

The development and implementation of the ADVANCE intervention to reduce intimate partner abuse perpetration by men in substance use treatment: findings from a feasibility trial and formative evaluation

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Advancing theory and treatment approaches for males in substance use treatment who perpetrate intimate partner violence (NIHR PGfAR RP-PG-1214-20009)

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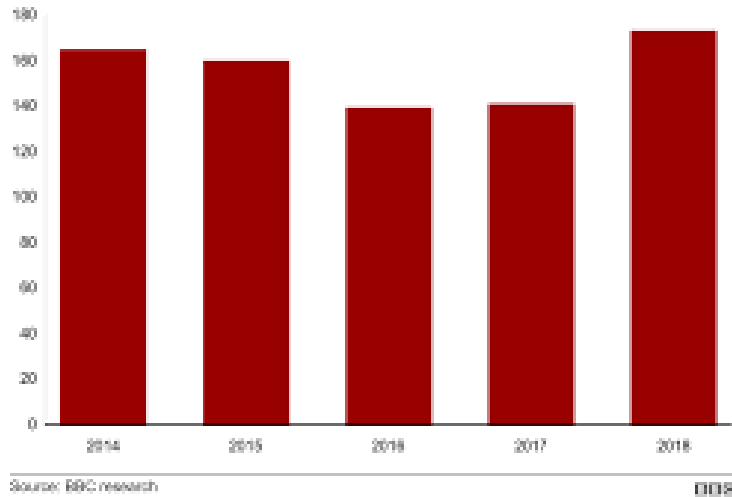
Overview of the symposium

1. The role of substance use in intimate partner abuse perpetration: rationale for the ADVANCE programme of research
2. The dynamics of intimate partner abuse and drug and alcohol dependency: results from qualitative dyad interviews with male perpetrators in substance use treatment and their current or ex female partners
3. Development of an integrated intervention to reduce intimate partner abuse perpetration by men in substance use treatment: the ADVANCE intervention
4. Assessing the feasibility of conducting an evaluation trial of the ADVANCE integrated intervention to address both substance use and intimate partner abuse perpetration to men in substance use treatment: findings from a feasibility trial and formative evaluation

The role of substance use in intimate partner abuse perpetration

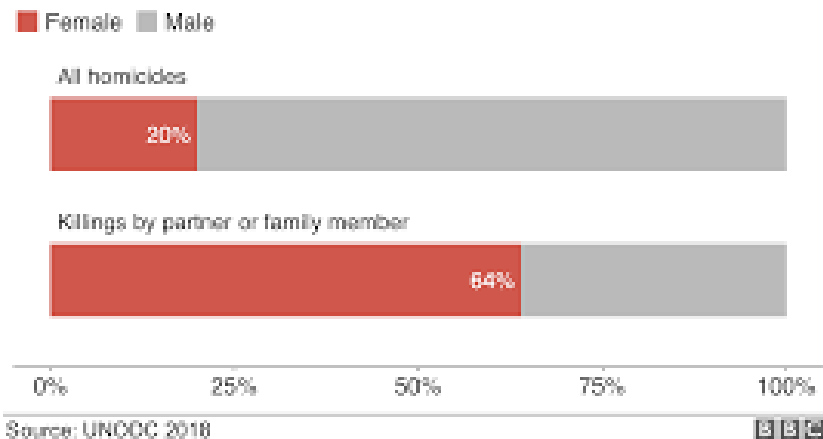
Domestic violence-related homicides

Data from 43 UK police forces



Women are much more likely to be killed by someone close to them

Estimated gender breakdown of homicide victims, 2017



Substance use is strongly and consistently associated with IPV perpetration in general population and clinical samples (e.g. Abramsky et al., 2011; Smith et al., 2012).

Substance use features in half of all UK domestic homicides, 4 x more among perpetrators than their victims (Home Office, 2016)

Adults who take illicit drugs are **3 x more likely** to report 'being a victim of partner abuse' than those who have not (ONS, 2016: 25)

WHO estimates suggest that **23-63% of IPV incidents involve alcohol as a contributing factor** (2012)

Role of alcohol use in IPV perpetration



Physical harm is more likely (Wupperman et al., 2009; Moore et al., 2011) **and more severe** (Testa et al., 2003) **on days when drinking or heavy drinking (five or more drinks) occurred** (Shorey et al., 2014).

Violence severity is significantly higher for incidents in which one or both partners had been drinking (Graham et al., 2010)

Alcohol is a contributory factor to IPV perpetration,

“approximately equal to other contributing causes such as gender roles, anger and marital functioning” (Leonard & Quigley, 2017)

Association between substance use and intimate partner violence perpetration (Cafferky et al., 2018)

Pooled data from **285 studies (combined sample size of 627,726)** to meta-analyze the link between distinct substances as correlates for adult male and female **physical IPV perpetration and victimization**

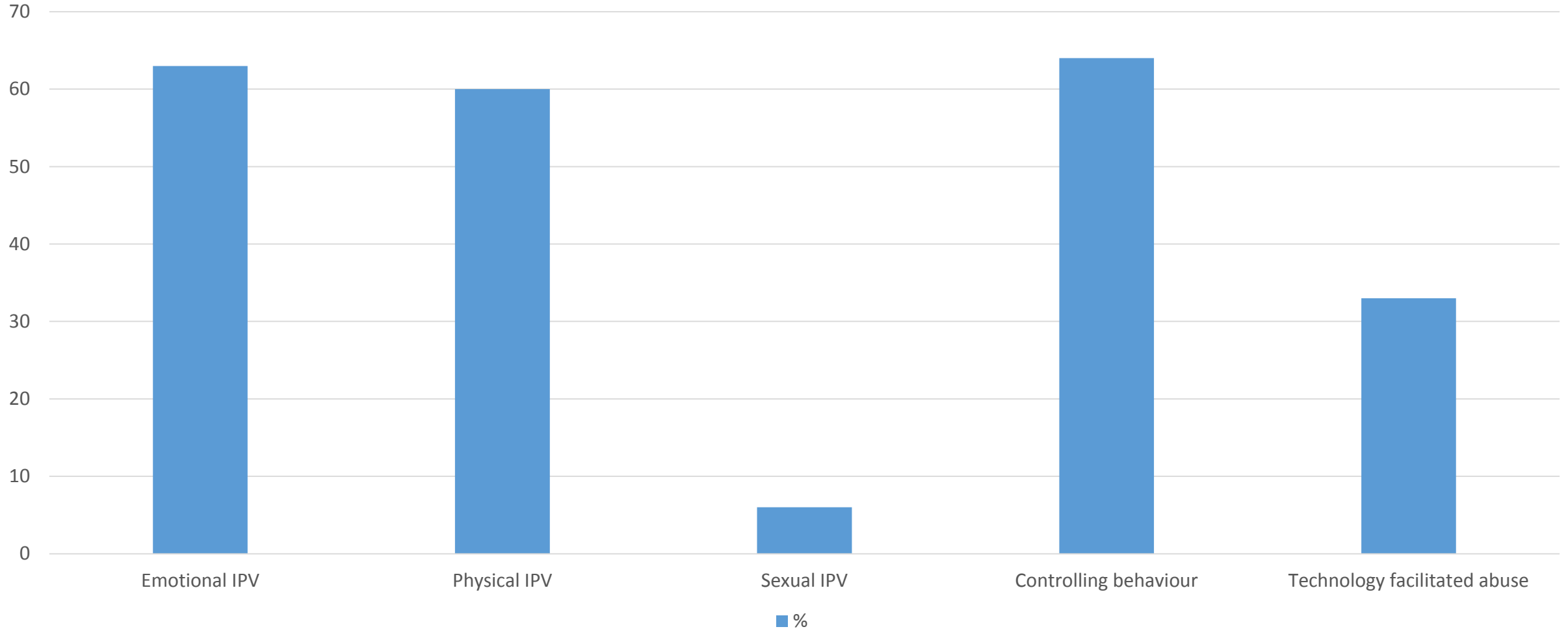
Alcohol, stimulants and marijuana (but not heroin) use were **associated with intimate partner violence perpetration**, substance use is a **significantly stronger correlate for males perpetrating IPV** than it is for females perpetrating IPV

Alcohol and illicit drug abuse/dependence/problematic use for males were significantly stronger correlates of intimate partner violence perpetration compared with measures of consumption or frequency of use, proposing that those who are intoxicated/under the influence and experience withdrawal more often, were more likely to perpetrate intimate partner violence.

