



Evaluation of the Phoenix Programme
On Behalf of NADA and the Novas Scarman Group

April 2011

Dr Emma Williamson
Dr. Hilary Abrahams

University of Bristol

If you use any of the data in this report, then please reference as:
Williamson, E. & Abrahams, H. (2011) Evaluation of the Phoenix Programme. Bristol:
University of Bristol. To contact the authors: e.williamson@bristol.ac.uk

CONTENTS:	PAGES
Executive summary	3-7
Introduction	8
The Phoenix Programme (PP)	8-10
Evaluation	10-11
Service Users	11-15
Knowledge and experience of PP	15-16
State of well-being	16-17
Relationships	17-20
Seeking help	20-22
Experiences in-depth	22-25
Impact	25-26
Post intervention data	26-28
Service users' views	28-30
Summary and conclusion	30-35

Executive Summary

Aims

The aim of this evaluation was to examine the effectiveness of the Phoenix Programme as provided by North Somerset Against Domestic Abuse (NADA) of the Novas Scarman Group.

Evaluation Method

The evaluation involved collecting quantitative data from service users who volunteered to take part in the research. Service users were asked to complete an initial survey and were contacted by the research team at a later date to complete a post survey (if they had completed the course). The Phoenix Programme runs two levels of courses so it was possible to collect further data from women who took part in the second stage course. The data was entered into a statistical package for the social sciences (SPSS) database and analysed using that software. Additional material was gathered by the research team through informal discussions with women attending the courses and from further written feedback volunteered by participants.

Summary of findings

This report has outlined the findings from the evaluation of the Phoenix Programme run by NADA. A number of key issues and findings emerged which are summarised here.

- 19 service users agreed to take part in the study at the start of part 1 of the phoenix programme and completed the initial questionnaire and contact sheet.
- 7 women engaged on the Phoenix Programme who were over 40. This raises some issues about the content of the programme as it is likely, reflected in the length of the relationships women have had, that older women will have lived with an abusive partner for longer, which may well impact on their ability or willingness to change.
- Six respondents stated that they had a disability and 5 of those six that the disability was not visible. This highlights how the current practice of meeting with clients prior to their engagement is important.
- The majority (73%) of participants have a combined household income of less than £10,000 suggesting that poverty and low income might be a factor in determining those women who engage with the programme.
- A high proportion, 74%, live in private rented accommodation. This may well be reflective of the types of housing provision available in the area for those on low incomes.
- Half of the respondents had moved house more than twice in the past five years. One woman had moved house 9 times during this period.

- At the start of the programme women reported low confidence, self-esteem, contentment, and report feeling a lack of respect and feeling unloved.
- The women were more likely to rank high in relation to whether they felt like a good mother compared to whether they felt like a good partner. This highlights the positive ways in which 'good' parenting can be used as a focus for women who have experienced domestic violence to address their own (and their children's) needs.
- Three respondents stated that they were currently engaged with the local MARAC (Multi-Agency Risk Assessment Committee); 1 was involved in the domestic violence specialist court; 1 engaged with an IDVA; and four currently had contact with the child protection register.
- Fifteen women (47% of those who responded to this question) stated that their current partner had got angry or aggressive with them.
- Sixteen women (94%) said they had been frightened of their partner, with none of the women believing that their partner had been frightened of them.
- In relation to decision making the male partners of women on the programme appear to have more control over decisions which mainly affect them, a situation not replicated when addressing decisions which might only affect the female respondent.
- Where activities involved both partners, for example when socialising, it is usually the male who makes decisions.
- Of particular concern is that the women who responded have little control in decision making about when to have sex. This was an area which often created disagreements.
- Key areas where respondents stated that they disagreed often (more than n=7) included: partner's jealousy; the children; sexual activities; relatives; and both the partner's anger and violence towards women.
- In relation to how disagreements were resolved: 10 women said they would avoid the topic or change the subject whilst the largest number (n=12) said they would give in to keep the peace.
- The most common places for help seeking, both in the last 3 months, and previously, were women's own friends; own relatives; Social Services; the police; and legal advisors.

Focusing on help seeking in the last three months 8 women had sought help from their GP and 6 from victim support.

- The number of women seeking assistance from the housing department was low which is matched by the low number of women living in social housing.
- When asked about why they might not have sought help respondents stated that they feared the situation would get worse (n=3); didn't want anymore humiliation (n=3); didn't think anyone could help (n=2); didn't think they would be believed (n=2); and didn't think they would get a sympathetic response (n=1);
- Three respondents stated that at the time they thought the abuse was their own fault, and 2 said that they didn't ask for help because they felt isolated.
- In relation to organisations, the partners of the participants were most likely to use counselling services (n=5) and the police (n=3).
- 8 (50% of the women) stated that their current/previous partner had not sought help because they didn't think it was a problem.
- In terms of types of emotional abuse the most frequently cited, in both the last 12 months and previously, were: Being regularly insulted or put down; Property damaged or burnt; Malicious or pestering phone calls; and being frightened of your partner.
- Half of the women who completed these more detailed sections of the survey had been slapped/pushed/shoved; physically threatened; and been threatened with death 'sometimes'.
- Five women reported that they had sometimes (n=2) or 'often' (n=3) had sex in order to keep the peace.
- Half of the women (50%) reported that they had experienced forced sexual activity and been physically hurt during sex 'often' at some point in their lives.
- All of the respondents said that the impact of their experiences, irrespective of the type of abuse, made them feel: worthless; sad; anxious/panic; and isolated.
- The vast majority of respondents said that all of the abuses made them feel: unable to cope and embarrassed/stupid. Most also indicated that they had experienced injuries which required medical attention; that they had stopped trusting people, including their partner; and that one of the impacts of the abuse was that they worked harder to make their partner happy.
- It is also important to note that in relation to emotional and physical violence, the majority stated that this had negatively impacted on their children.

- Three women (a third of the women who responded) stated that since being engaged on the Phoenix Programme their partner had been angry/aggressive and that they had been frightened of their partner.
- There was a positive increase in relation to almost all aspects of well-being (with the exception of stress and anxiety which had increased slightly) with the women responding that they were happier and more contented at the end of the intervention.
- The women reported having more confidence and self esteem, and feeling more loved and respected.
- There was a slight increase in feelings of being a good mother and good partner.

Conclusion

The aim of the Phoenix Programme is to assist women to recognise abusive behaviour and how it can impact on their, and their children's, lives. Based on the findings of this evaluation this aim appears to have been achieved. Women reported higher levels of confidence and self esteem at the end of the intervention compared to pre intervention measurements. The women reported feeling happier and more content at the end of the programme than at the beginning. The largest change in the measurement of well-being was that feelings of anger increased for the participating women. Whilst anger is an important emotion which may well reflect women's move from blaming themselves to attributing blame for abuse on the shoulders of perpetrators it may also be linked to the lack of change in feeling safe. It would be helpful for facilitators to focus on these two issues at the final session to ensure that safety is maintained post intervention.

