of the total number of referrals, approx. 69% (N = 201) were either ineligible, the women were uncontactable, or women declined the service. The most common reason for facilitators not engaging a potential participant through the L17 pathway was their inability to contact the woman (e.g. no response; facilitator left a message that was not returned). It is difficult to ascertain whether the non-responding women were falsely identified for engagement in the program. However, very few women explicitly stated that the program was irrelevant in terms of their current circumstances (i.e. they have not been involved in a specific incident).

Referrals were deemed inappropriate for a range of reasons, including: woman declined service, did not perceive program as relevant, alcohol or drug issues, mental health issues, high levels of offending, on remand, working full time, used force against child, and did not want to participate in a group setting. As outlined in figure 3, ninety referrals were considered appropriate for the Positive Shift Program overall.



**Figure 3. Positive Shift: referrals to completion**



Of these 90 women who were considered eligible for the program post-assessment and agreed to participate, 41 failed to begin the program. Reasons for their lack of engagement included relocating to another area, mental health problems, and competing priorities in terms of health, family life or employment.

Finally, while 49 women started the group, 26 women dropped out over the course of the program, giving a retention rate of 47%. Barriers to women attending group sessions have not been ascertained in detail, though facilitators report that other commitments and life challenges were major reasons. The data available to date for each of the sites across is set out in Table 3 below. Different rates of attrition between service locations at each step of the process require further investigation.

**Table 3. Eligible referrals and attrition across each of the regions**

	Cycle	Region			
		Northern Metropolitan	Western Metropolitan	Ballarat	Total
Number of referrals	2018	15	7	99	121
	2019	51	14	150	215
	<b>TOTAL</b>	<b>66</b>	<b>21</b>	<b>249</b>	<b>336</b>
Number of referrals deemed appropriate	2018	0	2	23	25
	2019	6	14	45	65
	<b>TOTAL</b>	<b>6</b>	<b>16</b>	<b>68</b>	<b>90</b>
Number of women who commenced the program	2018	0	2	6	8
	2019	4	12	25	41
	<b>TOTAL</b>	<b>4</b>	<b>14</b>	<b>31</b>	<b>49</b>
Number of women who completed the program	2018	0	1	4	5
	2019	2	3	13	18
	<b>TOTAL</b>	<b>2</b>	<b>4</b>	<b>17</b>	<b>23</b>

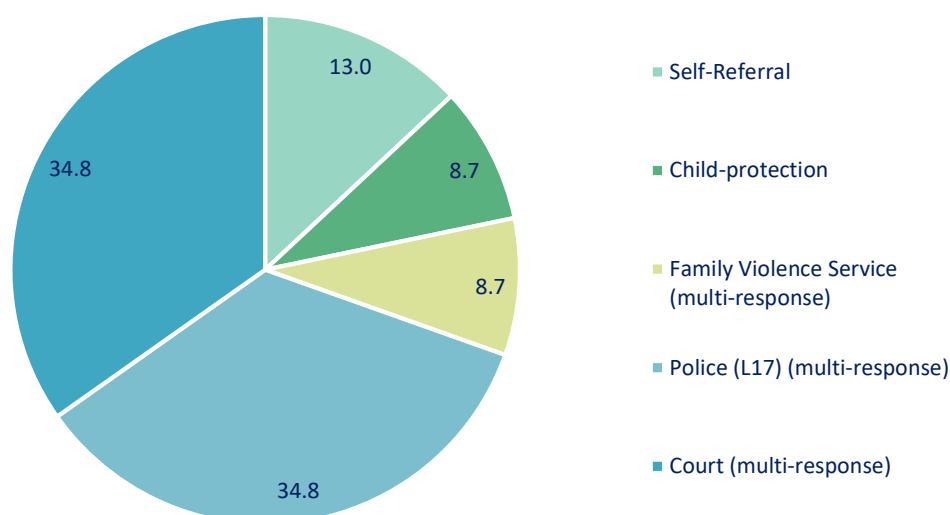
### 3.2.2. Publicity and Referrals

For the period October 2018 to June 2019, women participants were recruited through publicity efforts which were directed at a range of services, including courts, police, child protection and domestic violence services. Flyers were circulated to potential referring agencies and staff also proactively provided outreach. Promotional and community engagement regarding the program can be broadly divided into three categories: Women's/Community/Specialist DFV Services; private meetings with lawyers/practitioners etc.; and Magistrates Court/Prison/Police contacts.

The majority of the publicity efforts were directed toward Women's / Community / Specialist DFV Services. Of these, approximately half came from contact with more generalist community services (e.g. Community service hubs, NGOs and Councils). The remaining targets of publicity were towards women's health services and specialist DFV services. Overall, there was a large amount of publicity conducted by the facilitators and the Project Manager to promote the program.

Women participants' reporting of who referred them to the program, as seen in Figure 4, is consistent with referral data collected through program staff. The large majority of referrals were received through the L17 pathway (police reports), followed by referrals through the Magistrate's Court. While a smaller number came from community services, including family violence specialist service, a much larger percentage of these were deemed appropriate and led to assessment and intake processes.

**Figure 4. Percentage of participants referred into the Positive Shift program across various referral avenues, as reported by women participants**



There were some differences in referral pathways between service locations, and details are set out by service location in Table 4. It is important to note that there were some significant discrepancies in terms of access to L17s as a referral pathway. The large majority of referrals from Ballarat came from the L17 pathway (more than 95%), due both to good access to L17s through Berry Street triage and to the time commitment by staff in reading them deeply. Both the Northeast Melbourne and Western Melbourne sites initially have had very limited access to L17s. In the North, the implementation of the Orange Door Family Violence Hub caused a huge upheaval in the local service system at the same time as Positive Shift was being introduced, which created problems for accessing L17s in that catchment area. When the program's catchment area was extended to Hume/Moreland, where Berry Street triage processed L17s, this referral pathway opened up.

**Table 4. Referral information for Positive Shift across each of the service locations**

Region	Referring organisations	Referring organisations that made <i>more than one (1) referral</i>
Western Metropolitan	Sunshine Magistrates Court, Child protection (CP), Victoria Legal Aid (VLA), Women's Health West, VIC Police, Positive Shift Northern, Magistrates Court, SASHS, self-referral, IFS, Corrections Vic	<b>Magistrates Court, Child Protection, Corrections Victoria</b>
Northern Metropolitan	L17s (Orange Door), Berry Street triage (L17s), VACCA, Vincent Care, CISP, Corrections, North Richmond Community Health	<b>L17s (Orange Door), Berry Street triage (L17s)</b>
Ballarat	CAFS, Berry Street, Berry Street triage (L17s), Child Protection, Community Legal Aid, Relationships Australia	<b>Berry Street triage (L17s) Berry Street CAFS</b>

In addition to the significant success of engaging participants via the L17 pathway, the Ballarat site has been strategic in reaching out to several diverse services (Child Protection, Salvation Army, CAFS, Relationships Australia and other significant community services) in their region. Following their limited access to the L17 portal, the Northeast Melbourne site has engaged in a substantial amount of publicity (and made over 80 contacts with individuals and agencies during the period under review). There is limited

data available concerning the Western Melbourne site, however community services in the broader Brimbank and Melton catchment area were contacted, as well as communities working with LGBTI, ATSI and CALD communities.

The extent of the publicity efforts can be seen in the number of initial enquiries received by the program across all service locations (291), although the small proportion of eligible referrals indicates a variable understanding of program aims and content within the wider service system.

### **3.2.3. How Positive Shift is understood by other services**

Seven interviews with professionals from services likely to refer to Positive Shift were conducted in June<sup>1</sup> and October 2019, with the aim of understanding how well understood and valued the Positive Shift program is within local systems. The professionals were from a range of locations and sectors – family services, Specialist Family Violence services, Victoria Police, the Court Integrated Services Program (CISP) and Corrections. Unsuccessful attempts were made to interview someone from Child Protection.

Positive Shift management and staff reported good levels of interest in the program, based on their conversations with other professionals, and inquiries received, and these interviews support this view, that there is interest in the program in the service system.

However, the interviews indicate that Positive Shift is not always well understood by professionals from other services. Despite the considerable efforts put into publicity (see section 3.2.2) through emails, attendance at relevant meetings and so on, some interviewees requested greater detail in publicity material, in terms of the program's aims, philosophy and eligibility criteria.

Until detailed conversations with program staff take place, it appears from the evidence of these interviews, that Positive Shift is primarily viewed as a program for perpetrators. Many professionals with a knowledge of the effects of DFV on women, have initial reservations that the program targets women as perpetrators without taking the contextual factors (of women's experience of DFV) into account. Conversely, professionals from statutory systems such as the criminal justice system, and Child Protection, view the program as a men's behaviour change program for women, without always understanding the contextual factors.

One interviewee was initially concerned that the program would have anti-male bias, like many women's groups in his experience, and that this would not assist his client. However, this concern was allayed through a conversation with program staff.

Those interviewees who had referred a client to Positive Shift were satisfied that the program was assisting the woman appropriately. Family services practitioners affirmed that the strengths-based approach and reflective content of the Positive Shift group materially helped women engage with the Family Services work.

## **3.3. Women participants – profile and experience**

### **3.3.1. Participant demographic information**

As established in the Literature Review conducted as part of this research program, there is no prevalence data for women who use force, either in Australia or internationally. Descriptions of this group are based on individual studies, mostly undertaken in the US. Accordingly, it is considered important to build a profile of the participants of the Positive Shift program, in the Australian context.

The demographic data outlined below provides an overall profile of the women participants (N = 46) who started the Positive Shift program and completed the pre-program evaluation questionnaire at all service locations.

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<sup>1</sup> Thanks to Myra Pinney for sharing notes of her interviews in June.

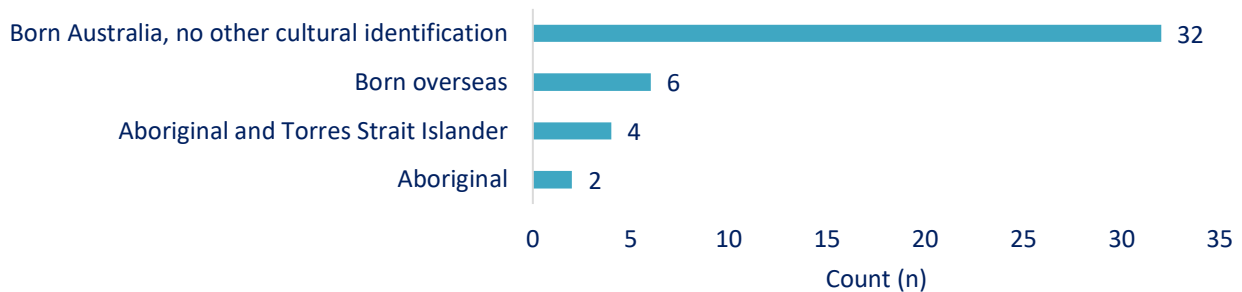
## Age

Participants ranged widely in age from 19 to 59 years old, with a mean age of 36 years.

## Cultural identity

Participants identified with a broad range of cultural backgrounds. Of the women who completed pre-program questionnaires, approximately 14% were born overseas and 14% identified as being Aboriginal and/or Torres Strait Islander (see Figure 5). Three participants identified as New Zealander, one Vietnamese, one Samoan, and one Nigerian.

**Figure 5. Cultural identity of women participants (N=45)**



## Gender and sexuality

Overall, 95% of participants identified as female and 5% as other. Four participants did not answer the question concerning gender identity. Approximately two-thirds of participants (67%) identified as heterosexual/straight; 9% as bisexual; 4% as gay/lesbian. The remaining participants (20%) did not respond to this question or 'didn't want to say' what sexuality they identified with.

## Relationships and children

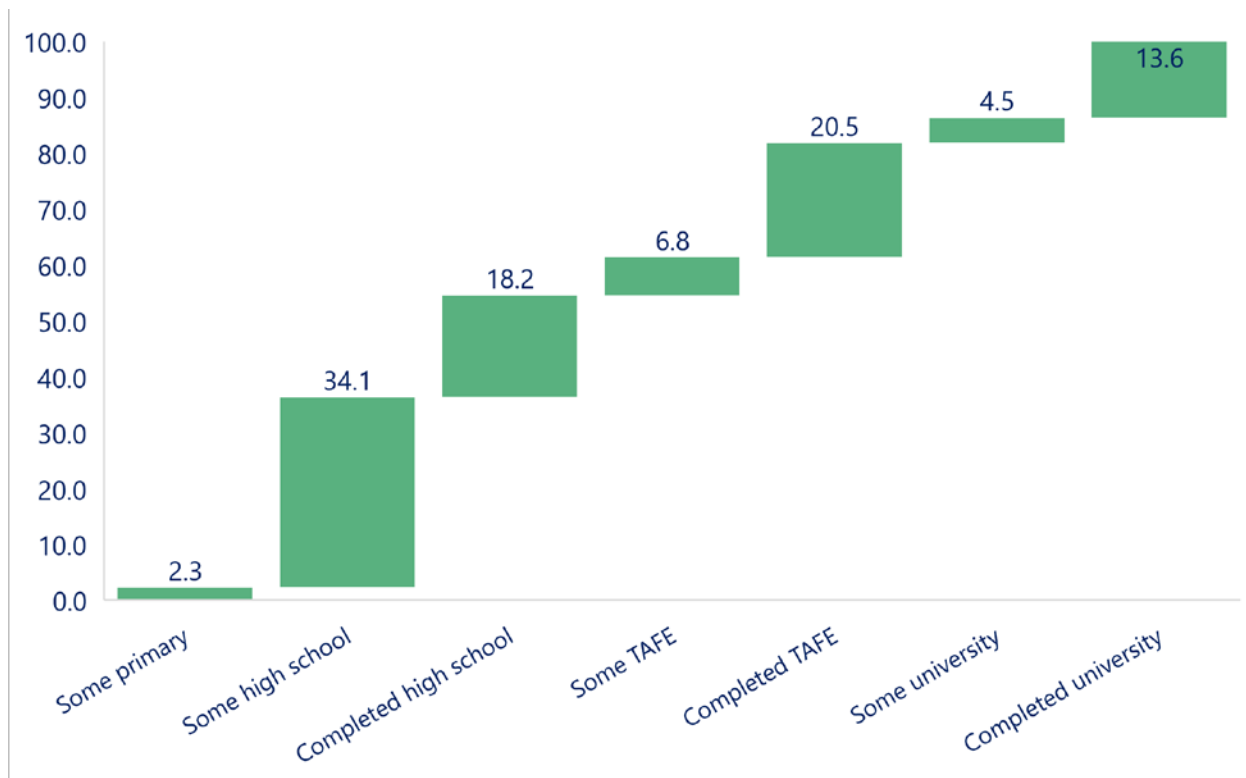
Just under half of participants (49%) identified as single, 5% were divorced and 5% were married but not living together at the beginning of the program. Overall, 27% were dating/ living together with current partners and 7% of participants were married. The remaining 7% of participants who indicated an 'other' relationship status noted they were widowed, engaged or separated.

Of the forty participants that responded to this question, 63% had children in common with the person they had the incident with; 2% had child/ren from a previous relationship in the home; and 35% did not have children. Six participants did not respond to this question.

## Education

There was also considerable diversity in levels of education, with over a third of the sample (36.3%) not having finished schooling. Approximately one-fifth of participants completed high school (18%) and TAFE (20.5%). A smaller percentage of participants (13.6%) had completed tertiary education (see Figure 6).