Prevalence of intimate partner violence perpetration by male substance users

- **Men seeking or receiving treatment for substance use report rates of recent physical IPV towards a partner of around 34–39%** (El-Bassel, Gilbert, Wu, Chang, & Fontdevila, 2007 (past 6 months); Frye et al., 2007; Gilchrist et al., 2015 Gilchrist et al., 2015; Canfield et al., 2019 (past year)) **compared to around 5–21% of men in the general population** (Graham et al., 2011 (past 2 years); Smith et al., 2012; Fulu et al., 2013; Costa et al., 2016 (past year)).
- **Up to 60% of men in perpetrator programmes have problems with alcohol and/or drugs** (Bennett et al., 2008)

Intimate partner violence (IPV) perpetration by men receiving treatment for substance use in England (%) (Gilchrist et al., 2017)



Explanations for higher prevalence of IPV perpetration by substance users

- **The nature of the contribution of substance use remains an area of great debate.** Some argue that the **pharmacological properties** of a substance lead to impaired cognitive processing that results in such violence (Leonard and Jacob, 1998), others argue that substance use causes **marital conflict** that can lead to it (Murphy et al., 2001) or that the two are **linked through shared risk factors** (e.g. adverse childhood experiences, personality disorders, psychosis and depression)
- **Strong cultural expectancy that alcohol facilitates IPV,** and perpetrators often **blame the substance use** (McMurrin & Gilchrist, 2008).
- The **multiple thresholds model** (Fals-Stewart et al., 2005; Leonard & Quigley, 2017) suggests that people with low levels of inhibition, empathy and self-regulation and elevated levels of sensitivity to threats and insults are more prone to violence when they have consumed alcohol (Leonard & Quigley, 2017)



HM Government

Transforming the Response to Domestic Abuse Consultation Response and Draft Bill

January 2019

- **improve protection for victims** of domestic abuse and bringing perpetrators to justice
- strengthen the **support for victims** of abuse by statutory agencies
- facilitates the **ordering of positive (behaviour change) interventions** by judges introduction of the new **Domestic Abuse Prevention Orders** provides new pathways to interventions

Treatment approaches for IPV perpetrators

- current perpetrator programmes mostly adhere to a psycho-educational feminist perspective (eg. 26-week Duluth programme) or Cognitive Behavioural Therapy (CBT)
- HM Inspectorate of Probation is **highly critical of the work that Community Rehabilitation Companies (CRCs)** carry out with domestic violence offenders
- **“one size fits all” approach ignores individual differences that have been strongly linked with IPV, including substance use**, despite continual calls for the recognition of IPV offenders as a heterogeneous group with specific treatment needs



Lack of evidence about what works for whom

- **IPV interventions conducted concurrently with alcohol treatment** (Tarzia et al., 2017) or **integrated interventions to address both IPV and substance use** (Stephen-Lewis et al., accepted) **show some promise** (and make clinical and economic sense)
 - data from individual trials showed a reduction in substance use short-term (≤ 3 mths) (n=2 trials) and IPV perpetration at different time points (n=3 trials) for interventions compared with treatment as usual (TAU)
 - outcomes in integrated intervention groups are not superior to TAU

Rationale for the ADVANCE research programme



- High prevalence of IPV perpetration by men in substance use treatment, no routine enquiry for IPV
- Men in substance use treatment are rarely referred to perpetrator programmes. When they are, completion is low and attendance and uptake is poor (Klostermann, 2006; Timko et al., 2012; Eckhardt et al., 2008).
- Community perpetrator programmes in the UK only meet around 10% of existing demand.
- Perpetrator programmes are traditionally offered through criminal justice settings; however, only 25% of perpetrators in a UK study of men in substance use treatment had ever been arrested for this (Gilchrist et al., 2017).

**Delivering IPV interventions in substance use treatment settings
COULD INCREASE THEIR REACH.**

Advancing theory and treatment approaches for males in substance misuse treatment who perpetrate intimate partner violence (Programme ADVANCE 2016-2021) (NIHR PGfAR RP-PG-1214-20009)

ADVANCE has generated evidence to develop and test the efficacy of an integrated intervention to reduce intimate partner violence by men attending substance use treatment and increase the wellbeing and safety for their ex/current-partners.



Understanding the role of substance use in intimate partner violence perpetration

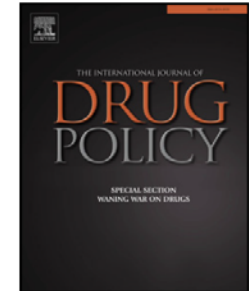
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Research Paper

The interplay between substance use and intimate partner violence perpetration: A meta-ethnography

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Theme 1: INTOXICATION



'Once he consumes alcohol, he starts behaving like a dictator and fights with me for any small reason'

'I never had a bad relationship when I won't drinking. It's like two people 'cause when I won't drinking or using drugs, I could handle a relationship'

'Alcohol, it brings out the worst in me, you know'

Theme 2: WITHDRAWAL AND ADDICTION



'He made me responsible for getting the drugs... basically selling myself to get money'



'My son's father used to beat me when he didn't have money to get straight [use heroin]. He used to hit me when he was going through withdrawal, when I didn't, when I didn't give him money'

Theme 3: IMPACT ON RELATIONSHIP



'... I could tell, depending where he's at with his drinking, you did tread lightly ... because he could be violent.'

'We were so much into it [getting high] that I really didn't care if I got my ass kicked or not, you know—we always made up and we always, you know, made up with meth and sex, so it was all good for me at that time. You know? It didn't matter how bad he beat me, but afterwards, the reward was meth and sex.'

'After he had been using, I never felt safe'

Theme 4: POWER AND CONTROL



'When he drunk hard stuff he was mean. He didn't hit me but he forced me to stay with him and held me down so I wouldn't leave, that kind of thing

'He used to force me to drink and I wasn't a drinker. He even hit me with a hammer if I didn't drink'

Theme 5: PSYCHOLOGICAL VULNERABILITIES

'It's like his depression just had him angry. So he didn't know how to cope and he just expressed himself through anger and then the violence'



'I know it's just due to drugs. And when ... we're both sober, we didn't have no problems... I mean I think I have a lot of suppressed anger, also, inside, 'cause of my childhood and everything, so it's kind of just all tied in together'

Conclusions

- The interplay between substance use and IPV perpetration occurs at numerous contextual levels and is perceived differently by perpetrators and survivors.
- Behaviour change interventions must address the meanings behind divergent narratives about IPV perpetration and substance use
- Since survivors' accounts offer different perspectives on IPV perpetration to perpetrators, our research supports the need for dyadic research with both partners

**The dynamics
of intimate partner
abuse and drug and
alcohol dependency**

Qualitative dyad research IPA and substance use

- Preparatory research to inform intervention development
- Cafferky et al. (2018) highlighted a need to conduct qualitative research to better understand IPA within the context of substance dependency
- Dyad research with couples provides an enriched account of the relationship Eisikovits & Koren (2010) & Hyden (1994)

Understanding the role of substance use in intimate partner violence perpetration

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THE DYNAMICS OF DOMESTIC ABUSE AND DRUG AND ALCOHOL DEPENDENCY

DAVID GADD*, JULIET HENDERSON, POLLY RADCLIFFE,
DANIELLE STEPHENS-LEWIS, AMY JOHNSON and GAIL GILCHRIST

Original Research

What Role Does Substance Use Play in Intimate Partner Violence? A Narrative Analysis of In-Depth Interviews With Men in Substance Use Treatment and Their Current or Former Female Partner

Polly Radcliffe,¹  David Gadd,² Juliet Henderson,¹ Beverly Love,¹ Danielle Stephens-Lewis,³  Amy Johnson,⁴ Elizabeth Gilchrist,⁴ and Gail Gilchrist^{1,5}

