FAMILY VIOLENCE INTERVENTION ATTRITION AND COMPLETION

Exploring Attrition and Completion in a Community Situated Family Violence Intervention
Programme

By

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Abstract

This thesis aims to explore the factors associated with attrition and completion for a New Zealand based community situated family violence intervention programme. It takes a mixed methods approach across two studies. Study one quantitatively investigated the attrition rate of the programme, and factors that predict this attrition. It used survival analysis techniques to analyse data files collected during the assessment phase of the programme. An attrition rate of 46% was identified, which is slightly higher than the average rate of attrition across family violence prevention programmes internationally. Ethnicity was the only variable found to predict attrition. Study two qualitatively explored the experiences of men who completed the intervention programme. Men were interviewed to provide insights into the facilitators and barriers to programme completion. Thematic analysis identified three themes of *overcoming barriers to engagement and attendance*; *motivating factors for engagement*; and *the importance of active participation in facilitating healing*. Aspects of the programme that could be strengthened to improve the engagement and attendance of future participants are discussed alongside the wider implications for family violence prevention practice and policy.

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Exploring Attrition and Completion in a Community Situated Family Violence

Intervention Programme

Introduction

The Problem of Family Violence

It is well established that family violence is a serious global public health issue (Chan et al., 2010; Dixon & Graham Kevan, 2010; Esquivel-Santovena & Dixon, 2012; World Health Organisation, 2014). Family violence is understood as five types of inter-related aggression or abuse that take place within the family unit. These are partner, parental, sibling, elder, and child abuse (Ministry of Social Development, 2002), and they are often found to overlap (Tolan et al., 2006). All forms include a range of aggressive and abusive behaviours, including physical, sexual, and psychological abuse, controlling behaviours, and neglect (Ministry of Social Development, 2002). Intimate partner violence (IPV) and child abuse and neglect (CAN) are the most commonly studied types of family violence due to their high frequency and documented co-occurrence (Appel & Holden, 1998). Indeed, the prevalence of both IPV and CAN has been shown to be a worldwide issue (e.g., Chan et al., 2010; Esquivel-Santovena & Dixon 2012). Data from 79 countries has established the global prevalence of IPV against women at approximately 30% (World Health Organisation, 2013). Although current estimates of child maltreatment vary widely across countries due to differences in methodology used to determine these rates, it is clear this is a common problem (World Health Organisation, 2016). For instance, one quarter of all adults report having been physically abused as a child, and 1 in 5 women and 1 in 13 men report having been sexually abused as a child (World Health Organisation, 2016). Therefore, it can be seen that family violence is a prevalent worldwide issue. It is important to understand the different types of family violence and how they overlap to prevent all forms occurring.

The prevention of family violence is essential as all forms have very real consequences for individuals and their families, ranging from physical injury, psychological distress, substance abuse, intergenerational transmission, and death (Abramovaite et al., 2015; Jewell & Wormith, 2010; Plichta, 2004). Indeed, the World Health Organisation (2016) estimates an annual prevalence of 41,000 homicides of children under the age of 15 years as a result of maltreatment, and this is thought to be an underestimation. For adults, 38% of female homicides and 6% of male homicides globally are committed by the victim's partner (World Health Organisation, 2014). Importantly, the co-occurrence of IPV and CAN has been consistently demonstrated, with research showing that in 30-60% of families where IPV is occurring, child abuse will also be evident (Eldeson, 1999; Zolotor et al., 2007). Children who are exposed to both forms of family violence have been shown to fare worse in a variety of outcomes compared to children exposed to none or one type of family violence, such as mental health and aggressive behaviour (Osofsky, 1999). Thus, considering the high prevalence of family violence has far reaching effects, it is important to prevent all forms from occurring. Recognising the links between different types of family violence, and the impacts this has on individuals and families, increases understanding and assists with prevention.

The New Zealand Context

Family violence has proven to be a particular problem in New Zealand. In a United Nations report, New Zealand was found to have the highest rates of IPV in the Organisation for Economic Co-operation and Development (OECD; UN Women, 2011). This report showed that between the years 2000 and 2010, 30% of women in New Zealand reported having experienced physical violence from an intimate partner, and 14% reported having experienced sexual violence. It has also been found that indigenous populations are often overrepresented in these statistics (Marie & Fergusson, 2008). Longitudinal research shows

Māori are more likely to experience IPV victimisation and perpetration than other New Zealanders due to socio-economic factors that cause them to have higher exposure to social, economic and family disadvantage (Marie & Fergusson, 2008). Furthermore, the Ministry of Justice (2019) reported that from July 2018 to June 2019 there were 14,457 charges, and 6,366 convictions for family violence offences in New Zealand. Thus, the prevalence of family violence in New Zealand highlights the importance of prevention in this country.

Family violence prevention in New Zealand is particularly important as the high rates of family violence have a substantial negative impact on the wellbeing of individuals. From 2009 to 2015 there were 194 family violence deaths in New Zealand, accounting for approximately 40% of all homicides (Family Violence Death Review Committee, 2017). Of these deaths, 92 resulted from IPV, 56 from CAN, and 46 from intrafamilial violence, which includes all forms of abuse between family members excluding IPV and CAN. Additionally, a violent family environment can impact a child's emotional, psychological and physical wellbeing (Oranga Tamariki, 2019). Research investigating the effects of family violence, conducted through talking to children in New Zealand, has found that witnessing or experiencing family violence has notable negative impacts on wellbeing (Mittal & Carrington, 2012). It was found that children often blame themselves for the violence and worry about how to make it stop. Children can also experience guilt and confusion due to feeling emotionally attached to the perpetrator of the violence, particularly if this is their parent. It was also found that many of the children experienced bullying, either being bullied themselves, or bullying other children (Mittal & Carrington, 2012). It can therefore be seen that the high rates of family violence have a negative impact on the wellbeing of individuals in New Zealand society and that prevention is necessary to improve individual wellbeing.

The prevalence of family violence in New Zealand also has societal implications regarding governmental costs and availability of resources. Family violence results in high

governmental costs including emergency response, Police, Justice, Corrections, housing, mental health, and alcohol and drug addiction services (Ministry of Social Development, 2019; Snively, 1994). In 2014 a conservative estimate of these fiscal costs for New Zealand was calculated at \$4.1 billion annually (Ministry of Social Development, 2019). Therefore, it can be seen that the high rates of family violence in New Zealand result in a high financial cost for the government. These costs coincide with the overuse of resources in society, such as emergency responding, the criminal justice system, the health system, and mental health and substance abuse treatment services (Ministry of Social Development, 2019). For example, in 2016 responding to family violence incidents accounted for 41% of a frontline Police Officer's time (New Zealand Family Violence Clearinghouse, 2017). This is a significant amount of time that could otherwise have been allocated differently. There are also high healthcare costs in New Zealand associated with people using these services at a higher rate than the general population as a result of family violence (Snively, 1994). Using the health system after experiencing abuse is also often cumulative, meaning that victims will continue to use health care services until they receive appropriate support to prevent them experiencing violence (Ministry of Health, 2020). Therefore, the high levels of family violence in New Zealand lead to an increased use of societal resources, resulting in high fiscal costs. A focus on prevention is essential for decreasing the societal impacts of family violence in New Zealand.

Approaches to Preventing Family Violence

Due to the serious and pervasive nature of family violence, many countries have determined the prevention of family violence to be a priority, including New Zealand (Ministry of Social Development, 2019). A public health model stresses the importance of prevention at three levels: primary, secondary, and tertiary (Heard et al., 2017; Meade, 2009). Primary prevention aims to prevent violent behaviour before it occurs, whilst secondary

prevention focuses on the immediate response to violence, such as treating injuries. Tertiary prevention focuses on addressing the medium and long-term effects of violence and abuse, including therapy and other rehabilitation efforts. Thus, it is important that effective prevention techniques are established at all three levels to stop family violence occurring.

Tertiary intervention programmes in the field of family violence have been developed over a number of years with the aim of reducing the likelihood of recidivism (Bloomfield & Dixon, 2015; Howard & Dixon, 2011; Jewell & Wormith, 2010). Family violence intervention programmes are most commonly developed based on two models: the Duluth model (sometimes referred to as the psychoeducational model), and cognitive-behavioural therapy (CBT). The Duluth model, established in 1981, is based on feminist and sociocultural concepts of domination and control (Bohall et al., 2016; Dutton & Corvo, 2006). Violence is seen as a means for men to exhibit power and establish control over their female partners. CBT uses skills training (e.g., communication, and social skills training) and anger management techniques (e.g., changing negative attributions, and timeouts) to promote alternatives to violence (Babcock et al., 2004). Although Duluth and CBT based family violence prevention programmes are the most commonly used, there are also other types of programmes that exist, such as couples or family counselling interventions (Babcock et al., 2004). It has been found that the effect sizes of family violence prevention programmes are low ($d=0.09$ to $d=0.34$), indicating they are not effective at reducing violence (Babcock et al., 2004). This is substantially lower than psychotherapy treatments (e.g., for depression or anxiety), which have an average effect size of approximately $d=0.85$ (Babcock et al., 2004). Therefore, it can be seen that family violence intervention programmes need to be improved to increase their effectiveness.

When considering whether family violence intervention programmes are meeting their purpose of prevention, it is also useful to look at participant engagement. There is

currently no literature specifically addressing attrition (drop out) rates in New Zealand family violence prevention programmes. However, it has been found internationally that attrition in these services is common. Olver et al. (2011) conducted a meta-analysis investigating attrition rates across three types of treatment programmes: family violence, sexual offending and other offence types (Olver et al., 2011). The majority of studies incorporated into their analysis were from the United States, Canada, and Western Europe. An attrition rate of 37.8% was found across 8,232 people that featured in the 35 family violence studies included in their meta-analysis, which was higher than the attrition rates found across sexual offending programmes (27.6%) and programmes for other offence types (27.1%). This indicates a large number of people who enter family violence prevention programmes are not completing them. As a result, these people are not able to fully benefit from the programme, which diminishes any potential treatment outcomes they might have experienced, including a reduction in aggressive behaviour (Olver et al., 2011). It is therefore imperative that further understanding about why people do and do not complete family violence intervention programmes is reached in order to improve programme attrition rates. This thesis aims to explore attrition and completion in a New Zealand based community situated family violence intervention programme.

The Family Violence Intervention Programme

The family violence intervention programme investigated in this thesis was a local New Zealand programme that aimed to help men learn to build safe, trusting and respectful relationships with their partners and other important people in their lives. It focused on preventing all forms of family violence, with a particular focus on IPV and CAN. The design of this programme was based on the principles of both the CBT and Duluth models. The sessions covered a number of focus areas that benefited participants in different ways. Some examples of areas covered in the programme are: helping participants to learn about

themselves, respect themselves and others, better understand violence, handle their emotions, develop skills for positive parenting, understand power and control, identify ideas about relationships that might be harmful and result in violence, and develop practical skills they can implement to deal with anger and prevent violence from occurring (e.g., safe timeouts). The facilitators also worked with the men to develop goals they wanted to achieve with regard to their own behaviour, and their partner and/or children's wellbeing.

In 2018 the programme had an attrition rate of approximately 46%, meaning around half the participants that entered the programme did not complete it. It is important to understand the factors associated with this attrition rate in order to strengthen participant engagement in the programme and improve completion rates. Increasing programme engagement and attendance is necessary to ensure more individuals are benefiting from treatment, which in turn will help to prevent family violence occurring in society.

Factors Associated with Attrition in Family Violence Intervention Programmes

To understand why attrition occurs, it is useful to assess factors that differentiate those who complete family violence treatment programmes and those who do not. As with research investigating attrition rates, there is no New Zealand literature specifically assessing factors that impact attrition in family violence intervention programmes. However, this has been investigated across international research which identifies a wide variety of factors as possibly being related to attrition. Key factors that are commonly assessed include: age, relationship status, ethnicity, referral source, and motivation.

Age

Research has found age to be associated with attrition, with younger men being more likely to drop out of treatment than older men (Bowen & Gilchrist, 2006; Brodeur et al., 2008; Cadsky et al., 1996; Gover et al., 2011; Rooney & Hanson, 2001; Pennell et al., 2013; Scott, 2004). This is supported by a meta-analysis that found that across family violence

treatment programmes, completers and non-completers differed based on age, with older men being 16% more likely to complete treatment (Jewell & Wormith, 2010). Cadsky et al. (1996) established that lifestyle instability can influence attrition in family violence treatment programmes. They include younger age as a lifestyle instability factor and suggested younger individuals may drop out of treatment programmes at a higher rate as they have not acquired the life experience required to benefit from treatment.

In contrast to the above results, there is another body of research that finds there is no difference in age between completers and non-completers of family violence intervention programmes (Buttall & Pike, 2002; DeHart et al., 1999; Dowd et al., 2005). Overall, research regarding age and attrition is inconsistent. However, age should still be explored as a possible factor impacting attrition given the weight of evidence in this area.

Relationship Status

Relationship status and attrition is another association that has been assessed across literature. Researchers have found that relationship status is associated with attrition from family violence treatment programmes, with completers being more likely to be in a relationship than non-completers (Cadsky et al., 1996; Catlett et al., 2010). One reason suggested for this is that fathers are likely to have a higher involvement in their children's lives if they are in a relationship with the mother (Cowan et al., 2010; Moran et al., 2017). It has been found that some single fathers drift from their children shortly after birth and have little involvement in their lives (Cowan et al., 2010). Family violence programme participants report that a common motivation for completing treatment is a desire to be a better father to their children (Pennell et al., 2013). Therefore, men who are not involved in their children's lives may be less likely to have this motivation for programme completion. This suggests being in a relationship can increase the motivation of men to complete family violence treatment in cases where children are involved.

This is supported by research that found completers of family violence treatment programmes are more likely to be married, and have longer relationships than non-completers (Brodeur et al., 2008; Buttell & Carney, 2008; Daly & Pelowski, 2000; Jewell & Wormith, 2010). One common explanation for this discussed in literature is that people who are married tend to live more stable lifestyles, which has also been found to be associated with the completion of family violence programmes (Cadsky et al., 1996). For example, people who are married have been found to move residences less frequently than people who are unmarried (Dahl & Sorenson, 2010). It has been suggested that this is because married people are less likely to look for a new job and have a higher attachment to their home location which is often associated with home ownership (Dahl & Sorenson, 2010). Therefore, programme participants who are married may be more likely to complete the programme than those who are unmarried.

Disputing the above findings, some researchers have found no differences in the relationship status of completers and non-completers of family violence intervention programmes (Buttell & Carney, 2008; Buttell et al., 2012; DeHart et al., 1999; Dowd et al., 2005; Gerlock, 2001). Additionally, other studies have found that whether or not men live with their partner does not differ between completers and non-completers of family violence treatment programmes (Chang & Saunders, 2002; Daly et al., 2001; Gerlock, 2001). These inconsistent results make it unclear whether there is an association between relationship status and attrition. However, it is possible that in some cases being in a relationship may have an impact on programme completion, particularly where kids are involved.

Ethnicity

A large amount of research suggests ethnicity to have no relationship with attrition from family violence treatment programmes (Buttell & Carney, 2002, 2008; Buttell & Pike, 2002; Daly et al., 2001; Dowd et al., 2005; Gerlock, 2001). However, some research suggests

completers of family violence treatment programmes are more likely to be Caucasian than non-completers (Gover et al., 2011; Jewell & Wormith, 2010). It is possible that this is the result of commonly used Western responses to family violence, such as women's refuges, criminal justice responses, and therapeutic programmes, being culturally inappropriate and ineffective for indigenous populations (Cripps & McGlade, 2008). These responses are based on Western models of intervention that separate the needs of victims and perpetrators (Cripps & McGlade, 2008). Furthermore, research has found that family violence programmes working with indigenous groups need to see a person, their family, and their community as interconnected (Brown & Langedoc, 2004). Many Western approaches to family violence fail to do this. Western systems take either an individual approach, seeing the violence as caused by the perpetrators psychopathology; a familial approach, seeing the family system as being out of balance; or a social system approach, linking violence to males having greater power than females (Brown & Langedoc, 2004). Each of these approaches fails to take into account the complex interconnections between individuals, families, and their communities. Research indicates that for family violence treatment programmes to be effective for indigenous populations, components of the programmes should incorporate whole families, rather than only individuals (Brown & Langedoc, 2004). Therefore, it is possible ethnicity could be associated with attrition in family violence treatment programmes that take Western approaches (such as those based on the Duluth model and CBT) and are not culturally appropriate for indigenous populations.