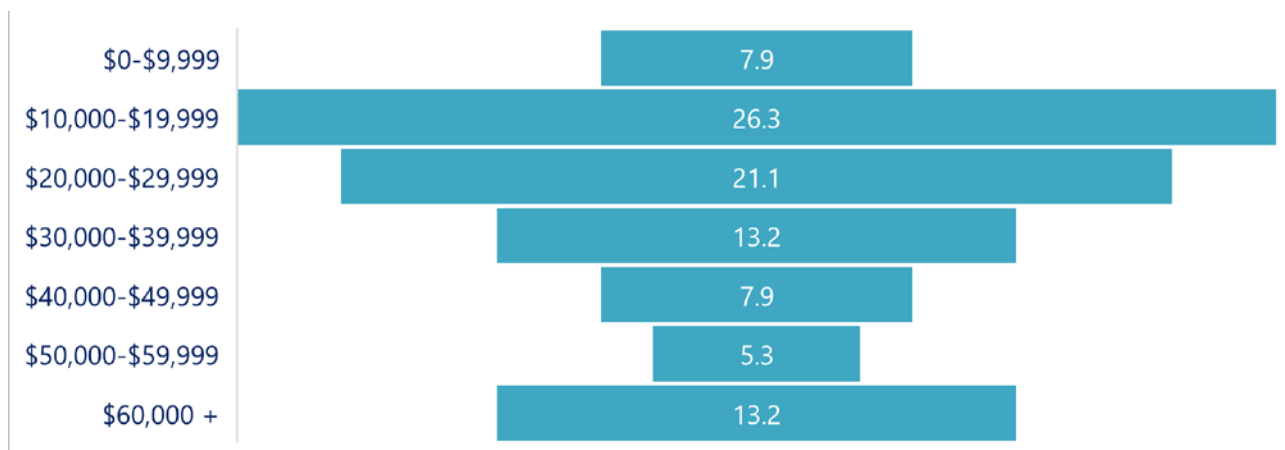
**Figure 6. Percentage of participants who completed primary, secondary and tertiary education (N=44)**



### Employment and income

Just under three quarters of participants (74%) were unemployed at the beginning of the program. However, of those participants who indicated they were unemployed, approximately 14% indicated they were in a full-time parenting or caring role, and 5% indicated they were studying (part-time and full-time). The remaining participants indicated that they were employed either full-time or casually (26%). As outlined in Figure 7, most participants (55%) who answered this question had a household income of less than 30 thousand dollars per year.

**Figure 7. Percentage of participant' annual household income (N=38)**



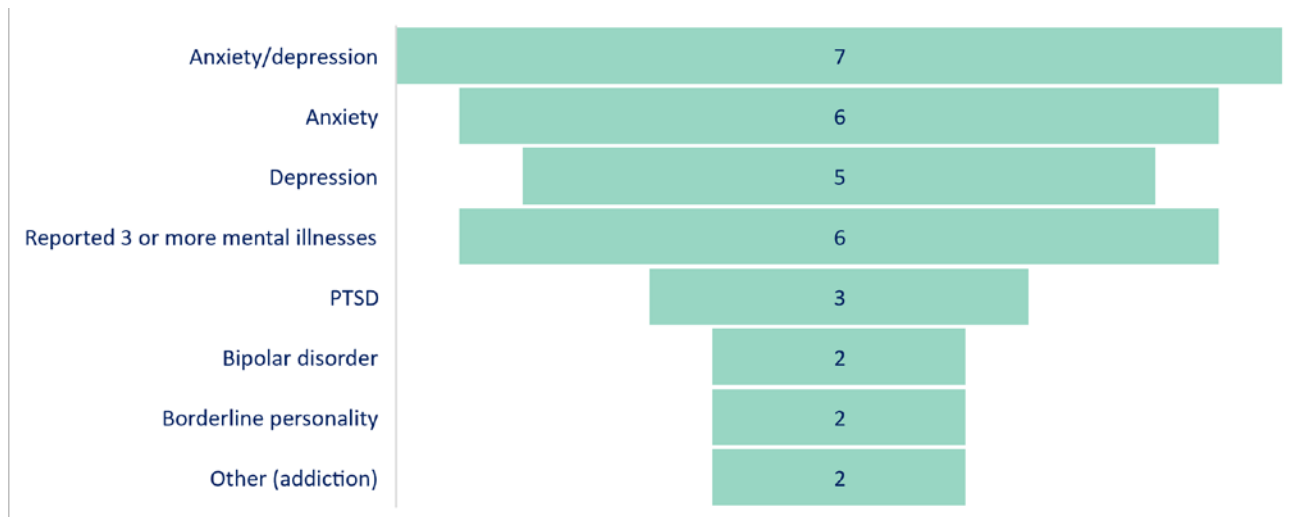
### Mental Health (self-reports)

Participants were asked to report any mental health concerns they were experiencing at program commencement. An overwhelming 88% of participants indicated they had mental health concerns



(diagnosed or undiagnosed). Of the participants experiencing poor mental health, 23 women described their specific health concerns (summarised in Figure 8).

**Figure 8. Mental health concerns reported by women participants (n=23)**

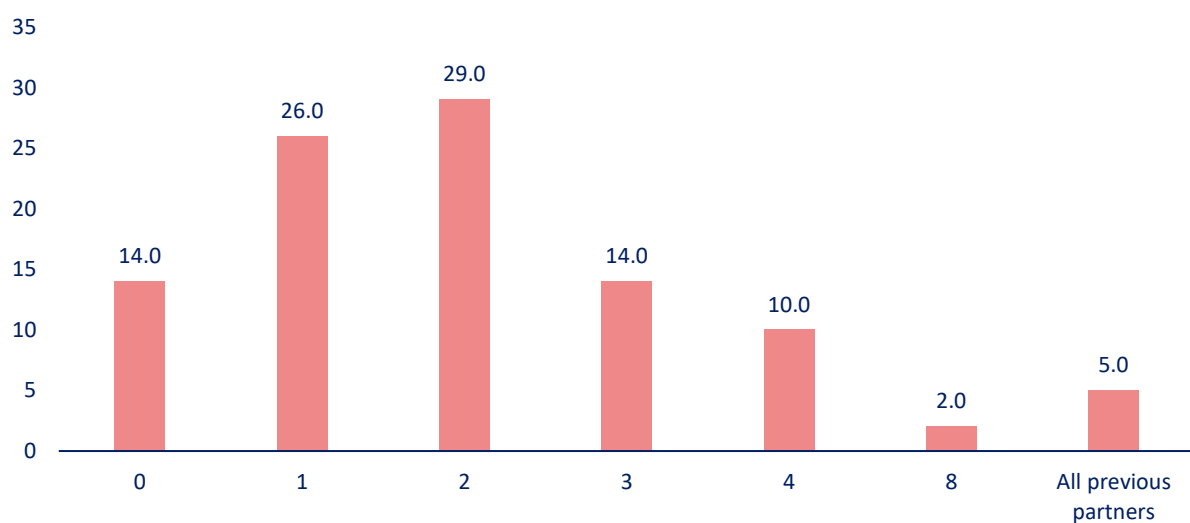


### 3.3.2. Participant history of domestic/family violence and abuse

Just under one-fifth of participants (19.6%) indicated that their *current* partner was abusive. It is unclear how many women who indicated current partner abuse were living at the same residence as their partners.

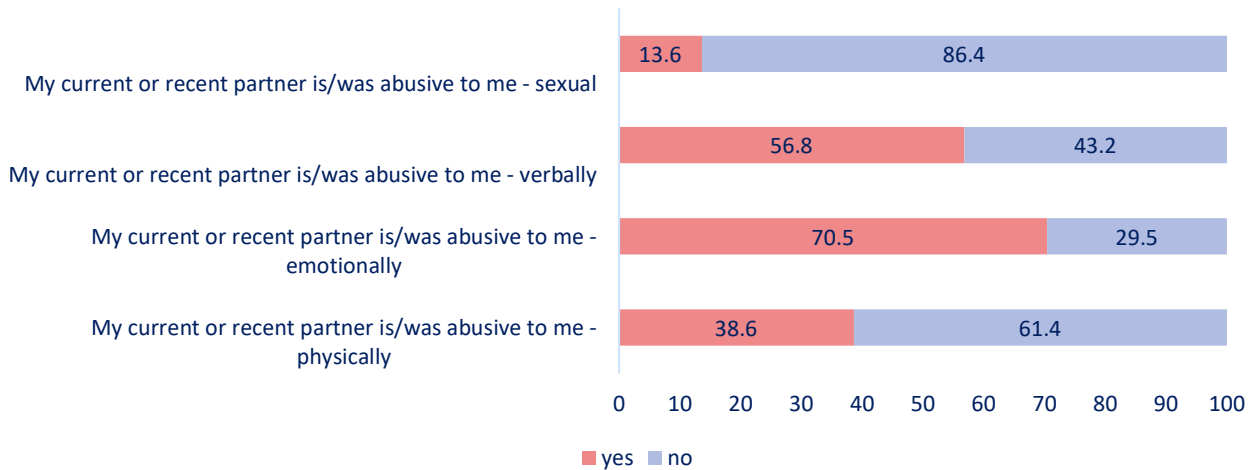
Participants were asked about the number of partners that had been abusive in the past. Considering all participants who responded to this question, 86% of women in this sample had experienced partner abuse in their lives. Just under two-thirds (60%) of women had experienced abuse from 2 or more partners (see Figure 9).

**Figure 9. Percentage of participants reporting abuse by partners in the past (N=42)**



When asked about the type of abuse they had experienced, nearly three-quarters of participants (70.5%) indicated they suffered emotional abuse; over half (56.8%) indicated they suffered verbal abuse; over one-third (38.6%) indicated they suffered physical abuse; and 13.6% indicated they suffered sexual abuse (see Figure 10). Program facilitators report that many women had also experienced abuse or trauma in their families of origin.

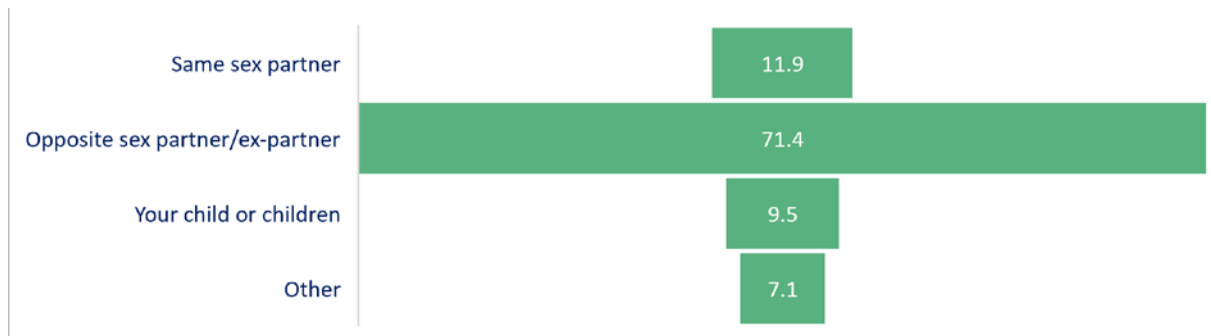
**Figure 10. Type of abuse and percentage experienced by women participants (N=44)**



### 3.3.3. Violent incident that led to woman's referral into the Positive Shift Program

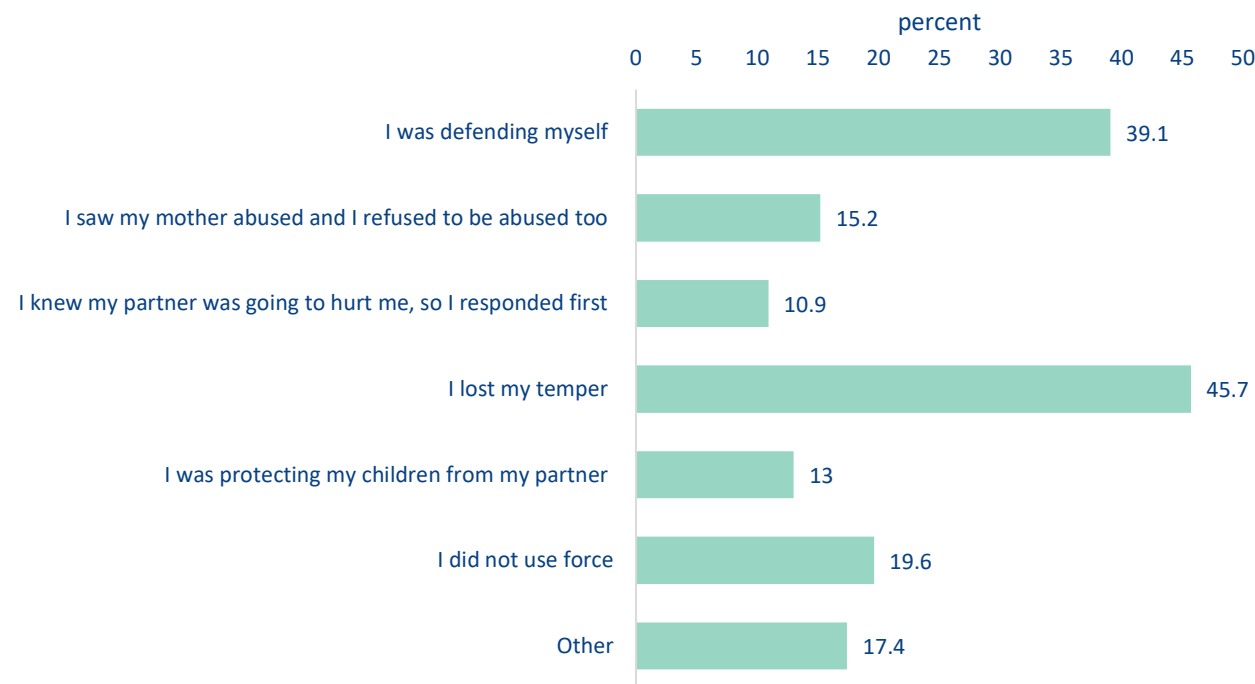
As shown in Figure 11, significant proportion of women participants (total = 83%) indicated that they were referred to the program for incidents relating to their opposite sex partner/ex-partner (71%), or same-sex partner (12%). Just under 10% of women indicated they were referred or entered the program voluntarily due to incidents or concerns regarding violence against their children. Of the 7% of women who indicated 'other', two participants indicated the abuse was against their mother, and one against 'a group.'

**Figure 11. Person involved in violence incident leading to Positive Shift referral (%) (N=42)**



Participants presented various reasons for using force in their relationships. Most frequently, participants took ownership of the event/s and behaviours by suggesting that 'they lost their temper' (45.7%), followed by self-defence. Participants could give more than one reason (see Figure 12).

Figure 12. Reasons given by participants for using force (N=43)



3.3.4. Participant descriptions of the incident and its context

To understand these reasons, the detailed narrative of an incident, and its place in the relevant relationship, must be appreciated. It is unlikely that ‘losing one’s temper’ occurred without some sort of history and build up. When women participants described the situation in which the abusive incident against their partner/family member had occurred, few women described this incident where they positioned themselves as the perpetrator: ‘I smashed a piece of furniture over my partner’s shoulder’ or ‘I pushed him away and broke a lamp’ or ‘Back and forth. I was more angry at him than him at me’.

The majority of women described a situation where their actions took place in the context of abuse from a partner who was the ongoing perpetrator of DFV.

*‘He kicked me out of my own house. He had cut me off from my friends. One night I didn’t want to sleep in the car. I went to the house. He slept with me and attempted to kick me out 3 times’*

*‘Protecting myself from abuse. I was being abused and I pushed him away to protect myself’.*

*‘Complaining about not cooking or cleaning. Put downs, fear to succeed in life. Never dealt with any issues and now scared to get into another relationship’.*

*‘Drug related. If he (kid’s dad) didn’t have drugs he would lose it’.*

*‘Ex-husband threw coffee on me and burnt feet/legs’.*

*‘Defending myself from a man who is twice my size’.*

Decontextualised from an understanding of the individual situation, the following statements could be described as ‘mutual violence’. However, there is not enough information to interpret the pattern of events. These incidents could well be examples of women responding to their partner’s controlling, violent or abusive behaviour.

*'He had me pinned to a wall. Being verbally abusive. I pushed my way out. He told me to hit him, so I did'.*

*'I was locked out of the house and broke a window to gain access. Very intoxicated at the time'.*

### **3.3.5. Women's use of force in context - data from the Contextual Abusive Behaviour Inventory**

The Contextual Abusive Behaviour Inventory (C-ABI) was designed to gather important data about contextual and other factors that may be contributing to a woman's use of force. The C-ABI aims to record abusive acts both perpetrated by, and inflicted upon, women. It comprises 44 items that cover physical, sexual and psychological aggression and abuse. Given the patterns of women's use of force highlighted in the literature, the C-ABI allows much greater insight into women's use of force than can be provided in questionnaires/inventories that solely focus on self-reported anger/aggression. It has been used here to describe women's behaviour, and to provide some context to the Buss-Perry Aggression Scale-Short Form, the scale used in this evaluation to measure changes in aggression. This is particularly crucial for this sample of women, who are much more likely than men to take responsibility for their behaviour.