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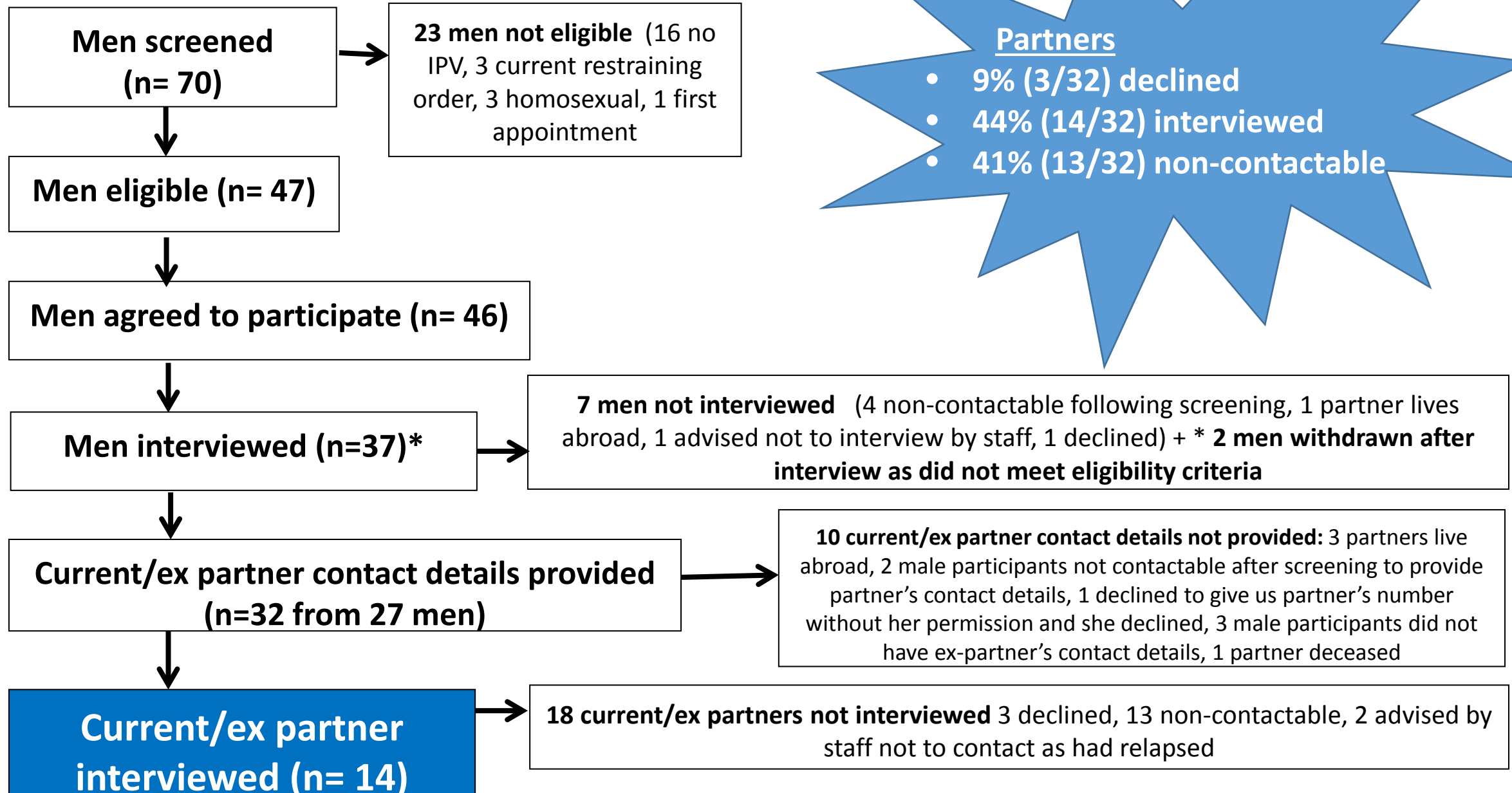
Aims

- to contribute to a deeper understanding of the dynamics of power that occur in relationships where substance use and IPA occur
- to understand how relationships are perceived differently, how perpetrators and victims emphasise and avoid discussion of different aspects of their relationships and behaviour

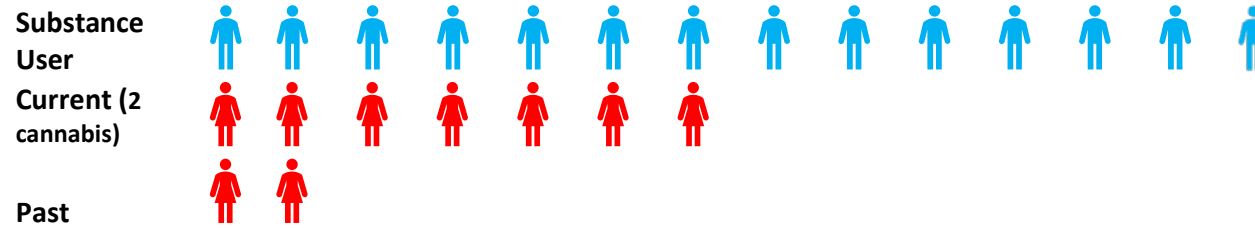
Methods

- 37 adult men recruited from 6 community-based substance use treatment services in London and the West Midlands
- 14 female (ex)partners their interviews were compared with those of 14 men
- Interviewed using Free Association Narrative approach (Hollway and Jefferson 2000)

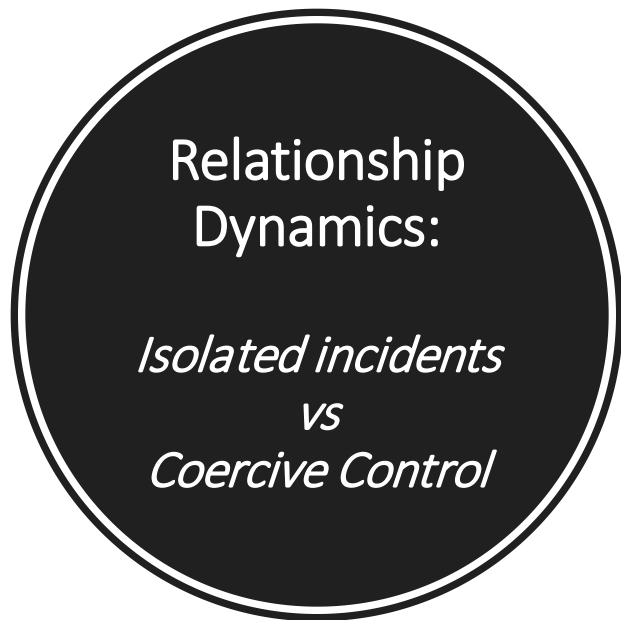
Recruitment – total



Substance use among the Sample



	Number who said they had regularly used heroin	Number who said they had regularly used crack cocaine or powder cocaine	Number who said they had regularly used more than one illicit substance	Number who said their alcohol consumption had been high, heavy or problematic
Substance use among the 37 male perpetrators who undertook in-depth interviews	31	26	34	24
Substance use among the 14 male perpetrators whose partners were also interviewed	13	11	13	9
Substance use among the 14 female partners	7	5	6	6



Victim/survivor had never been substance dependent
N=5

Narratives of insecurity & rationality vs inexplicably disorientating relationship deterioration

Victim/survivor was desisting from substance use
N=5

Narratives of mutual struggle against drug dependency & intimacy lost

Victim/survivor was substance dependent
N=4

Narratives of heroic but illicit struggle amidst destitution vs controlling transactional relationships

Men's explanations:

- Intoxication and loss of control
- Withdrawal and Craving
- Competition for drugs
- **Sexual betrayal**
- **Male Desire to 'protect' partner**
- **Tendency to describe IPV as arising from specific dispute – i.e. situational abuse and violence as reciprocal**

Women's explanations:

- Intoxication and loss of control
- Withdrawal and craving – **economic abuse**
- Competition for drugs
- **Sexual jealousy**
- **Controlling behaviour**
- **Abuse linked to uncovering of secret substance use/relapse**
- **Pattern of abusive behaviour – not one-off**

Victim Never Substance Dependent

Wayne (30s) & Rhian (20s)

Heavy drinker, mental health problems since childhood, calls mother a 'slag'

6 prison sentences, spends days in pub

Relationship 'proper good' for 18 months

'Loves her to bits' - 'empty' before & grieving – but suspects infidelity

Unable to 'show affection', feels abandoned

Calls Rhian a liar who drives him crazy

Threatens exposure will cost her child

'Blags' money for heroin

Drives off with baby as in rush to get drugs

Moves her by 'face' on 'just' one occasion

Surprised to be awoken by police

Never cohabited before - has own place above pub

Shouting in face , pregnant, making accusations

Accepts apology

Confused by erratic behaviour but learns he is a drug user during antenatal appointment

Relieved when he admits getting drug treatment – new start

Barricades her in and calls her a liar

He disappears for days, leaving no money for baby

Threatened with knife to make it look like she killed herself , then throttled

Court case dropped following fraudulent counter accusations, 3 years after they met

Victim Desisting From Substance Use

Mitchell (50s) & June (40s)

In rehab 15 years ago

Abused as child/heroin as comfort

June = 'deepest love'

But she was 'frigid' so introduces 'Rose' and crack to help them 'love each other', until June traps him in a sexless relationship

Flees to escape debt to dealer

Attends university where drug use escalates and relationship with Rose continues

Said she had become 'domineering' about 'domestics'

Violence became their 'means of communication'

But usually would just hit her with a slap, 'not like a man', but explained she had 'created an explosion' and was inexplicably 'terrified' of him

Is bitter that she secures court order against him, despite always having done cooking and hoovering 'for' the children

In rehab with child 15 years ago

Sexually exploited teen/Couldn't refuse heroin as student

Mitchell = 'soulmate'

Constantly compared to other woman

Move for 'fresh start'

He becomes aggressive/arrogant, she is isolated/insecure

Starts drinking to cope

Hits him with her folder after he loans out her car to unqualified driver, he kicks her in head in retaliation

Feeling depressed and defeated, comes home to find kids playing in front of a plate of needles, relapses onto heroin Prescribed methadone, but he takes it fearing losing home and children if she recovers

Awakes to find him forcing tablets down her throat

Victim Also Substance Dependent

Joe (30s) & Kate (20s)

Met on street, went for drink, 6 years ago

Abused in care, parents deceased

Kate arrived with suitcase and never left

Is desperate to get her clean, so can see kids again and save relationship from ruin

Heavy drinker with series of abusive relationships, which he felt unfairly blamed for

Says she uses drugs to block out pain of loss and chronic pancreatitis

Tries heroin to empathise, but it was a 'devil'

Rendering him depressed and immobile and a 'red mist'

Takes Subutex to share with her to make sure she is not sick

Did not like her clipping, would prefer her to steal

Claims she has hit him over head with hammer when he refused to buy drugs

Unfortunate police past as he was hitting her back in self defence

Met on street, went for drink 6 years ago

Abused as child, estranged from family

Loves him to 'death' but doubts their relationship can be mended

Frightened of men but found Joe 'really nice' initially

Feels suffocated, his understanding contingent on sex
Afraid he might kill her, he having assaulted her – breaking ribs - and a pervert who had touched her when he was on crack

Twice attempted suicide while he is in prison

Blames herself for his violence and drinking
Drinks herself to feel happy, but doesn't not mention drugs

Tries to avoid making him paranoid as he tries to provoke arguments after days of drinking and not sleeping.

