A research review of the impact of ‘how to argue better’ training and domestic violence advocates

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May 2021

Funded by Department for Education

University of Sunderland

Acknowledgements

Thank you to the Early Help staff at Together for Children who completed the survey, providing the data for this report. We are grateful to Together for Children for commissioning the University of Sunderland to independently review the suite of initiatives as part of the Department for Education funded Transformation Programme.

Please cite this report as:

Martin-Denham, S. and Scott, N. (2021) *A research review of the impact of 'how to argue better' training and domestic violence advocates*. Sunderland: University for Sunderland.

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Foreword

In January 2020, all Early Help staff in Together for Children (TfC), Sunderland, were invited to take part in online 'how to argue better' training, also known as 'parental conflict training', to recognise and support families in dealing with parental conflict. TfC also commission domestic violence advocates as part of their wider response to domestic abuse across the City of Sunderland. The role of the advocates is to support the staff in children's services, providing advice on specific cases where families need a higher-level of intervention. This report analyses the 36 responses to an online Qualtrics survey to explore the following research question: 'How effective is the 'how to argue better' training and use of domestic violence advocates as perceived by staff from Early Help?'

The research project had the following objectives:

- To determine the satisfaction with, effectiveness and value of training programmes for staff in children's services.
- To evaluate whether participants felt the training programme had a positive impact on referral rates.
- To highlight other approaches used by Early Help staff to support children and families.
- To identify if the domestic violence advocates bring satisfaction, effectiveness, value and support to children's services.
- To summarise other improvements that could be made within Sunderland children's services training.

Many terms exist that describe abuse in households, including 'domestic abuse', 'domestic violence' and 'intimate partner violence' (World Health Organization, 2013). Nicolson (2019) explains that the introduction of the term 'domestic abuse' was necessary to recognise the range of forms of abuse beyond physical violence.

The Home Office (2013) widened their definition of 'domestic violence and abuse' to include those in the 16 and 17-year-old age category.

> **'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional'** (Home Office, 2013).

Later, the Home Office (2018) acknowledged the harmful and distressing effects of physical, sexual, financial, and emotional abuse, including 'coercive and controlling behaviour'. Donovan and Hester (2014) note the importance of including 'coercive control' in the definition to recognise that domestic abuse is multi-dimensional and complex.

> **'Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim'** (Home Office, 2013).

Both domestic abuse and other forms of parental conflict can lead to both short-term and long-term harmful child outcomes. Some researchers have found that up to 4% of children witness domestic abuse in their household (Meltzer et al., 2009), while other

researchers put that number as high as 26% (Cawson, 2002). Meltzer et al. (2009) suggest that such exposure could triple the chance of a child developing conduct disorder, and Pingley's (2017) research shows that they could be less likely to process such traumatic events without clinical support. Younger children may be more likely to present with internalising symptoms like anxiety (Knapp, 1998), while adolescents may be more prone to 'truancy, dropping out of school, drug/alcohol use and running away' (Hornor, 2005, p. 208). Exposure to forms of parental conflict that do not necessarily amount to domestic abuse can also negatively impact a child's mental health. Harold, Aitken and Shelton (2007) found evidence for an association between parental conflict, child self-blaming attitudes and discrepancies in academic attainment. There is also evidence that exposure to parental conflict can predict 'conduct disorders, anxiety and aggression' (Morrison and Corio, 1999, p. 627).

Background

'How to argue better' training gives groups of participants a range of tools to better support couples with conflict resolution. The intention is that it equips them to explore conflict styles, to recognise the signs of conflict and to change their behavioural responses. The training programme was created by the national charity 'One Plus One' to support practitioners in gaining a better understanding of parental conflict and how it impacts on children and young people. The training aims to build practitioners' knowledge, understanding, skills and confidence to engage with couples with conflict in their relationship. The training is usually a 6-day programme with three units:

1. Engagement and Communication – Building Effective Relationships
2. Assessment, Tools and Planning
3. Supporting family members towards independence and self-reliance

In Cramphorn's (2019) review of 'how to argue better training' in Hartlepool, the learners described that they lacked skills and confidence to ask parents questions about the quality of their relationship, or to know what they should do if they identified conflict.

