Evaluating Spectrum –

Assessment of an Intervention for Offenders of Intimate Partner Violence

Leona-Jopie Niggemeier

Behavioural, Management and Social Sciences, University of Twente

M. Sc. Psychology – Conflict, Risk and Safety

Examination Committee:

First Supervisor: Dr. Steven Watson

Second Supervisor: M. Sc. Iris van Sintemaartensdijk

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Abstract

This research analyses practitioners' reflections on a structured intervention named Spectrum which has been piloted in England. Spectrum is targeted at male perpetrators having committed intimate partner violence in either heterosexual or homosexual relationships. The evaluation of Spectrum's benefits as well as any weaknesses or threats identified by practitioners should ensure that Spectrum is appropriate for broader rollout for further testing. For this purpose, a thematic analysis was conducted using six semi-structured interviews with practitioners from the areas where Spectrum was piloted. Spectrum is perceived by practitioners to have promoted willingness and ability to reflect and engage within service users. Participation in Spectrum taught service users skills that they can use in everyday life in addition to relationships. Further, Spectrum enabled the building and maintaining of a therapeutic alliance between practitioners and service users. Remote delivery of Spectrum via phone or video call has shown to give possibilities for practitioners to personalise Spectrum's material and make it therefore more relevant for the individual service user. However, remote delivery also exhibits a lack of practitioner control over the service user's environment at the time of the Spectrum session, which made practitioners concerned there may be additional risks for the service user. Finally, the approach, material, and content chosen for Spectrum were also deemed appropriate for wider testing as intervention for offenders who committed intimate partner violence in same-sex relationships after it has been modified.

Keywords: intimate partner violence, intervention, probation

For many years now, *Intimate Partner Violence (IPV)* has been acknowledged as a serious public health concern (Dutton et al., 2015). IPV comprises any behaviour occurring in an intimate relationship where psychological, physical, or sexual harm is caused (World Health Organization, 2012). It is not limited to heterosexual relationships but can also occur in homosexual relationships. Like IPV committed in opposite-sex relationships, IPV in same-sex relationships has been recognized as severe concern (Eaton et al., 2008; Duke, & Davidson, 2009; Messinger, 2011). Sadly, same-sex IPV perpetrators are still being neglected in interventions. This includes them not being eligible for many treatments (Probation Board for Northern Ireland, 2016), but also that programme contents often exclude issues relevant to same-sex IPV offenders, like the effect of *Sexual Minority Stress (SMS)* (Lewis et al., 2012).

While the occurrence of IPV perpetration is in general consistent between heterosexual and homosexual offenders (Edwards et al., 2015), occasional discrepancies have been documented. For example, same-sex IPV can result from higher levels of experienced risk factors among individuals from a minority group such as greater substance abuse or psychological stress (McKenry et al., 2006; Bartholomew et al., 2008; Klostermann et al., 2011). These issues have made the development of a further intervention necessary to offer an additional evidence-based treatment option tailored to same-sex IPV offenders. To meet this aim, a structured intervention named Spectrum has been designed by the *Her Majesty's Prison and Probation Service (HMPPS)* in England. Spectrum is targeted at male offenders of IPV committed in either heterosexual or homosexual relationships (Morris et al., 2019). As Spectrum has already been delivered to offenders of the target group in a pilot phase (Morris, & Bennett, 2021), it is now necessary to understand experiences within this pilot and hence ensure that Spectrum is not causing harm before deploying it more widely for further testing.

This research explored the core question of the benefits experienced by practitioners of Spectrum as an intervention for IPV and assess any weaknesses or threats posed by it. An

important point in this context was also to highlight the corona-related restrictions and the associated adaptations in the delivery of Spectrum. Particularly, those concerning changes in the delivery of the intervention. Both improvements and possible deteriorations of the changed delivery format of the intervention have been addressed. The aim of the thesis was therefore to provide a preliminary evaluation of Spectrum from the perspective of practitioners and whether and to what extent there might have been disadvantages from the delivery during the pandemic. Through this it was ensured Spectrum is appropriate to be rolled out for further testing.

Intimate Partner Violence (IPV)

Domestic violence (DV) has been declared a public health concern that needs to be addressed (World Health Organization, 2005). Spectrum focuses on IPV, a form of DV which describes harm caused to a person by a former or current romantic partner or spouse. Like DV in general, IPV can have serious mental health as well as physical consequences, such as anxiety disorders, depression or bodily injuries and concerns both heterosexual and homosexual couples (Krug et al., 2002; Breiding et al., 2014).

Initially, IPV was framed by a patriarchal model of marriage in which heterosexuality was considered the norm and was thus treated as a problem of a man being violent towards a woman (Abrar et al., 2000; Yllö, 2005). Even though research in these times had serious limitations like samples consisting of individuals primarily having been confronted with men's violence against women, this assumption of gender theory was critical to the design of responses to IPV (Sugarman, & Frankel, 1996; Medina-Ariza, & Barberet, 2003; Dutton, 2006; Dixon, & Graham-Kevan, 2010). This not only played into the view of male perpetrators and female victims, but also did not consider the IPV occurrence in same-sex relationships (Baker et al., 2013). It was not until the 1970s that an all-gender perspective on IPV began to be developed when studies found similar IPV prevalence rates committed by

both women and men (Straus et al., 1980). More recently, studies have shown high prevalence rates of IPV among same-sex relationship that are equivalent to prevalence in opposite-sex relationships, with roughly a quarter to half of all homosexual partners exhibiting abusive behaviours (Pitt, 2000; Burke et al., 2002; Alexander, 2002; Henderson, 2003; McClennen, 2005; Finneran, & Stephenson, 2013). Further, research has shown that not only the forms of IPV, such as coercion or humiliating behaviour, are similar among heterosexual and homosexual couples, but also the determinants for IPV and correlates of IPV offences (Merrill, 1998; Gilchrist et al., 2003; Edwards et al., 2015; Frankland, & Brown, 2014; Lewis et al., 2017).

It is worth noting that the true number of IPV incidents is difficult to determine, as victims often choose not to report their IPV experiences (The Association of Women's Health, Obstetric and Neonatal Nurses, 2015). Especially men may hesitate in reporting their abuse as they are confronted with socio-cultural aspects such as being judged or having their masculinity questioned (Lupri, & Grandin, 2009; Robertson, & Murachver, 2009). Even though Blosnich and Bossarte (2009) found that there are no major differences in the types of victimisations between opposite-sex and same-sex IPV, unfortunately, in same-sex relationships, IPV has not been widely acknowledged by legal and protection services. This prevented the provision of effective and appropriate intervention for offenders for a long time (Kemsmith, 2005; Murray et al., 2007). Given the seriousness of IPV, it is essential that treatment offered to offenders is effective to avoid recidivism (Butters et al., 2020). This leads to the question of available interventions and the possibilities and limits of such.

Rehabilitation programmes for IPV

Theory of development

To counteract the issue of domestic abuse in England, various programmes have been developed and implemented. Motivating and supporting the perpetrator in changing abusive

behaviour are the aims of these programmes. HMPPS currently runs four programmes, however only one of those will be discussed in detail due to its similarity to Spectrum, namely *Building Better Relationships (BBR)*. BBR is offered to men both while being in custody and after their release from prison when being perceived potential IPV perpetrators (Her Majesty's Prison & Probation Service, 2019). Spectrum was partly developed with BBR as a basis, therefore a more detailed examination of BBR is necessary to explain Spectrum. Spectrum was developed to also target men having committed IPV in homosexual relationships as this target group was not covered by any of the existing interventions (Cheshire & Greater Manchester Community Rehabilitation Company, 2017)

The design of both programmes BBR and Spectrum is based on four key aspects, the *Duluth model*, *Cognitive Behavioural Therapy (CBT)*, *theory on desistance* and the *Risk, Need and Responsivity (RNR)* principles. It is important to briefly explain these elements to gain a fundamental understanding of the design of BBR and Spectrum.