Says he has mimed shooting her, before she pushed him and he punched her

Summary of findings: males

- More likely to describe discrete, regrettable and unplanned assaults derived from everyday conflicts over alcohol and drug use, financial pressures, sexual jealousies and domestic chores
- Conflicts were often described while intoxicated, being provoked by female partners or being under extreme pressure
- Males highlighted their partner's lack of understanding related to substance use and emphasised her issues with dependency, mental health and past problems unrelated to him
- Some males focused on their partner's recovery as being the only solution to resolving their relationship problems

Summary of findings: females

- Some women began to feel like they were being driven mad, in part because they did not have full knowledge of the drug and alcohol use that was consuming the men's time and minds
- Women in these case studies admitted using violence against their partners, they explained this as responses to the terror they felt
- Women perceived protection as stifling and overcontrolling particularly once the relationship was fully established
- Females tended to downplay their use of alcohol and drugs particularly if they were trying to abstain from using, they also avoided providing details if they no longer had contact with their children

Overall insights

- Drug use accentuates secrecy, paranoia and jealousies, intertwining protection and controlling paternalism.
- Painful pasts inspire drug use and projective dynamics that impart blame, through men's claims that female partners are 'driving' them 'mad'.
- Withdrawal/craving present as many risks as intoxication, intensifying coercive control.
- Drinking and drug use generate financial pressures, which intensify conflicts as well as mental health problems and vulnerabilities and are acute for women who also use substances.
- Women and men left feeling that their partners regarded their substance use as more important than their relationship, avoiding criminalization and social services intervention

**Development of an integrated
intervention to reduce intimate
partner abuse perpetration by
men in substance use
treatment: the ADVANCE
intervention**

3. Developing the intervention from the ADVANCE research

1. Evidence of what works

2. Reviews of existing approaches/manuals

3. Meta-ethnography role of substance use in IPV perpetration

4. Interviews with men in substance use tx & partners



Developing an evidence based intervention

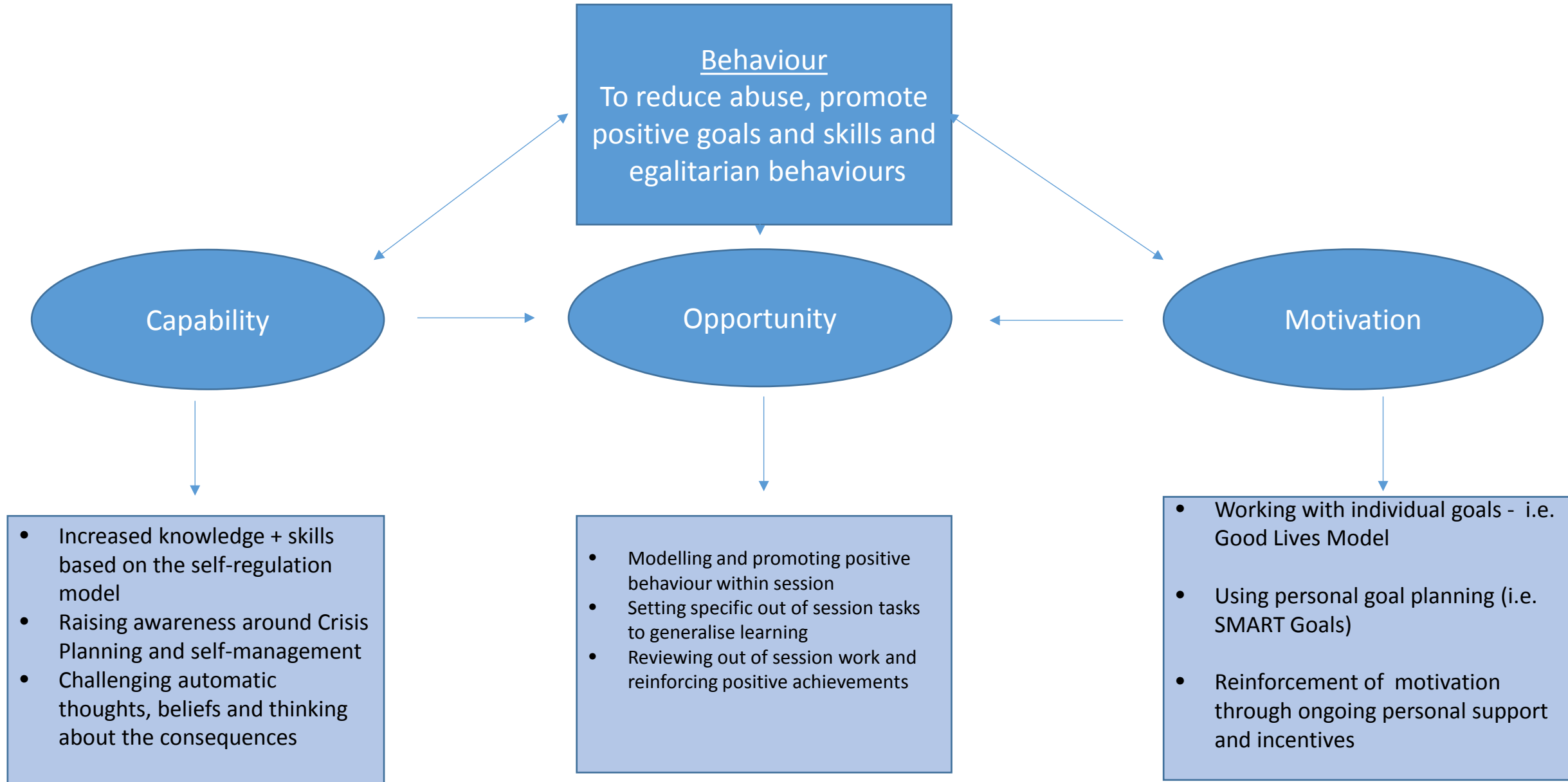
5. Expert opinion including those of service providers, perpetrators and survivors

Implications for intervention from ADVANCE research

From Systematic Review	From Meta Ethnography
Limited evidence for interventions targeting substance using men who perpetrate IPV	Role of substance use in IPV perpetration is wider than intoxication
Although individual trials report short-term improvements in outcomes, this is not replicated at follow-up.	Intervention to focus on the individual specificities of cases - complex interplay of substance use and IPV
While MI and CBT seem plausible, more information is needed on the specific techniques, duration and utility of booster sessions.	Causal pathway of childhood trauma and mental health to substance use and IPV – trauma informed approach required

The COM-B model: Framework for behaviour change

Behaviour occurs as an interaction between 3 necessary conditions



ADVANCE Framework

PERSONAL GOAL PLANNING (what I want)			
SELF REGULATION (how do I achieve this)			
COGNITIVE BEHAVIOURAL SKILLS (by changing my thinking and behaviour)		Behavioural SKILLS (by changing my behaviour)	DIALECTICAL BEHAVIOUR SKILLS (by managing distress better)
THINKING		BEHAVIOURS	FEELINGS
CAPABILITY (skills/understanding)		OPPORTUNITY (try it out)	MOTIVATION (why should I?)
HOW DOES SUBSTANCE USE AFFECT ME?			
INTOXICATION	CRAVING/WITHDRAWAL	ACQUIRING SUBSTANCES	LIFESTYLE

ADVANCE integrated intervention (16 weeks + aftercare)

**1 Individual
assessment 1 pre-
group orientation**

Assessment: suitable? Safe? Goal Setting; What do I want to do? Personal Safety Planning;
Orientation: Preparing for Group; How am I going to do it? Increasing Motivation; Why do I want to do it?
*compulsory sessions

**Group
intervention**

12 x 2 hr weekly group
sessions + out of session
practice/ follow-up

Aftercare

Workbooks/
Keyworker/
Signposting

**Delivered in substance use
treatment services** by 1 x substance
use worker and 1 x domestic
violence worker

- **Integrated Safety Services
provided to female partners**

12 Core Sessions delivered in substance use treatment services

1. Orientation
2. Introduction
3. Managing Myself
4. Being a man (Behaviour Analysis and Gender)
5. Impact of Intimate Partner Abuse
6. Children, Parenting, Substance use and Intimate Partner Abuse
7. Relating
8. Improving Communication
9. Dealing With Distress
10. Planning to be Better
11. Positive Relationships
12. New Futures, People's Plans and Positive Activities
13. Recap 'What Have I Learned?'