Referral Source

Participants of family violence intervention programmes can be referred through many sources, including the court system, local organisations, and self-referral. Self-referred participants are people who attend the programme voluntarily, and those who are referred through the court system are mandated to attend. Researchers have investigated whether

differences in referral source can influence whether participants complete family violence treatment. It has been found that men are more likely to drop out of treatment if they are self-referred, when compared to being court mandated to attend (Buttelli et al., 2012; Daly et al., 2001; Gerlock, 2001; Scott, 2004; Tollefson et al., 2008). Supporting this, a meta-analysis found that referral source can predict attrition from family violence prevention programmes, with court mandated participants being 16% more likely to complete treatment than self-referred participants (Jewell & Wormith, 2010). It has been concluded that the effects of referral source are due to the higher levels of supervision for court mandated participants, and legal consequences that increase participants' motivation to complete the programme (Buttelli et al., 2012).

Contrary to the above findings, Cadsky et al. (1996) found that self-referred participants were more likely to remain in the programme than those who were court mandated. They suggest this difference in findings could be explained by there being low legal consequences for court-mandated participants not completing the programme in their study (Cadsky et al., 1996). It is possible that individuals in this programme were not as highly motivated to complete as court-mandated clients in other programmes facing harsher legal consequences for non-completion. Therefore, the relationship between referral source and attrition may be impacted by legal consequences (Cadsky et al., 1996).

The relationship between referral source and attrition may also be influenced by supervision (Buttelli et al., 2012; DeHart et al., 1999). It has been found that men are more likely to complete a family violence prevention programme if their attendance is being monitored by either a partner/wife, or legal personnel (DeHart et al., 1999; Gerlock, 2001). This theory suggests that having their attendance monitored makes a participant less likely to drop out due to potential negative consequences (DeHart et al., 1999). For example, their partner may leave them if they stop attending the programme, or they may face alternative

punishments such as prison (DeHart et al., 1999). Therefore, if participants are court-mandated to attend the programme, and their attendance is being supervised, they may be more likely to complete the programme. Overall, the relationship between referral source and attrition has been established across literature, with self-referred participants being more likely to drop out of treatment than those who are court mandated.

Motivation

Research has been conducted to assess whether motivation impacts the completion of family violence treatment programmes. It has been found that men who reported low motivation to change during an initial assessment of a family violence prevention programme were less likely to begin the programme sessions than individuals who reported higher motivation (Rooney & Hanson, 2001). However, in the same study motivation was not found to be a factor predicting programme completion once participants had started attending the programme sessions (Rooney & Hanson, 2001). Furthermore, Scott (2004) investigated the stages of change model and whether it could play a role in predicting attrition. Counsellors classified men into one of three stages of change (precontemplation, contemplation, or action), based on their behaviour and level of motivation to change (Scott, 2004).

Researchers found that men in the precontemplation stage were more likely to drop out of treatment than men in the other stages of change (Scott, 2004). The precontemplation stage consists of men who have no motivation to change their behaviour and generally do not believe they are engaging in behaviour that needs changing (Scott, 2004). Therefore, lower motivation to change behaviour may be linked to attrition in family violence treatment programmes.

Higher motivation has also been shown to influence family violence treatment completion through motivation enhancing interventions. Scott et al. (2011) found that men who undertook a motivation enhancing intervention were more likely to complete treatment

than men who undertook a standard treatment programme. The motivation enhancing intervention involved facilitators empathising with men's frustrations at being mandated to treatment and dealing with the justice system, and helping them to identify advantages to complying with treatment (Scott et al., 2011). As men undertaking this intervention were more likely to complete treatment, it can be inferred that increased motivation may be linked to treatment completion.

Research investigating the specific motivations of men who complete family violence treatment can be used to better understand this possible relationship between motivation and treatment completion. However, limited research has been conducted in this area. One motivation that has been discussed in literature is the desire to be a better father (Pennell et al., 2013). Men who completed the programme described wanting to spend more time with their children, and be better role models by interacting with their children and partners in a non-confrontational manner (Pennell et al., 2013). They mentioned learning to be more patient, and to control their tempers through increased self-control. Furthermore, they wanted to use their learning from the programme to model to their children how to be a good person, such as showing respect to others (Pennell et al., 2013). Therefore, the motivations of some men to complete family violence treatment may be associated with their desire to be a good parent.

Overall, there is evidence within literature to support the existence of a relationship between motivation and programme completion (e.g., Scott, 2004; Scott et al., 2011). However, little is known about the specific motivations of participants to complete the programme, with the exception of a desire to become a better parent. In order to gain further understanding of factors that impact attrition and completion, it is useful to hear the voices of participants who have attended family violence intervention programmes.

Hearing the Voices of Participants

Listening to the voices of participants who have attended family violence intervention programmes is important as it allows men to share their first-hand experiences, from which valuable insights can be drawn about the factors that can be addressed to facilitate completion. Some research has interviewed men who have dropped out of treatment to understand their experiences. Brown et al. (1997) completed follow up assessments with participants who dropped out of a family violence treatment programme for married couples. They were successful in contacting 71% of participants who dropped out of the programme for a phone interview. This was useful as they were able to hear first-hand the reasons participants did not complete the programme. The most frequently rated reasons for dropping out identified by participants were treatment related (Brown et al., 1997). This included participants not being satisfied with the content or structure of the programme. Other reasons for drop out identified during these interviews included: their spouse wanting to drop out, scheduling problems (e.g., work conflicts or babysitting), relationship related reasons (e.g., separation/divorce or their relationship worsening), group related reasons (e.g., one participant dominating the group), and perceived issues with the therapists' competence (Brown et al., 1997). The use of interviews in this study was crucial, as without this input from men who did not complete the programme researchers may not have identified the issues that were impacting attrition.

Although conducting interviews with participants after they drop out of a programme is useful, this can be challenging due to the difficulty of contacting men who have dropped out. This can be seen in Wilhelmsen et al. (2013) who conducted interviews with participants after they ended an internet-based cognitive behavioural treatment. Although all participants were invited to take part in the interviews, many non-completers refused (Wilhelmsen et al., 2013). As a result, they were only able to interview 3 non-completers, compared to 11

completers. Supporting this, Edleson and Syers (1990) interviewed men who participated in group family violence treatment programmes. They were able to make contact with 62% of programme completers, and only 29% of non-completers. These studies show that when compared to programme completers, it is challenging to interview non-completers of treatment programmes as they are difficult to contact and often do not wish to take part.

The difficulty of contacting participants who drop out of treatment programmes can also be seen in longitudinal studies that attempt to contact participants at different time periods and are regularly impacted by attrition. Digiusto et al. (2006) used data from opioid treatment studies to analyse the difficulty of following up with participants. It was found that more follow up attempts were required to contact participants who had left treatment when compared to those who stayed in treatment. Thirty percent of the participants who researchers attempted to contact were unable to be reached (Digiusto et al., 2006). Of these participants, approximately 79% had left treatment. This suggests that participants who have dropped out of treatment programmes are more difficult to contact for follow up interviews than those who remained in treatment.

Due to the difficulty of contacting participants who have dropped out of treatment programmes, some studies assessing attrition only interview completers. This approach allows researchers to gather information about positive aspects of treatment programmes that need to be focused on to improve participant experiences. Edleson and Syers (1990) interviewed men who completed group family violence treatment programmes. Through gaining the first-hand accounts of these men, they were able to identify the aspects of family violence treatment programmes that are most effective for participants. It was found that shorter programmes, and programmes that are structured, are more likely to be effective in reducing violence reported by the participants at follow up.

Wilhelmsen et al. (2013) also interviewed completers of an internet-based cognitive behavioural treatment programme and found common motivators for participants completing the programme included a desire to gain control of one's life and a hope of recovery. Furthermore, participants were motivated by both a sense of belonging towards family and friends and being able to identify with the programme content. Participants also identified positive aspects of the programme that supported them in completing. These included the flexibility of the programme which allowed them to have a sense of autonomy, and having face-to-face consultations with a qualified therapist (Wilhelmsen et al., 2013). This shows that it is useful to interview programme completers as they are able to provide insights into the positive aspects of the programme that need to be focused upon, as well as their motivations for completing the programme. This information can be useful when aiming to improve the completion rate of treatment programmes and keep participants engaged.

Although it is useful to gather information from completers of treatment programmes about why they stayed in the programme, they are also able to offer valuable insights into possible reasons why others may have not completed. Donkin and Glozier (2012) interviewed completers of an online treatment programme for comorbid depression and cardiovascular risk factors. Participants reported many barriers to completing treatment. These included competing priorities, time constraints, feelings of anxiety, failing to learn anything new, and perceiving the programme as being of little worth (Donkin & Glozier, 2012). The participants were also able to provide insight into how they overcame these barriers. Participants identified motivational factors that helped them to complete the programme. These included noticing an improvement, feeling in control by being able to take the programme at their own pace and choose what activities to do, having a personal value of completing what they had started, and integrating the programme as part of their daily routine (Donkin & Glozier, 2012). This study shows that completers of treatment programmes are able to provide

valuable insights into barriers that could impact attrition and motivational factors that can influence programme completion.

Some studies have also interviewed participants during the assessment phase of the programme, before treatment sessions began. Catlett et al. (2010) interviewed men during the assessment phase of a court-mandated family violence treatment programme. They did this to capture the depth and complexity of the participants' experiences of violence, and the meaning they make of their experiences (Catlett et al., 2010). Sixty-five percent of the men interviewed went on to complete the programme, meaning they interviewed a range of men who went on to either complete or drop out. Although interviews were not conducted with men after they had experienced the programme, researchers were still able to draw comparisons from the assessment interviews between completers and non-completers. It was found that participants who dropped out of the programme were more likely to deny their violence, whereas completers showed some ability to self-reflect and accept responsibility for their actions (Catlett et al., 1997). There were no differences identified between completers and non-completers in terms of hostility towards their female partners, however, there were differences in the participants levels of hostility towards the justice system. Participants who dropped out of the programme were more likely to express hostility towards the justice system and perceive that it is singling them out. Therefore, the interviews enabled Catlett et al. (1997) to identify differences between men who completed and dropped out that could have impacted programme attrition.

Overall, interviewing participants is a useful way of gathering first-hand accounts to provide a deeper understanding of factors contributing to programme attrition and completion. Although it is difficult to make contact with participants who have dropped out of programmes, it can be useful to interview programme completers. They are able to provide insights into positive aspects of the programme that should be emphasised to improve

participant experiences, and specific motivations that contribute to programme completion.

They can also outline barriers that might influence other participants to drop out of treatment and explain how they overcame these barriers.

This Study

This mixed methods thesis aims to explore factors associated with attrition and completion in a New Zealand based community situated family violence intervention programme. Two studies are conducted to achieve this aim. Study one aims to quantitatively understand the rate and potential reasons for attrition from the intervention programme. Specifically, two research questions are explored in a cohort of participants who attended the programme in 2019:

- 1) What is the attrition rate of the programme?
- 2) What factors significantly predict attrition in the programme?

Study two aims to qualitatively explore the experiences of men who completed the programme during 2019. Interviewing men who completed the programme provides a positive approach to understanding the facilitators and barriers to programme completion. Insights into aspects of the programme that could be strengthened to improve the resilience and motivation of other participants can be gained. Learning from this group of men to evoke programme change affords an opportunity to empower the men through ensuring their voices are heard.

Method

Family Violence Intervention Programme Overview

The programme works with males over the age of 18 years. There are a number of different ways participants can be referred to the programme. These include self-referral, and referral through the Ministry of Justice, Department of Corrections, or other local agencies. The programme begins with an assessment interview that includes the collection of comprehensive information about the client. After the assessment interview, the facilitator and client decide together whether the client is a good fit for the programme and, if so, whether they should attend a group or individual programme. If the assessment identifies issues that are not addressed by this programme, the clients are referred elsewhere, such as to a more general counselling service for mental health concerns.

The group programme was run for 90 minutes once a week on a weekday evening. It began with a 4-week introductory module completed in small groups of approximately 10 men. After completing this introductory module, men moved into the main group for the remaining 12 weeks of the programme. The main group consisted of 10 to 20 men led by two group facilitators, usually one male and one female. Participants were given a workbook at the beginning of the programme with information on the tools and concepts that will be covered throughout the course. During each session, participants had opportunities to share their experiences and learn tools to put into place to build healthy relationships. To complete the programme, men must have attended at least 12 of the 16 sessions.

The individual programme addressed the same content as the group programme through one on one sessions with a counsellor. The sessions were scheduled on a time and day that suited the participant. It consisted of 12 sessions, and participants must have attended and engaged in at least 8 of these to complete the programme. The individual

sessions were well suited to clients who may struggle with group dynamics, such as men who are uncomfortable in social situations.

Individuals often participated in the programme multiple times. After completing the programme, participants sometimes decided to return and attend either another group programme or some individual sessions to continue with their learning.

Study One

Participants

Participants consisted of men attending both the individual and group versions of the programme in 2019. A total of 89 men attended the assessment and gave consent for their assessment data to be used in part one of this study. Of these men, 69 (77.5%) went on to attend at least the first programme session. The remaining 20 (22.5%) men were excluded from the analysis as they did not start the programme after attending the assessment.

Demographic information about the participants included in this study is shown in Table 1.

Table 1*Demographic Information of Participants in Study One*

Characteristics	Total sample (n = 69)
Age in years	
M (SD)	36.90 (11.38)
Minimum	18
Maximum	65
	n (%)
Ethnicity	
NZ European/Pākehā	42 (60.9)
NZ Māori	21 (30.4)
Other	6 (8.7)
Relationship status	
Single	20 (29.0)
In a relationship	36 (52.2)
Unknown	13 (18.8)
Programme type	
Individual programme	38 (55.1)
Group programme	45 (65.2)
Referral source	
Court mandated	45 (65.2)
Self-referred	24 (34.8)

Materials

A wide range of routine variables were collated at the assessment stage of the programme by the service provider, and participants were asked to provide their informed consent to these being used for clinical and research purposes. This study analysed variables that may play a role in attrition given theory in this area. These included age, ethnicity, relationship status, referral source, and motivation to change behaviour. Data was extracted from clients' files by the researcher and coded according to the discrete categories used by the agency to maintain researcher objectivity. To further ensure this, a sample of data files were coded a second time by the researcher to calculate intra-rater reliability, finding a concordance rate of 100%. This indicates excellent intra-rater reliability.

Age.

The age of each participant was recorded by programme facilitators during the assessment phase of the programme. These ages were collated for data analysis.

Ethnicity.

The ethnicity participants identified as was reported on the assessment forms using tick boxes. The options on the form for participants to tick were NZ European/Pākehā, NZ Māori, Pacific Islander, or other. For the purposes of this study, Pacific Islander and other were combined into one category, due to a small number of participants in these categories. For data analysis, the options were coded as 1 = NZ European/Pākehā, 2 = NZ Māori, and 3 = other.

Relationship Status.

The relationship status of participants was indicated during the assessment phase of the programme through participants ticking a box on the forms. The options were single, married, de facto, separated, and divorced. For this study, the categories of married and de facto were combined into one category called "in a relationship." Single, separated, and

divorced were combined into the category “single.” This was to allow group sizes to be large enough to analyse this data and to more clearly analyse any possible differences between participants who are single and in relationships. For data analysis, the categories were coded as 1 = single, and 2 = in a relationship.

Referral Source.

Referral source was identified through a box ticked by the assessor on the assessment forms. The options were Ministry of Justice, Department of Corrections, self, self after arrest, and other. For the purposes of this study, referrals from the Ministry of Justice and Department of Corrections were combined into one category called “court mandated,” while self, and self after arrest were combined into the category “self-referred.” This was to make it clearer whether there were any differences between court mandated and self-referred participants. For data analysis, the options were coded as 1 = court mandated, and 2 = self-referred.

Motivation to Change.

To indicate motivation to change, participants were given the question “circle the number on the rating scale to show ‘how much do you want to change’” as part of their assessment forms. The rating scale had numbers 1-10, which were circled by participants and collated for data analysis.

Drop Out.

Whether participants were considered to have completed or dropped out of the programme depended on the number of sessions they attended. The service provider allows participants to miss up to four sessions to complete the programme. Therefore, participants in the individual programme were considered to have dropped out if they attended less than 8 of the 12 sessions. In the group programme, participants were considered to have dropped out if they attended less than 12 of the 16 sessions. Facilitators recorded the dates participants

attended each programme session on their database. The researcher collected these dates to assess the start date of participants, how many sessions they attended, and the date they either finished or dropped out.

Procedure

During the assessment interview, participants were asked whether they consented to their data being used for research purposes. This was indicated through participants ticking a box on the assessment forms. The assessment forms of participants that consented were then collected by the researcher and deidentified copies were made. These forms were stored in a secure lockbox at Victoria University of Wellington that could only be accessed by the researcher. The relevant information from the forms was extracted and collated into a spreadsheet for data analysis. All online data was stored on a secure password protected drive only accessible by the researcher. Ethics approval was gained from the Victoria University of Wellington Ethics Committee (see Appendix A).