The Duluth model aims to confront male offenders' attitudes toward women, as the assumption prevails that these attitudes enable men to become dominant in relationships and lead to violence towards their partners as they perceive a right to abuse their partners (Eisikovits, & Edelson, 1989; Pence, & Paymar, 1993). Originally, the model does not cover IPV committed by women or same-sex couples due to its emphasis on male misuse of power, gender roles and patriarchy (Butters et al., 2020).

Another concept that serves as the foundation of various programmes is CBT (Her Majesty's Prison & Probation Service, 2019). CBT represents a modality of treatment aimed at changing unwanted thoughts and behaviours. Interventions based on CBT target within-person processes, such as attitudes, that are believed to be perpetuating abuse and thus contributing to violent behaviour (Murphy, & Eckhardt, 2005).

Additionally, the programmes draw on desistance theories which are associated with past offenders both refraining and ceasing from offending (Bayford et al., 2013). Although there is no general, all-encompassing theory of desistance, it is understood as a process that results from the interaction of individual decisions, social dynamics as well as societal and institutional practices (Farrall, & Bowling, 1999). To facilitate desistance, the interventions aim at helping offenders understand their behaviour and reassess their views. Simultaneously, they should learn to make a self-responsibility commitment and learn skills that support their social competence and help them develop social relationships (Morris, & Bennett, 2021).

Furthermore, the programmes are grounded in RNR principles as this helps to find appropriate programmes for the individual (Her Majesty's Prison & Probation Service, 2018). Hereby, Risk refers to the notion that interventions provided to an individual should be proportionate to the risk posed by that individual in terms of length and intensity of treatment. Need comprises addressing modifiable risk factors associated with IPV according to research. Responsivity describes the targeting for specific groups with an appropriate intervention matching to the group's characteristics (Her Majesty's Prison & Probation Service, 2019).

Offenders' eligibility for a programme, and thus final assignment to an intervention, is based on their results of the *Spousal Assault Risk Assessment (SARA)*. SARAs are completed by the National Probation Service report writers and the responsible offender manager, who will evaluate the risk factors referencing both serious harm and the likelihood of recidivism in the context of domestic violence. They will also respond to new information, revising and updating SARAs when relevant changes occur that may affect the potential for serious harm (Her Majesty's Prison & Probation Service, 2020).

Building better relationships (BBR)

Due to Spectrum being developed partly on BBR, a closer look at BBR is to be taken at first to enable a better understanding later on. BBR is a state-accredited anti-domestic

violence programme for male perpetrators in heterosexual relationships that replaced the previous *Integrated Domestic Violence Program (IDAP)* in 2013 (Her Majesty's Inspectorate of Probation, 2018; West Mercia Probation Trust, n.d.). The basis of IDAP lies strongly in the Duluth model and integrated components of CBT (Her Majesty's Inspectorate of Probation, 2018). It focused on the offender's need for exercising control and power upon his intimate partner. While retaining elements of the power and control framework, BBR also acknowledges how a patriarchal culture influences the perpetrator's behaviour (Hughes, 2017). With its theoretical basis on models like the *General Aggression Model (GAM)* (Anderson, & Bushman, 2002), its approach is more holistic, placing aggression within the context of social, environmental and stress factors in an individual's life (Her Majesty's Inspectorate of Probation, 2018). The GAM promotes a differentiated analysis of the complex factors involved in aggression by taking into account biological, developmental, personality, social and cognitive factors (Allen et al., 2018).

To be eligible for BBR, the offender needs to be assessed as medium to high risk on SARA and should not be experiencing severe substance misuse or mental health problems (Cheshire & Greater Manchester Community Rehabilitation Company, 2017; Her Majesty's Prison & Probation Service, 2021b). BBR aims at increasing the individual's awareness of the precipitating factors of domestic violence, reducing an individual's risk factors related to abuse and developing skills for pro-social relationships (Ministry of Justice, n.d.). Offenders of IPV should come to understand the way in which their individual problems contribute to the violence exhibited towards their partners. Strengths need to be discovered and built upon for improving relationships and developing skills to work through difficulties (Cheshire & Greater Manchester Community Rehabilitation Company, 2017).

BBR incorporates four key components, namely *foundation*, *my thinking*, *my emotions*, and *my relationships*. The *foundation* component serves as an introduction to the

topic of domestic violence and addresses factors on men's identities and responsibilities as well as their decisions about their behaviour (Probation Board for Northern Ireland, 2016). The second element, *my thinking*, explores biases, attitudes as well as rumination. Processing of information as well as current inner states and beliefs are being addressed. Thirdly, the component of *my emotions* comprises topics such as managing emotions, and anger and aims at teaching service users better ways of self-managing their emotional arousal (Probation Board for Northern Ireland, 2016). Lastly, the content of the module *my relationships* is about relationships, conflict resolution, as well as boundaries and explores how these experiences have influenced the intimate relationships of service users (Probation Board for Northern Ireland, 2016; Burton, & Taylor, n.d.).

Unfortunately, the programme also suffers from limitations. These include that there are groups of people for whom BBR is not suitable. In addition to women, who are generally excluded from BBR, this also excludes men for whom the violence only took place within homosexual relationships (Cheshire & Greater Manchester Community Rehabilitation Company, 2017). BBR is also not recommended for men who are unlikely to reach the learning goals due to dependency (Probation Board for Northern Ireland, 2016). The limitations of BBR clearly show that certain types of IPV perpetrators are not covered by the programme, which necessitated the development of a new intervention - Spectrum.

Spectrum

Theoretical background of Spectrum. Spectrum is a structured intervention, which represents a rehabilitative programme for individuals that are not eligible for any of the existing accredited programmes. The main principles for structured interventions relate to a user centred, evidence based and cost-effective design. As other interventions, Spectrum has been developed on research about promoting desistance in regard to offending (Her Majesty's Prison & Probation Service, 2021a). According to research, desistance from crime can be

achieved by rehabilitating oneself as a person (McNeill, 2012; McNeill et al., 2012). Thus, desistance-focused approaches focus on positive change in a person's identity and cognitive transformation. Another characteristic of the desistance process is the individual's recognition of the opportunity to change as a way out of offending (Giordano et al., 2002).

With regard to homosexual relationships, further programme contents needed to be included in IPV offender treatments. One factor is SMS, which relates to experiences that are linked to an individual's sexual minority status, like identifying as lesbian, gay, or bisexual (Lewis et al., 2012). Minority stressors can be internalized or externalized, with identity concealment, for example, being internalized and victimization based on sexual orientation being externalized (Morris et al., 2019). Identity concealment can be used by IPV perpetrators in a same-sex relationship to threaten partners with disclosing their sexual orientation without consent (Burke et al., 2002; Wikia, n.d.). As such factors might have affected the way leading to IPV, these needed to be considered in interventions for offenders having committed IPV in a same-sex relationship (Morris et al., 2019).