The number of women who reported having an invisible disability was relatively high and supports the use of pre-engagement interviews which is a requirement of engaging with the phoenix programme.

The only negative comment from participants related to the volume of information contained within the individual sessions. Women sometimes felt overwhelmed by the amount of information which may justify the inclusion of an additional session which allows women to reflect on what they have learnt throughout the programme.

The majority of women on the programme had a combined household income of less than £10,000 per year. It would be useful therefore for the programme facilitators to consider how low income status might impact on women's choices.

Finally, this evaluation has shown that the Phoenix Programme has a positive impact on the lives of the women who engage with the programme and as such provides a service to assist women move on from abusive relationships and to be aware of potential abuse within future relationships. The programme also includes specific elements relating to the relationship between abused women and their children. Those women who

commented on this aspect of the programme stated that they found the programme helpful in identifying how patterns of abuse had affected both them and their children. These women found the programme helpful in identifying more positive ways to interact with their children following experiences of abuse. This is a positive outcome.

Introduction

This report presents the findings of the evaluation of the Phoenix Programme as provided by facilitators within NADA. This evaluation started in April 2010 and was extended to January 2011 in order to enable the inclusion of service users who were taking part two of the programme.

The Phoenix Programme

The Phoenix Programme is an intervention designed to give women who have experienced domestic abuse the opportunity to make changes in their lives. The programme recognises that women may want to make changes for themselves, and also, if they are mothers, for their families. Part one of the programme helps women to develop self-awareness about domestic abuse and part two focuses on the effects of domestic abuse on the mother-child relationship.

The programme was designed over many years by practitioners based at NADA and builds upon the general advocacy and support work provided by that organisation. Feedback from domestic abuse survivors who have used NADA's services and participated in the Phoenix Programme has played a central role in the programme's development. The programme was designed alongside a booklet which was published in 2006 (Petkova & Howard, 2006) entitled: 'helping ourselves and our children recover from domestic abuse'. This booklet was the culmination of many years experience of working with women and children who had experienced domestic abuse.

Part two of the Phoenix Programme was written and developed by a partnership including: Child and Adolescent Mental Health Services (CAMHS); Children and Young Peoples' Services, and NADA. The programme is delivered in partnership by these agencies and Gemini.

Whilst focusing on the needs of all women, the Phoenix Programme's focus on the mother-child relationship makes it somewhat unique in its approach. It takes this stance on the basis of research which has highlighted the impact of domestic abuse on children, both in the immediate and longer term. It also provides a resource for those women/mothers who have struggled to cope with the way in which their parenting might have been impacted by domestic abuse. As such, the 2006 booklet, and the programme which emerged from it, came at a time when there were few resources for women to address their concerns about themselves and their children which specifically took the impact of domestic abuse into account.

The Programme

The Programme is run by a staff with experience and skills in delivering domestic abuse services and running training, and includes domestic abuse survivors. Alongside the core team, survivors who have come through domestic abuse also 'shadow' the trainers to gain experience and make a positive contribution to the programme.

Parts 1 & 2 of the programme run for 8 weeks each during term time. Women are only allowed to take the second part of the course on completion of the first, or if they have completed some other basic programme that focuses on understanding domestic abuse and helping themselves.

Eligibility and referral

To be eligible for the programme, potential service users need to be referred, either by a third party agency or by self referring. The programme uses a comprehensive referral form which outlines the involvement of other agencies with the family, for example social service involvement or contact orders etc. The referral form also uses a risk factor matrix in order to be able to identify the level of risk being faced by a potential service user. This includes:

- Separation issues for the mother as well as the child.
- Pregnancy.
- Escalation of abuse.
- Cultural or diversity factors such as race, sexuality, location, disability.
- Control issues relating to the perpetrator.
- Stalking.
- Suicide, either in relation to the victim or perpetrator.
- Sexual assault.
- Previous convictions for violence or drugs.
- Lack of child care and whether the perpetrator has hurt or threatened to hurt one of the children.
- Use of weapons.
- Substance misuse.
- And finally, the victim and referring agencies perception of risk to the victim or children.

The referral form also enables the service to collect information prior to a referral interview about current circumstances and potential needs. This includes questions relating to mental health or 'exceptional emotional stability', anti-social personality disorder, obsessive compulsive disorder, drug or alcohol issues, inappropriate sexual behaviour, risk of sexual exploitation, self-neglect, isolation, and suicidal thoughts. Additional information is collected relating to risks to others and to oneself.

Prior to being accepted onto the programme, potential service users are invited to an assessment interview. This interview is an opportunity for NADA staff to outline the requirements of the programme and to ascertain whether the service user is willing to engage with the programme at that time. This is also a chance for any specific needs of service users to be identified. This might include: childcare, help with transport costs, additional support with reading or writing, or signposting to other support services which might be relevant. On attending the programme women are expected to attend the full 8 week programme and not to opt in and out.

On agreeing to take part in the programme service users agree that "information regarding their attendance and any other concerns/progress can be shared with a social worker or other support worker".

Course Content

Part one: Helping ourselves recover from experiences of abuse

Part one of the programme consists of eight weekly sessions which aim to enable women to help themselves recover from experiences of abuse. These 8 sessions run as follows:

- Week 1 Introduction and safety issues
- Week 2 Dynamics of domestic abuse
- Week 3 Life without abuse
- Week 4 Knowing and recognising domestic abuse
- Week 5 Working with the effects of domestic abuse
- Week 6 Personal power
- Week 7 Relating to others
- Week 8 Moving on

Part two: Helping our children recover from domestic abuse

Part two of the programme builds upon part one but focuses on the mother-child relationship and the ways in which domestic abuse can impact on mothers and children. Again, this runs for 8 weeks.

- Week 1 Good enough mother
- Week 2 Understanding the impact of abuse on us as Mothers
- Week 3 The Impact of domestic abuse on our children
- Week 4 Rebuilding our relationships with our children
- Week 5 Listening and talking
- Week 6 Respect and parenting
- Week 7 Managing contact and other relationships
- Week 8 Moving on

Evaluation

The evaluation involved collecting quantitative data from service users who volunteered to take part in the research. The research was granted research ethics approval from the School for Policy Studies Research Ethics Committee.

Service users were asked to complete an initial survey at the start of part one of the programme. They were then asked to complete a post survey at the end of the part one. For those women who took part two of the programme they were asked to complete a brief survey to update our information, at the start and end of part two.

For the most part service users were asked by the group facilitators if they would like to complete the survey. The completed surveys and contact sheets were then sent back to the researchers separately.

