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Facilitators of probation-based domestic violence perpetrator programmes: 'Who's in the room?' Probation Journal 1-20 © The Author(s) 2021 Control Co

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#### Abstract

The role that probation practitioners play in the desistance process has begun to receive much needed attention. Yet, the experiences of facilitators of probation-based, domestic violence perpetrator programmes have long been neglected. This article explores the experiences and wellbeing of eight facilitators from one cohort of the Building Better Relationships (BBR) programme in England. Drawing upon five-months' observations and in-depth interviews, I demonstrate how working with domestically violent men with insufficient knowledge, experience, or support, exacerbated within the context of Transforming Rehabilitation reforms, impacted significantly on facilitator well-being, professional identities, and practice. Practice implications are discussed.

#### Keywords

building better relationships, domestic violence perpetrator programmes, facilitators, skills, well-being

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Full Length Article

[There is] an increasing recognition that how probation interventions are delivered and by whom is equally if not more important than what is being delivered in terms of affecting positive outcomes.

Burke (2014: 1)

### Introduction

The above quote captures the growing sentiment amongst desistance-focused probation practitioners and researchers that skills, personal attributes, and relationality are key features in motivation and offender outcomes (Burke, 2014). What is curious, then, is the lack of attention more generally directed at facilitators of probationbased behavioural change programmes who are, arguably, the most significant agents of change. Building Better Relationships (BBR) is an accredited criminal justice programme in England and Wales, targeted towards men in heterosexual relationships who are assessed at medium to high risk, and have been convicted of assaulting a female partner. BBR, alongside the supervision of low-to-medium risk offenders, was transferred to the private sector in 2013 and was delivered by programmes teams within Community Rehabilitation Companies (CRCs). The Transforming Rehabilitation (TR) agenda has now ended following (although not necessarily as a result of) a damning inspection in which Her Majesty's Inspectorate of Probation concluded that the part-privatisation model of probation services was 'irredeemably flawed' (HMIP, 2019). The consequences for probation services and the wellbeing of probation practitioners has received growing attention (Burke and Collett, 2016; Burke et al., 2020; Kirton and Guillaume, 2015; Phillips et al., 2016; Tidmarsh, 2020a, 2020b). However, to date, there has been no research that has considered the impact of these organisational changes on facilitators who deliver accredited programmes within CRCs or, crucially, how working with highrisk domestic abuse perpetrators impacts on them.

A thematic inspection of CRCs found that, while most programmes teams were 'well trained and experienced' and 'enthusiastic' about their work, other less experienced staff 'felt unprepared or unsupported' (HMIP, 2018). The domestic abuse inspection offered a rare glimpse into the 'black box' of probation-based Domestic Violence Perpetrator Programmes (DVPPs) and an opportunity to consider what could be done to strengthen the quality of service being provided. Nevertheless, the central policy recommendation to emerge was to increase referrals and evaluate programme effectiveness. However, this is unlikely to reveal much about the impact this work has on those who facilitate BBR or whether they themselves affect outcomes in any way. In sum, we still do not get to know who *is* 'in the room' (Burke, 2014).

This article addresses this gap in knowledge and calls for a dialogue about the experiences of a group of practitioners who have all but been forgotten in the debate between programme fetishism and probation supervision (Durnescu, 2012). Given there is little known about facilitators of probation based DVPPs, this article

begins by outlining some of the consequences of the TR reforms on probation practitioners before considering what is known about the impact of working with perpetrators of serious violent crimes. The qualitative findings from an in-depth cohort study of facilitators from the BBR programme are then presented to describe their experiences of working with domestic abusers, under difficult conditions, and the impact this work had on them. It is argued here that, working with domestic abuse perpetrators without sufficient knowledge, skills, or support had a negative impact on facilitators' emotional wellbeing and invested professional identities. This occurred when staff were not supported or enabled to work with abusive men in ways that were commensurate with their own values and was exacerbated within a resource-scarce business model of rehabilitation. Practice implications are discussed.

## The consequences of the Transforming Rehabilitation agenda

In 2015, a survey of probation practitioners following the implementation of the TR reforms found that those working within CRCs felt de-valued citing increased workloads and a concomitant deterioration in support (Kirton and Guillaume, 2015). This was perceived as an outcome of CRCs' goal to increase profit margins by reducing labour costs and shifting the burden of work onto remaining staff. While the National Probation Service (NPS) was far from ideal, CRC staff were more likely to provide negative responses regarding their working conditions and prospects. Nevertheless, the negative impacts amongst NPS and CRC practitioners were both foreseen (Evans, 2016; McDermott, 2016; Robinson, 2014) and have since been confirmed (Burke et al., 2020; Cracknell, 2016; Dominey, 2016; Kay, 2016; Phillips et al., 2016).