Crisis Plan

Self-Awareness Record

Videos informed by dyad interviews

Emotional Safety Plan

Time-Out

- Integrated safety service for female current or ex partners provided
- Between session check-in and aftercare for male group participants

The Group Sessions Structure ...

Beginning

- Completion of a focusing exercise for all group members.
- An emotional Check-In.
- A Check-In
- A recap on the previous session, allowing for discussion on the topics discussed and any questions arising from this
- Review of out of session task.

Middle

- Completion of key tasks and worksheets. These will be distributed into sub-sections with relevant aims. Tasks can include flip chart group discussions, presentations and the completion of worksheets.
- Set out of session task.

End

- A Check-Out
- Conclusion of session.
- An emotional Check-Out.
- Group members will also be asked to complete a session evaluation.



S Specific	M Measurable	A Achievable	R Relevant	T Time-Limited
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Role of Substance Use

To enable the group to begin to understand the roles of substance use in intimate partner abusive relationships.

Exercise 1: Impact Substance use has on your relationships

Expected duration: 5 minutes

Firstly, the facilitator should **ask** for group members' thoughts on what role, if any, they think that substance use has upon abuse in their relationship. Have a short general discussion to warm up to the topic.

Once into the topic, facilitators should **direct** the group to the following diagram as a focus for the discussion, found in their workbooks (appendix 2c). The next four tasks will be associated with each of these columns and therefore, facilitators should have this table set up on their flip chart.

	Intoxication	Craving / Withdrawal	Acquiring Substances	Couple Interactions
Triggers				
Thoughts				
Feelings				
Behaviours				

Substance Use Film Clip (approximately 3 minutes)

Intoxication Film Clip (approx. 3 minutes)

DISCUSS

Discussion points will follow each clip, focusing on how substance use can impact on IPA situations

Exercise 5: Summarise the impact substance use has on IPA

Expected Duration: 7-10 minutes

Ask group members, in pairs or threes, to summarise the impact of substance use on intimate partner abuse. **Ask** each group to present their conclusions to the whole group on a flipchart.

Prompt them to cover:

- Increases perception of provocations
- Reduces perspective taking
- Increases selfishness
- Increases risky emotions (e.g., anger, irritability)
- Reduces problem-solving abilities?
- Increases the risk of violence or abuse towards a partner

Facilitators should then **ask** the group members what they are going to do about their substance use.

Clarify **how** they intend to do this. This will relate to their involvement with substance use services – treatments, support etc.

Finish by **asking** them **how** they think this will impact upon their use of violent or abusive behaviour towards an intimate partner?

Facilitators should **ask** group members to work in pairs to devise a SMART action plan using their Action Planning For Regulating Substance Use to Reduce IPA worksheet, found in their workbooks (appendix 2d).

Challenging the Thinking Errors

DISCUSS

The end of a relationship and how this has impacted members of the group. Ask them to identify distressing feelings they felt at the time.

1. **Negative Focus**

Focus on the negative and ignore the positive aspects of a situation

Example:

You have been arguing with your girlfriend and not getting on well. She calls you at work and tells you not to go home and that she needs space.

You think this is the end and that you have broken up for good. However, the break enables a new view on how relationship was upsetting you both

2. **Either/Or Thinking**

Everything is seen as either good or bad; either with you or against you; either going completely right or going completely wrong – no in-betweens.

Example:

Your partner has left and it is the end of the world, you always knew this would happen

Sometimes, the way we think about things contributes to distress. This section will demonstrate how thinking-errors can contribute to distress and teach the group that such errors can be challenged.

DISCUSS

Draw all the examples above together to highlight how thinking errors can impact on our experiences of distress.

Emotional Safety Planning

STEP 1- PAUSE					
<ul style="list-style-type: none"> • Know the warning signs that you are beginning to struggle with your problem? • These can involve thoughts, feelings or behaviours and when you see them PAUSE and PLAN... • Bring yourself back to the here and now, avoid catastrophizing and breathe... 					
STEP 2- DISTRACT					
<p>Don't try to challenge, at this point...just cope...What can you do by yourself, to take your mind off the problem?</p> <p>DISTRACT Plan this in advance – what helps?</p>					
STEP 3- FRIENDS	<table border="1"> <thead> <tr> <th>NAME</th> <th>CONTACT INFORMATION</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	NAME	CONTACT INFORMATION		
NAME	CONTACT INFORMATION				
<p>If you are unable to deal with your distressed mood alone, contact trusted family members or friends. List several people in case your first choices are not available.</p>					
STEP 4- SERVICES	PROFESSIONAL NUMBERS				
<p>If your problem persists, or if you have had suicidal thoughts, reach out to your professional support network. Plan who you can contact for what and when they can help: drugs service, Samaritans, social work?</p>	Professional or Agency				
	Suicide Hotline for UK				
	Local Emergency Number				

Videos based on scenarios from dyad interviews

1) What happened 2) What could have happened

Perpetrator desisting from substance use



Intoxication, sexual jealousy, controlling behaviours



<https://app.box.com/s/29cioiuyxn9q7rp9k3ss6aua2uubehyk/file/518976158994>

**Findings from a
feasibility trial and
formative evaluation
of the ADVANCE
intervention**

4. Trial to assess the feasibility of conducting an efficacy trial – “can we do it?” not “does it work”



London

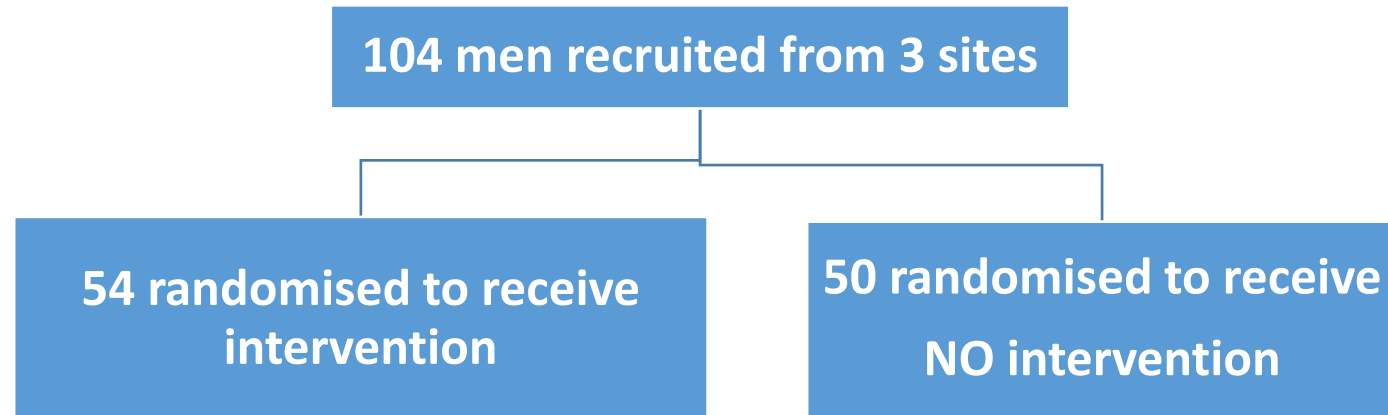


South
West



West
Midlands

- Multicentre, parallel group individually randomised controlled feasibility trial comparing the intervention + treatment as usual (TAU) to TAU only
- Men had a **50/50 chance** of receiving the intervention



All men continue to receive usual treatment for their substance use (e.g. keyworker sessions, attend groups, substitution therapy etc.)