Similar to BBR, Spectrum as an evidence-based intervention makes use of the GAM (Morris et al., 2019). Considerations here include personal attributes that could predispose an individual to IPV as a result of being triggered by specific situational factors. A trauma-based approach can also be taken at this stage, as personal attributes can sometimes derive from an individual's traumatic experiences (Leitch, 2017). In addition to the GAM, the *Nested Ecological Model (NEM)* (Dutton, 1995) provides a theoretical basis for Spectrum. According to NEM, IPV is determined by influences from different levels such as the intrapsychic characteristics of the offender, the interpersonal environment, and the broader influences of the society and community (Dutton, 1995). By drawing on GAM and NEM to explain IPV, it is possible to recognize the complexity and multifactorial nature of IPV

(Bloomfield, 2018). Both models do not apply a model based on patriarchy, therefore making it inclusive for same-sex relationships as well (Morris et al., 2019).

Description of Spectrum. Spectrum is targeted at men having committed IPV in heterosexual or homosexual relationships with a low SARA rating (Morris et al., 2019; Her Majesty's Prison & Probation Service, 2021b). The programme represents a course consisting of 10 sessions, which can include up to 28 tasks (Her Majesty's Prison & Probation Service, 2021b). The delivery is divided into two options, that is, one for heterosexual men and one for homosexual men. Bi-sexual service users can choose which of these options is most appropriate for them (Her Majesty's Prison & Probation Service, 2021b). To support sessions, *Complementary Digital Media (CDM)* is used, describing animated clips. In the case of Spectrum, those have been co-produced by IPV offenders and feature their voices and stories as it is intended that they might have experienced similar situations as the service user. Through these clips, examples of basic skills are provided to give service users a better understanding of successful coping with their emotions (Morris, & Knight, 2018).

As with BBR, Spectrum divides the different sessions into the four areas, namely *foundation*, *thinking*, *emotions* and *relationships*. The first area's content is all about introducing service users to tools and concepts that will help them reflect about their relationships and about their future self. The *thinking*-themed sessions are centred around helpful skills for the service user to think about both themselves and their relationships in a manner to promote positive behaviour in relationships. Identifying emotions and learning to self-manage them is the focus of the sessions referencing *emotions*. The last block of sessions with regards to *relationships* addresses communication and skill development for developing and maintaining positive relationships (Her Majesty's Prison & Probation Service, 2021b).

Normally, Spectrum is being delivered in-person at probation offices. Although remote delivery was intended to be reserved for exceptional circumstances, the COVID-19

pandemic and the associated constraints led to such circumstances (Her Majesty's Prison & Probation Service, 2021b). The disease spread rapidly across the globe at the start of 2019 and caused 5,4 million deaths as of December 2021 worldwide (World Health Organization, n.d.; Pauly, 2021). To contain the spread of the very contagious virus called COVID-19, measures had to be taken including the practice of social distancing (Christiano, 2021). In the case of the UK, this meant that from the end of March 2020, people were instructed to stay at home and take further action such as limited gatherings or leaving the house only for specific reasons (Evening Standard, 2021). Hence to comply with the restrictions, Spectrum's was being delivered via phone throughout the pandemic (Webster, 2021).

Even though, research has proven the effectiveness and usability of interventions being delivered via technology (Hassija, & Gray, 2011; Constantino et al., 2014), delivering remotely might have come with challenges that limited the use or changed the effect of rehabilitative programmes (Her Majesty's Prison & Probation Service, 2021a). Operational and privacy issues can arise as well as lack of motivation or familiarity with the technology used. The separation therapeutically due to COVID-19 increased concerns about therapeutic alliance within interventions (de la Torre et al., 2017; Wardrop, & Sheahan, 2018; Sammons et al., 2020). Social distancing in general has been shown to be associated with increasing impersonality and decreasing sense of community (Sikali, 2020). Therefore, it was important not just to evaluate experiences made with reference to Spectrum generally but look at the barriers that might have been encountered due to the transition as a result of the corona restrictions and the effect that the transition had on service users and practitioners.

Current study. As the delivery method of programmes can have an impact on their success, Spectrum and its' delivery needed to be evaluated. Practitioners' experiences with Spectrum have been gathered by conducting semi-structured interviews that also cover different modes of delivery, namely, in-person delivery of Spectrum and delivery through an

online environment. The collected data was then assessed using the thematic analysis, according to Braun and Clarke (2006). Regarding the theme system used for classifying practitioners' statements into specific areas, it was assumed to have similarities with the by Morris and colleagues (2021) developed theme system for evaluating the *Skills for Relationship Toolkit (SRT)*. This was expected, since it is not only the objectives of the current research and the methods used that were similar to the one of Morris and colleagues (2021), but also the fact that the development of SRT was the result of a redesign of Spectrum. The current study's objectives were to give an evaluation on the advantages as well as disadvantages of Spectrum as an intimate partner violence intervention experienced by practitioners. The qualitative analysis encompassed the identification of risks that Spectrum poses as well as an initial look at Spectrum's delivery method and the effects of the necessary changes in the delivery due COVID-19. The overall aim was hence to provide a supportive element to Spectrum's future as its necessity was assessed to ensure Spectrum is appropriate to be rolled out for further testing.

Methods

Semi-structures interviews

Participant identification and sample selection

The researchers were provided with lists of practitioners, who delivered Spectrum, from each of the three regions in England where Spectrum was piloted, by the treatment managers, who are responsible for the quality oversight and facilitation of Spectrum. Practitioners who had delivered at least one whole run through of Spectrum were selected at random from the lists and approached by the researchers via email with an overview of the study and to consent to participate. Verbal consent was obtained from the practitioners to participate in the interviews and audio recording by reading out a consent form (Appendix A). All interviews were conducted via Microsoft Teams in October 2021. Two practitioners

from each of the three local delivery units where Spectrum has been tested have been recruited. All participating practitioners were white British, with four being female and two being male. The age range of the participating practitioners was between 27 and 47. The quantity of fully run Spectrum programmes by these practitioners was between 5 and 25 with a mixture of delivery methods, but mostly remote via phone. Presentation of the practitioners' demographics in tabular form is not provided here, as it could violate guarantees of practitioners' anonymity.

Topic guide

Topic guides for interviews are an important tool for structuring the content of interviews and help the interviewer to stay on track during the interview. However, it should be mentioned that during the interview, depending on the situation and the individual, individual topics or items may be adapted by the interviewer (DeCarlo, 2018). Mayring (2010) mentions that at predetermined points the interviewer can change the wording of the questions as well as to ask additional questions or dig deeper if something does not seem understandable enough or the interviewees share insights from their expertise that have not been anticipated by the researcher. Examples for additionally posted question in this study were with reference to the practitioners' BBR background as well as to clarify statements made by the practitioners. In other respects, the topic guide has proved to be sufficient in covering relevant topics for this study and the researchers did not have to stray from it or skip parts of it.

For the development of the topic guide for the semi-standardized interviews, the question of the effectiveness of Spectrum was divided into several sub-questions. The reason for this is that, according to Flick (2011), a semi-standardized interview is divided in advance into different, important, and thematic areas and one or more suitable open questions are then asked for each of these areas. The sub-questions just mentioned, which were asked, therefore

served to classify the topic guide into different, thematic areas. The practitioners' topic guide comprises a total of 34 key questions and can be found in the appendix (Appendix B), the key elements however will be described in the following.