Treatment of Data

Research Question One: What is the Attrition Rate of the Programme?

To answer research question one, survival analysis was used to create a Life Table showing the survival rate of the total participants (the individual and group versions of the programme combined). This showed the number of participants who dropped out in each session of the programme, the percentage of participants who dropped out, and the cumulative percentage of participants remaining at the end of each session. This cumulative percentage remaining indicates the survival rate for the sample, allowing the attrition rate to be calculated as the percentage of participants who dropped out of the programme.

Research Question Two: What Factors Significantly Predict Attrition From the Programme?

Differences between participants who completed and dropped out of the programme were analysed using chi-squared tests and independent samples t-tests. This identified if there were significant differences between participants who completed and dropped out on the variables analysed.

The majority of previous studies analysing attrition from family violence intervention programmes are limited by the fact that they do not take their analysis any further than comparing differences using ‘completion’ as their dependent variable (Rooney & Hanson, 2001). This does not allow information to be gathered on how far through the programme participants progress before dropping out. This information could be beneficial in further understanding how different variables impact programme attrition. To overcome this, this study used survival analysis to consider how far through the programme non-completers were before they dropped out (Cox & Oaks, 1984; Guo, 2010). Kaplan Meier survival analysis curves were created to plot the cumulative percentage of participants still in the programme at the time of each session (Luke & Homan, 1998). These curves allowed the survival rates of any variables that were found to significantly differ between participants who completed and dropped out to be visually represented in graph form.

Analysis was conducted to investigate whether the survival curves created were significantly different using a log-rank test. The log-rank test assesses the null hypothesis that there is no difference in the probability of dropping out at any time point (Schober & Vetter, 2018). If the log rank test is significant, the null hypothesis is rejected, indicating there is a significant difference between the survival distributions.

Although the log-rank test is useful for identifying significant differences, it does not give any indication of the size of this effect, or control for possible effects of other

independent variables. Therefore, the Cox proportional hazards regression model was used to test the effect of multiple predictor variables on survival time (Luke & Homan, 1998; Bruce et al., 2017). This model uses regression techniques with survival data. It is a useful model to use for this study as it does not assume the form of the hazard function over time. The hazard function is the rate that the termination of the event will occur for an individual, given that person is still at risk (Rooney & Hanson, 2001). Therefore, for the purposes of this study, the hazard function represents the rate that participants will drop out of the programme at a point in time (t), given they are still attending the programme. As the Cox proportional hazards regression model does not assume a particular form for the distribution of the hazard function, it focuses on how predictor variables proportionately increase or decrease the hazard function (Luke & Homan, 1998). This shows whether the predictor variables assessed influence the probability of programme attrition. The form of the Cox proportional hazards regression model is $h(t) = h_0(t)e(b_1X_1+b_2X_2+...+b_pX_p)$. In this equation, $h(t)$ represents the hazard function, and $h_0(t)$ represents an unspecified baseline hazard function that depends only on time. In other words, $h_0(t)$ is the hazard function when all of the predictor variables (X_1, X_2 , etc) are equal to 0. X_p represents the individual predictor variables, and b_p represents the corresponding regression coefficients. In order to run a Cox proportional hazards regression, two key assumptions needed to be met including non-informative censoring and proportionality of hazards.

Non-Informative Censoring Assumption.

For Cox proportional hazards regressions, censoring needs to be non-informative. This means the participants that are censored should not be informed by any part of the study – it should be random (Ranganathan & Pramesh, 2012). Censoring refers to when the survival times are incompletely observed (Schober & Vetter, 2018). For example, in studies investigating alcohol relapse, a participant may not have relapsed by the end of the study, or

may have dropped out before the relapse information could be determined (Luke & Homan, 1998). Therefore, the time of the event (taking a drink) is not known, so the participant is censored. An example of informative censoring would be in a medical study where participants feel better after receiving an intervention drug and decide they no longer need to continue with follow up (Ranganathan & Pramesh, 2012). In this example the censoring is being affected by the drug administered in the trial. In the current study, participants were censored if they completed the programme as these participants did not experience the event (dropping out). There were no other reasons for participants being censored. Unlike medical studies, participants were not censored for dropping out of the programme as this is an attrition study. Therefore, there are no cases in this study where participants could have been censored due to reasons impacted by the study, and the assumption of non-informative censoring is satisfied.

Proportionality of Hazards Assumption.

The second assumption that must be satisfied in Cox proportional hazards regression is the proportionality of hazards – that the hazard rates remain proportionate over time (Xue et al., 2013). This means that the effect of a predictor variable should be consistent over time. In other words, for each unit increase in a predictor variable, there should be a similar change in the hazard rate at each point in time. If hazard ratios are not constant overtime this can result in biased coefficient estimates and decreased power of significance tests (Ezzeddine et al., 2016). One way to test the proportionality of hazards assumption is through adding interaction terms between the covariates and time into the initial predictive model (Ezzeddine et al., 2016). If any of the newly added interaction variables are significant, it indicates that the proportionality of hazards assumption is violated for the given covariate, meaning its effect is changing over time. The interaction variables calculated for the current study were non-significant, indicating the covariates effects were not changing over time: age x time

(HR = 1.01, $p = .140$), ethnicity x time (HR = 0.94, $p = .699$), and referral source x time (HR = 0.98, $p = .900$). Therefore, the proportionality of hazards assumption is satisfied.

Study Two

Design

Individual interviews were used to allow men to share their programme experiences. This part of the study used a phenomenologically oriented research design, with interview questions being broad and open-ended. This was to support an inductive and realist epistemological position. The interviews were semi-structured to allow for flexibility, while still ensuring the interview content remained relevant to programme attrition/completion (Bartholomew et al., 2000; McIntosh & Morse, 2015). The semi-structured nature of the interviews enabled researchers to probe the responses participants made to the open-ended questions for further information (McIntosh & Morse, 2015). Researchers were also independent of the organisation running the programme to enable men to express their perspectives with no fear of personal repercussions. This was to allow men to feel comfortable during the interview process and to increase their likelihood of giving honest responses.

Participants

Participants who were interviewed consisted of 10 men who had completed the group programme. Demographic information about these participants is shown in Table 2. The participant names are pseudonyms used for confidentiality.

Table 2*Demographic Information of Participants in Study Two*

Name	Age	Ethnicity	Relationship Status	Referral Source	Number of sessions attended
Josh	46	NZ European/Pākehā	Single	Self-referred	15
Henry	31	NZ European/Pākehā	In a relationship	Self-referred	13
Matthew	40	NZ European/Pākehā	In a relationship	Self-referred	12
Daniel	53	NZ European/Pākehā	In a relationship	Self-referred	16
Tony	28	NZ European/Pākehā	Single	Self-referred	15
Brian	52	NZ European/Pākehā	In a relationship	Court mandated	16
Scott	35	NZ Māori	In a relationship	Court mandated	12
Kyle	38	NZ European/Pākehā	In a relationship	Self-referred	16
Nathan	33	NZ Māori	In a relationship	Self-referred	13
Adam	23	NZ European/Pākehā	In a relationship	Self-referred	15

Procedure

A sample of men who completed the group programme were contacted by facilitators to ask if they would consent to attending a short interview to discuss their experiences of the programme. Ethics approval was gained from the Victoria University of Wellington Ethics Committee (see Appendix A). The men were given a full information sheet and consent form (see Appendix B) and went through these with the researcher before the interview began. Information sheets and consent forms were also provided to the manager of the service provider (Appendix C) and the programme facilitators (Appendix D).

The interviews were conducted between October and December 2019. They were carried out in private rooms at the service provider and were one-on-one with the participant

and researcher. They were semi-structured to allow flexibility throughout the interviews while still keeping the content relevant to attrition. The following questions were asked and were supplemented with prompts and follow up questions where necessary: 1) How did you find the programme? 1a) What was good about it? 1b) What was not so good about it? 2) What do you think the main reasons were that you completed the programme? 3) Were there any barriers that made it difficult for you to attend the programme? 4) Is there anything that could have been done differently to make the programme better? 5) Would you recommend the programme to anyone else? 5a) If so, who and why? 5b) If not, why not? The interviews lasted between 25-45 minutes depending on how much each of the men had to say. They were audio-recorded to ensure everything the men said was recorded accurately.

The men did not use their names during the interview, and any possibly identifying information was removed from the transcripts to ensure confidentiality. The audio recordings and transcripts of the interviews were stored on a secure password protected drive that could only be accessed by the researcher. Men were also provided with a debriefing sheet after the interview (see Appendix E), which included helplines, and were encouraged to reach out to the service provider if they began to feel distressed at any point after the interview.

Treatment of Data

Thematic analysis was used to analyse the interview data collected. As required by Braun and Clarke (2006), decisions were made to guide the type of approach taken in the thematic analysis. Firstly, an inductive approach was taken to gain an understanding of the men's experiences of attending the programme from their own perspectives. This would allow for the exploration of all possible reasons for attrition and completion, rather than focusing on specific theories that have been defined in advance. It was also decided that the overall dataset would be analysed rather than focusing on any one specific part of the men's experiences or perspectives. This was so a rich description of the men's experiences and

perspectives could be drawn to gain as much information as possible regarding attrition. Furthermore, it was decided that a realist/essentialist epistemological paradigm would be applied. This was so the themes identified would reflect the men's own interpretations of their experiences of the programme as they describe in their interviews. Lastly, it was decided that themes would be identified at a semantic level. This would allow the information shared in interviews to be used to develop themes that directly reflect the men's experiences of the programme, and their own perspectives of factors that could influence attrition and completion.

Themes were identified, analysed, and reported using the six phases of thematic analysis outlined by Braun and Clarke (2006). The first phase of the thematic analysis was familiarisation with the data. This involved transcribing the interviews and reading the interview transcripts to become familiar with the range of participant perspectives and experiences, and develop ideas for initial codes. The second phase of analysis was developing codes. These are self-contained recurrences within the data – common or important issues to the participants (Braun & Clarke, 2006). Initial codes were developed from coding each of the transcripts in turn. The finalised set of codes was decided upon by merging codes that were similar, and discarding codes created from insubstantial content. The third phase involved searching for themes by grouping the initial codes together into smaller groups. The fourth phase was reviewing these themes. This was done by checking the themes against the dataset by going through the transcripts and coded extracts. The fifth phase was defining the themes and subthemes, and giving them names that capture the coded contents. The sixth phase was producing a report describing the themes and subthemes and providing suitable example quotes to illustrate the claims made by these themes.

Results

Study One

Comparing the Individual and Group Versions of the Programme

Life Tables were used to show the survival rates of participants in the individual and group versions of the programme. Table 3 shows the survival rate of the individual programme, and Table 4 shows the survival rate of the group programme. The first column shows the number of sessions attended by each participant, and the second column shows the number of participants who attended each session. The censored column represents the number of completers who ended the programme at each session. The dropped out column shows the number of participants who dropped out of the programme after each session. The % dropped out indicates the percentage of participants who dropped out after each session, and the % remaining is the cumulative percentage of participants remaining in the programme at the end of each session. For example, the fourth row of Table 3 indicates that 31 participants attended the third session of the programme, no participants completed the programme, and two participants dropped out after this session. Therefore, 6% of the participants dropped out after three sessions in the programme, and the cumulative percentage of participants remaining in the programme after session three was 76%.

As can be seen in Table 3, participants began dropping out of the individual programme after the first session, and the last participant to drop out of this programme was after session six. Participants needed to attend at least 8 of the 12 sessions in order to complete the programme. It can be seen that 55% of participants completed the programme, however, only three participants completed all 12 sessions.

Table 3*Life Table Showing the Survival of Participants in the Individual Programme*

Session number	Entered session	Censored (completed)	Dropped out	% Dropped out	% Remaining
0	38	-	-	-	100
1	38	0	3	8	92
2	35	0	4	11	82
3	31	0	2	6	76
4	29	0	3	10	68
5	26	0	4	15	58
6	22	0	1	5	55
7	21	0	0	0	55
8	21	3	0	0	55
9	18	5	0	0	55
10	13	8	0	0	55
11	5	2	0	0	55
12	3	3	0	0	55

Table 4 shows the survival rate of participants in the group programme. As with the individual programme, participants began dropping out of the group after the first session. The majority of participants who dropped out of the programme did so before session 8. However, there were two participants who dropped out after completing 11 sessions. Participants needed to complete 12 of the 16 sessions to complete the programme. It can be seen that 58% of participants completed the group programme, and seven completed all 16 sessions.

Table 4*Life Table Showing the Survival of Participants in the Group Programme*

Session number	Entered session	Censored (completed)	Dropped out	% Dropped out	% Remaining
0	31	-	-	-	100
1	31	0	3	10	90
2	28	0	3	11	81
3	25	0	0	0	81
4	25	0	2	8	74
5	23	0	0	0	74
6	23	0	2	9	68
7	21	0	1	5	65
8	20	0	0	0	65
9	20	0	0	0	65
10	20	0	0	0	65
11	20	0	2	10	58
12	18	3	0	0	58
13	15	4	0	0	58
14	11	1	0	0	58
15	10	3	0	0	58
16	7	7	0	0	58

Analysis was run to determine whether there were significant differences between participants in the individual and group programmes. Table 5 outlines the means, standard deviations, and frequencies of the variables analysed. Independent samples t-tests were used to compare motivation to change, and age between the individual and group programmes.

Ethnicity, referral source, relationship status and programme completion were compared between the individual and group programmes using chi-squared tests. The results of these tests are presented in Table 5. Due to the small number of participants who reported their ethnicity as 'other', these participants were not included in the analysis of ethnicity in this study. The chi-squared test for ethnicity was run between NZ European/Pākehā and NZ Māori. The expected counts for all the variables analysed through chi-squared tests were above 5. The Bonferroni correction procedure was applied to control for Type 1 error. Therefore, an alpha level of .01 was used as the criterion for significance. Due to the structure of the two programme types, participants in the group programme attended a higher number of sessions on average than participants in the individual programme. Despite this, there were no differences found between the two programme types on any of the characteristics analysed. There was also no difference found between the group and individual programmes on the rate of programme completion. As there were no significant differences between the individual and group programmes, the participants were able to be combined to allow for a larger sample size when comparing participants who completed and dropped out.

Table 5*Prevalence of Characteristics of Individual and Group Programme Participants*

Characteristics	Individual (n = 38) M (SD)	Group (n = 31) M (SD)	t-test
Time in Programme	n = 38	n = 31	
Number of programme sessions	6.89 (3.62)	10.23 (5.60)	
Motivation to change	n = 29	n = 26	$t(53) = 0.36, p = .718, d$
	7.10 (1.80)	7.27 (1.56)	$= 0.10$
Age	n = 38	n = 31	$t(67) = 0.42, p = .676, d$
	37.42 (12.86)	36.26 (9.42)	$= 0.10$
	n (%)	n (%)	Chi-Square test
Ethnicity	n = 38	n = 31	$X^2(1, N = 63) = 0.80, p$
NZ European/Pākehā	21 (55.3)	21 (67.7)	$= .371, \Phi = .11$
NZ Māori	13 (34.2)	8 (25.8)	
Other	4 (10.5)	2 (6.5)	
Referral source	n = 38	n = 31	$X^2(1, N = 69) = 4.59, p$
Court mandated	29 (76.3)	16 (51.6)	$= .032, \Phi = .26$
Self-referred	9 (23.7)	15 (48.4)	
Relationship status	n = 29	n = 27	$X^2(1, N = 56) = 0.04, p$
Single	10 (26.3)	10 (32.3)	$= .842, \Phi = .03$
In a relationship	19 (50.0)	17 (54.8)	
Programme completion	n = 38	n = 31	$X^2(1, N = 69) = 0.06, p$
Completed	21 (55.3)	18 (58.1)	$= .815, \Phi = .03$
Dropped out	17 (44.7)	13 (41.9)	

Note. Bonferroni correction procedure was applied to control for type 1 error, an alpha value of .01

was therefore used as the criterion.

Research Question One: What is the Attrition Rate of the Programme? (Individual and Group Combined)

A Life Table was used to show the survival rate of participants in the individual and group programmes combined. This can be seen in Table 6 which shows: the session number; the number of participants who attended each session; the number of completers who left after each session; the number of participants who dropped out after each session; the percentage of participants who dropped out after each session; and the cumulative percentage of participants remaining after each session. It can be seen that 54% of participants completed the programme. This answers the first research question of this study, showing an attrition rate of 46% in the programme for the year 2019.