Parental conflict training

Provision of training, tools and resources to parents who exhibit parental conflict is one of many approaches to reducing the harmful effects of parental conflict on child outcomes. While it may not be possible to end parental conflict entirely, Cummings and Davies (2010) suggest that the type of conflict, rather than the presence of conflict itself, is what should be emphasised regarding child outcomes. Reynolds et al. (2014) believe that these findings indicate that 'focus in intervention programmes should be placed on raising parents' awareness of the effect of conflict on children and helping parents to develop the skills required to reduce destructive conflict.' Literature on interventions to reduce harmful child outcomes has also suggested that parental conflict can act as a barrier to interventions that solely focus on parenting skills (Webster-Stratton and Hammond, 1999; Reynolds et al., 2014).

Further research on parenting and child outcomes concurs with the notion that interventions must focus on the parents themselves, not just the act of parenting (Reid, Webster-Stratton and Baydar, 2004; Cowan, Cowan and Barry, 2011). Cummings et al. (2008) carried out such an intervention, in which parental conflict was explicitly addressed: 'Parents were shown scenarios about everyday themes of marital conflict either between couples alone or between couples with a child present. Group discussions were used to help couples identify and understand the implications of the conflict behaviours and to consider what the actors could have done to handle the situation differently' (Reynolds et al., 2014, p. 94; Cummings et al., 2008).

Reports from the UK government have encouraged a shift toward early interventions that 'tackle parental conflict below levels amounting to domestic abuse', as these parents had previously been ignored, with 57% of local authorities reporting a lack of 'common understanding of what constituted parental conflict' (Adams et al., 2021). There are various barriers to this approach, including the tendency for parents to prefer input from trusted friends and family regarding their parenting, rather than specialist support services (Cramphorn, 2018). However, some research does suggest that these barriers can be overcome through

the normalisation of attending to the quality of parental relationship during parenting interventions, helping to 'promote parent help seeking from practitioners in community and early intervention roles, potentially preventing escalation' (Cramphorn, 2019).

Domestic violence advocates

There is limited research on the qualities of advocate and service user relationships, although what exists suggests potential benefits (Weisz, 1999; Goodman et al., 2009). In a study by Goodman et al. (2009), the ethnically diverse participant group of women with low incomes and depression expressed the importance of advocates having a strengths-based approach, predicting their needs, and supplying hope and encouragement. Allen et al. (2013) found that service users felt shared bonds with staff were important. However, not having an appreciation cultures can impact negatively on the development of relationships with advocates (Koyoma, 2006; Sokoloff and Dupont, 2005). Malpass et al. (2013) researched the initial impact of contact with a domestic abuse specialist advocacy organisation. In relation to the advocate, the women reported feeling unconditional acceptance, which was not based on an agenda to change or shape their decisions.

Historically, domestic violence advocates have commonly partnered with survivors to support them in achieving their goals without imposing timetables for change (Schechter, 1982). Since then, the role of the advocates has changed, becoming a specialised service to support survivors of domestic abuse with problems regardless of risk analysis, goals and circumstances (Davies and Lyon, 2013). The result of this change in emphasis has been that survivors must ignore some critical aspects of their situation, seeking support only with what could be provided by a particular organisation (Smyth, Goodman and Glenn, 2006). Concern was raised by Davies, Lyon and Monti-Catania (1998), and Goodman et al. (2016a; 2016b) of a 'one size fits all' approach that was not based on respect for the survivor's wishes and needs. Harris and Fallot (2001) believed that services can re-victimise survivors, as they fail to consider the effect of traumatic experiences. They proposed that to prevent this, systems, policy and cultures needed to be responsive to how trauma shapes coping and mental health. Warshaw (2014) agreed that when supporting victims of domestic abuse, the collaboration between the advocate and survivor needed to be based on trust, transparency and choice to allow healing to occur. In recent years, a focus in domestic abuse programmes has been the relationship between the survivor and the advocate to support healing and safety (Goodman et al., 2016a). In a later study, Goodman et al. reiterated that 'strong alliances between survivors and their advocates facilitate improved mental health among survivors through the mechanism of helping them regain a sense of power and control regarding their safety' (2016b, p. 294).