At the beginning of the interview, gratitude was expressed for taking part and any outstanding questions were clarified. Additionally, it was briefly mentioned that the interview will be recorded for the later analysis. The first part of the questionnaire contained questions regarding general information about the interviewed individual themselves. These questions concerned the interviewee's point of contact with Spectrum and the individual underlying interest into Spectrum. Following, the topic guide addressed Spectrum's contents and its strengths and weaknesses. This part of the questionnaire included questions based on various subthemes. In addition to questions on benefits, threats and competencies, the topic guide covered further subtopics such as Spectrum's delivery pre- and post-COVID and limits of the programme. These items asked, for example, about the practitioners' own perceived competence to carry out Spectrum, what effect Spectrum has had on service users and how this might have affected their coping abilities as well as the practitioners' opinion about the delivery of Spectrum pre- and post- COVID. Additionally, the topic guides included space for the participant to express areas of improvements and recommendations for action. In addition to simply asking about perceived areas for improvement, these items also asked whether Spectrum's benefits outweigh its challenges. The final part of the interview posed the opportunity to share opinions that were not yet addressed in the interview.

Procedure

Before conducting the study, ethical approval was obtained by the National Research Centre of HMPPS as well as by the University of Twente's ethics committee, which can be found under the reference number 211102. After the initial contact with participants via mail, an appointment was made individually with each participant to conduct the interview. All

interviews were conducted in English and every interviewee has been questioned individually. Since the interviewees and interviewers were at different locations, interviews were conducted via MS Teams. The interviews were moderated by Leona-Jopie Niggemeier as the primary interviewer and Rebecca Woolford, who provided support and is a trained practitioner who can deliver interventions with service users if needed and recommend follow up by the probation service if any concerns become apparent. However, both interviewers were independent of the development of Spectrum.

After a brief introduction the recording was started, which was necessary for the later analysis of what has been said. The interviews were conducted based on the topic guide. This guide gave the interviewer the option to ask additional questions during the interview if more detailed information was needed. The interviewees were, however, offered the flexibility to bring up new topic, to modify the theme order or to deviate from topics. After each individual interview was finished, there was a farewell, and the recording was stopped. The interviews were planned to have a maximum duration of 60 minutes.

The processing of the material is an important step between the conduct and the evaluation of the interviews. When the spoken language is written down as text, this is called transcription (Kowal, & O'Connell, 2014). To ensure good readability and scientific traceability simultaneously, it was chosen for an intelligent verbatim transcription. Whereas simple verbatim transcription means a literal transcription, intelligent verbatim transcription is a transcription process in which a filter is taken into account. This filter comprises the omitting of pauses, non-verbal expressions as well as the use of particles to bridge speech pauses (Summa linguae, 2021). The software *Amberscript* was used for the transcriptions. To ensure their accuracy, the transcripts were checked for their content as well as grammatical and spelling errors and edits were made where necessary. In the transcription, the interviewers are identified by "LJN", representing Leona-Jopie Niggemeier, and "RW",

representing Rebecca Woolford. The interviewed persons are described as "Interviewee X", with X representing the interviewee's number. If the interviewee used direct speech, it was indicated with quotation marks in the transcript. Non-verbal expressions such as laughter as well as possible accompanying symptoms of speech such as annoyance have not been taken into account in the transcription. The same applies to the use of particles to bridge speech pauses. When some word of the interviewers or interviewees could not be transcribed due to them being incomprehensible, this was marked with the abbreviation incomp. in square brackets. Passages in the transcripts that posed a risk to ensuring the interviewee's anonymity were marked with an [this information would make the interviewee identifiable]. Where information was important to the analysis, but might make someone identifiable, statements were paraphrased to keep the content of the speech consistent with what was said, but with sufficient edits as to remove any identifying text.

To facilitate the analysis of the data, the audio recordings of the interviews were first converted into written transcripts using the transcription system described above. For the analysis of the transcripts of the interviews the analysis software *f4analyse* was used, which helps the researcher with analysing text files, write memos, code texts as well as search citations by providing various features within the programme.

Data evaluation after thematic analysis

The thematic analysis based on Braun and Clark (2006) was chosen for the evaluation of the transcripts of the practitioner interviews. The thematic analysis can be used to analyse large amounts of data by reducing the material to be evaluated to a manageable set of relevant statements with the help of a system of themes. A system of themes consists of topics serving as a starting point for the interpretation of a data (Braun, & Clark, 2006). Both inductive and theoretical formation of themes can be used. In the inductive method, the themes are developed from the data (Patton, 1990), whilst in the theoretical method, the definition of the

themes is driven by the researcher and the area of interest. The inductive thematic analysis therefore provides a description of the overall data, whereas the theoretical thematic analysis gives a more detailed analysis of specific aspects of the data (Braun, & Clark, 2006). The following thematic analysis was based on a combination of theoretical and inductive theme generation. Additionally, for analysing data it needs to be decided on which level themes are going to be identified. As semantic themes describe the reporting and analysing of explicit themes on the surface of the data (Braun, & Clarke, 2012), the thematic analysis with themes being developed on the semantic level was applied in the presented research. This was chosen because the aim of this research is to understand people's tangible experiences using a programme and seeking to understand their account. Therefore, a more positivistic, descriptive analysis using the surface level meanings of participants utterances is the most sensible way forward.

Both approaches, combination of theoretical and inductive theme generation as well as thematic analysis based on themes developed on the semantic level, were used as there is an existing evaluation using the same methods for the assessment of a similar programme, SRT (Morris et al., 2021). The research by Morris and colleagues (2021) analysed the SRT by having service users and practitioners reflect on their experiences and evaluating these accounts using an adaptation of Braun and Clarke's (2006) thematic analysis. The results were then used to draw conclusions about the strengths and weaknesses of the toolkit and its implementation. Further, there are significant overlaps in content between SRT and Spectrum. SRT is also targeted at men who have committed IPV but are at medium or high risk on the SARA (Kropp, & Hart, 2015). Additionally, SRT was developed through a redesign of the Spectrum toolkit to include the target group of men who have problems in responding, for instance due to addiction or mental health issues, in rehabilitation (Morris et al., 2019). Due to this connection between SRT and Spectrum as well as the research's

similar objectives, it was therefore assumed that the themes developed through analysis are likely to be similar. Hence, the themes from the work of Morris and colleagues (2021) offered a sensible starting point for the current analysis and the researcher first adopted the thematic framework from the study by Morris and colleagues (2021). Where data relevant to the research findings did not fit into an existing theme, new themes were developed, or the original themes were modified. Data not relevant for the study was excluded and not coded. In order to ensure that the classification can be made in an objective manner, the researcher took a positivist approach and develop themes that could be recognised by others, and which are not overly dependent on a specific viewpoint. Themes definitions have been developed and anchor examples have been given (Gläser, & Laudel, 2009). A tabular listing of the categorisation criteria for the different themes can be found in the appendix (Appendix C).

Results

Five thematic blocks with subthemes were developed, which are illustrated in Table 1. The presentation of the results of the experiences of practitioners is done in the tabular order of the theme system below developed by the author. The initial theoretical framework was amended by modifying the theme *impact on practitioners* to *impact of home working on practitioners* because all effects mentioned were consequences of practitioners having to work from home due to the corona restrictions. Also, the additional subtheme *learning skills* was developed from the *impact on service users* theme as practitioners not just stated that service users were able to reflect on themselves, but also that they were able to acquire and apply skills they learned within Spectrum. Further, the subtheme *communication* was modified from *staff satisfaction with communication* as the focus in the statements made was on the communication medium and the impacts this had on therapeutic alliance. It also had to be a subtheme of *therapeutic alliance* as the communication is one facet of the therapeutic alliance and can thus influence it in a decisive way.