The questions included within the surveys were designed for a previous evaluation of a domestic abuse advocacy service. In addition, questions were amended in order to make sense alongside the specific aims and objectives of the Phoenix Programme.

It is important to note that, following initial recruitment, it was decided to significantly reduce the number of questions included in the survey. This was due to the time it took for participants to complete; the disruption this had on the group; the impact this had on

the facilitators; and finally, the emotional impact the questions had on the women themselves. As a result of these changes, not all the women answered every question on the survey and as such the total number of women who answered each question, when it is appropriate, is given.

All of the data was entered into a statistical package for the social sciences (SPSS) database and analysed using that software.

Service Users

Because of the structured nature of the programme discussed earlier, we endeavoured to engage with women early on in their involvement with the programme.

Of the 19 women who completed the pre-survey at the beginning of part 1 of the programme, 7 women completed a pre- survey during part two of the course and 9 women completed a post survey either at the end of part one or two of the programme. Informal verbal feedback and written comments were also given to a member of the research team at the final group meetings.

Demographic factors

Demographic questions were asked to ascertain the general profile of the women engaged with the phoenix programme. The following is a breakdown of those findings.

Table 1: Age

Age categories	Frequenc y	Percent
20-24	3	15.8
25-29	1	5.3
30-34	4	21.1
35-39	4	21.1
40-44	1	5.3
45-49	2	10.5
50-54	2	10.5
60-64	1	5.3
65-69	1	5.3
Total	19	100.0

As table 1 illustrates there was a wide distribution of age across those who agreed to take part in the survey. It is common for women aged in their 20's and 30's to engage with domestic violence services and interesting that there were 7 women engaged on the Phoenix Programme who were over 40. This raises some issues about the content of the programme as it is likely, reflected in the length of the relationships women have had,

that older women will have lived with an abusive partner for longer, which may well impact on their ability or willingness to change.

In relation to ethnicity, all 19 of the respondents identified as White British.

Fourteen respondents identified as heterosexual, one as bisexual and 2 stated explicitly that they did not want to answer that question.

Six respondents stated that they had a disability and 5 of those six that the disability was not visible. This raises some questions about the need to ascertain from participants at the assessment interview whether they have an invisible disability which may impact on their attendance and engagement with the programme. This may include a sensory impairment, learning disabilities, as well as less visible mental health concerns such as depression and anxiety.

Table 2: Combined household income

	Frequency	Percent
<10,000	11	73.3
11,000-20,000	1	6.7
21,000-30,000	1	6.7
31,000-40,000	1	6.7
>60,000	1	6.7
Total	15	100.0
Missing No Answer	4	

The majority (73%) of participants had a combined household income of less than £10,000 suggesting that poverty and low income might be a factor in determining those women who engage with the programme. This may also highlight an area where the objectives of the course could be targeted to take account of the impact of low income on the choices of service users.

Table 3: Accommodation

Type of accommodation	Frequency	Percent
Private-owned	2	10.5
Private rented	14	73.7
Council Housing/Housing Association	3	15.8
Total	19	100.0

A high proportion, 74%, live in private rented accommodation. This is interesting as this finding was not matched by a recent study of the Freedom Programme in Bristol.. In that study (Williamson & Abrahams, 2009) the majority of women lived in council or housing association accommodation. This may well be reflective of the types of housing provision available in the area for those on low incomes (majority, less than £10K).

Table 4: Education - Highest Qualification

	Frequency	Percent
None	1	5.6
Standard Grade/GCSE	3	16.7
Higher/A level/ CSYS	2	11.1
SVQ/NVQ	4	22.2
Degree	2	11.1
Postgraduate Degree	1	5.6
Professional/Vocational Qualification	1	5.6
Other	1	5.6
No Answer	3	16.7
Total	18	100.0

There was a range of educational achievement across the group with the majority having attained GCSE (N=3) or vocational qualification standard (N=4). Two respondents (11%) had completed an undergraduate degree, 1 a postgraduate degree, and 2 people A-levels.

Table 5: Employment

Type of employment	Frequency	Percent
Paid full-time work	2	14.3
Voluntary work	1	7.1
At college	1	7.1
Full-time Home-worker	8	57.1
Retired	2	14.3
Total	14	100.0

As table 5 illustrates, only 2 women were in full-time work and a further 1 in part-time employment. The majority of respondents identified themselves as full-time home-workers, 1 was at college, and 2 women were retired.

In terms of children, 11 respondents (92% of those who responded to the question) had children living with them full-time and a further respondent had children living with her part-time.

Table 6: Times moved house in last 5 years

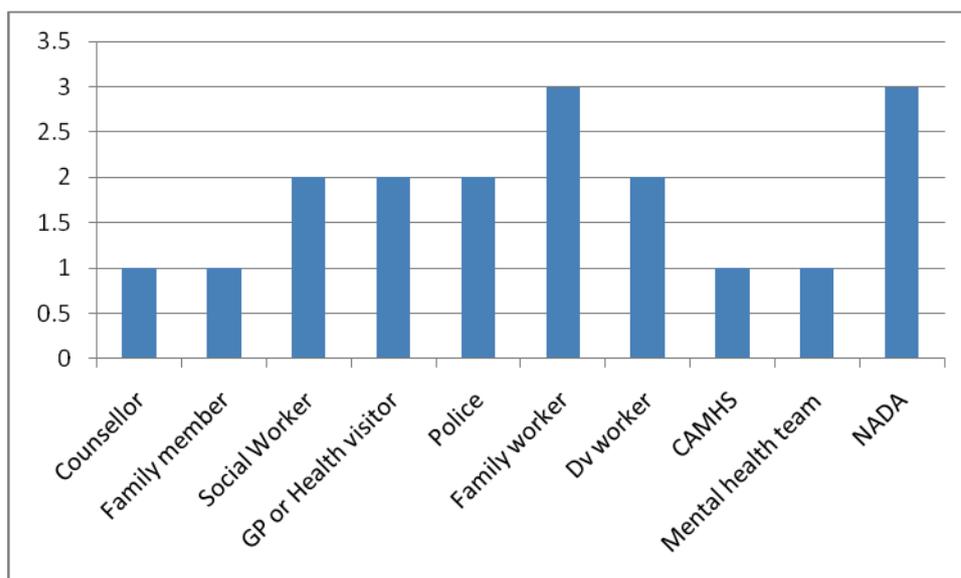
		Frequency	Percent
Valid	0	3	21.4
	1	1	7.1
	2	3	21.4
	3	5	35.7
	5	1	7.1
	9	1	7.1
	Total	14	100.0

Finally, we asked respondents how many times in the last 5 years they had moved house. As table 6 illustrates, half of the respondents had moved house more than twice in that time period. One woman had moved house 9 times during this period. This suggests that for many women on the programme their living arrangements are not particularly stable – a situation which may be reflected in other parts of their lives and influence how they engage with, and respond to, the programme

Knowledge and experience of the Phoenix Programme

The following section deals with how the respondents came to be on the Phoenix Programme and their relationship experiences.