Methods

Approval for the research was given by the University of Sunderland ethics committee. Participants were made aware of the voluntary nature of the research, how to withdraw and when, the nature of processing and storage of data, and the intended outputs in the information sheet (British Educational Research Association, 2018).

Following a gatekeeper's permission, the Qualtrics survey was circulated to staff in Early Help through service team leaders. Participants were selected through purposive sampling, as the study needed to seek the views of those working for Early Help who had undertook the training**.** All staff who had either received the training or had professional experience of working with the domestic violence advocates were invited to take part. To ensure informed consent, a series of qualifying statements at the start of the survey had to be completed before beginning the questions.

The questionnaire consisted of 18 open and closed questions, including: staff satisfaction with both the training and the domestic violence advocates, whether the training developed understanding, whether it impacted on their work or referrals, or increased their confidence (appendix 1).

Content analysis is a qualitative method for analysing and interpreting the meaning of data (Schreier, 2012). Content analysis was selected for this review as it allows the researcher to make valid and replicable references from text (Downe-Wambolt, 1992; Krippendorff, 2004). Graneheim and Lundman (2004) suggest that content analysis can address manifest or latent content, with the former focusing on analysing the exact text given in the response, and the latter focusing on the underlying meaning behind the same content. This study's objective is to collect feedback, so no interpretations about underlying meaning will be made.

The survey was circulated in June 2020 and closed in September 2020. The survey responses were stored on the University's secure system and were inputted into NVivo, a computer-based management programme for qualitative research.

Results and discussion

Forty-five participants accessed the questionnaire. Of these, 36 completed the survey in full, therefore the attrition rate was 20%. Not all of the 36 participants responded to each question, but for the purposes of this report, all responses have been included in the analysis. Tables 1 and 2 show how many of the 36 participants had received the 'how to argue better training' and how many had worked with domestic violence advocates.

Table 1. Number of participants who reported completing the 'how to argue better' training

How many took part in the 'how to argue better' training?		
No	4	11%
Yes	32	89%
Total	36	100%

Table 2. Number of participants who had worked with domestic violence advocates

How many participants worked with domestic violence advocates?		
No	10	28%
Yes	26	72%
Total	36	100%

Demographic Information

Of the participants who completed this question 89% identified as female and 11% as male. 53% of participants were in an associate position, 22% were in an entry level position, 11% were managers, 8% preferred not to disclose their seniority or level of experience, and 6% did not respond to the question.

On a scale from 0-10 (10 being the most satisfied), how satisfied were you with the 'how to argue better' training?

Staff members who had completed the 'how to argue better' training reported high satisfaction scores, with a mean of 9.1 out of 10 (SD = 0.94), with a maximum of 10 and a minimum of 7.1. Note that the minimum value is not an integer, as participants responded using a sliding scale which permitted decimal values.

On a scale from 0-10 (10 being the most satisfied), how satisfied were you with the support received from the domestic violence advocates?

Members of staff who had worked with domestic violence advocates had high satisfaction with these experiences, with a mean of 8.3 out of 10 (SD = 1.45) and scores ranging from 5 to 10.

How, if at all, did the 'how to argue better' training develop understanding of parental conflict and its impact on child outcomes?

Twenty-five of the 32 participants who received the training responded to this question, predominantly referencing two ways in which the training helped them develop their understanding. First, the training gave them more knowledge and awareness of parental conflict and its impact upon children. Some participants compared how their awareness of parental conflict differed before and after receiving the training. For example, one staff member revealed, 'I previously did not realise how much of an impact parental conflict has on the child's outcome.' Participants also shared specific revelations in awareness:

> **'Children are at risk of the same level of emotional trauma with parental conflict as they are with domestic violence and abuse.'**

> **'The impact on the child depends on how the parents argue. Obviously the worse the arguments the more emotional impact this will have on the child's emotional wellbeing.'**

Second, participants felt that the training provided them with specific tools and resources to enhance parents' understanding of conflict. While most of these participants simply referred to this benefit in a general sense, some participants gave specific examples, such as 'user friendly terminology for relationships' and 'different stages of a relationship, different ways people can argue'.