Table 6

Life Table Showing the Survival of the Total Participants in the Programme (Individual and Group Combined)

Session number	Entered session	Censored (completed)	Dropped out	% Dropped out	% Remaining
0	69	-	-	-	100
1	69	0	6	9	91
2	63	0	7	11	81
3	56	0	2	4	78
4	54	0	5	9	71
5	49	0	4	8	65
6	45	0	3	7	61
7	42	0	1	2	59
8	41	3	0	0	59
9	38	5	0	0	59
10	33	8	0	0	59
11	25	2	2	8	54
12	21	6	0	0	54
13	15	4	0	0	54
14	11	1	0	0	54
15	10	3	0	0	54
16	7	7	0	0	54

***Research Question Two: What Factors Significantly Predict Attrition in the Programme?
(Individual and Group Combined)***

Analysis was run to investigate whether there were differences in the characteristics of participants who completed and dropped out of the programme. Table 7 sets out the means, standard deviations and frequencies of the characteristics analysed. These were compared using independent samples t-tests, and chi-squared tests. The results of these tests are also presented in Table 7. The chi-squared test for ethnicity excluded participants who reported their ethnicity as 'other' due to the small number of participants who did so. The analysis was run between NZ European/Pākehā and NZ Māori. The expected counts for all the variables analysed through chi-squared tests were above 5. The Bonferroni correction procedure was applied to control for Type 1 error. Therefore, an alpha level of .01 was used as the criterion for significance. A significant difference was found between participants who completed and dropped out of the programme on the variable ethnicity, with a higher frequency percentage of NZ Māori participants in the drop out group than the completion group. No other significant differences were found between participants who completed and dropped out of the programme on the variables of motivation to change, age, referral source or relationship status.

Table 7

Prevalence of Characteristics of Drop outs and Completers of the Programme (Individual and Group Combined)

Characteristics	Drop outs (n = 30) M (SD)	Completers (n = 39) M (SD)	t-test
Motivation to change	n = 20 7.10 (1.94)	n = 35 7.23 (1.54)	$t(53) = 0.27, p = .788, d = 0.08$
Age	n = 30 34.77 (11.47)	n = 39 38.54 (11.18)	$t(67) = 1.37, p = .174, d = 0.33$
	n (%)	n (%)	Chi-Square test
Ethnicity	n = 30	n = 39	$\chi^2(1, N = 63) = 7.29, p = .007,$
NZ European/Pākehā	13 (43.3)	29 (74.4)	$\Phi = .34$
NZ Māori	14 (46.7)	7 (17.9)	
Other	3 (10.0)	3 (7.7)	
Referral source	n = 30	n = 39	$\chi^2(1, N = 69) = 0.64, p = .425,$
Court mandated	18 (60.0)	27 (69.2)	$\Phi = .10$
Self-referred	12 (40.0)	12 (30.8)	
Relationship status	n = 21	n = 35	$\chi^2(1, N = 56) = 0.75, p = .388,$
Single	6 (28.6)	14 (40.0)	$\Phi = .12$
In a relationship	15 (71.4)	21 (60.0)	

Note. Bonferroni correction procedure was applied to control for type 1 error, an alpha value of .01 was therefore used as the criterion.

Kaplan Meier Survival Curves.

Figure 1 shows the survival distribution of the total participants in the programme represented in a Kaplan Meier survival curve. This curve shows the cumulative survival

(percentage of participants remaining in the programme) over the 16 programme sessions.

The steps down on this curve represent participants dropping out of the programme, and the censored lines (+) represent completers who left the programme after session eight and onwards.

Figure 1

Survival Curve for Total Sample (Individual and Group Combined)

As a significant difference was found in ethnicity between participants who completed and dropped out of the programme, a Kaplan Meier survival curve was also created to compare the survival distributions for ethnicity. Figure 2 shows the survival distributions for NZ European/Pākehā and NZ Māori. Figure 2 has the same structure as Figure 1, showing the cumulative survival percentage over the 16 programme sessions. It can be seen that the survival distribution for NZ Māori is lower across the programme, suggesting

a lower percentage of NZ Māori participants remained in the programme than NZ European/Pākehā.

Figure 2

Survival Curve Comparing Ethnicity

To test whether the difference in survival distributions between NZ European/Pākehā and NZ Māori was significant, a log-rank test was run. It was found there is a significant difference ($\chi^2(1) = 9.06, p = .003$), showing NZ Pākehā remained in the programme longer than NZ Māori.

Cox Proportional-Hazards Regression.

A Cox proportional hazards regression was performed to examine the extent to which ethnicity predicted time to drop out of the programme. This method controls for any possible effects of other independent variables. Due to the small sample size in this study, only three variables were able to be included in the regression. This is because the rule of thumb for

Cox regression analysis is 10 events (drop outs) per variable included (Concato et al., 1995). Therefore, it was decided that age and referral source would be included in the regression alongside ethnicity. These variables were considered important to include in the regression analysis as they are the most likely to affect attrition from family violence intervention programmes based on theory in this area.

After controlling for age and referral source, ethnicity was found to be a significant predictor of programme drop out ($\chi^2(3) = 9.56, p = .023$). The hazard ratio indicated that NZ Māori participants were approximately 2.72 times more likely to drop out of the programme than NZ European/Pākehā participants (95% CI = 1.26 – 5.90, $p = .011$). Neither age (HR = 0.98, CI = 0.94 – 1.01, $p = .172$) or referral source (HR = 1.18, 95% CI = 0.53 – 2.62, $p = .686$) were significant predictors of programme drop out.

This analysis provides evidence to answer our second research question, indicating that participants who completed and dropped out of the programme differed based on ethnicity, with NZ Māori participants being more likely to drop out than NZ European/Pākehā participants. Participants who completed and dropped out did not differ on the other variables investigated.

Study Two

Thematic analysis of the men's experiences identified three themes of overcoming barriers to engagement and attendance, motivating factors for engagement, and the importance of active participation in facilitating healing. Each of these themes are described below with supporting quotes and are summarised in Table 8. Participants have been referred to by pseudonyms rather than the names they chose to use during the interviews to ensure confidentiality.

Table 8*Summary of Themes and Subthemes*

Theme	Subtheme
1. Overcoming barriers to engagement and attendance	1.1. The impact of hegemonic masculine norms on engagement
	1.2. External barriers to attendance
2. Motivating factors for engagement	2.1. Realising the practical utility of the programme
	2.2. Content and language matters of engagement
3. Importance of active participation in facilitating healing	3.1. The power of collective spirit
	3.2. Safe environment
	3.3. Agency through social support

1. Overcoming Barriers to Engagement and Attendance

This theme shows how men experienced but overcame barriers to engagement and attendance of the group programme. A salient barrier to engagement that the men had to overcome was hegemonic masculine norms. These norms were experienced through other people negatively appraising the men's attendance at a family violence centre, questioning their manliness. They were also experienced via the men's own personal discomfort from participation in activities that evoked strong emotions; such emotions were at odds with feelings that they were used to experiencing as men. The men also discussed how a conveniently designed programme helped them overcome barriers and facilitated attendance. Where routine life experiences still got in the way of attendance, this barrier was overcome by the power of social support from group members. Two subthemes are detailed within this

theme that highlight the impact of hegemonic masculine norms on engagement, and external barriers to attendance.

1.1. The Impact of Hegemonic Masculine Norms on Engagement

Hegemonic masculine norms featured as a prominent issue that the men battled with throughout the programme. These battles were experienced as external and internal to the individual. Some men talked about how other people outside the programme ridiculed their attendance due to the programme conflicting with societal norms about what it means to be a real man:

[...] stigmatism of the outside world, [...] I said to the guys at work that I was doing the course and like, most of them turned around and went ‘pfft pussy’ [...] I just think it does make it hard for some guys because of that stigmatism. You know, whether it’s family or work or friends. There’s a lot of stigmatism around men doing work around this. And men sharing emotion. (Adam)

At times this external barrier made it difficult for some men to attend as they had to overcome being ridiculed by others, which made them interpret their attendance in a negative way. The men were able to overcome these feelings by focusing on their motivations or end goals for attending the programme (such as having a good relationship with their family, or staying out of prison), and prioritising these above the judgement and acceptance of others. For example, having the support of a family gave men something to work towards:

It did make it hard sometimes. Like don’t get me wrong there were some nights where I’d look at myself and it was a toss up between social perception and my family. Like there’s no comparison there and of course I’m gonna pick my family every time. But at the same time if I didn’t have the family to go back to, it definitely would’ve been harder to come. (Adam)

The impact of stereotypical hegemonic masculine norms was also realised internally whereby the men were anxious about taking part in the group before the beginning of the programme and in the first few sessions. This was partly due to preconceived ideas they held about what other men in the group might be like, which measured up to hegemonic masculine norms about manliness:

I just got this vision of a whole lot of big angry men. Um, and I'd just be this little pawn in there and everyone would be yelling at each other, or something like that.
(Tony)

Men generally reported overcoming this anxiety early in the programme as they got to know the other participants. This allowed men to break down their preconceived ideas by getting to know the individuals which helped them to become comfortable within the group and express their emotions:

[...] a really good bunch of guys [...] and that's what it is, a really good bunch of guys who by session 3 or 4 everyone was comfortable. (Josh)

Yeah, [the programme] brought me to tears. Yeah and I never used to show emotion. I used to have a big mask. Big mask, used to walk around staunch, walk around tough but now nothing's wrong with crying. (Nathan)

Men also discussed feeling uncomfortable within the programme when it evoked strong emotions that they were not used to experiencing, and described the programme as being "emotionally hard":

I think just the fact that it's emotionally hard. Like you drive home and you just feel sad [...] no one likes feeling upset, but I knew that it was a good thing because I was so closed off to my emotions, you know previously I would've just gone home feeling angry sort of thing. So it was, whenever I felt sad I knew that this was working.
Something was going on here and sort of in here. So that was good, yeah. (Tony)

This was particularly difficult for the men when listening to other peoples' stories, as the experiences men shared within the group generally triggered emotional responses, and often caused other men to self-reflect on their own experiences:

[...] hearing things that have happened to other people, be it physical or sexual abuse and things like that, that was [a] really hard pill to swallow. (Josh)

[...] listening to some people's stories and problems [...] because it is quite, it brings it home for me I suppose. Makes me think about myself. Which is something that has always been hard to do. (Matthew)

Men overcame the emotional discomfort that arose during the programme with support from programme facilitators. They stayed with the men after the programme when they appeared to be having a difficult time processing their emotions, checked they would be safe getting home, and provided them with further avenues for support which the men understood as a source of comfort that they could draw upon:

The boys that were talking about those feelings and that, they were pulled aside, and we were all given extra avenues we can go down if we needed to. (Scott)

I ended up staying back afterwards, like a couple others and we sat down and talked with one of the facilitators and just sort of, I guess, in their way of just making sure we're ok and we're gonna get home safely [...] it was really comforting to know that everyone's here for you. (Tony)

1.2. External Barriers to Attendance

The group dynamics and programme structure impacted the ability of some men to engage with it effectively. Some men found that the group could be dominated by specific people, making it harder for quieter people to engage with the facilitators and talk. If facilitators didn't specifically engage with the quieter men, their voices were not heard:

[...] the way that the facilitator chose and some of the people in the group, the way they would talk a lot. It was like ping pong all around the room with three or four people talking. And I'm sitting there and I don't jump in and talk. And the facilitator would talk to those people who are opening up. And if you're not opening up, you're not being spoken to so much or communicated with. (Brian)

Some men reported that the use of break out groups improved this issue, as there were a smaller number of people in each group allowing more men to have the chance to speak:

I think the group was too large [...] cause when we split up into smaller groups, sort of for the second half of the session, it was easier to have your say because there wasn't so many people. (Daniel)

Additionally, some men felt the content was crammed at times and they missed things as a result, meaning there is some content they were unable to engage with. Some men reported that one way this could be overcome was by making the programme longer:

I think it needs to be longer. Like it's hard to make it longer because it's already four months. But the amount of information that they're trying to cram into you in four months – you miss a lot. (Adam)

Many of the men expressed an interest in returning to go through the process again to take in more information and refresh their knowledge. Indeed, the feasibility of attending the programme again was welcomed by many men and overcame the problem of length:

I am contemplating repeating it. Just because I'll think about it or take something in the second time round I didn't take in the first time round. (Daniel)

If I feel myself slipping again I'll definitely be coming back to it again [...] even just come back for a couple of groups. Just a bit of a refresher or something like that.

(Tony)

The men also reported that the programme was easier to attend if it was convenient, such as by fitting well with their work schedule or being situated near their place of residence:

I like the time because I don't have to take time off work. (Kyle)

It's always easy to get here for me, especially like being close and that yeah.

Sometimes I walk here so it's really good. (Kyle)

Along with this convenience, support from families and partners who were able to look after the men's children was essential to them being able to attend the programme every week:

I got a partner, she doesn't do anything on Wednesday's [...] or if she had to do something I would of asked my in-laws to look after the kids. (Nathan)

However, regardless of convenience and availability of support, there were sometimes circumstances that would result in the men being unable to attend, such as sickness or childcare falling through:

The only reason I took time off was because I was sick. I was sick one night, and my boy was sick the other. (Matthew)

I had last week off just cause my partners nana, she's 91, she had a collapse and ended up in hospital an hour before so I had to, we've got four kids so I had to do a lot of that. (Kyle)

Participants accepted these as being one-off circumstances that could be solved and thus it did not deter them from their routine attendance. Although these disruptions prevented men from attending some sessions, they did not get too far behind as other group members supported them by filling them in on what happened while they were away:

I had two nights off. But when you come back having a night off, the guys are quite happy to share what happened. (Matthew)

2. Motivating Factors for Engagement

This theme captures the key factors that motivated the men to engage with the programme. This included the programme offering a clear and useful outcome that it could provide the men from the outset, and positive early results on the men's behaviour and the behaviour of others around them. The content and language used throughout the programme were also important in engaging the men, whereby a positive focus was essential in providing the men with hope for a future that contained healthy relationships and positive change. The content was also perceived as real and relevant to the men and this impacted their engagement as they enjoyed what they were learning and could apply it to their own lives. Two subthemes were identified within this theme including realising the practical utility of the programme, and content and language matters for engagement.

2.1. Realising the Practical Utility of the Programme

Being able to recognise the practical benefits that the programme could offer from the outset was regularly identified as a motivating factor by the men. For example, men reported clear end goals that provided initial motivation to attend, such as improving the quality of their relationships with their children and partners:

For me I want to be the best Dad I could ever be. (Josh)

My goal when I came here was to have a longterm relationship, achieve that and hold onto it and not break it down with my reactions upsetting my partner, making them feel insecure and scared or whatever. (Brian)

The men contrasted this to the negative way they have treated partners and children in the past. This comparison gave the men insight into and awareness of what might be and what end goals they could achieve:

I've seen the way I've treated my wife, and I've seen the way that I can scare my sons sometimes because I get loud and angry you know? Um, and I don't, I don't want that. (Matthew)

The motivation garnered from believing that end goals in which they were invested were achievable was strengthened by the men also realising positive results in the early stages of the programme. Indeed, men noticed the programme having a positive effect on their daily lives early into the programme and these results were also validated by their families. Furthermore, the programme had a positive impact on the behaviour of other people around them, which the men noticed and enjoyed. Seeing that the programme was producing immediate positive results was rewarding and encouraged men's continued attendance:

Firstly my partner, she would notice things [...] whether it'd be an argument I'd be a bit more reasonable, or a lot more reasonable. We don't argue anymore, we can talk about things without having to feel right or wrong. So basically really seeing results in myself and others around me [...] I think that's what made it easy to keep coming back cause if I wasn't seeing the results I might feel that 'oh why am I even coming here' you know. (Kyle)

The men acknowledged that it would take a long time for the end goals of the programme to be fully realised and that changing behaviours that had become strongly embedded over the course of their lives was not easy, but they were willing to put in the work as they saw the outcomes as "worthwhile":

You're changing a habit. And it doesn't happen overnight. It's a lot of work. It's a lot of hard work. And it's worthwhile work. (Adam)

They don't happen quickly, you know, it's a long process. I've had all my life to become who I am, so it's not going to take 16 weeks to fix it. You know? It's going to take a lot longer. (Matthew)

2.2. Content and Language Matters for Engagement

Analysis indicated that the content covered in the programme impacted the men's engagement. The content was perceived as relevant to the men's lives and they liked what they were taught:

When I opened up with my communication, it was because I was enjoying what I was learning. (Brian)

There's a lot of stuff in there about kids and what not. I don't personally have any children so that sort of side of things, I still listen to it you know, because obviously still want kids one day. (Tony)

The positive language used throughout the programme was noted as motivating. Specifically, the men liked that the content was about change and building healthy relationships, rather than being focused on the anger and the violence they had engaged in. This removed stigma from the men and feelings of being punished, provided them with hope that they could create positive change, and fostered trust in the facilitators and programme:

Doesn't really feel that you're in an 'angry men's club' or anything. They try to emphasise that it's not that. (Henry)

The facilitators they just made us all feel welcome and all feel that we were not bad guys. [...] They make us feel that we're here to correct ourselves not here because we're getting punished. [...] In other systems they'll say you're a 'bad guy' that's why you're doing jail, that's why you're in rehabilitation, but I feel that they made us feel that there was hope for us. (Kyle)

The power of positive language was emphasised by a participant who had attended previous versions of the programme but had not completed them. He felt that the positive focus of the current programme's content and language was an improvement over his past experiences. He drew comparisons regarding how the programme has changed to be focused

more around emotions and creating positive change, rather than the violent behaviours participants had engaged in and the repercussions of this.

