



# **Taking the Domestic Abuse Recovery Toolkit Online**

Project Report for Big Lottery





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# Rock Pool

# **INTRODUCTION**

# Introduction to Rock Pool

Rock Pool ([www.rockpool.life](http://www.rockpool.life)) is a Community Interest Company that provides training and consultancy services for organisations that support people that have been affected by trauma.

It was founded in 2017 by Sue Penna and Kirsty Passmore, who between them have over 40 years' experience in working in frontline services that support people that have been affected by complex and developmental trauma.

Rock Pool has a vision of a society that is trauma informed. We understand that trauma is universal. Our mission is to transform society to accept this reality by understanding how behaviour is influenced by trauma. We believe that trauma-informed awareness and practice delivers hope, resilience and recovery.



**Joint Chief Executive: Sue Penna MSc, Dip C.O.T, Dip Counselling, FRSA** Sue trained as an Occupational Therapist, specialised in psychiatry and for over thirty years during her life as a clinician, trainer and supervisor both within the NHS and independently worked with individuals who had experienced psychological trauma as a result of adverse childhood experiences (ACEs).

Recently, Sue has specialised in writing psycho-educational programmes that support recovery through trauma-informed practice.

Sue is passionate for the need for multi-agency working and is committed to supporting front line workers to use a trauma-informed approach in supporting families and individuals. Sue's expertise in this area has been recognised by being regularly invited to speak at conferences.

Most recently Sue has presented at the Community Care online conference on 'Why children behave the way they do following trauma' and has presented at the 4th European Conference on Domestic Violence on the results of this project. She is the author of a self-help guide ***The Recovery Toolkit: The 12-week plan to help people to recover from domestic abuse.***

**Joint Chief Executive: Kirsty Passmore** started her working life with IBM as a marketing specialist before joining the public sector in 2004. During her time in local government, she successfully led multi agency teams, built new service provision and transformed failing practice, for which she was nationally recognised.

At Rock Pool she has operationally led the company to grow from delivering approx. 35 courses a year in 2017 to approx. 500 in 2021.

This has included pivoting the business to an online delivery model in 3 months during the COVID-19 Pandemic. Kirsty has also recently been announced as a finalist for Small Business Entrepreneur South West by Great British Entrepreneur Awards in partnership with Starling Bank.

Rock Pool's recent customers include Avon and Somerset Office of the Police and Crime Commissioner, Birmingham Children's Trust, Cheshire Office of the Police and Crime Commissioner, Cornwall County Council, Hampshire Office of the Police and Crime Commissioner, The London Borough of Barking and Dagenham, Manchester City Council, West Midlands Office of the Police and Crime Commissioner.

Rock Pool have a team of 16 Associates who deliver their training, all of whom are sector experts in their field of work. Their professional backgrounds include; social work, criminal justice and policing, domestic abuse and sexual violence specialists, youth offending, restorative practice and education.

# Section Two

# **EXECUTIVE SUMMARY**



# 2 Executive Summary

## 2.1 *The project*

In September 2020 Rock Pool was awarded £85,350 from the Big Lottery Coronavirus Community Support Fund to work with nine partners to pilot delivering the Domestic Abuse Recovery Toolkit via an online platform. Before the outbreak of COVID-19 the Domestic Abuse Recovery Toolkit was delivered in a classroom, face to face for two hours a week over 12 weeks. The online version of the programme was delivered for 40 online programmes to 233 participants from October 2020 to April 2021.

## 2.2 *Impact of the programme*

Feedback from delivery partners and participants demonstrated that the online programme delivered the same key outcomes as the “in-room” programme. This included the following benefits:

1. Enables individuals to understand they were not at fault or responsible for the abuse they experienced.
2. Enables individuals to identify the coercion and control they have experienced and has given them techniques to address this.
3. Enables participants to realise that they are not alone in their experiences, that others share similar experiences and also that recovery is possible.
4. Significantly improves individual self-esteem and assertiveness in a way that means they can negotiate healthier lifestyles and remain abuse free.
5. Provides real hope and potential for participants to have in the future abuse free lives and improved relationships with their children.

## 2.3 *National impact of domestic abuse*

1.6m people in the UK stated that they had experienced domestic abuse in the UK<sup>1</sup>

A review of the impacts of domestic abuse by Safe Lives<sup>2</sup> revealed that:

- Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment.
- Domestic abuse victims are at risk of post-traumatic stress disorder.

## SECTION TWO

### 2.4 The Domestic Abuse Recovery Toolkit

The Domestic Abuse Recovery Toolkit was developed in 2005 to help survivors of domestic abuse recover from their experiences of domestic abuse. The programme provides participants with techniques to challenge their negative thought processes, enabling them to develop self-confidence and assertiveness and integrate back into society and explore their full potential. More than 100,000 survivors of domestic abuse have benefitted from the programme.

### 2.5 Context

The COVID-19 lockdown created a “perfect storm” for domestic violence with

- Reduced access to support services.
- Reported increases in amount and intensity of domestic violence.
- The negative impact on mental health of the isolation of lockdowns and fear of the pandemic challenging the resilience of those recovering from domestic violence.

There was increasing evidence that “lockdowns” were having a significant effect on the scale and the degree of domestic violence as families were locked in with their abusers.

### 2.6 The partners

Nine partners trailed and tested an online version of the programme:

- The SUsie Programme at Barnardo’s Cornwall
- Birmingham Children’s Trust
- Feathers Futures - Great Yarmouth
- Wight DASH - Isles of Wight
- Swindon Women’s Aid
- Nottingham Women’s Aid
- West Mercia Women’s Aid
- I Am Cherished - Hertfordshire
- Safe in Sussex

All the partners delivered a wide range of support services to victims of domestic abuse, and all had experience of delivering the Domestic Abuse Recovery Toolkit programme “in the room.”

More than  
**100,000**

...survivors of  
domestic abuse  
have benefitted from  
the programme



## 2.7 Impact of COVID-19 on organisations and staff

All the partners responded quickly to the challenges of COVID-19 and all managed to adapt most of their services to online delivery. Their involvement in delivering the Domestic Abuse Recovery Toolkit programme needs to be understood in this wider context. Going on-line and delivering a range of “virtual services” challenged approaches to service delivery and required upskilling (especially in IT skills). It demanded a lot of work in a short time to be able to continue to successfully deliver support.

Partners recognised the on-going impact of working isolated at home was leading to increased stress for staff. They worked hard to look after the well-being of their staff teams and volunteers and for some organisations overcoming the challenges brought them together closer as a team.

*The team members worked hard at providing support to our members and to each other. We became more open as a team in discussing our feelings and introduced “permission slips”, which we could issue to ourselves if we needed to take a little time out. We took self-care very seriously and prioritised it in all team meetings. (Wight DASH - Isles of Wight)*

Partners reported the difficulty they had in working with other agencies who had furloughed staff. At the same time they were experiencing more referrals from partner agencies as other charities had closed down or had furloughed staff.

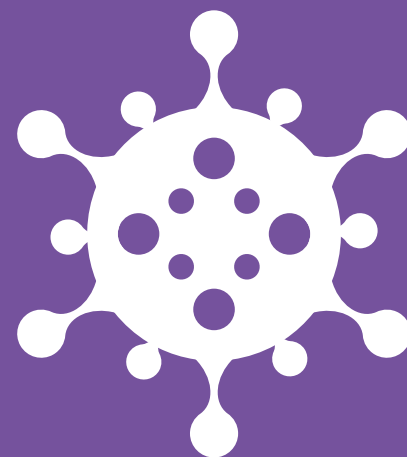
## 2.8 Impact of COVID-19 on survivors

In line with national trends, many partners reported that clients were under greater stress during lockdown and that overall clients had more complex needs and poor mental health.

*Initially we had many women return to us, that had previously moved on. Many felt trapped and unsafe, and this triggered trauma in them. They felt they were helpless and were often frustrated with themselves, as the most unusual thing was triggering, and they felt unable to cope. (I Am Cherished - Hertfordshire)*

*Before long it became apparent that for many women, the collective trauma of the pandemic was having a cumulative effect on past trauma. They contacted and spoke about a sense of hopelessness, of feeling pulled back in to past harmful relationships, struggled to manage with their children. The majority reported high levels of mental distress. (Wight DASH - Isles of Wight)*

**Clients were under greater stress during lockdown**



## SECTION TWO

### 2.9 Benefits and drawback of going online

All the partners were very positive about delivering the Domestic Abuse Recovery Toolkit online and how important it was for their clients that they did so during the pandemic.

*The success of the online delivery, including increased contact with clients, has been fantastic and the team are in a stronger position than before, feeling more connected to each other. (The SUSie Programme at Barnardo's Cornwall)*

All partners found significant advantages in accessing more isolated clients (rural isolation, disability etc.) and clients who found it awkward to leave the house to attend sessions e.g. those with pre-school children, did not want family members/neighbours etc. to know what they were doing.

*Online delivery also allowed the more vulnerable/shielding individuals to participate from the safety of their homes. (Swindon Women's Aid)*

*Previously we have struggled to engage Asian women as they often fear being seen by their community. They were much happier to learn online. (I Am Cherished - Hertfordshire)*

Partners reported that they could offer a more flexible approach to delivering the toolkit and that evening sessions did attract more survivors who were in employment.

*...we have always offered evening provision but reports from women in employment was that it was better to attend online than to rush home just to go out again for the group or attend straight from work. (Wight DASH - Isles of Wight)*

Partners reported that the programme's focus on self-care was particularly relevant in times of COVID-19. It gave participants tools to help them deal with the stress of lockdown and some participants used the techniques taught with their children.

All partners said they would continue to offer the programme online post-pandemic as it significantly increased their reach into the community.

**All partners said they would continue to offer the programme online post-pandemic** as it significantly increased their reach into the community



## 2.10 Impact of the online programme

The delivery of the Domestic Abuse Recovery Toolkit online had a significant positive impact on the participants. Pre-course, 68% (77) of participants scored below the self-esteem threshold on the Rosenberg Self-esteem Scale. Post-course this figure fell to 31% (36). This represents a highly significant shift of 54%.

Prior to attending the programme 27% (30) of participants scored less than 10 (an indicator of very low self-esteem) and post course only 3.5% (4) scored less than 10. A shift of 87% of participants out of the lowest score band.

The average variation in pre and post course scores on the Rosenberg Self-esteem Scale was 6.2 points, which is highly significant on a 30-point scale.

- 10% of participants scores returned the same or marginally lower scores for pre and post course
- 34% moved between 1 and 4 points
- 27% moved between 5 and 8,
- 18% moved between 9 and 12 points
- 12% moved more than 12 points

In rating their ability to be assertive in 10 different situations 64% of pre-course answers illustrated non-assertive behaviours and this dropped to 27% post-course which gives some evidence that there were considerable changes in participants' perception of their ability to be assertive.

**64% of  
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**...27% post-course**

## SECTION TWO

### 2.11 Potential savings generated

The Home Office research report “The economic and social costs of domestic abuse.<sup>3</sup> (2019) states that the total cost of domestic violence is £66bn. It further states that, *the biggest component of the estimated cost is the physical and emotional harms incurred by victims (£47 billion), particularly the emotional harms (the fear, anxiety and depression experienced by victims as a result of domestic abuse), which account for the overwhelming majority of the overall costs.* They also calculated that the average cost to the UK economy of domestic violence per individual was £34,015 based on impacts lasting for up to six years.

56% (121) of the 216 individuals who successfully completed the programme increased their Rosenberg self-esteem scores by at least 5 points - a reasonable indication of a significant degree of recovery. If the programme was responsible for shortening participants’ recovery time by only 25%, (i.e. 18 months) then the savings generated would be £1,028,953 (121 participants x £34,015 x 25%). This represents a saving of £12.5 per £1 invested (Big Lottery Investment £85,350). Across all project costs of £131,7128 this represents a saving of £7.8 per £1 invested Whilst these figures are illustrative they do demonstrate the scale of savings which this programme probably generates and supports the case for more detailed research.

### 2.12 Next steps

#### Next steps

1. We would like to work with partners to undertake research, with a much larger number of participants, into the longer-term impacts of delivering the Domestic Abuse Recovery Toolkit and “in the room”
2. We would like to work with a large cohort of participants to gather robust evidence of the savings created through this early and cost-effective intervention
3. We would like to explore how we can further improve the effectiveness of online and “blended” delivery

**The economic and social costs of domestic abuse.<sup>3</sup> (2019) states that the total cost of domestic violence is 66bn**



# Section Three

# **CASE STUDIES**

## 3 Case Studies

**Partners were asked to provide anonymous case studies to illustrate the impact of the work. Case studies are all presented in their own individual formats as provided by partners.**

### Case study 1

J is in her 30's has had four children adopted or in foster care due to her previous abusive partners and has just found out she is expecting a baby with her new partner. Social services are involved due to the past history, but J is keen to make sure that this time is different. She found out about the course herself and contacted to find out more information and book her space. She wanted to complete the course as soon as she could so she could show the social worker that she was working hard to change what happened in her past. She was initially anxious about using Zoom and talking in front of others so we completed a trial Zoom session with her to get to know us and what would happen. Although J said that her new partner was very kind and supportive, she said she felt that she couldn't talk to him about her past as she was ashamed of it. She had no friends, and her family were not supportive or local to her. Her negative thoughts about herself would go around in her mind constantly and she believed that she was a bad person because she couldn't keep her children. She blamed herself for the abuse and felt like everything in her life always goes wrong as she is the problem.

She was very anxious about social services being involved and didn't trust anyone, she felt that she wasn't good enough to talk to them and couldn't get what she wanted to across to them so there was no point trying, she believed that everyone hated her anyway and was against her.

**She began to speak more each week and on week 6 the facilitator pointed out that she had spoken without apologising for speaking, J was so pleased**





Week 1 of the course J was the first to join the session and apart from introducing herself she was very quiet, she was worried that the other women on the course would know her ex's and tell them that she was on it, or that she would be recognised by someone as the woman who had lost her children. By the end of the first session she realised that this was not the case, the women on the course were all there because they wanted to help themselves and she thought that she liked them. By week 2 she was determined that she was going to say something when the opportunity arose, she was so worried about this yet determined to do it, she spoke quickly and apologised for talking, the other women listened and chatted back she soon felt more at ease, being able to take in the course content and relate to it. She began to speak more each week and on week 6 the facilitator pointed out that she had spoken without apologising for speaking, J was so pleased with herself as was everyone on the course.