Aims

To demonstrate the feasibility:

- 1) of **recruiting and retaining men** in substance use treatment who have perpetrated intimate partner violence (IPV) in the past 12 months to a trial comparing a group intervention to treatment as usual (TAU)
- 2) of delivering the **group intervention** across three regions in England (London, West Midlands and South West)
- 3) of recruiting and **retaining current and ex female partners** of these men in the trial as collateral informants

Aims

To assess:

- 1) the level of treatment **engagement and retention for men**, and explore through focus groups and qualitative interviews their views, acceptability and experiences of the intervention and the study process
- 2) the level of **engagement and retention with women's support** for IPV victimisation for female current and ex-partners, and explore through qualitative interviews their views, acceptability and experiences of women's support and the study process
- 3) the views, acceptability and **experiences of the facilitators** who delivered the intervention
- 4) the suitability and acceptability of **outcome measures**

Recruitment

Recruitment target

- 108 males who had perpetrated IPA in past 12-months
- 60 of their female current or ex-partners

Men

- Men approached in substance use waiting rooms (pre-screening approaches) or referred to researchers by staff or via flyers
- Screened by researcher
- Suitability assessed by keyworker
- Baseline and randomised

Female partners

- Approached by integrated safety service, support offered and asked if wanted to hear more about the research
- Interested women were called by the researcher

Inclusion criteria

Inclusion criteria - Men receiving community substance use treatment

- Male participant has perpetrated abusive or violent behaviour towards a current or ex female partner in the last 12 months
- Contact with current or ex female partner at least once in the past 12 months – in person, or by phone/ text/ email/ social media
- Plans to stay in current location for the next 6 months
- Agrees to provide contact details of current and/or ex female partner
- Ability to understand and communicate in English
- Keyworker assesses as suitable to participate in the trial

Inclusion criteria – Current or ex-female partners of men in the feasibility trial

- Aged 18 years or older
- Ability to understand and communicate in English

Exclusion criteria

Exclusion criteria - Men receiving community substance use treatment

- Current or ex-partner is not female
- Pending court case for IPV or pending child protection hearing
- Current restraining order
- Currently attending an intervention for IPV
- Declines to provide contact details of current and/or ex female partner

Clinical override of inclusion criteria to safeguard female partners

- Where female partner and male participant share a mobile phone – neither will be eligible to take part in the feasibility trial
- Where the female partner lives out with the UK and therefore integrated safety support cannot be provided - – neither will be eligible to take part in the feasibility trial

Recruitment flyer/ poster (importance of using non-stigmatising language)

Version 3 recruitment flyer/poster London: 04.10.18
IRAS Project ID: 242325



Group intervention to improve intimate relationships for men in substance use treatment (ADVANCE study)



We would like to invite you to take part in the ADVANCE research study

There may be times when you disagree or have arguments with your current or ex-partner. Couples have told us that substance use can sometimes lead to disagreements, arguments and abuse - including physical aggression or assault (e.g. hitting, kicking, biting, shoving, slapping, and throwing objects); controlling or intimidating a partner; or stopping a partner having access to money. **The ADVANCE study is for men who would like to improve their relationship with female current or ex-partners.** We are doing this study to see whether it is possible to deliver an intervention to improve relationships for men in substance use treatment and need to know if this new intervention is any better than usual treatment with a key worker.

What does taking part in the ADVANCE research study involve?

If you are eligible to take part, you will have a 50/50 chance of getting the ADVANCE intervention. All men in the study will continue to receive usual treatment with their key worker. ADVANCE includes 2-4 individual sessions followed by a 12-session group intervention that aims to help men build positive relationships with female current or ex-partners. The intervention is based on what men who use substances and their female partners have told us about their relationships. Staff from Change Grow Live will deliver the intervention. You will be paid for your time taking part and will receive vouchers for attending sessions and some money for travel costs.

Who can take part?

Men whose key worker is based at this substance use treatment service who have had disagreements, arguments or been abusive towards a current or ex female partner in the last 12 months may be eligible to take part. Contact and support will also be offered to partners.

Who can I contact if I am interested in hearing more about the research?

Please contact the researchers (details below) if you would like more information about the research or may be interested in taking part. They will arrange a convenient time to meet up to ask you some questions to see if you are suitable. Alternatively, let your keyworker know you are interested and they can pass on your contact details to the researchers.

Couples have told us that substance use can sometimes lead to disagreements, arguments and abuse – including physical aggression or assault (e.g. hitting, kicking, biting, shoving, slapping, and throwing objects); controlling or intimidating a partner; or stopping a partner having access to money. **The ADVANCE study is for men who would like to improve their relationship with female current or ex-partners**

Screening questionnaire... in the past 12 months have you?

	Yes	No
1. Called her names and/or criticized her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
2. Tried to keep her from doing something she wanted to do (example: going out with friends, going to meetings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
3. Gave her angry stares or looks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
4. Prevented her from having money for her own use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
5. Ended a discussion with her and made the decision yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
6. Threatened to hit or throw something at her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
7. Pushed, grabbed, or shoved her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
8. Put down her family and friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
9. Accused her of paying too much attention to someone or something else	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
10. Put her on an allowance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
11. Used her children to threaten her (example: told her that she would lose custody, said you would leave town with the children)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
12. Became very upset with her because dinner, housework, or laundry when you wanted it or done the way you thought it should be	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
13. Said things to scare her (examples: told her something "bad" would happen, threatened to commit suicide)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
14. Slapped, hit, or punched her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
15. Made her do something humiliating or degrading (example: begging for forgiveness, having to ask your permission to use the car or do something)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
16. Checked up on her (examples: listened to her phone calls, checked the mileage on her car, called her repeatedly at work)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

Psychological abuse

Financial abuse

Physical abuse

Sexual jealousy

Used children against her

Coercive control

	Yes	No
17. Drove recklessly when she was in the car	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
18. Pressured her to have sex in a way that she didn't like or want	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
19. Refused to do housework or childcare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
20. Threatened her with a knife, gun, or other weapon	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
22. Told her that she was a bad parent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
23. Stopped her or tried to stop her from going to work or school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
24. Threw, hit, kicked, or smashed something	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
25. Kicked her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
26. Physically forced her to have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
27. Threw her around	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
28. Physically attacked the sexual parts of her body	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
29. Choked or strangled her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
30. Used a knife, gun, or other weapon against her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
31. Contacted her repeatedly by phone, text, email or social media	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
32. Followed her or hung around outside her home or work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
33. Used text messages, phone, etc. to call her names, harass her or put her down	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
34. Used mobile technology to check where she is (example: tracking)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
35. Threatened her via text, email or over social media	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

