UNIVERSITY OF Southampton

FINAL REPORT FOR HOME OFFICE –

EVALUATION OF DARE TRAINING

Prepared by Katerina Porter & Sara Afshar Morgan

School of Primary Care, Population Sciences, & Medical Education

Faculty of Medicine

University of Southampton

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Contents

Introduction

Home Office funding was awarded to a multi-agency partnership in Southampton and Hampshire, to pilot a novel model of workforce development and approach/pathway for high harm high risk perpetrators of domestic violence and abuse (DVA).

The aim of the pilot was to facilitate and promote early identification and engagement with perpetrators of DVA, who are deemed to pose a high risk of harm to their victims and families. Evidence suggests that perpetrators in the 18-24 age group are most difficult to engage in positive behaviour change programmes[1]. This is also an age group where high levels of harmful behaviour are seen, which is borne out by evidence of highest risk in the younger age groups (16-19 and 20-24, for both men and women)[2]. These behaviours are harmful to the wider family, including children who experience violence in the home. DVA is one of the most commonly experienced traumatic childhood events[3], and living with DVA as a child is known to be linked with an increased risk of being a victim or perpetrator of DVA in later years[4]. DVA frequently occurs alongside other significant issues within the family, such as substance abuse and mental health problems. For these reasons, the pilot programme will focus on perpetrators who are younger (<30) and where the behaviour is occurring in a family setting.

Services to support victims and families of DVA tend to be more developed than services which aim to address the behaviour of the perpetrators. However, for every victim there is a perpetrator and in recent years, more attention and focus has been given to addressing perpetrator behaviour as a means of reducing risk and incidence and keeping victims safe. Perpetrator programmes were developed in response to a growing recognition of the *'root cause'* and need to make perpetrators accountable. The Hampton Trust, a third sector organisation based in Hampshire, began delivering a

[1]Baseline characteristics and outcomes of the main perpetrator programme within the Hampshire Domestic Abuse Prevention Partnership, UK: A mixed methods study. Morgan, S.A, McCausland, B and Parkes, J (2019) https://doi.org/10.1371/journal.pone.0218408

[2] ONS, Domestic abuse in England and Wales, year ending March 2016 – Bulletin Tables

[3] Meltzer H, Doos L, Vostanis P et al. (2009)'The mental health of children who witness domestic violence' Child and Family Social Work 14: 491–501

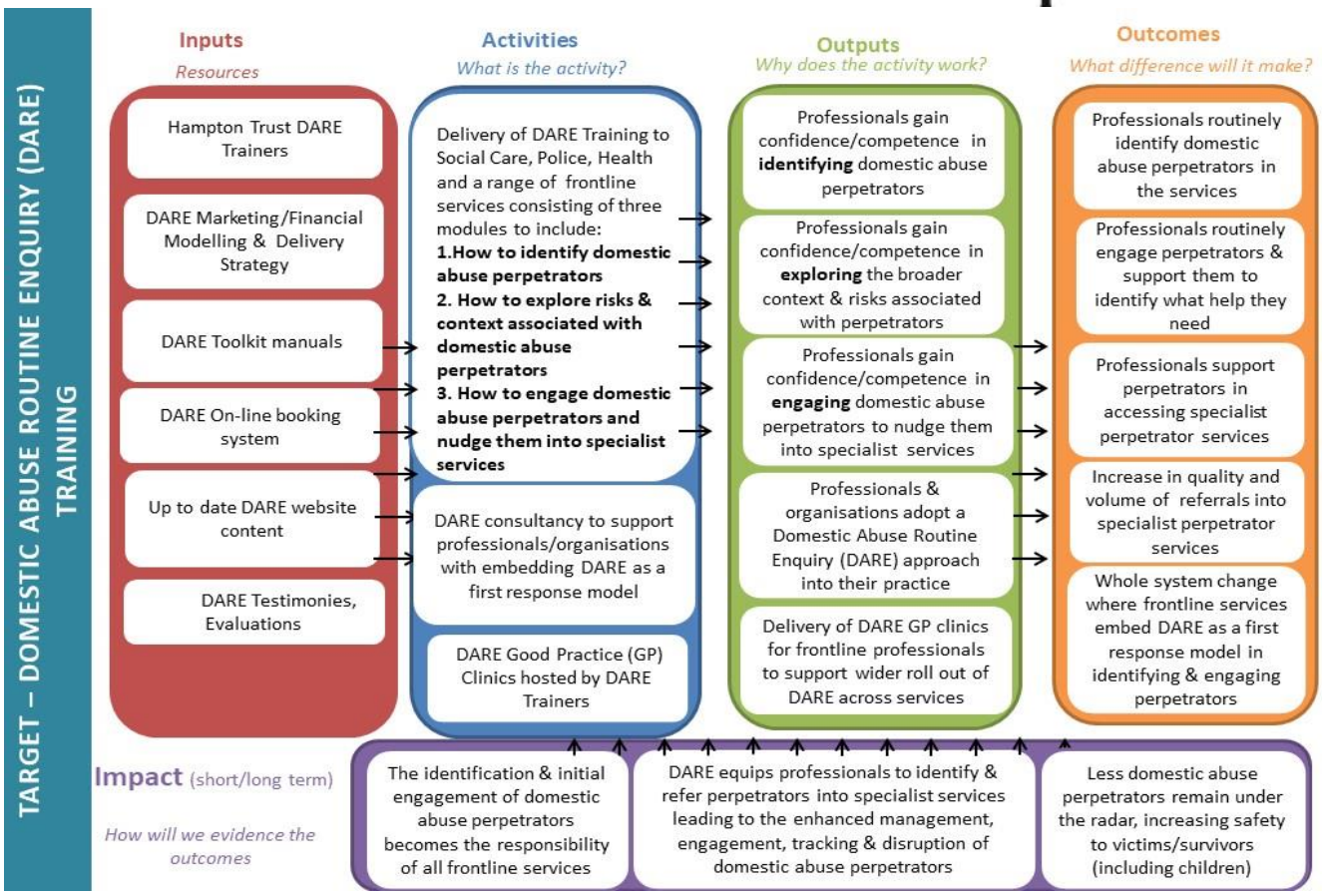
[4] Richards 2004 quoted in NICE PH50 accessible at https://www.nice.org.uk/guidance/ph50

new complex intervention in 2006, (the ADAPT programme) with the aim of reducing harm to victims and their families. This was evaluated by the University of Southampton in 2018. Key recommendations from this evaluation included improving multi-agency working, and suggested a focus on the hard to engage, younger (18-24) age group[5]. Anecdotally, the experienced practitioners involved in the pilot both from police and Hampton Trust also expressed concern at the high levels of extremely harmful behaviours observed in this age group. Hampton Trust's experience also suggests that many practitioners who may deal with families where domestic violence is a known or suspected issue, lack confidence and/or are reluctant to engage with what might be difficult or confrontational conversations with DV perpetrators. This typically includes police, social workers, housing staff, substance misuse specialists, heath visitors and other physical and mental health care professionals.

One part of the pilot **('strand a')** aimed to **upskill front-line workers from a range of professional backgrounds** (police, adults and children's services, housing, substance misuse and mental health specialists), using a training model developed and delivered by The Hampton Trust (HT). The Domestic Abuse Routine Enquiry (DARE) training was designed to ensure that professionals working with DA families are upskilled to have better conversations with perpetrators, and more effectively encourage engagement into specialist services. This pilot provided a larger-scale, more formalised delivery of the DARE training, which has previously been well received by professionals. It also provided an opportunity for a first evaluation of the DARE model as delivered by HT.

Below is the Hampton Trust's Theory of Change for the Domestic Abuse Routine Enquiry (DARE) training:

[5] See 1



'Strand b' is focused on the **police response** and aims to **ensure that front-line officers in the selected pilot areas are skilled to proactively and effectively identify, engage with, and refer perpetrators who meet the agreed criteria**[6]; and that the supporting police processes can routinely ensure monitoring/disruption of those who are not willing to engage with the behaviour change intervention. The underlying assumption of this work is that earlier and more proactive engagement will result in a higher uptake of behaviour change interventions by the perpetrator and a faster reduction in risk to the victim and family. **(This evaluation has been detailed in a separate report entitled *Final Report for Home Office – Evaluation of Operation Foundation*.)**

This part of the evaluation examined **'strand a'** and aimed to assess whether, and to what extent, the combined workforce development/early identification pilot effective in its aims of:

- Upskilling the appropriate target workforce;
- Bringing about sustained change in working practice and referral patterns;
- Identifying and engaging with perpetrators who meet the agreed criteria;
- Increasing the number and quality of referrals to the specialist perpetrator behaviour change programme;
- Tracking and monitoring those identified; and
- Reducing the incidence of domestic violence and reducing risk.

[6] Police will apply the following filters to all DV offences in last rolling 60-day period: perpetrator has previously been a suspect in a DV offence <2 years; current offence is one of intimate partner violence; there is at least one child linked to the crime, the perpetrator has not otherwise been charged or accepted a caution, and is between the ages of 18-30. Individuals are then risk-scored using the PPIT tool and those with scores of 10 or above are included.

Methods

Study design

Using a mixed-methods approach, the study analysed routinely collected baseline quantitative data and post-training comparison data from all participants in the DARE training (estimated n=315). Qualitative data was collected via interview using Microsoft Teams, (n=10 training participants who agree to be contacted) to examine in more detail the perceived benefits of having taken part in the training and any reported change in working practice and/or barriers to change. Quantitative data was analysed largely using summary statistics and the qualitative data was analysed using thematic analysis.

The Kirkpatrick 4-stage evaluation model was used as the basis for developing the training programme evaluation specific to DARE (the 5th stage is optional depending on the aim of the training and is less relevant here).

1. Relevant, good use of time? Did it meet participant expectations?
2. Did participants learn what they were supposed to learn? Did it meet their training needs?
3. Did participants use their new knowledge/skills? Did they apply them to their work?
4. Has the training impacted KPIs/achieved outcomes?
5. Monetary value of training investments – not within scope of this evaluation.

Study sample

Funding was awarded based on a proposal to train up to 315 professionals in the DARE model. This evaluation aimed to capture the views of the majority of these participants via analysis of HT's training questionnaires, anticipating a high return rate from this cohort. Further in-depth interviews, using Microsoft Teams, were conducted with a random sample of 10 participant, from a range of different professional backgrounds, who had previously indicated their consent to be contacted. Participants were health, police, social care or housing professionals, many of whom were working with families where domestic violence may be an issue on a routine basis.

This was felt to be realistically achievable within the time and budget constraints of the study, but also sufficient to gain insight into the effectiveness of the training programme and its impact on longer-term change in professional attitudes and practice.

Exclusion and inclusion criteria

No specific inclusion or exclusion criteria, beyond those for eligibility to be included in the pilot itself, applied to the evaluation.

Participant involvement

Participants were routinely asked to complete three short questionnaires related to the DARE training: one before they begin training, one at the end of the training sessions, and one 3 months after completion. These took no more than 10 minutes each to complete. Participants completed questionnaires remotely and returned these to Hampton Trust via email. These anonymous responses were then passed to the researchers for analysis. For the majority of participants there was no further expectation of participation in the study.

A small sub-set (c. 10 individuals) were asked to participate in a short (45 minute) interview via Microsoft Teams (see Annex D for interview guide). On completion of this, there was no further expectation of participation in the study. The interview was audio recorded, transcribed, and anonymised, and the audio recording subsequently deleted.

Measures /outcome measures

Study question	**Measure**	**Data source**
Do participants feel more confident to support families experiencing DVA?	Change in participants self-reported knowledge and understanding (subject and system/services) pre- and post-training	HT questionnaires
Do participants feel more willing/able to identify and engage domestic abuse perpetrators?	Change in participants' self-reported confidence level pre- and post-training	HT questionnaires
Do participants feel more aligned with a 'routine enquiry' approach?	Change in response to relevant questions pre- and post-training	HT questionnaires
Do participants feel the training met their training needs?	Identified training needs pre-training compared with post-training feedback	HT questionnaires
Do participants feel they have been able to apply the training to their work?	Self-reported change in working practice.	HT questionnaires Interviews
Have participants enjoyed the training / feel it is worthwhile?	Feedback from training questionnaires	HT questionnaires
Have participants gained an understanding of how to refer perpetrators to specialist programme?	Change in self-reported knowledge/understanding	HT questionnaires Interviews
	Change in referral sources corresponding to areas / teams trained	Referral source analysis

Does the training lead to an increase in the quality of referrals?	Greater awareness / willingness to participate on initial HT contact	HT records of initial contacts
Does the training lead to a change in number and pattern of referral sources?	Change in self-reported number of clients engaged / referred	HT questionnaires Interviews
	Analysis of referral sources over time	Referral source analysis
Is any change in participant practice sustained over time?	Self-reported sustained change / no change	HT questionnaires Interviews
Are there any barriers to implementing / using what has been learned in practice?	Self-reported barriers by training participants	HT questionnaires Interviews

The aim of questionnaire analysis and follow-up interviews were to assess: how well the DARE training met the self-identified needs of the participants; whether it had been effective in engaging the most appropriate individuals/professional groups (i.e., those who work, on a regular basis, with families where DV is an issue); and whether it had resulted in a change in confidence, knowledge, approaches and/or sustained change in working practice.

Identification of participants for interview

The Hampton Trust sent the training questionnaires by email to training attendees. All individuals who returned the training questionnaires to HT were included in the study. In the post-training questionnaire, training attendees were asked to provide consent and an email address if they were willing to be contacted in future for interview. There was no requirement for participants to provide any personal detail unless they agreed to be followed up for interview.

Recruitment and consent

Consent was not required for the analysis of the routine training questionnaires. The researchers presented data collected from these in aggregated form. Training participants invited for interview were consented in a two-stage process. The first stage, as discussed above, was through provision of an email address on the post-training questionnaire. Further contact was made by email from Hampton Trust, requesting agreement to pass the individual's details to the researchers. If agreement was given, researchers immediately sent the study participant information sheet (PIS) and consent forms (see Annexes A and B) by email and followed up within a week to arrange a time for an interview (via telephone or using Microsoft Teams). When contact was made, researchers checked that the participant had time to read the PIS and was happy for the researcher to complete the consent form on their behalf.