Table 1

Theme system for the analysis of practitioner interviews.

Themes	Subtheme
1. Impact of home working on practitioners	
2. Impact on service user	Participant engagement
	Promoting reflection
	Learning skills
3. Impact on staff relationship with service user	Therapeutic Alliance
	Communication
4. Impact on working practice	Training need
	Flexibility
	Delivery of same-sex version of Spectrum
5. Recommendations for improvements	

Impact of home working on practitioners

This theme includes all text passages regarding the perceived impact of delivering Spectrum from home on practitioners' feelings, thoughts, or behaviours. Due to the COVID-19 pandemic, practitioners have been working from home. None of the practitioners mentioned having issues with the situation and logistics of working from home in general. Three of the interviewed practitioners stated that receiving immediate support from colleagues is not available as it would be possible on site in the offices. Being at home on their own did not give them the option to work with a co-facilitator or debrief properly with their teams after sessions, leaving the facilitators with their own thoughts and doubts about heavy sessions. Interviewee 4 mentioned that working from home and delivering Spectrum from there had a bigger impact on them mentally than it would normally have when

delivering in person in the office as part of a group. Interviewee 1 noted that it was therefore important to incorporate enough time into the work schedule to debrief sufficiently by calling a colleague to talk about sessions.

Generally, the delivery of Spectrum during the pilot phase and times of COVID-19 took mostly place via phone or video call. Due to the lack of control practitioners had over the service users' environment, keeping service users concentrated throughout remote sessions was also stated as an issue. This has been perceived as a massive challenge for service users' ability and willingness to engage since they might not be focussed on the task within the session. However, simultaneously, it is possible that engaging in these tasks helps service users to stay more focused and feel more comfortable.

Not being able to see the service users' environment at the time of the call lead to practitioners amending the material in a way that they would not talk excessively with the service users about topics such as consent and boundaries and ask question as they would have in face-to-face group sessions. Practitioners do not know exactly what the service users' home situation is like, and by service users giving some insight to their home situation, remote consultation made concerns apparent where they might normally take service users at their word. Interviewee 1 also mentioned the following regarding their perception over the service users' environment:

> I think that it definitely made me more mindful of how things came across and the questions that I was asking because again, someone might be saying "Yes. I am at home on my own. No one's here. No one can hear me". You don't know that for certain and whether their partner is sat in the corner of the room, and they've got you on speaker and they're listening to everything that you say. You don't know that. That's the risk that you take. You'd like to think that you'd believe that they've got that safe environment. But I think that was definitely an impact or an implication because

> it was being mindful of how things were delivered. It was listening out if you could hear anything else because that's another thing that we have to say, if you hear someone in the background, you need to question that. If you think that someone else is there, we need to terminate that session because that's not safe.

Interviewee 5 mentioned clearly hearing voices in the background of the phone call with a service user, even though no information was at hand about the service user living with others or a partner. This has been perceived beneficial by Interviewee 5 as information about risk was given directly in a way, it cannot at a meeting at the probation office. Interviewee 6 also referred to COVID-19 by stating that their awareness of risk has also been heightened because they were aware that during lockdown service users living together with their partners without being allowed to go anywhere for some time due to the corona restrictions.

Additionally, the handling of risk changed due to home office as practitioners had no control of the environment the service user was in and the reactions that might have been triggered due to a session. In contrast to face-to-face delivery, phone delivery inhibits practitioners to benefit of reading service users' non-verbal cues and thus have problems identifying clearly when somebody might be telling the practitioner only what they want to hear. It needs to be mentioned here, that those are the practitioners' thoughts, and no concrete conclusions can be made about the practitioners' capability of determining deception from these cues. Three interviewees stated that they take sufficient time at the end of the sessions via phone to make sure that the service user leaves on a good note and that they are not likely to act on something negatively after the call ended. Compared to the group setting, Interviewee 4 described it with the following words:

> And there was always the worry in the back of my mind of, "We've just got off a call that's very in depth. We've talked about a lot of the past and things. I don't know what

> their emotions are, and I can't judge that over the phone and they're still living with their partners. So, I don't know now what's happening at home now we've got off this phone call". Whereas if I were in the office, at least I can be checking in with them before they leave to make sure that things are fine or if I show a video clip that has hit home a little bit, then at least, I can check in with them before I let them leave the office, whereas this time I'm literally hanging up the phone and you're still at home.

Besides practitioners' trust toward service user statements regarding their environment in time of the session, trust toward service user statements referring to having watched the digital media clips has been mentioned. Interviewee 3 expressed, that practitioners have to take the word for it if service users confirm that they have watched the clips, despite the practitioner's suspicion that this is not true. In group settings, however, practitioners can ensure that service users watch the clip as this is done within the session.

Impact on service users

Participant engagement

This subtheme comprises all statements that were mostly associated with the practitioners' perception of the engagement of service users taking part in Spectrum. Interviewees agreed that the engagement of service users is dependent on factors they are exposed to during programme participation as well as what background they come from. When service users have a stressful life and deal with a lot of things, then taking on board all the material being delivered within Spectrum and putting it into practice can seem irrelevant to them at that time. Additionally, the service user engagement varies due to the service users' personality and the setting Spectrum was delivered in, so in-person or remote delivery.

Remote delivery was perceived mostly beneficial for engagement. The one-to-one delivery allows to receive more personal information, to create an open atmosphere and to apply exercises directly to the individual, whereas in a group setting it would be rather

general. It was mentioned that remote delivery can also reduce service users' engagement compared to a group setting as it prevents having other group members challenge each other, get different perspectives, or share viewpoints. Besides this, some service users are not comfortable with being on the phone generally, leading to decreased engagement.

Further, Interviewee 1 stated that the digital media clips used for Spectrum increase the service users' willingness to engage in the programme. Feedback practitioners received from service users was that watching the clips and having a conversation about them enabled service users to consolidate knowledge. However, Interviewee 1 also noted that, if service users have not watched the clips, the simple explanation of the clips via phone took away interest from the material and made it tedious for the service user. Interviewee 4 elaborated that service users not having watched the clips reduced engagement in the following way:

> And all I could think was, "It's going to feel like school and then they're going to zone out because I'm just waffling on for ages, and then I'm going to ask them to remember what I've said after five minutes of talking".

Moreover, five interviewees stated that attendance has been one of the major issues while delivering Spectrum remotely. Interviewees described cases of service users not answering the phone at the agreed time, or the service user was not getting any privacy at home. Practitioners expressed service users having not attended sessions were not getting into real trouble in terms of court, but that they were taken off Spectrum or received a warning or recall letter from the offender manager following three missed sessions. Moreover, there was sometimes no understanding of service users why to engage in Spectrum in general due to service users denying anything IPV related had happened. Besides the service users perceived irrelevance of the content of sessions, the service users' lacking ability to understand certain topics has been brought up by Interviewee 2 as another cause for reduced engagement.

Interviewee 5 stated that both options, a group session delivered over a two-hour period as well as a one-to-one session delivered remotely over a one-hour-period, show difficulties in keeping the concentration up. The reduced interactivity of remote delivery, however, can lead to an even higher decrease in focus and reduced intake of what service users are confronted with.

Promoting reflection

This subtheme comprises all statements that were mostly allocated to the perception of Spectrum being able to promote reflection within the service users. Also here, practitioners expressed that service users differ extremely in their response to impulses for reflection.

