Raising Awareness of Domestic Abuse in Relationships with Young People (Y-RADAR).

An evaluation of a 7 week intervention with Young Father's in Southampton - a partnership between The Family Nurse Partnership, The Hampton Trust and The Saints Foundation.
1.0 Background.

In 2014, 1.1 million women (7%) and 720,000 men suffered domestic abuse in England and Wales. In 2011, it was reported that around 1 in 5 children in the UK have been exposed to domestic abuse (Radford et al 2011). Approximately 9 people are killed by their current or previous partner every month in the UK and on average the Police receive an emergency call relating to domestic abuse every 30 seconds. Domestic abuse has been identified as a key factor in 60% of all serious case reviews completed (Brandon et al 2012). Victims of domestic abuse are known to suffer for almost 3 years before they will reach out for the help that they need, and many victims are subjected to more than 50 incidents during that time (Walby 2004, Safe Lives 2015). Specifically in young adults and teenagers, the NHS 2013 resource for health professionals identifies that as many as 40% of teenage relationships are abusive. This has risen from an originally reported 1 in 5 teenagers experiencing physical domestic abuse (Barter et al 2009). In response to this alarming statistic, the Home Office in March 2013 expanded the definition of domestic violence to directly address youth related abuse by reducing the recognised age from 18 years to 16 years. It is recognised that a high proportion of teenage pregnancies are affected by domestic abuse and related issues (Wiggins et al 2005). Over a third of domestic violence starts or gets worse when a woman is pregnant (Refuge 2016).

In 2009, research completed in Wiltshire based on survey responses of 1027 young people aged 13-15 years identified that nearly a quarter of all respondents believe that “sometimes” violence or abuse was OK, with 1.4% stating that it was “always” OK. One of the largest reasons for this response was identified as being a partner have sexual intercourse with another person and a significantly larger amount of male respondents thought that abuse/violence was “always” acceptable than female respondents. Both male and female respondents at a rate of two thirds of the respondents deemed violence against a man by a woman more acceptable no matter what the motivation was. 56% of the respondents reported to have witnessed domestic abuse themselves.

1.1 Agencies Involved.

The Hampton Trust is a charity with a vision for people to enjoy life free from violence, abuse and isolation throughout Hampshire, Isle of Wight, Gloucestershire, Devon and The Channel Islands. The Hampton Trust work with all levels of violence, abuse and social isolation, including domestic
violence and abuse, youth violence, sexual violence, substance abuse, elder abuse including financial abuse and child abuse and sexual exploitation.

The Family Nurse Partnership (FNP) is a voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly from the early stages of pregnancy until their child is two. The FNP programme aims to enable young mums to have a healthy pregnancy, improve their child’s health and development and plan their own futures and achieve their aspirations. The FNP programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns. By using a psycho-educational approach and a focus on positive behaviour change, FNP provides ongoing, intensive support to young, first-time mothers and their babies as well as fathers and other family members if mothers would like them to take part. Structured home visits are delivered by highly trained nurses that start in early pregnancy, continuing until the child’s second birthday (Family Nurse Partnership 2016).

Saints Foundation is an independent charity aligned to Southampton Football Club. Harnessing the passion of the Club and its fans, the charity aims to inspire, support and deliver positive change and equality of opportunity for young people and vulnerable adults across Southampton and surrounding areas. The charity works across the following key areas; youth inclusion, lifelong learning, health & wellbeing, education, schools and enterprise and football and sports development. Saints Foundation invests over £1.5 million into local communities.

1.2 Initial Research Amongst Local Professionals.

The Hampton Trust set out to facilitate a consultation across Hampshire that included young women, young men and professionals. As a result of an original mapping questionnaire sent to professionals with a total response rate of 67. 96% identified that they worked with young people aged between 17-23 years. 91% of these identified that they worked with 17-23 year old young people with whom domestic abuse was either suspected or known to be an issue. A mapping of 17-23 year old men across 3 separate groups and within several 1-2-1 sessions allowed the young men to identify behaviours they found challenging within relationships, with comments including; “she looks at my phone”, “she moans at me”, “she doesn’t like me meeting with my friends”, “she swears and shouts at me” and “she sometimes tells me how to dress”.
A similar mapping of young women aged 17-23 years using the same 3 separate groups and 1-2-1 sessions allowed these young women to identify the following common themes; “he looks at my phone”, “he doesn’t like my family or friends”, “he swears and shouts at me”, “he threatens to commit suicide”, “he hits me”, “he’s raped me”, “he threatens me with the children” and “he calls me names”.