**“J didn't expect the course to help her as much as she did, what she got from the course was a belief that she was important”**



J didn't expect the course to help her as much as she did, she wanted to do it to prove she understood the domestic abuse but what she got from the course was a belief that she was important, she understood that she was bottling up her feeling before and overthinking everything and now felt that she could talk openly and most of all she felt that she could trust this group with her challenges and they would support her instead of using it against her as they were all in the same boat.

J is able to communicate her feelings so the social worker and has been told that there are no plans to remove her baby at birth and she has remained friends with the group she completed the course with.

## Case study 2

Sarah is in her early 30's and not in employment.

### **Sarah, can you tell me how you came to be on the Recovery Toolkit.**

*I knew the organisation because you had helped me before. I was in the refuge you ran when my son was a toddler- he's nine now. When I resettled from the refuge I thought things would be sorted but life got really complicated because his dad wasn't a UK resident. Long story short, I got back with him as it seemed to be the only way I could keep my son. I was really angry with myself – I was in a refuge as a child, and I should've known better but it can't be changed now. Anyway it went wrong, and I came back here, well, up North. I got in another really abusive relationship there and had another child. Eventually I left and moved back to the island. By now my mental health was bad and it ended up that my children were placed with family members. I could see I couldn't look after them but that just made me feel worse. My mental health worker suggested I get in touch to do a programme and that's what I did.*

### **How did you feel about starting the programme? Were there any worries about doing it?**

*I was worried – I know a lot of people here and I felt really ashamed of how things had turned out – you know what people think when you haven't got your kids. I have really bad anxiety and it makes me talk a lot and I think that gets on everyone's nerves. I was told before I have ADHD – maybe it's that, I don't know but it all felt a bit risky.*

### **Did you tell anyone about the programme?**

*Well my mental health worker because it was her idea really. And my mum but we don't always... we don't... we have a difficult relationship because... well everything. I think she thinks there's no hope for me, she just sees me as trouble – from when I was at school til now.*

“

**“I do not think I would have been able to do half of these things if it was not for the recovery toolkit and it was truly amazing”**

”

### **But you still wanted to do it?**

*Well yeah, I had to do something. I want the kids to be proud of me someday – they're amazing. When I first started the course they said that anything that we learnt could be taught to our children so that's what I tried to do. I made some good friends too, we're still in touch.*

### **So how do you feel now you've finished?**

*Pretty good, some days are still difficult but that's normal. I have learned to put better boundaries in place, especially with my mum and my children. I suppose I feel more in control... more, well ... more sorted, if you know what I mean. I'm working towards the kids coming home, that's going alright. I don't feel as anxious now but if it starts to come up I practice some breathing or distract myself with something. I love art and I really want to volunteer at the women's centre. I know I'll get there when the time is right. I wouldn't have said that before.*

### **Would you recommend it to others?**

*Yeah, of course I would! Helped me when nothing else had!*



**“I don't feel as anxious now but if it starts to come up I practice some breathing or distract myself with something. I love art and I really want to volunteer at the women's centre”**



## Case study 3

Age – 48 Years

Family circumstances – Newly Married (not perpetrator and healthy relationship) with a teenage daughter. Previously had been in an abusive relationship for 10 years

Currently full time employed in food manufacturing

Met in 1999 he was a really funny person, I moved in with him 6 months later had some doubt's it was too soon. We lived together for 6 years before we got married. Some things felt wrong he was a like a lost little boy all the time. He came across as emotionally vulnerable however, I was never allowed to struggle or have a bad day. I had PND after our child he would say I'm not depressed never allowed to be weak and the strong one all the time.

The abuse was Emotional and verbal abuse making subtle digs, he would give me the cold shoulder and accuse me of affairs. I stopped going to the Gym and going out. There were some physical altercations where he slapped me on the arm. He would ignore for me for weeks forced to make the decisions but then it would be wrong. I had looked for ways out of the marriage we went to relate but this made things worse. I had relationship counselling on my own and then I realised how abusive the relationship was and how much he had been gaslighting me



Tried to end the relationship reasonably a few time and the control would get tighter, and nasty would always call me the 'C word'. I looked for ways out of the relationship and looked for an affair I did speak to someone online and he found out. He then physically attacked me leaving footprints on my leg and bruising I went to the police and reported this, he was arrested and charged with ABH and bailed and he never came back. This opened a door for me this day there was something tangible and there was evidence. A weight had lifted when he attacked me because I had evidence.

The coercive control lasted 4 years after we were divorced, he would live up the road, he stalked me I felt I was not able to leave the house.

When I met my new partner, he would come to the house chuck things at the windows he stalked me ex and keyed his car. Tailgated him through the town.

### **How did you come to be on the programme?**

*I sought help for my daughter, and it was the family services who referred me to the recovery toolkit. They told me about the freedom programme (a Women's Aid programme) and I recognized the need to go on the freedom programme 11 years after divorce due to the abuse still having an impact on me. It was the freedom programme that referred me to the Recovery Toolkit.*

### **How did you feel when you came on the programme?**

*At the start I was looking forward to this and learning strategies how to say no and how to make decisions. I did not know how to say no, and I definitely was not able to be assertive. I wanted to take back some control of my life. Even at work I was not able to be assertive or able to say no so the impact that this had was in all aspects of my life.*

### **How did you benefit from being on the programme?**

*I felt in my head I was still married to him and felt that I had abandoned him because he was like a child by going on the Recovery Toolkit, I felt that I was able to unlock everything I felt guilty for and realised that I don't have to carry this guilt or this burden anymore.*

*The Recovery toolkit has made me be able to move on with my daughter and my new partner and I can see things more clearly. I'm happy.*

*I've taken control of things now and my own life and make my own decisions and it has really empowered me. I feel more assertive and have a promotion at work and I feel everything has fallen into place.*

*It has been Beneficial speaking to other women on the course and see some things that are familiar to me in terms of abuse and how we feel. In a way I found this comforting because I knew the abuse was not my fault.*

### **How do you see your life improving as result of the benefits you have got from being on the course?**

*I am able to make decisions with my daughter and my life. I feel I am in absolute control of my life and can say this with confidence, I can say no, and I feel I know what the best for me and my family now.*

*I am looking at moving house and look forward to this now because I can do this. I am empowered to make decisions that are right for me and my family. Even the clothes I wear, I can wear what I want and feel nice in. By being assertive got the promotion and pay rise at work.*

*I do not think I would have been able to do half of these things if it was not for the recovery toolkit and it was truly amazing.*

## SECTION THREE

### Case study 4

Female, late 30's, 3 children - daughter aged 12 and two twin boys aged 8

Children have disclosed domestic abuse by Father. Parents no longer together, with an active Non-Molestation order in place. Domestic abuse had been experienced for several years, including high levels of coercive control, financial abuse, and stalking. Mother is part-time employed.

#### **How did they come to be on the programme?**

*Family was referred via their Family Support Worker. Mother has a diagnosis of bipolar disorder and social anxiety, so was very nervous and worried about attending.*

#### **How did they feel when they came on the programme?**

*Confidence was very low. Very poor perception of themselves and very self-critical. Relationships with others were almost non-existent, very isolated and cut off. View of the future was very pessimistic and unhelpful. Mother was very passive in her approach to conflict and reported to always feeling "walked over".*

#### **How did they benefit from being on the programme?**

*Improved confidence and self-esteem*

*Confidence in her connections with services*

*Improved family relationships – Maternal Aunt (Mother's Sister) offered support*

*Assertive behaviour which also increased parental capacity*

#### **How do they see their lives improving as result of the benefits they have got from being on the course?**

*Mother has been signposted to a Family Law Solicitor with specialism in Domestic Abuse to start to think about divorce, including contact arrangements. Mother has made friends on the programme with shared experience, something she stated she has never really had before, and felt empowered and full of hope.*



**"I would like to thank you for your time seeing me through the most difficult time of my life. You helped me more than you could ever know"**



# Section Four

# **CONTEXT AND BACKGROUND**

# 4 Context and Background

## 4.1 COVID-19 and domestic abuse

The COVID-19 lockdown created a “perfect storm” for domestic violence with:

- Reduced access to support services.
- Reported increases in amount and intensity of domestic violence.
- The negative impact on mental health of the isolation of lockdowns and fear of the pandemic challenging the resilience of those recovering from domestic violence.

The Domestic Abuse Recovery Toolkit Online Partnership project led by Rock Pool set out to address these issues by developing and trialling an online programme to support those in recovery from domestic abuse.

The COVID-19 lockdown meant that there was a need to fully develop an online recovery programme in response to restrictions on mobility. It was also felt that post-COVID-19 an online programme would be invaluable in providing access to the programme for isolated individuals and those who were otherwise prevented from attending groups.

At the same time it was beginning to be recognised internationally that “lockdowns” were having a significant effect on the scale and the degree of domestic violence as families were locked in with their abusers.

- It was reported by the BBC on 6th April 2020 that “the National Domestic Abuse helpline has seen a 25% increase in calls and online requests for help since the lockdown, the charity Refuge says.”
- The impact of the lockdown measures on domestic abuse has since been further confirmed with Refuge recording an average of 13,162 calls and messages to its National Domestic Abuse helpline every month.
- Between April 2020 and February 2021 – an increase of 60% on the average number of monthly contacts at the start of 2020.
- Respect, a charity that runs an advice line for male victims of domestic abuse, says it saw a 70% increase in calls, emails and webchats in 2020 compared to 2019.
- Figures from the Office for National Statistics show that in the period from March to June 2020 there was a 7% rise in domestic abuse offences recorded by the police in England and Wales. The police themselves recognise that only a small percentage of offences are reported to the police.



In many circumstances, many of those recovering from domestic abuse have mental health issues. It is well documented that long-term abuse can cause long-term psychological damage<sup>4</sup> and the further negative affect of lockdown on their mental health together with isolation from friends and family and the workplace was having an impact on their recovery.

A review of the Impacts of domestic abuse by Safe Lives revealed that:

- 40% of high-risk victims report having mental health issues.
- 16% of victims report that they have considered or attempted suicide as a result of the abuse, and 13% report self-harming.
- Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment.
- Domestic abuse victims are at risk of post-traumatic stress disorder (PTSD) – in one study, as many as two-thirds of victims of abuse (64%) developed PTSD.
- Between 30 and 60% of psychiatric in-patients had experienced severe domestic abuse.

It was to help address these challenges that Rock Pool and their partners wanted to develop online delivery of the Domestic Abuse Recovery Toolkit.

### **The COVID-19 lockdown created a “perfect storm” for domestic violence with:**

- Reduced access to support services
- Reported increases in amount and intensity of domestic violence
- The negative impact on mental health of the isolation of lockdowns and fear of the pandemic
- challenging the resilience of those recovering from domestic violence



## SECTION FOUR

### **4.2 Background to the Domestic Abuse Recovery Toolkit**

The Domestic Abuse Recovery Toolkit uses the principles of trauma-informed cognitive behaviour therapy (CBT), combining psycho-education and simple and accessible CBT techniques within a group setting. This process helps participants understand how their negative and distorted thought processes are a result of their experiences of coercive control and other aspects of domestic abuse. The programme provides participants with techniques to challenge their negative thought processes, enabling them to develop self-confidence and assertiveness and integrate back into society and explore their full potential.

Group facilitators are trained by Rock Pool to deliver the toolkit programme with their own client groups. Rock Pool's Recovery Toolkit Facilitator Training Courses provide delegates with a programme manual containing, delivery guidelines, session plans, practical tools, and the skills and confidence to deliver the programme effectively and with ease. The training of group facilitators is delivered over three consecutive days.

The Domestic Abuse Recovery Toolkit programme is delivered by facilitators to their client groups through 12 carefully constructed two-hour sessions, delivered weekly.

The toolkit has been delivered successfully throughout the UK since 2005<sup>5</sup> and is recognised nationally as best practice. It is estimated that as a result of around 2,025 facilitators being trained throughout this period that at least 121,500 people who experienced domestic abuse have benefitted from attending Domestic Abuse Recovery Toolkit programmes. Up until the establishment of Rock Pool in 2017 the training of facilitators to deliver the toolkit was undertaken directly by Sue Penna through Sue Penna Associates. Since then the training of facilitators has been delivered by a team of freelancers who are all experienced in working with survivors of domestic abuse.

**The Domestic Abuse Recovery Toolkit programme** is delivered by facilitators to their client groups through 12 carefully constructed two-hour sessions, delivered weekly.

### 4.3 The Big Lottery Coronavirus Community Support Fund

The Big Lottery Coronavirus Community Support Fund presented an opportunity for Rock Pool to secure the resources to develop and test an online programme which would meet the current and future needs of individuals recovering from domestic abuse.

The Fund had two key objectives of which one was particularly relevant. To increase community support to vulnerable people affected by the COVID-19 crisis, through the work of civil society organisations. It was also stated that Grants will also allow organisations to refocus services to address more immediate beneficiary needs in light of COVID-19.

Discussions took place with partners and a bid was submitted on the 14th of July. An offer letter was received nine weeks later, on the 15th of September 2020.

### 4.4 The partners

Rock Pool put a call out to organisations who were already delivering the Domestic Abuse Recovery Toolkit and who currently had in place facilitators, trained by Rock Pool. Organisations with previous experience were chosen because their familiarity with the programme meant that they were in a good position to move quickly towards delivery and also because they would have the experience to be able to make informed comments on the advantages and challenges of delivering on line as opposed to delivering “in the room.”

The partners selected to take part in the programme were

- The SUsie Programme at Barnardo’s Cornwall
- Birmingham Children’s Trust
- Feathers Futures - Great Yarmouth
- Wight DASH - Isles of Wight
- Swindon Women’s Aid
- Nottingham Women’s Aid
- West Mercia Women’s Aid
- I Am Cherished - Hertfordshire
- Safe in Sussex



# Section Five

# **THE PARTNERS**

## 5 The Partners

The partners represented a wide range of organisations from a large city-wide Children’s Trust through to medium and small charities delivering services in primarily rural areas.

All worked where there were areas of significant deprivation, and for those in rural areas social isolation and poor transport links were a key feature in clients’ lives.