I mean a lot of our stuff is about feelings too. [...] The old ones never actually got to that part of it. You know? It was just what we did and the repercussions of what we did. Not so much as how to evolve from that. (Scott)

3. The Importance of Active Participation in Facilitating Healing

This theme illustrates how important it was to achieve active participation in the groups and how this led to a collective spirit for the men and facilitators that increased engagement. Having all the men actively participate in the group established trust between group members and with the facilitators, and it promoted a non-judgemental atmosphere. This created a safe environment in which the men could open up and it established a sense of social support. Peer group social support also afforded the opportunity for men to gain agency through helping other men to heal, both within the sessions and, where peer groups were maintained, after the programme ended. Analysis revealed three subthemes within this theme: the power of collective spirit, safe environment, and agency through social support.

3.1. The Power of Collective Spirit

The men indicated that having everyone actively participate in the sessions enhanced the collective spirit and their enjoyment of the group, which, as Kyle noted, impacted attendance: “I didn’t have any days off cause I enjoyed it”. The importance of active participation was particularly notable in the experiences of a participant who had attended the programme previously without completing. He explained how all the men wanting to be there and actively participating was a crucial part of making this time through the programme a more positive experience than past groups he had attended:

It’s been awesome, just everyone participating and getting into it. So it’s been really good [...] I feel like this one’s been so good because everybody that was there really

was into it, you know? [...] I never ever second guessed that. You know what I mean?

Like 'oh these fellas are faking cause they wanna look good'. It was all genuine, honest and open. You know it was really cool. (Scott)

This active participation served to produce a collective spirit, a sense that the men were in the same boat and had to support each other, which facilitated participation and engagement from both the facilitators and themselves:

You realise that, you know, we're all the same. We're all going through the same problems. It might be different problems but it all stems down to the same issue, you know, that it's something that we all need to deal with. (Matthew)

[...] because when you're there for yourself, you want to work, you want to better yourself. And I think you get a better response from facilitators as well because you're there for yourself, and you're open and you're honest and they respond to that. Instead of sort of sitting back in there and just letting the 16 weeks ride. (Henry)

These positive experiences of a collective spirit were contrasted to occasions early in the programme where members did not engage, which was disruptive and distracting for the rest of the group:

I just know for myself it's very distracting and disruptive in a group to have someone who goes 'I don't care about this.' (Adam)

These men tended to drop out after the first few sessions. The men who remained in the group reported liking that these disruptive men left the programme, as they wanted others in the group to have a good attitude and to want to be there to learn:

I think it only helped us because if he had stayed in the group, because of his attitude, everyone else there [...] has walked in and wanted to work on themselves and are there for a common purpose. He didn't want to be there. (Josh)

3.2. Safe Environment

Having all the men actively participate and share their experiences within the group helped to create a safe environment for everyone to open up in:

You watch who comes, who talks, and what they talk about and then you start feeling comfortable about talking about the same thing or [...] what you've got going on because you know that they're gonna listen (Matthew)

This safe environment was facilitated through trust being established among the group members, whereby the men believed that what was said would stay within the group:

[...] we knew that it was in our group and it was going to stay in our group" (Josh)

Men also reported that they felt safe to open up and participate because they knew they would not be judged by group members and facilitators:

People just accepting you for who you are, and the mistakes you've made and the fact that you're there to fix what you've done. Which was really really cool [...] it's one of the safest environments I've ever been in. (Adam)

[the facilitators] made us feel welcome. They made us feel that [there] weren't nothing wrong with us. That we just needed a bit of work. (Kyle)

This safe environment was amplified through the facilitators providing the men with comfort and guidance, even outside the official hours of the group, which the men interpreted as care for the group members:

the facilitators have helped us right through and even for me especially where, you know, if you've got something extra you need to ask you're more than welcome to do it after hours, a phone call, smoko break. So it's like they were there to guide us through thick and thin. (Kyle)

3.3. Agency Through Social Support

Active participation from group members served to facilitate a good sense of social support which reduced feelings of isolation. The men reported how participation in the group helped them not feel alone and understand that it was not just them with the problem, which was comforting. It also produced a sense of agency in the men whereby they helped themselves to grow and heal through helping others do the same:

I do like the group stuff because it makes me feel like it's not just me with the problem. And I'm not saying they've got problems too I'm not so bad, it's the feeling of we're not alone. It's the feeling that, you know, we're all here to better ourselves and if I see somebody struggling well I can give a bit of input. I can say "hey it's alright I'm doing the same, we're all here together". So I find that group mentality works really well. (Kyle)

As well as this happening within the group, some men continued to engage in this social support after the group had ended:

Those guys that were on my group we, yeah we still hang out. [...] I actually thought I wouldn't be still hanging and talking with all these guys, and we do. What is it? December. So we finished in April, May [...] we still talk, even if it's like three weeks later or a month later we still give each other a text or something, or I always do. Just check on the boys. (Nathan)

Discussion

This thesis used a mixed methods approach to explore factors associated with attrition and completion in a New Zealand based community situated family violence intervention programme. This was done across two studies. The first study used a quantitative approach to analyse two research questions which investigated the attrition rate of the programme, and the factors that significantly predicted attrition in the programme using a cohort of participants who attended in 2019. The attrition rate for the programme was found to be 46%, and the only variable found to significantly predict attrition was ethnicity. The second study aimed to qualitatively explore the experiences of men who completed the programme during 2019. This study complements the research on attrition as it provides information about factors that can be promoted to overcome barriers to engagement and increase the likelihood of programme completion. Analysis of the men's experiences identified three themes of *overcoming barriers to engagement and attendance*, *motivating factors for engagement*, and *the importance of active participation in facilitating healing*. The findings of the two studies will be summarised and interpreted within the context of wider family violence treatment attrition literature. This literature focuses on international research as no studies have been conducted specifically assessing attrition from New Zealand family violence intervention programmes. Lastly, the implications of the current findings for practice and policy will be outlined, and limitations of the research along with possible future research directions will be discussed.

Summary of Findings

Study One

Research Question One: What is the Attrition Rate of the Programme?

Research question one sought to investigate the attrition rate of the programme for 2019 through analysing the survival rate of participants who attended the programme. The

results found that 54% of participants completed the programme, establishing an attrition rate of 46%. The attrition rate of the current programme cannot be directly compared to attrition rates of other New Zealand based family violence interventions, as no research has been conducted to determine an average attrition rate for programmes in New Zealand. However, the rate is slightly higher than the attrition rate of 37.8% found in a meta-analytical review of international family violence treatment programmes (Olver et al., 2011). As family violence treatment programmes have been found to have higher attrition rates than other programmes (Olver et al., 2011) this figure is not surprising. However, it is important to remember that some men who drop out of the programme will return at a later date and start the programme again, as indicated by the results of study 2. Therefore, not all men who drop out of the programme will necessarily leave the service permanently. Further research needs to be conducted to assess the rates of men who re-engage with the service after dropping out of the programme to capture this finding. Even with some men returning to the programme at a later date, it is important to address attrition rates to ensure attendees can gain the full benefits the intervention can offer. Understanding possible reasons for this attrition will help to improve future completion rates, allowing more people to benefit from the programme and prevent their use of aggression within and outside of the family.

Research Question Two: What Factors Significantly Predict Attrition in the Programme?

Research question two aimed to provide insight into the factors related to attrition in the programme. This was done by comparing men who completed and dropped out of the programme on a number of variables that have been empirically associated with impacting attrition. Specifically, ethnicity, age, relationship status, referral source, and motivation to change behaviour were explored. Bivariate analysis found the only variable that was significantly associated with higher rates of attrition was ethnicity. Survival analysis further

showed that the survival distributions were significantly different between NZ European/Pākehā and NZ Māori, and a cox proportional hazards model regression showed that when controlling for age and referral source, ethnicity was a significant predictor of programme attrition. Indeed, NZ Māori participants were more than twice as likely to drop out of the programme as NZ European/Pākehā participants.

The finding that ethnicity was a significant predictor of attrition contradicts a large amount of research in the attrition field which found there is no relationship between ethnicity and attrition (e.g., Buttell & Pike, 2002; Daly et al., 2001; Dowd et al., 2005). However, it is consistent with a smaller body of research which has found that completers of family violence prevention programmes are more likely to be Caucasian (Gover et al., 2011; Jewell & Wormith, 2010). A possible explanation for the difference between Māori and Pākehā attrition found in the current study is that Māori experience higher socioeconomic disadvantages than other New Zealanders (Marie & Fergusson, 2011). This means they may experience more negative factors in their lives that make it harder for them to attend, such as financial hardship and limited access to childcare. Thus, it is possible that Māori men need more resources provided to help them complete. For example, funding for childcare or travel expenses may assist with programme attendance. Research also suggests that family violence prevention approaches developed from Western ideas, such as women's refuges, criminal justice responses, and therapeutic programmes, require adaptation to ensure they are culturally appropriate for indigenous populations (Cripps & McGlade, 2008). Indeed, the current programme is based on principles from a combination of CBT and the Duluth model which are Western approaches to family violence prevention (Barner & Carney, 2011). Further research is still needed to understand why Māori drop out of the programme at higher rates, including the potential relevance of cultural practices. It was beyond the scope of this thesis to explore these issues in a quantitative format, however, study 2 identifies barriers for

engagement and how they were overcome by a group of Māori and non-Māori men who completed the programme. Themes raised centred on issues related to hegemonic masculinity, group dynamics and social support, and such issues would be worthy of further exploration in a quantitative study related to attrition in a New Zealand context.

It was found that none of the other variables assessed in this study significantly impacted attrition. No difference was found between men who completed and dropped out on their level of motivation to change reported during the pre-programme assessment phase. This is in line with previous research (Rooney & Hanson, 2001). However, Rooney and Hanson (2001) did find that levels of motivation reported during assessment impacted whether participants went on to start the programme, with those reporting lower motivation being less likely to begin attending the programme sessions. This study did not analyse whether motivation during the assessment phase of the programme impacted whether participants went on to start the programme, but rather was only concerned with the attrition of those who started the programme. It is possible for participant motivations to change over the course of the programme and future research could measure the relationship between motivational levels across the programme with attrition. Indeed, the results of study 2 suggest that men who completed the programme gained motivation from noticing positive changes in their behaviour that they attributed to the programme. This is supported by Scott et al. (2011), who found that men who undertook a motivation enhancing intervention were more likely to complete treatment than men who undertook standard treatment. Again, further research is required to assess the impact of motivational change on attrition in this local programme.

Other variables that were found to not impact attrition included age, relationship status, and referral source. This was unexpected, as the majority of research regarding family violence treatment attrition suggests men who are younger, self-referred or single are more likely to drop out of treatment (e.g., Bowen & Gilchrist, 2006; Cadsky et al., 1996; Daly et

al., 2001). However, the literature in this area is not consistent and the current findings support other research that has found no relationship between these variables and attrition (e.g., Buttell & Pike, 2002; DeHart et al., 1999). The current research included a variety of men which allowed for these variables to be assessed. For example, the age group for this study was 18-65, which allowed a variety of ages to be incorporated into the analysis of the association between age and attrition. This New Zealand programme appears to be buffering against any negative effects of these variables that impact attrition in programmes from other countries. Further research would also need to be conducted to understand why this is the case.

Study Two

Overcoming Barriers to Engagement and Attendance.

This theme was described by two subthemes that outline how men experienced barriers to engagement and attendance of the programme, and how they overcame these. These included *the impact of hegemonic masculine norms on engagement*, and *external barriers to attendance*. Considering the impact of hegemonic masculine norms first, it was clear that the men experienced these social norms as an internal barrier to engagement, whereby they experienced personal discomfort in the programme when undertaking activities that evoked strong emotions that they were not used to experiencing as men. Thus, emotions evoked during the programme challenged their status as men. This supports research outlining that hegemonic masculinity prohibits men from experiencing some emotions and behavioural expressions of these emotions, such as sadness and crying (Englar-Carlson, 2005). It has been found that men who are uncomfortable with experiencing emotion are more likely to hold negative attitudes towards psychological help seeking (Komiya et al., 2000). These social norms also presented external barriers to engagement as the men were negatively appraised for their attendance at a family violence programme by others who

questioned their masculinity. Men who perceive social stigmatisation around counselling are generally reluctant to attend counselling services (Komiya et al., 2000). This social stigma can be linked to the fact that many of the tasks associated with help seeking go against hegemonic norms of masculinity. For example, admitting to needing help, relying on others to provide that help, and recognising and labelling an emotional problem all contradict what society deems to be masculine (Englar-Carlson, 2005). Therefore, the experiences of the men support the findings that hegemonic masculine norms are prevalent in society and can be a barrier to attending and engaging with family violence treatment as this is seen as going against what it means to be a man. However, whilst the study indicates this is an important barrier, it also highlights that the men were able to overcome this and complete the programme. One reason that men gave that helped them overcome this barrier was having something to work towards (e.g., improving their relationship with their children or partner, or staying out of prison). Although not specifically linked to overcoming the impacts of hegemonic masculine norms on attendance, such findings are in line with previous research on attrition. For example, Pennell et al. (2013) found that men who completed a family violence treatment programme were motivated by a desire to improve the relationship they had with their children and be good role models for them and Buttell et al. (2012) suggests that legal consequences of not completing treatment increased motivation to complete. This local programme successfully worked with those who completed the intervention to identify a meaningful outcome that overcame the negative impacts of hegemonic masculine norms.

Considering the sub-theme of external barriers to attendance, the men identified several obstacles that they overcame to complete the programme. Some men described how easy it was for a large group to be dominated by a few people and how disruptive this was for them. This is supported by Brown et al. (1997) who found that some men who dropped out of family violence treatment reported the group being dominated by specific people. The men in

the current study identified the use of smaller break out groups as an effective way to make sure all their voices were heard, as it was easier to speak with less people. This is in keeping with the principles of the Risk Need Responsivity (RNR) model of rehabilitation (Bonta & Andrews, 2017). The responsivity principle of this model requires rehabilitation programmes to be delivered in a style that is tailored to maximise the ability of the participants to learn and engage with the programme (Andrews, Bonta & Wormith, 2011).

The men also identified how the programme overcame barriers that may have been faced through clashes with work and childcare by being conveniently held after working hours and being close to their place of residence. This supports previous literature which found that programme flexibility was a positive aspect that supported participants in completing, providing participants with a sense of autonomy where they could fit the programme around their other commitments (Wilhelmsen et al., 2013). Furthermore, Brown et al. (1997) also found that men who dropped out of a family violence treatment programme identified scheduling problems, such as work commitments and childcare scheduling problems as a reason for attrition. In addition to the flexibility and convenience of the programme design being important, the social support from other people in their lives, including group members, was also necessary to aid completion. Indeed, the men identified the importance of having social support from their partners and family who were able to provide childcare while the men were attending the programme. When this support was unavailable, the men would have to miss a session to look after their children. Where this was unavoidable, social support within the programme came in useful, whereby men helped each other to catch up by sharing what they had learned. This was only possible through good group relationships and trust, hence these factors interact to overcome barriers to completion.

Motivating Factors for Engagement.