All interviewed practitioners indicated they had mostly positive feedback with engaging service users regarding service users' willingness and ability to reflect on their own feelings, thoughts, and behaviours. Even though the willingness and ability to reflect on behaviour in domestic violence cases can be limited due to minimisation, denial and blame of the perpetrator, the material gives the service users the opportunity to recognize and challenge their own behaviour and take skills away from it. Interviewee 2 talked about having worked with service users where Spectrum had no impact on the service user at all, and the service user is still challenging the same viewpoint as when he started Spectrum.

In group setting, reflection is promoted due to service users talking among each other, using their own experiences which sometimes helps service users to understand. In remote delivery, interviewees mentioned that reflection processes within service users can be enhanced because this gave the option to apply exercises directly and get more detailed information about a service user's individual situation. This emphasis on personal relevance of the material for the service user individually promoted reflection further.

All interviewees expressed that the digital media clips promote service users' reflection on their behaviour since the majority of the clips show relatable situations.

Feedback practitioners received from service users was that they recognize themselves in the scenarios of the clips. The clips even promote the service users' understanding of topics as subjects such as thinking biases are visualized on screen with the ability to explore each one. Interviewee 1 specified further:

> I really enjoy session three, which is okay and not okay behaviours, because again, I feel like you're really getting into the nitty gritty of "So, this is what the clip says is not okay behaviour and the facets of them. Now you tell me what has been not okay in your relationships", and it just makes it more personal. You can really start to dig in to "Actually, what are they accepting? What have they done? What do they in their head think is okay and not okay behaviours?", because they might have a completely different view than the clip is saying or than what you think.

Interviewees stated that using animated clips takes away the degree of judgment that some service users feel as it depersonalizes it. However, simultaneously, the cartoon style was also one reason for service users to perceive the clips as not relatable as it was seen to be childlike. Further, the language used prevented reflection in some cases, as interviewees received service user feedback saying the language is not relatable as it does not reflect how service users perceived themselves to speak. Besides the cartoon style and language used being reasons to decrease reflection among service users, the situations within the clips limit some service users in their willingness to reflect on their behaviour.

Learning skills

Within this subtheme are all statements that mainly related to practitioners' perceptions of service users' ability to learn skills through participating in Spectrum. All the interviewed practitioners stated that they either received positive feedback from the service users themselves regarding their use of skills they learned within Spectrum, or the practitioners could identify skills their service users were taking forward by themselves.

Interviewee 5 further stated that Spectrum being delivered on a one-to-one provides the flexibility to explore the skills individually with each service user and find what works for them.

The skills most frequently mentioned were emotional management skills. Three interviewees also talked about the crisis management tools that service users can learn and acquire. Interviewee 1 expressed the positive opinion regarding these tools as the service user is able to relate these skills not just to relationships but also in general life. Also, specific skills such as controlled breathing, assertive communication and timeouts were stated. It should be noted however that individuals may not be capable of acquiring or using those skill during crisis point, even though that might be the time when they most need them.

Impact on staff relationship with service user

Therapeutic alliance

This subtheme comprises all statements that were mostly associated with the practitioners' perception of the building and maintaining of a therapeutic alliance with the service users. The option of remote delivery gave the practitioners the opportunity to go more in depth with skills and pick up on things that the service user might not have wanted to share in a group setting, which lead to an improvement of therapeutic alliance. Interviewee 1 received service user feedback in that regard saying that remote delivery made the service user feel more comfortable with opening up as they did not have the feeling of being judged. The building of the alliance itself took more time as practitioner and service user never met or saw each other due to the delivery of the programme via video call or phone. Additionally, the rapport is different than it would be if built in person as the service user's acceptance of programme participation and engagement is more difficult. Moreover, Interviewee 3 mentioned the impact of the service user's non-attendance of a session on their therapeutic alliance:

> The service user I tried to contact three times in one week and three appointments were made, and they just didn't answer any of them. So, obviously you have to say non-attended, non-attended, non-attended. And then you're saying to yourself, "Well, they are now going to get a phone call from their offender manager saying, “You haven't attended this, this, and this. So, I'm going to be sending this letter out either as a recall or a warning" and then you think, "Right, okay. What is that going to do to the rapport that we have got". It's difficult because you have to follow your policies and your procedures. So, if there is a no show, you have to mark them as a no show. But if you haven't got a chance to speak to them to inform them, "This is what is going to happen because you haven't answered for three days in a row", when you do speak to them the first thing out their mouth is, "You (incomp.) got me recalled, you grassed me up to my offender manager. You've got me this warning letter. I thought you was here to help me". So, then you're combating that as well as trying to be the facilitator, you've got the rapport and then you're there to help and assist them. You can come across as the bad guys sometimes as well.

Thus, not only does non-attendance reflect engagement, it can negatively affect the therapeutic alliance which itself is likely to have an impact on engagement.

Communication. This subtheme of therapeutic alliance comprises all statements that were mostly allocated with the impact Spectrum has had on the rapport and quality of communication within the therapeutic alliance between service user and practitioner as well as the medium used. Here, too, the practitioners only commented on the remote delivery of Spectrum, although a distinction was made between delivery via video call and by telephone.

Three interviewees mentioned that the remote delivery via phone enabled a more open communication with service users as it took away the service users’ thought of getting an immediate reaction from what they said and thus were more willing to share personal

information. Additionally, this led to service users being able to get more from Spectrum and the therapeutic alliance could be improved. Interviewed practitioners also expressed some disadvantages of the delivery of Spectrum via phone. Having not seen the practitioner and being aware of the fact that this would not happen during their time on the programme, service users were sometimes unwilling to share information. Moreover, it was expressed that in some cases communication during the session was very one-sided with the practitioner talking for most of the time. Interviewee 2 also expressed that service users' individual preference determined their way of communication as some service users were not comfortable on the phone and therefore did not take to that for a number of reasons.

Compared to delivery via phone, delivering Spectrum via video call had the advantage that practitioners were able to pick up on service users' body language as well as the service users were able to get to know the practitioner's face and see them as a real person. Generally, no statements were made with regard to practitioners or service users having the option to choose the delivery format they are most comfortable with.

Interviewee 1 and 6 also mentioned changing their way of communicating due to remote delivery regarding the service users' starts of Spectrum:

> I would always give them a call when they got allocated to me or I picked them up just to say, "You've been referred to me to do Spectrum". Just so it's an informal conversation of saying "Hi, this is me. We're going to be doing Spectrum. Let's book in for your first appointment". So, I just feel like that makes it a bit more personable that you're not just bunging a letter in the post saying, "Pick up the phone next Tuesday". It just makes it a bit more real.

Nevertheless, it was mentioned that getting service users to share personal details in the first session is difficult as the level of therapeutic relationship is not high enough yet for the service user to share those details. It was mentioned by other interviewed practitioners

that the communication needed to be changed in remote delivery to make the service user feel comfortable enough, meaning practitioners had to be gentler in delivering the material.

Impact on workplace practice

Training needs

All statements that were mostly associated with the practitioners' perceptions on received trainings and their impact on the delivery of Spectrum are comprised within this subtheme. Introducing the digital media clips already in the training had a positive impact according to Interviewee 1 as it helped to get more familiar with the material and really understand how the sessions and clips are linked together. With reference to the content of the training, however, interviewed practitioners negatively perceived that the introduction to the content and the way of facilitating Spectrum was more like a briefing rather than a real training. For unexperienced practitioners, the acquisition of the content of the Spectrum training could have represented challenges due to the training being on a surface level leading to unexperienced practitioners not feeling confident in their ability to deliver Spectrum.