Organisation	Clients p.a.	Staff	Volunteers
The SUSie Programme at Barnardo’s Cornwall	300	8	0
Birmingham Children’s Trust	Family Support 8,000 Social Care 8,214	1,560 fte	
Feathers Futures - Great Yarmouth	240	5	16
Wight DASH - Isles of Wight	450	10	20
Swindon Women’s Aid	350	19 fulltime 15 part time	18
Nottingham Women’s Aid	412 receiving support with Domestic Violence – issues.	15 Full time 33 Part time	9
West Mercia Women’s Aid	1,750 + 6,000 calls to Helpline	85 staff 45% part-time	15
I Am Cherished - Hertfordshire	500	2	10
Safe in Sussex	773	37	0

## SECTION FIVE

### 5.1 Impact of COVID-19 on partners

The partners responded quickly to the challenges of COVID-19 for their organisations and all managed to adapt their services to online delivery. Their involvement in successfully delivering the Domestic Abuse Recovery Toolkit needs to be understood in this wider context.

Partners were asked post-course to respond to the following questions.

#### 5.1.1 How did COVID-19 affect the work of the organization and the wellbeing of staff and volunteers?

*This brings .....challenges for staff working remotely during the pandemic, who are “...living at work rather than working from home” meaning an increased potential for vicarious trauma as a result. (Women’s Aid June Provider Survey)*

Responding rapidly to the changes which COVID-19 demanded did cause stress on partners’ staff and volunteers. Going on-line and delivering a range of “virtual services” challenged approaches to their service delivery and required upskilling (especially in IT skills) and demanded a lot of work in a short time in order to be able to continue to successfully delivery support.

*COVID-19 was a shock and there was an initial struggle with the idea of adapting the service from face-to-face to online. (The SUSie Programme at Barnardo’s Cornwall)*

*With regard to the team, we furloughed all but four of the team, who worked tirelessly throughout. This has taken its toll at times, but we are fortunate to be a longstanding team, that understands the pressures we have all faced. (Wight DASH – Isles of Wight)*

*The well-being of staff and volunteers was impacted by COVID-19, especially as it went on longer and through the winter lockdown (Feathers Futures - Great Yarmouth)*

As women are more likely to take on caring roles at home (ONS, 2013), in organisations where most or all staff are women, this double burden is likely to have a particular impact. This is true across the domestic abuse sector *A Perfect Storm: The Impact of the COVID-19 Pandemic on Domestic Abuse*.

Partners worked hard to look after the well-being of their staff teams and volunteers and for some organisations overcoming the challenges brought them together closer as a team.

*We also sent them (staff and volunteers) all on courses with AVA<sup>6</sup> on Secondary Trauma, Vicarious Trauma, burn out and Compassion Fatigue. These were unprecedented times, so we put in extra space to deal with the range of emotions our volunteers had. Keeping our volunteers emotionally safe we were able to empower them to support our clients (I Am Cherished - Hertfordshire)*

## Partners worked hard to look after the well-being of their staff teams and volunteers

and for some organisations overcoming the challenges brought them together closer as a team.

*The team members worked hard at providing support to our members and to each other. We became more open as a team in discussing our feelings and introduced "permission slips", which we could issue to ourselves if we needed to take a little time out. We took self-care very seriously and prioritised it in all team meetings. (Wight DASH – Isles of Wight)*

*We worked hard to stay in touch with all volunteers, taking around well-being packs and letting them know we were there for them as well as the women accessing the hub. Staff did become tired and unsettled due to the continuing rule changes and adapting to them, but as a small and very close team we worked together, and it made us closer. (Feathers Futures - Great Yarmouth)*

*A staff member delivers the programme, but we rotate the volunteer Peer Mentors to support her, (all volunteers have all previously attended the Domestic Abuse Recovery Toolkit as participants), to help with their own experience. We felt that helped them to refresh positive coping skills for themselves. (I Am Cherished - Hertfordshire)*

*We kept all of our services running and available 24hr a day, the staff worked incredibly hard and flexibly to ensure that we met our service users' needs. All IDVA's were given full PPE, and their homes had a H&S risk assessment carried out, so that they could continue to work from home. (Swindon Women's Aid)*

*We will continue to work in a hybrid way for the foreseeable future. We have prioritised good communication and focused consistently on promoting positive emotional health and wellbeing, including items on all-staff conferences about mindfulness etc. (West Mercia Women's Aid)*

*Our helpline service was formed due to this situation. (Safe in Sussex)*

*Staff were tired from working additional hours and evenings and have felt isolated at times, despite the efforts made to stop this from happening. Some groups were initially cancelled in the first lock down until we had organized a new way of working. This has made a massive impact on our waiting lists, which bothered staff. (Safe in Sussex)*

## SECTION FIVE

### 5.1.2 How well did delivering the Domestic Abuse Recovery Toolkit online help to address the challenges of COVID-19?

Delivery partners were very pleased with how effectively they were able to deliver the Domestic Abuse Recovery Toolkit online.

*Lockdown restrictions and the fear of spreading the COVID-19 virus made it more difficult for women to seek support or leave their abuser during lockdown. Over three quarters of survivors (78.3%, 36 out of 46) of those living with an abuser said they felt they could not leave or get away because of the pandemic. (Women's Aid April Survivor Survey)*

*The success of the online delivery, including increased contact with clients, has been fantastic and the team are in a stronger position than before, feeling more connected to each other. (The SUSie Programme at Barnardo's Cornwall)*

*It allowed us to offer an intervention to support recovery and resilience when many people weren't able to engage with services due to social distancing, and funding. (Birmingham Children's Trust)*

*Being able to deliver the Domestic Abuse Recovery Toolkit online meant we could combat challenges presented by not being able to work within the centre. (Nottingham Women's Aid)*

*It surprised me how well the course was received online and how much of a lifeline it was to some of our participants. They said it gave them something to look forward to and they felt they were still moving forward with their recovery when a lot of other organisations had paused their support, or they had not heard from them. (Feathers Futures - Great Yarmouth)*

**Delivery partners were very pleased** with how effectively they were able to deliver the Domestic Abuse Recovery Toolkit online.





*It would be fair to say that we had some doubts – particularly about how groups might form when their only contact was online. Once we were underway it quickly became clear that any concerns were unfounded. The toolkit content assisted considerably with addressing the challenges of COVID-19. The focus on good self-care, the guidance around meditation, grounding techniques, the increased understanding of the impact of trauma on the brain and body were warmly welcomed and acknowledged. Women spoke about sharing these strategies with their children and how beneficial that was. (Wight DASH – Isles of Wight)*

*Delivery during COVID-19 gave women some safe social space where they could confidently air their deep concerns and anxiety. It gave women emotional strength. It empowered them to trust in their own abilities to manage these difficult times. They gained the ability to focus forward in uncertain times and to put boundaries in place to protect themselves and their children. (I Am Cherished - Hertfordshire)*

*We were delighted to be able to offer the programme throughout the pandemic. By delivering online, we were able to eliminate barriers to this vital support and mitigate any risks to the health and safety of staff and participants. Service users coming to the end of IDVA support rely on the Toolkit course as a bridge to support recovery – by delivering this online we were able to prevent waiting periods and ensure continuity in their journey. Online delivery also allowed the more vulnerable/shielding individuals to participate from the safety of their homes. (Swindon Women's Aid)*

### **5.1.3 Did COVID-19 make any difference to the demand for your services?**

Several partners reported an increase in demand

*Due to a number of factors, "Police recorded crime data show an increase in offences flagged as domestic abuse-related during the coronavirus (COVID-19) pandemic" Domestic abuse during the coronavirus pandemic, November 2020 ONS*

*Our demand increased significantly, due to the increase in domestic abuse but also, we had more referrals from partner agencies i.e. IDVA and Children Services, as many charities closed or furloughed staff. (I Am Cherished - Hertfordshire)*

*Referrals to us in the first 6 weeks of lockdown were more than the whole of the previous year, we are now seeing more than treble the number of women a week than we were in the entire year prior to lockdown. (Feathers Futures - Great Yarmouth)*

## SECTION FIVE

*Initially we had many women return to us, that had previously moved on. Many felt trapped and unsafe, and this triggered trauma in them. They felt they were helpless and were often frustrated with themselves, as the most unusual thing was triggering, and they felt unable to cope. **(I Am Cherished - Hertfordshire)***

*Demand dipped at the beginning, then went up a lot as we came out of the first lockdown, the same pattern was repeated for the second period of lockdown, only with less exaggeration over the period. **(West Mercia Women's Aid)***

Clients presented greater complexity of issues especially around mental health deterioration and increased feelings of isolation. Demand around these areas increased as other agencies were unable to respond to their needs.

*The Women's Aid June Survivor Survey stated that over half of survivors who had experienced abuse in the said that the pandemic had triggered memories of abuse and affected their mental health. **(Women's Aid June Survivor Survey)***

*Initially referrals were for women with significant mental health needs and complex needs as their current support services had stopped due to lockdown. We had to be very clear about what we do and although we are open to all women, we had to make sure we were that we were not in place of specialist support that was needed. **(Feathers Futures - Great Yarmouth)***

*It was very hard not to have all the partner agencies that we usually refer women to, fully functioning. We particularly dislike referring on to other agencies if we don't feel confident in the service they offer, COVID-19 made all this very uncertain. **(Cherish Hemel Hempstead)***

Providers talked about the lack of availability of support from other agencies, due to the pandemic... more women referred to our community-based services have needed longer term and more in-depth support than before the pandemic. We think this is because they generally have complex needs and also there is a lack of availability of other agencies to support them.

*Before long it became apparent that for many women, the collective trauma of the pandemic was having a cumulative effect on past trauma. They contacted and spoke about a sense of hopelessness, of feeling pulled back in to past harmful relationships, struggled to manage with their children. A very high number reported renewed conflict with regard to child contact, with COVID-19 restrictions often being used by perpetrators as a reason (excuse) not to return children from contact. The majority reported high levels of mental distress **(Wight DASH - Isles of Wight)***

*Perpetrators used COVID-19 to tell clients they needed them. Cognitive dissonance became the overriding thoughts and they had too much time in lockdown to ruminate on this, till many believed it. **(Cherish Hemel Hempstead)***

*We saw the demand for community services increase month on month, we saw the demand for refuge change depending on the restrictions that were imposed by the Government and when schools returned. We sought additional accommodation, which we utilised ensuring that all women who were fleeing a high-risk domestic abuse situation could seek safe accommodation. (Swindon Women's Aid)*

*There was an increased demand for groupwork which took time to develop as people gained more confidence with using Zoom in their lives. (Safe in Sussex)*

The Women's Aid June Survivor Survey stated that "two-thirds of survivors identifying as currently experiencing abuse told us that their abuser had started using lockdown restrictions or the COVID-19 virus and its consequences as part of the abuse".

#### **5.1.4 Did COVID-19 have any influence on those who came forward to go on the courses?**

Going online had a number of advantages for the partners in reaching out to clients. All partners mentioned there were significant advantages in accessing more isolated clients (rural isolation, disability etc.) and clients who found it awkward to leave the house to attend sessions e.g. those with pre-school children, did not want family members/neighbours etc. to know what they were doing.

*Certainly, we were able to offer programmes to women who would have found it impossible to attend pre COVID-19, especially those with caring responsibilities or health / mobility issues and who live in rural areas without transport. Without any doubt online delivery allowed us to connect with women we would not have reached with otherwise, for that reason we will now always retain some online delivery. (Wight DASH - Isles of Wight)*

*Previously we have struggled to engage Asian women as they often fear being seen by their community. They were much happier to learn online. (I Am Cherished - Hertfordshire)*

Organisations reported that it allowed them to deliver evening sessions which attracted more employed clients.

*We are now able to offer evening online sessions which are generally full of employed clients which is fantastic. (The SUSie Programme at Barnardo's Cornwall)*

**Going online had a number of advantages for the partners in reaching out to clients.**



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*...we have always offered evening provision but reports from women in employment was that it was better to attend online than to rush home just to go out again for the group or attend straight from work. (Wight DASH - Isles of Wight)*

*Some participants reported that cutting out the travelling time and taking part online gave them more flexibility and reduced the need for childcare. Many reported that they were furloughed when participating. However the general trend historically for those attending the programme is that employers support them to attend. (Swindon Women's Aid)*

*Evening groups were very popular and people who couldn't easily access this service face-to-face due to disability or poor mental health and anxiety felt more comfortable in their own homes. (Safe in Sussex)*

Other issues relating to online access included:

- the issue of people who were working on zero hours contracts without regular shift patterns not being able to attend groups. Being made redundant or furloughed did enable them to access services.
- It was reported that male clients preferred online
- Being able to serve a much wider geographical area, one group had clients living abroad in France and Italy!

On the negative side, there were problems for women who had children locked down with them and other people living with them. There were problems with accessing equipment and the internet which were in the main related directly to poverty.

**The aim of the programme is to enable women to move forward into the recovery of the abusive experience we focussed our research on self-esteem and assertiveness.**



### 5.1.5 Issues raised in partner meeting

The following issues were brought up at a partner review meeting

There was total agreement that online delivery has significantly improved access for a wide range of groups including people in employment, people caring for young children, and people with disabilities and poor mental health.

For smaller groups, working in partnership with Rock Pool on this project, gave them access to funding they would not have secured on their own

The opportunity to learn from others' experience nationally was recognised as a key benefit. Online experience has been very positive, and groups were able to be cohesive and to provide peer support in and outside of sessions. Most of the difficulties highlighted were connect with technology:

- Poor IT connections
- Providing and retrieving IT equipment
- IT equipment needed by children during lockdown

There was some resistance to online access and participation in the programme

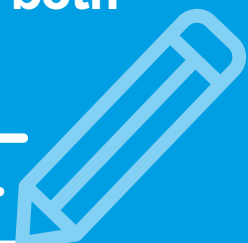
There were some issues with children entering rooms etc.

**216** Pre-course completed questionnaires -

**123** Post course completed questionnaires  
(10 had not completed a pre-course questionnaire)

**113** Number of respondents completing both  
pre and post-course surveys

- \_\_\_\_\_
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- \_\_\_\_\_



# Section Six

# **PROJECT DELIVERY**

## 6 Project Delivery

### 6.1 *Development of online delivery*

Due to a delay in the awarding of the grant and the demand from partners and other organisations for an online programme, some development was carried out previous to the grant being awarded and the work in completing the online programme was carried out as part of this programme. The advantage of this was that we were able to provide the programme to partners slightly earlier than envisaged.

Because the course relies on participants being guided through sequential learning and because of the importance of group dynamics the course needed significant redesigning to become an emotionally safe online programme which could facilitate meaningful change.

The “in room” programme lasts for 2 hours each session. At the time, we believed this was too long for an online session online and reduced the sessions to 1 hour each. The session topics remained the same for each programme.