While it provides some context, the C-ABI should be treated with caution as a measure, like other scales that report only on types of behaviour, as it does not provide data on frequency or severity of the abusive behaviours. In the end, the only way to ensure a good contextual understanding is through hearing the narrative of each individual.

The C-ABI has not yet been validated, however the data concerning the C-ABI collected in this evaluation was very detailed. Women participants completed the C-ABI at intake. Most provided responses to the items pertaining to two partners (as well as their own responses). As a result, there were approximately 176 scores captured for each participant.

A detailed count of scores (1= Yes, 0 = No) was made for the entire sample of women (n = 28) in relation to each of the 44 actions listed in the inventory. For example, 'kicked' was used by three women against Partner1 while Partner1 of six women 'kicked' them. Again, 'kicked' was used by one woman against Partner2, while it was used against seven women by Partner2. These scores were then totalled for each of four categories - physical abuse, threats of abuse, emotional abuse and controlling behaviours - with the aim of providing greater insight into the specific contextual factors that may have an impact on participants' use of force. Figure 13 illustrates the count of abusive behaviours used *by* and used *against* women participants for each of the four categories.

The list of physical abuse actions consists of 27 actions such as hitting, kicking, strangling, using a weapon, breaking things, abusing children or sexual coercion. Using a score comparison for each of the items relating to physical violence, perpetration of physical abuse by women participants was lower than physical abuse used against them in all but six of the 54 items across Partner1 and Partner2. Women participants recorded slightly higher, or equal, scores for the following six acts of physical abuse: 'slapped'; 'threw an object'; 'bite'; 'broke objects'; 'expressed intense jealousy'; and 'withheld sex'.

The threats of abuse category comprises 17 actions such as threats of violence to woman, self or others, and manipulation. Using a score comparison for each of the items relating to threats of abuse, perpetration of threats of abuse by women participants was lower than threats of abuse used against them in all but four of the 34 items across Partner1 and Partner2. Women participants recorded slightly higher, or equal, scores for the following four acts relating to threats of abuse: 'made threats to leave the relationship'; 'made threats to take away the children'; 'have taken the children' and 'made threats to harm partner with a weapon'.

**Figure 13. Women's use of force compared to force used against them (C-ABI) (N=36)**



The category of emotional abuse consists of 13 actions such as ‘suggesting partner is crazy or stupid’, checking up on partner, or ridiculing partner’s family or friends. Using a score comparison for each of the items relating to emotional abuse, considerably fewer women participants used acts of emotional abuse than partners used against them. Overall, women participants did not record a higher score on any of the 26 items across Partner1, and Partner2. Participant scores for emotional abuse revealed that women were three times more likely to be the subject of emotional abuse than perpetrate the acts themselves (Partner1); and two times more likely to be the subject of abuse than perpetrate the acts themselves (Partner2).

The list of controlling behaviours consists of five actions such as alternating criticism and affection, ignoring partner, or requiring partner to wear only ‘approved’ clothing. Using a score comparison for each of the items relating to controlling behaviours, considerably fewer women participants used acts of controlling

abuse than partners used against them. Overall, women participants did not record a higher score on any of the ten items across Partner1, and Partner2.

### 3.3.6. Women's perspectives on their identity and experience

As has been stated, quantitative data is limited in building an understanding of the stories of the women who attended the Positive Shift program. The nine women participants who were interviewed provide greater depth and narrative detail which puts flesh on the statistics, and draw out the nuances of experience that exist. Understanding the complexity of experience is critical, and therefore women's words are quoted extensively.

#### Diversity of circumstances leading up to women's use of force

The nine women who were interviewed after completing the Positive Shift Program came from a diverse range of backgrounds and circumstances. Importantly, they all had markedly different experiences in terms of using force in their relationships with other people. For example, some identified as victims of DFV and others as having anger management issues.

Some participants indicated that their referral and participation in the Positive Shift group was prompted by a specific 'incident':

*'Me and my partner had a fight one night and I broke a lamp and he called the police. Then the police lady made a referral. So, there's no real violence at home, like, I just smashed the lamp because I wanted him to stop what he was doing and look at me. Yeah, that did work. It worked a little bit too much and then he got 'agro' because I broke the lamp.'* (Jodie)<sup>2</sup>

*'I had so much going on in my world and dealing with him and we weren't very nice to each other and he was in a relationship and he'd been given an ultimatum, put an IVO on her or I'm leaving, which he did. Me being foolish, I sent him a text message after I received that IVO. Basically, I think I called him a maggot. So that was a breach of the IVO. I had to go to court and because of the breach of the IVO I was told I had to do a program of some sort around anger management.'* (Michelle)

*'The way I acted on the night, and I don't deny I did damage, I did break a window and that wouldn't have happened if I was sober. I understand the police have to follow through on everything when accusations are made but often accusations are made in the heat of the moment and in my case they were made in the heat of the moment and they were made by someone who was also very inebriated. So yeah, I think the whole thing really probably shouldn't have got much further than that particular night.'* (Simone)

For other women, referral into the Positive Shift program was the result of a more gradual breaking down of their relationships:

*'My partner contacted...we had been arguing. There was no physical violence but a lot of arguments. We were both unhappy and, at times, in front of our daughter which is obviously not very good. Probably, there were some issues with anger management and if I got emotional then my driving wouldn't have been the best.'* (Katrina)

One woman spoke about her involvement with the program in the context of other complexities and situations that she was not coping with:

*'I was referred to the program for anger management, which I think for me was – I always said from the very start I don't need anger management. I'm a very calm, rational person most of the time. I was in a situation where a lot of stuff had gone on in my life. I was under medication. I was getting counselling for sexual assault. I was trying to raise two kids. I was trying to still work. My emotions, I didn't handle it well. It was just a reaction to a situation. It's not who I am, and I was a little offended*

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<sup>2</sup> All names are pseudonyms to protect identities.



*at the idea of it, but I had to comply. So, I was also dealing with that. I had to have ongoing treatment and I don't have a very big family network. I really don't have anybody.'* (Jodie)

One participant added that it was perhaps 'the situation' that had given rise to women's actions, and if they 'weren't dealing with the(se) situations, they wouldn't have any reason to be there.'

*'The program is a brilliant resource but I think some of (the participants) who were there, as I said, I think normally their lives would be, you know, if they weren't dealing with the situations they're in, they probably wouldn't have any reason to be there.'* (Simone).

### **Complexities evident in participant histories of violence and abuse**

All of the women involved in the program we interviewed had a history of family and domestic violence or long histories of violence and/or abuse in their families of origin. It was the experience of being a victim/survivor of violence that united the women experientially.

*'I've done counselling for a very long time. I've got a really trauma based background. I've always felt in survival mode. I believed that I was worthless because it was a constant theme that I'd heard through a lot of my various kinds of relationships and abandonment and things like that. So just understanding not just my behaviour but other people's behaviour and that helped me see situations for what they were more so than what I perceived them to be. Because I'd go he's behaving that way because of me, or she's behaving that way because of me...'* (Michelle)

*'I suppose getting an understanding of how you're raised. If you're raised in, like a physical, violent environment, and you see it, you're raised in that personally and you see that happening with your friends in their environment. And you just think that's normal behaviour, I think, and that's how you raise a family, and then you have your own family. Then I suppose you don't realise that's a problem until it is a problem really. I never really realised there was a problem seeing that sort of thing. I know, obviously, it's not good.'* (Katrina)

Given the histories of DFV in many women's lives, their use of force was also often defined as an 'event' or a mechanism for coping with long-term abuse and violence (emotional or physical) from their partner.

*'I was referred I think by Vic Police because there was some family abuse going on and my husband was living a double life and always promising that he was going to stop his double life. I think, in the end, in hindsight, I was probably just the financial option for him because we've unfortunately got businesses together and it's very messy. So, yes, in the end, I was referred here by the police because we did have an incident at our business that my husband, or ex-husband has charged me with, but withdrawn the application.'* (Bree)

Another woman spoke about being the victim of violence in her relationships for long periods of time before beginning the Positive Shift Program:

*'I feel I was more the victim but more me being passive and me trying to get out of situations. Calming a person down and just trying. And then something would blow up and then you'd feel like you'd have to calm them down and placate them. I had to probably, to defend myself, but don't be assertive and just be passive. As in just try and calm him down and don't make a scene, don't react. And that's why I decided to move in with (partner) at that stage, because I just wanted my own space, and I thought he would give me help and everything. In the end, he was just emotionally, mentally abusing me, domestic violence. He threatened to kill me.'* (Cara)

### **Coming up against the victim/survivor identity**

A number of women who were clearly being victimised in their relationships with men were resistant to taking up this identity. This was a complex issue that women often contemplated in the interviews. Some participants spoke about how the complexities evident in their intimate relationships, along with their experiences of abuse or violence, made it difficult for them to define themselves as a perpetrator only, or just a victim/survivor; to see themselves as either 'strong' or 'weak'.

Some women came to the realization that they were DFV victims, only through coming to the group. They were essentially busy trying to 'get on with things' (raising their children etc.) under challenging circumstances. Two women spoke about histories of trying to forgive/reconcile with their abusive partners.

*'I didn't feel strong at all. I just felt like I've tried everything. He's just...yeah life of denial. So, I think I tolerated that and just lived and I think...for the kids...because him and I grew up without our dads around, because our mums were single mums and we've said to each other, 'We're never going to do that to our kids.' So, probably that's why I tolerated his behaviour for so long and then, when all the affairs and that started happening, thought he could stop. He just lied to me the whole time. His kids could see that, but I couldn't. I was too blind. But it's sad that they were all...well, the older two were certainly happy he'd moved out. When I got the last intervention order I said, 'We're done.' I said, 'Hopefully, I'll never have to see you again.' I've only seen him when we've been to court.'* (Bree).

Other participants felt very firmly that they were not victims/survivors. For example, some women suggested that using force was a way of resisting this identity, and of retaliating against this identity. It also ensured that they were not wholly passive.

*'Sometimes I sort of think, you know, I don't know, in a way, I think maybe that's why I don't feel threatened when he became violent with me or whatever because I think I am a strong person. They always say if you're put in a situation, "Do you flight or fight?" and I think I'm a fighter. I think we had a few little incidents happen and the last one was like, "No, that's the last straw. I can't do this anymore.'* (Tania)

Women who resisted the position of victim/survivor were more likely to talk about their independence in other aspects of their lives – as single mothers, and successful career women etc. They very much identified with the label of 'strong woman' and were often driven to fiercely defend this identity.

*'Well, I suppose I've just always felt that I've got to be fairly strong and fight back and not be weak. I've done that in the past and I'm probably more feisty than most females in as much as, you know, if someone pushes me, I'll push back. It's just my personality. It's hard not to do that when that's your personality. I guess I've always been the sort of person where if I'm pushed into a corner, I will come out fighting. I am quite strong in that way. I don't ever want to feel powerless. I'm fiercely independent.'* (Bree)

Another woman had not understood the repercussions of growing up with violence, and how she used it unwittingly to manage and to 'be heard'.

*'Probably not a victim. I might have been a victim to emotional, not I might have been, I would have been a victim to emotional abuse more so and a victim to physical abuse in my younger years, but definitely emotional abuse in my later years. I suppose, like if I was in an argument, if there's an argument there, I would just all of a sudden start yelling and that's because I suppose, that's how I grew up.'* (Katrina)

There were other factors that united them. For example, they were likely to have moved on from the relationship, despite the difficulties in doing so.

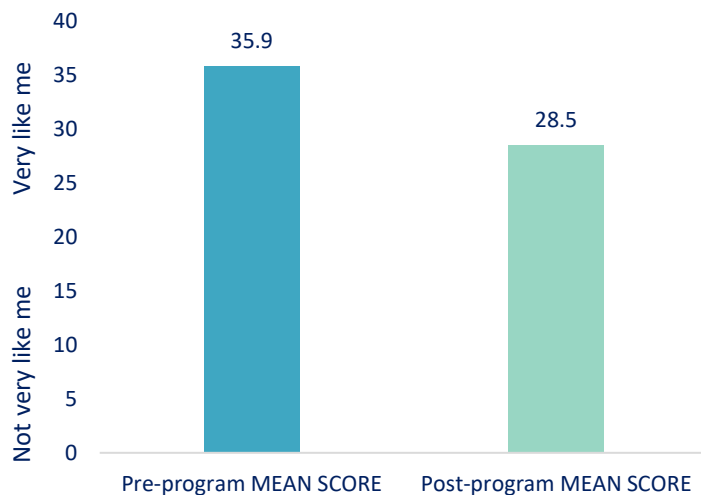
*'It's like if I allow, I have to go into survival mode. It's just like, if I allow to be scared and hurt and if I show my ex-partner, or my child, it's more to the point of I don't want to show any sign of weakness that they would take advantage of me and use that against me. So, I didn't allow myself to feel those emotions while I was actually going through [them]'* (Cara)

### 3.4. Program effectiveness - Measures of Change

#### 3.4.1. Aggression

Overall, 22 participants completed the Buss-Perry Aggression Scale – Short Form (BPAQ-SF) at both pre-program and post-program, which included 12 items and measured four key 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” to “very like me”.

**Figure 14. BPAQ-SF: Mean scores pre and post program (N=22)**



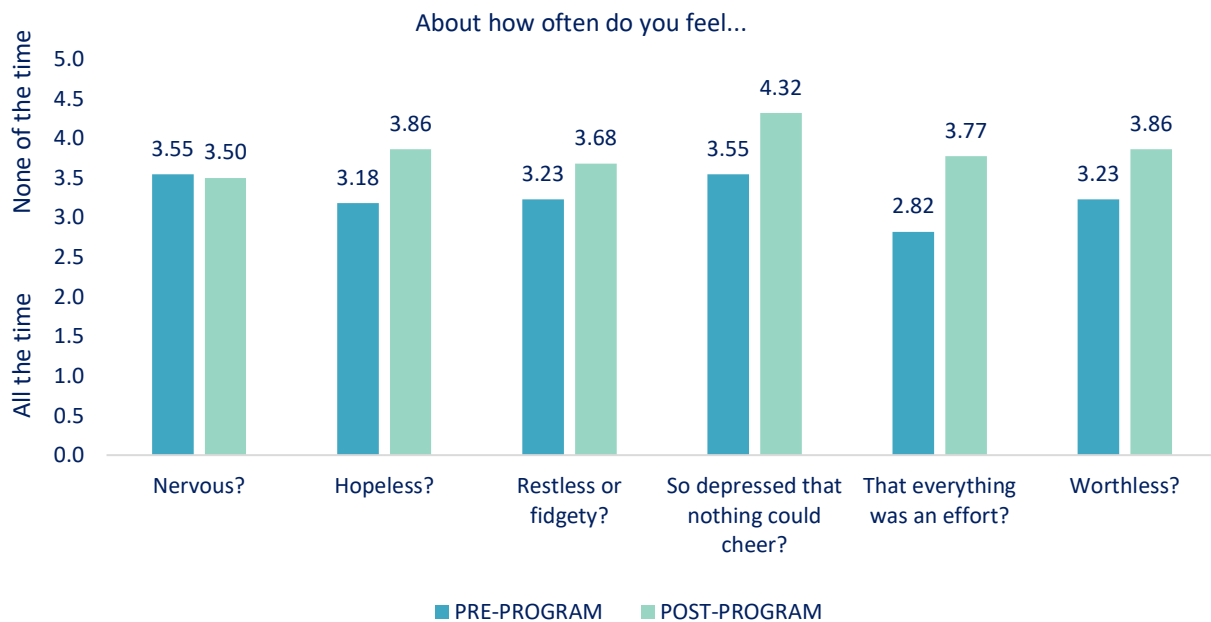
As shown in Figure 14, mean scores of the BPAQ-SF for the entire sample showed a significant difference between pre-program and post program ( $t = -4.328$  (21),  $p < 0.000$ ). However, again, given the small sample size, the results of the paired samples t-test lacks sufficient power to draw significant conclusions.