Setting

DARE trainee interviews were conducted remotely, using Microsoft Teams, at a time and location convenient to the participant. All in-depth interviews were conducted by KP, from a private, quiet location. Interviewees participated in the interviews at their computers, from either their home or work locations. A semi-structured topic guide was used to guide conversation around the research questions.

Maintaining confidentiality and data protection

All questionnaires returned to the researchers were anonymous unless the participant had indicated their consent to be contacted for further interview, in which case they provided an email address. Participants who agreed to be followed up by telephone interview were not asked for any personal details and none were recorded. Each interview was given a sequential number. Audio recordings from all interviews were transcribed using in real time using the transcription function on Microsoft Teams. After the interview was completed, the transcription was downloaded from Microsoft Teams to the University of Southampton secure server, and deleted from Microsoft Teams. The researcher then used Microsoft Word to anonymise the transcription by removing all instances of the interviewee's name or identifying details. The audio recording was transferred from the voice recorder to the University of Southampton secure server, and deleted from the voice recorder. Finally, the researcher listened to the audio recording while reading the transcription, to check its accuracy. At this point, the audio recording was deleted from the University of Southampton secure server. Transcripts were then uploaded to NVivo qualitative data management software, version 12 (QSR International, 2018) for further analysis. The transcriptions were later checked for accuracy against the audio records, and anonymised/identifying features removed. When this had been completed, the audio recordings were deleted, and the transcriptions removed from Microsoft Teams.

All notes, transcripts and audio files were stored on the University network. Access to the data was only be granted to the research team. Any data shared electronically was transferred securely and with password protection. All routine data shared by HT and Hampshire Constabulary was shared via the University of Southampton drop-off service (password protected). Any paper-based data collected was securely stored in Primary Care, Population Science and Medical Education (PPM) Department offices and retained for minimum 15 years.

Ethical considerations

The University of Southampton Ethics Committee granted permission to conduct this study (ERGO 63106.A1 – High Harm Domestic Violence Perpetrator Pilot Evaluation). The study was conducted in line with Good Clinical Practice guidelines.

Quantitative Analysis

Quantitative available from the HT questionnaires (e.g., Likert scale response to questions, repeat questioning at different time points) allowed the collation and presentation of summary statistics demonstrating baseline knowledge and identified training needs of the participants, and any change over time.

Qualitative Analysis

Data was transcribed verbatim, including incomplete sentences and interruptions. Qualitative data from the DARE questionnaires were analysed inductively, using Microsoft Excel, giving rise to themes which were then used to code the qualitative interviews inductively, using NVivo. KP read through the free-text responses on each of the three types of questionnaire, and developed unique codes for

each set of questions. Where the number of responses (and subsequent codes) was large, codes were grouped into sub-themes, and sub-themes were grouped into themes, for analysis. Repeated reading of the texts allowed for codes, sub-themes, and themes to be refined and reassigned throughout the coding process.

Results: Questionnaires

Recruitment and retention

DARE training courses were run in every month, beginning in February 2021, with the exception of October 2021, which was used as a 'catch-up' month as the course provision had been affected by COVID-19 in the month of September 2021. A total of 802 questionnaires, comprising three time points, were analysed from the DARE trainees who completed DARE training between February 2021 and March 2022. Response rates varied over the 12 months that the training was run.

In the time period February 2021 – March 2022, *pre-training questionnaires* were completed by 441 DARE trainees.

After attending three DARE training sessions, the DARE trainees were asked to complete a similar *post-training questionnaire*. 257 DARE trainees completed the post-training questionnaire (58% of those who completed a pre-training questionnaire). Monthly response rates ranged from 32% (July 2021) to 77% (December 2021).

Three months following completion of the DARE training sessions, the DARE trainees were asked to complete a third questionnaire, *3-month follow-up questionnaire*, to gauge whether the trainees were able to implement what they had learned on the course, in their professional roles.

104 DARE trainees completed the 3-month follow-up questionnaire (24% of those who completed a pre-training questionnaire). Monthly response rates ranged from 0% (May 2021) to 54% (December 2021).

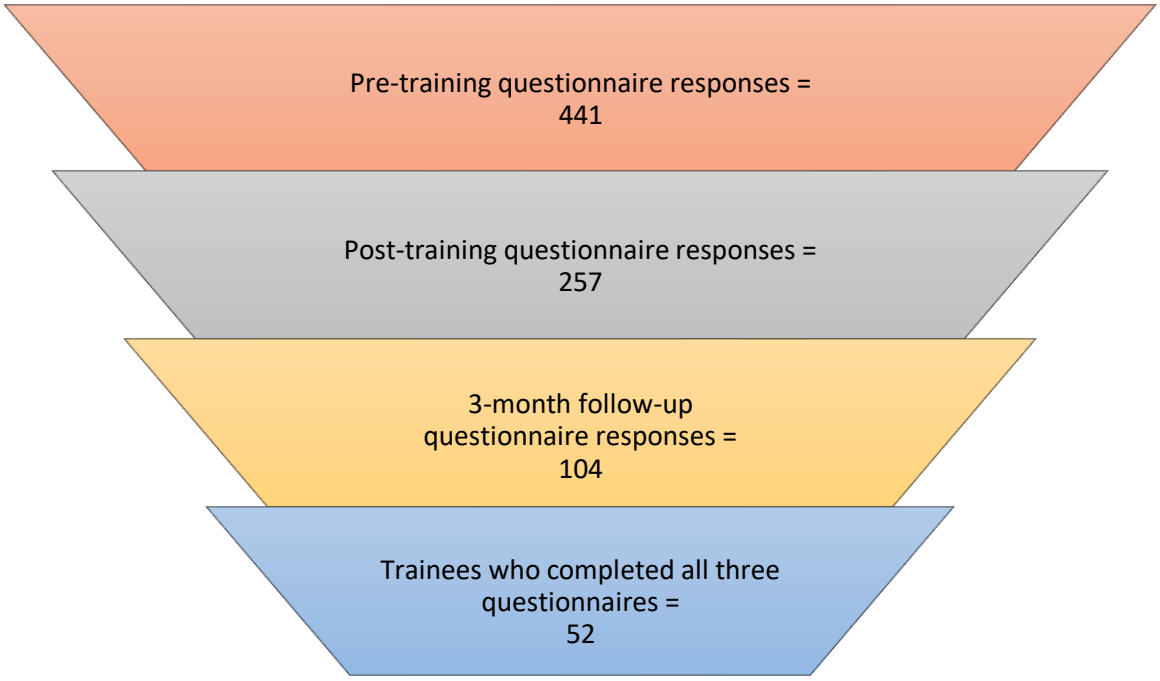
52 DARE trainees completed all three of the questionnaires (12% of those who completed a pre-training questionnaire). Monthly response rates for completion of all three surveys ranged from 0% (May 2021 and January 2022) to 46% (December 2021).

Month	Pre-training	Post-training (response rate)	3-month follow-up (response rate)	Completed all three surveys (response rate)
February 2021	21	14 (67%)	3 (14%)	2 (10%)
March 2021	26	17 (65%)	4 (15%)	3 (12%)
April 2021	35	21 (60%)	4(11%)	3 (9%)
May 2021	34	25 (74%)	0 (0%)	0 (0%)
June 2021	27	17 (63%)	6 (22%)	2 (7%)
July 2021	47	15 (32%)	9 (19%)	3 (6%)
August 2021	15	6 (40%)	1 (7%)	1 (7%)
September 2021	49	27 (55%)	8 (16%)	3 (6%)
October 2021	0	N/A	N/A	N/A
November 2021	32	18 (56%)	14 (44%)	13 (41%)
December 2021	26	20 (77%)	14 (54%)	12 (46%)
January 2022	41	24 (59%)	18 (44%)	0 (0%)
February 2022	41	18 (44%)	17 (41%)	4 (10%)
March 2022	47	35 (74%)	6 (13%)	6 (13%)
TOTAL	**441**	**257 (58%)**	**104 (24%)**	**52 (12%)**

Implementation of training and impact on response rates

The first 8 months of the training (February-September 2021) were funded by the Home Office in advance of the training being run, as part of a funding grant from the Home Office Domestic Abuse Perpetrator Programme. Trainees were sent questionnaires via email, in the format of a Microsoft Word document, and asked to complete the questionnaire, save it, and return it by emailing it back to the sender. Response rates for this format of questionnaire were low, ranging from 0% (May 2021 3-month follow-up questionnaire) to 74% (May 2021 post-training questionnaire).

Due to the perceived popularity and benefit of the course, the Hampton Trust decided to run further DARE training from November 2021-March 2022, using their own funding. (The Home Office did later provide funding for this training as well, as part of the Home Office Domestic Abuse Perpetrator Programme grant extension). In an attempt to lower the cost of running the course, the Hampton Trust changed the way they sent the questionnaires, from individually mailing Microsoft Word documents to each trainee, to completion via the web-based Microsoft Forms application. This cost-saving measure had the effect of increasing questionnaire response rates, due to the ease of use of Microsoft Forms. Response rates for this format of questionnaire were higher than for the Microsoft Word-based document, ranging from 13% (March 2022 3-month follow-up questionnaire) to 77% (December 2021 post-training questionnaire).



Characteristics of participants before, immediately after, and 3 months after completing DARE training

Characteristics of participants who completed the pre-training questionnaire

Full tables and charts are included in the attached annex.

Pre-training questionnaires were returned by 441 individuals from various professional groups as shown in the annex (chart 1). Targeted professions included the police (10%), adults' health / mental healthcare professionals (10%), substance misuse specialists (2%), housing providers (15%), children's services / social workers (24%), and adults' services / social workers (4%).

Of those 441 individuals completing the pre-training questionnaire, 136 (31%) marked their profession as 'Other, please state' and then provided an alternative profession (chart 2).

Professional group	**Number who completed pre-training questionnaire**	**Percentage of total**
Police	45	10%
Adults' health / mental healthcare professional	43	10%
Substance misuse specialist	8	2%
Housing provider	68	15%
Children's services / social worker	108	24%
Adults' services / social worker	16	4%
Other, please state	136	31%
(Respondent did not answer)	13	3%
(Respondent marked more than one answer)	4	1%

Characteristics of participants who completed the post-training questionnaire

Post-training questionnaires were completed by 257 individuals, from various professional groups, who had also completed the pre-training questionnaire (chart 3).

Of those 257 individuals completing the post-training questionnaire, 17 (7%) marked their profession as 'Other, please state' and then provided an alternative profession (chart 4).

Response rates varied between professions, with an average response rate of 58%:

- Adults' health / mental healthcare professionals were most likely to complete the post-training questionnaire (72% response rate)
- Individuals marking their profession as 'Other, please state' were least likely to complete the post-training questionnaire (13% response rate)

Professional group	**Number who completed post-training questionnaire**	**Number who completed pre-training questionnaire**	**Percentage who completed both questionnaires**
Police	25	45	56%
Adults' health / mental healthcare professional	31	43	72%
Substance misuse specialist	4	8	50%
Housing provider	31	68	46%
Children's services / social worker	64	108	59%
Adults' services / social worker	5	16	31%
Other, please state	17	136	13%
(Respondent did not answer)	10	13	77%
(Respondent marked more than one answer)	0	4	0%
TOTAL	**257**	**441**	**58%**

Characteristics of participants who completed the 3-month follow-up questionnaire

3-month follow-up questionnaires were completed by 104 individuals, from various professional groups, who had also completed the pre-training questionnaire (chart 5).

Of those 104 individuals completing the post-training questionnaire, 31 (30%) marked their profession as 'Other, please state' and then provided an alternative profession, (chart 6).

Response rates varied between professions, with an average response rate of 24%:

- Children's services / social workers were most likely to complete the 3-month follow-up questionnaire (27% response rate)
- Adults' services / social workers were least likely to complete the 3-month follow-up questionnaire (13% response rate)

Professional group	Number who completed 3-month follow-up questionnaire	Number who completed pre-training questionnaire	Percentage who completed both questionnaires
Police	11	45	24%
Adults' health / mental healthcare professional	11	43	26%
Substance misuse specialist	2	8	25%
Housing provider	15	68	22%
Children's services / social worker	29	108	27%
Adults' services / social worker	2	16	13%
Other, please state	31	136	23%
(Respondent did not answer)	3	13	23%
(Respondent marked more than one answer)	0	4	0%
TOTAL	**104**	**441**	**24%**

Characteristics of participants who completed all three questionnaires

All three questionnaires (pre-training, post-training, 3-month follow-up) were completed by 52 individuals from various professional groups (chart 7).

Of those 52 individuals completing all three questionnaires, 18 marked their professional as 'Other, please state' and then provided an alternative profession (chart 8).

Local Authority employees and Social Care professionals were most likely to complete all 3 questionnaires, followed by Criminal Justice professionals, Legal professionals, and Education professionals. Response rates for completing all 3 questionnaires were below 15% for all the core groups of professionals targeted to receive the DARE training courses, as follows: Adults' health / mental healthcare professionals (14%), Children's services / social workers (12%); Housing providers (12%); Police (11%); Adults' services / social workers (6%); Substance misuse specialists (0%).