<b>Session 1</b>	Introductions
<b>Session 2</b>	What is abuse?
<b>Session 3</b>	Introduction to self-esteem
<b>Session 4</b>	Coping and the consequences of toxic stress
<b>Session 5</b>	The effects of abuse on children and parenting skills
<b>Session 6</b>	Self-esteem and affirmations – the power of positive self-talk
<b>Session 7</b>	Anger and conflict – what about being assertive
<b>Session 8</b>	Anger and conflict – assertiveness revisited
<b>Session 9</b>	Boundaries and trust – protecting ourselves and those we love
<b>Session 10</b>	Losses and gains
<b>Session 11</b>	Healthy relationships
<b>Session 12</b>	Actions for the future

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The challenge was therefore to reduce the amount of contact time but not alter the key messages and content so that it would still be delivered and received as a trauma-informed programme. The original “in the room” sessions contained a significant amount of small group discussion work for participants. and as it was not possible, within the limitations of current technology, to successfully replicate these sessions online they were removed and replaced with simpler didactic teaching sessions or whole group sharing sessions.

We provided the course facilitators with PowerPoint presentations they could use to replace previous interactive flip chart exercises. As the course progressed and facilitators became more aware of the technology they did introduce whiteboards and breakout rooms which increased the amount of interactivity.

We recommended that the online programme was run with less participants to facilitate greater participation. For “in room” training we recommend groups of 12-14, for online training we recommend a group size of 6 to 8. Most partners kept to the recommended numbers although there were instances of group sizes increasing as facilitators became more confident with the programme delivery and technology.

### Participant Journals

Key to the success of the online delivery were the individual participant journals. Participants were sent a high quality A5 twelve-week journal which contained

- Session handouts e.g. Self-esteem checklist, Grounding techniques etc. These handouts formed the basis of exercises and discussion during each session
- Thought diary for each week – where they could record any activity which triggered memories about their domestic abuse and how they felt about this and how they might deal with negative thoughts. Diary entries could form part of a session discussion if people wanted to share them with the group
- Participants could record in the journal, their own journey through the programme (What I like this week... What I learnt this week ....)
- Doodle/colouring-in pages were included as a grounding tool for participants who were finding the group difficult or as something to occupy them post group while they reorientated emotionally after finishing the group

**“The spiral notebooks were great, and clients have really enjoyed this and use it as a keepsake of how far they have come”**

(The SUSie Programme at Barnardo's Cornwall)



*The spiral notebooks were great, and clients have really enjoyed this and use it as a keepsake of how far they have come. (The SUSie Programme at Barnardo's Cornwall)*



### 6.1.1 Facilitator's training

A pre-requisite of training to be a facilitator to deliver the online Domestic Abuse Recovery Toolkit was that participants had to have been trained or have delivered the full "in room" programme within the previous 6 months. This was to ensure that participants had up to date knowledge of the principles of the toolkit delivery and were familiar with the sessions and materials used.

Before the facilitators training, they were provided with a Domestic Abuse Recovery Toolkit Online Guidance Manual with chapters on

1. Rationale for online programme
2. Pre-requisites for delivery
3. Guidance for pre-course interviews of group members
4. Practical considerations for delivery
5. Applying trauma-informed principles to online delivery
6. How to deliver the recovery toolkit online with Zoom
7. Online delivery session plans; weeks 1- 12

In response to the question, "Was the facilitator training effective providing your staff with the knowledge and skills to effectively deliver the course online?", most partners responded positively although there were some responses that training was a bit hurried.

*Yes, it was rushed as time was limited, it would have been helpful to have the session over a slightly longer time. (Feathers Futures - Great Yarmouth)*

*No, the training felt rushed and was far too brief. We were able to adapt due to the length of time many of the facilitators had been delivering the RTK in face-to-face settings, rather than any benefit they got from the training. (The SUSie Programme at Barnardo's Cornwall)*

*Yes, the facilitator training helped, we have been delivering the Domestic Abuse Recovery Toolkit for many years, so found the online training great support in adapting. (I Am Cherished - Hertfordshire)*

*Staff who attended the training were already equipped with Recovery Toolkit Training and most already had experience of delivering the course face-to-face- the training provided was very effective in ensuring that facilitators were able to effectively deliver the material via the online platform and ensure that the content was covered. The training also supported facilitators in adapting the style of delivery and how to eliminate any anticipated problems that may have arisen. (Swindon Women's Aid)*

## 6.2 Online delivery

### 6.2.1 Was online delivery a challenge to successful recruitment?

Partners used their tried and tested methods of recruitment – referrals, advertising through established channels etc. Partners reported that there was significant demand from survivors of domestic abuse for the online course and nobody reported any significant reluctance to take up on-line training places.

*Recruitment was internally via Family Support Service caseloads that were currently receiving an intervention. We had more interest from professionals referring, as many courses had ceased at the beginning of the pandemic. (Birmingham Children's Trust)*

*There were no issues with recruiting for the course and it was mainly put out to women who had undertaken the Freedom programme who would then be ready for the Domestic Abuse Recovery Toolkit recovery toolkit. We feel that this has worked well in recruiting participants for the course. (Nottingham Women's Aid)*

*Having an online course was a real bonus for our recruitment, we had participants that had moved away or lived in a geographical area which made it impossible to attend face-to-face. (I Am Cherished - Hertfordshire)*



**“Self-esteem has important real-world consequences and high self-esteem prospectively predicts success and wellbeing in life domains such as relationships, work, and health”**

## 6.2.2 Benefits of delivering online

The main benefit identified by partners were the increased access to the course. Most partners reported that this increase significantly outweighed the disadvantages which were mainly focused on the difficulties in establishing deep relationships with members of the group.

### Increased access

*Benefits were that we engaged with a wider target audience, those who had difficulties travelling, those with social anxieties who didn't like to be in a large group, those who had children at home. (Birmingham Children's Trust)*

*Less traumatic being in home setting, less travel time. (Cornwall)*

*Women could access the course without needing childcare in the evening. (Wight DASH - Isles of Wight)*

*Eliminated travelling cost for staff and participants. (Swindon Women's Aid)*

### Easier for organisations to deliver

*Benefits were very much in terms of time saving (setting up rooms / facilities etc), travel to office etc. (Wight DASH - Isles of Wight)*

*Facilitators could deliver the training from home when working from home. (Swindon Women's Aid)*

### Addressed COVID-19 issues

*Mitigated the risk of COVID-19 transmission and participants could still attend when self-isolating. (Swindon Women's Aid)*

### Better timings

*Course started and finished when it should – often with face-to-face courses women arrive early, leave late. (Feathers Futures - Great Yarmouth)*

*Shorter session time suited some participants. (Swindon Women's Aid)*

## SECTION SIX

### 6.2.3 Drawbacks of delivering online

#### Less personal – less connection

*Less connections once the course ended to continue friendships and the possibility of meeting outside of group less as there could be 100 miles between clients on the same course. (The SUSie Programme at Barnardo's Cornwall)*

*Participants took longer to bond with others in the group. (Swindon Women's Aid)*

*It was more difficult to read body language on a camera... it was more difficult to support when participants became upset or anxious. (Swindon Women's Aid)*

#### Problems with follow up support

*Not having staff available out of hours for any follow up support needed. (Feathers Futures - Great Yarmouth)*

*Not having the wind down time at the end to check in/chat. (Feathers Futures - Great Yarmouth)*

#### Technology and connectivity

*Drawbacks were usually transitory – technical difficulties, loss of internet etc for both us and attendees at times. Overall it did not dramatically impair delivery. (Wight DASH - Isles of Wight)*

*Unstable internet was an issue on some sessions, and while the schools were off the children took priority on the devices, although this would have been no different if we were face to face. (I Am Cherished - Hertfordshire)*

*Technology issues, connectivity issues, learning how to use IT, no tech person on hand. (Birmingham Children's Trust)*

*Online connections falling out, learning new platforms, children or other people in the house, technology, no tec person on hand, no tech training person to help clients or staff. (The SUSie Programme at Barnardo's Cornwall)*

## Safety and interruptions

*Concerns over taking the course into their safe space. (Feathers Futures - Great Yarmouth)*

*Safety of women – making sure they were on their own etc. (Feathers Futures - Great Yarmouth)*

*Interruptions from family, pets etc. (Swindon Women's Aid)*

## Shorter time

*Clients having less time to speak and share when it was only supposed to be an hour long - we ended up doing 1.5-2hrs which gave us much better results and feedback. (Birmingham Children's Trust)*

*The sessions were shorter and left less time for discussion between the group members. (Swindon Women's Aid)*

*People often say the session being 1 hour is too short. (Sussex Women's Aid)*

## Reduced activity

*Drawbacks were that a number of the more "powerful" activities could not be delivered. (Birmingham Children's Trust)*

*Fewer opportunities for interactive activities. (Swindon Women's Aid)*



### 6.2.4 What challenges did you have during delivery and how did you overcome them?

Main challenges related to using the technology (problems for facilitators and participants). As groups became more confident in using the technology, the next raft of challenges related to addressing some of the difficulties which working online presented to delivering group work. As the delivery of the courses progressed partners found ways to address or work round most of the main issues.

*We learned as we went, we shared and did weekly meetings. (The SUSie Programme at Barnardo's Cornwall)*

*A number of people weren't confident in how to access Microsoft Teams initially, so we put a business case together to purchase Zoom licenses. This was much more user friendly and accessible. (Birmingham Children's Trust)*

*Beyond technical challenges we did not experience any real difficulties. On the odd occasion that a participant became upset, one facilitator would focus on her, either by chat or by offline means, until she felt able to resume. (Wight DASH - Isles of Wight)*

*One woman panned around her room and a man was sat there – we put her in a breakout room with one facilitator and explained the rules, she had headphones in so she didn't think it was a problem as it was her brother, but she understood the rules. From then onwards we went through rules at start of every session with every group to avoid it happening again. (Feathers Futures - Great Yarmouth)*

*Women starting the course and then lockdown rules changed so having to go back to work or other commitments – offered catch up sessions and one-to-ones – which took time and weren't planned for in delivery time/staffing costs but it was important to us to support as much as we could. (Wight DASH - Isles of Wight)*



*Devices for participants was an issue but that was overcome by loaning some from Rock Pool, getting them back has been difficult. (I Am Cherished - Hertfordshire)*

*I understand why group numbers of 6-8 online was used online, but with the natural fallout associated with course for women in this area. On a couple of occasions, we ended up with 3 or 4 women which I do not feel works as well as a larger group. We now have two support staff and 10-12 women, which works better as the discussions are more diverse. (I Am Cherished - Hertfordshire)*

*The groups were very quiet at first and there were some difficult quiet moments in the first few sessions. Where participants did not offer any responses, co-facilitators would offer support/reactions/ideas. During later sessions we established that there was a need to address members directly and go around the 'virtual room' asking for input, and we found that this was an effective way to ensure that everyone got the chance to speak and be heard. (Swindon Women's Aid)*

*Time constraints sometimes made it difficult as participants wished to explore some subjects more in-depth. In order to overcome this, we ensured that we revisited some subjects in the final session but also offered participants our email/contact details to discuss any issues or concerns at a later time. (Swindon Women's Aid)*

*Group members did not bond as well or as quickly as when face to face. Although this improved towards the final few sessions, we did have an extra session at around week 6 where we allowed the group time to talk and get to know one another. (Swindon Women's Aid)*

*Some group members were anxious about using the technology – we were able to support and guide them through the process and they were reassured knowing that we, as facilitators, were also new to this style of delivery and anticipated some teething troubles. (Swindon Women's Aid)*

*When sharing screen, it was not always easy to gauge the mood/emotional reactions of the participants -we used the chat function and monitored the messages offering support when needed. (Swindon Women's Aid)*

*Loss of internet connection – where connections failed, members did at times miss sections of the session. We ensured that any missed information was sent to the participants via email or talked through with them in a separate phone conversation. (Swindon Women's Aid)*

## SECTION SIX

*The biggest challenge was that we had just gone into the third lockdown and women had children at home and sometimes missed sessions. (West Mercia Women's Aid)*

*Delivering via ZOOM is sometimes a challenge in keeping the discussion on track and participation is different – we don't think the women get quite as much from meeting online in terms of peer support. (West Mercia Women's Aid)*

*A couple of sessions are a bit 'dry' – but they are face-to-face as well. (West Mercia Women's Aid)*

*Closing safely felt challenging at the beginning – we added 15 mins extra time for anyone who needed signposting or our helpline number etc. This felt a lot safer to staff especially in the evening. (Sussex Women's Aid)*

*We finished with breathing exercises and thoughts of what we would do next to take care of ourselves making sure people were leaving calmly. (Sussex Women's Aid)*

### **6.2.5 Did you introduce any innovations to your online delivery?**

*We have continually looked at ways of bringing back interactive activities and use a lot of breakout rooms, polls and Jam boards. (Wight DASH - Isles of Wight)*

*We ended each session with a positive thought/affirmation to try and end on a positive note. (Feathers Futures - Great Yarmouth)*

*We used breakout rooms more than we do face to face. (Feathers Futures - Great Yarmouth)*

*We played some funny videos at the end of session to make women laugh and allowed an extra half an hour at the end to just chat. (Feathers Futures - Great Yarmouth)*

*We liked the booklets that the women had to work through – good quality and something we would like to continue rather than using sheets of paper. (West Mercia Women's Aid)*



## 6.2.6 Did you have more people than normal drop out?

Partner organisations had different experiences with some reporting higher levels of drop out than usual and others not so.