One of the ideas that arose from this initial research included a proposal to meet the identified needs with a structures experiential learning/1:1/mentoring programme addressing the impact of abusive relationships between the ages of 17 years and 23 years. Another proposal was the development of an innovative weekly support of victims of abuse, alongside perpetrator support from volunteer mentors at transition points.

The Hampton Trust has identified a regular, almost daily request from other agencies requesting support with working alongside young perpetrators of domestic abuse. A number of educational colleges requested direct training options for their staff regarding spotting the signs of domestic abuse and working with suspected or confirmed cases. It has been raised that the current school curriculum does not provide enough awareness lessons or discuss what a healthy relationship looks like, meaning ideas and ideals of young people are unclear when entering young adulthood.

The Hampton Trust were provided with funding from the Lloyds Bank Charities Trust to develop a programme to work specifically with young people who have displayed abusive behaviours in their intimate relationships and who need support in changing their behaviours. This funding opportunity together with the current research identifying young men as a target group, enabled the development of a multiagency brief intervention to be commenced to gain a better understanding of what would be useful and attractive to this client group in supporting them in a structured way in the future.

Within the Family Nurse Partnership programme, all nurses are required to have supervision regarding their cases with the Family Nurse Partnership Supervisor. This is in addition to a monthly psychological supervision session as a team with a qualified Psychologist. It has been identified within the FNP team that many nurses have often brought cases to discuss whereby the young men in the family have been unsure or unaware of the services available to them as young, new fathers. Other issues frequently discussed include; young parents (whose children are subject to child protection or child in need plans via the local authority) being asked to end their relationship due to domestic abuse concerns by Children’s Social Care. The feasibility of this happening and the realistic probability of parents remaining separated has been an issue identified by many nurses, with little
support offered to the parents to make positive changes within their relationships instead of ending the relationship altogether.

2.0. Focus Group- First Attempt.

The Family Nurses had opportunistically spoken to young men during home visits regarding what would appeal to them and encourage them to attend such a group. The young men identified that a group that focused on them as young men and young fathers without their partners present would be beneficial to them and useful. Some of the young men identified that a group that somehow incorporated their interests, including football and pizza, would also be an attractive factor to them. The Saints Foundation agreed to providing attendees with a tour of the stadium and The Hampton Trust was able to provide funding for the group to have pizza delivered.

The initial focus group was arranged for early January 2016. This session only attracted 1 young man to attend. In order to learn from this experience, discussions were had with the young man in attendance about what could be done different to appeal to more young men. As a result of this, the following were changed for the future of the intervention:

- Formal referral form developed for Family Nurses to use which would also provide the intervention facilitators with contact details for the young men who had registered to attend.
- The initial focus group session was held in a premium box setting at the football stadium. This was an exciting experience, however the pizza was not allowed to be consumed in this room which meant that a change of room was required half way through. This was deemed an unnecessary upheaval during the group, however the room that was used for the food was situated in an environment that included TV’s, game consoles and table football tables. This area reportedly felt much more relaxed and informal, therefore this room only was used for the future intervention.
- Family Nurses to physically facilitate the participants attendance by providing transport to and from the group.
- Persistence and higher profile regarding the intervention within the FNP team - including heightened reminders via email and discussion at team meetings to ensure that bringing any young men who were interested in coming along was at the forefront of practitioner’s minds.
• Amendments were made to the original flyer which was advertised at “young parents”- the young man in attendance suggested that this was aimed solely at “young dads” in order to make it feel like this group was just for them.

2.1. Clients/Participants for the 7 week intervention.

The Family Nurse Partnership team offered an invitation to the group to young men who were partners of the Nurse’s female clients, with an age range of 15-20 years. All of the participants were either a father themselves, soon to be fathers or had adopted the role of step-parent to their partners’ child. The focus for referral had been on those young men who were in relationships whereby issues surrounding domestic abuse in any form were known to the Family Nurse. After further discussion within the team, this was extended to any young man receiving the FNP programme in order to gain a greater understanding of the needs of young father’s in relationships, regardless of any known domestic abuse history. In order to inform prospective attendees about the group, a promotional postcard was developed ahead of the first week of the 6 week course which was to be provided to all young men receiving the FNP programme (appendix A). Joint visits with the Family Nurse for those interested in attending the group were arranged by the course facilitator from The Hampton Trust (female), or a representative from the Saints Foundation (male), in order to further inform them about what to expect and to familiarise the clients with the professionals they would be coming to meet. For those young men who were interested in attending the group, referral forms were designed and completed by the Family Nurse Partnership team in order to formally register clients as attendees (appendix B). One young man who attended was a member of a group run by The Saints Foundation who was expecting his first child with his partner.