Professional Group	Percentage of total in that group who completed all 3 questionnaires
Other, please state: Local Authority	50%
Other, please state: Social Care	50%
Other, please state: Criminal Justice	33%
Other, please state: Legal	33%
Other, please state: Education	25%
(Respondent did not answer)	15%
Other, please state: Family support	14%
Adults' health / mental healthcare professional	14%
Other, please state: Charity	13%
Children's services / social worker	12%
Housing provider	12%
Other, please state: HM Forces	12%
Police	11%
Other, please state: Health	9%
Adults' services / social worker	6%
Other, please state: Homelessness / housing	5%
Substance misuse specialist	0%
Other, please state: Business	0%
Other, please state: Domestic abuse	0%
Other, please state: Employment	0%
Other, please state: Student	0%
Other, please state: Support worker	0%
Other, please state: Victim support	0%
Other, please state: Youth worker	0%
(Respondent marked more than one answer)	0%

Results at pre-training questionnaire (baseline)

441 DARE trainees completed the pre-training questionnaire between February 2021-March 2022.

Prior to completing DARE training:

- Nearly half (49%) reported, in their regular work, **having daily or weekly contact** with families where domestic abuse is a known or suspected issue (chart 9)
- 51% of trainees said that they felt confident or very confident in their ability to **recognise domestic abuse risks and incidents** (chart 10)
- 48% of trainees said that they felt confident or very confident **having conversations with clients whom they suspect or know are victims** of domestic violence and abuse. 16% of trainees said that they felt not confident or not at all confident. (chart 11)
- 20% of trainees said that they felt confident or very confident **having conversations with clients whom they suspect or know are perpetrators** of domestic violence and abuse. 42% of trainees said that they felt not confident or not at all confident (chart 12)
- 25% of trainees reported having **referred or signposted clients to domestic abuse services for victims** 10 or more times in the last year. 16% of trainees reported never having referred or signposted clients to domestic abuse services for victims in the last year (chart 13)

- 5% of trainees reported having **referred or signposted clients to domestic abuse services for perpetrators** 10 or more times in the last year. 55% of trainees reported never having referred or signposted clients to domestic abuse services for perpetrators in the last year (chart 14)
- 32% of trainees felt that **a 'routine enquiry' approach to domestic violence and abuse could be adopted** within their professional group/practice (chart 15)
- 23% of trainees felt that **a 'routine enquiry' approach to domestic violence and abuse would be effective** in reducing harm/incidence (chart 16)

Prior to completing DARE training, trainees rated their training needs (chart 17). The highest-rated training needs centred around working with perpetrators of domestic violence and abuse:

- 85% of trainees reported **hoping to gain increased confidence in starting conversations with perpetrators**.
- 82% of trainees reported **hoping to gain better understanding of how to refer or signpost clients to specialist services for perpetrators**.

An additional highly-rated training need related to gaining practical information about what support is available:

- 80% of trainees reported **hoping to gain better knowledge about the services available** to support individuals and families.

Trainees also had the option of using a free-text response to report what they hoped to gain from the DARE training, in addition to the list of training needs above (chart 36). 19 trainees (4% of respondents) used this function, reporting 13 unique training gains including:

- learning how to have safe and productive conversations with potentially violent clients
- building on knowledge gained from previous training
- learning about the Hampton Trust and how to refer clients

Reported training need	Number of trainees reporting this need	Selected verbatim example
Learning how to have safe and productive conversations with potentially violent clients	4	*'How to have productive conversations with those I would consider a perpetrator, I feel comfortable identifying those I suspect to be the catalyst of abuse, but proceeding to have a conversation with them is where that confidence ends.'*
Building on knowledge gained from previous training	2	*'It will be interesting if the information/training I have been given by (County) Constabulary is current and relevant.'*
Learning about the Hampton Trust and how to refer clients	2	*'I would like to know the procedure for referring victims and perpetrators. How do I refer, who do I refer to?'*
Learning about further training opportunities beyond DARE	1	*'Learn about what further training is available'*
Using the information learned through DARE training to progress trainee's career	1	*'I am currently a student...and am taking part in this course to help me in future potential careers.'*
Supporting children and young people affected by DVA	1	*'Supporting young people exposed to domestic abuse'*
Information about improving safety plans	1	*'I would like to see if there are additional things I could be adding to safety plans and CP/CIN plans'*
Learning what is meant by the term 'routine enquiry'	1	*'I would like to understand what is meant by the term 'routine enquiry' as above'*
Learning about how services coordinate to assist the family	1	*'Better understanding of how services work in a joined-up way to support the family in these situations'*
Changing trainee's mindset to work with perpetrators as well as victims	1	*'To learn how [to] develop an open mind and be able to assist both sides'*
Gaining skills to help victims in court	1	*'In my role as prosecutor in court, how to assist victims of DVA'*
Gaining skills to help clients manage anger and problem solve	1	*'To learn skills of how to help people to de-escalate and resolve problems in this area'*
Adoption of routine enquiry and early referral practices to reduce risk/incidence	1	*'Introduction of routine enquiry / referral to services from outset of contact where domestic abuse [is] identified'*

Looking further at the data, it is possible to recognise that, prior to completing DARE training, the trainees with the most frequent contact with domestic abuse in their work had higher confidence levels:

- recognising domestic abuse (chart 18)
- having conversations with clients who are known or suspected victims of domestic violence and abuse (chart 19)
- having conversations with clients who are known or suspected perpetrators of domestic abuse (chart 20)

The trainees with the most frequent contact with domestic abuse in their work, prior to completing DARE training, also reported:

- making the highest frequency of referrals to domestic abuse services for victims in the past year (chart 21)
- making the highest frequency of referrals to domestic abuse services for perpetrators in the last year (chart 22)
- having the most positive perspectives on whether a 'routine enquiry' approach to domestic violence and abuse could be adopted within their professional group/practice (chart 23)

Prior to completing DARE training, trainees' frequency of contact with domestic abuse in their work seemed to be less correlated with trainees' perspectives regarding whether a 'routine enquiry' approach to domestic violence and abuse would be effective in reducing harm/incidence, than it did on the other variables described above (chart 24).

Trainees' frequency of contact with domestic abuse in their work was also correlated with what they hoped to gain on the DARE training course. Those trainees with the **least** frequent contact with domestic abuse in their work, prior to completing DARE training:

- were more likely to hope to gain increased knowledge of DVA in general (chart 25)
- were more likely to hope to gain better knowledge about the services available to support individuals and their families (chart 26)
- were more likely to hope to gain better understanding of how to refer or signpost clients to specialist services for victims (chart 27)
- were more likely to hope to gain better understanding of how to refer or signpost clients to specialist services for perpetrators (chart 28)
- were more likely to hope to gain increased confidence in starting conversations with and/or supporting victims (chart 29)

Prior to completing DARE training, trainees' frequency of contact with domestic abuse in their work seemed to be less correlated with a trainee's likeliness to hope to gain increased confidence in starting conversations with perpetrators, than it did on the other variables described above. The hope to gain increased confidence in starting conversations with perpetrators was expressed, prior to completing DARE training, by approximately 86% of all trainees, regardless of their frequency of contact with domestic abuse in their work (chart 30).

Results at post-training questionnaire

257 DARE trainees completed the post-training questionnaire between February 2021-March 2022. Immediately after completing DARE training:

- 91% of trainees said that they felt confident or very confident in their ability to **recognise domestic abuse risks and incidents.** No trainees said that they felt not confident or not at all confident (chart 31)
- 90% of trainees said that they felt confident or very confident **having conversations with clients whom they suspect or know are victims** of domestic violence and abuse. 1% of trainees said that they felt not confident or not at all confident. (chart 32)
- 72% of trainees said that they felt confident or very confident **having conversations with clients whom they suspect or know are perpetrators** of domestic violence and abuse. 5% of trainees said that they felt not confident or not at all confident (chart 33)
- 47% of trainees felt that **a 'routine enquiry' approach to domestic violence and abuse could be adopted** within their professional group/practice (chart 34)
- 47% of trainees felt that **a 'routine enquiry' approach to domestic violence and abuse would be effective** in reducing harm/incidence (chart 35)
- 83% of trainees rated the DARE training as a 4 or a 5, on a scale of 1 (Not at all) – 5 (Completely), for having **met their training needs and expectations** (chart 36)
- 63% of trainees said that their **response to perpetrators, victims, and/or families affected by domestic violence and abuse may change** as a result of anything they've learned from the DARE training (chart 37)

Trainees reported what they had gained from the training (chart 38). Two of the highest-reported training gains centred around working with perpetrators of domestic violence and abuse:

- 81% of trainees reported **having gained increased confidence in starting conversations with perpetrators**
- 70% of trainees reported **having gained better understanding of how to refer or signpost clients to specialist services for perpetrators**.

In addition:

- 72% of trainees reported **having gained increased knowledge of DVA in general**
- 64% of trainees reported **having gained increased confidence in starting conversations with and/or supporting victims**
- 64% of trainees reported **having gained better knowledge about the services available to support individuals and families**
- 45% of trainees reported **having gained better understanding of how to refer or signpost clients to specialist services for victims.**

Prior to completing DARE training, confidence levels having conversations with clients who were known or suspected perpetrators of domestic abuse were lower than confidence levels having conversations with clients who were known or suspected victims of domestic abuse.

As reported above, prior to completing DARE training, trainees reported less frequent referrals of clients to domestic abuse services for perpetrators, than for victims.

Immediately after completing DARE training, 41% more trainees rated themselves as confident or very confident **recognising domestic abuse risks and incidents**, than did prior to completing DARE training. The number who rated themselves as not confident or not at all confident reduced by 10%, and no trainees rated themselves as not confident or not at all confident, immediately after completing DARE training.

Confidence recognising domestic abuse risks and incidents	Percent of total prior to completing DARE training	Percent of total immediately after completing DARE training
5 – Very confident	10%	37%
4	40%	54%
3	37%	7%
2	8%	0%
1 – Not at all confident	2%	0%
(Respondent did not answer)	1%	1%
(Respondent marked more than one answer)	2%	1%

Immediately after completing DARE training, 41% more trainees rated themselves as confident or very confident **having conversations with clients who they suspect or know are victims of domestic violence and abuse**, than did prior to completing DARE training. The number who rated themselves as not confident or not at all confident reduced by 15%, and no trainees rated themselves as not at all confident, immediately after completing DARE training.

This gain was largely **sustained**, compared to immediately after, 3 months after completing DARE training. 3 months after completing DARE training, no trainees rated themselves as not confident or not at all confident having conversations with clients who they suspect or know are victims of domestic violence and abuse.

Confidence having conversations with clients who you know or suspect are victims of DVA	Percent of total prior to completing DARE training	Percent of total immediately after completing DARE training	Percent of total 3 months after completing DARE training
5 – Very confident	12%	38%	35%
4	37%	52%	51%
3	33%	6%	13%
2	14%	1%	0%
1 – Not at all confident	2%	0%	0%
(Respondent did not answer)	1%	1%	0%
(Respondent marked more than one answer)	2%	2%	1%

Immediately after completing DARE training, 52% more trainees rated themselves as confident or very confident **having conversations with clients who they suspect or know are perpetrators of domestic violence and abuse**, than did prior to completing DARE training. The number who rated themselves as not confident or not at all confident reduced by 38%, and no trainees rated themselves as not at all confident, immediately after completing DARE training.

These gains were not always sustained 3 months after completing DARE training:

- 14% fewer trainees reported feeling confident or very confident having conversations with clients who they suspect or know are perpetrators of domestic violence and abuse, 3 months after having completed DARE training, than they did immediately after having completed DARE training.

Confidence having conversations with clients who you know or suspect are perpetrators of DVA	Percent of total prior to completing DARE training	Percent of total immediately after completing DARE training	Percent of total 3 months after completing DARE training
5 – Very confident	4%	21%	26%
4	16%	51%	32%
3	35%	21%	38%
2	29%	4%	3%
1 – Not at all confident	13%	0%	0%
(Respondent did not answer)	1%	2%	1%
(Respondent marked more than one answer)	2%	1%	0%

Immediately after completing DARE training, 15% more trainees said that **a 'routine enquiry' approach to identifying domestic abuse perpetrators could be adopted** within their professional group/practice, than did prior to completing DARE training. The number who responded 'Possibly, in some circumstances' reduced by 11%, suggesting that the DARE training course had an impact in teaching trainees how a 'routine enquiry' approach could be adopted within their professional group/practice.

Could a 'routine enquiry' approach to identifying domestic abuse perpetrators be adopted within your professional group/practice?	Percent of total prior to completing DARE training	Percent of total immediately after completing DARE training
Yes	32%	47%
Possibly, in some circumstances	61%	50%
No	4%	2%
(Respondent did not answer)	3%	1%
(Respondent marked more than one answer)	1%	0%

Immediately after completing DARE training, 24% more trainees said that **a 'routine enquiry' approach to identifying domestic abuse perpetrators would be effective in reducing harm/incidence**, than did prior to completing DARE training. The number who responded 'Don't know' reduced by 15%, suggesting that the DARE training course had an impact in teaching trainees what was meant by a 'routine enquiry' approach.

Would a 'routine enquiry' approach to identifying domestic abuse perpetrators be effective in reducing harm/incidence?	Percent of total prior to completing DARE training	Percent of total immediately after completing DARE training
Yes	23%	47%
Possibly	52%	45%
No	2%	2%
Don't know	20%	5%
(Respondent did not answer)	2%	1%
(Respondent marked more than one answer)	1%	0%

Both prior to and immediately after completing DARE training, the trainees reported what they hoped to gain, or had gained, from the training. With one exception, fewer trainees reported gains, than had hoped to prior to the training. The training need for 'increased knowledge of DVA in general' was the only one where the same percentage of trainees reported hopes and actual achievement. More trainees did report gains using the 'anything else' free-text response, than had reported hoping to prior to the training.

What are you hoping to gain / what did you gain, from the DARE training?	Percent of total prior to completing DARE training	Percent of total immediately after completing DARE training
Increased knowledge of DVA in general	72%	72%
Better knowledge about the services available to support individuals and families	80%	64%
Better understanding of how to refer or signpost clients to specialist services for victims	61%	45%
Better understanding of how to refer or signpost clients to specialist services for perpetrators	82%	70%
Increased confidence in starting conversations with and/or supporting victims	66%	64%
Increased confidence in starting conversations with perpetrators	85%	81%
Anything else	5%	8%

Trainees also had the option of using a free-text response to report **what they had gained** from the DARE training, in addition to the list of gains above (chart 36). 22 trainees (9% of respondents) used this function, reporting 11 unique training gains including:

- information about how to have productive conversations with victims and perpetrators
- information about the impact of DVA on children
- useful tools to aid consultations with clients, especially perpetrators
- updating/refreshing prior learning/training

Reported training gain	Number of trainees reporting this gain	Selected verbatim example
Information about how to have productive conversations with victims and perpetrators	6	*'An insight into the way to speak and build trust from victims or/and perpetrators'*
Information about the impact of DVA on children	4	*'Specific consideration for identifying DV through children's behaviours'*
Useful tools to aid consultations with clients, especially perpetrators	3	*'Particularly liked the volcano model as a tool to help perpetrators understand what their drive for behaviour might be'*
Updating/refreshing prior learning/training	3	*'Cross referencing from the Safe & Together training'*
Focus on perpetrators rather than victims	2	*'A change of attitude towards helping perpetrators'*
Enhanced experience due to contributions from trainers and other trainees	2	*'Insights from individuals who participated'*
Confirmation of the trainee's existing knowledge and practices	2	*'Gained confidence in the approach we already use and resources that we currently use and their appropriateness. Made me think that perhaps I know and do more than I realise!'*
Information about why perpetrators may behave the way they do	2	*'Further information around ACES'*
Opportunity for reflection on the trainee's own working practices	2	*'Increased skills as a practitioner in awareness of how I work'*
General signs of DVA	1	*'Overall signs of abuse to look out for when working with victims/perpetrators'*
Highlighted ways to make positive changes to trainee's working practice	1	*'Made me think how I interact with Service Users and some of the bad habits I have slipped into were highlighted for me to change'*

Trainees were asked to use free text to elaborate on how and why their **response to perpetrators, victims, and/or families affected by domestic violence and abuse may change** as a result of anything they learned from the DARE training. 180 trainees (70% of respondents) used this function to illustrate how and why they thought their practice would change as a result of what they had learned. 100 unique specific changes were identified and labelled as codes, which were grouped into 42 sub-themes, which were in turn grouped into 10 themes. The sub-themes were given an additional level of categorisation by grouping them into the four domains of Knowledge, Attitude, Behaviour, and Outcomes, according to which of these domains the respondent's change to working practice would affect.