This theme was described by two subthemes that outline motivating factors that impacted the men's engagement with the programme. These included *realising the practical utility of the programme*, and *content and language matters for engagement*. Regarding realising the practical utility of the programme, the men reported that they could identify useful programme outcomes from the outset, and that they noticed positive results in their behaviour, and the behaviour of those around them, early in the programme. For example, some men discussed having fewer arguments with their partner. These results were a motivating factor that facilitated the men's continued engagement in the programme as they wanted to continue seeing these changes in their lives. This is consistent with Donkin and Glozier (2012) who found completers of a programme aimed at treating depression were motivated by noticing improvements in their symptoms. Indeed, the importance of noticing change from treatment has been emphasised for mental health programmes, with strength-focused tools being developed to help participants identify and measure change from treatment programmes (Gardner et al., 2005). The specific factors that participants view as important vary as participants have different life priorities. For example, some participants may want to see improvements in their social connections, whereas others may be more focused on their own internal attitude shifts and improvements to their life satisfaction (Gardner et al., 2005). Thus, identifying those changes that are important to the individual prior to the start of treatment and breaking those goals down into measurable outcomes, some of which can be seen early in the programme, will likely increase engagement. The current findings are also compatible with ideas consistent with the Good Lives Model (GLM) of rehabilitation for sexual offending (Ward et al., 2007). The GLM takes a strengths-based approach for working with people who have sexually offended by acknowledging that people are goal driven and seek a number of "primary goods". Primary goods are states of mind,

personal characteristics, states of affairs, activities and experiences that are sought by the individual and are likely to increase psychological wellbeing (Ward et al., 2007). Under the GLM, rehabilitation should focus on helping individuals attain their primary goods in a socially acceptable way. The GLM has been found to be applicable to family violence treatment (Langlands et al., 2009) and indeed this can be applied to the findings of the current study. When working with men who have perpetrated family violence, taking a strengths-based approach and helping them to meet goals that matter to them (such as improvements in their relationships with their family) will help motivate and engage them in treatment.

Turning to the sub-theme content and language matters for engagement, this study found that men enjoyed the use of positive content and language focused around change and building healthy relationships. This approach kept men engaged and provided them with the hope that they could create positive change. Again, this ties in with approaches taken in strengths-based family violence intervention programmes, which focus on building individuals' strengths rather than eliminating their weaknesses (Simmons & Lehmann, 2009) and have been shown to increase engagement. For example, solution-focused approaches in family violence treatment, that use positive content and language, help men to see that positive and long-lasting change can occur by focusing on building their strengths and creating solutions to prevent violence occurring (Lee et al., 2009). Furthermore, previous research highlights the need to provide relatable content to participants, with those indicating they can relate to the programme content being more motivated and likely to complete treatment (Wilhelmsen et al., 2013). Indeed, Donkin and Glozier (2012) reported some programme sessions failing to teach men anything new as a barrier to programme attendance, as this decreased their desire to keep attending. This is supported by Brown et al. (1997) who found that a common reason for men dropping out of family violence treatment was dissatisfaction with the content of the programme. Therefore, the current study aligns with

research in this area and reaffirms the importance of programme content being relevant to participants so they can identify with it and be motivated to engage.

The Importance of Active Participation in Facilitating Healing.

This theme was outlined by three subthemes that describe the importance of having all group members actively participate in the programme, and how this facilitated healing across the group. These were *the power of collective spirit*, *safe environment*, and *agency through social support*. With regard to the first subtheme, the men reported how active participation produced a collective spirit among the men and facilitators that increased engagement. They felt they were all there for the same reasons and had faced similar experiences so they needed to support each other. This supports views expressed by men who undertook family violence group programmes, that the most beneficial support they received during treatment was from fellow participants and group facilitators (Campbell, 2012). The current research adds to this finding, suggesting that establishing a collective spirit with support among programme participants and facilitators is essential for engaging men and having them feel that treatment is beneficial.

A collective spirit provided the foundation for other factors to emerge that could help to facilitate completion. Group bonding was helpful in creating a safe environment where the men could open up. Focusing on the second sub-theme, it was clear that the high levels of trust created between the group members and facilitators afforded a non-judgemental atmosphere – a safe environment. Research with men who have attended other group family violence prevention programmes echoes this finding. For example, Campbell (2012) found men felt safe to share their experiences of violence and express open and honest feelings through having other people to listen who share similar experiences. They also indicated the importance of good group facilitators in successfully aiding the development of trusting relationships between peers (Campbell, 2012). The men identified some key techniques that

the facilitators used to build this trust within the group, which included active listening, allowing time for the men to share their stories with the group, and treating everyone with respect (Campbell, 2012). This promoted a sense of self-worth in the men. Thus, the current findings support this research by reaffirming the importance of building a safe environment with trust among group members and facilitators so participants can feel safe to share their experiences. Therefore, in order for participants to engage in treatment, it is essential that facilitators of family violence prevention programmes focus on establishing this safe environment.

Turning to the third sub-theme, it was clear that social support within the group produced a sense of agency in the men who were able to help themselves through helping others. This finding is consistent with the helper-therapy principle, which suggests that individuals benefit from providing help to people undergoing similar problems to their own (Riessman, 1965). This principle has been influential in developing peer support programmes across many fields including mental health, substance abuse, and family violence treatment. It has been found that in a mental health and substance abuse peer support treatment programme, the helpers providing peer support benefit from their role as it helps to facilitate their own recovery (Salzer & Shear, 2002). Peer supporters mentioned how helping others allowed them to enhance their own recovery, such as providing them with opportunities to learn about themselves, practice developing skills for dealing with problems, and build positive support networks. It has also been found that peer supporters gain benefits from supporting others in the family violence field (Campbell, 2012). Through helping others experiencing family violence, peer supporters gain heightened self-esteem and interpersonal competence which assists them in their own recovery (Campbell, 2012). The current study adds to these findings by showing that for men to benefit from providing social support to others, the programme does not have to formally place men into the role of ‘peer supporter’.

Through fostering a safe environment where men can actively participate in the programme and share their experiences, men are able to naturally take on this role of supporting others, providing them with agency which facilitates their own recovery. Therefore, providing an environment where men are encouraged to support each other is useful in helping the men complete the programme and gain agency.

Implications for Practice, Policy and Future Research

The findings of the current study have many implications for family violence prevention practice and policy. First, it is important to consider the implications of NZ Māori participants being more than twice as likely to drop out than NZ European/Pākehā participants. Research shows that Māori experience higher exposure to a range of social, economic, and family disadvantage factors, including IPV victimisation and perpetration, compared to other New Zealanders (Marie & Fergusson, 2008). The higher rates at which Māori experience social disadvantage exposes them to factors that may impact their ability to engage with and complete programmes. For example, the results of study two outline the convenience of the programme being located close to the men's place of residence, meaning it requires less travel costs which might otherwise have been a barrier to attendance. Furthermore, experiencing social disadvantage could lead to difficulties paying for childcare if men do not have social support from families who can look after children, and this could prevent attendance. Therefore, resources need to be put in place to reduce these barriers, and this is particularly important for Māori participants due to the socioeconomic disadvantage they experience. For example, the use of a travel or childcare stipend could support increased attendance of Māori men. In addition, although not raised as a barrier that men overcame by those who completed the programme in study two, previous research shows the need to consider the cultural appropriateness of the group for Māori participants. For example, when working with indigenous groups, family violence prevention programmes need to see the

person, their family and their community as interconnected (Brown & Langedoc, 2004).

Considering the overrepresentation of Māori in the New Zealand family violence statistics, understanding the reasons for attrition for Māori is a particularly important future research area (Marie & Fergusson, 2008).

The results of the current research also provide insights into what participants of family violence prevention programmes deem important for their engagement. As indicated by the responsivity principle of the RNR rehabilitation model, rehabilitation programmes should be delivered in a way that enhances the ability of participants to learn and engage with interventions (Andrews et al., 2011). Therefore, it is important that family violence treatment programmes are delivered according to what works best for participants to maintain a high level of engagement. As found in previous research (e.g., Brown et al., 1997) it was important for the men to have their voices heard in the group and not have sessions dominated by specific individuals. Break out groups were reported as a good way to allow participants to speak in smaller groups. Furthermore, men identified relevancy of content as being important to their engagement, which is consistent with previous literature (e.g., Donkin & Glozier, 2012; Wilhelmsen et al., 2013). Therefore, family violence intervention programmes should ensure the content covered is relevant to the specific group being worked with. In addition, the men emphasised the importance of the language and content of the programme being positive and focused around change, as this enhanced their engagement by giving them a sense of hope for creating positive changes for their future. The use of strengths-based approaches in the programme would help to keep the content positive, as the focus would be on building participants strengths and helping them to achieve their goals (Ward et al., 2007). Family violence intervention programmes should work to keep the language used positive in order to increase engagement. Lastly, in line with previous research (Campbell, 2012), the men discussed the importance of establishing a safe environment

where they could open up and share their experiences for facilitating engagement. This was done through building trust between group members and facilitators, and creating a non-judgemental atmosphere. This fostered social support within the group that created a sense of agency within the men, allowing them to help themselves through helping others.

Consequently, it is important family violence intervention programmes establish a safe environment where men feel safe to open up and are encouraged to actively participate and support each other which will facilitate healing and engagement. It is recommended that this programme, and similar programmes, maintain an emphasis on addressing responsivity issues. Based upon the responsivity factors outlined, these can be addressed through break out groups, keeping the content relevant, using positive language, and building a safe environment where open discussion, active participation and social support is enabled and encouraged.

Other barriers to engagement were noted in this study, and whilst the men overcame them they highlight important steps that practice and policy need to overcome to help with engagement. The men identified how the convenience of the programme, in terms of it being located near their place of residence, scheduled out of working hours, and offering bespoke individual programmes, enhanced engagement. Indeed, previous research shows that participants drop out of treatment programmes because of scheduling issues, and flexibility is valuable in treatment programmes as it allows participants to work around other commitments, such as work (Brown et al., 1997; Wilhelmsen et al., 2013). Furthermore, how hegemonic masculinity created barriers for men, both internally and externally was highlighted. It was found that men having something to work towards helped them overcome the barrier of hegemonic masculine norms. Identifying meaningful goals at the start of treatment are helpful in overcoming this barrier of hegemonic masculine norms, in particular if those goals produce measurable and practical outcomes along the way for men, such as

reduced arguments. This is consistent with previous literature that shows it is effective for interventions to be focused around taking action and regaining control when working with men (Doka & Martin, 2010; Robertson et al., 2015). In addition, this study showed how the use of strengths-based approaches helped men to overcome barriers to attendance, highlighting the benefits of adopting strengths-based approaches to increase the effectiveness of prevention programmes. Understanding factors that help men overcome barriers to engagement and complete are useful ways for programmes to identify issues that may be affecting non-completers. Research shows non-completers are difficult to contact and interview (e.g., Edleson & Syers, 1990; Wilhelmsen et al., 2013), so interviewing completers is one way programmes can overcome this difficulty and identify possible factors that could impact attrition.

Limitations and Future Research

This study provides a novel mixed methods approach to understand attrition in a local family violence intervention programme by using survival analysis to investigate factors that impact attrition and completion, and interviewing completers of the programme to understand their experiences. This research provided insights into the strengths and weaknesses of the programme and how programme engagement can be improved. Interviewing men also empowered them through having their voices heard and helping to evoke programme change. However, it is important to acknowledge the limitations of the current study. Firstly, it was not possible to record how many times participants had previously attempted to complete, or had completed, the programme or another family violence treatment programme. This should be controlled for in survival analysis as prior successful attempts may be related to greater survival. This can be seen in international research where men were found to be more likely to complete family violence treatment if they had success in family violence treatment programmes in the past (Gover et al., 2011). Therefore, it is possible that prior experience

with family violence treatment programmes could also impact completion in New Zealand programmes. Future research could investigate any possible impacts of previous experience with this programme, or other family violence treatment programmes, on completion.

Second, study one of the current research was also limited by its small sample size. Cox proportional hazards regressions have a rule of thumb that there should be 10 events (in this case drop outs), per variable included in the regression analysis (Concato et al., 1995). Therefore, as there were 30 men who dropped out of this programme during the time of this study (2019), only three variables were able to be included in the cox proportional hazards regression analysis (ethnicity, age, and referral source). It would have been useful to also include relationship status and motivation to change in this analysis to account for any possible effects of these variables. Future research could replicate this study over a longer period of time to include a larger sample size which would allow for more in-depth analysis of variables that might impact attrition from this programme.

Third, whilst interviewing completers provides a useful approach to identifying barriers and ways people overcome them, ideally it would be possible to interview people who dropped out as this would help to identify barriers specific to this group. It was not possible to interview men who dropped out in this study as there was little uptake despite attempts made by the researcher to contact consenting men by telephone who did not complete the programme. Previous research also reports difficulties when attempting to contact men who have dropped out of treatment programmes (e.g., Edleson & Syers, 1990; Wilhelmsen et al., 2013), indicating that it is not unusual that this issue was also encountered in the current study. However, research also suggests that interviewing programme completers is still able to provide useful information regarding participants experiences of positive and negative aspects of the programme (e.g., Donkin & Glozier, 2012; Wilhelmsen

et al., 2013). Therefore, this approach was taken in the current study to overcome the difficulty of contacting men who did not complete.

Lastly, this study did not assess the motivation of participants across the course of the programme. Research suggests that motivation levels of participants are changeable throughout intervention programmes (Scott et al., 2011). Therefore, it would have been useful to analyse whether the participants levels of motivation changed from what they reported during the assessment, and any effect this may have had on programme attrition. This was unable to be measured for this study as it would have required an extra measure for facilitators to complete with participants during the programme sessions, which could have put pressure on the facilitators and disrupted the usual running of the sessions. Future research could establish an approach for measuring the motivation levels of the men across the programme to investigate whether this changes from what is reported during assessment. This would allow for the assessment of whether motivation levels during the programme impact programme attrition.

Conclusion

Overall findings from the current study give insights into factors that can impact attrition and completion in a New Zealand community situated family violence intervention programme. This novel research is one of few studies addressing attrition from violent offending programmes in New Zealand, and the first to investigate attrition and completion using a mixed methods approach in a New Zealand context. An attrition rate of 46% was found and results highlighted that NZ Māori men had higher rates of attrition than NZ European/Pākehā. Whilst it is not possible to ascertain why this is from the present study, it is recommended further research investigate this issue with a view to understanding how to best provide increased support to promote all participant's completion. Study 2 provided valuable information on what helped a sample of men to complete the programme. Interviewing men

who complete is useful because it allows for an understanding of the barriers to engagement, and how they can be overcome to increase the likelihood of programme completion for other men. Interviewing men who drop out of treatment is notoriously difficult and few research studies exist that have achieved this. Therefore, interviewing completers provides an accessible way to understand the problem and build future resilience in men. This research showed that men overcame several barriers to attrition and what was important in helping them achieve this. Lessons learned from this research showed that it is important for family violence intervention programmes to address responsiveness issues through the use of break out groups, relevant content, positive language, and creating a safe environment. Furthermore, it was learned that men could overcome barriers to attrition through programme flexibility and identifying meaningful goals at the start of treatment that give the men something to work towards. Thus, the results of this study are useful in informing the design of future programmes and future research. Although difficult, future research could focus on engaging men who drop out of the intervention programme into interviews to gain further insight into barriers to completion. Additionally, future research could involve a kaupapa Māori study aimed at specifically understanding the needs of Māori and how intervention programmes can better address these to improve engagement. The findings of this thesis have important implications both for this local family violence intervention programme, and for wider practice and policy.

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Appendices

Appendix A: Victoria University of Wellington Ethics Committee Approval Email

From: researchmaster-help@vuw.ac.nz
Sent: Wednesday, 24 April 2019 4:10 PM
To: Anjela Frost; Louise Dixon
Cc: Louise Hamblin
Subject: Human ethics application approval 0000027415 (Psychology). Automated Email, Do Not Reply

Dear Dr Louise Dixon,

Thank you for your application for ethical approval (Understanding Reasons for Attrition in Community Family Violence Programmes, reference 0000027415), which has now been considered by the Psychology Sub-Committee of the Human Ethics Committee.

Your application is approved as of today.

You may wish to check whether there are any new comments on your application. To do this, click on the Comments button (it looks like a speech bubble). If any particular page has comments, they will be marked with a flag on the left hand side of the screen. To access them, navigate to the desired page, and then click on the Page Comments button (it looks like a speech bubble with a page behind it).

Best wishes with the research.

Psychology Sub-Committee of the Human Ethics Committee

*****This is an automated email. Do not reply to this email address*****

Queries for the central Human Ethics Committee can be sent to ethicsadmin@vuw.ac.nz

Pipitea Ethics subcommittee queries can be sent to: pipitea-hec@vuw.ac.nz

Psychology Ethics subcommittee queries can be sent to: louise.hamblin@vuw.ac.nz

Information Management subcommittee queries: vanessa.venter@vuw.ac.nz

Appendix B: Information Sheet and Consent Form for Participants

Research project: Exploring people's experiences of taking part in community family violence programmes (#27415)

INFORMATION FOR PARTICIPANTS

Dr Louise Dixon

Anjela Frost

Personal details redacted

Personal details redacted

Kia ora,

Thank you for learning more about our project. Please read the below information to inform your decision about whether you want to take part. Whether or not you decide to take part, thank you for considering this information.