Figure 1: How respondents had heard about the Phoenix Programme



As figure 1 shows, the majority of women engaged with the phoenix programme had heard about the programme from either a domestic violence worker (N=2) or a worker from NADA (N=3). Three women had heard about the Phoenix Programme from a family worker, two from a social worker, health visitor, or GP. Other sources of information included: counsellor, family member, CAMHS, and the mental health team. None of the respondents said that they had heard about the programme from friends, parenting classes, leaflets or from an IDVA.

State of Well-Being

The survey asked a set of questions asking respondents to rank from 1 (= low) to 5 (= high) on how they felt. The types of feelings that were included were intended to correspond with the types of issues dealt with on the programme and on knowledge from previous research about how those who experience domestic violence might feel. It should be noted that the responses outlined in table 7 below relate to how the participants felt before they had fully engaged with the programme.

Table 7: Feelings of well-being - pre-survey

Type of wellbeing	1 Low	2	3	4	5 High
Confidence	5	3	5	3	1
Self-esteem	7	4	0	2	2
Anxiety	7	2	2	4	3
Stress	5	3	1	2	5
Happiness	3	6	2	3	2
Contentment	8	1	4	2	1
Loved	5	2	3	2	3
Respected	5	4	2	1	3

Safe	1	5	6	3	2
Angry	10	0	3	1	1
Good Mother	1	0	6	2	3
Good Partner	6	0	1	1	4

Table 7 shows the ranking scores given by respondents to a range of feelings at the pre-survey point. Not surprisingly the women reported low confidence, self-esteem, contentment, together with feeling a lack of respect and feeling unloved. There is a much wider response of feelings in relation to whether the women feel safe, anxious, or angry. The women were more likely to rank high in relation to whether they felt like a good mother compared to whether they felt like a good partner. This highlights the positive ways in which ‘good’ parenting can be used as a focus for women who have experienced domestic violence to address their own (and their children’s) needs.

When asked what women wanted to gain from attending the Phoenix Programme, 11 women (65%) stated that they wanted to feel more confident; 2 that they wanted to leave an abusive partner; 4 that they wanted to be stronger in future relationships; 1 that she wanted help and support dealing with a custody court case; and finally one woman who said she wanted to “find herself again”.

In terms of identifying any problems with the programme seven women stated that they felt at times overwhelmed by information. One woman found it difficult to engage with the programme at the same time as having to work with a number of other agencies, and one had found it difficult to get time off work.

Three respondents stated that they were currently engaged with the local MARAC (Multi-Agency Risk Assessment Committee); 1 was involved in the domestic violence specialist court; 1 engaged with an IDVA; and four currently had contact with the child protection register.

Relationships

Nine women stated that they were currently in a relationship, with a further nine who stated that they were not. The survey asked about current or previous partners. Of those who responded 7 were married and 2 co-habiting. Eight women in a relationship stated that they and their partner had children together. The length of the relationship ranged from 0-3 months (n=1); 4-6 months (n=1); 7-12 months (n=2); 13-24 months (n=1); 2-5 years (n= 1); 6-10 years (n=4); 11-20 years (n=2); more than 20 years (n=2). The responses to this question correspond to the age of the women who completed the survey with 7 respondents being aged over 40.

Fifteen women (47% of those who responded to this question) stated that their current partner ever got angry or aggressive with them, and eight that they got angry with their partners. Sixteen women (94%) said they had been frightened of their partner, with none of the women believing that their partner had been frightened of them.

Table 8: Decision making in current relationship

	Usually you	Both equally	Usually partner
Where to live	5	4	6
How to decorate your house	9	2	5
What food you buy/eat/cook	6	6	3
How to divide up the household jobs	5	3	5
How to spend time with friends together	3	2	9
How to spend time with friends separately	5	2	6
When you see your family	7	2	5
When you see your partner's family	2	2	10
How to spend your leisure time	4	3	5
Moving jobs/doing further education/training	7	2	4
What to watch on the tv/cinema/dvd	4	1	10
What pets you have	5	2	6
What clothes/hair style you wear	8	0	6
What clothes/hair style your partner wears	2	0	13
How to spend your joint money	2	1	8
How to spend your own money	5	1	7
When you have sex	1	3	9
When you get a lie-in	6	1	7
When your partner gets a lie-in	1	3	9
Rules for the children	6	4	2
Disciplining the children	5	2	5

Whilst the programme is generally offered to women who have left an abusive relationship it is acknowledged that some women may return to an abusive partner or begin new relationships which in turn may have elements of abusive behaviours within them. The responses to this set of questions reflects previous research which has found that in potentially abusive relationships women may have less control over decision making. Men appear to have more control over decisions which mainly affect them, a situation not replicated when addressing decisions which might only affect the female respondent. Where activities involved both partners, for example when socialising, it is usually the male who makes decisions. Of particular concern is that the women who responded have little control in decision making about when to have sex. As can be seen from the table 9 below this was an area which often created disagreements.

Ten of the responding women said that they felt resentment about the ways in which decisions were made.

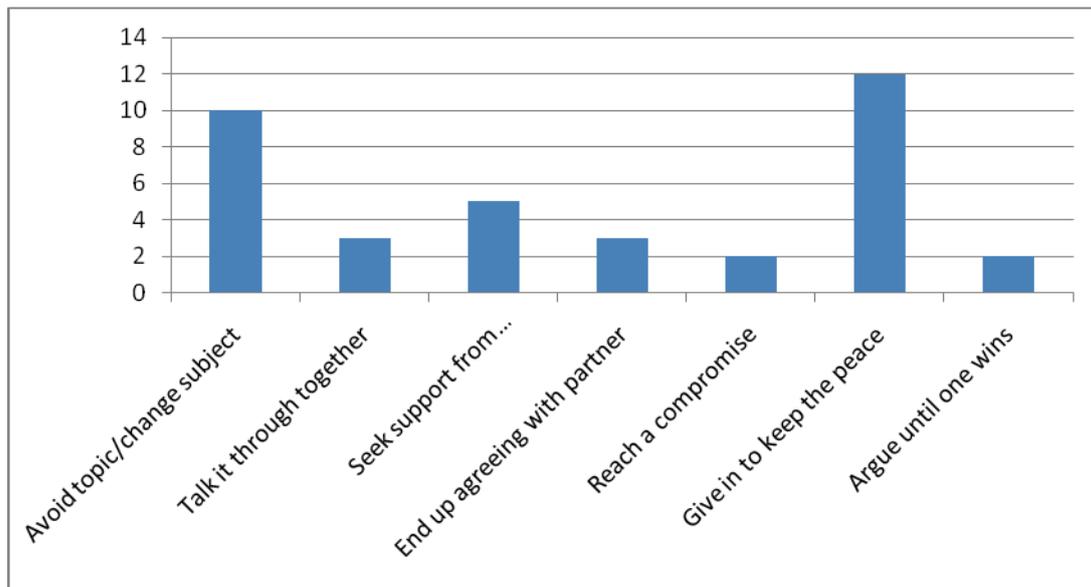
Table 9: Table to show the frequency by which couples disagreed, openly or secretly, over a range of issues.