The most frequently-identified specific changes to working practices included:

- increased use of motivational interviewing (MI) techniques including OARS questions (reported by 42 trainees)
- increased confidence having conversations with perpetrators or suspected perpetrators (reported by 28 trainees)
- shift in the trainee's mindset towards empathy and willingness to engage with perpetrators, rather than being judgemental (reported by 20 trainees)
- greater understanding of why a perpetrator may behave as they do (reported by 19 trainees)

3 trainees (1% of respondents) wrote that their response would not change as a result of anything learned through DARE training. These responses were not included in further analysis.

The resulting 10 themes used to categorise the data are summarised in the table below. Verbatim examples from trainee's responses have been chosen to illustrate the breadth of reported changes included in each theme.

Theme	**Number of specific reported changes included in this theme**	**Selected verbatim examples**
Confidence and ability to approach conversations around DVA more constructively	22	*'I will practice more using open discovery questions'* *'I have learned skills to help engage perpetrators in particular'* *'MI will result in better engagement with perpetrators and overall outcomes'* *'I have already put into practice what I have learnt on the course and have been able to have challenging and respectful conversations with both victim and perpetrator to understand what living in a home might be like for all parties and what courses might be able to support a perpetrator when they are ready to take positive action'* *'I will aim to take a neutral stance when engaging'* *'I also feel more confident in utilising the power and control wheels'* *'I feel more confident in asking more curious questions about the nature of relationships within the family'* *'Recognising Sustain Talk versus Change Talk'*

		'Reduced apprehension and fear to start conversations as I feel equipped with better tools to ask those questions in gentle, non-confrontational ways'
Moving out of the comfort zone – Time for everyone to take action	21	*'Asking further questions around who is the victim or perpetrator'* *'Supporting perpetrators to recognise behaviours that may not be positive'* *'A reminder about unintentional collusion and possible manipulation when talking with perpetrators. Good to help reflect on current practice.'* *'We have a very victim-focused [approach] to domestic abuse and rarely tackle the perpetrator so this training has enabled me to feel more confident in challenging a perpetrator in a productive and supportive manner to try and enable them to change their harmful behaviours.'* *'More 'routine enquiry' and awareness of what behaviours could mean'* *'More awareness/confidence in routinely putting it on the agenda for clinical work and in supervision with staff'* *'Don't just treat the behaviour of perpetrators, make a professional connection and explore their childhood and desire to change, instead of following the process of just making a referral'* *'Ownership of referring victims and reducing risks for the victim. Not all services can identify and act on supporting a victim of DVA'*
Ability to provide appropriate support, signposting, and referrals	12	*'I was only previously aware of a programme for perpetrators, ADAPT, vis children's services. I always thought it was only children's services [who] were able to refer. It's good to know that we can refer perpetrators directly.'* *'Aware of some further services available to perpetrators which will be helpful to include in our support plans'* *'I can explain to the perpetrator what they can expect from the referral to ADAPT'* *'Better informed about support available locally'* *'I feel more confident to signpost and inform on recent guidance'*

		'The tools provided will enable me to assess better and be able to support both victims and perpetrators'
Understanding the impact of DVA and the cycle of abuse	12	*'Have a greater awareness of how DV affects a person's ability to parent'* *'I am going to be considering the behaviours of children and how this could indicate that domestic violence may be present'* *'A greater understanding of the effect DA can have on children and how it can shape their future'* *'My better understanding and knowledge will change my approach to talking to perpetrators in a way to support them to access help and understand the impact that their actions have on their children'* *'I have more understanding as to why somebody may be a perpetrator'* *'I can bring into my support of clients a greater awareness of possible past and present experiences of the client and those connected with them'* *'Increased ability to understand the complexities of a perpetrator'* *'This training has made me consider individual historical paths and experiences of both the perpetrators and the victims and how this has impacted on their behaviour'* *'It has increased my knowledge about cycles and types of abuse, as well as behaviours involved within the abuse cycle'*
Creating change – Motivators and support needed	7	*'The perpetrator will need the assistance and support in order for them to change, the victims and family will need to be empowered with also providing a robust support structure to ensure their safety and security is paramount'* *'Really attempting to engage people who use abusive behaviours by focusing on them as parents'* *'This training has given me a better understanding of the needs of perpetrators willing to engage with support, as well as what support is available. Adapting motivational interviewing to this scenario helped me to understand how to encourage perpetrators to seek and engage with support for their own benefit and the benefit of others.'*

Shifting perspectives	6	*'I've been cautious about raising the question but now feel as long as I listen and seek the right support for everyone involved they will be in a better position to be safe and change where required'* *'Understanding the whole picture, background and safeguarding context and being aware of my own unconscious judgements'* *'The course has encouraged me…to think a lot more outside of the box'* *'I feel more confident…looking at the situation from all angles now'* *'Empathy and need to look at a whole person and life experience rather than being 'stumped' by their actions…they could be hurt people too it's just allowing room for that understanding'* *'Viewing the perpetrator from the perspective of the victim for the best outcome and to tailor the approach more effectively'*
Sharing the learning – Continuing the conversation	6	*'Educating others on what abuse/violence can look like'* *'I will also be discussing with my team and our domestic abuse health advocate to explore how we can improve our response to disclosures of domestic abuse by victim and perpetrator.'* *'This training has been a real eye opener for me and a great step in preparing me for my future role as a Unit Welfare Officer. To have a broad spectrum of participants has been exceptionally beneficial; to understand and share the perspective of 'DA professionals' with Military personnel gives a far more open view on the issues and how to best deal with them.'*
Reflection on, and affirmation of, trainee's capacity to provide support	5	*'I have realised that myself and my team do have the skills, knowledge and experience to support perpetrators through the DA work that we do, predominantly with victims. I think this will just build on confidence to continue the work that we are doing.'* *'More confident within the work that I do'* *'I can utilise my skills and incorporate them into my practice'* *'The training has…reaffirmed an empathetic approach'* *'Training reinforced the importance of [a] strengths-based approach'* *'The training has helped me to evaluate the way that [I] approach anyone involved in a domestic relationship or situation'*

		'I will consciously use motivational interviewing and hope to get better at it. I can easily slip into solution-focused work otherwise.' *'I will…be more mindful of becoming solution focused or accusatory'* *'Check in to ensure neutral stance as a practitioner'* *'Recognising my own unconscious bias'*
Reducing risk	5	*'Changing how I ask a potential victim about their situation/if they are safe'* *'I was updated on legislation'* *'I would also have more confidence in asking questions around the subject [of DVA] whilst bearing in mind risk factors'* *'I would also have more skills to be able to tackle the issue sensitively in ways that reduced rather than increased the risk of harm'* *'Use of tools with perpetrators to assess triggers and safety plans'*
Hope for the possibility of positive change	2	*'The training helped to see the benefits of working with and helping perpetrators as well as victims. It has aided in changing my view of perpetrators as bad people who cannot be changed, which is a changed view I will take forward'* *'It has humanised perpetrators somewhat and helped me to recognise that this is a behaviour that can change if they choose to engage which feels more hopeful'*

Trainees were asked to use free text to suggest **anything that would have made the DARE training more relevant/useful** for them. 106 trainees (41% of respondents) used this function to suggest helpful edits to the DARE training programme. 57 unique specific suggestions were identified and labelled as codes, which were grouped into 19 sub-themes, which were in turn grouped into 7 themes. The most frequently-identified specific suggestions for making the DARE training more relevant included:

- including less basic/introductory information about DVA (suggested by 7 trainees)
- prefer in-person rather than virtual training (suggested by 4 trainees)
- more information on what services the Hampton Trust offers (suggested by 3 trainees)
- more information on how to refer clients to the Hampton Trust (suggested by 3 trainees)

54 trainees (21% of respondents) wrote that they would not change the course at all; many added positive comments about the training in this space (example: *'Can't think of anything at all, it was interesting, fast-paced, and thorough'*). These responses were not included in further analysis.

The resulting 7 themes used to categorise the data are summarised in the table below. Verbatim examples from trainee's responses have been chosen to illustrate the breadth of suggestions included in each theme.

Theme	**Number of specific suggested changes included in this theme**	**Selected verbatim examples**
Improving the format of the training	17	*'I would always like face-to-face training where possible'* *'There weren't enough screen breaks, this led to some disengagement which made it feel like harder work at times'* *'Too much time spent on doing introductions/feedback from the previous week'* *'Have the DARE pack before the training or during the training so [I could] go over things myself in my own time'* *'Perhaps another role play, like we did on the last day, but in groups'* *'More interactive inputs, scenarios to talk through'* *'I would like to have seen videos of real-life scenarios, putting this into practice rather than role play'* *'I also felt that the enactment of the childhood trauma has the potential to re-traumatise people, so perhaps some screening could be done prior to delivering that, or having the option to opt out'* *'I am not sure if this is more to be done after the session but perhaps some time to chat about how we can implement these things in our workplace/on our visits'*
Improving the content of the training – Additional aspects of working with	11	*'More 'take-away' resources that we could use to open up conversations'* *'Spend some more time on broaching the subject of getting support for perpetrators'* *'More time on how to talk/engage a perpetrator to discuss their abuse and its impact on the family'*

perpetrators and victims		*'More information on bridging the gap from being a perceived victim to being a potential perpetrator'* *'More info as to how to identify risks of signposting a perp when [the] service is also involved with [the] victim'* *'How employers deal with perpetrators'* *'For a more open approach to working with people who use unhealthy and abusive behaviour I would like to see consideration to not using the word 'perpetrator'*
Improving the content of the training – Moving beyond the stereotypical abuse scenario	10	*'The training is simplistic and focuses heavily on stereotypical male/female gender roles within domestic abuse'* *'Information on female perpetrators'* *'How to work with families where both partners use abusive behaviours'* *'I thought the training was very good for people who have never really come across DA. For us as we deal with DA all the time, it was repetitive at times because we had already covered topics in multiple course[s]. Maybe a beginner's course and an intermediate course would suit better?*
Improving the content of the training – Focus on availability of services and referral pathways	6	*'More focus on the Hampton Trust and the services/interventions they offer. Also, further detail as to how we can utilise [Hampton Trust] and refer persons'* *'It would be good if we had a referral form or procedure that is written down'* *'I would have really valued an up-to-date picture of what services are currently open and running in person and on line for both victims (adults and children/young people) and perpetrators [in my location]'* *'It would be helpful and beneficial to know what other professional support networks are available for our age group of children to help them manage and cope in a volatile home situation'*
Improving the content of the training –	6	*'More examples of the experiences of perpetrators whilst they are being supported and on their journey of change'*

Hearing the perpetrator's voice		*'An interview with a perpetrator who has benefitted from support from Hampton Trust'* *'More statistics or case studies to show how the programmes have helped prevent repeat perpetrators'*
Improving the content of the training – Information about how different organisations work in the DVA space	4	*'Better understanding of how we as a military deal with DA'* *'More examples of good interactions between services and perps, not just the one video, and make it more related to the training not a medical example'* *'An awareness of what other agencies will discuss'*
Improving the content of the training – What to do when we've run out of options?	2	*'Specific tips on working with complete deniers of abuse'* *'Hampton Trust courses for perpetrators and managing DA offenders under the IOM scheme are mutually exclusive'*

Results at 3-month follow-up questionnaire

104 DARE trainees completed the 3-month follow-up questionnaire between February 2021-March 2022. 3 months after completing DARE training:

- 86% of trainees said that they felt confident or very confident **having conversations with clients whom they suspect or know are victims** of domestic violence and abuse. No trainees said that they felt not confident or not at all confident. (chart 39)
- 58% of trainees said that they felt confident or very confident **having conversations with clients whom they suspect or know are perpetrators** of domestic violence and abuse. 3% of trainees said that they felt not confident or not at all confident (chart 40)
- 66% of trainees reported having **referred or signposted clients to domestic abuse services for victims** in the 3 months since having completed DARE training. 10% of those trainees reported having referred or signposted clients to domestic abuse services for victims at least 5 times in the 3 months since having completed DARE training. (chart 41)
- 28% of trainees reported having **referred or signposted clients to domestic abuse services for perpetrators** in the 3 months since having completed DARE training. 1% of trainees reported having referred or signposted clients to domestic abuse services for perpetrators at least 5 times in the 3 months since having completed DARE training (chart 42)
- 60% of trainees said that **their response to perpetrators, victims, and/or families affected by domestic violence and abuse had changed** as a result of something they'd learned from the DARE training. 7% of trainees said that their response had not changed as a result of the DARE training (chart 43)

Immediately after completing DARE training, 63% of trainees said that their response would change as a result of what they had learned. Three months later, 60% of trainees confirmed that their response had changed as a result of what they had learned through DARE training.