However, there has been no research that has considered how TR has impacted on facilitators of domestic violence perpetrator programmes based in CRCs, or how working with a high-risk case load (as they have always tended to do) affects them. Nevertheless, important insights have emerged in respect of research with gualified probation officers which can be used to highlight some of the challenges of working with high-risk clients in the context of TR. In a study by Phillips et al. (2016), working with a primarily high risk caseload was described by probation officers as 'relentless' who claimed they struggled to balance public safety with criminogenic need in the absence of appropriate organisational guidance. Probation officers felt they did not have enough time to manage their caseload safely and as a coping strategy would often resort to 'back covering' over quality supervision with offenders. Supervising a primarily high-risk caseload also comes with a higher exposure to offenders' personal trauma stories but how probation practitioners engage supervisees and the emotional impact this has on them has been neglected (Lee, 2017a, 2017b). The consensus in all three studies was that the quality of supervision – which took a managerialist approach to case work – was inadequate to help probation officers process the emotional demands of their work.

# The emotional impact of working with serious violent offenders

The shift to a primarily high-risk caseload in NPS meant constantly working with domestic abuse perpetrators and sexual offenders which probation officers described as 'distressing' (Philips et al, 2016). Previous research with clinicians suggests that vicarious trauma is higher amongst those who work with sexual offenders than victims of such abuse (Way et al., 2004). As it is widely acknowledged that a significant proportion of serious perpetrators have suffered some form of trauma in their own lives (Anderson, 2016), the above findings suggest that probation practitioners are likely to be listening to *both* trauma stories and violence narratives of perpetration simultaneously which may have a greater impact on their well-being. Even though exposed to multiple stories of harm, probation officers disclosed that they often had to rely on their colleagues to offload in the absence of adequate supervision (Philips et al., 2016).

Similar findings emerged from a small research survey with therapists and probation practitioners who delivered DVPPs in that supervision did not feel supportive and focused on managerialism rather than reflective practice (Morran, 2008). The study found that, while the work was 'stimulating', it was also 'emotionally draining'. The emotional effects were also gendered. Male facilitators said they began to auestion their own behaviour in intimate relationships while female facilitators often realised for the first time that they were or had been victims themselves. Female workers were also more inclined to see the men they worked with as frightening and to experience feelings of 'rage', 'fear' and 'hate' towards them. The survey also highlighted that domestic violence work can be more challenging than that with sexual offenders. However, domestic abuse perpetrators may also be perpetrators of sexual violence and child abuse meaning that practitioners may be exposed to multiple stories of harm, trauma, and violence. Vicarious trauma can be particularly problematic for new staff (Lee, 2017a) while probation practitioners who have had their own encounters with trauma may become re-traumatised (Cluley and Marston, 2018; Goldhill, 2019).

These findings raise concerns about access to appropriate clinical supervision and enhanced support, a practice policy reserved only for those working with sexual offenders or practitioners working on the Offender Personality Disorder pathway (Knight et al., 2016; Lee, 2017a; Phillips et al., 2016). While there are known benefits to clinical supervision in the context of psychotherapy, these have not yet been extended more widely to those working in the NPS (Lee, 2017b). What is more concerning is that domestic abuse perpetrator work in England and Wales has been downgraded and overwhelmingly delivered by probation service officers. Consequently, DVPP facilitators no longer receive enhanced supervision and do not have the advantages of the qualified probation officer training that, albeit still limited, might have better prepared them for their role.

Given the identified consequences of TR amongst CRC and NPS practitioners and that of working with high-risk perpetrators amongst probation officers in NPS, it is high time to explore the consequences for DVPP facilitators who have been long been forgotten in domestic abuse policy. To this end, the questions posed here are 1) who *is* in the room? 2) what are the practical and emotional struggles facilitators face and how did they perceive this affected their practice? and 3) What do facilitators say they need to effectively carry out their role?

### **Methods**

This article forms part of a much wider doctoral study which examined the 'black box' of the statutory domestic violence perpetrator programme 'Building Better Relationships' in which both domestic abuse perpetrators and practitioners took part. Permissions for an exploratory pilot study and the wider doctoral research project were negotiated and granted via the National Offender Management Service (NOMS) (now Her Majesty's Prison and Probation Service, HMPPS) and at local level with a participating CRC in England. Ethical approval was granted by the University Research Ethics Committee which entailed a comprehensive package of safety protocols that were presented to CRC staff and agreed by the CRC management. The study was anonymous meaning no identifying details were collected from any participants. Consent was audio recorded and all interviews and field notes were anonymised at the point of transcription. All interviews were audio recorded, transcribed verbatim (including pauses) and participants are referred to as 'experienced' or 'new' facilitators. Any identifying information such as location were removed from the data.