*Yes, due to homeschooling and further lock downs, not being able to dedicate the time to it, but we have picked most back up, or they were able to go back to Support Group until lockdown/ homeschooling ended in our project which was easier. (The SUSie Programme at Barnardo's Cornwall)*

*Yes. Retention wasn't as good as face-to-face courses. I believe this may be due to people's technical abilities, not feeling "present" in the programme, maybe that children were at home self-isolating, so may have had distractions etc. (Birmingham Children's Trusts)*

*I do not feel that we had more than normal people drop out. I found that the ones that did drop out this was due to work commitments either finding new employment or going back to work. One participant did not feel the course was right them. (Nottingham Women's Aid)*

*We had a very low rate of attrition. (Wight DASH - Isles of Wight)*

*We did on some of the later courses further on through the lockdown, some had to go back to work, had commitments with children and one had a bereavement. We only lost two over all the courses without a reason why. (Feathers Futures - Great Yarmouth)*

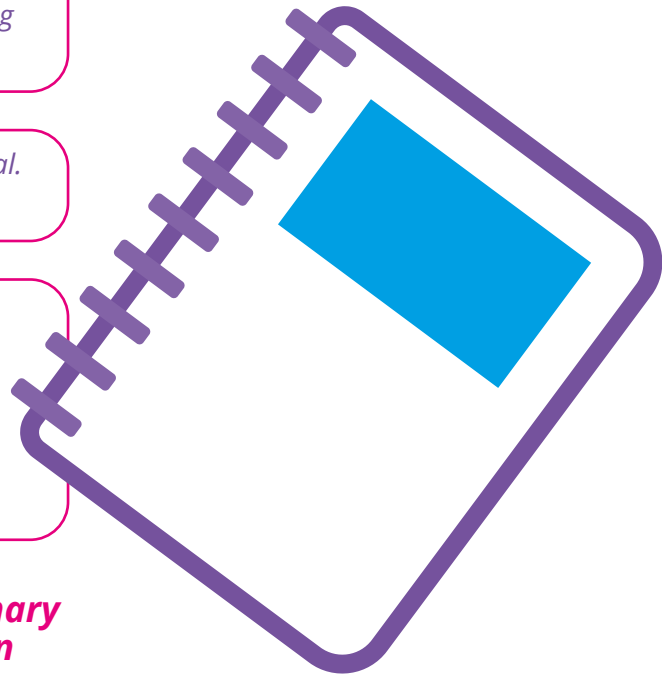


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*The drop out was about the same. However, as I wrote previously, we adjusted our numbers to manage that. Also as previously stated it was hard to read genuine desire to attend over the phone. Normally we meet with women prior to the course and the discussions on the pre course interviews are more robust. This is probably a good reflection and learning from the project. (I Am Cherished - Hertfordshire)*

*We did not experience more people dropping out than usual. (Swindon Women's Aid)*

*Not drop out – but it was harder to recruit than for face-to-face. This has been similar as with other groups – so not just RTK – but women are starting to recognize that this is an alternative. It's a good option for women who would find it too hard to get to groups physically. (West Mercia Women's Aid)*



### **6.2.7 What did you observe as being the primary changes in people as a result of taking part in the course?**

Primary changes observed in participants taking part in the online programme were increases in self-confidence, self-esteem and assertiveness which are the same main outcomes the programme seeks to achieve in face-to-face training. It is very positive that the online programme managed to achieve the same results.

*Increased confidence, better mood, less isolation, connectedness, more awareness of DASV and what was happening, better awareness of thoughts and moods. (The SUSie Programme at Barnardo's Cornwall)*

*More confidence, more assertive behaviour, and communication, feeling more connected and hopeful (Birmingham's Children's Trust)*



*I found that the confidence and self-esteem in the participants was the main changes, I also found that the sessions on assertiveness are what participants particularly related to and feedback suggests that they now know how to be assertive and that it is ok to be assertive. (Nottingham Women's Aid)*

*Increased understanding of what they had been subjected to, increased confidence, changes in communications style, better self-care. (Wight DASH - Isles of Wight)*

*Forming friendships over a shared connection, women supporting each other. (Feathers Futures - Great Yarmouth)*

*Developing an understanding of the impact the abuse had on them and finding ways to overcome it. (Feathers Futures - Great Yarmouth)*

*I always love delivering the Domestic Abuse Recovery Toolkit as you see women grow and flourish on this course. I was very concerned we would not get that online, but we did and as my confidence in the online course grow so did the outcomes for women. (I Am Cherished - Hertfordshire)*

*At the end of the Domestic Abuse Recovery Toolkit we introduce a Job Coach who has also been a Cherished woman and now a volunteer. She talks to the women about getting back into studying or work, we have a few women starting college in September and some brushing up on English and Maths to get back into education or support their children in these subjects. Domestic Abuse Recovery Toolkit gives them the confidence to aim higher, they fight the internal voice of the abuser, they are not worthless or any of those negative words used over them. (I Am Cherished - Hertfordshire)*

“

**“You see women grow and flourish on this course. I was very concerned we would not get that online, but we did and as my confidence in the online course grow so did the outcomes for women”**

**(I Am Cherished - Hertfordshire)**

”

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*Not all outcomes can be measured in such an obvious way. For some it has stopped them wanting to die! For others it has given them the strength to manage their children, who often have several issues due to their trauma. Women often tell me they have discussed some of the bits from the course with their children and come back to ask for some clarity. I sometimes visit homes where their warning signs are stuck on the fridge, and their teenage children talk about this is what not to accept in a relationship. **(I Am Cherished - Hertfordshire)***

*The women stand or sit differently, they can also notice their confidence and self-esteem has grown, and they are proud they made that happen. **(I Am Cherished - Hertfordshire)***

- Improved confidence
- Improved assertiveness
- Reduction in self-blame / guilt
- Increased understanding of the dynamics of abuse and power and control
- Increased self-awareness
- Improved relationships
- Increased self-care /self-kindness / self-worth
- Improved strength and determination
- Increased awareness of red flags of Domestic Abuse
- Increase in healthy boundaries **(Swindon Women's Aid)**

*Women have generally done Power to Change<sup>7</sup> Domestic Abuse Recovery Toolkit is a perfect follow-on because it re-enforces reflection on a deeper level in terms of confidence and self-esteem. One woman reported that Domestic Abuse Recovery Toolkit had just this impact. Another is now doing kickboxing! **(West Mercia Women's Aid)***

- More confidence, friendships after the group ended.
- Being able to trust people and feel that they are in a safe space
- Being able to look at the future and the plans they have for themselves. Increase to self-esteem **(Swindon Women's Aid)**

# Section Seven

# **PROJECT MANAGEMENT**

# 7 Project Management

## 7.1 How well was the project managed?

Overall, the partners felt that Rock Pool managed the project well. The only suggestion for improvement was that there could have been more time for discussing issues and sharing emerging best practice.

*The project was managed well, I cannot think of any improvement, other than possibly the initial training as spoken about above. We were fortunate in that it was a team of highly experienced staff who already delivered RTK, so we did not require much. New feedback forms were set up to capture more feedback from clients which has been positive alongside storing them in an accessible place for across the Safer Futures Contract to view. The training fitted in to existing and established project which made it fairly easy and positive. **(The SUSie Programme at Barnardo's Cornwall)***

*The project was managed really well. Vashti (Training Practice Manager) and Sue Penna (Chief Creative Officer) kept us informed, updated and provided opportunities to check-in and reflect on the process. **(Birmingham Children's Trust)***

*I was expecting more meetings to share how it was going and share best practice, this would have helped with feeling supported during the lockdowns and with a new delivery model. **(Feathers Futures - Great Yarmouth)***

*I think Rock Pool is always well managed and this was no different, they are a very personable but professional company. **(I Am Cherished - Hertfordshire)***

*The project was managed very well, and we cannot suggest any improvements. **(Swindon Women's Aid)***

*We were happy with it. No specific issues. **(West Mercia Women's Aid)***

### 7.1.1 Was the communication from/with Rock Pool well managed?

All partners stated that communications were well managed.

### 7.1.2 Were the finances professionally managed?

All partners reported they were happy with financial management.

*The finances were professionally managed, and the systems/procedure used to receive payments were well thought out and communicated to us efficiently. (Swindon Women's Aid)*

### 7.1.3 How well did you manage your element of the project?

At times of great stress on the partner organisation and on their clients all the partners felt that they managed their delivery well. In part this is due to the simplicity of delivering the programme and the support we offer to facilitators within the partner organisations.

*I think we managed it well and we are pleased that we offer everything online. The only lessons I can think of is to remain adaptable as we never know what the future holds, and I think this has been a great example of that adaptability which has proved to be a resounding success for many clients throughout Cornwall during a very challenging time. (The SUsie Programme at Barnardo's Cornwall)*

*We didn't expect the level of interest in an online DA Recovery Toolkit Programme to be so huge from professionals, especially when many people were still adjusting to virtual working/learning, and so many had never used platforms such as Zoom or MS Teams before. However, we did have to keep referrals reasonable, as there was only one trained facilitator delivering, so were aware of capacity. The learning would certainly be around the scale of a project like this, and ensuring we have appropriate staff to be able to come together to deliver on it. (Birmingham Children's Trust)*



**“I think this has been a great example of that adaptability which has proved to be a resounding success for many clients”**



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*I feel the project is well managed and does work well online. Can't wait to deliver face-to-face. (Nottingham Women's Aid)*

*My enthusiasm for the course transfers on to the women, I should take time before the sessions to compose a positive vibe before I start, this was particularly difficult through lockdown, but an area I can improve. (I Am Cherished - Hertfordshire)*

*We were pleased with our own management of all elements of the project and felt that there were successful outcomes for participants on their journey – we will take forward the learning from areas of difficulty that we overcame to inform our future practice/delivery. (Swindon Women's Aid)*

*We were able to incorporate this in business as usual. We have experienced staff who were good at maintaining engagement – even during a very difficult period for everyone. (West Mercia Women's Aid)*

*To continue with online groups as this has proved to us that there was a gap in the accessibility to groups for many people. (Safe in Sussex)*

### 7.1.4 The bid writing process

Partners fed back that the bid writing process was transparent and what was required from them during the delivery phase was what they expected.

*Communication was clear, the information needed was sought efficiently, although sometimes the turnaround for information was fast, so did put extra pressures on us to get this information back in time. (Birmingham Children's Trust)*

*More than happy with all aspects of this – the information required from us was not onerous, which was greatly appreciated during such a challenging time. (Wight DASH - Isles of Wight)*



# Section Eight

# **PARTICIPANT DATA ANALYSIS**

## 8 Participant Data Analysis

The data collected from participants on the programme represents the most significant structured feedback we have managed to receive regarding the impact of the programme – online or offline.

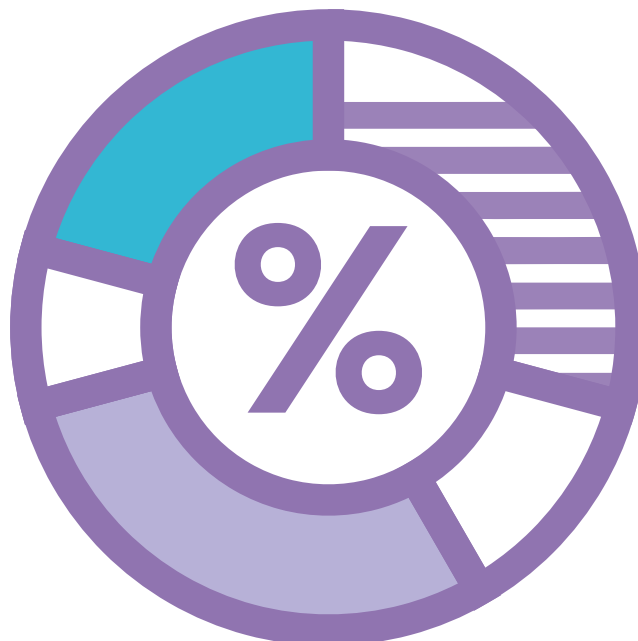
We do ask partners to feedback information to us, but this rarely happens with any consistency and so far we have judged the success of the programme through anecdotal feedback and the growing demand (including a high degree of repeat demand) from organisations from organisations for our training.

### 8.1.1 Survey respondent numbers

All of the delivery partners work in in areas where there is significant deprivation. For those in rural areas social isolation and poor transport links were a key feature in their clients lives.

Pre course completed questionnaires	216
Post course completed questionnaires	123 (10 had not completed a pre course questionnaire)
Number of respondents completing both pre and post course surveys	113

This return allows us to be 95% certain that the responses from this sample to any question is within a range of +6% or -6% of the response which would be generated if we had responses from all participants.



### 8.1.2 Analysis of participants

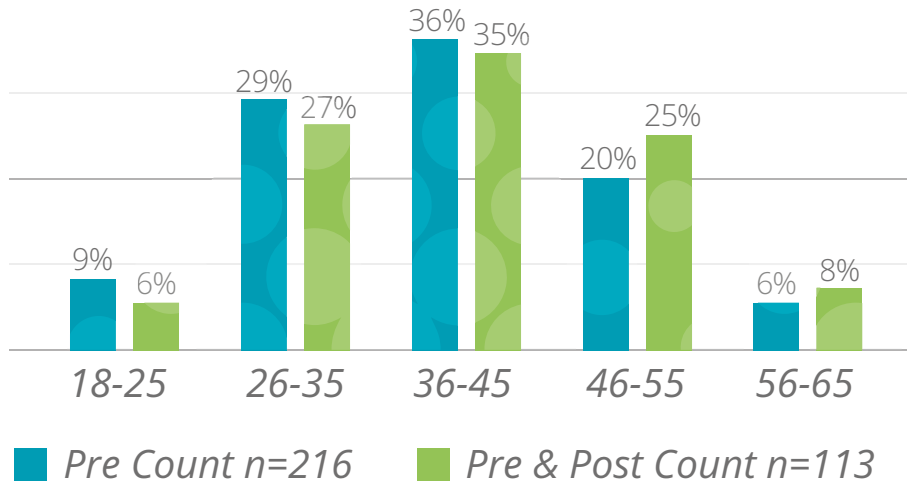


Figure 1 Age distribution for sample sets

The age distribution of participants on this training was very similar to the age profile of service users across all Women’s Aid organisations

Chart 1.1: Age of Service Users, 2019-20 (On Track)

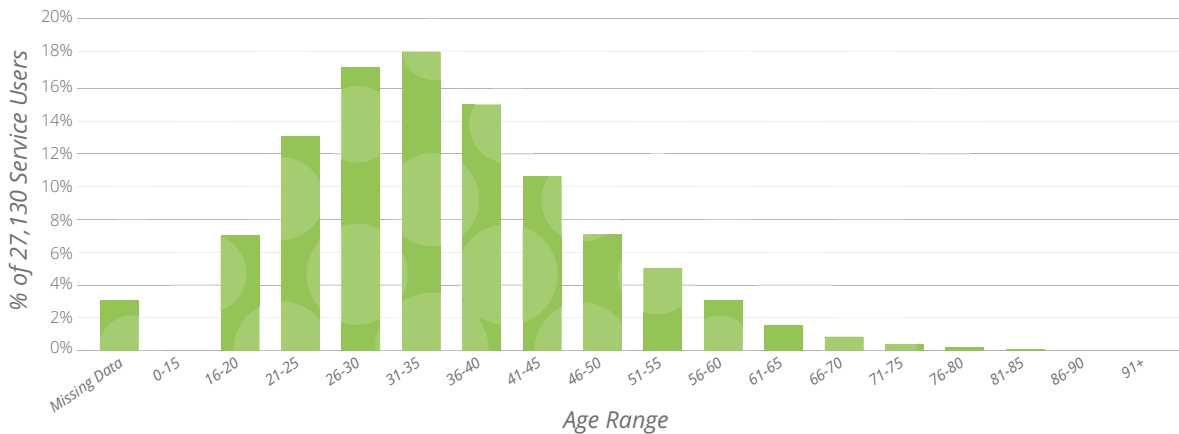


Figure 2 Age distribution for Women’s Aid

### 8.1.3 Ethnicity

92.6% of all participants self-defined as white British and 3.2% identified as *Any Other White Background*. For those who filled in pre and post surveys the percentages were (91.2% and 5.3% respectively).