Who are we? Dr Louise Dixon is an Associate Professor of Forensic Psychology from Victoria University of Wellington who specialises in the prevention of interpersonal and family violence. Anjela Frost is currently completing her MSc in Forensic Psychology at Victoria University of Wellington, and has experience of conducting research in applied settings, alongside policy work in the area of family violence. This project is being completed as part of the requirements for this degree and Louise will act as Anjela's supervisor.

Why do we want you to take part in our study? Because you are taking part in a community family violence programme. We want to learn more about people's experiences of going through these programmes and why some people might not complete them, for whatever reason. We want to hear your voice and make sure it is heard. By taking part in this study you will be helping shape what services in New Zealand look like.

What are we doing? We are working with **Service provider redacted** to understand people's experiences of going through community programmes aimed at preventing family violence. There are two parts to our study.

The first part aims to examine the assessment data of everyone who takes part in the programme. We will be looking to understand why some people may not be able to complete the programme for whatever reason. You will have already spoken to a counsellor at your assessment and you will have decided if you are happy for your assessment data to be passed to our research team confidentially for analysis. As we have explained, we will not collect any personal details about you and will never release your identity in any reports. Thanks for considering this. If you agreed to us using your data it will be included in our study. If you did not agree we will not include your data.

In the second part of our study, we would like to interview some people who do not complete the programme, and some people who do. If you would be willing to speak to one of the research team we ask that you provide us with some contact details below so that we can get in touch. We will know about your progress through the programme because your facilitator has agreed to let us know about this, with your consent. These interviews will last for approximately 20 minutes and will be audio-recorded. In the event that you cannot complete the interview by telephone and wish to complete it at the service face to face, the interview will take place at **Service provider redacted**. We might not be able to get in touch with everyone for an interview, in this event we will contact people at random.

We will ask you questions about how you have found the programme, and what if anything may have been done differently.

Will what you tell us in the interview be kept confidential?

Your interview will be confidential and not shared with the service. Service workers will only ever see final reports and your name and personal details will not be revealed in these reports. We will not ask you to use your real full name at interview, you can use a made up name to make sure no one knows what you have said to us if you wish to do so.

We will ask your facilitator to let us know in person (e.g., in person or over the telephone) whether you complete the programme or not, your name won't be written down in an email. Due to the sensitive nature of the study we will be unable to email or post you a copy of your interview transcript to ensure confidentiality.

The audio recording will be transcribed by a tried and tested professional service who will sign a legal agreement to state they will not disclose the contents of the recording to anyone outside of the research team. However, the transcribers will not be able to identify you from the recordings as you will not disclose your full name or any identifiable information in the recording. The audio recording and transcript will be shared between the research team and the transcriber via a secure network.

We may need to break confidentiality if you tell us any information during the interview that would cause us to be concerned about the safety of you or other people. If this happens we will let you know that we are concerned and speak to key workers at **Service provider redacted** and follow the procedures that they have put in place to deal with such concerns.

What will happen if I become distressed during the interview? It is possible that you may discuss material that you find upsetting. This sheet provides you with a list of services/helplines you can access and if you decide to take part we ask you to take this away with you and keep it in a safe place so you can remind of yourself about what this study is doing and the service/helpline numbers if you want to at a later stage. If you do misplace it, don't worry, we will ask if you would like another copy sent to you (post or email) before we interview you. After the interview we will also be happy to send you a debrief sheet that reiterates the services/helplines emailed or posted to you, or if you would like the contact details conveyed verbally over the phone, or via text, we can do that when we speak to you. We will also leave spare copies of the information sheets and debrief sheets at **Service provider redacted** reception so you can easily pick up another copy if you prefer.

Where will the data be stored? All data will be stored on a secure network at Victoria University of Wellington that only the research team have access to. Please note the research team may be subject to changes over time, but only suitably qualified people will be recruited into the research team. The information we collect about you will not be linked to your name and will be kept securely for an indefinite period of time to ensure analysis of data can be maximised. Although the audio recording will not identify you, it will be deleted once analysis is completed. Although they cannot be matched, your contact details will be kept in a separate file to the de-identified data to ensure your details are not associated with any data.

What are my rights as a participant? You do not have to accept the invitation to take part in this study. You do not have to agree to participate in an interview. If you do decide to participate, you have the right to:

- choose not to answer any questions;
- end the interview at any point up until the end of the interview without giving a reason and can ask for your existing data to be destroyed with no consequences to yourself or others;
- contact the research team within two weeks of completing the interview and ask for your data to be destroyed before it is transcribed and analysed;
- ask any questions about the study at any time;
- agree on a name for us to use at interview rather than your real name;
- access a summary of the overall research findings at the conclusion of the research once completed

How will the results be disseminated? Results will be written up into the form of a MSc thesis and will be shared with **Service provider redacted**. A summary of these aggregate results will be provided on Louise

Dixon's website (<http://ifal.co.nz>). We may present the information at conferences, hui, or research seminars, and publish it in peer review articles / book chapters. We may use the results and anonymised data to inform educational activities (e.g., workshops, public lectures, university classes, student projects) to maximise output from the data and increase people's awareness (e.g. students, professionals, the public) about experiences in community family violence programmes.

Has the project been approved by an ethics committee? Yes, this project has been approved by the School of Psychology Human Ethics Committee under delegated authority of the Victoria University of Wellington Human Ethics Committee [project #27415]

If I have any questions or problems who can I contact? If you have any questions about the study please contact Louise Dixon or Anjela Frost using the given contact information. If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convenor: Dr Judith Loveridge. Email hec@vuw.ac.nz or telephone +64-4-463 6028.

If the study raises any issues for you there are some free helplines you can call, such as:

- The Samaritans (0800 726 666);
- Safe to talk (0800 044 334)
- The Family Violence Information Line (0800 456 450);
- Lifeline Aotearoa (0800 543 354);
- Suicide Crisis Helpline (0508 828865)

Please note **Service provider redacted** are happy for you to get in touch with them to discuss any issues this project may have raised for you, if you want to.

What do we need from you next? If you are happy to participate in the study, please complete the consent form below. If you are willing to be contacted for an interview, please provide your contact details so we can get in touch with you. We will keep this number stored securely.

Thank you for your time: We appreciate your support very much and look forward to having you on this project if you agree to take part.

Ngā mihi,

Louise Dixon and Anjela Frost

Contact details involved with the project:

- Dr Louise Dixon, Victoria University of Wellington, **Personal details redacted**
- Anjela Frost, MSc in Forensic Psychology student, **Personal details redacted**

CONSENT STATEMENT

I confirm that I have read and understand the above study information and agree with the following summary points about my participation in the study:

- I understand that this information sheet provides me with an overview of the research project and its different parts.
- I understand that I will be asked to provide my contact details if I agree to be interviewed.
- I understand that I am encouraged to take this information sheet away with me and keep it in a safe place so I can remind myself of the purpose of the study and service/helplines I can contact for help with any issues this research may raise for me.
- I know that I can call the above listed services/helplines if I become upset during or after the interview.

- I understand that this research may ask me to put my experiences of the family violence programme I am undertaking in my own words and tell my story about what happened.
- I understand that in the interviews the researchers will tell me they may need to break confidentiality if I tell them something that causes them to be concerned about a serious risk of harm to myself or others. In this event the researchers would break confidentiality and speak to key workers at **Service provider redacted** and follow the procedures put in place by them.
- I understand that interviews will be conducted via the telephone and will be audio recorded. If I need to complete it face to face at **Service provider redacted** this can be arranged.
- I understand that I am free to end the interview at any point in time up to the close of the interview without giving a reason and can ask for my existing data to be destroyed.
- I understand that if I change my mind and want to withdraw my interview data, I can contact the research team within two weeks of completing the interview and ask for my data to be destroyed before it is transcribed and analysed.
- I understand that the audio recording and transcript of my interview will be stored securely without my name linked to it. This information will be kept securely for an indefinite period of time to ensure analysis of these transcripts can be maximised.
- I understand that a summary of the aggregate results of this study will be published on Louise Dixon's website (<http://ifal.co.nz>).
- I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw myself from the study at any point without explaining my decision and at no consequence to myself or others.
- I have had an opportunity to ask questions. I understand that future questions I may have about the research will be answered by the researchers, Louise Dixon and Anjela Frost.

I consent that I am willing to be contacted to consider taking part in an interview ☐ Yes ☐ No

If yes, please provide a phone number and email that we can best contact you on:

Telephone _____

Email: _____

Alternative mode of contact: _____

I confirm that I voluntarily consent to participate in this research project.

Name:

Signature:

Date:

Appendix C: Information Sheet and Consent Form for Service Manager

Research project: Exploring people's experiences of taking part in community family violence programmes (#27415)

INFORMATION FOR FAMILY VIOLENCE SERVICE MANAGER

Dr Louise Dixon **Anjela Frost**
Personal details redacted **Personal details redacted**

Kia ora **Name redacted**,

Thank you for your interest in this research project and discussing the design of it to date. The below information summarises the project we aim to conduct at your service. Please would you consider the details below and confirm whether you are still happy for us to conduct this research within your organisation.

Who are we? Dr Louise Dixon is an Associate Professor of Forensic Psychology from Victoria University of Wellington (VUW) who specialises in the prevention of interpersonal and family violence. Anjela Frost is currently completing her MSc in Forensic Psychology at Victoria University of Wellington (VUW), and has experience of conducting research in applied settings, alongside policy work in the area of family violence. This project is being completed as part of the requirements for this degree and Louise will act as Anjela's supervisor.

Why are we contacting you? Through previous conversations, you have expressed an interest in collaborating with us to conduct research at **Service provider redacted** to explore why participants may not complete family violence programmes. Thanks for talking to us about the design and feasibility of such a project to date. We have now finalised the project design and gained ethical approval and are contacting you to confirm that you are still happy for your organisation to be involved.

What is the aim of this project? It aims to explore people's experiences of attending community family violence programmes, in particular why some people might not complete the programme. This project will provide information to improve practice and policy that can impact client completion rates.

What does the project entail? In brief, this project consists of two phases. First we aim to confidentially collect the routine assessment data that facilitators and clients complete prior to attending the family violence programmes at **Service provider redacted**. We will only collate the data of clients who have consented to their data being used for the purpose of research with external agencies.

Second we will invite the clients who do not complete the programme, for whatever reason, and some who do, to take part in a telephone interview with us within a two-week period of leaving the programme so we can understand their experiences, in their words. We will invite the facilitators to let clients know about the project and invite them to take part in this phase of the project and let us know if a client does not complete or disengages for some reason. Hence, we will also gain informed consent from facilitators to take part in this phase of the project.

What will participants have to do?

- **Phase 1, Collection of routine assessment data:**

Because clients routinely provide their informed consent for you to confidentially share their assessment data with suitably qualified researchers, we do not need clients or facilitators to do anything for this phase of the project. This phase will simply require you to provide the research team with access to retrospective and ongoing assessment data of consenting clients. The research team can identify clients who did and did not complete the programme and compare differences between the groups.

- **Phase 2, Phone Interviews:**

We will approach each facilitator in your service with an information and consent sheet to get their written and informed consent to take part in the study. We will do this either in person, or via you as the service manager where this is not possible. Those who consent will be asked to present their relevant clients with a participant information and consent sheet and ask them to consider taking part in phase 2 of this study. The facilitator will return the signed consent sheet to us directly or via you. The facilitator will also be required to let us know when clients drop out of the programme. This can be achieved by the researcher checking the online database where facilitator notes are updated regularly, and by them contacting us either directly or via you. We will not ask you or facilitators to email client names to us, but rather we will speak in person (eg., face to face or via telephone, skype) to confirm which clients we should approach to take part in the telephone interviews.

Facilitators will provide clients with a participant information sheet and consent form in person. Ideally this will be completed at assessment, but where this is not possible (i.e., for some clients who have already started a programme) they will be handed this at a suitable point in the treatment programme. Clients will be required to provide their written consent and agree to providing the research team with their contact details so that we can contact them for a telephone interview. Where this is not possible, we can arrange to interview clients at the service, if they agree. Clients who do not consent will not be contacted.

A random sample of willing clients who do not complete the programme, and some who do, will be contacted and invited to take part in a phone interview at a time convenient to them. Participants will be asked if they would like us to post/email another copy of the information sheet, or debrief sheet, to them prior to the interview. We will not just post/email information or debrief sheets routinely as clients may not want this level of contact for reasons of confidentiality and have been encouraged to keep the original information sheet. We will also let clients know that we have left copies of the information and debrief sheets at the reception area at **Service provider redacted**, so they can pick them up from there if they wish. Prior to the interview the aim of the study, and a reminder of their rights as a participant, will be reiterated to them verbally and your client will have the chance to withdraw from the study at this point. They will be made aware that they can stop the interview at any time and ask for their data to be deleted up until the end of the interview.

We will aim to complete 10-30 interviews, but this will be decided based on the number of clients who do not complete the programme during the study time frame. These interviews will last for approximately 20 minutes and will be audio-recorded. They will use open-ended questions to ascertain their perspectives.

Will what participants tell us be kept confidential?

Phase 1, Collection of routine assessment data: Clients are aware that the researcher will be able to view their name in **Service provider redacted** dataset, but that it will never be included in the analysis and write up of results. All researchers will sign confidentiality agreements to this effect. The researchers will attend **Service provider redacted** in person to extract the data from the existing dataset and create an anonymous dataset for analysis. Only anonymous data, approved by you, will be taken away from the organisation's premises for analysis. Client identity will never be revealed in the write up of any research findings, nor will the name of the organisation without your expressed permission to do so. There will be no need for us to match this data with the second phase of the project, and this will not be possible.

Phase 2, Phone interviews: We will make it clear that the information that participants provide will be confidential and not shared with the service, any data you or others see from the interviews will be aggregated and de-identified. To ensure interviews cannot be matched to client identities we will ask clients to use a pseudonym at interview. Therefore, the interview audio-recording and transcripts will be de-identified and the researcher will not be able to identify which interview was completed by which client.

We will ask you or facilitators to let us know in person the names of clients who do not complete the programme (e.g., face to face or via telephone, skype), rather than email, to maintain client confidentiality. Due to the sensitive nature of the study participants will not be provided with individual interview transcripts to ensure confidentiality.

The audio recording will be transcribed by a tried and tested professional service who will sign a legal agreement to state they will not disclose the contents of the recording to anyone outside of the research team. However, the transcribers will not be able to identify participants from the recordings as the participant will not disclose their full name or any identifiable information in the recording. The audio recording and transcript will be shared between the research team and the transcriber via a secure network.

We will tell participants that we may need to break confidentiality if we become concerned about imminent and serious harm to self or others as a result of disclosures made by them during the interview. In this event we would tell you about the circumstances that have led to our concerns and refer you to follow the procedures put in place by your organisation.

Where will the data be stored? All data will be stored on a secure network at Victoria University of Wellington that only the research team have access to. Please note the research team may be subject the changes over time, but only suitably qualified people will be recruited into the research team. De-identified data (routine assessment data and interview transcripts) will be kept securely for an indefinite period of time to ensure analysis of data can be maximised. Although audio recordings will not identify participants, they will be deleted once analysis is completed. Although they cannot be matched, participant contact details will be kept in a separate file to the de-identified data to ensure people's details are not associated with any data.

What will happen if participants become distressed during the research? It is possible that participants may discuss material that they find upsetting, and that they may become distressed during the interview. All participants will have been provided with a list of services/helplines they can access on their participant information sheet and they have been encouraged to keep this. Participants will be asked if they would like another copy sent to them (post or email) prior to the interview in the event they no longer have a copy. At the end of the interview participants will also be asked if they would like a copy of a debrief sheet that reiterates the services/helplines emailed or posted to them, or if they would like those contact details conveyed verbally over the phone, or via text. We will also leave spare copies of the information sheets and debrief sheets at **Service provider redacted** reception so they can easily pick up another copy if they prefer and will be told this where relevant. We will include your service on the list of services they can contact if they wish to discuss any issues that may have been triggered.

What are the participant's rights? Participants do not have to accept the invitation to take part in the study. They do not have to allow their assessment data to be used, or agree to participate in an interview. If they do decide to participate, they have the right to:

- choose not to answer any questions;
- end the interview at any point up to the end of the interview without giving a reason and can ask for their existing data to be destroyed with no consequence to themselves or others;
- ask any questions about the study at any time;
- agree on a pseudonym for us to use rather than their real name for interview purposes;
- access a summary of the overall research findings at the conclusion of the research once completed

What costs will the research team cover? All participants will receive a \$20 supermarket voucher as koha to thank them for their time. Participants will be asked to choose whether they want this posted to them, and if so they will need to provide a suitable address. If they do not want the voucher posted, it will be made

available for them to be picked up from the reception area at [Service provider redacted]. We will initiate and pay for phone calls.