Two participants also mentioned that they could better identify high-risk children using the resources from their training. One felt that the training could help them 'identify children who were showing clear signs of distress due to conflict', while the other staff member highlighted indicators of exposure to conflict, 'children present during arguments and conflict can become anxious or upset and may blame themselves.'

The focus on child outcomes encouraged by the training has seemingly given Early Help staff an understanding of how parental conflict can affect a child's mental health. Participants' explanations that a child exposed to parental conflict can show similar indicators to a child exposed to domestic abuse are not far removed from earlier research findings (Morrison and Corio, 1999; Harold, Aitken and Shelton, 2007).

What impact, if any, do you think the 'how to argue better' training has had in developing your competence and confidence in supporting caregivers with inter-relational conflict?

Twenty-five of the 32 participants who received the training responded to this question. Participants mostly referred to tools and resources they had been given by the training. One participant shared that they felt 'better equipped and able to support practical change, through multi agency collaboration'. Another participant gave examples of strategies they had adopted when speaking to families, in that they would encourage 'strategies such as walking away and allowing a situation to calm down'.

Some participants also remarked that their focus shifted to the impact of parental conflict on children, and some felt that the training had improved their confidence. References regarding improving family relations for the sake of children included ensuring that 'differences are resolved amicably, reducing impact on children, improving outcomes', and that 'the child's best interests are met'. Multiple staff members explained how they had grown in confidence due to the training, with one elaborating:

‘It has helped me to have the confidence to approach this area of support knowing I can offer tools and knowledge to families.’

Which, if any, specific skills do you feel the ‘how to argue better’ training enhanced or developed in your day-to-day work?

Twenty-one of the 32 participants who received the training responded to this question. Most felt that the main skills they had learned from the training revolved around greater knowledge and awareness on the components and consequences of parental conflict, which they used to educate families they worked with. This education involved concepts such as ‘trigger points’, ‘arguing styles’, and ‘stages and changes in relationships’. One participant commented on how they employed the stages and changes concept in their work:

‘Being able to show families the diagram, whilst explaining how relationships can often move up and down the scale is really helpful to individuals who are having difficulties in their relationships.’

Some participants specifically mentioned techniques such as ‘effective listening’ and ‘questioning techniques’ as well. One participant detailed how they would incorporate the training into their work:

‘I will be thinking about how I approach a person or have a conversation. Things can be interpreted different to their intentions by how something is said.’

Many participants also referred to the impact of parental conflict on children, both in terms of their own learning, and in making this the focus of their work with families. One participant explained how they were, ‘teaching parents a new way of approaching conflict and how it impacts on their child’s development’. Another said:

‘The training gave me the correct words and tools to explain to families how conflict impacts children.’

Was the ‘how to argue better’ training effective in reducing referral rates?

Seventeen of the 32 participants who received the training responded to this question. Participants overwhelmingly reported that they were unsure of the impact that training had on referral rates or had not yet noticed a difference. One participant felt that referral rates were not falling, and that ‘things still escalate’, while another did not directly report reduced referral rates but felt that these rates would fall ‘if staff are aware and respond to this effectively, and use it in their role’.

Has the how to argue better training reduced demand for services? How?

Eighteen of the 32 participants who received the training responded to this question. Participants generally used duplicate responses for questions 10 and 11. A staff member specified that, regarding reductions in service demand, ‘this has not been fully measured yet’. One participant elaborated on their earlier response that they still felt most cases ended up escalating:

‘No, I feel things still escalate between couples regardless of this training and therefore leads to social work or police intervention.’

What did the participants dislike about the training?