86% of the population of the UK define themselves as “white” The lack of diversity probably reflects the ethnic breakdown of the areas where the partner organisations were based eg Great Yarmouth 96.9% white, Cornwall 98.2% white.

**8.1.4 Disability distribution for sample sets**

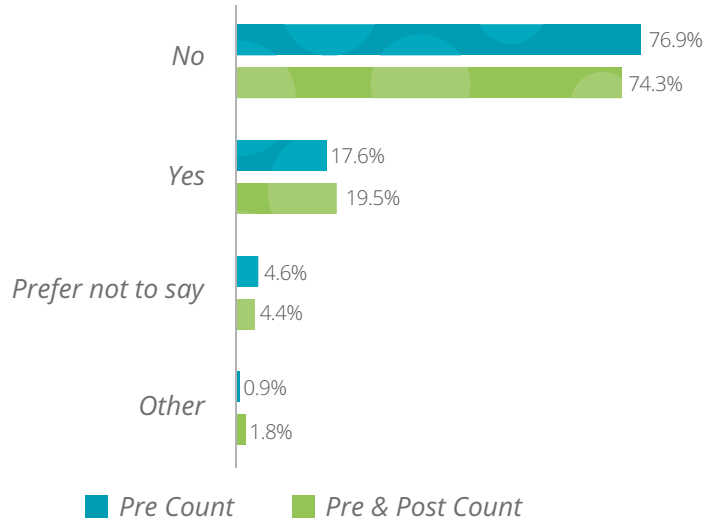


Figure 3 Disability distribution

The percentage of people who stated they had a disability (17%) is more or less the same as the percentage of the UK working population who are disabled as defined by the Equality Act 2010<sup>11</sup>.

50% of those who declared a disability described it as a mental health condition which is twice the percentage of the population.<sup>12</sup> It is also a much higher percentage than the profile of users of Women’s Aid Refuges (18.5%) and users of community services (14.4%) who reported mental health issues. This would appear to point towards participants in Domestic Abuse Toolkit training possible haven experienced high degrees of domestic abuse causing medium to long term mental health damage. This would be in part confirmed by the participants Rosenberg scores where 68% of participants prior to training were scored as being below the self-esteem threshold.

**8.1.5 Employment distribution for sample sets**

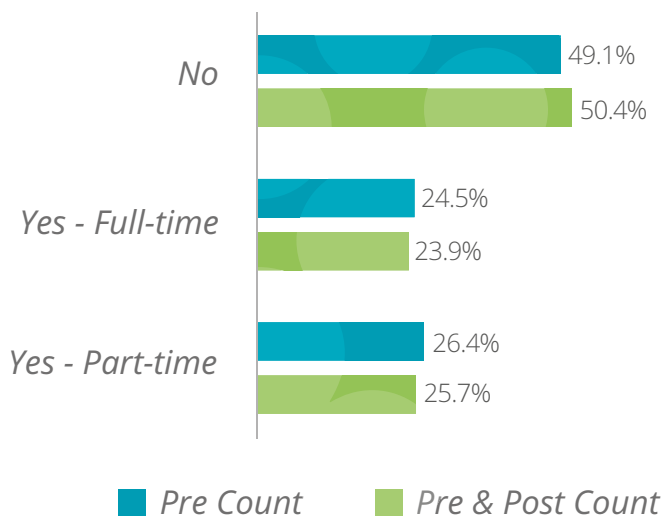


Figure 4 Employment distribution

The percentage of participants who were in part-time work at around 26% is similar to the national average where 27.3% of women were in part time work. However there is a very significant difference between those in full time work with only around 24% of participants being in full time work compared with 44.5% of women across the population. We have no evidence as to why this is the case.

### 8.1.6 Status of those not employed

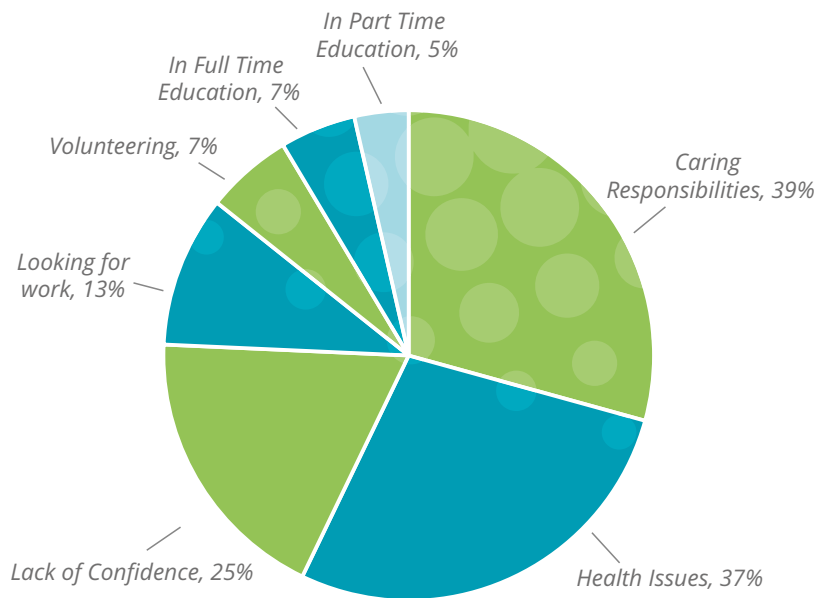


Figure 5 Analysis of unemployment status

### 8.1.7 Participants by organisations who contributed to both pre and post course analysis

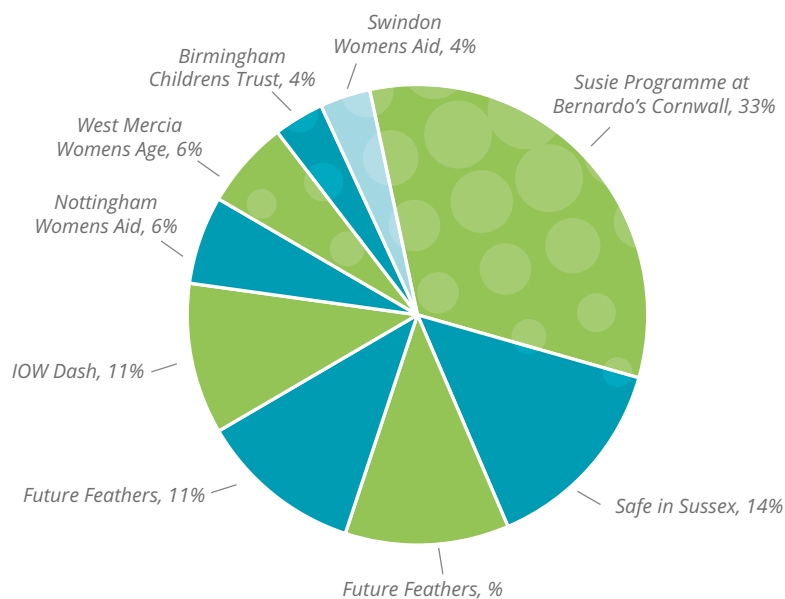


Figure 6 Number of participants by organisation

# Section Nine

# **CHANGES IN SELF-ESTEEM AND ASSERTIVENESS**

## 9 Changes in Self-esteem and Assertiveness

### 9.1 *Measuring self-esteem and assertiveness.*

We know from a considerable body of research that living with domestic abuse and coercion and control has a detrimental impact on women's self-esteem and assertiveness which is closely connected to issues with poor mental health.

"Survivors of domestic abuse have been found to be at greater risk of having a diagnosed mental health condition: a three-fold risk of depressive disorders, four-fold risk of anxiety, and seven-fold risk of post-traumatic stress disorder (PTSD)".<sup>14</sup>

Women who have experienced domestic abuse, describe continued lack of self-esteem, and an inability to have their 'voice' heard whether with their children, social worker or the judicial system.

Coercive control (as a key element of domestic abuse) fragments an individual's sense of self instilling them with self-doubt and takes away their autonomy and agency. Repeatedly practitioners experienced in this sector hear women describe how the bruises of assaults heal but the inner destructive voice of the perpetrator telling them they are no good and belittling them continues.

Orth and Robins, in their highly regarded research into self-esteem, state that "Self-esteem has important real-world consequences and high self-esteem prospectively predicts success and well-being in life domains such as relationships, work, and health". They also state that "self-esteem is a relatively stable, but by no means immutable, trait; individuals with relatively high (or low) self-esteem at one stage of life are likely to have relatively high (or low) self-esteem decades later."<sup>15</sup>



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Closely linked to self-esteem is the concept of assertiveness. The Ottawa Depression Algorithm,<sup>16</sup> states that “Communicating assertively means being able to stand up for your own needs in a simple and direct manner. ...You stand up for yourself and take responsibility for getting your needs met in a way that is beneficial for yourself and others.” It further states “The advantage of acting assertively is “that you are able to see, hear, love others more easily; you get your needs met; you have confidence.”

Women post-abuse describe their lack of self-esteem and the inability to feel they have a voice worth listening to as the factors that prevent them from moving forward in many aspects of their abuse free lives.

To measure the effectiveness of the online delivery of the Domestic Abuse Recovery Toolkit, we asked participants in the programme to answer some simple survey questions, which would help us measure changes in the most important outcomes for the programme, self-esteem, and assertiveness.



**“As the aim of the programme is to enable women to move forward in to the recovery of the abusive experience we focussed our research on self-esteem and assertiveness”**





## 9.2 Rosenberg scores

All course participants were asked to complete the Rosenberg Self-Esteem Scale (RSES) – see below. This is a widely used self-reporting instrument for evaluating individual self-esteem.

The RSES is designed similar to a social-survey questionnaires. Five of the items have positively worded statements and five have negatively worded ones. The scale measures global self-worth by measuring both positive and negative feelings about the self.

Although not without its critics. The Rosenberg self-esteem scale is considered a reliable and valid quantitative tool for self-esteem assessment.

It consists of a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree.

For the 113 participants where we had both pre and post course scores the findings were as follows. Note that the maximum score is 30 and that under 15 on the Rosenberg scale indicates low self-esteem.

	Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1	I feel that I am a person of worth, at least on an equal plane with others				
2	I feel I have a number of good qualities				
3	All in all, I am inclined to believe I am a failure				
4	I am able to do things as well as most other people				
5	I feel I do not have much to be proud of				
6	I take a positive attitude towards myself				
7	On the whole I am satisfied with myself				
8	I wish I could have more respect for myself				
9	I certainly feel useless at times				
10	At times I think I am no good at all				

Figure 7 Rosenberg Score Chart

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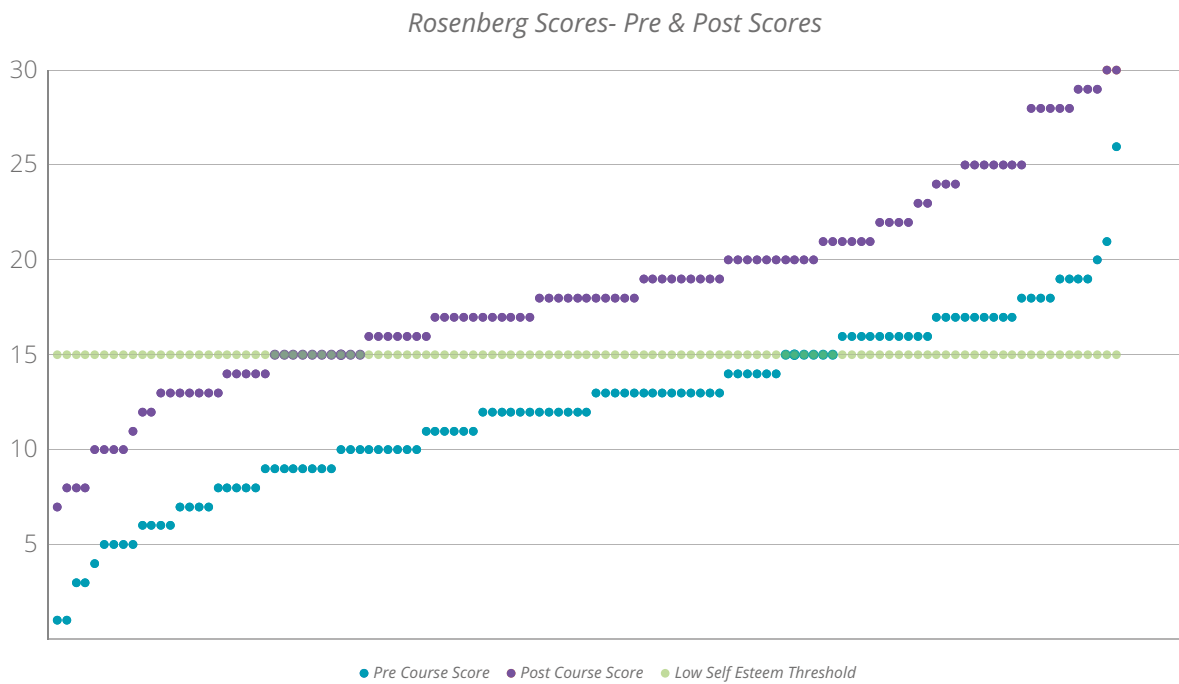


Figure 8 Rosenberg Scores pre and post score

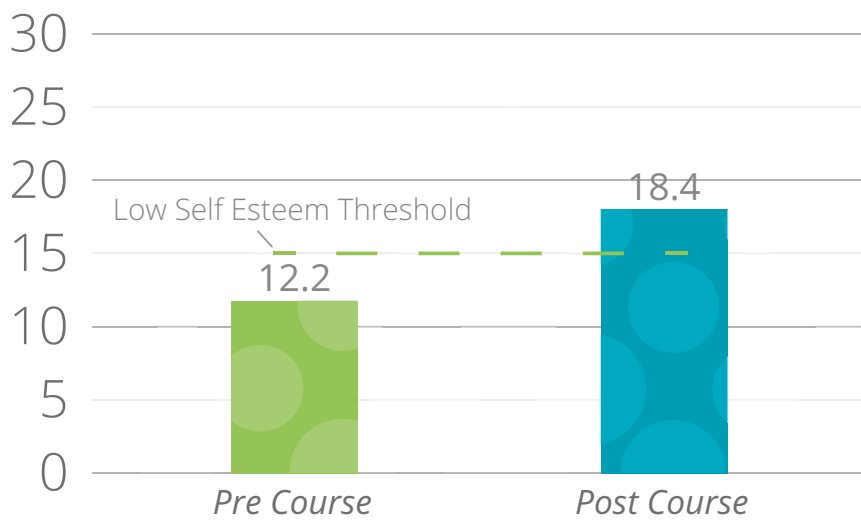


Figure 9 Average scores pre and post course

The average score improvement was 6.2, a 51% positive change.