How will the results be disseminated? Results will be written up into the form of a MSc thesis and will be shared with [Service provider redacted]. A summary of these aggregate results will be provided on Louise Dixon's website (<http://aggressionlab.com>). We may present the information at conferences, hui, or research seminars, and publish it in peer review articles / book chapters. We may use the results and anonymised data to inform educational activities (e.g., workshops, public lectures, university classes, student projects) to maximise output from the data and increase people's awareness (e.g. students, professionals, the public) about experiences in community family violence programmes.

Has the project been approved by an ethics committee? Yes, this project has been approved by the School of Psychology Human Ethics Committee under delegated authority of the Victoria University of Wellington Human Ethics Committee [project #27415].

How can you help us? We want to work with you as the host organisation for this project. We will need you to allow us to 1) access your client data files for those clients who have consented to their data being used by approved research groups, and 2) engage with your facilitators, and clients to take part in phase 2 of the project.

Will you get to see participant's answers? Once reviews of assessment data and interviews are complete, we will use research tools to identify the general patterns that are shared across people's interviews. We will not focus on any one person's results but rather report a summary of combined results. Interview data will be gathered independently of your service and will not be disclosed to you. You will be given access to the end reports.

What do we need from you next? If you are happy to take part in the project, we would like you to sign and return the below consent statement to confirm that you consent to you and your service taking part in this project.

Human Ethics Committee information: If you have any further questions about the research please contact one of the research team directly. We will be happy to communicate with you in more detail about any questions or concerns you may have. If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convenor: Dr Judith Loveridge. Email hec@vuw.ac.nz or telephone +64-4-463 6028.

Thank you for your time: We appreciate your support very much and look forward to working with you on this project if you agree to take part.

Ngā mihi,

Louise Dixon and Anjela Frost

Contact details of researchers involved with the project:

- Dr Louise Dixon, Victoria University of Wellington, [Personal details redacted]
- Anjela Frost, MSc in Forensic Psychology student, [Personal details redacted]

CONSENT STATEMENT

I confirm that I have read and understand the above study information and agree with the following summary points about my/my organisation's participation in the study:

- I understand that this information sheet provides me with an overview of the research project and its different parts.

- I understand that this research will require me to share with the research team routine assessment data of clients for analysis who have consented to this during our routine assessment phase.
- I understand that the research team will approach facilitators to take part in the research and they will be asked to engage clients in a conversation about taking part in the interview phase of the study.
- I understand that in the interviews the researchers will tell participants they may need to break confidentiality if they become concerned about a serious risk of harm to self or others. In this event the researchers would break participant confidentiality and refer to me to follow the procedures put in place by my organisation.
- I understand that the participant will be provided with a list of helplines that will include **Service provider redacted** as a service that they can contact if they want to discuss any issues the project may have raised for them.
- I understand that participant interviews will be conducted via the telephone and audio recorded. In the event that participants cannot complete the interview by telephone and wish to complete it at the service face to face, **Service provider redacted** will provide the space for the interview to take place.
- I understand that participants are free to end the interview at any point in time up to the close of the activity without giving a reason and can ask for their existing data to be destroyed.
- I understand that the de-identified participant audio recordings, and transcripts, will be stored securely and kept confidential throughout this project. The de-identified transcripts and assessment data will be kept securely for an indefinite period of time to ensure analysis of these transcripts can be maximised.
- I understand that the interview data derived by the research will be independent of my service and will not be disclosed to me or the workers at the organisation.
- I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw myself and my organisation from the study at any point without explaining my decision and at no consequence to myself or others.
- I have had an opportunity to ask questions. I understand that future questions I may have about the research will be answered by the researchers, Louise Dixon and Anjela Frost.

I confirm that I voluntarily consent to participate in this research project and, where necessary, that the relevant persons in my organisation have approved my involvement on behalf of the organisation.

Organisation:

Name:

Signature:

Date:

Appendix D: Information Sheet and Consent Form for Programme Facilitators

Research project: Exploring people's experiences of taking part in community family violence programmes (#27415)

INFORMATION FOR PROGRAMME FACILITATORS

Dr Louise Dixon

Anjela Frost

Personal details redacted

Personal details redacted

Kia ora,

Thank you for your interest in this research project and considering taking part. The below information summarises the project we aim to conduct at **Service provider redacted**. Please consider the details and confirm whether you are happy to assist. Whether or not you decide to take part, thank you for considering this information.

Who are we? Dr Louise Dixon is an Associate Professor of Forensic Psychology from Victoria University of Wellington who specialises in the prevention of interpersonal and family violence. Anjela Frost is currently completing her MSc in Forensic Psychology at Victoria University of Wellington, and has experience of conducting research in applied settings, alongside policy work in the area of family violence. This project is being completed as part of the requirements for this degree and Louise will act as Anjela's supervisor.

Why are we recruiting you? Because you are a programme facilitator at **Service provider redacted** who will be working with clients undertaking community family violence programmes.

What is the aim of this project? It aims to explore people's experiences of attending community family violence programmes, in particular why some people might not complete the programmes. This project will provide information to improve practice and policy that can impact client completion rates.

What does the project entail? In brief, this project consists of two phases. First we aim to confidentially collect the routine assessment data that facilitators and clients complete prior to attending the family violence programmes at **Service provider redacted**. We will only collate the data of clients who have consented to their data being used for the purpose of research with external agencies.

Second we will invite clients to take part in a telephone interview with us. We will contact some clients who complete the programme and some who do not within a month of their completion/attrition so we can understand their experiences, in their words. We are seeking your help to invite clients to take part in this phase of the project and let us know if a client does not complete or disengages throughout the programme for some reason.

What will participants have to do during the interview? If you consent to taking part in this project, we ask that you present your relevant clients with a participant information and consent sheet and ask them to consider taking part in an interview if they do or do not complete the programme. You will return the signed consent sheet to us directly or via the service manager. We will also need you to let us know if and when clients drop out of the programme, for whatever reason. This can be achieved by the researcher checking the online database where your facilitator notes are updated regularly, and by you contacting us either directly or via the service manager. We will not ask you to email clients names to us, but rather we will speak in person

(eg., face to face or via telephone, skype) to confirm which clients we should approach to take part in the telephone interviews.

You will provide clients with a participant information sheet and consent form in person. Ideally this will be completed at assessment, but where this is not possible (i.e., for some clients who have already started a programme) they will be handed this at a suitable point in the family violence programme. Clients will be required to provide their written consent and agree to providing the research team with their contact details so that we can contact them for a telephone interview. Where this is not possible, we can arrange to interview clients at the service if they agree. Clients who do not consent will not be contacted.

A random sample of willing clients who either complete or do not complete the programme will be contacted and invited to take part in a phone interview at a time convenient to them. Participants will be asked if they would like us to post/email another copy of the information sheet, to them prior to the interview. We will not just routinely post/email information sheets as clients may not want this level of contact for reasons of confidentiality and have been encouraged to keep the original information sheet. At the end of the interview we will offer to send out a copy of a debrief sheet, and to verbally give them contact details of services or helplines should they want these. We will also let clients know that we have left copies of the information and debrief sheets at the reception area at **Service provider redacted**, so they can pick them up from there if they wish. Prior to the interview the aim of the study, and a reminder of their rights as a participant, will be reiterated to them verbally and the client will have the chance to withdraw from the study at this point. They will be made aware that they can stop the interview at any time and ask for their data to be deleted up until the end of the interview. Also, that they can contact the research team within two weeks of completing the interview and ask for their data to be destroyed before it is transcribed or analysed.

We will aim to complete 10-30 interviews, but this will be decided based on the number of clients who do and do not complete the programme during the study time frame of 2019. These interviews will last for approximately 20 minutes and will be audio-recorded. They will use open-ended questions to ascertain their perspective as to why they did or did not complete the programme.

Will what participants tell us be kept confidential?

We will make it clear that the information participants provide in the interview will be confidential and not shared with the service, any data you or others see from the interviews will be aggregated and de-identified. To ensure interviews cannot be matched to client identities we will ask clients to use a pseudonym at interview.

We will ask you or the service manager to let us know in person the names of clients who do not complete the programme (e.g., face to face or via telephone, skype), rather than email, to maintain client confidentiality. Due to the sensitive nature of the study participants will not be provided with individual interview transcripts. This is because posting or emailing the transcripts would be a risk to confidentiality being maintained.

The audio recording will be transcribed by a tried and tested professional service who will sign a legal agreement to state they will not disclose the contents of the recording to anyone outside of the research team. However, the transcribers will not be able to identify participants from the recordings as the participant will not disclose their full name or any identifiable information in the recording. The audio recording and transcript will be shared between the research team and the transcriber via a secure network.

We will tell participants that we may need to break confidentiality if we become concerned about imminent and serious harm to self or others as a result of disclosures made by them during the interview. In this event we would tell the service manager about the circumstances that have led to our concerns and refer them to follow the procedures put in place by **Service provider redacted**.

Where will the data be stored? All data will be stored on a secure network at Victoria University of Wellington that only the research team have access to. Please note the research team may be subject the changes over time, but only suitably qualified people will be recruited into the research team. De-identified data (routine assessment data and interview transcripts) will be kept securely for an indefinite period of time to ensure analysis of data can be maximised. Although audio recordings will not identify participants, they will be

deleted once analysis is completed. Although they cannot be matched, participant contact details will be kept in a separate file to the de-identified data to ensure people's details are not associated with any data.

What will happen if participants become distressed during the research? It is possible that participants may discuss material that they find upsetting. All participants will have been provided with a list of services/helplines they can access on their participant information sheet and they have been encouraged to keep this. Participants will be asked if they would like another copy sent to them prior to the interview in the event they no longer have a copy. Participants will also be asked if they would like a copy of a debrief sheet that reiterates the services/helplines emailed or posted to them, or if they would like the contact details conveyed verbally over the phone, or via text. We will also leave spare copies of the information sheets and debrief sheets at **Service provider redacted** reception so they can easily pick up another copy if they prefer and will be told this where relevant. We will include **Service provider redacted** on the list of services they can contact if they wish to discuss any issues that may have been triggered.

What are the participant's rights? Participants do not have to accept the invitation to take part in the study. They do not have to allow their assessment data to be used, or agree to participate in an interview. If they do decide to participate, they have the right to:

- choose not to answer any questions;
- end the interview at any point up to the end of the interview without giving a reason and can ask for their existing data to be destroyed with no consequence to themselves or others;
- contact the research team within two weeks of completing the interview and ask for their data to be destroyed before it is transcribed and analysed;
- ask any questions about the study at any time;
- agree on a pseudonym for us to use rather than their real name for interview purposes;
- access a summary of the overall research findings at the conclusion of the research once completed

What costs will the research team cover? All participants will receive a \$20 supermarket voucher as koha to thank them for their time. Participants will be asked to choose whether they want this posted to them, and if so they will need to provide a suitable address. If they do not want the voucher posted, it will be made available for them to be picked up from the reception area at **Service provider redacted**. We will initiate and pay for phone calls.

How will the results be disseminated? Results will be written up into the form of a MSc thesis and will be shared with **Service provider redacted**. A summary of these aggregate results will be provided on Louise Dixon's website (<http://ifal.co.nz>). We may present the information at conferences, hui, or research seminars, and publish it in peer review articles / book chapters. We may use the results and anonymised data to inform educational activities (e.g., workshops, public lectures, university classes, student projects) to maximise output from the data and increase people's awareness (e.g. students, professionals, the public) about experiences in community family violence programmes.

Has the project been approved by an ethics committee? Yes, this project has been approved by the School of Psychology Human Ethics Committee under delegated authority of the Victoria University of Wellington Human Ethics Committee [project #27415].

How can you help us? We need your help recruiting participants and recording their attendance and engagement in sessions, as you normally would anyway. If you consent to taking part in this project, we ask that you present your relevant clients with a participant information and consent sheet and ask them to consider taking part in phase 2 of this study. You will return the signed consent sheet to us directly or via the service manager. We will also need you to let us know when clients drop out of the programme, and the clients level of engagement.

What do we need from you next? If you are happy to take part in the project, we would like you to sign and return the below consent statement.

Human Ethics Committee information: If you have any further questions about the research please contact one of the research team directly. We will be happy to communicate with you in more detail about any

questions or concerns you may have. If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convenor: Dr Judith Loveridge. Email hec@vuw.ac.nz or telephone +64-4-463 6028.

Thank you for your time: We appreciate your support very much and look forward to working with you on this project if you agree to take part.

Ngā mihi,

Louise Dixon and Anjela Frost

Contact details involved with the project:

- Dr Louise Dixon, Victoria University of Wellington, **Personal details redacted**
- Anjela Frost, MSc in Forensic Psychology student, **Personal details redacted**

CONSENT STATEMENT

I confirm that I have read and understand the above study information and agree with the following summary points about my participation in the study:

- I understand that this information sheet provides me with an overview of the research project and its different parts
- I understand that I will engage clients in a conversation about taking part in the interview phase of the study, and present them with information and consent sheets.
- I understand that this research will require me to share with the research team the attendance and engagement of clients, with their consent.
- I understand that in the interviews the researchers will tell participants they may need to break confidentiality if they become concerned about a serious risk of harm to self or others. In this event the researchers would break participant confidentiality and refer to the service manager to follow the procedures put in place by **Service provider redacted**.
- I understand that the participant will be provided with a list of helplines that will include **Service provider redacted** as a service that they can contact if they want to discuss any issues the project may have raised for them.
- I understand that participant interviews will be conducted via the telephone and audio recorded. In the event that participants cannot complete the interview by telephone and wish to complete it at the service face to face, **Service provider redacted** will provide the space for the interview to take place.
- I understand that participants are free to end the interview at any point in time up to the close of the activity without giving a reason and can ask for their existing data to be destroyed.
- I understand that if participants change their mind and want to withdraw their interview data, they can contact the research team within two weeks of completing the interview and ask for their data to be destroyed before it is transcribed and analysed.
- I understand that the de-identified participant audio recordings, and transcripts, will be stored securely and kept confidential throughout this project. The de-identified transcripts and assessment data will be kept securely for an indefinite period of time to ensure analysis of these transcripts can be maximised.

- I understand that the interview data derived by the research will be independent of **Service provider redacted** and will not be disclosed to me or other workers at the organisation.
- I understand that I do not have to take part in this study and, if for any reason I am unhappy about participating, I can withdraw myself from the study at any point without explaining my decision and at no consequence to myself or others.
- I have had an opportunity to ask questions. I understand that future questions I may have about the research will be answered by the researchers, Louise Dixon and Anjela Frost.

I confirm that I voluntarily consent to participate in this research project and, where necessary, that the relevant persons in my organisation have approved my involvement on behalf of the organisation.

Name:

Signature:

Date:

Appendix E: Debriefing Sheet For Participants

Research project: Exploring people's experiences of taking part in community family violence programmes (#27415)

DEBRIEF SHEET FOR PARTICIPANTS

Dr Louise Dixon

Anjela Frost

Personal details redacted

Personal details redacted

Thank you for taking part in our study. Your knowledge is important and we are pleased we got to hear your voice and can make sure it is heard. The information gathered from these interviews will provide a step towards understanding why some people complete community family violence programmes, and why others may not. This information will help **Service provider redacted** to improve their practice and help others to enjoy and complete programmes. By taking part, you are helping to shape what community services aimed at preventing family violence look like.

Your audio recorded interview will be transcribed by a secure and professional service. They will sign a legal agreement to state they will not disclose the contents of the recording to anyone outside of the research team. However, because we do not ask you to disclose your full name in the recording they will not be able to identify you from the audio recording anyway.

Due to the sensitive nature of the study we do not provide you with a copy of your individual interview transcript. However, once completed, a summary of the study findings will be provided on Louise Dixon's website (<http://ifal.co.nz>). We will identify patterns across people's experiences of the programmes, we will not focus on any one person's results but rather report a summary of combined results.

As the interview may have touched on sensitive issues, here are some organisations you can contact for help with issues that this project may have raised for you:

- The Samaritans (0800 726 666)
- The Family Violence Information Line (0800 456 450)
- Lifeline Aotearoa (0800 543 354)
- Suicide Crisis Helpline (0508 828 865)

Please note **Service provider redacted** are happy to for you to get in touch with them to discuss any issues this project may have raised for you, if you want to.

We appreciate your support very much. If you have any questions about the study, please contact Louise Dixon or Anjela Frost. If you have any concerns about the ethical conduct of the research you may contact the Victoria University HEC Convenor: Dr Judith Loveridge. Email hec@vuw.ac.nz or telephone +64-4-463-6028.

Ngā mihi,

Louise Dixon and Anjela Frost

Contact details of researchers involved with the project:

- Dr Louise Dixon, Victoria University of Wellington, **Personal details redacted**

- Anjela Frost, MSc in Forensic Psychology student, **Personal details redacted**