Sexual coercion

Gender stereotypes

Controlling behaviours

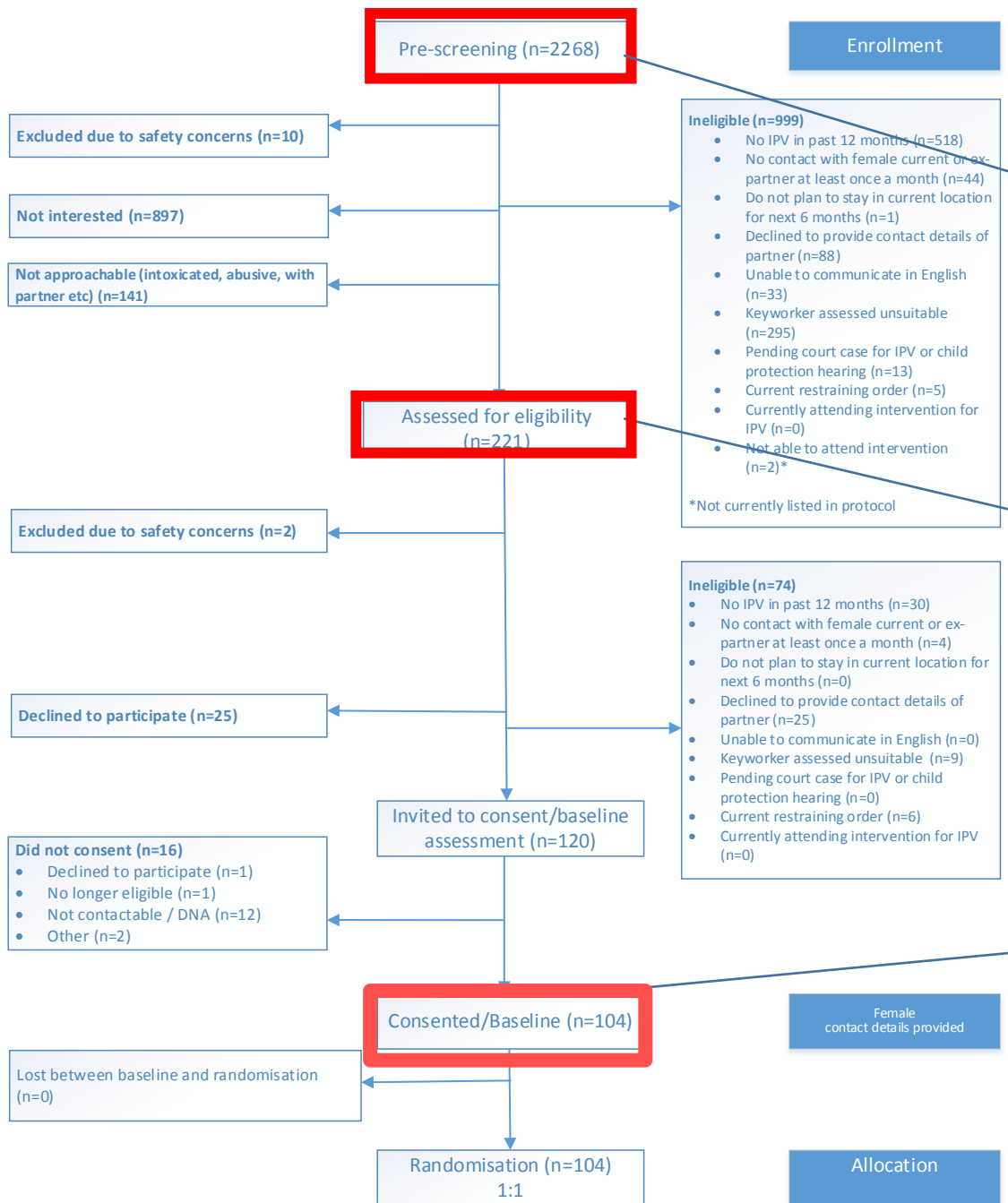
Sexual abuse

Severe physical abuse

Stalking

Technology facilitated abuse

Preliminary findings



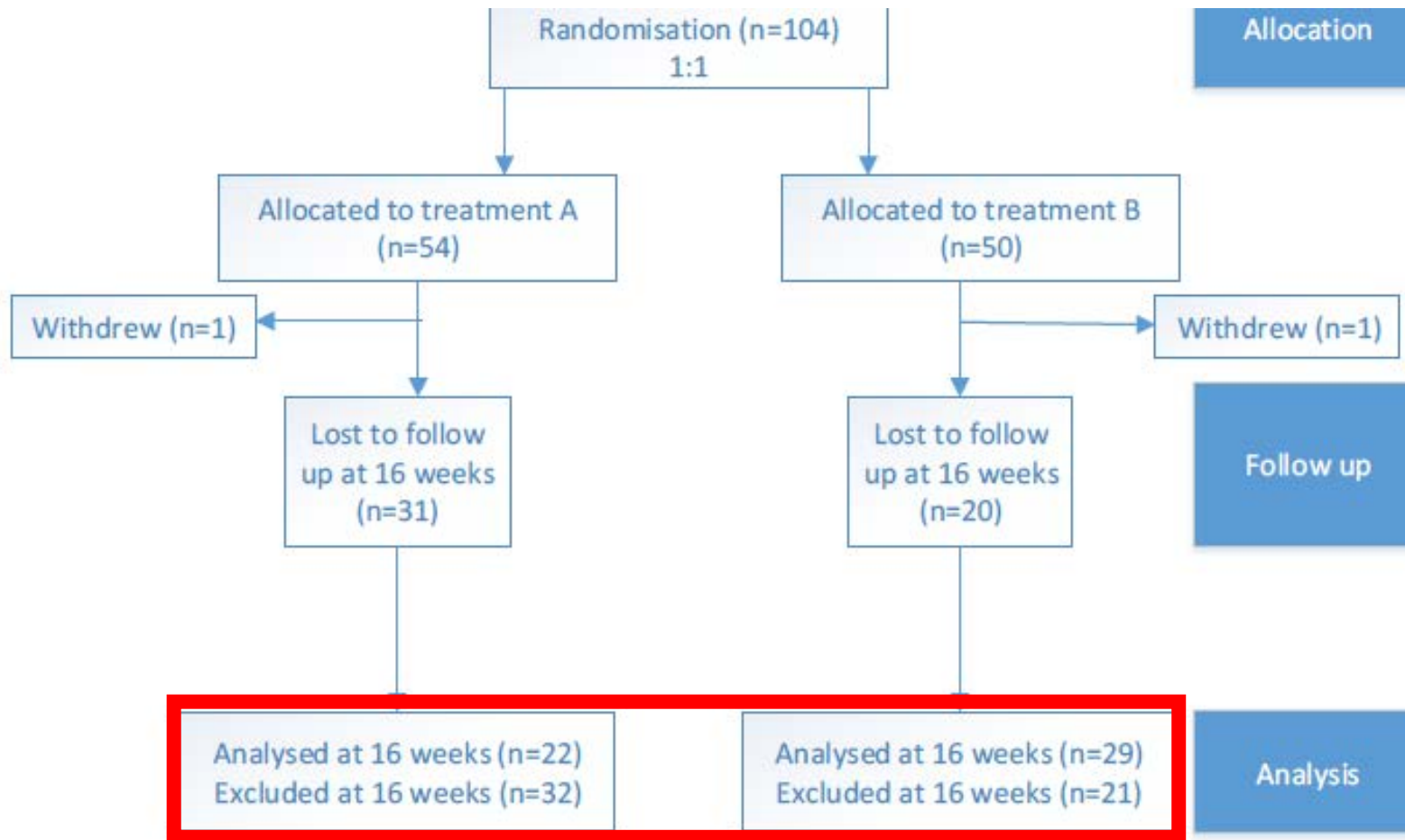
2127 men approached in substance use treatment waiting rooms by researchers

Of them, 221 (10%) were assessed for eligibility by the researcher

71% (104/147) of eligible men were randomised to the trial intervention + TAU or TAU only

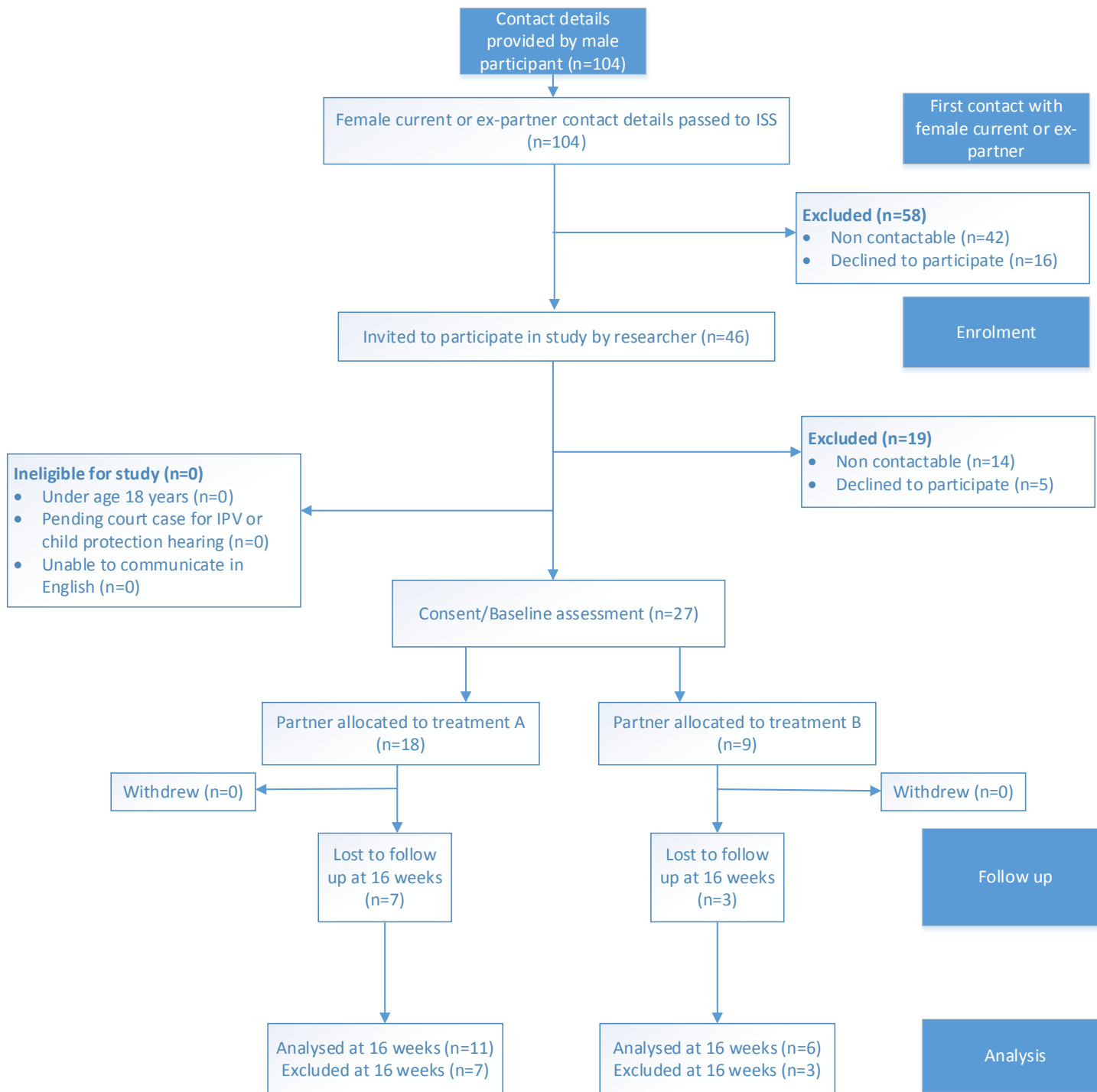
Consort: men

Consort: men



49% (51/104) of men randomised were followed-up at 4 months post randomisation (41% of intervention group and 58% of control group)

Consort: women



26% (27/104) of the female current or ex partners of men recruited to the trial were also recruited

63% (17/27) of women recruited were followed-up at 4 months post male partner's baseline

Who was randomised? (n=104)

- Mean age 42.1 years (SD 10.1)
- 75.7% white
- 16.3% no formal education
- 68.2% unemployed/sickness benefit
- 31.7% homeless or living in hostel/ temporary accommodation
- 62.5% had a partner (38.5% lived with her)
- High adverse childhood experiences (mean 4.5 (SD 2.4) out of 10)