In this article, the experiences and wellbeing of facilitators were captured through in-depth interviews and 5 month's onsite observations and informal discussions, usually a few hours twice weekly. One male and seven female facilitators participated in the study with an age range of around mid-20s to late 40s and all were white British. Most had an undergraduate degree in the broad areas of criminology, sociology, health, and social work and one also held a certificate in counselling. All were employed full-time as probation service officers, meaning they did not hold qualified probation officer status. The majority had direct experience of working with offenders or victims in a previous capacity but only two facilitators had any experience of delivering criminal justice programmes prior to their recruitment, although these were not domestic abuse related. Prior to delivering BBR, all facilitators must undergo Core Skills training in which they learn to deliver programme sessions using a motivational and therapeutic approach. In addition, facilitators must undergo 5 days BBR training in which they practice how to deliver (some of) the exercises from a four-hundred-page manual. All the training is provided in-house by clinical psychologists. Overall, the facilitators stated that this training did not adequately prepare them for working with this complex client group, and, as stated in more detail below, new facilitators had few opportunities to shadow other more experienced facilitators before leading on sessions themselves. Prior to this, most had little nuanced understanding of domestic abuse and, at best, had undertaken only one day's awareness training, apart from one facilitator who had worked as an Independent Domestic Violence Advisor. Facilitator experience varied which consisted of two notable groups: those with 2 years' experience or less (n = 4) and those with 5 years or more (n = 4). One of the experienced facilitators had previously delivered the Integrated Domestic Abuse Programme (IDAP) (the predecessor to BBR) and all four experienced facilitators had demonstrated competency in delivering other criminal justice accredited programmes for at least 2 years before working with domestic abuse perpetrators. This was not the case for new facilitators since the move to CRCs which I will discuss in the results section.

The research was conducted using Appreciative Inquiry (AI) alongside narrative interviews. Appreciative Inquiry (AI) is best described as an applied research methodology which can be used to facilitate organisational change (Cooperrider and Srivastra, 1987). However, this has also been adapted to research relationships, diversity and practice in prison and probation settings (Lavis et al., 2017; Liebling, 1999; Robinson et al., 2012). There are four phases upon which AI is premised: a '4D model' of Discovery, Dreaming, Design and Destiny (Cooperrider and Srivastra, 1987; Elliott, 1999; Lavis et al., 2017). The 'Discovery' phase identifies 'best practice' and 'peak performances'. 'Dreaming' invites the interviewee to imagine how things might be improved, with both imagined resources and those which have worked in the past (Cowburn and Lavis, 2010). The 'Design' phase invites participants to plan their service drawing upon the relationships and resources identified in the previous stages. Finally, 'Destiny' represents the phase in which these changes can be managed and sustained over time. The findings presented here are limited to the first two stages.

Two narrative interview methods were used – the Free Association Narrative Interview method (FANIM) (Hollway and Jefferson, 2000, 2013) and appreciative auestions formulated on the principles of AI (Cooperrider and Srivastra, 1987; Lavis et al., 2017: Liebling, 2015). The former invites participants to freely associate, that is, to tell their stories in ways that privilege what mattered most to them. FANIM follows an 'emotional rather than a cognitively derived logic' through which 'richer and deeper insights into a person's unique meanings' are revealed (Hollway and Jefferson, 2013: 141). Crucially, 'why' questions are avoided at all cost, as these trigger 'speculative theorising' of the kind that is inconsistent with the rich detail and emotional dynamics that the FANIM seeks to reveal (Hollway and Jefferson, 2013: 24). Avoidances, contradictions, and absences are followed up in a second interview by formulating more narrative-focused questions and by directing the interviewee to describe events in detail. The researcher then immerses him/herself in the data, 'inhabited' by the interviewee (Hollway and Jefferson, 2013; 64). Reflections are written down following each interview and all the data are read in its entirety, while being attentive to what is said and not said.

Through a (psychoanalytically informed) psychosocial lens, I explore the wellbeing of facilitators to highlight the difficult emotions they experienced in the context of delivery and the organisational factors that gave rise to these. A psychoanalytic view of wellbeing sees that people (psychically) defend against bad feelings, while a fully integrated psychosocial analysis seeks to understand individuals and their unique experiences located within their social setting (Frost and McClean, 2013). In this sense a psychosocial perspective on wellbeing assumes that: People 'cover up', trying not to be exposed as, for example, envious or ungrateful, ashamed and guilty. At one level these feelings are deeply personal, making people feel 'bad inside', but thinking psychosocially they are also fundamentally social: in whose eyes might a person feel diminished, whose observance will expose them as less than perfect? (Frost and McClean, 2013: 107)

By exploring wellbeing through a psychosocial analysis, then, I reveal how facilitators were personally invested in their work as a vocational endeavour but how organisational constraints contradicted their invested identities and personal values. Ultimately, this triggered a sense of feeling, and being perceived as, incompetent and having little worth.