#### 3.4.2. Mental health

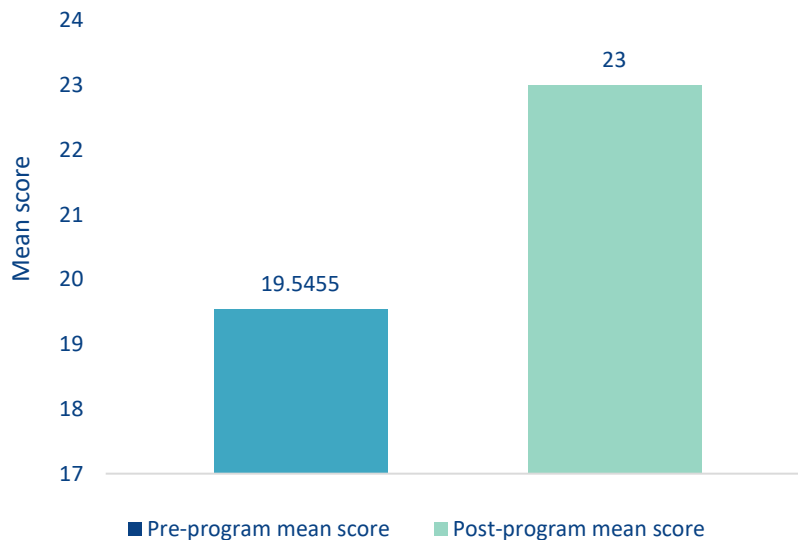
The mean participant scores for each of the 6 items of the Kessler 6 (K6) are shown in Figure 15. There was significant improvement on five out of the six items across pre-program and post-program. Higher scores indicate that participant were *less* likely to be feeling psychological distress. In other words, an increase in score indicates an improvement in mental health.

Mean scores of the K6 for the entire sample of women (Figure 16) showed a significant difference between pre-program and post program ( $t = -3.39$  (21),  $p < 0.003$ ). However, given the small sample size, the results of the paired samples t-test lacks sufficient power to draw significant conclusions.

**Figure 15. Mean scores of items of the Kessler 6: Pre-program and Post-program (N=22)**



**Figure 16. Kessler 6: Overall mean scores pre and post program (N=22)**



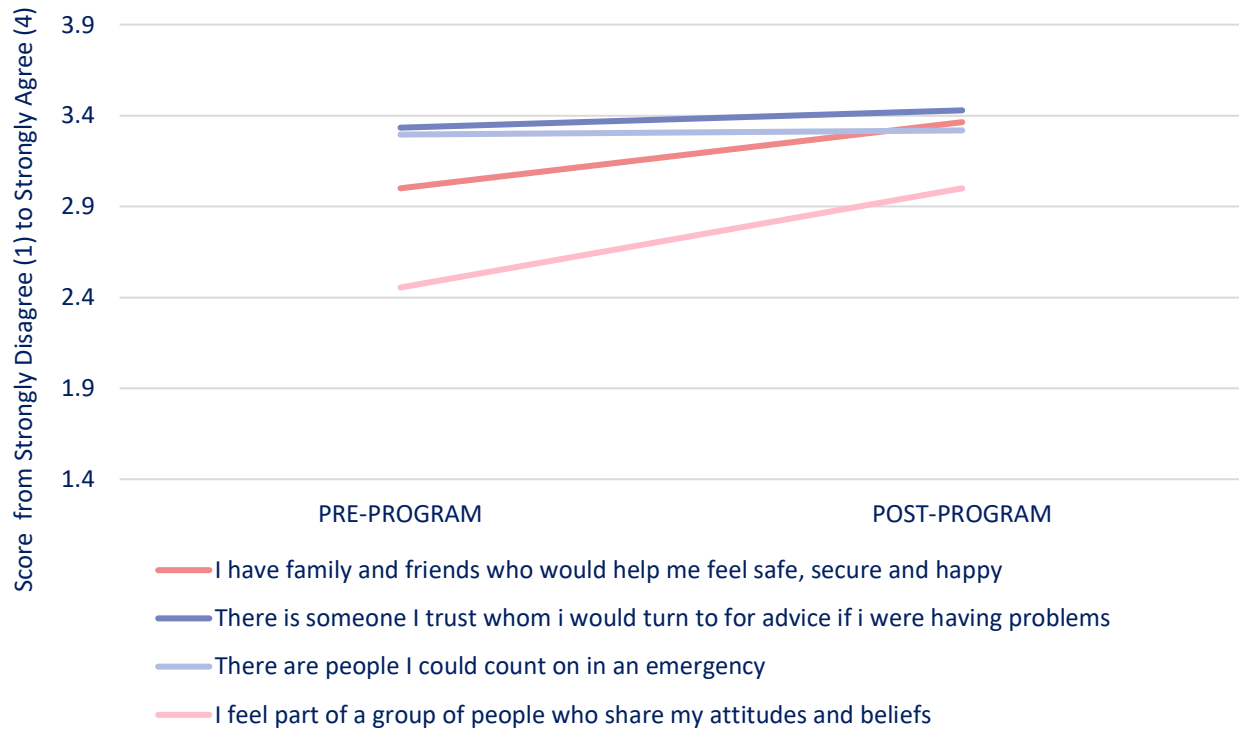
### 3.4.3. Sources of support

#### Social Provisions Scale

Overall, 22 participants completed the Social Provisions Scale (modified) at pre-program and post-program, which included a total of 8 items about current support networks in their lives. The Positive Shift version of this scale consisted of two items from each of the Social Provisions subscales of Guidance, Social Integration, Attachment, and Reliable Alliance.

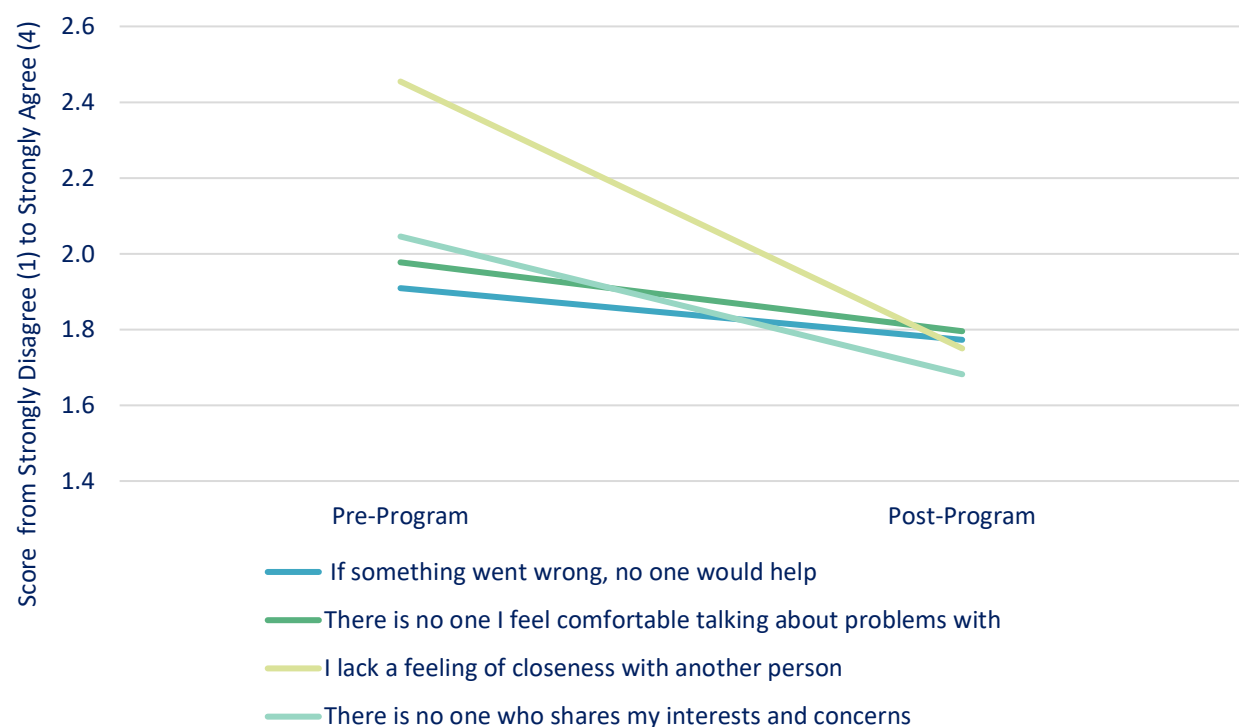
As outlined in Figure 17, the mean scores for all 4 positive support items increased across pre-program and post-program. The results suggest that participants feel more supported in their social networks at post-program than pre-program.

**Figure 17. Social Provisions Scale: positive items pre and post program (N=22)**



In addition, participants were asked to reflect on social support in times of adversity and uncertainty. As outlined in Figure 18, the mean scores for all 4 negative support items decreased across pre-program and post-program. The results suggest that participants feel more supported in their social networks at post-program than pre-program.

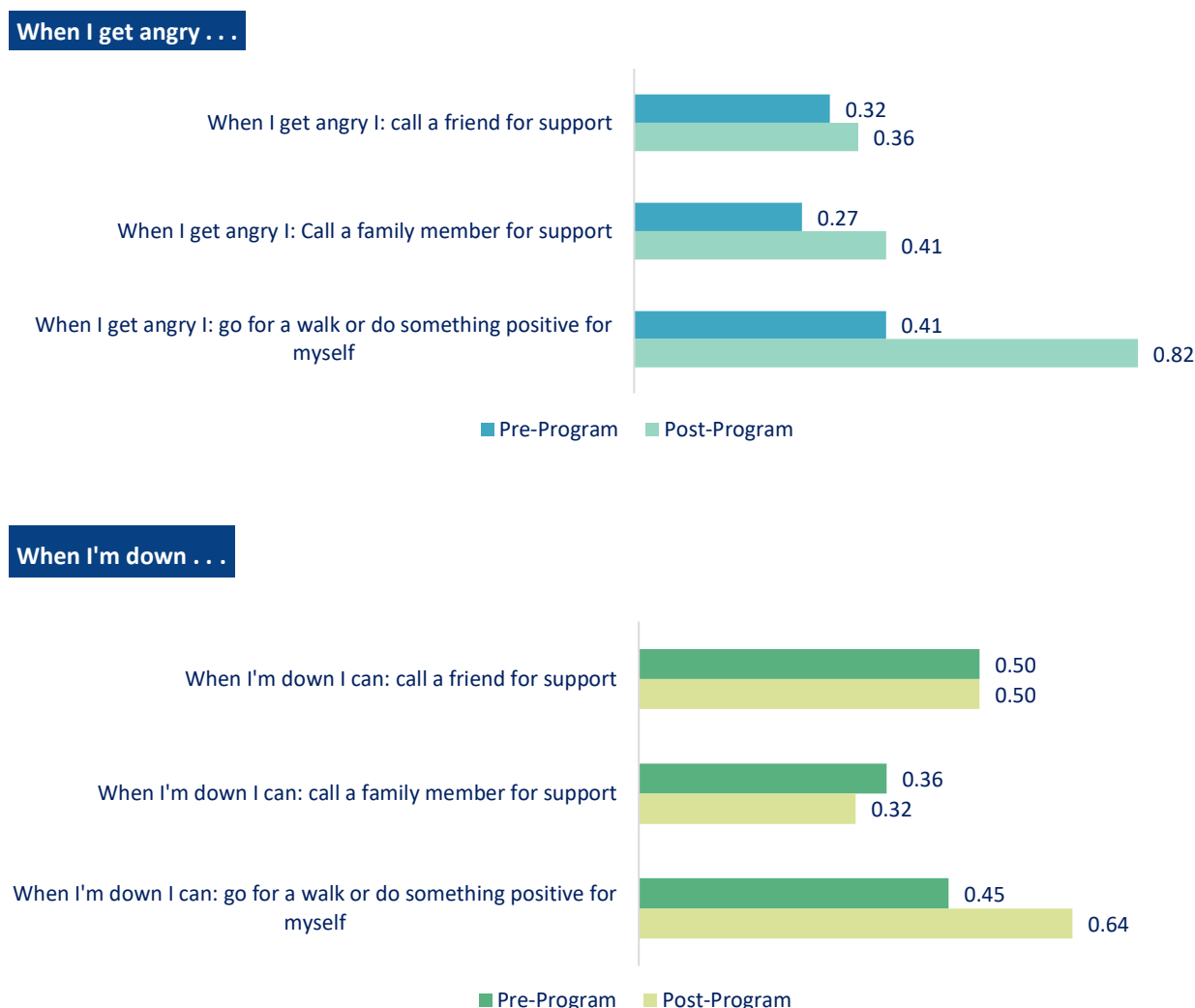
**Figure 18. Social Provisions Scale: negative items pre and post program (N=22)**



#### 3.4.4. Support-seeking and coping strategies

Overall, 22 participants completed questions at pre-program and post-program regarding support-seeking and coping when they are 'angry' or 'down'. The mean scores for the sample (ranging from 0.0- 1.0) are outlined in Figure 19. Importantly, participants relied much more on family members and friends when feeling angry at post-program. There was less change observed in help-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, suggesting that women were more motivated at post-program to act on their negative feelings.

**Figure 19. Mean scores for support seeking: Pre-program and Post-program (N=22)**



### 3.5. Program effectiveness - women's experiences

Change is often a slow process and occurs in stages, when an individual is ready to confront the issues in her life that are causing problems. Facilitators reported that women participants were at varying stages of readiness for change. While some women took the program content on board wholeheartedly and grappled with the implications for their lives and actions in a constructive way, others attended groups and listened but were not ready to do more, and yet others were not yet ready to engage with program content. This section reports on what the nine interviewees thought about the program and how it helped them, and what they thought could be improved.

### 3.5.1. Referral and initial thoughts about the Positive Shift Program

In the interviews, women participants spoke about their initial hesitations at being referred into the Positive Shift program. For some women, participating in the program felt like an added level of stress in their already stressful lives. However, as outlined below, after attending the initial sessions, women quickly started to see some real benefits:

*'It was like, "Well, I was here for... I did go in there feeling extremely stressed and it was probably my breaking point and a facilitator asked me 'how did I feel' and I said, "Well, to tell you the truth, I'm really pissed off. I'm pissed off about being here. I see that it's totally irrelevant. I just feel like it's a waste of time" I kept going and after a while, I actually found it to be very beneficial. It was somewhere you could go and you could sit there and you were asked, "What was your week like? What happened for you?" and you actually got to... unwind a bit.'* (Tania)

*'They contacted me to see if I was interested in doing this program and probably at the start I'm going, 'No.' I had lots going on and I was trying to work and earn money. I probably wasn't really interested at the start but after a couple of weeks, it was good. I'm glad I did it. They were good. They were really good.'* (Bree).

*'So initially I was insulted at the idea of having to be here. I was insulted. I was embarrassed at the idea of having to be here because this isn't who I am. But towards the end of the program I was actually quite grateful and I said whatever happens at the end of the day at court, whether I get convicted or whatever the situation turns out to be, I'm actually quite grateful. So definitely, it wasn't what I expected. I thought I'd come here and learn about managing yourself in stressful situations and all of that sort of stuff but it wasn't like that. It was a bit more about knowing yourself which in essence, know yourself, you control yourself better and you just make better choices I think.'* (Jodie).

Women's readiness to continue the program and improve their current situation was often positioned by participants as a big motivator for change.

*'I just went in there and did it. You're going to go into a group to make yourself better. If you want to sit there and just go to it, what's the point of going to it if you're not going to speak?'* (Michelle)

*'It is and I think it also depends on how you've come to the course. I know that some people are forced to come to the course, which I kind of was as well. I think in a way it's good because it is difficult to come to the course and I was kind of forced to come into the course but I was glad that I was, basically, because I realised that, you know, that you can learn a lot from attending the course. For me, though, I think I was always quite open because I realised that you know that if I want to get something out of the course, it's what you put in is what you get out. So, if you're going to not put in anything and not get the help that you need, then it's kind of pointless attending.'* (Katrina).