The participants provided a range of past and current life experiences and history with them;

• Very young parental age.
• Learning difficulties including ADHD and dyslexia.
• The attendee’s child was subject to a CIN plan or CP plan by the Local Authority.
• History of being subject to CIN or CP plans themselves as children, or their female partners.
• History of being a Looked After Child themselves, or their female partners.
• Leaving school/education early. Poor attendance at education due to committing to their own children.
- Unemployment and poverty.
- Homelessness.
- Debt.
- Mental health issues including depression, bi-polar disorder, anxiety. “I tried to commit suicide, I just couldn’t cope, that’s part of the reason my daughter is on a social work plan, you know, child protection plan” (quote from participant).
- Criminal history including ABH and GBH, theft and Post Traumatic Stress Disorder.
- Previous health issues including history of skin cancer.
- Previous emotional and physical abuse of their female partners, committed by them including controlling behaviour and coercive control.
- Substance misuse themselves, or exposure to this as children themselves.
- Poor social and support network of both friends and family.
- Previous gang involvement.

Discussions’ prior to the group regarding the attendee’s resulted in an estimate that 5 of the young men were care leavers and that all of them had or currently has social care involvement in their lives. At least one has a previous history of actively carrying out sexual abuse.

### 3.0 Structure of the group and session content

As per the suggestions made by the young men who the FNP team had approached initially, the same incentives were offered to those attending the 7 week intervention; pizza delivery for the first 2 weeks funded by both The Hampton Trust and FNP and a tour of the football stadium. The group was delivered over 7 weeks on a Monday afternoons at St Mary’s Football Stadium, Southampton. The sessions took place from 1400-1600. Previous FNP interventions have identified that many young people feel unable to attend groups if tasked with making their own way to the group, particularly if they live far from the venue. For this reason and for the entirety of the group, Family Nurses collected the young men interested in attending and transported them to and from the group.

Over the 7 week period, the sessions loosely followed the following itinerary, assisting in the facilitation of passionate conversations between the young men;

1. Perceptions, being a young man and being a dad.
2. Introduction to Socialisation/Domestic Abuse Week.
3. Life Experiences and Respectful Communication.
4. Dealing with Conflict/Parenting Week.
5. Physical Abuse and The Cycle of Emotional Abuse/Jealousy/Possessiveness.
7. Self-Esteem/Positive Self-Talk/Safety and Support.

Although the group was devised with structured topics for each session, it was felt that some ownership could be taken by the young father’s as to what they would find helpful and useful. This opportunity was also provided in order to learn from the participants what would make them want to return to the group. This approach facilitated a Solicitor attendance at one session who educated the young men during that session regarding their rights as young fathers and parental responsibility. Some of the group discussions identified issues that some attendees wanted extra help and support with, which all collaborating agencies were able to assist with at different times. These include social inclusion and training opportunities (The Saints Foundation) and support with managing anger and aggression (The Hampton Trust). An example of this includes a participant who, en route to the group with a Family Nurse as transport, spoke openly about how the group had made him realise that he was developing some issues with anger and that he did not like how this was affecting his attitude and behaviour towards his partner and daughter. He asked the Family Nurse for help with this and was subsequently referred to a specific support course.

### 3.1 Attendance Rates.

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One of the frequently cited reasons for non-attendance was that the participants had conflicting job centre appointments on the same afternoon as the intervention. Participants were reluctant to reschedule these appointments due to concerns around sanctions they may receive for doing this,
which would have financial implications for them and their families. As a result of this, it has been suggested that liaison take place in future between Family Nurses, The Hampton Trust and the Job Centre to discuss ways that attendance at this sort of group can be facilitated and job centre appointments changed to accommodate this.

4.0 Participant Feedback.

Feedback from those that attended was taken in a qualitative format, with feedback provided in the form of client quotes;

- “I would like to say a massive thank you for everything you’ve done, that group really helped me”.
- “Thank you for taking the time to listen, there is nothing around for us, everything is aimed at the women”.
- “Although it was hard, it did help me think about what I did around my daughter”.
- “I expected it to be crap and to be judged, but it was actually really helpful”.
- “It’s been good to talk in a safe place and I learnt more about life and relationships”.
- “had to think about how much I drink and my jealousy”.
- “I need help ‘cause I know my behaviour is getting worse and I don’t want to be like this”.
- “Having Solicitors come in was really helpful, I feel like we can get it all sorted now” (referring to his children). “I have been depressed for a long time, I have self-harmed but nothing helps. Why can’t there be more things like this around for us?”