	Never	Rarely	Sometimes	Often
Partner's job / unemployment	3	2	3	6
Your job / unemployment	4	2	2	4
Partner's neediness	2	3	3	6
Your neediness	3	4	1	4
Partner's jealousy	4	0	2	7
Your jealousy	5	1	2	5
Your children	2	2	2	8
Step- children	2	0	1	5
Sexual activities	4	1	1	7
Partner's friends	2	3	3	5
Your friends	3	3	1	6
Partner's relatives	5	3	0	5
Your relatives	3	2	2	7
Partner's alcohol/drug use	5	2	4	3
Your alcohol/drug use	6	2	2	2
Partner going out socially without you	3	4	0	5
You going out socially without partner	4	2	1	4
Your partner's physical violence to you	2	2	0	7
Your physical violence to your partner	3	1	1	1
Your partner's anger to you	3	1	0	9
Your anger to your partner	2	1	3	2

As table 9 above illustrates there are some key areas where respondents state that they disagree often (more than n=7). These include: partner's jealousy; the children; sexual activities; relatives; and both the partner's anger and violence towards women. As with the data presented in table 8, previously, research¹ suggests that it is within the context of women asserting their independence where issues of control can manifest themselves. All of these key issues relate directly to women having independent social networks and how they subsequently choose to negotiate their sexual relations and their partner's angry responses to them.

Figure 2: Graph to show how disagreements are usually resolved.

¹ Stark, E. (2007) *Coercive Control*, Oxford University Press; Oxford.



Respondents were then asked how these disagreements were usually resolved. Ten respondents said that they would avoid the topic or change the subject, 3 stated that they would talk it through together, 2 said they would reach a compromise, or argue until one partner wins the disagreement. Three respondents said they would end up agreeing with their partner and five would seek support from family/friends. The largest number (n=12) said they would give in to keep the peace.

Seeking help

Respondents were asked about experiences of abuse and whether they had sought help from a range of different services both in the last 3 months and also before that time. Fourteen of the participating women completed this section. It should be noted that the satisfaction figures, for those who were, or were not satisfied, do not necessarily match the number of women using the services. For example, where a service was not available or too difficult for them to access, women might well describe themselves as being not satisfied, without having actually used the service. Conversely, others might not use a service, but describe themselves as satisfied, because the service would have been there, if they had wanted to use it.

Table 10: Help-seeking in the past 3 months and previously and satisfaction

Type of help seeking (n=14)	Last 3 months	Previously	Satisfied	Not satisfied
No-one	2	2	2	4
Own friends	7	7	8	1
Partner's friends	0	0	-	2
Own relatives	7	5	5	3
Partners relatives	0	2	-	4
Accident and Emergency	1	2	2	2
GP	8	3	8	1
Legal advisor	6	5	8	3

Counsellor	3	4	4	2
Benefit organisation	2	2	3	1
Housing department	1	2	3	1
Social Services	5	4	4	1
Religious leader/group	0	0	-	1
Someone at work	1	1	2	1
Women's refuge	2	1	3	1
Police	8	7	8	5
Victim support	6	2	5	2
Neighbours	2	2	2	1
NADA	1	-	-	-

As table 10 illustrates women use a range of help-seeking strategies when experiencing domestic abuse. None of the 14 women said that they had not sought help. The most common places for help seeking, both in the last 3 months, and previously, were women's own friends; own relatives; Social Services; the police; and legal advisors. In relation to help seeking in the last 3 months which differed from previous help seeking previously, 8 women had sought help from their GP and 6 from Victim Support. This is a useful indication of those services that may be referring women to seek support from the Phoenix Programme. The number of women who had spoken to some-one at work was low, but this is reflected in the number of women in employment. Similarly the number of women seeking assistance from the housing department was also low which is matched by the low number of women living in social housing. In terms of satisfaction, the majority of those who had sought help were satisfied. It is interesting that for those options which women had turned to less often, in particular partners' friends and relatives, women were not satisfied with this situation. As with other research which has looked at help seeking there is an issue here about how friends and families can support women experiencing abuse, particularly if they are friends or relatives of the perpetrator.

When asked about why they might not have sought help respondents stated that they didn't think anyone could help (n=2); didn't think they would be believed (n=2); didn't think they would get a sympathetic response (n=1); feared the situation would get worse (n=3); didn't want anymore humiliation (n=3). Three respondents stated that at the time they thought it was their own fault, and 2 said that they didn't ask for help because they felt isolated.

Partners' help-seeking

We asked respondents to tell us if their current/previous partner had sought help from different organisations as a result of the domestic abuse. Table 11 below illustrates the answers to these questions from the 16 women who completed this section.

Table 11: Table to show the help-seeking of current/previous partners.

Type of help seeking (n=16)	Yes	No
Own friends	1	15
Partner's friends	1	15
Own relatives	2	14
Partner relatives	4	12

Accident and Emergency	1	15
GP	2	14
Legal advisor	2	14
Counsellor	5	11
Benefit organisation	0	16
Housing department	0	16
Social Services	1	15
Religious leader/group	0	16
Someone at work	1	15
Men's group	1	15
Police	3	13
Victim support	1	15
Neighbours	1	15
Men's advice line	0	16
Respect advice line	0	16

The patterns of help seeking of women, and that of their partners, is very interesting. Women identify that 4 of the partners had sought help from their relatives, despite the women themselves not being able to do so, and being unsatisfied about this. In relation to organisations, the partners of the participants were most likely to use counselling services (n=5). This finding is compatible with other research which has been conducted with perpetrators of domestic violence and which identifies that men will access relationship type counselling following incidents of abuse.

When asked why they thought their partners might not have accessed help, very few participants gave a response to the majority of options, although 8 (50% of the women) stated that their current/previous partner had not sought help because they didn't think it was a problem. This finding corresponds to a large body of previous research which identifies the ways in which abusers deny and/or minimise the violence and abuse they use.

Experiences in-depth

As was highlighted within the methodology section the pre-survey was altered following its use at the first session in group 1 because of the disruption it caused to the group. In particular the women found it distressing to answer such detailed questions at their first meeting and as such, the survey was shortened and some of the more detailed questions removed. However, the women in that first group did provide us with information about their experiences. This is presented here. This data relates to the 6 women who completed this section of the survey. Its inclusion gives us a greater understanding of the dynamics of the abuse which the women on the programme have experienced which is potentially useful for those providing the course in helping to provide examples which resonate with women's experiences.