### 3.5.2. Women's hopes for the program: strategies for change and renewal

In the pre-program questionnaire, completed at intake, women participants were asked what they hoped to achieve from the Positive Shift Program. The large majority of participants hoped to gain skills to better 'manage', 'control' and 'handle' anger and conflict in their lives.

*'Different ways to deal with anger. Learn about my triggers. Different outlets for intense emotions. I know if I had a punching bag, I wouldn't put my fist into walls'.* (25, Aboriginal, Bisexual, Single)

*'How to manage my anger. Not using force. Get back to happy me without being angry. I feel really consumed in anger a lot lately. I want people to love me without saying 'you're a crazy bitch'.*

*'To be able to control my emotions / anger better. That I have the confidence to be a better person.'* (34, Heterosexual, Married).



*'I want to change how I react. I want to be heard "people think I'm crazy" Learn what triggers my emotions and how to control them.'* (Heterosexual, Single).

Other women spoke about wanting to learn more about themselves, to build more self-confidence and a 'new perspective':

*'I want to learn, has never been in this position before. Wanting to also share learned knowledge with community. How to cope when bad times occur. Learning how to cope and respond when in difficult situations.'* (55, Heterosexual, Married).

*'Clarity about why I do what I do, or at least an opening to dialogue where those questions can be asked. How I work, and what tools I can use to better understand myself. Tools to not allow myself to fall into my emotions. Staying calm.'*  
(39, Heterosexual, Single)

*'New ways to overcome confrontation and new perspective. Self-worth and self-confidence.'* (35, Heterosexual, Dating).

*'I want to learn that I can change, I want to have a bit more confidence. Learning how to be calm instead of aggressive.'*

*Knowledge, tools to help me with myself and my children. I'm a single mum of four, five on weekends and school holidays, and need to learn to stand on my own two feet.'* (Heterosexual, Single).

### **3.5.3. Taking Accountability and/or feeling shame for their actions**

All of the women interviewed accepted responsibility for their use of force in their family relationships and took accountability for their actions.

*'That was the situation and a choice that I made. So, it's like this is a consequence of that and this is what it means when you're an adult. You have to pay the consequences of your actions and I didn't go to court with a big sob story about – when I sent that message I knew there was an IVO in place and I knew that part of that IVO was do not contact this person. I did it anyway. So that's why I'm here.'* (Michelle)

*'Yes, well, I probably felt that I did use force which I wasn't proud of, but you get pretty desperate and you do things you regret.'* (Bree)

A number of women identified strongly with the session on shame. However, their discussion around shame was complicated. Women felt shame for a myriad of reasons, including:

- i. shame associated with their partners leaving them and their children (and living in a 'broken' family);
- ii. shame associated with using force against their partner and/or children;
- iii. shame in terms of being in a relationship with an abusive man (and being perceived as a 'victim'); and
- iv. shame in having to come to the group and tell people close to them that they had a problem.

Other women spoke about feeling ashamed about their past behaviours, and expressed a shame about their identity and visibility as a woman that used force:

*'Yeah. Look, I'm ashamed that I lost control on the night and, you know, it made me take a good look at [myself]. The way I acted on the night, and that was really a symptom of what else was going on in my life, in the relationship mainly. The rest of my life was very good. So it highlighted that, I guess, and it did make me feel ashamed. I mean, I've got to go to court in the morning. So yeah, no-one wants to be at court. No-one wants to have to go to court and deal with that. So*

*yeah, there's definitely an element of shame there and embarrassment.'* (Simone).

*'I was embarrassed and ashamed. Like, I was embarrassed and why do I need the help and I was being – like I don't need to be referred but I have to do it anyway. It was probably to do with me being independent and me being somehow like just going through emotions of losing my child and having that anger. And, to me, well, with this, I thought well, I do feel ashamed and like I don't need help.'* (Cara)

This was often complicated – because shame is perceived as a solitary emotion.

*'I think the reason I was here was because of my toxic relationship with the father of the kids. So I'd always considered myself I guess the perpetrator and because I was the one who was here, I was the one who was at court. I was the one who was doing this program, but having discussions with [the facilitators] about I guess our relationship and sort of some of the situations that occurred in that, I guess I'd had a very skewed perception of what our relationship was and I guess through understanding our relationship I was able to see that this relationship, it was toxic on a lot of levels and it wasn't just me, where I'd always thought it was my fault.'* (Michelle).

*'So probably the initial shame of having to admit that there was a problem, but at the end of the day I did do it for my family, yes, and for my daughter mainly, actually. I suppose obviously ashamed of how I had been treating my family and treating others but, again, I know it was my behaviours, but I just thought that was normal behaviour.'* (Katrina).

#### **3.5.4. The importance of connecting with a group of women who understand**

Perhaps the strongest theme in all the interviews with Positive Shift participants was the significance of the group setting, particularly in terms of promoting women's connectedness with others. For example, all participants spoke about the importance about building relationships and trust with other women in the group who understood their experiences. This meant they were given an opportunity (often for the first time) to speak about their experiences and seek solutions.

*'It was very supportive and being able to sort of just talk about the week that went down, and get support from people that have got a lot of background and experience in those kind of situations. And even just to see what other people are going through and know that you're not the only one that's feeling those things, not that you want anyone else to be in that place either but you don't feel like such a loser when you're not the only one. There's probably some comfort in that – yeah, we've all got stuff we're dealing with and we're all trying to improve things'* (Simone)

Another participant spoke about the 'real comradery' they felt with other women in the group, and how important it was to have the same experiential base to share 'openly' and 'honestly':

*'The ladies were really good and I think yeah, we got a real comradery around it and we've all got kids. Even Tania, she's got four kids. I've got four kids. It's really hard. Starting the group with people that coming into that room and knowing that everyone else has got a story really changes how you open up. I was probably one of the quieter ones, not prepared to share, because generally just I don't do that. But we all had some pretty shit times...'* (Bree)

Other women underlined the importance of not feeling alone in their experience. Rather, women provide support to other women in the group, and encourage each other to be 'the person they want to be'.

*'And with the group, when I went on and on and on, there were other women that were in a similar situation and what I was going through and I could relate to the other mums....It was how people – we can be open, we could be honest, we could meet other women that were going through the same thing. You weren't, I didn't feel alone. There was support that all the girls were reaching out*

*to each other. I could relate to so many women that were in the same position but under different circumstances.'* (Cara).

When exercised in a supportive, non-judgmental environment, collective experience can reinforce personal empowerment and supports the development of social networks (Larance & Porter, 2004).

*'It's a good group because you feel like you're alone in the world and then you go there and you have these moments, like me and another one of the participants, we were talking about something and we both realised, "Hang on a minute. I know what you're talking about because I've done it myself" and it's like, "Wow." You click and you see things. It's really good. I actually rather enjoy it.'* (Cassie).

Women participants were surprised and relieved about the diversity of women attending the group and the range of experiences.

*'There were so many different women. I was surprised as I didn't think there would be so many different women attending. It was a good surprise. As people were there to listen to me and my story.'* (Mai).

*'I think so and I suppose each person is different, so, you know...but I think there were all different nationalities as well, maybe five or six different nationalities in the course, as well different ages, so yes. I realised that it's not just one culture, it can happen to anyone at all ages and all different cultures and all different violent types of relationships whether it be emotional or physical violence. I think just sharing your stories with strangers, it makes you bond. It's really personal information, so you kind of get to know everyone's inner secrets, you can't help but not bond with someone.'* (Katrina).

### **3.5.5. Gaining knowledge about violence and abuse**

Participants spoke about newfound knowledge of violence and abuse they gained from the program, which was often pivotal in their understanding the complexities evident in their use of force in the past.

For example, one participant spoke about becoming 'more aware' of 'certain types of control' that were evident in previous relationships, which helped her to better understand why she felt her needs were not being met:

*'I don't know what part of the session it was, but it was around relationships and violence within relationships and talking about what violence was in relationships, like control and the various types of control and things like that. I guess you could describe it as love goggles in a sense where I allowed myself to be treated this way for such a long time. Even after all of this, still wanting my needs met by this person and in essence sacrificing I guess my stuff and me. Then once I understood I guess what violence was, what force was, it's not just about being angry and things like that. There's certain types of control and I could identify that in all my relationships that I've had they've all been not the healthiest and there have been issues and I see that now where I was very self-critical of I guess why, because I believed I guess a lot of what was said to me.'* (Michelle).

Another participant spoke about how greater knowledge of tactics of control, such as gaslighting behaviour, has impacted her current relationships because she can now 'actually recognise it':

*'Gaslighting, how they manipulate you and make you feel bad for something they've done, like if they've done something, they make it out like it never really happened and you're tripping, imagining things. I actually can physically see that now with my ex because we still talk, and he tries to do it on the phone. He tries to do that gaslighting and because I can actually physically recognise it, I don't let him get away with it. I can actually see it, the manipulation of how he's trying to make me feel bad for something he's done. That was an eye-opener.'* (Cassie)

Ultimately, greater understanding of how abuse and power operates in relationships allowed women to 'step back and look at things from a different perspective' and develop 'tools (they) can use':

*'I've noticed a big change and shift because I've got more understanding of what I'm going through. And with each session with the group that I was going [to], I just got more understanding. I'm doing a lot of things that are more assertive and I'm doing a lot of things that I'm not looking at the problem so close-up. I'm actually stepping back and looking at things from a different perspective. And, for me, that really has helped a lot, the group has offered me has really helped me. Even though I am stressed, it's just that with what's going on in my life, I can understand it a lot more and its tools that I can use. And it does really help me completely.'* (Jodie).

### **3.5.6. Building better relationships with people around them**

Importantly, participants felt that the tools and techniques they learned in the Positive Shift program helped them to build more respectful relationships and connections with people close to them.

For example, one participant spoke about becoming more aware of how she communicates, and the wider impact of employing the tools she gained from the program:

*'Well, because the onus is on you all the time, but, I did learn in the course that you know, it's okay for you to have breaks and it's okay for you to ask them for more help and to try and even up the chores situation, but as our relationship improved as did my partner, helping around the household. I think, pardon me, it was likely getting along, communicating a lot better and in a respectful way (using "I feel" a lot helped), and just being in a happier home environment I think and just asking because he was in, we were both in a happier place, he was happier to help out, as opposed to being resentful to each other and not wanting to help each other out.'* (Katrina).

Often, the changes in their behaviour and well-being were obvious, particularly to people they were closest to:

**Facilitator:** *'Do you think that - that (your partner's) noticed some changes in how...'*

**Interviewee:** *'Yeah. Yeah. He's said I am happier. I think the anger management and communication stuff helps or - because I don't really get angry; I go quiet. So, yeah, just realising what you're doing. Because, I don't know, I just, like, me and Matt love each other so much. I mean, I didn't - I didn't know, I just thought he wasn't listening. He's ignoring me and that. But they help you understand that if you're not communicating what you want, they're not going to know. Where I never really thought about it before like that. Thinking about how I felt, and I guess knowing that - because I just thought, "Oh God, I'm the one with the problem", you know. But realising that it's not just me, it's Matt too.'* (Jodie).

As one woman noted, there has been some real improvement in her relationships with others because she has been able to use different tactics to communicate. For example, 'being assertive', 'not being emotionally triggered', and 'being more tactful' has noticeably changed her interactions with other people:

*'And I've noticed quite a lot, like, with me having a new way of thinking, I have noticed a lot with people. Even though some relationships are just still the same and I've got to do different tactics. But even though I'm being assertive and not trying to get emotionally triggered, it's been very still hard with those people because they still try and make it about themselves and I'm okay. I find the challenge is more - well, with my parents, the challenge is there but with other people it has changed completely of how they view me and with me standing up for myself and being assertive and being more tactful of what I say.'* (Cara).

### 3.5.7. Changing behaviours

A number of women spoke about how they re-assessed their previous behaviours as a result of attending the Positive Shift program. For example, one woman made steps toward behaving in less aggressive ways, and ‘seeing things from other points of view’:

*‘I guess it sort of shone a spotlight on how, if you’re using force, and I’m not talking about physical force but if you’re using, you know, there’s a fine line between assertiveness and aggressiveness. I suppose I probably crossed that line a little in the past. I saw it as a strength whereas it’s actually a weakness. I’ve probably focused more on being assertive in a far less aggressive way. So probably seeing things more from other people’s points of view and realising that, “Okay. Well, maybe the way I was speaking was intimidating.” Because I’m a strong person, if someone spoke to me that way it wouldn’t intimidate me but now, I’ve got more awareness that it possibly would intimidate someone else. So, I’m probably far less forthright than I was before.’ (Simone)*

Another woman recognised that taking time to talk about their challenges, and work through problems, impacted other aspects of their life and behaviours. One woman spoke about changes to her sleeping behaviour and anxiety following her attendance of the Positive Shift group:

*‘So when I came here I talked, talked. I slept all night like a baby. It was just wonderful and I think it was that I actually identified that there were benefits to this really early on, the sleeping thing, this isn’t exactly what I thought it was. So I was curious to kind of see where it would end up because I’ve always wanted to be better. I’ve always wanted to think differently. I just didn’t know how to do that and I had no choices left for me. I got to a position where I was so low, I was really low and I’d tried everything else. This was my only option. If this doesn’t work for me, if nothing clicks in me or nothing changes in me then I felt at that time I only have one option left that will bring me peace because ultimately from the very beginning when I came here, what do you want, I want peace.’ (Michelle).*

Other women learn skills in conflict management which significantly changed how they chose to behave when trying to get their points of view across to others. For one participant, she was able to apply the skills she learned to ‘sit back’ and work through issues by first ‘calming down’ or ‘coming back later to discuss it further’:

*Facilitator: So, what kind of things did you learn?*  
*Interviewee: I suppose, rather than conflict management in the ways that I realised that if I wasn’t being heard in my relationship or even at work, that I would raise my voice and I had no idea about that so it’s more about how do you get your point of view across and how are you heard without yelling basically...In the past, you know, if someone’s yelling at you, you yell back at them, but now that I’ve learnt that if someone is yelling at you, you don’t have to respond, you tell them how you’re feeling and that you know it’s best to stop the conversation and then revisit it. So, those are the kind of tools that I learned at such an old age. Or if you’re in an argument and I found that after doing the course, I found that rather than getting emotional, which was why we were always arguing, I could sit back and analyse, ‘hang on a sec, I’m yelling because I feel like I’m not being heard’ so then I realise, ‘don’t yell, you need to calm down or go for a walk and then come back and then discuss it further’ (Katrina)*

### 3.5.8. Being more open about their own needs

A number of women spoke about how their own sense of powerlessness in relationships was leading to further avoidance and, later, unresolved conflict and outbursts. The Positive Shift program assisted a number of women in thinking about their own needs, and the importance of voicing their needs in situation where they feel disrespected:

*'If anything, I've probably become a bit firmer in the fact that I deserve my needs being met. If you're not meeting my needs and if you're disrespecting me or making me feel – I can choose to have you in my life. I don't have to have you in my life because we're family and put up with you doing and saying these things. So, it's just given me a bit more strength around that I think. I think it's a positive thing. I think with the kids more so than anything else because they see me in the last year or whenever this all really kind of kicked in, because the kids don't know about the IVO.'*  
(Michelle).

For other women, particularly women who had become mothers and were busy ensuring 'everyone else was happy', their own needs had not been considered for some time:

*'I suppose the other thing is thinking about myself. I haven't done that since 2000 when my first daughter was born. It's always been about kids or everyone else. As long as everyone else was happy, it didn't matter about me. They're slowly teaching me that's not true. It's just going to take time.'* (Cassie).