Regarding your response to perpetrators, victims, and/or families affected by domestic violence and abuse change, may it change / has it changed as a result of anything you've learned from the DARE training?	Percent of total immediately after completing DARE training	Percent of total 3 months after completing DARE training
Yes	63%	60%
Possibly	25%	29%
No	7%	7%
Don't know	3%	5%
(Respondent did not answer)	1%	0%
(Respondent marked more than one answer)	2%	0%

Trainees were asked to use free text to elaborate on how and why their **response to perpetrators, victims, and/or families affected by domestic violence and abuse had changed** as a result of anything they learned from the DARE training. 74 trainees (71% of respondents) used this function to illustrate how and why they thought their practice had changed as a result of what they had learned. 70 unique specific changes were identified and labelled as codes, which were grouped into 22 sub-themes, which were in turn grouped into 8 themes. The codes were given an additional level of categorisation by grouping them into the five domains of Why, How, Why & How, External Barrier, and External Facilitator, according to which of these domains the respondent's change to working practice comprised.

The most frequently-identified specific changes to working practices included:

- Response benefits from increased confidence, stemming from increased knowledge/information (reported by 7 trainees)
- Response benefits from an increased arsenal of tools to use in asking probing questions and supporting conversations with clients (reported by 5 trainees)
- Response benefits from increased awareness/understanding of DVA in general (reported by 5 trainees)

5 trainees (7% of respondents) wrote that they have not yet had the opportunity to put their DARE training into practice, as a result of the type of work they do. A further 2 trainees (3% of respondents) wrote that response would not change as a result of anything learned through DARE training as they did not learn anything new. 1 trainee (1% of respondents) did not provide any evidence of changes to their response to perpetrators, victims, and/or families, but instead commented on external barriers and facilitators to having conversations around DVA. These responses were not included in further analysis.

Where respondents were asked, in the post-training questionnaire and the 3-month follow-up questionnaire, to report **whether, how, and why their responses to perpetrators, victims and/or families affected by domestic violence and abuse have changed as a result of anything they**

learned from DARE training, the themes identified in their responses overlap; respondents often mentioned two or more themes in the same sentence.

The resulting 6 themes used to categorise the 3-month follow-up data are summarised in the table below. Verbatim examples from trainee's responses have been chosen to illustrate the breadth of reported changes included in each theme.

Theme	**Number of specific reported changes included in this theme**	**Selected verbatim examples**
Confidence and ability to approach conversations around DVA more constructively	29	*'I believe the toolkit gives me the tools to probe and explore deeper questioning with victims and perpetrators'* *'Have increased knowledge of tools I can use to help families to see things in a new way'* *'I am more able to take a better informed and more person-centred response to families in this situation'* *'I am more confident to ask the questions and have more tools to be able to approach this in a sensitive and empathic manner'* *'Thinking about possible ACES and trauma-informed approach and ensuring I take this into consideration'* *'I am now aware of my unconscious bias and I am going to aim to take a Neutral stance when I respond'* *'I feel more confident with how to approach a perpetrator…without coming across as judgemental and causing things to escalate further'* *'Having the effects of domestic violence on victims and families highlighted on the course has made me more understanding when listening to victims'* *'I have found the session on Motivational Interviewing technique so useful in so many situations/conversations already'* *'Using motivational interview[ing] more than before the training'* *'Although I have not yet dealt with a perpetrator, I feel confident to have a conversation with them'*

		'I have found the training very empowering in regards to feeling informed and therefore more confident' *'Confidence in challenging conversations'* *'Feeling a bit more confident in ways to talk'* *'I definitely feel much more confident in my ability to broach this subject with patients'* *'The training has given me the confidence to initiate conversations around domestic abuse'* *'I am more confident in having honest conversations with perpetrators'* *'I…have ways of wording enquiries'* *'I am generally more confident in speaking to perpetrators of DV about their behaviours, but also about engaging them more fully in conversations around what they think isn't working and what needs to change and encouraging them to speak more deeply about their own issues'* *'It gave me more confiden[ce] around working with perpetrators as it gave me ideas around approach and activities'* *'More confident about...the way to frame questions'*
Understanding the (short- and long-term) impact of DVA, outside factors which increase the likelihood of DVA, and the cycle of abuse	13	*'My awareness has increased; however, I have had no dealings with any incidents since conducting training'* *'The training certainly opened my eyes and has given me confidence to spot signs'* *'When dealing with victims, I now have a greater understanding in what types of abuse they may have been subjected to over a long period of time'* *'Being more mindful of previous experiences affecting someone's behaviour and actions'* *'I consider perpetrators' own experiences'* *'Looked at reasons (not excuses) for why people behave the way they do'*

		'I feel I understand the whole chain of abuse and how it can happen far more clearly' *'I feel the deeper level of understanding re perpetrators will enable me to approach conversations with greater insight'* *'Greater understanding of adverse childhood experiences'* *'I am going to be more confident in identifying domestic violence in the presentation of children'* *'The training has given me more confidence to recognise signs of DA'* *'Better understanding of issues that have brought us to the situation we are in that require the conversation to be taking place'* *'Understanding concerns that victims or perpetrators may have around housing i.e., living close by to a previous partner or potentially coming into contact with them'* *'Understanding the other factors that might come in to the situation'* *'To be aware that there may be some shame in their behaviours so to be aware of how I approach the conversation'*
Ability to provide appropriate support, signposting, and referrals – Boosted through knowledge gained on the DARE training course	11	*'I am grateful for the resource pack which I would refer to, to refresh my memory, should this ever become a presenting issue in my work'* *'Using the toolkit to support my work'* *'Knowledge of referral opportunities is also valuable'* *'I know where to refer people now'* *'I feel more assured in my understanding of when to refer, how and to whom'* *'I have confidence in talking about help that is available, and what that looks like, so can talk with more knowledge'*

		'Have more knowledge in…courses available to help educate [perpetrators] into breaking the cycle' *'I feel far more confident as a result of the information I have learnt'* *'More informed and therefore more confident'* *'My knowledge and experiences from the training have increased confidence'* *'I have more knowledge and therefore more confidence in addressing this sensitive area of discussion'* *'I would also now be more confident in opening up difficult conversations with perpetrators, whereas before the course, I had no idea how to approach the subject'* *'Just better understanding around best practice if faced with these issues'* *'The training provided a rationale and evidence base for beginning these conversations which has increased my confidence in beginning these conversations'* *'I…feel better prepared to offer support'* *'I have a better understanding of how domestic violence affects the different parties involved, and thus can respond to perpetrators more effectively when offering Hampton Trust and other support agencies'*
Making a change, moving out of the comfort zone – Time for everyone to take action (but may need further support)	8	*'I feel more equipped to deal with perpetrators who are in denial or struggling to accept responsibility'* *'Not allowing previous experience to excuse behaviour'* *'Perpetrators can receive support [from me] as well'* *'Have more knowledge in managing perpetrators' behaviour'* *'I have been become more analytical when assessing family circumstances with the view of CCB and DA behaviours within family systems'* *'I feel I have the confidence to discuss the subject now rather than avoiding it'*

		'I feel more confident about approaching them but I would still find it very difficult'
Sharing the learning – Continuing the conversation	3	*'I was able to explore with others on the training their responses and learn from them as well as new strategies from the facilitators'* *'Meeting others in break out rooms to share ideas was great!'* *'It was interesting to hear those other professionals' experience on the course'* *'Increased confidence due to in-depth discussion with facilitator and group'* *'This is relevant not only to DV but also things like substance misuse'*
Hope for the possibility of positive change	1	*'Before the training I tended to think that perpetrators would always be perpetrators, but the training helped me to understand that some are able to see how their behaviour negatively affects others'*

Results: interviews

In-depth qualitative interviews were conducted with 15 professionals who had completed the DARE training course in the period February 2021-March 2022. Interviews were an average of 55 minutes long (range 32-74 minutes), and were conducted with a range of individuals:

- 13 interviewees (87%) were female; 2 interviewees (13%) were male
- 14 interviewees (93%) were located in Hampshire; 1 interviewee (7%) was located on the Isle of Wight
- Interviewees represented a range of professional fields, with Housing professionals (from Local Authorities and Housing Associations) making up the largest proportion of interviewees (6 interviewees; 40%)
- Interviewees had completed their DARE training up to a year prior to the time of interview

Field	**Number (percentage) of interviewees working in this field**
Housing – Local Authority	4 (27%)
Charity – Family Services	3 (20%)
Housing – Housing Association	2 (13%)
Charity – Adult Social Services	1 (7%)
Police	1 (7%)
Children's' Services – Local Authority	1 (7%)
Probation Service	1 (7%)
NHS – Adult Health Services	1 (7%)
Ministry of Defence	1 (7%)

DARE trainee interviews provided a rich insight into the varied experiences of professionals working with clients affected by domestic abuse. The interviews explored barriers and facilitators of the 'domestic abuse routine enquiry' approach. Reviews of DARE training provided by the Hampton Trust were overwhelmingly positive; it was not unusual to hear interviewees say things like:

I thought [the DARE training] was better [than what I expected it to be]. To be perfectly honest I think it was probably the best training that I've done anywhere…Considering it was done remotely as well, I just thought it was superb…And I've done a lot of training over these few years! (1)

The volume of data generated through the 15 interviews with DARE trainees is extremely rich and illustrative. For the sake of this report, interviews with 5 DARE trainees were selected to elaborate on a number of topics central to the evaluation:

- Why did trainees enrol on the DARE training?
- What were trainees' goals and expectations for the DARE training?
- What did trainees learn from the DARE training?
- How did trainees learn on the DARE training?
- How has trainees' practice changed as a result of the DARE training?
- How have the trainees, and perpetrators and victims of DVA, benefitted from the trainees' experience of DARE training?
- Have trainees been able to refer perpetrators to the Hampton Trust since completing DARE training?
- How do trainees feel about expanding their practice to include the DARE (Domestic Abuse Routine Enquiry) approach?
- Barriers and facilitators to achieving the DARE approach

These interviews were selected to include a range of participant genders, professions, and locations, and the topics are described in-depth below. Where the interviewee's responses touch on the 10 themes from the post-training questionnaire data regarding how and why their **response to perpetrators, victims, and/or families affected by domestic violence and abuse may change** as a result of anything they learned through DARE training, the theme has been bolded.

Examples of why trainees came to be enrolled on the DARE training course

Interviewees often commented on the good reputation of the Hampton Trust as one of the factors for making time to register for and complete the DARE training. Some trainees learned about the offer of DARE training themselves, through emails and other networks, while others were encouraged to enrol by their managers.

One interviewee (15) conveyed the reasons why they were eager to enrol in the DARE training:

It was a choice really, my manager said 'You know, I think this would be good, but if you're busy I understand'. But having had a good experience from Hampton Trust historically, it's like 'of course I will go on that, I know that it…will really help me, for my future work that I'm doing in my ongoing work with families'…Yes, it was a choice, but it was a good choice. Its' like, 'I'm not going to turn

that down, it's like gold to me, really, to have this training'. And I wanted to understand, had I got rusty in my training? Had I forgotten things? Or [were] there new things I needed to learn?

This trainee's manager offered them the choice to attend DARE training, and the trainee jumped at the opportunity because of their previous positive experience with the Hampton Trust, and because of their self-identified training needs.

I just got an email from the Hampton Trust asking if we'd be interested…[I took it up] because I knew of the Hampton Trust and that they had a good reputation….We have had clients that have worked with them in the past…I don't like to turn down any training that's free and that will benefit our clients! (1)

Another trainee felt the same way, taking up the training because of the good reputation of the Hampton Trust, because it was free of charge, and because it was thought that the training would help the trainee help their clients.

A third trainee highlighted that they would always prefer to be prepared with the skills and information necessary to avoid a serious case taking place under their watch:

Continuous education is always good, always good to learn new things, and I'd rather know about these things before I get a domestic abuse case land on my lap, than afterwards. So I thought it would be interesting and useful. I don't deal a lot with domestic abuse, but it was useful to have it in my toolbox in case I did. (9)

This interviewee was interested in the DARE training from a preventative standpoint, hoping to feel prepared if they ever needed to support clients affected by DVA.

Examples of trainee's training goals and expectations

Interviewees identified specific goals they hoped to achieve on the DARE training course. One trainee had three specific goals, including testing the validity of their own practice, expanding their self-awareness, and learning more about trauma and ACES:

I think the goal was to understand if I was still confident…within my role of interacting with perpetrators and victims. But also the goal was, what can I learn that's different? And to grow in my self-awareness, because I think that's so important, when you are working with people, to be self-aware and also to be reminded about trauma – and it's a big thing these days, isn't it? More and more people are learning…how trauma impacts on whatever age you are. And they say we've all got so many ACES. But if you've got too many, then that…can kind of stop you moving on in life. So I guess that was my…three goals really. (15)

Another interviewee recognised that one of the goals of DARE training was to **shift perspectives** and challenge stereotypes around perpetrators of DVA:

Society is recognising that there is more domestic violence out there and that it isn't just…an old view that it's a fat bloke in a football shirt beating his wife when he's had 12 pints and his team's lost. And of course that isn't the case, there isn't a social strata that deals with it exclusively, it's across society. And it's not necessarily down to physical violence, there's lots of other things…coercive control, financial, et cetera... I think our society's realising that he…doesn't…have the right tools, and some the people who might get involved in [working to reduce DVA] don't know enough to recognise it and therefore assist or counter it. So I think that's why it's being spoken about more now. (9)

Another trainee perceived that the aim of training was to expand the practice of 'routine enquiry' with the ultimate goal of preparing perpetrators for referral to the Hampton Trust's ADAPT programme:

I think it's about making other people aware of asking the right questions and to a point that they're ready to be referred [to the Hampton Trust]…I [was] hoping to get more understanding of exactly what the Hampton Trust did and how we could refer into them, and just how we could support perpetrators without missing things, just maybe asking that extra question. (1)

Prior to beginning DARE training, trainees admitted being curious about 'what the Hampton Trust does'; the interviewee quoted above echoes this desire for practical information about a resource which may be potentially helpful to their most difficult clients.

Examples of WHAT trainees learned from the DARE training course

Interviewees reported many training gains, achieved through the DARE training.