Emotional Abuse

We asked participants about their experiences of emotional abuse both in the last 12 months and previously. Respondents were asked to tell us if they had experienced the following never, sometimes, or often.

Table 12: Number of women who had experienced types of emotional abuse ‘often’ in the last 12 months and before.

Type of emotional abuse	Last 12 months	Before
Isolated from friends	1	4
Isolated from relatives	1	4
Regularly insulted/put down	2	5
Spending controlled	1	3
Told what to do/who to see	2	3
Age used against you	1	3
Education used against you	1	2
Disability used against you	1	1
Property damaged/Burnt	2	4
Threats to harm someone else close to you	1	2
Malicious/pestering phone calls	3	4
Blamed for partners alcohol/drug abuse	1	1
Frightened	3	4
Threats to stop contact with the children	2	1
Made to do all the housework	0	5
Blamed for partners self harm	0	1
Medicines withheld	0	1

This table only includes those types of abuse which have occurred ‘often’. Of interest are those types of abuses which appear frequently in both the last twelve months and before that time. Regularly insulted or put down; Property damaged or burnt; Malicious or pestering phone calls; and being frightened of your partner, all appear frequently in both timeframes. As with other research, some women find it easier to identify the abuses they have experienced previously, than those they may currently be experiencing. This list shows where overlaps might be relevant to encouraging women to engage with a programme through their experiences.

Physical abuse

It was interesting that none of the women identified as having experienced the various forms of physical abuse ‘often’ in the last 12 months, although some of the women identified as having experienced these abuses ‘sometimes’ during that period. This changed however when disclosing information about physical abuse which had occurred before the last twelve months as table 13 below demonstrates.

Table 13: Frequency of types of physical abuse experienced before the last twelve months.

Type of physical abuse before last 12 months	Sometimes	Often
Slapped/pushed/shoved	3	2
Kicked/punched	2	1
Beaten up	-	1
Bitten	1	-
Restrained/held/tied down	2	1
Choked/strangled/suffocated	1	-

Physically threatened	3	1
Threatened with object/weapon	2	1
Prevented from getting help with injuries	1	1
Stalked/followed	-	2
Locked in the house/room	2	1
Threats to kill	3	1

Unlike table 12 which only represented those experiences of emotional abuse which occurred ‘often’², this table shows the types of physical violence (over lifetime) which have occurred both ‘sometimes’ and ‘often’. As can be seen from this table, half of the women who completed these sections of the survey had been slapped/pushed/shoved; physically threatened; and been threatened with death ‘sometimes’.

Sexual Violence

When asked about sexual violence one respondent disclosed that they had experienced forced sexual activity, were physically hurt during sex, and had sex for the sake of keeping the peace, ‘often’ during the past 12 months. This is important in terms of ensuring that support for experiences of sexual violence is available to programme participants. Table 14, below, illustrates the experiences of the respondents before the last 12 months.

Table 14: Frequency of types of sexual violence experienced before the last twelve months.

Type of sexual violence before last 12 months	Sometimes	Often
Touched causing fear/alarm/distress	-	2
Forced sexual activity	-	3
Physically hurt during sex	-	3
Refused safe sex request	1	1
Safe words/boundaries disrespected	1	1
Had sex for the sake of peace	2	3
Sexually assaulted/abused	-	2
Threats to sexually abuse	-	1
Raped	1	1

Five women reported that they had sometimes (n=2) or ‘often’ (n=3) had sex in order to keep the peace. This is worrying finding and one which highlights the ways in which sexual violence often forms part of the dynamic of a domestically abusive relationship. In addition, half of the women (50%) reported that they had experienced forced sexual activity and been physically hurt during sex ‘often’.

Impact

It is important to consider impact as many studies which look at the prevalence of abusive behaviours within relationships fail to consider how such behaviours impact on

² This was due to the higher number of women stating that they had often experienced different types of emotional abuse as compared to those ‘often’ experiencing physical or sexual violence/abuse.

those who experience them. It is this type of prevalence led data which wrongly suggests that men and women experience domestic abuse in equal numbers. Only through the consideration of the impact of abusive behaviours is it possible to ascertain the needs of those who have experienced them and to provide interventions, such as the Phoenix Programme, to address those needs. The participants in the research were asked about the ways in which the different forms of abuse had impacted on them. The responses are provided below.

Table 15: Number of women who reported impacts of different types of abuse

Type of Impact	Emotional abuse (N=6)	Physical abuse (N=5)	Sexual Violence (N=5)
No impact	0	0	0
Lost respect	4	3	4
Emotional problems etc	5	4	2
Stopped trusting partner	4	5	5
Felt worthless	6	5	5
Made feel loved/wanted	2	1	0
Made want to leave	6	5	3
Stopped trusting people	5	4	3
Felt unable to cope	6	5	4
Felt sadness	6	5	5
Felt anxious/panic	6	5	5
Isolated/stopped going out	6	5	5
Self harm/Suicidal	3	3	2
Defended self/child/property	5	3	1
Retaliated by shouting	5	3	1
Physical injuries	5	4	3
Worked harder to stop mistakes	4	5	4
Affected sexual relationship	5	3	4
Felt embarrassed/stupid	6	5	4
Felt angry/shocked	3	3	2
Worried partner might leave	4	4	1
Fear for life	1	0	0
Retaliated by hitting	2	1	0
Injuries requiring medical help	5	5	3
Negatively affected children	5	4	-
Worked harder to make partner happy	6	5	3

All of the respondents said that the impact of their experiences, irrespective of the type of abuse, made them feel: worthless; sad; anxious/panic; and isolated.

The vast majority of respondents said that all of the abuses made them feel: unable to cope and embarrassed/stupid. Most also indicated that they had experienced injuries which required medical attention; that they had stopped trusting people, including their partner; and that one of the impacts of the abuse was that they worked harder to make their partner happy. It is also important to note that in relation to emotional and physical violence, the majority stated that this had negatively impacted on their children.

None of the women believed that they had escaped these experiences without severe detriment to their physical, emotional and sexual well being.

Post-intervention data

As outlined within the introduction to this report, the original design of the evaluation included a pre and post intervention questionnaire which was administered within part one and part two of the Phoenix Programme.

Of the 19 women who completed the pre-survey at the beginning of part 1 of the programme, 7 women completed a pre- survey during part 2 of the course and 9 women completed a post survey either at the end of part 1 or 2 of the programme. Informal verbal feedback and written comments were also given to a member of the research team at the final group meetings.

The following data relates to the post survey and the part two pre-survey.