One woman spoke about her realization that she was not adequately communicating her needs with her partner, which was contributing to the breakdown of her relationship:

*'Yeah, that, like, Matt, like, for me personally that Matt's not going to know what I want unless I tell him. I never tell him; I just expect him to know. So that - that's, yeah, a big one that I've taken, that I've learnt. I didn't even realise I did it but then, yeah...like, communication; I said to him, like, "We're not going to work unless we start communicating". He'll ring me up now and ask me before he just goes and buys a brand new car or goes - Or ask my thoughts on things before he does it so - which that's a big step for him, because he's, yeah... I said, "I'm your partner, I'm not your mum; we're equal."' (Jodie)*

For a number of women, the realization that their needs were not being met helped them better understand their actions, and take steps toward changing past behaviours to ensure they no longer use 'destructive methods that [weren't] working':

*'I think for me one of the biggest things is when [the facilitator] first asked me what I want I kind of looked at her like I don't even know. I don't know what I want. So now I think one of the biggest things that I took away from this, our needs, my needs and that it's okay to have boundaries, it's okay. All of that sort of stuff. I think that was probably the thing that sticks with me the most, is understanding why I've not asked for my needs to be met or that it is okay to have my needs met. I guess an appropriate way to have those needs met where before I didn't know what I needed. I had no clue how to get my needs met. So, I was just using the destructive ways that I'd learnt to use not realising that I guess that's why things weren't going so well. Like: 'Your really destructive methods aren't working. So I think one of the biggest things is it's okay to have my needs met because I've never been told that before.'* (Michelle)

Other women spoke about newfound skills in assertiveness.

**Facilitator:** Can you give any examples of any tools you've learnt that you found helpful?  
**Interviewee:** Being assertive more. And standing up for myself and not getting down to the person's level. As in, even though we've had a falling out and damage has been done, I'm not going to insult them like I don't really want to waste my energy. I really don't want to go there, even though it's very tempting it's not even worth it. You don't want to make up some – you don't want to stoop down to their level and be a bigger person. The group has really helped me in that way of being a better person and not making things a mountain out of a molehill, really. And it's just something that, if I'm having an argument, I'm being more assertive instead of being passive aggressive and just try and stoop down to their level of trying to deflect the situation and just trying. Don't get down to their level of insults (Cara)



### 3.5.9. Support from Facilitators

Participants gained enormous support and mentorship from the program facilitators. In particular, women felt able to open up and discuss their experiences without judgement from the facilitators. Participants spoke about the facilitators as ‘understanding their situation’, ‘comforting’ and ‘caring’:

*‘It was to be – you could really get involved into the group, even both [facilitators] who were excellent. They were there for listening and they didn’t judge you. And they understood you. And to find that, it was really comforting for me and it was good in the end because all the girls were going to try catch up once or twice a month just to see – check in with each other of how we’re really going.’ (Cara).*

All of the women interviews spoke very positively about the facilitation, particularly the professionalism of the facilitators and their ability to provide ‘really good support’ and real-life tools:

*‘Really amazing, yeah. Really, really fantastic. I’ve got a lot of respect for (their) knowledge and they come from a place – it’s experience and compassion but at the same time they are very professional and I know their knowledge comes from, you know, they are very well-trained. Yeah, but there’s a big heart there as well that [the facilitator] taps into. I know that it’s not just a job for her, she definitely connects with people. She was a really good support... Yeah, it was very supportive and being able to sort of just talk about the week that went down and get support from people that have got a lot of background and experience in those kind of situations. Yeah, it was extremely helpful to keep me focused on what was right for me and to be reminded that it’s not a healthy place to be.’ (Simone).*

Other women in the group felt the facilitators made an effort to understand their unique needs, and tailor the content of the program to suit participants’ current life situation:

*‘I love them. They’re great. They help you understand things because I’m not a big-word person so they dumb it down for me and things make sense and they’re there for you no matter what. It’s good. They actually legit seem like they care. They make you feel good about yourself, you know. Even in the worst situations that I’ve been in lately, they still manage to make you feel good about yourself. They don’t pressure you, they don’t push you. If you don’t want to talk about it, that’s fine. Yeah, like if I need time –and I tell her my problems and she encourages me a lot to be strong and stand up for myself.’ (Cassie).*

### 3.5.10. Things that can be improved

Women suggested that there could be more detailed information about the program. Women who were referred to the program found the information too vague:

*‘Well, in the actual brochure, I don’t really think there is a lot of information about the actual course and what it involves, but I was told on the first day we attended the course that was because if people were involved with physical violence partners, they wouldn’t want their partners to know about what the course involved.’ (Katrina).*

The first flyer produced was not a good resource in general, and the woman pictured in the graphic was described as a unhelpful way to define the course and as ‘culturally inappropriate’:

*‘You know what? That poster didn’t say a lot. I just feel like that’s probably not the best brochure. If you’re trying to get people to come to a course with that’s not the brochure to...And I feel sorry for that poor lady they used her image and I think, oh. Yeah it was. Culturally inappropriate...I suppose, and angry. Yes, it was just the photo and I thought they could probably use a different way of advertising the course. It just put her and that culture in a bad light, I thought. I assumed she was unhappy. She was aboriginal. She kind of looked a little bit rough in terms of...That’s all right. I’d probably be offended if I was aboriginal and if it was my culture.’ (Katrina).*



Another participant suggested that the content was a bit too text heavy, and there needed to be more interaction with the content:

*‘Sometimes I can sit there and listen and take it on. Most of the time, depending on what kind of day I’ve had or whatever, she could be reading and I’d be listening but not hearing what she’s saying. So then I suggested let’s try for when I’m reacting to situations and stuff like that – let’s try some roleplay and things like that. It was very wordy at times. So, it needs to be more interactive and things like that is what I said to them but there were so many things. It’s really hard to just pinpoint one thing because if I had my little book actually, my little folder, that would have made it easier, just some memory cues.’ (Michelle).*

*‘What would be really helpful is at the beginning and I felt like at the end of the session summarise what we talked about. Do that five or ten minutes of summarising everything. Have that discussion. Today we worked on this, this, this and this and just finish it off with that really compact chat about that two-hour session because it’s emotionally draining stuff.’ (Cara)*

### 3.6. Staff experiences of program implementation

All professionals involved with the Positive Shift program expressed their support and admiration for the Positive Shift program in terms of its philosophy, content and mode of delivery. Facilitators spoke with feeling of how many women were able to open up to very difficult past experiences and learn from them, and about the (sometimes very) significant changes that some women made in how they related to others.

#### 3.6.1. Impact of rapid implementation in the early stages of the program

There are always challenges in the early implementation stages of a new program, and this was also reflected in what managers and facilitators had to say when interviewed. The rapid rollout of the program, from recruitment to the first groups starting, did have an impact on the quality of early program delivery in terms of program recruitment processes and facilitators' familiarity with program content.

While senior Baptcare and Berry Street staff were involved in writing the funding tender and were therefore familiar with the program, a change in personnel led to new management in some locations being unfamiliar with the development discussions. Some senior staff felt that insufficient discussions had taken place in the trial's early stages to develop an approach to the program that suited all relevant locations and program areas.

In order to get staff on board quickly, a hurried and informal recruitment process led to unclear expectations of facilitator skills and the roles they would take on. Confusion about who had responsibility to source women for the program, and anxiety about how best to move forward with this task, likely impacted the first phase of client recruitment. In addition, formal documentation to support recruitment and practice, such as a flyer, the policy and practice manual, and a local curriculum, took some time to be developed.

At the time of writing, program management have taken steps to put the program on a more solid footing. Careful recruitment has taken place to replace original staff who have left, documentation is in the process of completion, and reflective discussion at management level to review program aims and philosophy is taking place.

#### 3.6.2. Facilitator support and training

The facilitators reported positively about the training they received to deliver the program. In addition, they strongly asserted their faith in the program philosophy and the wider therapeutic benefits of the program in terms of working with this particular cohort of women. There was also very encouraging feedback from facilitators in relation to the support they received from the program designer in 'reflective practice' meetings.

Facilitators received weekly clinical supervision, using critical reflection (Mattson, 2014). This is an integral component, as it provides facilitators with necessary support for this complex work. The trial manager has worked to support facilitators in multiple locations and has acted responsively to implement new strategies, such as locating herself regularly at each service site. Supervision for facilitators is split between the trial manager (clinical supervision) and local line management (issues relating to general employment), and the trial manager continues to work to clarify these separate roles.

One participant commented that she 'felt scared' for the facilitators, given the difficulty of her own story, which she felt guilty about 'offloading' in the group:

*'I held back a little bit and I felt scared for (the facilitators) too because my story isn't an easy one to hear and I am always conscious I guess of how my story impacts other people. So do they want to hear that? Do they want to sit with that kind of deal? So, there is always that, a bit of guilt and having to offload, let them carry some of what I've offloaded.'* (Cara)

Facilitators themselves spoke of the complexity of the work, the unmediated rawness of the stories they heard, and the echoing effect of hearing these stories from all of a group of woman, which is harder to contain than when listening to one woman only. The risk of vicarious trauma for facilitators is very real.

Facilitators are well supported through weekly clinical supervision, using critical reflection (Mattson, 2014). This is an integral component, as it provides facilitators with necessary support in addition to regular 'reflective practice' sessions and peer support. One of the lessons learned through the experience of the first twelve months, is that care should be taken in scheduling program cycles so as to ensure that staff have the space to process what they are hearing in groups. It is also important to create a staff pool that can provide adequate support for facilitators to take leave without endangering the continuity of the client-facilitator relationship which is critical for therapeutic change to occur.

Discussion with facilitators in relation to the important casework component of program delivery elicited a range of varying responses, suggesting that a lack of clarity exists as to its purpose and scope. Facilitators with case management backgrounds may emphasise this side of the work more than others. With the core group delivery component of the program established, it will be beneficial to put resources into defining, managing and monitoring the casework component.

There was some dissatisfaction voiced in terms of ongoing support and guidance in the early phase of recruitment and referral. Facilitators felt they would have benefitted from some basic training and workshop support regarding recruitment strategies and community service engagement. As some facilitators moved into the role, they felt their skill set was not particularly aligned to undertaking networking and community engagement presentations.

### **3.6.3. Interagency collaboration and communication**

One of the strengths of Positive Shift is its collaborative nature, across organisations and geographic locations. Interagency collaboration is always a challenge, and especially so in the early implementation stages of a new program. Several concerns were raised:

- The need to acknowledge philosophical and organisational differences between service locations, and recognise the value and expertise that each service location brings to the program. Development at both management and facilitator level of a unified vision for the program is important. Steps are being taken to address this.
- Physical distance can be a problem where staff must travel long distances on a regular basis. With a small team, this is unavoidable to some extent, especially when taking all program delivery factors into account. However, care should be taken that the burden does not fall too heavily on any individual staff.
- Managing the different and separate data management systems of two independent agencies has been a challenge, and led to some frustration among facilitators. Management needs to be sensitive to the workload burden that this can create, and proactively look for workable solutions.

### **3.7. Discussion**

This section of the report addresses both process and outcome evaluation questions together, under several overarching themes. It pulls together information about the characteristics of Positive Shift participants, and findings about recruitment, retention and program effectiveness. It also discusses the implications of these in the light of issues relating to this being a recent implementation of a new program, of a nature not yet familiar to the Victorian service system.

#### **3.7.1. Limitations of this evaluation**

This evaluation reviews the first 12 months development and implementation of the Positive Shift program. Issues relating to introducing a program of this nature into the service system, and the need to ensure that women referred to the program were program-ready, resulted in a smaller than expected sample for evaluating the effectiveness of the program. Given the smallness of the sample of 22 women, findings for program effectiveness are indicators only, and need to be confirmed with a larger sample.

#### **3.7.2. Profile of Positive Shift participants**

Women participants in the Positive Shift groups had enrolled in the program due to having been seen to use force themselves. A close examination of women's narratives and accounts of past abuse reveal a diverse group of women, from many walks of life, and with a range of traumatic experiences in their past. It is in this context that they lost their tempers, or defended themselves and their children. While these women were referred to the program for use of force, it is their experience of being victims/survivors of abuse and violence that is the common element among them. Yet, the women themselves do not all identify themselves in this way. By the time they attended the program, many women had moved on from the relationship in which the triggering incident had taken place, and this speaks to the nature of the program as an opportunity for healing. In the ways that women speak of their experiences, they reveal themselves to be both victim and user of force at different times.

#### **3.7.3. Program Effectiveness**

The findings for program effectiveness are based on a sample of 22 women who completed both pre- and post-program questionnaires, and a smaller number of nine women who agreed to be interviewed in greater depth about whether and how the program had helped them. Follow-up data to examine whether change is sustained up to six months after the program finished is not available, as to date women have not been responsive to follow-up recruitment.

Encouraging positive and significant changes were observed across all areas of measure, as summarised in the following paragraphs. However, it should be noted that the paired samples t-tests used lack power to draw significant conclusions, due to the small sample size.

Findings indicate that women's levels of anger and aggression were lower at the end of the program. This change is amplified by the descriptions given by women participants themselves of how their understanding grew and thinking changed during the course of the program.

Women's mental health (specifically distress, anxiety and depressive symptoms) has been shown to be negatively impacted by domestic violence trauma. Overall women reported feeling less psychological distress at the end of the program.

Participants felt more supported in their social networks at the end of the program and more able to act on their negative feelings, primarily by relying on their inner resources. It appears that the group process may have helped women in the context of the supportive +SHIFT group, but there was less change to their

emergency support networks. Women reported that when they were not feeling good, the supports outside themselves had not changed significantly. However, their internal coping-mechanisms, such as self-confidence and sense of self-worth, did increase enormously, and women spoke of this specifically in the interviews. Sustainability of these changes is yet to be determined.

For the interviewed women, the aspects of the group process which helped them most powerfully were several. The connection with a group of women who shared similar experiences broke down the isolation of shame and provided women with others who would support and encourage them, and in some cases, ongoing friendships. Acquiring a greater knowledge of violence and abuse, and through that an understanding that traumatic experiences can lead to destructive patterns of behaviour, allowed women to make choices about their future actions. Learning about healthy relationships and skills and strategies to deal with difficult people and situations helped women to build more respectful relationships with others, and to act more in tune with their own sense of integrity. Women talked about becoming more aware of their own needs and learning how to ensure they are met.

Aspects of the program that were valued by interviewees and facilitators alike included the actual curriculum content, the flexibility in delivery that is built into the program design, and the non-judgemental and empowering stance that facilitators took towards women participants (also built into the program design), allowing women to have a voice.

Women participants who completed the program were overwhelmingly positive about it, and the few improvements suggested have either been implemented or are under consideration by the staff group, in the spirit of co-design that has informed program implementation.

Women did not speak specifically of the case support they received, although they spoke very warmly of the support provided by facilitators, in terms of emotional support, practical supports such as childcare or transport assistance to help them attend the group, and support at difficult times such as going to court. This aspect of the program, while clearly vital in engaging and supporting group participants, needs further definition and investigation to ascertain how it can be most effective within finite resources.

#### **3.7.4. Referral, recruitment and retention**

This discussion of program effectiveness is based on participants who engaged fully and enthusiastically with the program, and showcases the potential of Positive Shift. However, the figures for referrals, enrolment and completion of the program indicate that significant numbers of women are falling away at a number of stages.

A large number of inappropriate referrals suggests that, while there is interest in the program, more work needs to be done to educate the community about the program's aims, philosophy and eligibility criteria. It should be noted that some of the inappropriate referrals are accounted for by the range of police reports (L17s) that are automatically sent through. The range of referral sources listed for the early months of the program suggests that the program has gained most traction in services which view women participants as perpetrators or offenders, rather than as victims/survivors.

Further investigation is needed to understand why women do not follow through to the program after initial contact is made. A number of factors may be in play here in relation to the woman's own life challenges, multiple appointments and commitments required by other authorities (child protection or corrections), or whether women understand the supportive and non-judgemental nature of the program. At this stage it is unclear how facilitators are supporting women on the waiting list to remain engaged. A woman completed the program recently after starting it twice in earlier program cycles, showing that ongoing engagement is possible.

While there has been attrition across all three service locations, the patterns in each site are slightly different, arising primarily from different service system contexts. A timely response to the women subject to police reports and a good community profile in a smaller service system has served the Ballarat program well. The metropolitan locations have faced a bigger challenge in becoming recognised and understood, and the upheaval caused in the North Metropolitan region by the introduction of the Orange Door Family Violence Hub caused a major disruption in referral pathways. Differences in attrition patterns between service locations may also relate to differences in eligibility thresholds.