Twenty of the 32 participants who received the training responded to this question. Eighty per cent of these staff members said they had no criticisms of the training. One felt that ‘some of the evidence-based tools were not in my opinion user friendly.’ Two of the remaining participants referred to domestic violence and abuse, one of whom said:

'I would like something more relevant as most of our families argue but have a history of domestic violence and abuse, which this training was not relevant to.'

Did the participants feel any other interventions or approaches were more effective?

Thirteen of the 32 participants who received this training responded to this question. Eight (62%) simply answered 'no' and two suggested that the intervention would complement other interventions:

'I feel that is a tool to be used in combination with other tools in order to produce a successful Early Help Plan.'

And,

'This approach works because of early intervention and it is versatile. There are more face-to-face opportunities.'

The three remaining participants gave different responses, naming other interventions/ approaches:

- 'Direct support for families' and 'therapeutic work'
- 'Using domestic violence and abuse services to identify domestic violence and abuse or conflict and the Respect Toolkit to identify if a male is victim or perpetrator.'
- 'Learning how families listen to each other and respect each family member, and value each other's views and opinions, and compromise'.

Do you think that domestic violence advocates have been helpful in supporting families? How?

Twenty-two of the 27 participants who worked with domestic violence advocates responded to this question. Of the 22 responses, 19 (86%) were positive in their remarks about the advocates, often elaborating on these feelings. One member of staff wrote:

'Absolutely! They are specialists in their field. Ideally there should be more in post.'

Similarly, another staff member responded:

'Yes absolutely, the independent domestic violence advocates based in the team have built an understanding with the staff team and provided a faster response to families.'

Critical responses to this question indicated a lack of support during the COVID-19 pandemic. One staff member responded that 'I don't think phone support has been good for a lot of families', with another claiming that the advocates had been less than helpful:

'Not currently under the current COVID 19 services. I had to chase up a referral put in quite early on as the mother still hadn't heard anything despite being made aware that they aim to make contact within 48hrs.'

In what ways, if at all, do you feel domestic violence advocates have been effective?

Nineteen of the 27 participants who worked with domestic violence advocates responded to this question. Effectiveness of domestic violence advocates was attributed to a variety of factors, the most prominent of which was that they provided prompt and specialist intervention. One participant explained the importance of this specialism: 'Most of my colleagues, as well as me, don't have that specific skill set or knowledge base.' Another participant credited the advocates' timeliness in their ability to 'break down potential barriers'. A member of staff elaborated on an earlier response in which they emphasised the specialism of these workers:

'They are specialists in their field; they offer specialist support for victims and are confident in dealing with perpetrators.

Independent domestic violence advocates are also extremely useful in supporting the Early Help role.'

These participants also referenced the advocates' ability to provide emotional support to families exposed to domestic violence and abuse. Two participants gave almost identical responses, both highlighting that they could support families 'emotionally' and 'legally/practically'. Another participant found value in the range of practical support they offered, 'especially legal matters'. One member of staff elaborated on the importance of this legal support, stating:

'They support the survivors to access legal support that they otherwise would have been afraid to access or been worried about costs.'

Finally, two participants highlighted the ability of the domestic violence advocates to assess risk levels in families and were aware of 'signs to look for if someone is in an abusive relationship'.

Positive feedback regarding domestic violence advocates corresponds with the small amount of existing research on the value of such workers. Their increased knowledge in this domain, as well as providing emotional support, as reported by the survey respondents, is representative of prior research suggesting they are more adept at identifying needs and maintaining hopeful attitudes among families (Goodman et al., 2009).

What, if anything, could improve the services offered by Together for Children to families experiencing domestic abuse?

Twelve of the 27 participants who worked with domestic violence advocates responded to this question. Of these, five commented on the need for further support for children exposed to or victimized by domestic violence and abuse. These participants referred to a lack of counselling services for children and lack of support availability during the COVID-19 pandemic. One participant's response suggested:

'More counselling services for children who have witnessed domestic violence. I feel that the children are often forgotten about.'