We asked the nine respondents to the post survey how many sessions of the programme they had attended. 4 women had completed all 8 sessions, 2 had completed 7 sessions, and two women (who responded) had attended 5/6 sessions. The reasons given for non-attendance were holidays and a lack of childcare. It should be remembered that engaging with the programme can be traumatic and difficult and as such some women might stop attending for this reason, but be reluctant to disclose this..

Relationships post engagement

Four of the 9 women who completed the post survey stated that they were in a relationship. For three of these women this was a different relationship than the relationship they were in when they first engaged with the Phoenix Programme.

Three women stated that since being engaged on the Phoenix Programme their partner had been angry/aggressive and that they had been frightened of their partner. This highlights the need to ensure on-going safety planning with women engaged on the programme but should not be used to make inferences about the effectiveness of the programme. We know, from previous research, that women who are offered support following experiences of domestic abuse are more likely to subsequently report incidents, whether to the police, health practitioners, or in research such as this. This should therefore be seen as a positive move which recognises that the women who engaged with the programme feel able to identify aggressive behaviours within their relationships and how this makes them feel. This is discussed further in relation to the post intervention conclusions.

Self worth and confidence post intervention

Within the previous section, dealing with the initial survey data, it was clear that the women on the programme initially had a very low sense of their own worth across a range of different areas.

Respondents were asked to respond again to questions about how they felt on both the pre-part 2 and post surveys. The average (mean) scores from these scales are presented below as is the overall change in scores from time 1 to time point 3.

Table 16: Average (mean) scores relating to respondents feelings at the various survey points

Feeling	Time 1	Time 2	Time 3	Overall change
Confidence	2.58	2.43	3.33	+0.75
Self-esteem	2.06	2.57	2.78	+0.72
Anxiety	2.66	3.50	2.78	+0.12
Stress	3.05	3.50	3.11	+0.06
Happiness	2.50	2.83	3.44	+0.94
Contentment	2.18	2.50	3.00	+0.82
Loved	3.29	2.83	3.56	+0.27
Respected	2.37	2.33	2.89	+0.52
Safe	3.08	3.50	3.11	+0.03
Angry	1.81	1.80	2.88	+1.07
A good mother	3.46	3.40	3.63	+0.17
A good partner	2.86	4.00	3.40	+0.54

Participants were asked to score how they felt from 1=low to 5=High

Time 1 = at the start of part 1 of the programme.

Time 2 = at the beginning of part two of the programme.

Time 3 = at the end of either part 1 or two of the programme, depending on whether the women took part two.

The most important outcome of any intervention is the impact that it has on participants' sense of well-being. As such, the findings from this research suggest that the overall impact of engaging with the Phoenix Programme was a positive one. There was a positive increase in relation to almost all aspects of well-being (with the exception of stress and anxiety which had increased slightly) with the women responding that they were happier and more contented at the end of the intervention. Women also reported having more confidence and self esteem, and feeling more loved and respected. There was a slight increase in feelings of being a good mother and good partner. Interestingly the biggest change for the participating women was in relation to feeling angry. This changed from an average score of 1.81 at the start to 2.88 at the post survey point. Similarly, the smallest change was in relation to feeling safe, a change of just +0.03. This could be interpreted in a negative way, but it is an important aim of the Phoenix Programme to assist women in recognising abusive behaviours which might affect them and their children, a consequence of which might be a heightening of safety concerns. In relation to feeling angry it is not surprising that the women reported feeling more angry at the end of the intervention. For many women becoming angry is an important step in recognising the role of the perpetrator in domestic abuse. Such a process also enables women to stop blaming themselves, something which was evident in the more detailed analysis of the pre-survey data.

Service users' views

All participants were given an opportunity to express their views of the phoenix programme and those views are represented here.

Part 1 has made me a much stronger person. People have commented on the change in me for the better. It has had a very big impact on my life for the better.

Really enjoyed it. Made to feel welcome. Furthered my insight into why domestic abuse happens.

Very helpful, very good.

I found it very helpful and it helped knowing I wasn't alone in the abuse I had suffered. A great group of people.

The Phoenix Programme was very useful, it should have been available to victims years ago and I think that more should be done at schools so that children won't be afraid to let this happen to them for years as it did to me. Thank you.

Break the sessions up a bit so they're not too long a session as it is a lot to take in.

Programme helped me understand I was not the only one. It is a shame there was nothing like this 20 years ago. It has given me a better understanding of what I have been through. By the eight weeks you felt you had made friends and able to express feelings and experiences openly.

As these quotations illustrate the women generally had a positive experience on the programme and valued the opportunity to explore their experiences in a welcoming and safe environment.

It was noticeable when collecting the final surveys that the women talked about providing each other with on-going support through the strong bonds they had developed during the programme.

Several of the women in one group expressed how the course had helped them to realise that they were repeating a pattern of abuse which had started in their childhood, so that, as they said, they knew no different. They had now made links and were also now able to recognise abuse in other situations outside the family.

Reservations

This evaluation has illustrated how the experience of being part of the Phoenix Programme was considered positive by the women on it. The only negative issue which was consistently raised was in relation to the incredible amount of information in the material. Some women had found it difficult to absorb this volume of information on a first hearing, especially with the strong emotions involved. Although one woman on the programme had attended twice, possibly as a pre-cursor to being involved as a programme facilitator, this was not the norm as places for the programme are limited

and sought after. This raises issues about whether it is possible to extend the programme to enable women to have more time to absorb all the information. This problem is not specific to the Phoenix Programme as it was an issue which emerged on the recent evaluation of the Freedom Programme, but in that case women are free to come and go on the programme which in some ways ameliorates this problem.

Finally, it is important to recognise that whilst the participants reported feeling better about themselves following completion of the course this did not necessarily mean that they were living abuse free lives as a result. Three women stated that since being engaged on the Phoenix Programme their partner had been angry/aggressive and that they had been frightened of their partner. This highlights the need to ensure on-going safety planning with women engaged on the programme but should not be used to make inferences about the effectiveness of the programme. We know, from previous research, that women who are offered support following experiences of domestic abuse are more likely to subsequently report incidents, whether to the police, health practitioners, or in research such as this. This should therefore be seen as a positive move which recognises that the women who engaged with the programme feel able to identify aggressive behaviours within their relationships and how this makes them feel. Ultimately the programme is intended to assist participants in recognising and addressing the impacts of abuse so that women are in a better position to make positive choices in their relationships. On the whole the Phoenix Programme achieves this aim with positive outcomes for women and their children.

Summary and conclusions

This report has outlined the findings from the evaluation of the Phoenix Programme run by NADA. A number of key issues and findings emerged which are summarised here.