Mindful of the negative feelings the working conditions of TR might engender, I also formulated appreciative questions to discover actual and imagined best practice. This involved having 'appreciative conversations' and 'reframing' participants' responses while not ignoring their lived experience (Lavis et al., 2017). For example, where some facilitators talked about lacking confidence in their delivery of BBR, I posed to them during the follow up interview that they:

Imagine that the opposite is true, you are feeling confident in your role and at the top of your game. Tell me what this looks and what has happened for this to be true.

Each interview ended by asking facilitators to imagine a better future, where BBR was exceeding all expectations. Embedding narrative interviews within an appreciative framework, then, afforded facilitators the opportunity to propose solutions which were founded upon practice-based experiences.

## Results

The results are presented in three sections. In the first section 'A week in the life of a facilitator', I present the major organisational challenges as perceived by facilitators in regard – although not limited – to Transforming Rehabilitation. The major themes to emerge were related to: 1) Time; 2) Confidence and knowledge; and 3) Personal and professional development. In the second section I present 'The personal and emotional impact of working with domestic abuse offenders' which played out in unique and gendered ways. In the final 'Discussion' section I sum up the implications of these organisational and emotional challenges for facilitators of BBR. Following the AI framework, the final section then sets out the practice implications according to what facilitators perceived they needed to support them in their role, accompanied by some of my own observations.

## 'A week in the life of a facilitator'

The opening interview question to interviewees was 'Can you tell me about a week in the life of a facilitator?'. Within the first sentence or paragraph, four facilitators said it was a 'busy' week while the other four referred to the week as 'manic', 'exhausting', 'non-stop', and 'hard work and stressful'. These comments were qualified during the observation period across two CRCs when I witnessed some facilitators in tears before sessions and with little time to converse. During a site visit, one facilitator arrived crying having just driven 30 miles to cover a BBR session last minute due to staff sickness and said to me 'Will your research make anything better for us?'. This comment reinforced for me the need to explore the well-being of facilitators as a central aim of the research.

### Organisational changes

Facilitators mainly talked about their work in the context of changes following the Transforming Rehabilitation reforms. Facilitators said that they now had to deliver six accredited and non-accredited programmes each a week - such as Resolve (violent offences), Healthy Relationships (non-accredited domestic abuse), and drink driving awareness. These programmes now covered a wider geographical area meaning travelling took up a lot of their time and with fewer staff to cover these. This meant that the three-to-one cohort staffing they had previously enjoyed was now considered a 'luxury'. Facilitators worked 4 days a week – 2 longer days on a Tuesday and Thursday to accommodate evening groups for offenders who were in employment. A typical long day involved a catch-up session at 9.30 am (usually an hour) for men who had missed a group and session preparation before the BBR group started at 10.30, which lasted 2 hours. After case noting the groups, lunch was often crammed in before travelling to one-to-one sessions which was additional work that NPS now purchased from CRCs which even new facilitators were required to deliver. Another catch-up before the evening BBR group and a (usually) 9.30 pm finish followed if no incidents had occurred. The shorter days consisted broadly of a morning group session, NPS purchased work, and/or one-to-one between module sessions for men attending BBR. At the end of a BBR cohort, facilitators had 5 hours allocated to complete reports for each of the men to whom they are designated facilitator. The process of preparing for the next BBR cohort would then begin – preparing 'risk grids' (assessments), pre-group information sessions, and two 'motivational' interviews with the men attending the BBR group. The groups tended to be oversubscribed to allow for attrition and usually lasted for around 30 weeks, though this could be halved by delivering sessions twice a week rather than once. The cohort in this study started with 19 men but only three of them completed the aroup. The cohort of men were from a morning group who tended to be unemployed and/or present with more complex needs than those attending evening groups. However, the experiences captured and documented below ranged from across the many cohorts that facilitators had delivered.

## The impact of (but not limited to) organisational changes

#### Concern one: Time

Facilitators said that 'time' was the most salient problem they faced although there were other compounding factors that made the experiences of time shortages individually unique and distressing. Morale was low amongst the interviewees with

many having reached the point that they no longer complained to management as they did not feel anything would change. A previous attempt to challenge their increasing workload had resulted in them being told to find ways to do their tasks 'faster' such as the time spent on developing 'risk grids' which one new facilitator commented might result in them missing vital information and they were not prepared to 'skim read'. Concerns were also raised about the time allocated for case noting and reports, but they were advised to write to a 'bronze standard' to save time:

[W]e were complaining about how under pressure we all are, how stressed we all are, how we don't have time to do things...and... in terms of notes, [they said] "don't spend too long on your notes", um, "just get down the important bits, you know, we're only aiming for bronze standard"...which says to me...we're not bothered about the standard of work that you're doing, you know, go for a lower standard, but more of it, rather than the highest standard but we're taking slightly longer to work with people. It kind of – it offended me a little bit 'cause these are real people that we're working with...That doesn't sit right with me because I'm not a bronze standard working person. (New facilitator)