In terms of training needs, all interviewed practitioners mentioned a connection to BBR. All interviewed practitioners were trained in BBR, which helped them to get a broader range of understanding for when delivering Spectrum. When practitioners had the feeling that what Spectrum is asking to deliver did not make sense to service users, practitioners were able to draw on their BBR knowledge to make it more sensible for the service user to understand. Additionally, interviewees mentioned in some cases having used their BBR knowledge to get a better understanding of the service users' responses or ask deeper questions and explore the service users' experiences a little bit more. Interviewee 6 expressed that if they would have just received the training for Spectrum without having ever received BBR training they probably would have just asked the questions for each Spectrum session,

that are included in the manual. But due to their BBR knowledge and the familiarity between BBR and Spectrum, practitioners were comfortable and confident in delivering Spectrum.

Flexibility

This subtheme comprises all statements that were mostly allocated to the flexibility in the use as well as delivery of Spectrum. A gap was filled with Spectrum and there are now three options for offenders to receive intervention. Whereas before workbooks on domestic violence or BBR were the routes to choose from, Spectrum comes in as a third option now. It covers a kind of low foundation level of BBR for offenders not suitable for BBR to run through the most important skills and have in-depth conversations in which risk can be managed. Interviewee 3 stated it the following way:

> I think it's a positive, the Spectrum and especially if it's a requirement. For the service user, who is requiring it, he could be waiting for months on end, then that to me is a big risk because you're leaving them pretty much to cope by themselves. And then when I think about the potential victim in that situation, so they have to go for this long, possibly being beaten, even worse, just because we can't get them onto the course for six months, seven months, whatever it may be. So, I think Spectrum is good as an initial impact to give people an understanding of what they're doing and the impact it's going to have on them.

Further, practitioners can be flexible in the delivery of Spectrum with COVID-19 having established remote delivery as well. Practitioners can adapt to the life circumstances and preferences of the services user since in person group or one-to-one setting as well as one-to-one remote delivery via phone or video call are available. Additionally, there is flexibility in providing service users with the digital media clips as those can be received via text or email, watched in the session together with the practitioner, watched on their own via the platforms YouTube or Vimeo as well as dealt with by using the printed still images of the

clip they have been provided with by the practitioner. The latter option was used in cases of service users not having access to a phone, a laptop, a tablet, or the internet in general.

With the one-to-one delivery it was possible to work flexibly through the material, so it can be more individualized for each service user, as practitioners are not as stuck with the manual as with other accredited programmes. Moreover, practitioners are flexible in their structure of the Spectrum sessions, especially due to Spectrum mostly having been delivered remotely. This meant practitioners were able to reorder content as it became important to the service user. Additionally, amendments were made for remote delivery by tailoring questions to the environment in the pandemic and using those alongside the Spectrum manual.

Delivery of same-sex version of Spectrum

This subtheme comprises all statements that were mostly associated with the practitioners' perceptions on the suitability and delivery of the same-sex version of Spectrum. Responses regarding the suitability of material and approach chosen in Spectrum for a same-sex delivery version were positive with a few adaptations being expressed among all practitioners interviewed. The content seems appropriate as well as far as the practitioners can tell. Interviewee 3 mentioned that in their opinion nothing in the material would cause any offence to anybody regardless of their sexual orientation. Also, it has been stated that the skills within Spectrum are very interchangeable and not gender orientated. However, four of the interviewees shared the same view on the need to adapt the material regarding risk factors, dynamics, motivations, triggers, and other variables because they differ in same-sex relationships from opposite-sex relationships.

In addition, all interviewed practitioners expressed the need to take part in specified training before delivering the same-sex version of Spectrum to be aware about the differences and nuances between same-sex and opposite-sex relationships. Specifically, the impact of language choices has be named in this context as this can easily lead to service users feeling

offended, practitioners tripping themselves up or misunderstanding each other. Receiving training would therefore have a major impact on the effectiveness and overall functioning of the delivery of the same-sex version of Spectrum. As domestic violence can happen in any relationship and although IPV within same-sex relationships is an underreported crime, all interviewed practitioner expressed a need for a same-sex delivery of Spectrum.

Recommendations for improvements

Lastly, specific recommendations for improvements have been named by the interviewed practitioners. For practitioners it is important to understand the sessions, why different topics are addressed within the programme and why specific questions are asked. Practitioners need to understand the key tool and be able to understand the service user. Interviewee 6 mentioned that this could not have been ensured if they had only received the Spectrum training and could not have drawn on their BBR knowledge.

Furthermore, it was mentioned that it should be reflected on the material and clips used within Spectrum to ensure their effectiveness. Concerning the digital media clips, it was recommended to reproduce them with a slightly different age dynamic to make it more accessible to service users of different age groups and improve the impulse for reflection. Moreover, developing more clips with alternative scenarios to pick from would lead to practitioners being able to personalize the sessions further in remote delivery. Apart from this, topics like personal boundaries or negotiation should be extended as the current length does not allow to make sure service users really understand the topic and know how to apply skills. Additionally, sending out workbooks to practitioners to give to service users for them to complete would enable practitioners to gain a more realistic view of the service users' understanding of the material as uncompleted parts in the workbook would indicate that those topics would need to be looked at more. With reference to the target group of Spectrum,

Interviewee 1 expressed the wish to see the development of the female same-sex Spectrum version as domestic violence can occur in any relationship.

Regarding the Spectrum group setting, a group size of no more than six participants was suggested to work more personalised with the service users. Referencing remote delivery, solutions need to be found for cases where service users do not have access to the internet or a suitable device to take part in session or receive and work with material. For practitioners only having had the option to delivery Spectrum remotely via phone, the wish has been expressed to provide them with the opportunity to use video call for delivering Spectrum. This would enable the practitioner in reading any non-verbal cues and would facilitate the delivery of the digital media clips. Also, the suggestion of having group video calls was made. This would enable service users to experience the already listed advantages of physical group settings in some way. However, in an introductory session service users' concerns should be addressed, and they should have the option to try out different features of video calls and decide what they are comfortable with regarding turning on the microphone or the camera. Starting with this form of introduction of remote delivery in a group setting would allow the teething issues to be dealt with before the main sessions of Spectrum start.

Discussion

Summary of the main findings

The current study aimed to evaluate Spectrum's benefits and challenges experienced by practitioners during the pilot phase as well as identify risks that Spectrum poses to ensure Spectrum is appropriate to be rolled out for further testing. Spectrum has been perceived by practitioners to promote engagement and reflection among service users while providing them with useful skills. Additionally, Spectrum enabled practitioners to build and maintain a therapeutic alliance with service users while delivering the programme. Further, the delivery adaptations made due to the corona restrictions gave practitioners the possibility to

personalize material and make it more relevant for the individual. However, with remote delivery of Spectrum practitioner lack control over the service user's environment at the time of the Spectrum session and thus increases concerns regarding additional risks.

Accessibility, flexibility, and personalisation

Spectrum offers the opportunity to provide timely support for offenders that cannot access the accredited programmes. Due to the various delivery formats, the delivery of Spectrum can be adapted flexibly to the life circumstances and preferences of services users. With Spectrum's remote delivery, accessibility issues can be counteracted since the convenience of participating in the sessions remotely allows for a planning around the lifestyle with responsibilities of service users. It is also consistent with other research on remote delivery in probation, that this flexible approach of delivery increases the accessibility to interventions. Simultaneously, it reduces the likelihood of service users to violate orders due to incompatibilities between other legal mandates they potentially have, and the programme requirements placed on them (Ahlin et al., 2016; DeMichele, & Payne, 2009). This flexibility in choosing the most appropriate approach for service users has already shown to be beneficial by Dominey and colleagues (2020). They emphasize the importance of this flexibility in the delivery as no two cases are the same and it is impossible for any single means of communication to be suitable for all service users. From the healthcare sector and studies in this field, no statistically significant differences were found between in-person and remote delivery of interventions (Pal et al., 2013; Olthuis et al., 2015). Another study from the health sector concluded from its findings that it would be most appropriate to determine the intervention type for service users depending on their specific situation (Toseland et al., 1990).