- 19 service users agreed to take part in the study at the start of part 1 of the phoenix programme and completed the initial questionnaire and contact sheet.
- 7 women completed a pre- survey during part 2 of the course and 9 women completed a post survey at the end of their engagement with the programme.
- 7 women engaged on the Phoenix Programme who were over 40. This raises some issues about the content of the programme as it is likely, reflected in the length of the relationships women have had, that older women will have lived with an abusive partner for longer, which may well impact on their ability or willingness to change.
- Six respondents stated that they had a disability and 5 of those six that the disability was not visible. This highlights how the current practice of meeting with clients prior to their engagement is important.

- The majority (73%) of participants have a combined household income of less than £10,000 suggesting that poverty and low income might be a factor in determining those women who engage with the programme.
- A high proportion, 74%, live in private rented accommodation. This may well be reflective of the types of housing provision available in the area for those on low incomes.
- Half of the respondents had moved house more than twice in the past five years. One woman had moved house 9 times during this period.
- The majority of women engaged with the Phoenix Programme had heard about the programme from either a domestic violence worker (N=2) or a worker from NADA (N=3).
- None of the respondents said that they had heard about the programme from friends, parenting classes, leaflets or from an IDVA.
- At the start of the programme women reported low confidence, self-esteem, contentment, and report feeling a lack of respect and feeling unloved.
- The women were more likely to rank high in relation to whether they felt like a good mother compared to whether they felt like a good partner. This highlights the positive ways in which 'good' parenting can be used as a focus for women who have experienced domestic violence to address their own (and their children's) needs.
- Three respondents stated that they were currently engaged with the local MARAC (Multi-Agency Risk Assessment Committee); 1 was involved in the domestic violence specialist court; 1 engaged with an IDVA; and four currently had contact with the child protection register.
- Fifteen women (47% of those who responded to this question) stated that their current partner had got angry or aggressive with them.
- Sixteen women (94%) said they had been frightened of their partner, with none of the women believing that their partner had been frightened of them.
- In relation to decision making the male partners of women on the programme appear to have more control over decisions which mainly affect them, a situation not replicated when addressing decisions which might only affect the female respondent.
- Where activities involved both partners, for example when socialising, it is usually the male who makes decisions.
- Of particular concern is that the women who responded have little control in decision making about when to have sex. This was an area which often created disagreements.

- Key areas where respondents stated that they disagreed often (more than n=7) included: partner's jealousy; the children; sexual activities; relatives; and both the partner's anger and violence towards women.
- In relation to how disagreements were resolved: 10 women said they would avoid the topic or change the subject whilst the largest number (n=12) said they would give in to keep the peace.
- The most common places for help seeking, both in the last 3 months, and previously, were women's own friends; own relatives; Social Services; the police; and legal advisors.
- Focusing on help seeking in the last three months 8 women had sought help from their GP and 6 from victim support. This is a useful indication of those services who may be referring women to seek support from the phoenix programme.
- The number of women seeking assistance from the housing department was low which is matched by the low number of women living in social housing.
- In terms of satisfaction, the majority of those who had sought help were satisfied. As with other research which has looked at help seeking there is an issue here about how friends and families can support women experiencing abuse, particularly if they are friends or relatives of the perpetrator.
- When asked about why they might not have sought help respondents stated that they feared the situation would get worse (n=3); didn't want anymore humiliation (n=3); didn't think anyone could help (n=2); didn't think they would be believed (n=2); and didn't think they would get a sympathetic response (n=1);
- Three respondents stated that at the time they thought the abuse was their own fault, and 2 said that they didn't ask for help because they felt isolated.
- In relation to organisations, the partners of the participants were most likely to use counselling services (n=5) and the police (n=3).
- 8 (50% of the women) stated that their current/previous partner had not sought help because they didn't think it was a problem.
- In terms of types of emotional abuse the most frequently cited, in both the last 12 months and previously, were: Being regularly insulted or put down; Property damaged or burnt; Malicious or pestering phone calls; and being frightened of your partner.

- Half of the women who completed these more detailed sections of the survey had been slapped/pushed/shoved; physically threatened; and been threatened with death 'sometimes'.
- Five women reported that they had sometimes (n=2) or 'often' (n=3) had sex in order to keep the peace.
- Half of the women (50%) reported that they had experienced forced sexual activity and been physically hurt during sex 'often' at some point in their lives.
- All of the respondents said that the impact of their experiences, irrespective of the type of abuse, made them feel: worthless; sad; anxious/panic; and isolated.
- The vast majority of respondents said that all of the abuses made them feel: unable to cope and embarrassed/stupid. Most also indicated that they had experienced injuries which required medical attention; that they had stopped trusting people, including their partner; and that one of the impacts of the abuse was that they worked harder to make their partner happy.
- It is also important to note that in relation to emotional and physical violence, the majority stated that this had negatively impacted on their children.
- Three women (a third of the women who responded) stated that since being engaged on the Phoenix Programme their partner had been angry/aggressive and that they had been frightened of their partner.
- There was a positive increase in relation to almost all aspects of well-being (with the exception of stress and anxiety which had increased slightly) with the women responding that they were happier and more contented at the end of the intervention.
- The women reported having more confidence and self esteem, and feeling more loved and respected.
- There was a slight increase in feelings of being a good mother and good partner.
- The biggest change for the participating women was in relation to feeling angry which increased during the course of the programme.

Conclusion

The aim of the Phoenix Programme is to assist women to recognise abusive behaviour and how it can impact on their, and their children's, lives. Based on the findings of this evaluation this aim appears to have been achieved. Women reported higher levels of

confidence and self esteem at the end of the intervention compared to pre intervention measurements. The women reported feeling happier and more content at the end of the programme than at the beginning. The largest change in the measurement of well-being was that feelings of anger increased for the participating women. Whilst anger is an important emotion which may well reflect women's move from blaming themselves to attributing blame for abuse on the shoulders of perpetrators it may also be linked to the lack of change in feeling safe. It would be helpful for facilitators to focus on these two issues at the final session to ensure that safety is maintained post intervention.

The number of women who reported having an invisible disability was relatively high and supports the use of pre-engagement interviews which is a requirement of engaging with the phoenix programme.

The only negative comment from participants related to the volume of information contained within the individual sessions. Women sometimes felt overwhelmed by the amount of information which may justify the inclusion of an additional session which allows women to reflect on what they have learnt throughout the programme.

The majority of women on the programme had a combined household income of less than £10,000 per year. It would be useful therefore for the programme facilitators to consider how low income status might impact on women's choices.

Finally, this evaluation has shown that the Phoenix Programme has a positive impact on the lives of the women who engage with the programme and as such provides a service to assist women move on from abusive relationships and to be aware of potential abuse within future relationships. The programme also includes specific elements relating to the relationship between abused women and their children. Those women who commented on this aspect of the programme stated that they found the programme helpful in identifying how patterns of abuse had affected both them and their children. These women found the programme helpful in identifying more positive ways to interact with their children following experiences of abuse. This is a positive outcome.