Others suggested improvements including an increased presence of domestic violence advocates, greater continuity of care workers for families, and giving more control and 'ownership' to victims in proceedings where possible.

Do you have anything additional to add?

Of the 36 participants, seven provided additional comments at the end of the survey. Most of these praised the training they had received, while two pointed to the importance of early intervention, with one suggesting:

'Earlier intervention amongst teenagers may help them to learn what healthy and unhealthy relationships feel like, and feel confident about recognising when something is unhealthy.'

The other participant felt that the 'how to argue better' training may be 'beneficial for the families where arguing is in its infancy, however for families where this is common, they take no notice'.

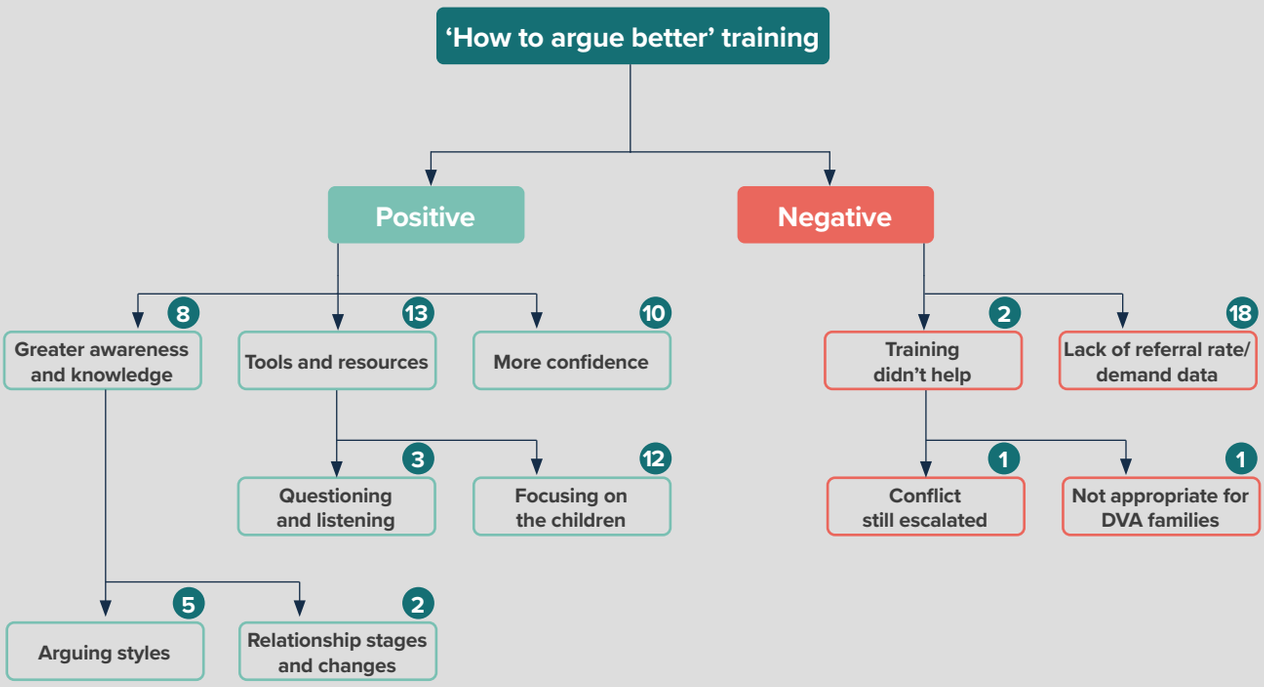

Figure 1. The number of references to each element is shown in blue. N.b. Some participants gave multiple references.

Concluding remarks

This review set out to explore the perceived effectiveness of the 'how to argue better' training and the use of domestic violence advocates as perceived by Early Help staff at Together for Children. The concluding remarks are set out against the five research objectives as follows:

To determine the satisfaction with effectiveness and value of training programmes for staff in children's services.