The length of the program (16 sessions) was raised during interviews with referring professionals as another barrier to engagement and attendance. While shorter interventions are preferred by many people, the therapeutic nature of the program requires enough time for women to feel safe enough to open up to their vulnerabilities, in order for the change process to commence.

Considering the newness of Positive Shift, the challenges described above in advertising the program and its specific approach, and in recruiting and engaging participants, are not surprising. It takes time for a new program to become known and understood, particularly one which takes a different approach.

#### **3.7.5. Profile in the Community**

While the facilitators engaged enthusiastically in the promotion of the program, there is evidence of a lag effect in terms of capacity building regarding education and support for women who use force. The program has been advertised as an intervention for women who use force, and this has caused some unease in the DFV service sector, as the name appears to feed into the common misidentification of women as 'primary aggressor'. As was mentioned above, most referrals have come from organisations who view these women primarily as users of violence, rather than as victims/survivors of DFV perpetrated by male partners.

Recent management discussion of these community attitudes towards the program has resulted in plans to revise publicity materials so as to provide more detail for professionals regarding the therapeutic philosophy and aims of Positive Shift. There is a need to clarify that the program's focus is gender-responsive, trauma-informed, healing and non-judgemental. It is proposed that the current program tagline "*Positive Shift: a program for women who use force in their intimate relationships*" be revised to "*Positive Shift: A healing program for women to explore family safety and viable alternatives to force in their intimate relationships*". This is currently under review by program staff.

#### **3.7.6. A feasible service model within the Australian context**

Rapid implementation had an impact on the quality of early program recruitment and delivery, as staff strove to familiarise themselves with the program philosophy, aims and content, develop publicity materials and educate other professionals in the service system about the program, recruit and engage women for the program and implement a new curriculum, all in a short space of time. Some processes were rushed, and it took some months for procedures to become systematic. However, it should be noted that with key documentation now developed, the program appears to be on a steady footing.

The Vista curriculum has been revised and updated to make it suitable for the Australian context. Revisions have primarily been to language and to the participant resources. The new **Positive Shift Curriculum** is included as Volume 4 of this report.

While the uncertainties of the implementation period caused confusion and discomfort for some staff, a strength of the program's implementation has been the clinical support provided on a regular basis through supervision and team reflective practice. Continuation of this support, along with well-planned group scheduling and human resources planning, is critical given the difficult and complex nature of the work.

As was established through Curtin University's [National Workforce Survey](#) (Volume 4), professionals in a range of sectors regularly see women who have used force, and would benefit from the Positive Shift program, because of its capacity to recognise that the victim/perpetrator distinction is not always a clear distinction. Senior program staff also report widespread interest in Positive Shift from organisations wishing to address the needs of this population group.

The Positive Shift program is establishing itself in Victoria. Early program effectiveness measures are encouraging, supported by feedback from the women participants themselves, suggesting that program content is appropriate to the needs of participants. Challenges in relation to community engagement and education are predictable in the early stages of implementing a new and different program, and are being grappled with, as program management grow to understand the service system context. Widespread interest suggests that the program is filling a gap in the service system. Further investigation is needed to understand attrition rates from referral to program completion, and to understand the best way that the case support role can be implemented.



## 4. Australian Practice Framework

This practice framework for interventions with women who use force has its foundations in findings from the program of research reported on in this document, including the [International Literature Review](#) (Volume 2), the [National Workforce Survey](#) (Volume 3) and the [Program Evaluation](#) (see section 3, Volume 1). In addition to researchers, the framework is informed by consultation with Positive Shift program staff. The framework is designed as a brief guide for practitioners and program designers to the principles and intervention style deemed essential for working with this population. It is best read in the context of this report or a program curriculum such as the [Positive Shift Curriculum](#) (Volume 4).

Programs for women who use force are based on the recognition that domestic and family violence (DFV) in Australia is gender-based. Overwhelmingly, the pattern of DFV is of men abusing and controlling women and children. Research has shown that the typologies used to categorise and understand men's violence are not appropriate for understanding women's use of force (see the definitions below). Women's use of force differs from men's in terms of motivation, intent and impact

There is strong evidence that women who use force have experienced high rates of DFV and childhood abuse victimisation. It is in this context that women's use of force should be understood. Women differ in motivation from men, their actions most often stemming from self-defence, anger or stress. Generally, the intent and impact of women's use of force also differs from men's. A contextualised and trauma informed approach to assessment and intervention is therefore essential.

### Definitions

#### ***Domestic and Family Violence (DFV)***

Domestic violence refers to “an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening”. This may include physical, verbal, emotional, financial or sexual violence. Family violence refers to a broader range of marital and kinship relationships in which violence may occur. For this reason, it is the most widely used term to identify the experiences of Indigenous people. (Council of Australian Governments, 2010)

#### ***Use of Force***

Physically, verbally, and emotionally detrimental behaviors used toward an intimate partner...to gain *short term* control of chaotic, or abusive and/or intimidatory situations (Dasgupta, 2002; House, 2001; Larence, 2006; Osthoff, 2002).

#### ***Violence***

Force used unjustly with the intention of causing injury. (House, 2001)

### 4.1. Underlying theories and frameworks

#### **4.1.1. Ecological systems theory**

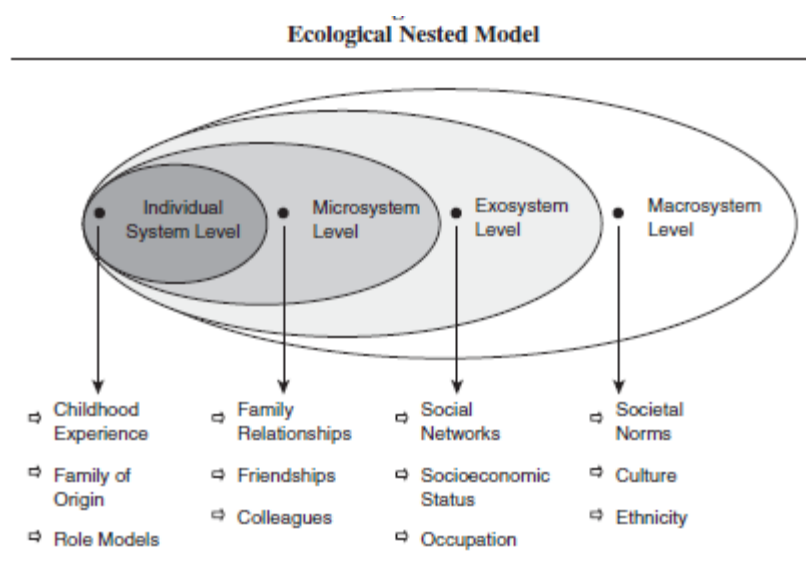
Developed by Bronfenbrenner (1977), ecological systems theory suggests that individual experience over time is influenced by interactions within a number of nested systems. Similarly, women's use of force does not consist of independent incidents occurring in a vacuum, but often takes place in the context of patriarchal views of women. The use of force must be considered in the context of a person's interactions with each of the four interrelated layers of the Ecological Nested Model (see Figure 20). These are:

- i. the individual level - a woman's childhood experiences, including family of origin, socialisation, and role models;

- ii. the microsystem level - a woman's current family, situational, friendship, and workplace relationships - and the mesosystem, which recognises the interconnections between a woman's different microsystems (not shown in the figure below);
- iii. the exosystem level - the formal and informal structures and institutions with which a woman comes into contact throughout her life, such as social networks, socioeconomic status, and occupation; and
- iv. the macro-system level - the societal norms that govern a woman's life experiences, such as her culture, ethnicity or sexual identity. (Larance, 2006)

The framework of the Ecological Nested Model provides a framework in which a discussion of program content and of women's own contributions can take place. This may assist women to develop an awareness of the impact of factors at all four levels on the context of their experiences. Through this contextualised discussion, women may begin to consider behavioural choices they had previously not recognised as possible.

**Figure 20: Ecological Nested Model (from Larance, 2006)**



#### 4.1.2. Intersectionality

Intersectionality as a concept recognises the multiple dimensions to identity and seeks to understand how these shape clients' lived experience, including their different experiences of oppression and how these interweave and reinforce each other (Crenshaw, 1991; Mattsson, 2014). These may include the gendered nature of violence, class, ethnicity, immigration status, age, educational level, ability, gender identity or sexual identity. Discrimination or oppression may operate at the level of individuals, social groups, or systems of domination. An intersectional approach focuses on the ways in which societal messages about who they are puts pressure on individual women to conform to particular expectations, and the impact of this on their relationship options and sense of personal power or lack of it.

#### 4.1.3. The Anger Umbrella: A Conceptual Model of Change

This model of change was developed out of the experience of working with groups of women over the course of a year, who had been court- and/or agency-ordered to attend an anti-violence program for their use of force. It hypothesises that women's anger cloaks a complex range of multi-dimensional emotions – shame, guilt, confusion, fear, sadness, grief/loss, betrayal by self and others, and forgiveness of self or others. Helping women explore and experience these emotions may lead to increased acceptance of self. With self-acceptance, women may be able to balance a more realistic level of responsibility for their own past actions with a recognition of primary perpetrator accountability. Through a greater understanding of

what prompts their use of force and/or how they have changed, they may be able to take greater control of their feelings and behaviour (Larance & Rousson, 2016).

#### **4.1.4. An all of family approach**

All of family approaches to practice focus on the microsystem level in the Ecological Nested Model discussed above, and take into account the impact of violence on other family members, particularly children. These approaches are emerging as promising practice with fathers who use violence (Humphreys & Campo, 2017). The approach involves understanding the context of a women's use of force within a family, helping women understand the impact of violence on family members, including discussions of children and parenting in the group sessions, and case support and referral as appropriate for family members.

#### **4.1.5. Empowerment theory**

Empowerment is an approach in which people are assisted to gain control over their decisions and actions and achieve life objectives by helping them surmount personal or social barriers. This helps them develop and thrive (Payne, 2014; Teater, 2014). Empowerment theory is grounded in ecological systems theory, which examines the connections between personal experience and the impact of family, social and institutional environments. People are encouraged to understand their own situation, the context in which their choices have been made and learn about a possible expanded range of choices. They are seen as experts in their own situation (Arnold & Ake, 2013).

#### **4.1.6. Pro-social modelling**

It is recognised that programs for women who use force work best on a voluntary basis, as readiness to change is a key factor in program effectiveness. However, many women attending such programs may have been mandated to attend through the corrections or child protection systems, and would not attend otherwise.

Pro-social modelling is an approach for working respectfully with involuntary clients, which involves workers being reliable, honest, punctual, following up on tasks and respecting the feelings of group participants and others. Professionals identify and positively reinforce pro-social expressions and actions, such as when participants take actions that promote healthy and respectful relationships in their lives. They use appropriate confrontation strategies (see practice guideline 6) and work collaboratively with clients to address their needs. The skills involved in pro-social modelling, along with empathy for clients, have been demonstrated to reduce rates of re-offending (Trotter, 2009).

### **4.2. Principles**

1. Domestic and Family Violence is a gendered issue. Women's use of force is generally different in nature from men's use of violence in motivation, intent and impact.
2. Women who use force constitute a diverse group with a wide range of experiences and identities. Many have experienced intimate partner violence and/or childhood abuse and victimisation.
3. Women's use of force must be understood in the context of their experience at all levels - individual, familial, institutional, cultural, community, societal – thereby honouring women's life experience rather than condemning their actions.
4. The creation of a safe intervention environment is paramount. Such an environment is one in which women can safely be themselves (see paragraph on intersectionality). This includes establishing an environment of cultural safety for Aboriginal or Torres Strait Islander women, who may also have backgrounds of intergenerational trauma.
5. Women are experts in their own situations and can work to evaluate and develop safe and viable alternatives to their use of force. Professionals listen to women's stories with empathy, advocate and help women navigate their survivorship histories. They facilitate healing rather than take on an advisory role.

6. Women are at different stages of readiness to examine their behaviours and underlying emotions, and to start developing viable alternatives to their use of force. Change will look different for each woman.

### 4.3. Practice Guidelines

1. A contextualised and trauma-informed approach to assessment and intervention is essential. This involves creating a safe environment where women can be vulnerable enough to examine uncomfortable emotions and traumatic experiences. Feeling safe enough to be vulnerable is critical to the change process. Important factors in creating safety include:
  - Consistency of at least one worker / group facilitator throughout the program;
  - Establishment of ground rules to support safety, respect, listening and exploration;
  - A physical environment that is welcoming, comfortable and relaxed (for example, a circle of comfortable chairs rather than sitting round a table);
  - Opening and closing rituals to each session which mark the session time and space as separate from women's everyday lives;
  - Close attention to the use of language to ensure it is not shaming, blaming or judgemental.
2. Program content should include the following themes:
  - Definitions of abuse, the costs and benefits of using force and being violent;
  - The impact of force on children, family, friends and/or pets;
  - Unpacking anger to explore the emotions underneath (what was the intention behind force being used?);
  - Conflict management – assertion versus aggression;
  - Relationship needs and positive relationships;
  - Shame and responsibility;
  - The effect of cultural messages, intersectional identities, and responsibilities;
  - Creating physical and emotional safety through self-acceptance, self-expression, recognition of stress signals safety and support planning.
3. A “check in” early in each session, where women talk about their experiences since the last session and how they are feeling, allows these issues to be picked up in the discussions. In this way, the session may be experienced as participant-led and therefore empowering.
4. An “accountability statement” from each participant at the beginning of each session involves women identifying an action and/or behaviour used in the past week that reflects their personal integrity (Larance & Rousson, 2016). This exercise helps women recognise their own growth and change.
5. Integrating weekly session topics with women's immediate concerns (based on historical trauma or current experience) helps them unpick and understand their multi-dimensional, multi-layered emotions, leading towards a goal of self-acceptance.
6. Compassionate confrontation (Larance, Hoffman, & Shivas, 2009) is a critical co-facilitation tool in assisting women to seek viable alternatives to the use of force in a non-judgemental atmosphere of support and validation.

## 4.4. Intervention Modalities

Both one-to-one work and group work are effective in working with women who use force and have their own advantages and disadvantages. A combination of both is powerful. Where possible within the program framework, it is important to customise program delivery to meet each individual woman's needs.

ADVANTAGES	DISADVANTAGES
GROUP WORK	
<b>Advantages</b> <ul style="list-style-type: none"> <li>• Women realise they are not alone in their experience.</li> <li>• Women support and mentor each other, encouraging each other to be “the person they want to be”.</li> <li>• Resource sharing.</li> <li>• Done in a supportive, non-judgmental environment, this collective experience (of being reminded and reminding others to take full credit) reinforces personal empowerment and supports the development of social networks (Larance &amp; Porter, 2004).</li> </ul>	<b>Disadvantages</b> <ul style="list-style-type: none"> <li>• Group programs based on perpetrator-focussed programs developed in relation to men's violence have the potential to be shaming and destructive for women who have been subjected to violence or other abuse.</li> <li>• The group environment is not suitable for women in the following circumstances: <ul style="list-style-type: none"> <li>- Current drug/alcohol use at levels which hinder effective program participation;</li> <li>- Mental illness that includes psychosis or delusions;</li> <li>- Severe cognitive limitations ;</li> <li>- Medical conditions constituting the primary cause of violence (e.g. acquired brain injury);</li> <li>- Continued lack of commitment by a woman to changing her behaviour or increasing her safety, which causes disruption to the group .</li> </ul> </li> </ul>
ONE-TO-ONE WORK	
<b>Advantages</b> <ul style="list-style-type: none"> <li>• An opportunity to offer program content to women for whom group participation is unsuitable</li> <li>• One-to-one work supplements program content in the following ways: <ul style="list-style-type: none"> <li>- Debriefing about program content;</li> <li>- One-to-one time and support for participants outside the group space;</li> <li>- Brokerage to assist women in attending, childcare or material aid;</li> <li>- Practical or emotional assistance;</li> <li>- Advocacy on behalf of women (with their permission) to other services and institutions to ensure that other professionals gain a contextual understanding of a woman's circumstances.</li> </ul> </li> </ul>	<b>Disadvantages</b> <ul style="list-style-type: none"> <li>• There is less opportunity for women to learn they are not alone in their own experience.</li> <li>• One-to-one work does not provide the group mutual support, validation and mentoring that occurs in a well-managed group process.</li> <li>• No opportunity to develop ongoing support networks and resource sharing.</li> </ul>

#### 4.5. Support for program staff / group facilitators

A trauma-informed program which offers healing and change for women who use force will expose professionals to multiple accounts of traumatic experience, and this can impact on staff well-being and on quality of service provision.