The increased pressures that one-to-one work had placed on them was not only felt by newer staff but also by experienced facilitators as there was an expectation that they could 'take more'. One facilitator who said they were 'always' delivering BBR, had complained of feeling particularly pressured around the time of report writing before the next cohort of men were due to start:

I struggle sometimes when it gets to report time and we've, there isn't enough time for reports. So if I've got annual leave or something on there, then somehow you just, you're just supposed to magic time up for that because the next course is starting. Um, and that doesn't work. So I end up being really stressed because there is too much to do and there isn't enough time to do it. And for those weeks until those reports get finished I'm not in a well place. (Experienced facilitator)

#### Concern two: Confidence and knowledge

The second biggest (but not unrelated) concern amongst facilitators was confidence in delivery. It should be noted that confidence and knowledge were not specific correlates of privatisation, but organisational changes had brought with it some additional challenges. Contrary to the thematic inspection (HMIP, 2018), this study found that even experienced facilitators were unsure about some aspects of BBR and unable to provide appropriate answers to questions posed by some abusive men. More specifically, facilitators said that counter-allegations and generally 'man versus woman' issues were problematic to deal with – although aspects of the material itself were also experienced as 'challenging' and 'anxiety' provoking. All reported feeling ill-equipped in addressing some of the complex issues that men raised about childhood abuse, mental health issues and (apparently) unrelated offending behaviour such as sexual offences. However, it was the least experienced facilitators that had been disproportionately affected by changes to training provision. New facilitators now had to undertake all their training within the first 6 months of their appointment and would immediately be added to the rota to deliver group sessions. This practice was not in line with the BBR processes which required facilitators to have significant prior experience in delivering less complex interventions for at least 2 years. But, because of 'staffing requirements' that had now 'gone out the window' (experienced facilitator). Having to complete all programmes training within the first 6 months of their appointment had led to one facilitator 'feeling horrendous' as the training all 'blurs into one':

[It's] challenging for me. If I don't know what I'm doing, then I don't feel confident in what I'm doing. It just sends me into a bit of a tailspin 'cos I don't know what to focus on or which thing to prioritise. Or, um, if I'm trying to prep on my own, am I doing it right, because some of the more experienced facilitators have developed their own way of doing things. So if I'm prepping it on my own, am I then gonna be told that they do it differently? (New facilitator)

Another new facilitator said they had been assigned to a non-accredited domestic abuse programme as the lead facilitator, which they said they did not have the confidence in and said had just 'muddled' through. They were then called to a BBR session to cover staff sickness when they were already feeling 'rock bottom':

I was lower than rock bottom...Um, so I think you [researcher] came into [CRC] a couple of times and I think I'd been drafted in very last minute, having gone to [other CRC] and then gone to [CRC base], [and was told] "Get yourself to [town]." There was catch-ups, there was no time to prep. I'd not done BBR for months and months and it was still a programme I wasn't confident in. My stress levels and the impact on my emotional wellbeing was absolutely shocking...I was stressed all the time, verge of tears all the time. There was – At one point I did cry. I did have a breakdown um, and I, and I cried. Um, so it, it was horrible. (New facilitator)

#### Concern three: Professional and personal development

Time pressures and confidence were concerns in themselves in terms of emotional well-being, but facilitators were also concerned about how they would be perceived by others and, according to one new facilitator, did not want to come across like a 'rookie'. However, they were given no time to shadow other facilitators to develop their skills. This had led to one new facilitator leaving during the research study whom I observed crying and telling colleagues that they had started taking medication for stress. Furthermore, issues with video recording equipment meant that experienced facilitators had not had their practice monitored for over 2 years and the new facilitators had never had their practice observed. An experienced facilitator said they were likely to have had picked up 'bad habits' as a result. New facilitators wanted feedback on their delivery for development purposes but, having

never experienced this, they were also 'anxious' about this being introduced in the future. One facilitator who had been subject to live monitoring (that is, the practice manager was physically present in the delivery room) said they had felt singled out which had a 'negative effect' on them. Little notice would be given before delivery, resulting in feeling 'anxious' and 'nervous':

I'm told to prepare...via the manual. I do that and then thirty minutes before it's all gonna kick off, it changes because "we actually [don't] do that anymore. We do it this way". And then I've got me manager putting [their] two-pennyworth in and, at one point...I've lost me mind because...I, I've prepared but now they're changing it and I appreciate that they're putting this in and putting this in, and I, I had to go to the toilet and come back, like. This is just, just before the session. (New facilitator)

All the facilitators said that they felt under-valued, but this was particularly an issue for more experienced staff who were not incentivised to stay – and, they said, had led previous staff to leave. One experienced facilitator said that they were doing high risk, domestic abuse perpetrator work only previously delivered by qualified probation officers who earned ten thousand pounds more a year. All were expected to shoulder the additional pressure of DVPPs and one-to-one work for which they received no promotional opportunities or financial gain – even though this work was said to be amongst the most profitable for CRCs. Two new facilitators had also approached management to request support with gaining counselling qualifications, but this was rejected by senior management after being told it was not relevant to their current role.