- 60.2% hazardous drinkers/ 48.5% probable drug dependence
- Most common drugs receiving treatment for: 51.9% heroin, 45.2% alcohol, 39.4% crack cocaine

- High prevalence of 'probable' mental disorders (85% personality disorder, 62.5% depressive disorder, 47.1% generalised anxiety disorder, 60.8% PTSD)

Who are their current or ex-partners? (n=27)

- Mean age 41.8 years (SD12.1)
- 59.3% white
- 14.8% no formal education
- 29.6% unemployed/sickness benefit
- 14.8% homeless or living in hostel/ temporary accommodation
- 63.0% had a partner (55.6% lived with him)
- High adverse childhood experiences (mean 3.3 (SD 2.7) out of 10)

- 25.9% hazardous drinkers/ 15.4% probable drug dependence
- Most common drugs receiving treatment for: 18.5% heroin, 7.4% alcohol, 11.1% crack cocaine

- High prevalence of 'probable' mental disorders (74.1% personality disorder, 55.6% depressive disorder, 44.4% generalised anxiety disorder, 37.0% PTSD)

Outcomes assessed 4 month post-randomisation

Intimate Partner Abuse (IPA)

- Abusive Behavior Inventory (revised)
- Controlling Behaviours Scale (partial)
- Use of social media and using children against partner

Substance use

- Number of days use in past month

Mental Well-being

- Depressive symptoms assessed using the PHQ-9
- Anxiety symptoms assessed using the GAD-7
- PTSD symptoms assessed using the Primary Care PTSD Screen
- Propensity for Abusiveness Scale [anger]– men only

Self Control

- Brief Self-Control Scale – men only

Desirable responding

- Balanced Inventory of Desirable Responding Short Form – men only

Quality of Life/ capability

- EQ-5D-3L
- ICECAP-A

Economic evaluation

- Service use and medication
- Criminal justice contact

Therapeutic alliance

- Working Alliance Inventory – Short Revised
- California Psychotherapy Alliance Scale-Short Form

Criteria for progression to full trial

Criteria	Results	Criteria met?
intervention acceptable to majority of staff and male participants (focus group findings)	high mean overall ratings by session, qualitative findings	YES
recruitment to the study \geq 60% of eligible male participants	71% of eligible men recruited	YES
\geq 70% of male and female participants are followed-up at the end of the group intervention	49% of men and 63% of women followed-up	NO
substance use by men in the intervention group has not increased (average baseline level (with confidence intervals) should not be exceeded at 16 weeks post randomisation follow up)	Results pending	
intimate partner abuse or violence by men in the intervention group has not increased (average baseline level (with confidence intervals) should not be exceeded at 16 weeks post randomisation follow up)	Results pending	

Formative evaluation: aims and methods

Aims

- to explore the acceptability of the trial methods (3 cycles)
- to understand the intervention's acceptability, functioning and implementation

Methods

- 12 focus group interviews with staff in three sites, three cycles
- 8 individual interviews with staff
- 21 interviews with individual men (control and intervention) cycles 1 and 2
- 1 focus group with 5 men who took part in the intervention cycle 3
- 2 individual interviews with women

Feasibility and acceptability

- **ADVANCE fits with service delivery models and there is a need**
- **Men can be recruited and randomized via substance use services**
 - But attendance and retention at sessions is less than hoped
- **Female partners or ex-partners are more difficult to recruit (27 partners of 108 men)**
- **The ADVANCE intervention programme has been developed based on new evidence**
 - It is acceptable to facilitators and participants, although their views have been used to initiate a revision of the programme to improve it further
- **Men who attended the intervention found it relevant and reported they had learned new skills**
- **Men reported behaviour change resulting from ADVANCE**

“[intervention] was really helpful, it was really interesting. When I saw some of the movie, I could see exactly what I was doing, I could see myself there. I see men using and then most of us, we act the same way just to get what we need.” (Male participant)

Evaluation of sessions: Men (5 highest rating)

	I understood the purpose of the session	The exercises used were relevant and informative	In general, how would you rate today's session?
	Mean (SD)	Mean (SD)	Mean (SD)
Session 1	4.35 (0.79)	4.13 (0.89)	4.13 (0.72)
Session 2	4.56 (0.78)	4.39 (0.78)	4.33 (0.78)
Session 3	4.19 (0.91)	4.00 (0.89)	4.25 (0.45)
Session 4	4.57 (0.54)	4.43 (0.54)	4.29 (0.76)
Session 5	4.44 (0.73)	4.33 (0.71)	4.67 (0.50)
Session 6	4.71 (0.49)	4.29 (0.76)	4.60 (0.55)
Session 7	4.27 (1.01)	4.09 (0.94)	4.18 (0.98)
Session 8	4.27 (0.91)	4.18 (0.87)	4.20 (1.14)
Session 9	4.63 (0.74)	4.50 (0.54)	4.50 (0.54)
Session 10	4.40 (0.89)	4.20 (0.45)	4.40 (0.55)
Session 11	4.44 (1.01)	4.11 (1.05)	4.44 (1.01)
Session 12	4.82 (0.41)	4.73 (0.47)	4.91 (0.30)

Acceptability of intervention: men

- Men were motivated to change their behaviour
- Learnt new skills
- Wanted to improve their relationships

*'I want to put this point across as well. Please do not think we're sitting here telling you what we think you want to hear. These applications have been taken in our lives. For me, in my relationship, **I've changed me and how I respond and how I react.** Because I've done that, people have changed in the way they act around me which has been more positive and more supportive of what I do and me. [...] **What this has given me is confidence to be the good version of myself** [laughter] [...] That's all started to happen over the 10 weeks I've been doing this. **My girlfriend has definitely seen the change.** She actually asked me last week whether it was because of the stuff that I'm doing, and the extra responsibility I'm taking, [...] It's just the little things, like the little breathing techniques. It's about taking your time to explain yourself correctly'*

Attendance and retention improved

- **recruitment and retention improved by cycle 3:**
 - **In cycle 1:** men attended an average of 3.5 sessions (range 0-11), 67% of men attended at least one session
 - **In cycle 3:** men attended an average of 6.3 sessions (range 0-11), 86% of men attended at least one session, and 57% of men attended at least 50% of sessions
 - **In cycle 3:** 50% of female partners recruited; 100% of men and women were followed-up at the end of the intervention

Acceptability of intervention: recruitment and randomisation

- Recruitment in waiting rooms worked well in some services
 - In others keyworkers preferred to refer from caseloads
- Readiness in treatment journey is important to recruitment and eligibility
- Use of language important in recruitment e.g., IPA vs 'healthy relationships'
- Majority of men found randomisation acceptable

'I was all right. I was pleased that I'd made it through, and I was chosen to represent the community of people in this position.' Male participant.

Acceptability of intervention: facilitators

- Facilitators were positive about benefits to participants, 'life-changing' in some cases
- Protected time required for facilitators
- Fortnightly telephone support for intervention delivery helpful
- Clear roles and responsibilities for ISS workers
 - In some services contacting women fit with typical support processes and in others it didn't
- Accessible manuals, less theory and experiential training

(F: the last session when we asked them what they had learnt. It was unbelievable. It was like they'd got the manual, copied it all and then put it on the screen. [...])

M: That does say, I think, that the programme works. It is useful. We found it useful.

F: I think it's a great programme.

M: With regard to our very last words, we did exactly what it said in the manual and we left everybody go around the table and say two last words. One of them, his words were 'life changing'. For me, that says it all.

(Male and female facilitators, London cycle 3)

Lessons learned

Individual interviews and focus groups with key working staff, facilitators, ISS staff and male participants (including control and intervention) in the three sites across three cycles of the feasibility trial generated formative learning that led to adaptation and improvement in implementing the programme and further recommendations for the **minimum requirements** for services in the full trial:

Recruitment and retention of participants prior to the intervention

- Need for a start date for the intervention at point of recruitment
- Initial screening of eligible men by treatment staff to increase the acceptability of the programme to male participants
- Change in language in how the programme is promoted to men and in initial screening and baseline
- Introduction of a group introductory session to prepare men for group
- Research staff to make initial contact with female ex/current partners in order to introduce the programme and offer ISS

Lessons learned

Staff buy-in and engagement with the programme

- Identification of staff **champions** in the services
- Whole staff training on IPA as well as on ADVANCE
- Refining and simplifying of reading materials and manuals for key working staff

Facilitator training

- Training of facilitators to take place in workplaces in full trial
- Re-focusing training to incorporate more opportunities to practice and more case-study based examples taking on board facilitators' comments.

Engagement of participants in the intervention

- Hot food, vouchers and travel expenses helps to engage participants
- Refining and editing of intervention in order to avoid participants' sense of rushing through exercises.



NEXT STEPS

**Thank you for listening
Any Questions?**

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