- Weekly clinical supervision for program staff / group facilitators, using critical reflection (Mattson, 2014), is an integral component of providing them with necessary support for this complex work. During supervision, close attention must be paid to professionals' efforts and ability to navigate the women's possible trauma while exercising cultural humility in their intervention approach, as well as address their possible vicarious trauma (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Johnson & Munch, 2009).
- Programming timed to ensure that there is space during each week and between each program cycle for staff to have some respite from the complex aspects of the work, will assist in avoiding burnout.
- The pool of trained staff should be large enough to provide backfill when staff are on leave, while maintaining consistency of staff-client relationships wherever possible.

#### 4.6. Record-keeping in relation to women who use force

Women who use force may be involved in the Corrections system, the Family law system or the Child Protection system. In proceedings in any of these arenas, presentation of their actions without an explanation of the context may result in significant adverse outcomes for the women, including imprisonment, loss of their children or ongoing contact between their children and a father who uses violence. Therefore, the following principles about documentation should be adhered to, so as not to put women at risk of unfair judgement.

- Adhere to legal requirements for record-keeping.
- Ensure that any record of women's actions details the context of her relationship history so that information cannot be misinterpreted.
- Ensure that clients are clear about what information is confidential and what may be shared.
- Take care what is documented about clients (eg. document only attendance, housekeeping issues and any safety concerns).
- Always remember that someone other than the writer will read any notes recorded. This may be the client, or other professionals from Corrections, Child Protection, the Family Law court etc. Notes should always be written with a future audience in mind.

#### 4.7. Community Engagement and Education Activities

The context and circumstances in which many women use force is variably and often poorly understood by professionals who may come into contact with them or offer them services. Professionals providing interventions for women who use force should see community engagement and education as part of their role, including:

- Information / training to professionals in referring organisations;
- Information / training for professionals and institutions who judge women's actions (criminal justice system, courts, probation officers, child protection etc);
- Information / training for professionals treating women for associated issues – mental health issues, alcohol or drug use, parenting support etc.

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## Appendix A: Progress report – February 2019



### **Progress Report** **+SHIFT Process Evaluation**

**February 2019**

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## **Positive Shift Pilot: Overview**

The Positive Shift program has commenced at three sites, in Northeast Melbourne, Western Melbourne and Ballarat. The first program cycle started in the last week of October 2018. The first phase included a total of 8 women (6 women participants started the program at the Ballarat site and 2 women at the Western Melbourne site). Overall, 7 women completed the first cycle of the program. The one woman that left the program left due to family commitments.

The second program cycle began in the second week of February 2019. Six (6) participants started the program at the Northeast Melbourne site; five (5) women at the Western Melbourne site; and twenty (20) women (two concurrent groups) started the program at the Ballarat site. Overall, 31 women have begun the second cycle of the program.

### **Data collection to date**

Two (2) interviews have been conducted with participants who completed the program at the Ballarat site, and 1 interview has been conducted with a participant at the Western Melbourne site. The interviews commenced during the final week of program completion, which varied slightly for the 2 sites (mid-December at the Ballarat site, and in early January at the Western Melbourne site).

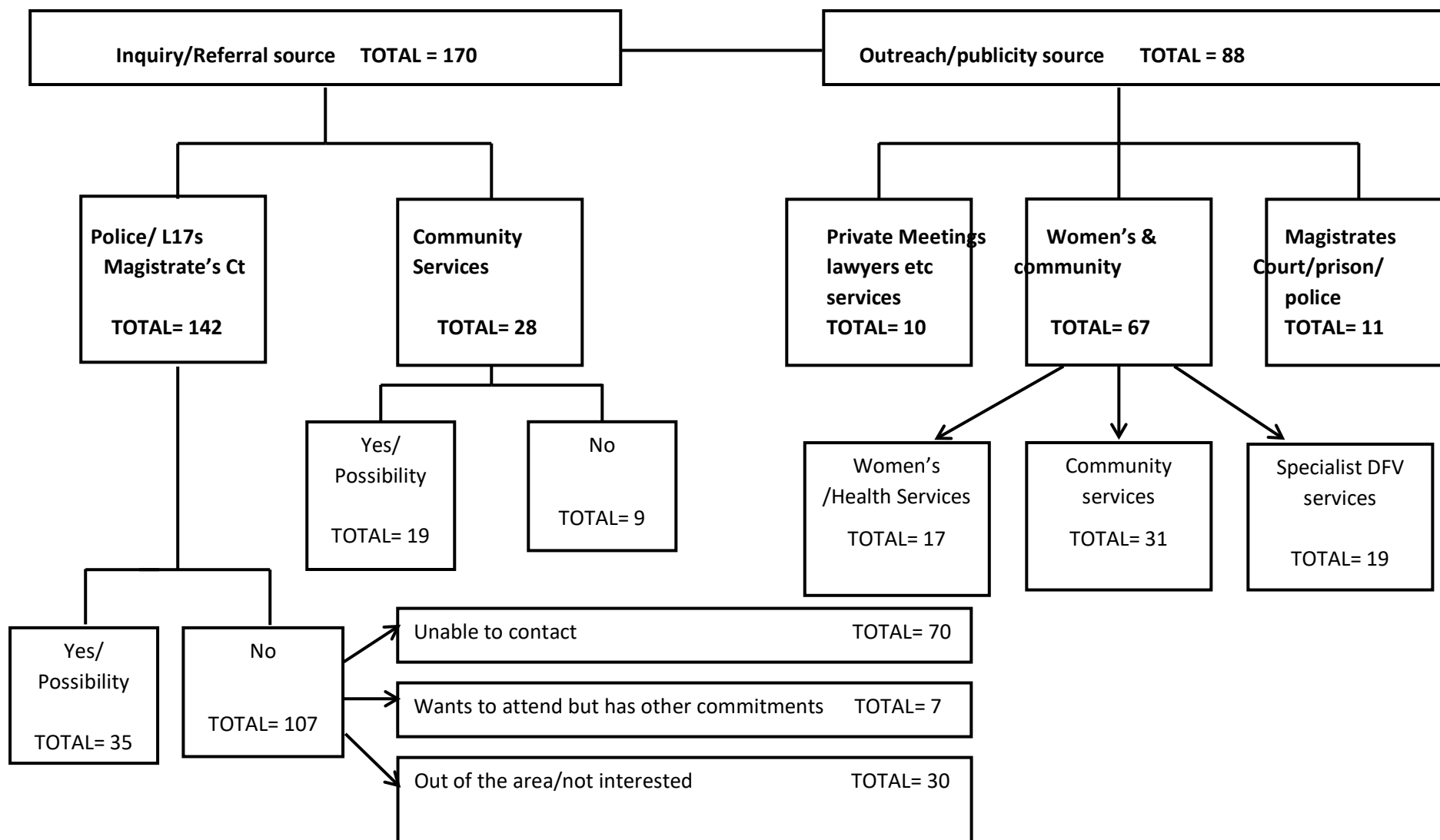
Given the concurrent evaluation of Positive Shift being conducted by DHHS, our recruitment for qualitative interviews with participants was restricted to approximately 50% of volunteers. In the long term, the streaming of participants for qualitative data collection will ensure equal share of the evaluation data. More importantly however, particularly given the length of the evaluative assessment tools and the sensitivities apparent in this area of research, the division of participants was essential to avoid participant burden and response fatigue.

Interviews have been conducted with 5 program facilitators, across all three of the program implementation sites.

### **Timelines**

The timelines for preparation and recruitment for the first phase of Positive Shift were extremely tight. In order to run a group during 2018, the first program cycle consisted of 2 groups a week, compressed into 15 sessions. Preparation and recruitment for the second cycle of the program were likely impacted the holiday period over December/January and staff holidays. Program sites that were operating with an existing waiting list and access to L17s were under less pressure to recruit for the February start date. However, the Northeast Melbourne and Western Melbourne sites were under pressure to recruit with a very limited referral platform to work with.

Figure 1. Snapshot of recruitment and publicity avenues to date



## **An overview of some of the key issues from the interviews with Positive Shift facilitators**

### **PUBLICITY**

It is important to note that we have not received information regarding publicity for all sites. As a result, the estimates included in the Figure 1 need to be viewed as an overall snapshot in this progress evaluation. However, even as it serves to outline approximate numbers, the flow chart is useful for discerning some of the key referral pathways to date.

As shown in the flow chart above (see Figure 1), there was a large amount of publicity conducted by the facilitators and the Project Manager to promote the program.

Promotional and community engagement regarding the program can be broadly divided into 3 categories: Women's/Community/Specialist DFV Services; Private meetings with lawyers/practitioners etc.; and Magistrates Court/Prison/Police contacts.

A large majority of the overall publicity efforts (approx. 80%) were directed toward Women's/Community/Specialist DFV Services. Of these, approximately fifty percent (50%) came from contact with more generalist community services (e.g. Community service hubs, NGOs and Councils). The remaining sources of publicity were from women's & women's health services (approx. 25%) and specialist DFV services (approx. 25%).

The data relating to all sites regarding promotion and publicity is currently incomplete. However, there are some trends that can be observed across each of the sites. Given the significant success of engaging participants via the L17 portal, the Ballarat site has been strategic in reaching out to several diverse services (Child protection, Salvation Army, CAFS, Relationships Australia and other significant community services) in their region. Given their lack of access to the L17 portal, the Northeast Melbourne site has engaged in a substantial amount of publicity avenues (and made over 60 contacts with individuals and agencies over phase 1 and 2). There is limited data available concerning the Western Melbourne site, however staff there have contacted community services in the broader Brimbank and Melton catchment area, as well as communities working with LGBTQI, ATSI and CALD communities.

## **RECRUITMENT AVENUES**

As outlined in the flow chart, a substantial number of referrals (approx. 84%) were received through the L17 and/or Magistrate court order pathway. A little under one quarter of the referrals (24%) from this source were recorded as a 'yes', or as a 'possibility' (and were placed on a waiting list). The most common reason for facilitators not engaging a potential participant through the L17 pathway was their inability to contact the woman (e.g. no response; facilitator left a message that was not returned). It is difficult to ascertain whether the non-responding women were falsely identified for engagement in the program. However, very few women explicitly stated that the program was irrelevant in terms of their current circumstances (i.e. they have not been involved in a specific incident.)

The referrals taken from Community services and other specialist services were much smaller. However, a much larger percentage of these (68%) ended in participant intake/ possible intake into the program.

Again, we have not received all the information regarding referral pathways from each site. However, there were some significant discrepancies in terms of access to L17s as a referral pathway. The large majority of referrals from Ballarat came from the L17 pathway (more than 95%). Neither the Northeast Melbourne nor the Western Melbourne site has had direct access to L17s. Challenges at both sites were exacerbated by intermittent access to the L17s, which are now processed through the Orange Door Hub. Given that the Orange Door Hubs have only recently began functioning as a central referral point for L17s, there have been some early operational problems, and a resulting backlog of L17s which have perhaps not led to timely referrals into program.

## **ORGANISATION AND COMMUNICATION**

### **Timing and expectations regarding recruitment for the first group phase**

The first phase of the program was impacted by a delayed start date for the facilitators and managers. This affected both the amount of publicity and community engagement that could be achieved, and the subsequent referral possibilities for the first group. Along with the tight timeframes, there were some issues in terms of expectations about the facilitators' role in program promotion and recruitment at the beginning of staff appointment into various roles. Confusion about who had responsibility to source women for the program, and anxiety about how best to move forward with this task, likely impacted the first phase of recruitment.

The above issues were perhaps magnified by the fact that Positive Shift is a new program, in a pilot phase, and a very different program from most within the DFV sector. While the facilitators engaged enthusiastically in the promotion of the program, there is evidence of a lag effect in terms of capacity building regarding education and support for women who use force.

### **Training/ capacity building of facilitators**

The facilitators reported positively about the training they received to deliver the program. In addition, they spoke at length about their faith in the program philosophy and the wider therapeutic benefits of the program in terms of working with this particular cohort of women. There was also very



encouraging feedback from facilitators in relation to the support they received from the program designer in 'reflective practice' meetings.

There was some dissatisfaction voiced in terms of ongoing support and guidance in the early phase of recruitment and referral. Facilitators felt they would have benefitted from some basic training and workshop support regarding recruitment strategies and community service engagement. As some facilitators moved into the role, they felt their skill set was not particularly aligned to undertaking networking and community engagement presentations etc.

## 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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### 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.

### 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

### 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.

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

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

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.<sup>9</sup> 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.<sup>10</sup>

In general, women who use force in their intimate heterosexual relationships are often abused by their male partners;<sup>6 11 12</sup> motivated to use force for a range of reasons including protecting themselves and their children and asserting their dignity;<sup>11 12</sup> and face severe relationship and societal consequences.<sup>10 13</sup> Larence 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.<sup>5</sup> 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).<sup>5</sup> 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.<sup>3</sup> 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.<sup>7</sup> 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.<sup>6</sup> 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.<sup>14</sup> Analysis of these self-completed questionnaires showed that approximately 25% of women aged over 16 experienced some form of non-sexual domestic abuse.<sup>14</sup> 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.<sup>14</sup> 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.<sup>15</sup> 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.<sup>15</sup> 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.<sup>16</sup> In this 'gendered injustice'<sup>17</sup> process many women became 'caught' in the criminal justice system when they were not the predominant aggressor.<sup>2</sup> Recent research highlights the difficulties in identifying victims of coercive control.<sup>18</sup> 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.<sup>19</sup>

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.<sup>12</sup> They have negligible effect on changing the behaviour of their partners who are generally not afraid of them.<sup>6</sup> 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.<sup>3 7 20</sup>

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,<sup>21</sup> call for the development of gender-responsive programming that addresses intersectional identities.<sup>22-24</sup> Programme design must acknowledge women's victimisation and trauma history, while simultaneously facilitating awareness of viable non-forceful alternatives.<sup>5 6 25</sup> In Victoria, Australia, the Vista programme framework,<sup>3 26</sup> 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 antiviolen service sector as a gender responsive service;<sup>27</sup> recognised that women who use force are often domestic violence survivors; and is currently





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.<sup>28</sup> 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.<sup>29</sup>

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.<sup>4,16</sup> 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<sup>26</sup> 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<sup>30</sup> 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.<sup>31</sup> 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:

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

Outcome	Measure	Preprogramme	Postprogramme	Follow-up
<b>Primary outcome</b> 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)	✓	✓	✓
<b>Secondary outcomes</b>				
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 Lrance and colleagues, in the USA as a contextual response to the complex needs of women referred by the judicial system to behaviour change programmes.<sup>26</sup> 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.<sup>20</sup> The Family Violence Risk Assessment and Risk Management Framework<sup>22</sup> will be incorporated into the assessment to identify risk factors associated with family violence. In addition, the Contextual Abusive Behavior Inventory<sup>3</sup> 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,<sup>33</sup> paying atten-

tion 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





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)<sup>34</sup> 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.<sup>35</sup> 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.<sup>6 8 10 12 36</sup> The *Contextual Abusive Behavior Inventory*<sup>36</sup> 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*<sup>37</sup> 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.<sup>38</sup> 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.<sup>39</sup> 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.

### Social Provisions Scale

Social support is an important part of maintaining both healthy relationships as well as mental health.<sup>40, 41</sup> +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*,<sup>42</sup> 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,<sup>43, 44</sup> 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.<sup>45</sup> 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.

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**Contributors** CH, DV and MK are chief investigators. CH, MK, AS-S and GO each prepared parts of the manuscript. LYI 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.

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