It was evident that staff had come to the role with good intentions and possessed the personal attributes and were invested in the relational components that are viewed as critical to supporting desistance (Burke, 2014; McNeill, 2002, 2012). However, they were left struggling to deliver on their own values and experienced little job satisfaction with few reported beneficial outcomes for abusive men. Variability in the lack of knowledge and confidence created anxiety about their performance but they were forced to conceal their shortcomings (a matter of policy not of workforce) from the men on the BBR course and even their own colleagues. Attempts to obtain more experience, time, training, and qualifications to undertake their role more effectively were rejected as unnecessary (and unprofitable), leaving facilitators questioning their own competency at times and worrying about coming across as unprofessional. In sum, the vocational merits of the role were diluted by a lack of resources to effectively carry out their duties or any investment in them as valued individuals to be retained.

## The personal and emotional impact of working with domestic abuse offenders

The impact of working with domestic abuse perpetrators was differentially experienced amongst facilitators. Those who were more experienced were able to recall times when they had found delivering DVPPs 'horrendous' and 'terrible' but tended now to be more 'cynical', 'desensitised', and 'harder' when it came to challenging abusive men, raising questions about how conducive this is to conveying hope and belief, key ingredients required to support desistance (Burke, 2014; McNeill et al., 2012). While there was only one male facilitator in the study, similarly to the survey conducted by Morran (2008), the effects of working with abusive men played out in gendered ways. He claimed that he had become more reflective about gender expectations and his own role in bringing about societal changes. Being a man, he also said that he felt well placed to explore issues of masculinity and alternative choices to violence with the men on the group as he could relate to some of their struggles. In contrast, female facilitators had to strike a balance between challenging men and avoiding coming across as 'raging feminists'. Female facilitators were also more likely to be hypervigilant when meeting new potential partners, and to question the behaviour of current partners – to the extent that two of them had briefly ended their relationships:

This job changes you as a person. It does. It changes who you are. Just like – like we did the BBR training, like I learnt so much about my relationship and you start to question everything. Like I since started to question was [partner] abusive to me? I'm getting all this new information. Was this happening? Like he's never – he's never raised his hand to me ever and he never would, um, but then I started to question everything he spoke – how he spoke to me. Is this him manipulating? And it wasn't; it was just me overthinking it because of what I was being fed. But – and it happens to a lot of people, that, when they do BBR training. (Experienced facilitator)

These comments regarding the job 'changing you' was a common feature in many of the facilitators' accounts as they said that they now found it difficult to switch off from their role even when outside of work. Some said they felt they had a duty to model 'pro-social' behaviour and challenge sexism. The pressures of 'prosocial modelling' were similarly identified in Morran's (2008) survey in which one male facilitator was left feeling isolated from other male colleagues in the probation service. BBR facilitators in this study experienced similar feelings of isolation which extended beyond the workplace. Two facilitators (experienced and new) said they were often the ones family called upon when there was a family issue to be resolved. Dealing with family issues could be challenging at times – particularly when they were already 'emotionally drained' from their work – but could also be contradictory in that one facilitator was called upon for support while simultaneously being told not to do 'your job on me' (new facilitator).

Another gendered theme was becoming a mother for the first time and how reading and hearing about abuse that directly involved children had affected two female facilitators since having their own children. One recalled returning from maternity leave and being advised that she had been enrolled on the BBR training. This had been raised with her line manager as she was unsure that she would be able to cope with what the men said, but said she was given 'no choice'. Facilitators stated that training in and delivering BBR had always been viewed as a 'natural progression' rather than any individual enthusiasm for the work; although one experienced facilitator did say that BBR was their 'favourite' programme as they were 'used to working with that type of client now'. When I approached the CRC management about facilitators having no choice to deliver BBR, I was informed that facilitators are recruited with a health warning regarding the effects of domestic abuse work and that they must deliver *all* programmes or compromise their employment.

Regardless of this cautionary pre-recruitment note, it was evident that some facilitators were ill-prepared for the impact that working with abusive men would have on them personally. One experienced facilitator recalled prepping for a group session once by watching the film 'Nil by Mouth' (a graphic domestic abuse film) with another colleague who was 'really badly' affected and who left the organisation a short time later. Another recalled times when staff would 'disappear' for a while from delivering BBR. Even though the justifications for this were never verbally communicated to them, they said that the staff were always aware that the emotional impact of BBR would have been the reason for their absence. Another new facilitator recalled being in the 'impact on children' session for the first time and remembered thinking 'I could really do with getting out of here' as it triggered memories of their parents' relationship and listening to them 'row'. This facilitator was apprehensive about approaching the manager with how they felt about this for 'fear of the response'. The same facilitator disclosed having experienced a personal trauma (the nature of which I was asked not to disclose) but had not told their colleagues as they feared being judged. Following this, they said that the material in one BBR session had 'touched a nerve' and that BBR 'always seems to have something in it'. Subsequently, this new facilitator found they had been allocated as the designated facilitator for a man who had triggered this trauma in the session and had approached the manager with how they were feeling:

There was a one-to-one I had to do with that guy and it's, and I said, "I don't know if I can do it." And [manager] said, "Oh well, just steer him off course if he starts talking about it. Just steer him away from it." Um, "Cos if you don't go in, I'll have to explain to someone else why they're doing it instead." And I just thought – I didn't – I wasn't very happy with that, so – But I got through it and he didn't actually mention in the end, so it was fine. So, but yeah, just a bit –... So yeah, difficult. (New facilitator)

The emotional impact of the interaction between client/facilitator and manager/ facilitator is evident in the facilitators' response. However, their concerns about how they felt following the session, and how they might respond to the client in a one-toone session, was met with a lack of care and the (actual or perceived) threat of being exposed, further amplifying the distress that they had already felt. This new facilitator was left to supress and manage their own emotions to benefit the client and the company's goals (Westaby et al., 2020). Yet these emotions went beyond the understandable anger and frustration some practitioners may experience when working with serious violent offenders and listening to the violent acts they commit (Morran, 2008). For this facilitator (and others that I interviewed), violence narratives that occur in the context of intimate relationships or familial abuse, can trigger deep emotional wounds that would make it difficult to surface act (Westaby et al., 2020). This interaction had left the facilitator reluctant to share the personal impact of the work again for fear of feeling judged (and probably uncared for) and questioning whether perhaps there was something wrong with them as opposed to sharing similar experiences to that of many people in their familial and intimate relationships:

Um, because it does, it just rings a distant bell somewhere in the back of your mind and you think, oh God, yeah, that's – Um, so it (sighs) – Yeah, BBR is – I don't know. Maybe it's me. Maybe it's my life I need to sort out before I do any BBR (laughs). (New facilitator)

In sum facilitators were not only impacted by the *amount* of work they had but also by the very *nature* of the work they did. Nevertheless, there was no specialised training, supervision, or de-briefs to support facilitators to process how they felt. While all had access to two clinical supervision sessions a year, they said that this was not adequate and was used to discuss other personal issues or workload concerns. While some found the work rewarding in some sense and received 'nice' feedback from some men on the programme, there was little recognition from senior management and, for want of a better word, they felt invisible. In stark contrast to practice-based evidence (Burke, 2014), facilitators – the most crucial factor to successful interventions – were being inhibited from working effectively by a lack of resources, time, or package of care. It felt to them that no one even knew who was in the room, what they did in it, or ultimately even cared:

[Y]ou know like the facilitator, it's not, 'cause we're not like an offender manager or anything, you know, probably don't see the importance of what we're doing. It's like, "Oh, they run a programme." Um, if – if you asked somebody, "Oh, what does a programme facilitator do?" they probably wouldn't really know. (New facilitator)

As programme facilitators, you don't have a locker, you...don't have your own desks, um, and the group room's not always yours because then other people will book the group room out...So I feel like, as a programme facilitator, you kind of don't belong anywhere, and you're just kind of moved about and don't really have a home. (New facilitator)

## Discussion

The thematic inspection of domestic abuse work within CRCs offered a rare glimpse into the BBR programme. However, it was limited in scope given it did not seek to identify who exactly is 'in the room' (Burke, 2014). Understanding the capacities of group facilitators who undertake such work, and the effects on them, is crucial not only for desirable outcomes but for the well-being of those who are tasked with facilitating change in others. Unfortunately, to date, facilitators of DVPPs have been forgotten in between the debate of programme fetishism and desistance focused supervision with probation practitioners (Durnescu, 2012). I have highlighted that facilitators were not enabled to work in ways that were commensurate with their own personal and professional values for many reasons: there was a lack of adequate training which focused on delivering (some) exercises from a manual and 'lumped' together amongst other accredited programme training; the video equipment which was used to record group sessions and monitor practice had not worked for over 2 years and so practice development was not in force; supervision was not supportive; facilitators felt de-valued due to a lack of pecuniary incentives, professional development, and promotional opportunities; and the emotional demands of the job was overlooked even though this affected how they felt and worked. This was further complicated in those cases where facilitators had their own personal encounters with trauma which had both positive and negative effects on them and in how this shaped their practice. What is important to note here is that some facilitators felt they had to leave their own trauma at the door, or face professional judgement or risk losing their jobs.