Charts 8 and 9 demonstrate that overall there was highly significant positive movement between the self-esteem scores for individuals pre and post course.

The low self-esteem threshold is a score of 15.

Pre course 68% (77) of participants scored below the self-esteem threshold. Post course this figure fell to 31% (36) This represents a shift of 54%.

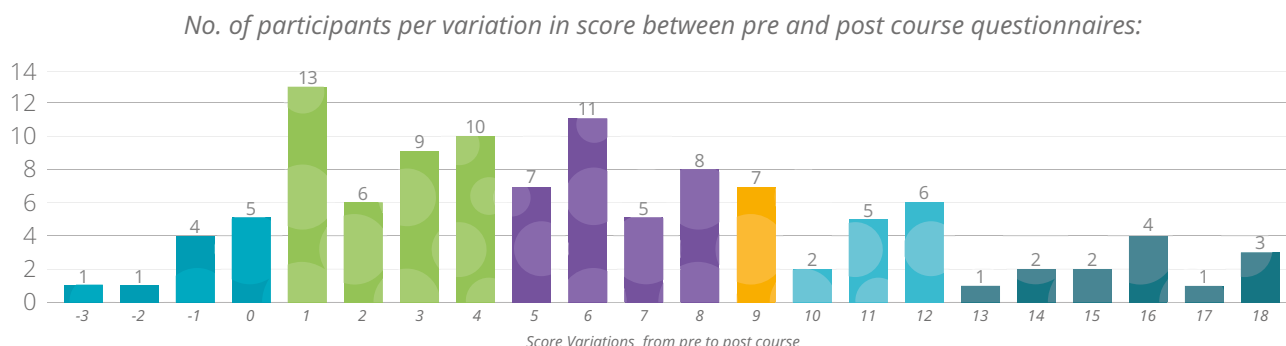
Further analysis reveals positive movement across the scale. Scores below 10 would be an indicator of very low self-esteem and scores above 20 would indicate high levels of self-esteem.

Prior to attending the programme 27% (30) of participants scored less than 10 and post course only 3.5% (4) scored less than 10. This represents a shift of 87% of participants out of the lowest score band.

Prior to attending the programme only 2.7% (3) of participants scored more than 20 and post course 37% (42) scored more than 20. This is a 14-fold increase in the number of participants who scored themselves as having high self-esteem.

There was a significant difference in the degree of improvement between:

- those who were below the threshold pre-course who achieved overall a 74% improvement in scores post-course, and
- those who were above the threshold pre-course who achieved overall a 22% improvement in scores post-course



*Figure 10 Rosenberg score variations*

The average variation in pre and post course scores was 6.2 points, which is highly significant on a 30 point scale.

6 participants' scores were marginally lower, whilst 5 returned the same score for pre and post course

34% moved between 1 and 4 points

27% moved between 5 and 8,

18% moved between 9 and 12 points

12% moved more than 12 points

There was no discernible category of participant who moved their score by 10 points or more – they were spread across all ages, employment status, disability etc.

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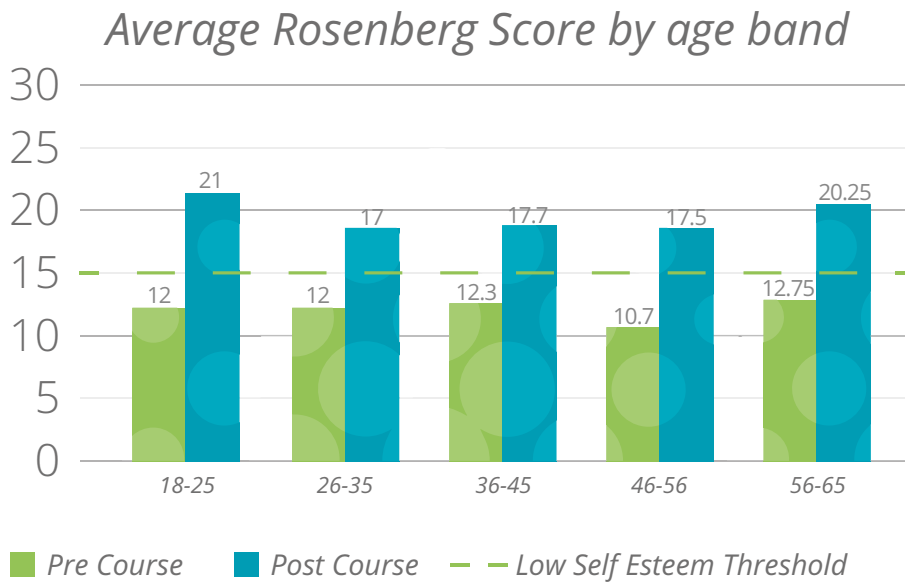


Figure 11 Average Rosenberg Score by Age band

Pre course there is very little difference in average scores apart from a dip in age 46-56.

Post course there is a higher degree of positive change in the lowest and highest age groups.

Average Rosenberg Score - Pre & Post Course

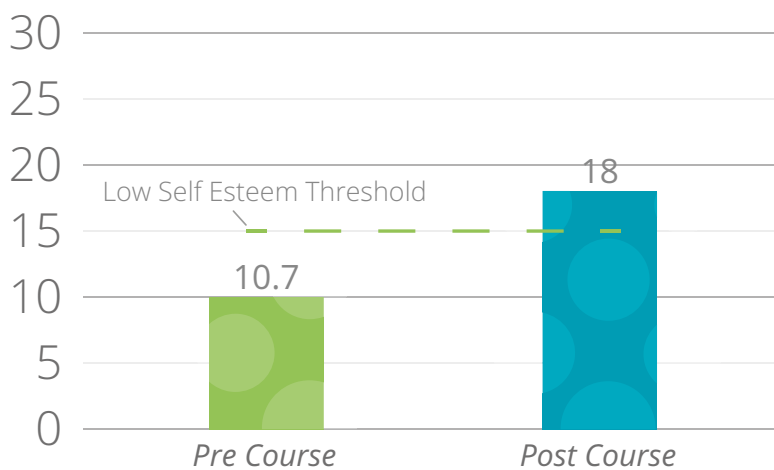


Figure 12 Rosenberg scores for participants with a disability

This shows a 68% improvement in score.

The starting point for those without a disability issue was 2 points higher but the post course scores were approximately the same.

### 9.3 Assertiveness scores

In order to undertake some initial measurement of changes in assertiveness we generated 10 statements relating to their own behaviour to which participants answered true or not. They were asked these questions both prior to taking part in the programme and post programme.

We then analysed the results and provided percentage responses see figure 13. Across all the questions there were significant drops in the number of answers which described non-assertive behaviour. On average 64% of answers pre course illustrated non-assertive behaviours and this dropped to 27% post course which gives some evidence that there were considerable changes in participants perception of their ability to be assertive. It needs to be noted that this methodology has not been verified or tested in anyway and can only be treated as providing some outline evidence of the programmes potential to improve assertiveness. It is however backed up to some extent by feedback from the delivery partners who recognised increase in assertiveness by participants. Interestingly as in the Rosenberg scale there was more positive change in the lowest and highest age groups.

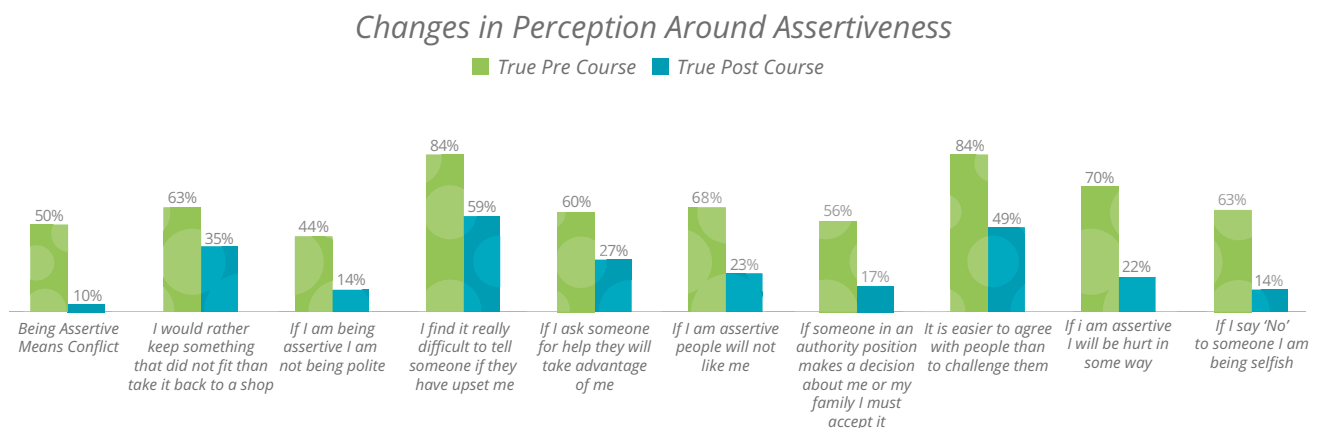
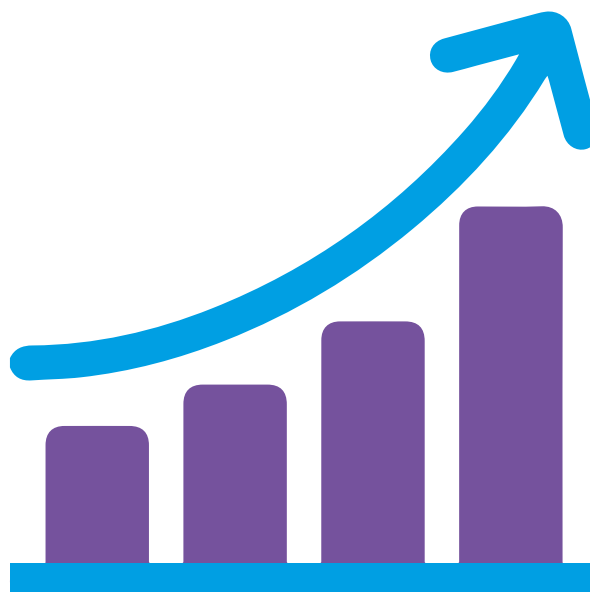
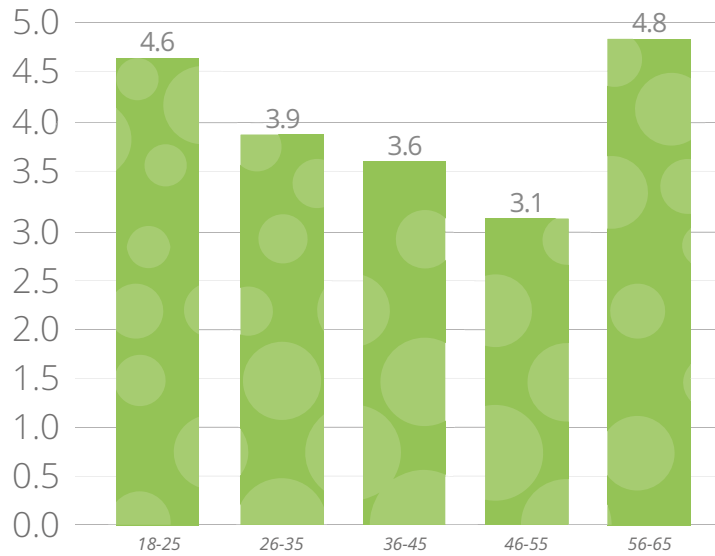


Figure 13 Changes in perception of assertiveness



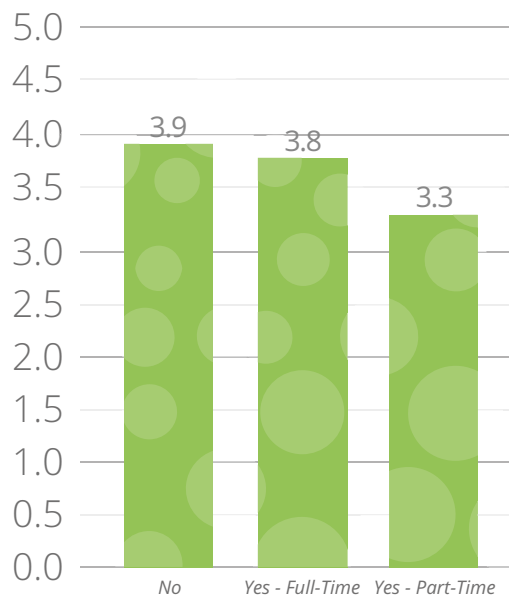
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*Average No of Assertiveness Statements Changed by Age*

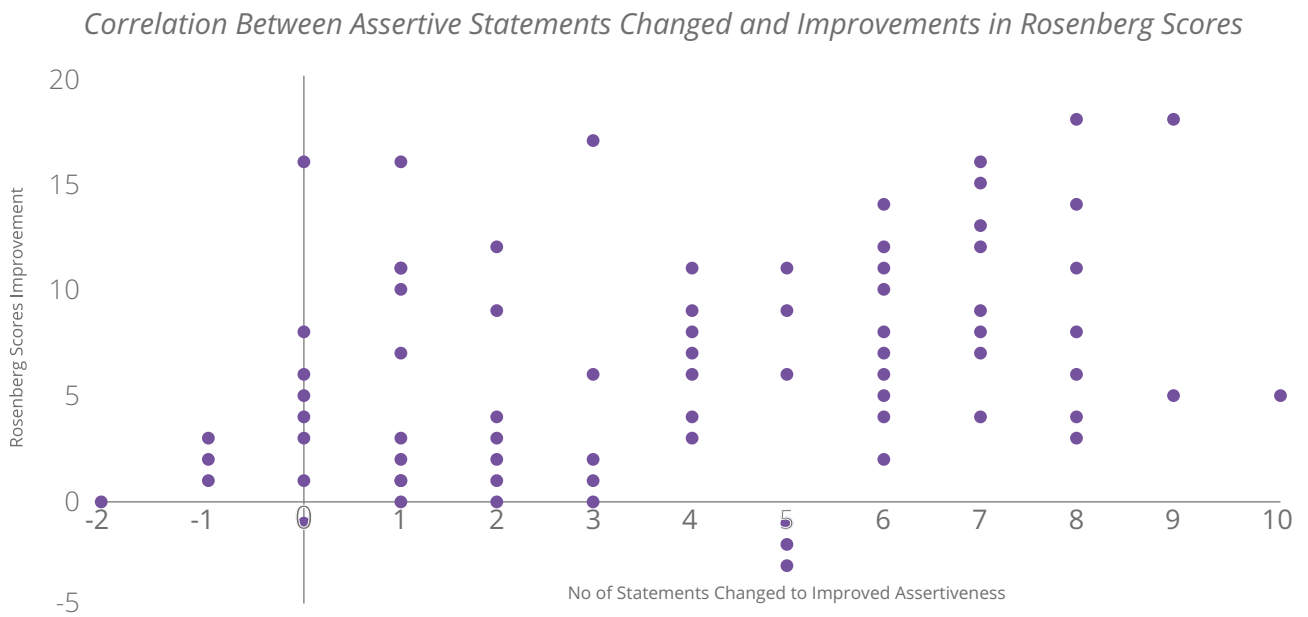


*Figure 14 Average number of assertiveness statement changed by age*

*Average no of assertiveness statements changed by employment status*



*Figure 15 Number of assertiveness statements changed by employment status*



*Figure 16 Correlation between changes in perception of self-esteem and increased assertiveness*

There is a very moderate correlation between the improvement in Rosenberg scores and the improvement in assertiveness statements - 0.49 where 0.7 would be a strong relationship and 1 a perfect relationship between the two datasets.