Trainees learned new things, but also received a boost of confidence in their own practice when their knowledge and practices were affirmed by current training:

Certainly did learn new things but also it boosted my confidence to know I haven't forgotten a lot of the things that I had learned historically. (15)

That's why [the DARE training] was so good for me, because it fit in so well with what we were already doing and just expanded and gave us a few more tools...I think the beauty of the DARE course was that, actually, it reminded me of some of the things we do automatically and <u>why</u> we do them. (1)

The examples above and below illustrate the theme of **reflection on, and affirmation of**, the trainee's **capacity to provide support** to clients affected by DVA.

Trainees gained greater understanding of their own unconscious bias, and how that can lead to stereotyping and passing judgement on clients:

They spoke about having biased judgement – and I constantly feel, the more self-aware I become, then I can be better at what I'm doing and when we're interacting with others…how we interact has an impact on another human being, but also, how someone interacts with us, it impacts on us, doesn't it? So…it really made me think 'When have I had biased judgement?' And it's like, actually, I <u>have</u> – but ALL of us have. And I'll continue to be aware of that. And I talked to the team about it, and when we get referrals through, and we look at it, and you read something cold, it's like 'You could have biased judgement, and kind of stereotype someone, couldn't you? Or give up on someone because of your biased judgement. So that was a highlight for me as well, that 'Gosh, I hadn't considered that', yet it's so obvious! (15)

This interviewee above represents an example of a trainee **continuing the conversation** about DVA after completing DARE training, **sharing the learning** with co-workers. This example also illustrates the theme of **shifting perspectives**, as the trainee discusses trying to keep an open mind and leave bias and judgement behind. One interviewee discussed how they thought colleagues on the DARE training course had benefited in this way, especially through the training on **understanding the impact of DVA and the cycle of abuse**:

I think it probably helped a lot of the support workers to…understand that there's usually a reason for the behaviour and be a bit less judgmental about perpetrators… Because usually the perpetrators have been victims or have had traumatic experiences in their past and it helps people…have a bit more empathy. Because sometimes, especially when you've got inexperienced support workers, because they might come into a situation and judge, and I think it's really good to do this kind of training to help them understand a bit more… Because I think that support workers are more willing to work with people if they've got a bit of empathy and that they can understand why they have behaved in the way that they have in the past…Rather than just thinking, 'Oh, they've done something bad, so why should I help them?' You know, I think it's good to get a bit of understanding. And like I say, particularly with the less experienced support workers who come into this line of work and might be a bit shocked by the sort of things that we're dealing with. (12)

Trainees also reported gaining an understanding about why it is important to **shift perspectives** to a perpetrator-focused approach (while retaining robust support for the victim), for a more effective effort at reducing incidence of DVA:

I think this [DARE] course really helped…come up with different ways to do that approach [to initiate conversations around DVA] and to change the way we work, to get that information out, and to break the cycle of abuse. I think it really highlighted the importance of not just giving the victim support, but unless you actually give the perpetrators the support, you're never going to break the cycle because they're literally just going to go on to the next person and do the same. (11)

The change that the interviewee describes – **moving out of the comfort zone** to **take action** and address the perpetrator directly, rather than simply supporting the victim – is one that trainees described feeling confident to do, when prepared with knowledge of the **impact of DVA and the cycle of abuse**, and the **practical conversational skills and tools**, gained through DARE training.

Interviewees also discussed learning practical information about services for clients, especially perpetrators, that were locally available. One interviewee described the learning more about the intricacies of referring to the Hampton Trust – who is eligible, who can refer, and that the Hampton Trust accept self-referrals from individuals at any time:

[I learned about] the signposting of people for things that they can do after they've finished Probation. And knowing the Hampton Trust will take referrals from men who are worried about their behaviour…I mean, how many people would do it? Cause it's a really big brave step, isn't it? But just knowing that that's available. I think again there's a lot of people that wouldn't know that that was there. (13)

The interviewee acknowledges that referring oneself for a behaviour change course is 'a big brave step' that might not happen very often, but was empowered on behalf of their clients with the knowledge that it was an option. This example touches on the theme of **hope for the possibility of positive change** – even though the interviewee doesn't expect frequent self-referrals or acceptance of responsibility for unhealthy relationship behaviours, the knowledge that support is available, even after they are no longer working with the individual, engenders hope.

Examples of HOW trainees learned on the DARE training course

Interviewees specified many ways that the format of the DARE training helped them to expand their knowledge and skills around DVA.

Echoing the respondents in the post-training questionnaire, who mentioned the efficacy of the **use of videos** in illustrating various perspectives and creating empathy for all parties affected by DVA, interviewees highlighted the videos used in DARE training as memorable resources that impacted them deeply:

They played some videos. There was one on how children will imitate their parents, and it was quite hard-hitting, but actually it really did impact [me] on how children are impacted by domestic violence…It showed the mother being abused by the father of this little boy…and then when the little boy was with his mother, he imitated…what his father had done, and the mother was just…in a sort of heap…crying because there was a little boy and he was abusing in exactly the same way as the father. And they showed a few of those [videos], and we were warned that it will be hard-hitting, however, I feel, as a professional supporting families, that we must never forget that. And it can be minimized…I've heard so many times, parents – be it the victim or the perpetrators – say 'They were in the other room, so they didn't see anything', or 'They're only a kid, what do they know? They're not taking it in'…But…there are children who this has impacted…So I've really appreciated it, even though that video was quite hard-hitting. (15)

Despite the video resources being remembered as useful training tools, months after having completed DARE training, they were also seen as potentially traumatising in themselves, and one post-training questionnaire respondent suggested giving trainees a 'trigger warning', and option to opt out of watching, before these 'hard-hitting' videos were shown.

Visual tools such as the Pressure Gauge, Emotional Volcano, Power and Control Wheel, Equality Wheel, and Feelings Wheel were highly rated by both interviewees and trainees responding to the post-training questionnaire. These resources were discussed during the training and then provided to trainees in hard-copy, within the DARE toolkit, after having completed DARE training. Multiple interviewees reported referring to the toolkit, and to these visual resources in particular, long after completing DARE training – several interviewees even had them present during the interview.

I felt the resources were really good. Some of the different wheels, like the Power and Control Wheel.. Looking at the victim/survivor, where you can work out, actually is someone really a victim or are they a perpetrator as well? This one I've got, (looking at DARE training manual), I'm just having a look at the thingy: 'Perpetrator presenting as a victim'. I would say that's the thing we come across the most, and so that's quite helpful to have that in that format, to have it to mind. (1)

Different interviewees found different resources especially helpful for their particular client group, but all felt that having the DARE toolkit in hard copy was a benefit to their learning.

Another way that interviewees felt they had learned through the format of the DARE training was having the **opportunity to practice motivational interviewing techniques** with a fellow trainee:

I liked the motivational [interviewing], when we were paired up with someone and we were doing the motivational interviews, and that was gaining strength from someone else when we got the feedback afterwards. It's like, 'Well, actually, I felt that really helped me when you, when I spoke to you about the goals I wanted to achieve and the way you spoke helped me to stay calm and focused', because we all need that encouragement when we are supporting in this area, and…that was quite a highlight as well, to kind of get that feedback, and it's like 'OK, I'm doing alright then'. (15)

Having the opportunity to practice having conversations in a safe space with fellow trainees increased interviewees' confidence in their ability to use various techniques to approach conversations around DVA more constructively, with 'real' clients.

A third way that interviewees felt they had learned through the format of the DARE training was the multidisciplinary nature of the training cohort. Each DARE training course typically educates 20-35 trainees from a wide range of professions. The format of the sessions includes interactive group work as well as breakaway sessions, which were both highly valued by trainees because of the opportunity to have discussions with peers:

There [were] three of us [from our office] that were on [the same DARE training course]…but we were working from home, we weren't…like the three of us sharing the screen…But also there [were] people from the multidisciplinary teams, people from housing, Children's Services, which was really good, to interact with those different people…It was interesting, made a bit more fun, but the practical side was, we then learnt, say, the social workers' role, and how it is for them, and, say, how different it is for someone in housing…I'm glad I know what everyone else is doing. (15)

The interaction with other people who are not all military – there were lots of social workers, predominantly women. And therefore, that in itself was really interesting for me because it gave a very different perspective. (9)

The way [the DARE training] was presented was very good…particularly, being that it was online, I just felt that they had really thought about how they did it:…short sections, mixture of presenters, mixture of break-out rooms, plenty of time for discussions…and it was good because on the particular [course] that I did, there were a lot of people who work for something like victim support, and they'd only ever really worked with victims. So I found it…very interesting, the whole group thing, the group dynamic, and that they had thought about who they mix up with who. So we could share amongst ourselves, different techniques. (1)

The examples above illustrates the theme **continuing the conversation and sharing the learning**, where DARE trainees learned from each other, shared practice, and **shifted their perspective** to understand how other agencies are working in the DVA space. In some cases, entire teams of co-workers did the DARE training together, enabling discussion of agency-specific situations:

It was helpful [to have co-workers on the DARE training course]…cause we've got shared experience…and it was able to make it very relevant cause we could all talk about situations that we're working in currently. (12)

These training sessions were often particularly enjoyable because many of them were held during lockdown, when trainees had not seen their colleagues in months!

Examples of how trainees' practice has changed as a result of the DARE training

Interviewees discussed how their practice had changed as a result of the DARE training. One trainee contrasted their practice prior to DARE training, with how they would do things now:

[Before the DARE training], we were [asking questions], but maybe not as much, so we might find out, they were in prison for a violent offence, but we might have just said, 'Was it against someone you knew, or some random person or something?' We might not have dug deeper to find out if it was a family member...[The DARE training] was reminding us, 'All right, <u>why</u> are we doing this?'…the

importance of <u>what</u> we're doing, <u>when</u> we're doing it. Instead of…just saying 'You do this, this, or this', and just using it as a tick box, sort of going a bit deeper. So if you're saying to someone, 'Why? What makes you angry?'

'Oh, my partner nagging.'

'Let's look at that a bit deeper.' Whereas we might have just put 'nagging' [on the form]…and not thought, maybe, 'There's alarm bells here, let's just delve a bit deeper into that'. So I think it was very much about…just making us expand on things a bit more. Not just ask the question and accept it and then move on to the next thing. (1)

This interviewee implies that, since the DARE training, they will go farther to ask 'that extra question'. They also reported **continuing the conversation**, after completing DARE training, with their team of ten staff:

Also…when I've been training staff, we've looked at risk assessments and I've said, 'Right, why did you mark that person as low risk? Did you ask this question? Did you ask that question?'

'Oh, no.'

'Well, if you asked that question, then maybe <u>that</u> question comes next.' It's been very useful in training staff and helping them to understand…why we ask the questions we do. (1)

This trainee shared their learning with her staff, including giving them access to the training materials they received and coaching them personally. Another interviewee described how, after completing DARE training, they have changed their practice to communicate more with other agencies around the client she is supporting:

We as a team see the first lot of referrals come in. So, since being on this training, I'm constantly going back to referrers and saying, 'We're happy that you've referred them into <u>our</u> service to get…housing-related support. But have you considered the domestic abuse services that are relevant to what's written on the referral form?' (11)

Examples of how trainees (and perpetrators and victims of DVA) have benefitted from the DARE training

One interviewee (15) spoke about an experience of picking up the phone on New Year's Day, because they got a 'gut feeling', that the client who was phoning, needed help. The interviewee described answering the phone and explaining that they were on holiday, but understood that the client had been having a 'tough time', and asked how the client was. In the interviewee's words:

And she just said: 'I'm really upset. The police had to be called. I think that I'm a perpetrator. And I don't want to lose my partner. I don't want to lose my child. And I just don't know what to do'. And her [partner] actually had to go into hospital, and so…wasn't there. And…that's when it kind of kicked in…because it did kind of…it's like, 'Oh my goodness, she said she's a perpetrator', but it didn't…panic me, I felt like I had…the tools there to be able to…listen and allow her to talk.

The interviewee was able to remain calm when disclosures were made about perpetrating DVA, due to the DARE training which 'kicked in' at just the right moment.

And so I've tried to help her: 'Well, what do you think you need to do? I can certainly signpost you to people. Thank you for telling me this.' So sort of…engaging without…being 'you should do this, you shouldn't, you know'. So acting in a non-judgemental way, and there's different types of engagement, isn't there?... Different styles…when you talk to people.'

The interviewee was able to remain neutral and offer help, praise, and reflection to the perpetrator, who was attempting to recognise her own unhealthy relationship behaviours.

And I went back to my '[DARE training manual] book to see, it's like 'ah I've done that, OK… It helped me…remain confident that I didn't say anything that was wrong.'

The DARE training manual that was provided to trainees upon completion of the course remained a useful guide after completing training. In this case, the trainee was able to feel reassured in their own practice, after confirming their response to disclosure with what was suggested in the DARE training manual.

She was able to problem solve, and through what I did say to her, through the listening, was [that] she's done the right thing by calling someone, and I was able to signpost her to Hampton Trust and send the number to her, and she got on and she phoned them. She was able to call me in the week…to say that she spoke to someone from Hampton Trust.

In this case, the trainee was able to give support to the perpetrator to make her own decisions and begin to make a change in her life by asking for help, resulting in a high-quality self-referral to the Hampton Trust.

This trainee also relayed a difficult experience supporting a victim of DVA, where the DARE training they had received enabled her to remain calm in an emotional situation:

'I went to support a father who disclosed about serious domestic violence from his wife and he was fearing for his life, and there [were] people [threatening him] in the community as well…sort of like honour-based violence…He was quite frightened to do anything about it, but he knew he had to, and he gave me permission to call the police and he knew that. He also accepted that Children's Services [would be involved], they were already involved but this was new information…and he accepted that…it was highly likely that it would go from a Child In Need Plan to a Child Protection Plan. But he recognised… 'I kind of need this for my safety and the safety of my children'.

The trainee was able to build a relationship with the victim of DVA, so that the victim was willing to allow the trainee to call the police on his behalf, and to accept additional help from services in order to safeguard himself and his children.

But what I did find [was] that when I was going to those meetings, the perpetrator was there and was directing a lot of anger toward me…like [singling me out] out of everyone in the room… I felt that actually, that could have been managed better, and I questioned whether it should have been a separate meeting. Or also, as a worker, where was the support for me within that? Because not even the person who was chairing the meeting…put a boundary on it, [instead] just allowed that person to vent toward me. And…it detracted away from the risks, really, and why we were here – it was all about that person's anger…'it's not fair'… And I think it highlighted the [perpetrator's] controlling ways, it was like 'you're not doing yourself any favours by how you are [presenting yourself]', I feel you're abusing <u>me</u> within this meeting! And you're not able to manage your emotions, so you're not really doing yourself any favours here'.