While many of the facilitators were able to humanise the traumatising but traumatised men with whom they worked, the lack of time, low confidence, and investment in them as valued professionals had impacted on their wellbeing and their professional identities, experiences that were interdependent and mutually reinforcing. Even while the Transforming Rehabilitation agenda of the Coalition Government of 2013 sought to de-professionalise part of probation services, the facilitators in this study, like many other probation practitioners in CRCs (Tidmarsh, 2020a), were still invested in the discourses of professionalism in which they endeavoured to deliver a service that valued the clients with whom they worked. But calls to ensure they were response-*abled* were met with solutions that diluted the standard of service they had strived to provide. Supervision was not adequate to deal with the emotional demands of the job, vicarious trauma, or the psychological impact of re-living their own traumas. The lack of due care towards facilitators resulted in them feeling devalued, exhausted, desensitised and disincentivised to do their job which was executed with a mixture of enthusiasm and dread. Almost 12 months on, five facilitators were either on long term sick leave or had left.

# Practical implications: What did facilitators say they needed to support them in their role?

Drawing on insights from appreciative questions, in this final section I set out what facilitators said they needed in respect of their wellbeing and to deliver a service that would help them to support abusive men in building better relationships. These are outlined in correspondence with the major themes in the above findings.

## The impact of (but not limited to) organisational changes and challenges

#### Time

Facilitators overwhelmingly stated that they needed time to prepare sessions to make them responsive, as well as time to support less experienced staff. Additionally, they said that they needed more time and training to write professional and more considered programme reviews. Facilitators were united in that they should not undertake individual work purchased by NPS as they did not have the time to so. Moreover, they said this work was not always appropriate as they often had to undertake 'emotional management' skills sessions with serious violent offenders with multiple complex needs. Although the dismantling of TR means that this work *should* no longer be outsourced, the fact that facilitators raised issues about the suitability of such work, and their own knowledge and skills in undertaking it, should be a warning for future reforms and who assumes responsibility for this one-to-one work.

#### Confidence and knowledge

Facilitators stressed that they should only be required to undertake training in one programme at a time and given the opportunity to become 'really knowledgeable' and specialised in one programme instead of delivering two or three that they were unfamiliar with. Crucially, facilitators require adequate training in the nuances of domestic abuse and how to respond to challenging questions about gender relations, masculinity, and violence. It was evident that facilitators wanted and would benefit from more involvement in decisions about programme development that are informed by practice-based evidence. Instead, facilitators said they were using a time consuming and burdensome online system to report practice issues. Facilitators said that there had been no changes to the BBR manual content, meaning the issues they raised had been left to accumulate over several years. Concerningly, one facilitator said that it was widely agreed at 'all levels' that BBR was 'not worth the paper it was written on' therefore it was difficult to 'believe' in the material they delivered.

#### Personal and professional development

Across the board, facilitators stated that they wanted feedback on their practice and more opportunities to practice and shadow more experienced staff before delivering live sessions in group work and catch-up sessions. Evidently, promotional opportunities were non-existent which facilitators (as much as any other profession) said they needed to have something to aspire to and work towards. As noted above, facilitators said that they were not incentivised to stay. As such, what is needed is a pay scale that incentivises staff retention and, I would add, attract a high calibre of suitably qualified and experienced staff who have extensive knowledge of working with domestic abuse perpetrators and facilitating change therapeutically and relationally. By way of valuing and improving work force development, facilitators also require training opportunities that reach beyond the silos in which they said they worked. In-house training was deemed inadequate for what they needed. Moreover, facilitators wanted the opportunity to attend conferences and/or training to extend their knowledge through experts in the field.

#### Emotional impact

It was clear that some facilitators were significantly impacted by domestic abuse work but felt they had 'no choice' as this was seen as a 'natural progression'. As such, it is recommended that facilitators should be given a choice in whether to work with domestic abuse perpetrators, or at least a break from this when needed or requested. I further propose that emotions should not be pathologized or marketized. Facilitators should not fear being judged if they are affected by listening to personal stories of trauma, violence, and abuse.

Finally, facilitators need supervision that feels supportive and focuses on the emotional demands of working with domestic abuse perpetrators. I would add that regular clinical and/or skilled supervision by a suitably qualified and knowledgeable practitioner is crucial, particularly for those who have experienced trauma. Many of the facilitators expressed similar feelings and difficulties to practitioners working with offenders with 'personality disorders' (see HMPPS, 2020; Webster et al., 2020) yet they did not receive the enhanced support afforded to them.

In sum, it is not clear whether some facilitators were reminiscing about an imagined 'golden era' before the Transforming Rehabilitation reforms. What was evident was that the conditions under which they were now working was described as significantly worse. Ironically, facilitators were expected to support men in building better relationships, even when it was evident that relationships within and outside of the organisation were becoming increasingly fractured and contributed to a difficult working environment, not to mention the impact on their own personal relationships at home. The issues raised and recommendations proposed in this article need to be addressed in the next phase of probation reforms and is, clearly, only the beginning of a much longer journey of reunification which will require increased transparency.

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