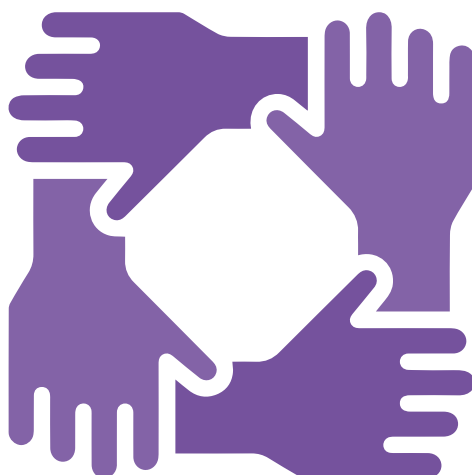
# Section Ten

# **FINDINGS AND RECOMMENDATIONS**



# 10 Findings and Recommendations

1. The partnership worked well and there is considerable potential for Rock Pool to continue to develop long term partnership working with the current and future partner organisations.
2. Online delivery has worked very well and the partners to this programme and many other organisations Rock Pool work with continue to deliver the Domestic Abuse Recovery Toolkit (and other Rock Pool Recovery Toolkit programmes) online, working as part of their suite of services. In order to fully develop this exciting approach, which opens up the programmes to a much wider range of clients, Rock Pool will seek funding to work with partners on:
  - Comparisons between the outcomes generated by online and “in the room” services.
  - Improving online delivery including development of new online content.
  - Developing blended programmes bringing together some “in the room” training with elements of online training.
3. All the partners commented on how the online programme enabled them to extend the reach of the programme to groups of participants who had previously found it difficult to access the programme. There is a need to carry out more research into the specifics of working online with different groups and explore how this widening of reach can be best used to engage with communities with whom it has previously not been possible to work.
4. Working in partnership has enabled Rock Pool to gather for the first time some meaningful data about the impact of the programme. Our analysis of this data shows that the programme is highly successful, in the short term, in helping participants recover from the impacts of domestic violence, improving damaged self-esteem and in helping them become more assertive. The next stage is to carry out a large-scale study of the long-term impact of this programme and to track participants over three to five years.
5. Robust evidence of the long-term impact of this programme would enable Rock Pool to quantify to funders and service commissioners the true social and economic savings of this early intervention into assisting the recovery of those who have suffered long term emotional damage as the result of their experience of domestic violence.



# APPENDIX ONE

# Appendix 1 Details of Partners



### ***The SUSie Programme at Barnardo's Cornwall*** [www.saferfutures.org.uk/our-programmes/recovery-pathway](http://www.saferfutures.org.uk/our-programmes/recovery-pathway)

The SUSie Programme at Barnardo's Cornwall is part of Safer Futures which is the commissioned Domestic Abuse and Sexual Violence Service across Cornwall. The project works across all of Cornwall. For the The SUSie Programme at Barnardo's Cornwall project the key issues in Cornwall are

- High poverty
- Rural isolation and dispersed population
- Very poor transport links
- Housing issues
- High levels of drug & alcohol abuse
- Child Sexual Exploitation
- County Lines

The SUSie Programme at Barnardo's Cornwall provides a trauma-informed, psycho-educational support programme for adult, men, and women, who have left their abusive relationships. This is built around:

- Weekly Domestic Abuse and Sexual Violence support groups and a specific Sexual Violence support group which are tailored towards enabling clients to connect, recover and positively move forward with their lives.
- On completion of a support group, a client is invited to take part in the Recovery Tool Kit programme. (RTK)

The organisation has delivered Recovery Toolkits since 2007 (with Sue Penna Associates – prior to Rock Pool) and Rock Pool's Children's and Young Peoples Recovery Toolkits – since approx. 2015

## Appendix 1



***Birmingham Children's Trust***  
[www.birminghamchildrenstrust.co.uk](http://www.birminghamchildrenstrust.co.uk)

Birmingham Children's Trust was formed in 2018 and is independent from, but owned by, Birmingham City Council. It is England's largest children's services organisation.

- The Trust works across Birmingham with a focus on East Birmingham, an area with a large proportion of South Asian families with English as a second language
- High levels of poverty in white working-class families
- High levels of unemployment

Family Support, who are the key agency in this area of work (via Troubled Families Agenda) – consists of targeted intervention for up to 6 months, covering areas such as Education, Health, Home Life, Domestic Abuse, Crime and Finances/Employment. Family Support services are committed to working through an approach which is relationship-based, solution focused, and trauma-informed.

Over the past four years the Trust has regularly delivered the Domestic Abuse Recovery Toolkit as well as other Rock Pool programmes.



**Feathers Futures - Great Yarmouth**  
[www.feathersfutures.org](http://www.feathersfutures.org)

Feathers Futures is a small charity delivering services to the residents of Great Yarmouth and its hinterland. It is an area with significant deprivation and rural villages with limited access to public transport. Feathers Futures brings women together into a connected community group, providing a safe, non-judgemental environment where women can have a voice, express feelings, be heard and understood.

Their primary work is to support women who have experienced trauma/domestic abuse in the past and offers the following services:

- Support groups including the “Domestic Abuse Recovery Toolkit”
- Feathers Friends peer support group and 1-1 counselling
- Sole Sisters walking group
- Fitness classes, creative writing, craft groups and social groups
- A young mum’s group.

Feathers Futures works in a trauma-informed and person-centred way and co-production is at the heart of all their activity.

They first delivered the Domestic Recovery Toolkit in March 2019 and have been running constantly since.



***Wight DASH - Isle of Wight***  
[www.wightdash.co.uk](http://www.wightdash.co.uk)

Wight DASH is a small independent charity led by, and for, women – particularly those who have been subjected to male violence and abuse and intersecting issues such as high levels of mental distress, risk of homelessness, substance misuse, social isolation, and disability.

Wight DASH recognises that childhood experiences impact on the whole life course and that trauma is linked to all forms of multiple disadvantage. Wight DASH uses a trauma-informed, strengths-based approach, involving their members in determining how services are run and developed.

The Isle of Wight has high levels of deprivation, low levels of employment, and restricted employment opportunities, much of which is derived from seasonal work linked to tourism. The island has a poor and expensive public transport infrastructure.

Wight DASH has delivered Rock Pool programmes for the last five years, including the Domestic Abuse Recovery Toolkit, and the ACES and Sexual Violence Recovery Toolkits.



**Swindon Women's Aid**

[www.swadomesticabuse.org](http://www.swadomesticabuse.org)

Swindon Women's Aid is a registered charity working in Swindon and across Wiltshire. Although perceived as an affluent area there are areas of entrenched poverty with more than 15,000 children in Wiltshire and 22% of children in Swindon living in poverty.

Swindon Women's Aid delivers a range of user-led services including Safe Refuge accommodation, community service support, hospital and GP based IDVA's (Independent Domestic Violence Advisors), a 24hr Helpline, Children & Young Peoples Service, business training, and recovery training,

Swindon Women's Aid has a long history of delivering Rock Pool's Domestic Abuse Recovery Toolkit.

## Appendix 1



### **Nottinghamshire Women's Aid**

[www.nottswa.org](http://www.nottswa.org)

Nottinghamshire Women's Aid is a registered charity which focuses its work on the areas of North Nottinghamshire, Bassetlaw, Mansfield and Newark and Sherwood. There are varying degrees of deprivation and poverty across this large, mainly rural, area.

Nottinghamshire Women's Aid mission statement states *"Nottinghamshire Women's Aid Ltd endeavours to empower women and their dependants by sustaining a high level of support within our services to provide a safe environment with ongoing support, advice, counselling and learning opportunities together with emergency refuge accommodation. We provide an outreach service for women, young people and children, a supported housing scheme and a Women's Centre in order to enable women to effect change in their lives"*

Nottinghamshire Women's Aid operates within a survivor and needs led ethos and takes a trauma-informed, evidence informed feminist approach to their work.





***West Mercia Women's Aid***  
[www.westmerciawomensaid.org](http://www.westmerciawomensaid.org)

West Mercia is one of the larger Women's Aid charities operating across a large and varied area.

- Worcestershire (rural with some large towns and serving south Birmingham)
- Herefordshire (rural – market towns)
- Shropshire (very rural)
- Telford and Wrekin (new town in Shropshire – more diverse population as some overspill from the Black Country)
- Gloucestershire (urban Gloucester and rural -Forest of Dean) – services for young people

West Mercia Women's Aid provides specialist services for women and children who have experienced domestic abuse, and some services for men. They provide Refuge and satellite accommodation, IDVA support, community support, 24/7 Helpline, and services for male victims.

WMWA is a feminist organization and take a trauma-informed approach to their work.

They have been delivering the Domestic Abuse Recovery Toolkit for more than 8 years and deliver other Rock Pool Programmes.



***I Am Cherished - Hertfordshire***  
[www.iamcherished.co.uk/](http://www.iamcherished.co.uk/)

I am Cherished is part of a larger charity based in Hemel Hempstead which delivers a wide range of well-being and development services across the wider community.

I am Cherished is a place of discovery, where everyone is valued and supported to reach their true potential. The organisation delivers a diverse range of courses for women, from those who have been abused to work clubs. Where relevant, women supported by I am Cherished are encouraged and supported to move on at their own pace to other activities provided by the wider charity.

Hemel Hempstead is a New Town built to house the London overspill after the war. It was mainly social housing, and still has pockets of high deprivation, but also affluent areas, especially in the smaller local villages and towns. Due to its short distance to London, with direct train links, it has become popular for professional persons working in London.

Delivering over Zoom has widened their geographic reach and they even had women from Italy and France participate.

I am Cherished has been delivering the Domestic Abuse Recovery Toolkit since 2014 and also deliver Rock Pools ACES's Recovery Toolkit.



*Safe in Sussex*

[www.safeinsussex.co.uk/](http://www.safeinsussex.co.uk/)

Safe in Sussex is a registered charity and part of the Women's Aid network. They work across West Sussex an area with two major towns and predominantly made up of small towns with rural hinterlands. Overall the area is wealthy with patches of rural poverty and concentrations of multiple deprivation in some of the towns.

Safe in Sussex deliver a variety of online support programmes and have delivered the Domestic Violence Recovery Toolkit for the past five years.

Safe in Sussex has two key objectives:

- Provide help and support for people experiencing or affected by domestic violence.
- Prevent domestic abuse through increased awareness and education.

...and delivers the following services:

- Refuge accommodation, and support
- Providing play-led therapeutic support for children affected by domestic abuse and trauma.
- Helpline – Signposting, legal advice emotional support, safety planning and referring to other agencies
- Group support work including – Rock Pool's Domestic Violence Recovery Toolkit, and Adverse Childhood Experiences Recovery Toolkit
- Primary and secondary education programmes
- Charity shop
- Drop-in sessions and one-to-one advice and guidance. (Pre COVID-19)

# References

- <sup>1</sup> ONS March 2020
- <sup>2</sup> <https://safelives.org.uk/policy-evidence/about-domestic-abuse/how-widespread-domestic-abuse-and-what-impact>
- <sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/918897/horr107.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf)
- <sup>4</sup> The 2013 Women's Aid survey reported that 40% of women requesting support had spent 2 to 10 years in abusive relationships,
- <sup>5</sup> Since 2015 Rock Pool's nationally recognised Domestic Abuse Recovery Toolkit had been delivered by trained facilitators from numerous agencies through an established programme of face-to-face group work.
- <sup>6</sup> AVA - Against Violence and Abuse <https://avaproject.org.uk>
- <sup>7</sup> A Women's Aid group programme
- <sup>8</sup> Women's Aid. (2021) The Domestic Abuse Report 2021: The Annual Audit, Bristol: Women's Aid.
- <sup>9</sup> Great Yarmouth Borough Profile 2019
- <sup>10</sup> 2011 Census
- <sup>11</sup> Employers Forum on Disability
- <sup>12</sup> Approximately 1 in 4 people in the UK will experience a mental health problem each year (Mind Health Facts and Statistic 2017)
- <sup>13</sup> Women and the Economy - House Of Commons Briefing Paper 2021 – 98% of participants were female.
- <sup>14</sup> (Trevillion, K., Oram, S., Feder, G., & Howard, L.M. (2012). Experiences of domestic violence and mental disorders: a systematic review and meta-analysis.
- <sup>15</sup> Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science*, 23,
- <sup>16</sup> a resources for primary care professionals working with patients with adult depression) <https://ottawadepressionalgorithm.ca/en/content?id=63>



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