But thank goodness I had some experience in training and understanding about domestic violence, domestic abuse, because it helped me to stay calm and to understand that, 'This is how you['re] reacting and this isn't to do with me really.' I could have been, it could have impacted on me, but fortunately I was OK. I was. I felt kind of, like safe within myself because I understood it... Understanding about a perpetrator's need to control… Understanding that…this is…a control tactic and…I'm not going to take this personally… I would say, had I not had that training, perhaps I would have been a bit of a wobbly jelly, I would have…really struggled to stay calm, and not really coped with it that well, really.

While supporting a victim of DVA, the trainee endured a potentially traumatic confrontation with the perpetrator, but was able to remain calm and use what they had gained through training to understand that it was not a personal attack on them, but a behaviour which is typical of abusers.

Examples of whether interviewees have been able to refer perpetrators to the Hampton Trust after completing DARE training

The DARE training provided interviewees with more concrete information about what the Hampton Trust offers, and how to refer clients to their services, especially the ADAPT behaviour change programme for perpetrators of DVA. After training, trainees reported feeling more confident in knowing whom and how to refer to the Hampton Trust:

Before [DARE training] I didn't know that I could refer [to the Hampton Trust]. I'd only ever come across people that Probation had sent them there, or children's services had sent them there. So I think knowing that actually, 'Okay, they've been referred', or if they hadn't been referred, I could refer them. (1)

This trainee is now aware that they can take action and refer clients directly to the Hampton Trust, without needing to rely on other agencies to make that referral. Another trainee discussed their growing understanding of how to refer to the Hampton Trust, whether Probation Service clients are eligible for the ADAPT programme, and whether the Hampton Trust has any flexibility in how the ADAPT programme is run. The flexibility of the Hampton Trust illustrates how **motivators and support are needed to create change**:

Yes, I can [refer to the Hampton Trust], but to be honest, until I went on that DARE training, and bearing in mind…I've been a probation officer [for a long time], I wasn't 100% sure how to refer to the Hampton Trust and it was only through, through fluke, finding out that the course was running and thinking, 'I think that's going to be really helpful to find out more about what they do'…and going on the course and then find[ing out more about how to refer]. I mean to be honest, I think if I needed to refer, I would phone up one of the people at Hampton Trust and talk it through anyway to, you know, to maybe work out…what we were sort of thinking about, in terms of suitability for what type of programme that they ran. I know I did that with quite a young offender that I've got... He came across from the Youth Offending Team a couple of years ago and we really feel that he would struggle in a group. And so I called Hampton Trust to work out whether or not they would run the ADAPT on a 1-to-1 basis and they said that they would, based on our discussion, which was really, really helpful. So I think, being more aware of it now, I would know to refer [to the Hampton Trust], but I don't know that my colleagues know. (13)

This example shows how the **interviewee's ability to provide appropriate support, signposting, and referrals** was expanded through and after completing DARE training. Another trainee echoed this

theme when they described their relief at being able to refer a client to the Hampton Trust, so that when their agency stopped working with him, he would still be able to access some help, through another agency (the Hampton Trust):

I was working with this particularly challenging chap. It was useful to know that there were other services that could [help him], and we did signpost him to those services, cause Probation had finished working with him, we were about to finish working with him. So…I did refer him. I don't know that he went ahead with it, but it was good to know that we weren't just going to then cut him off and leave him with no support at all. At least we had something that we could pass him on to. (12)

However, this trainee also identified the obvious barrier in making successful referrals to the Hampton Trust: the client's willingness to accept responsibility and attempt behaviour change:

It's good to know that the Hampton Trust exists and that is a place you can refer people to. However, the problem is that these people have to be willing to work with those services, and that's a challenge. (12)

Sadly, multiple interviewees identified the perpetrator's lack of ability to accept responsibility for their abusive behaviour as one of the main barriers to being able to refer clients to the Hampton Trust's ADAPT programme.

Other barriers identified included:

- The 'chaotic' nature of the trainee's clients' lives, rendering behaviour change a relatively low priority when compared with housing, mental health, and substance misuse needs
- Difficulty maintaining confidentiality when the perpetrator is an employee and needs to ask line managers for permission to take time off work to attend a behaviour change course
- Perceived or actual bans on referring clients who are on bail or are being managed by the Probation Service
- Perpetrators' fears about the format and content of the ADAPT course, especially the group-work aspect of it, which prompted 'othering', and fears regarding confidentiality and potential triggers for re-traumatisation
- Use of negative language such as 'perpetrator' and 'abuse', which stigmatises the perpetration of domestic abuse and makes it unlikely that clients will identify with these labels. Use of more neutral language such as 'client' and 'unhealthy relationship behaviour' was seen as more helpful to encouraging individuals to feel comfortable discussing their behaviour without shame, potentially leading to accepting the offer of a behaviour change course.
- Trainees still not being sure of how exactly to refer clients to the Hampton Trust, or knowing exactly what happens on the ADAPT course, even after completing DARE training

These barriers will be discussed further in the section below on Implications for Practice.

Examples of how interviewees feel about expanding their practice to include DARE – Domestic Abuse Routine Enquiry

Interviewees had varying understanding of the concept of DARE (Domestic Abuse Routine Enquiry) and what it meant for their working practice. Some interviewees were able to describe the concept in their own words:

To me it means having, what's it called? There's a word, 'professional inquisitiveness'…'professional curiosity'…that's what it means to me, having professional curiosity and having the confidence to, kind of, ask questions. And, actually…we've been given a set of tools and we can use some of those to help us gain a bigger picture really, and hopefully get that right support in place for people. (15)

Domestic Abuse Routine Enquiry – I can remember it too…To me it's…meant more about making ['domestic abuse routine enquiry] a key part of your practice, so, whenever you get a particular case…thinking about, where it is that you can ask those sorts of questions that might tell you a bit more about…what goes on in…relationships and domestic settings. (13)

Trainees understood that asking questions around DVA in a matter-of-fact and open-minded way could enable conversations to take place, that could lead to the trainee being able to provide appropriate support for clients.

Trainees also understood that introducing a 'routine enquiry' approach to their work could have a positive impact on the safety of everyone involved in the conversation:

We need to gain a picture of what is happening, because it's all about safeguarding and risk assessments, and that's for adults and children, and for the volunteers that we're supporting, and for ourselves. Safety is kind of at the heart of what we do. (15)

It's sort of a reminder of why we're asking those questions, and what we're trying to achieve…to stop, well, <u>hopefully</u>, to make someone make a change, and to stop harm coming to someone else. (1)

The examples above illustrate the theme of **reducing risk**, where a 'routine enquiry' approach could have the outcome of improving safety for victims, families, and professionals. However, it was also noted that there are risks inherent in the asking of questions and the initiation of conversation around DVA.

Although some interviewees understood what was meant by the acronym DARE, or the spirit behind it, others did not seem to have understood the title of the training course:

I know what 'domestic abuse' is…and I guess 'routine enquiry' means… I don't know really, it's a routine? (12)

[The name of the course, DARE – 'Domestic Abuse Routine Enquiry'] doesn't have any particular resonance one way or the other. Name of the course, that's it… To be fair, I've forgotten what the acronym had stood for. (9)

These interviewees, when prompted with the full name of the training course, did not offer any elaboration on what was meant by a 'routine enquiry' approach, or whether it could be adopted into their practice, or would be effective in reducing DVA incidents and risk. However, when directly queried about how asking questions around DVA might be useful, they were able to discuss their

practice and opinions regarding the routine DVA-related questions that were included on their agencies' assessment and referral forms.

When asked about whether expanding their practice to include DARE would be effective in terms of reducing DVA incidents and risk, interviewees offered a mixed view. This interviewee wasn't sure whether a 'routine enquiry' approach would prompt any change from the perpetrator:

[Asking questions around DVA might] possibly [create change] with the victims. I'm not sure with the perpetrators…Unless you've got services that you can refer, or unless they're looking to change their behaviour themselves, it's difficult to force people to change their behaviour, isn't it? But you can suggest…and you can offer them, you can give them information. (12)

Like others previously, this trainee highlighted the importance of being able to offer practical support and referral services, in being confident and willing to take a 'routine enquiry' approach.

Barriers and facilitators to achieving DARE

Trainees discussed fear in relation to initiating conversations around DVA, with both victims and perpetrators. Trainees were afraid to initiate conversations around DVA with victims, for fear of not knowing what practical support to offer once the 'tin of worms' had been opened. One interviewee highlighted several particular challenges that the military faces, such as clients (soldiers) being frequently relocated, so that the trainee cannot provide any long-term help, or the fact that the non-military partners of clients are not subject to military jurisdiction:

Do I open the tin of worms that I can't actually help them take the worms out, or put the lid back on?... So it's difficult…sometimes you think, 'Look, if I ask the question, what would I do with the answer?' (9)

In this particular case, the interviewee was speaking in relation to military-specific barriers to providing support for perpetrators and victims of DVA. However, non-military interviewees also mentioned the fear of asking questions and opening conversations around DVA, when they didn't feel they had the practical expertise to support the perpetrator or victim. Interviewees specified that their confidence to ask questions around DVA was boosted by the knowledge and practical skills training the DARE course provided, such as knowing how to initiate a conversation in a non-judgemental manner, knowing what services are available to support clients, and how to refer.

Hampton Trust are breaking that, I think, the fear of the people [to open conversations around DVA]...through giving us the information and sending us some really good tools…particularly on this recent [DARE] training…it helped me to understand that…I've got some tools <u>within</u> me, and that…I'm <u>doing</u> it. And, we can doubt ourselves, and it's…a real confidence-boosting [experience on the DARE training]. And I think that's what I heard from other people as well, so it's kind of boosting people's confidence. And we've all got skills and talents and we have to be true to ourselves and we bring that to our role. But we can use all of that. And I think that's what they got across, certainly for me. (15)

Some trainees discussed using routine assessment templates, which could be a barrier or a facilitator to the 'routine enquiry' approach. One trainee mentioned that their workplace had recently updated a referral form to include a question about DVA:

I don't routinely [make domestic abuse a regular feature of the conversation or of the questions I ask]. Interestingly, [earlier this morning] I was dealing with a referral for something. And in there, one of the questions, they only changed it, so the referral to the Army Welfare Services now has a question set that we have to complete, that says, 'Is there domestic violence in the home?' Yes, no, or don't know'. So at least they're now making you consider it whereas before, you know, you might not. (9)

This trainee went on to explain that, even though a question about DVA was part of a standardised form which needed completing, they might still not ask the question if they thought it was irrelevant to the conversation:

Now I have to consider those [questions around DVA] as well…So that's just a routine question now to ask if someone's coming to me for routine referral with stress at the workplace, thinks he's being bullied, I wouldn't necessarily ask [about DVA] because it might not actually [be relevant], you know, he's coming in for one reason...and then they're suddenly asked about domestic abuse – they might go, 'Well, hold on. What's going on here?' So again, it's a guide, I like to think, rather than an absolute rule. I do have to answer it, so I might put 'unknown' or I might put 'no' because it wasn't mentioned, but I haven't specifically asked. It's the same as suicide. I…don't ask everyone whether they're suicidal, but if they come in feeling miserable and depressed and talking about certain key areas that trigger it for me, I would ask them, 'Are you feeling that you want to harm yourself or others?' So I think it's the same for the domestic abuse bit: if it was relevant, I'd ask the question. If it wasn't, I wouldn't…I think…it's a great handrail, but you've got to rely a little bit on the professional, at that stage, i.e., <u>me</u>, going 'Is this something that is relevant to ask?' (9)

Interviewees might choose not to use the 'routine enquiry' approach if they thought it might damage the client-professional relationship by seeming to the client that the professional was asking presumptive personal questions. Professionals might also choose not to use the 'routine enquiry' approach, even if the professional was mandated to answer the question on a standardised form, if the professional did not feel confident enough, or understand the rationale, to introduce the topic of DVA with clients.