Participants reported high levels of satisfaction with both the 'how to argue better' training and domestic violence advocates, although the latter showed greater variability in responses, as well as lower satisfaction overall. Both were subject to predominantly positive feedback, and criticisms of their role and impact was constructive. The 'how to argue better' training provided value to the Early Help team in the form of resources and tools they could use when working with families, as well as improving their confidence when faced with difficult conversations with couples. The participants could recall a variety of relationship-oriented concepts, as well as specific techniques to teach family members engaged in parental conflict. Knowledge that they gained regarding the impact of parental conflict on children was transferred to their work through providing families this same awareness.

To evaluate whether participants felt the training programme had a positive impact on referral rates.

Views regarding whether referral rates and demand for Early Help services had decreased yielded little valuable insight. None of the participants specifically claimed to have noticed reductions in either measure, with many claiming that they had seen no reduction at all. The prevailing sentiment was that they could not be sure of any changes to referral rates or demand measures. High levels of uncertainty and lack of detail in the responses prevented any relevant conclusions from being drawn.

To highlight other approaches used by Early Help staff to support children and families.

The Early Help staff were not particularly elaborate in their recollection of other approaches to supporting children and families, as most could not propose alternative techniques or strategies. Participants who did provide responses suggested that their training could complement existing approaches, while others suggested therapeutic approaches and perpetrator risk-assessment.

To identify if the domestic violence advocates bring satisfaction, effectiveness, and value and support to children's services.

Members of staff who felt that domestic violence advocates were helpful provided overwhelmingly positive feedback and praise. The value of these advocates was usually attributed to the fact that they were specialists, providing emotional and practical support to families, and could not only offer more to families exposed to domestic abuse, but could respond quicker and more efficiently. Criticisms of the advocates, which likely accounted for the greater variability in satisfaction scores, originated from a belief that they had not adapted well to circumstances brought about by the COVID-19 pandemic, and they were perceived to be less responsive according to some participants.

To summarise other improvements that could be made within children's services training.

Criticisms of the training, or of the domestic violence advocates, were often accompanied by constructive suggestions, although these were usually specific to the individual staff member's circumstances. For example, participants who attended the 'how to argue better' training mentioned that some families have reached higher tiers of parental conflict, for which the proposed techniques and resources were not useful. It was suggested that the training should be expanded to address families involved in domestic violence and abuse.

It is recommended that Together for Children continue to provide and evaluate multi-disciplinary training for staff in the organisation. This would promote a universal response, based on knowledge and understanding of the dynamics, indicators and interventions for those exposed to or engaged in parental conflict and/or domestic abuse.

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Appendix

Research evaluation questions

Q1. What is your gender?

Q2. What is your age?

Q3. What is your current seniority/experience level within Together for Children?

Q4. What service area do you work in?

Q5. Please indicate whether you have undergone the training listed below and/or worked with Domestic Violence advocates.

> Q5a. I have undergone the 'How to argue better' training.
>
> Q5b. I have worked with the domestic violence advocates.

Q6. On a scale from 0-10 (10 being the most satisfied), how satisfied were you with the 'how to argue better' training overall?

Q7. How, if at all did the 'how to argue better' training develop your understanding of parental conflict and its impact on child outcomes?

Q8. What impact, if any, do you think the 'how to argue better' training has had in developing your competence and confidence in supporting caregivers with inter-relational conflict?

Q9. Which, if any, specific skills do you feel the 'how to argue better' training enhanced or developed in your day-to-day work?

Q10. Do you think 'how to argue better' training has reduced referral rates? If so, how?

Q11. Do you think 'how to argue better' training has reduced demand for services? If so, how?

Q12. Was there anything you disliked about the 'how to argue better' training?

Q13. Do you feel any other intervention/approach is more effective? Why?

Q14. On a scale from 0-10 (10 being the most satisfied), how satisfied were you with the support received from the domestic violence advocates?

Q15. Do you think that domestic violence advocates have been helpful in supporting families?

Q16. In what ways, if at all, do you feel domestic violence advocates have been effective?

Q17. What, if anything, could improve the services TfC offers to families experiencing domestic abuse?

Q18. Do you have anything additional to add?

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