5.0 Challenges.

- Intermittent attendance of participants despite FNP providing transportation.
- Initial high attendance rate that dropped quickly- an associated problem when working with “hard-to-reach” client group.
- Ethical considerations arose regarding the intervention working with young men but not young women. A one sided intervention may not impact change as much as parallel interventions.
- The future involvement of agencies needs to be considered. For example the logistical practicalities of FNP involvement on such a regular basis, both co-facilitation of the group and bringing participants to every session.
• Child protection and safeguarding issues arose during this group and it was unclear at times where all parties stood with regards to information sharing and consent to do this, as well as the effects of such information being initially shared and discussed in a group setting.

• There were some uncertainties about the level of safeguarding training that the Saints Foundation contributor had received, however this was seen as an opportunity to further support and develop those training needs and provide appropriate supervision if required.

6.0 Recommendations.

The recommendations following this initial trial intervention are as follows:

• Further groups specifically aimed at young men and young fathers are developed in order to provide further, longer and more intensive support and education regarding safe relationships and self-esteem.

• That such group work can be considered an option via court mandate, for those who have been convicted of domestic abuse related crimes.

• Partnership work continues and extends across agencies.

• A CAADA DASH risk assessment should be completed on all partners of those in attendance to act as a risk level indicator and to safeguard partners and children of perpetrators and clarify the levels of existing abuse (CAADA 2009).

• A multi-agency referral pathway is developed to include health, children’s services, education facilities and other agencies working with young people who identify concerns regarding domestic abuse within relationships.

• That parallel work regarding healthy relationships and domestic abuse is offered at the same time for young women in volatile relationships.

• Future interventions to consider the involvement of mental health services and link to housing services.

• That further evaluation is required to ascertain whether or not the initial intervention has contributed to any positive changes within relationships.

• That further formal research should be completed to evaluate the short and long term impacts and influences on relationships and individual behaviour of the work completed within future interventions.
7.0 Conclusions.

This intervention has sought to work with a well-known “hard-to-reach” client group. Despite attendance numbers fluctuating, it is clear that a partnership working approach to this type of intervention is crucial to achieving successful outcomes. Potter and Carpenter (2008) identified the importance of close partnership working (including with voluntary agencies) and using a gender differentiated approach in achieving a commitment of young father’s to the piece of work. This piece of work has identified how important it is to offer practical support to clients to attend any such groups in the form of transportation. It has been evident that identifying the client’s intrinsic motivations is vital - what is the hook that will engage and enthuse these clients? The logistics of the group setting including who facilitates it and where have also proved important. The intervention has tried to focus on what is important to young men and how integral it is to listen to their views when making decisions about what exactly this is. The young men feel that there is an abundance of support for young women in the community in comparison to very little for them - this includes emotional support as well as help with looking to get into work and/or education. When a child is born, a father is born, and the evidence tells us that dads that are present and involved in a child’s life are a pivotal influence on the child’s health and wellbeing (Lamb 2004). This intervention has sought to address the obvious gap in services for this client group and use the outcomes to develop more intensive work and support in the future with regards to healthy relationships.

Side 1.

CALLING ALL YOUNG DADS AGED BETWEEN 17 AND 23

WHAT IS IT LIKE TO BE A YOUNG DAD IN 2015?

HAVE YOUR SAY!
Tell us what you think....

Can you spare a few hours to share your thoughts and opinions with us?
We will provide the pizza and a tour of St Mary's Football Stadium

Monday 22nd January 2016 from 2pm-4pm at St Mary's Football Stadium, Southampton

If you are interested or would like more information please contact:
Debbie Willis 02380 000808
Debbie.willis@hamptontrust.org.uk
A2. Referral Form for Family Nurse Partnership Use.

Family Nurse Partnership, The Hampton Trust and The Saints Foundation - Young Father’s Focus Group
Referral Form.

Date of group: 22.02.2016
Time of group: 14:00-16:00
Venue: St Mary’s Stadium, Southampton

CLIENT DETAILS:

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Consent for referral given? Yes ☐ ☐ ☐

Dietary Requirements/Allergies?
REFERENCES.

Barter et al (2009) Partner exploitation and violence in teenage intimate relationships. NSPCC and Bristol University