Generally, support workers will have shadowed more experienced workers who are going through the forms with customers before they do them on their own. But yeah, I think there's varying degrees of confidence based on experience, and based on…how many times you've had to do this and have had to answer the question. Sometimes the forms will come back and it's blank and then you'll have to go back to the support worker and say, 'You haven't asked this question', and then you'll have to maybe support them to ask the question if they're a bit anxious about doing so… Because it can be triggering as well, if you say to someone, 'Are you a risk to anybody?', that can trigger and increase the risk. (12)

Trainees also acknowledged fear of angering clients who are suspected or known to be violent. The interviewee quoted above described modified ways of working, especially during lockdown, that enabled them to feel safer asking questions around DVA with clients who were potentially dangerous:

I would call the customer myself and ask the question, and actually asking it over the phone is probably a bit easier because if it does trigger any behaviour, you can hang up the phone on them, which is different to if you're sat in their property with them… It's something we've experimented with during lockdown because we did everything on the phone. And actually, sometimes there are

advantages… [For example] we were working with a very, very tricky customer who had come out of prison after some quite serious offences against women… I used to spend many hours talking to him on the phone and he would always deny that he'd done anything and that he was not guilty and he hadn't done it. And actually, in terms of safety, we decided that he would only be having telephone support because it was too high risk to send anybody to visit him because of the history and the risk that came with him, and the way that he would speak to people on the phone. So at least…you have the ability to terminate the conversation quickly if you're on the phone. (12)

Another interviewee spoke from their own perspective as a survivor of domestic abuse, which made them understandably nervous to attempt to discuss DVA with any client who might potentially react negatively:

I think, as a survivor of domestic abuse myself, I would have been quite wary about talking to a perpetrator about any services that are available or directing them to a change programme. And I think from the skills that I learned off the course, that gave me the confidence to approach that subject, and I think it's a tricky subject for people to want to approach, and ask for people, without them having the fear of what the backlash might be if they approach that subject and they're speaking to a perpetrator. (11)

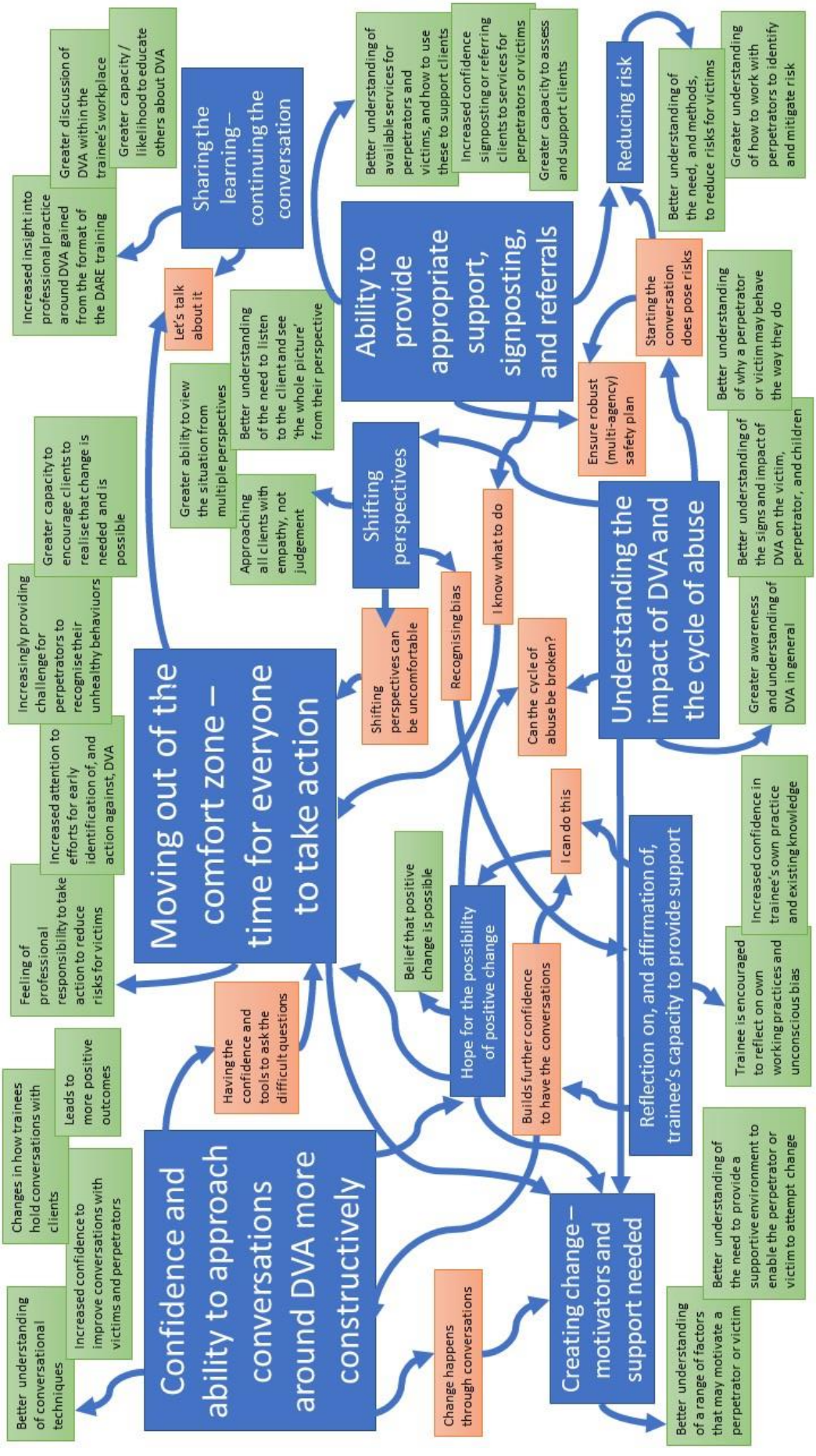
Finally, interviewees also mentioned that they might be less motivated to ask routine questions around DVA if they suspected that they might not get an honest answer from clients, especially if the questions were asked too early in the client-professional relationship, such as in an initial assessment meeting:

I mean, we have to ask the questions routinely, but whether or not the customers will answer them honestly is a different thing…I think customers are more likely to be honest once they've been working with somebody for a period of time, whereas when they first meet somebody, they're much more closed. (12)

Where standardised forms included questions around DVA, trainees were reminded and legitimised to ask the question. However, interviewees (especially those working in large organisations) mentioned that they might not always have the authority to change assessment and referral templates. In these cases, sometimes the interviewee added questions around DVA as part of their own practice, even though it was not 'on the form'.

Discussion

Relationships between the themes are illustrated in the concept map below, where the themes are illustrated in blue (size of text relating to frequency of the theme being reported), selected sub-themes attached to each theme are illustrated in green, and relationships between the themes are illustrated in blue arrows and coral text.


Confidence and ability to approach conversations around DVA more constructively
Moving out of the comfort zone – time for everyone to take action
Creating change – motivators and support needed
Understanding the impact of DVA and the cycle of abuse
Ability to provide appropriate support, signposting, and referrals
Sharing the learning – continuing the conversation
Shifting perspectives
Reducing risk
Reflection on, and affirmation of, trainee's capacity to provide support
Hope for the possibility of positive change
Better understanding of conversational techniques
Increased confidence to improve conversations with victims and perpetrators
Changes in how trainees hold conversations with clients
Leads to more positive outcomes
Having the confidence and tools to ask the difficult questions
Feeling of professional responsibility to take action to reduce risks for victims
Increased attention to efforts for early identification of, and action against, DVA
Increasingly providing challenge for perpetrators to recognise their unhealthy behaviuors
Greater capacity to encourage clients to realise that change is needed and is possible
Increased insight into professional practice around DVA gained from the format of the DARE training
Greater discussion of DVA within the trainee's workplace
Greater capacity / likelihood to educate others about DVA
Let's talk about it
Change happens through conversations
Better understanding of a range of factors that may motivate a perpetrator or victim
Better understanding of the need to provide a supportive environment to enable the perpetrator or victim to attempt change
Belief that positive change is possible
Builds further confidence to have the conversations
I can do this
Trainee is encouraged to reflect on own working practices and unconscious bias
Increased confidence in trainee's own practice and existing knowledge
Shifting perspectives can be uncomfortable
Recognising bias
I know what to do
Can the cycle of abuse be broken?
Greater awareness and understanding of DVA in general
Better understanding of the signs and impact of DVA on the victim, perpetrator, and children
Better understanding of why a perpetrator or victim may behave the way they do
Greater ability to view the situation from multiple perspectives
Better understanding of the need to listen to the client and see 'the whole picture' from their perspective
Approaching all clients with empathy, not judgement
Ensure robust (multi-agency) safety plan
Starting the conversation does pose risks
Better understanding of available services for perpetrators and victims, and how to use these to support clients
Increased confidence signposting or referring clients to services for perpetrators or victims
Greater capacity to assess and support clients
Better understanding of the need, and methods, to reduce risks for victims
Greater understanding of how to work with perpetrators to identify and mitigate risk

The DARE training provided trainees with techniques (such as motivational interviewing) and tools (such as the power and control wheel) to **feel more confident and able to initiate and facilitate constructive conversations around DVA** with perpetrators and victims.

Increased awareness of the impact of DVA and the cycle of abuse, gained through the DARE training, gave trainees a greater understanding of why perpetrators and victims may behave the way they do, resulting in the possibility of a shift in the trainee's perspective from judgement to empathy.

Shifting perspectives and changing practices can be uncomfortable, for trainees and for clients. It is necessary for both trainees and clients to **move out of their comfort zones, to take action to create change**. Trainees must shift their perspective and recognise their biases, to be willing to engage with perpetrators of DVA. Trainees must also use the skills gained through DARE training, in addition to their professional experience, to shift their working practice towards increasingly asking questions and providing challenge (in safe ways), to encourage clients to take action. Perpetrators of DVA will also be encouraged to shift their perspective through reflecting on their own experiences, recognising their use of unhealthy relationship behaviours, and realising the impact that their behaviour has on others.

The DARE training provided trainees with a better understanding of **factors which may motivate and support perpetrators' behaviour change**. Conversations between trainees and perpetrators are the catalyst for change, whether the outcome be engagement and honest reflection regarding behaviour, identifying ways to reduce risks to victims and families, or a referral to the Hampton Trust's ADAPT programme.

Reducing risk to victims is the ultimate outcome of the DARE training and everything it engenders. The DARE training provided **greater understanding of the impact of DVA** (short-term and long-term), **and the cycle of abuse**. DARE trainees gained knowledge regarding the various types of DVA, recognising the signs of DVA, and awareness of why perpetrators and victims may behave the way they do. Training also facilitated a better understanding of the need, and methods, to reduce risks for victims, keeping in mind that opening the conversation about DVA does in itself pose risks.

The DARE training gave trainees a better understanding of the services available for perpetrators and victims, and how to use these to support clients. Trainees grew their **ability to provide appropriate support, signposting, and referrals** through increased capacity to assess and support clients, and increased confidence to signpost or refer clients to appropriate services.

The format of the DARE training also provided opportunities for trainees to gain confidence, through hearing the experiences of, and having in-depth discussions with, the trainer and fellow trainees. In turn, DARE trainees felt that their increased knowledge and confidence would enable them to **continue the professional conversation** around DVA with colleagues in their workplace.

DARE trainees' confidence was increased further when some of the **knowledge gained through DARE training reinforced their own practice and existing knowledge**.

All these themes above are underpinned by a theme which was least-frequently explicitly mentioned, but is apparent in nearly all of the trainees' responses: **hope for the possibility of positive change**. Prior to commencing DARE training, over 80% of trainees indicated that they

wished to gain confidence and knowledge about how to engage, support, and signpost perpetrators of DVA to specialist services. Immediately after completing DARE training, 81% of trainees reported **having gained increased confidence in starting conversations with perpetrators,** and 70% of trainees reported **having gained better understanding of how to refer or signpost clients to specialist services for perpetrators**. The trainees' free-text responses, both immediately and 3 months after completing DARE training, illustrate how their confidence in starting conversations with perpetrators has increased as a result of the training.

In conclusion, the knowledge and skills provided through DARE training, including learning about the impact of DVA and the cycle of abuse, and provision of tools and techniques to approach conversations around DVA more constructively, increased trainees' awareness and confidence to share learning, reflect on their practice, shift their perspective, provide appropriate support, signposting, and referrals, and move out of their comfort zone to take action to encourage change, creating hope for the possibility of engendering positive change to reduce risk to victims and families.

Implications for practice

Overall, reviews of the DARE training run by the Hampton Trust were overwhelmingly positive. Questionnaire respondents and interviewees demonstrated their learning across a wide range of topics and themes, and gained confidence in their ability to approach conversations around DVA more constructively. The goal of embedding a 'routine enquiry' approach, understood by a proportion of trainees (as measured by their free-text and interview responses), was probably less well achieved, though the benefit of 'asking that extra question' was widely understood.

Trainees identified several barriers to their ability to refer perpetrators of DVA to the Hampton Trust's ADAPT programme. Some of these may be relatively easy for the Hampton Trust to overcome, through small additions or changes to the DARE training course and accompanying hard-copy toolkit. For example, we recommend that additions made to the DARE toolkit could include a brief description of the ADAPT programme, along with practical details such as any eligibility criteria (especially regarding bail conditions and the Probation Service) and a sample of the referral form, and explicit reminders that anyone can refer clients to the Hampton Trust (including self-referrals from perpetrators themselves). We also recommend that easy changes to the DARE training course might involve adding a video clip of a perpetrator, who has completed the ADAPT course, talking about what the course was like for them and if it has benefited their life in any way.

We also recommend a campaign to de-stigmatise DVA, by championing the use of more neutral language around healthy and unhealthy relationship behaviours, and coming up with more creative labels than 'perpetrator'. The use of more neutral language might open the door for more individuals to identify with the need for a behaviour change, or 'heathy relationships' course, and also might make it easier for employees to approach their line managers to ask for time off to attend the ADAPT course, without fearing that their name will be sullied by being identified as a 'perpetrator of DVA'.

An additional improvement to the DARE training could include making trainees aware that, in addition to group-work ADAPT sessions, one-on-one sessions can be made available for those individuals needing extra support in their behaviour change journey. This might enable individuals leading 'chaotic' lives (requiring support for multiple needs including housing, mental health,

substance misuse, etc.) to attend sessions that could be accommodating of a flexible schedule. This might also benefit individuals who are worried about the group nature of the course, because of:

- lack of trust in the confidentiality that can be maintained
- worries about possibly knowing other individuals in the group
- discrimination against individuals perceived to be much more violent than themselves
- potential triggers for re-traumatisation, when listening to the experiences and behaviours of others

Other barriers that trainees face when referring clients to the Hampton Trust will not be so easily overcome. It may take a trainee many sessions of working with a client before any shift in the client's attitude, towards acknowledging their own abusive behaviour, happens – it may never happen. The DARE training makes headway into this problem by equipping trainees with tools, techniques, and knowledge, enabling trainees to feel more confident in their ability to approach conversations around DVA more constructively.

Limitations

One of the major limitations of this evaluation was the inability to report on changes over time in ADAPT referral sources corresponding to DARE-trained individuals, teams, and organisations. Additionally, quantitative information on the change in quantity and quality of referrals was unavailable to this evaluation. Reasons for this include difficulties sharing data between organisations, and the amount of resource needed to track individual referrals through multiple organisations' data systems.

Conclusions

The DARE training course, run by the Hampton Trust, is an enjoyable and informative experience for most participants. Trainees enrol in the course hoping to gain a greater understanding of the practical aspects of working with perpetrators of DVA – initiating conversation, and referring to specialist support services. Through the engaging format of the training, participants learn strategies, techniques, and tools which they can incorporate into their practice, as well as the information needed to provide appropriate support, signposting, and referrals. The result is trainees' increased confidence and ability to approach conversations around DVA more constructively. Crucially, trainees also learn about the short- and long-term impacts of DVA and the cycle of abuse, and are prompted to reflect upon their own working practices. This enables a shift in the trainee's perspective, motivating them to move out of their comfort zones and take action, hoping to create positive change.

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Conflict of interest

The authors declare they have no conflict of interest.

Disclaimer

The views expressed in this report are those of the authors and not necessarily those of the Home Office.