Also, flexibility exists in the delivery of the digital media clips to service users through the different option available. This flexibility presents solutions for cases of service

users not having access to appropriate devices or the internet in general, which have been stated as hurdles for delivering interventions remotely by other researchers as well (Dominey et al., 2020). The one-to-one delivery additionally enables flexibility when going through the material as it can be personalized for each service user individually and views can be explored more in-depth (Bauer et al., 2016; Tachibana et al., 2018). This has been proven beneficial since practitioners can provide more intensive individual care for service users, especially those with higher risk or more severe needs. In remote delivery, practitioners furthermore are flexible when structuring the Spectrum sessions, rearranging content as it becomes relevant to the service user. This also includes tailoring questions to the service user's environment and using them alongside the Spectrum manual. Here again, there is evidence that tailored rehabilitative support can be of benefit for practice by promoting dialogue and discussion (Morris, & Bans, 2018).

Engagement, reflection, and compliance

Findings of the present study show service users' willingness and ability to engage, reflect and learn skills depend on factors they are exposed to at the time of programme participation, the lifestyle they come from as well as their personality and Spectrum's delivery method . Remote delivery of Spectrum can lead to service users feeling safer and reveal more. This is backed up by literature, demonstrating that phone delivery led to more genuine and purposeful conversations since service users were in places where they felt safe when talking without experiencing the anxiety that may come with traveling to sessions taking place in probation offices (Dominey et al., 2020). Simultaneously, situations where service users feel uncomfortable with the remote setting and are therefore less willing to share information can occur. Research suggests choosing the delivery format best suitable for service user individually to prevent service users' discomfort (Bauer et al., 2016; Morris, & Bans, 2018).

Spectrum's digital media clips are engaging, and feedback interviewed practitioners received by service users described them as mostly relatable and understandable. However, this was strongly influenced by the cartoon style of the clips or language choices, with both influencing reflection stimulus perception among service users as well. Obviously, there are also service users not willing to engage in Spectrum as they deny or minimize their behaviour, as this is typical for perpetrators of DV (Henning, & Holdford, 2006). Some service users lack understanding of Spectrum's content or have trouble focusing during the sessions, which may also decrease engagement. Especially in remote delivery, it can be hard for service users to recreate the attention that exists with in-person sessions, or they were unwilling to concentrate during sessions, which is congruent with existing research (Dominey et al., 2020). Also, without other programme participants in the sessions, there is a lack of opportunity to challenge one another, which can also lead to reduced engagement. This can be assumed based on existing literature from other fields like sport interventions, since group activity includes a social component and group members can encourage and motivate each other as well as hold each other accountable (Bock et al., 2014; Parker, 2014).,

Even though, attendance has been a general issue named with Spectrum's remote delivery, the consequences of non-compliance differed in their form of punishment. Punishment for non-attendance, which might be perceived as being disproportional or unfair by service users, can affect their engagement, since the consequences' perceived fairness effects how people view and respond to authority figures (Her Majesty's Prison & Probation Service, n.d.-a). Even though it is important for the reduction of non-compliance among service users for practitioners to address it in a timely manner (Her Majesty's Prison & Probation Service, n.d.-b), strategies based on deterrence are ineffective because they rely solely on threats of punishment for increasing compliance (Wodahl et al., 2011). As research has shown, for improving compliance and motivation, it is recommended to increase the

perceived certainty of revocation as well as to build a positive relationship between probation officers and individuals on probation (Skeem et al., 2007; Kennealy et al., 2012; Aarten, 2019). No comments were made by practitioners regarding reasons for service users not to deal with the digital media clips, however, it can be assumed that it was due to service users' unwillingness or forgetfulness to deal with the clips due to their life circumstances. Taken from medical literature, the general dislike of a therapy or intervention method as well as forgetting to follow instructions are main reasons for non-adherence (Svensson et al., 2000) which is important when it comes to a treatments' effectiveness (Inouye et al., 2003).

Spectrum's material offers various impulses for service users to identify and critically review their own behaviour. Because of other service users challenging each other in the group setting, reflection can be promoted. With remote delivery, reflection is enabled due to the opportunity to apply the material directly to the individual service user. However, there can be cases where service users still hold the same perspective as at the start of Spectrum. This can be due to service users' lack of understanding or lack of willingness to engage in the programme. Surely, though, it is also the fact, that people tend to revert to behaviour they first learned in stressful situations or when they are having difficulty maintaining the attention needed to sustain newly learned behavior, as Russell A. Poldrack summarizes well (Houston, 2016). This means previously learned behaviour cannot simply be overwritten with a new behaviour and thus deleted but it is being inhibited by it. Additionally, the degree of inhibition of previously learned behaviour and hence the behaviour change is dependent on the context the individual is in (Bouton, 2014).

There is a range of skills service users are being provided with in Spectrum. Here, also, remote delivery enables practitioner to explore skills with each service user individually and find the ones that work best for them. It must be noted, though, that individuals may not be able to acquire or use any of those skills in times of crisis, despite probably needing them

most at that time. This is also indicated by literature, since multiple researchers argued that stress causes hypervigilance, a disorganized and more random state of attentional processing that reduces judgment and decision-making ability (Janis, & Mann, 1977).

Working alliance and practice

Delivering Spectrum individually to service users gives practitioners the opportunity to delve deeper into the material and explore service users' experiences and perspectives more than in a group setting. Remote delivery creates a safe space for service users, with the available individual care and support strengthening therapeutic alliance (Finn, & Atkinson, 2009). With video calls practitioners can pick up the service users' body language and service users are able to recognize the practitioners as real person. This advantage has also been illustrated in other studies on remote intervention delivery via video call, since it makes it easier for practitioners to detect discrepancies between statements made and the behaviour of service users. Literature also indicated that video-based delivery can reduce practitioners' fear of overlooking cues regarding risk assessment and management concerning the service user (Dominey et al., 2020). Visual cues are crucial for building a therapeutic rapport in the first place since non-verbal cues help to facilitate communication and build rapport while their absence imply it is harder, but not impossible, to build and maintain rapport (Tickle-Degnen, & Rosenthal, 1990). It is therefore suggested to establish a professional relationship prior to remote delivery since this facilitates continued collaboration between practitioners and service users (Dominey et al., 2020).

Like engagement, punishment for non-attendance can negatively influence therapeutic alliance. Based on literature, it can be stated that the effectiveness of attendance policies strongly depends on their presentation and their implementation (Youth Justice Board, 2010). Even though, difficulties in establishing and maintaining a therapeutic alliance when delivering remotely have been mentioned by practitioners, studies have shown that overall,

no reduction in therapeutic alliance could be found between delivering interventions face-to-face or via phone (Stiles-Shields et al., 2014).

Although the transition to working from home due to COVID-19 have not led to any major issues from a logistical view for practitioners, the results indicate that they had to put more effort into debriefings with colleagues due to the lack of immediate collegial support. As peer support has been shown to be particularly beneficial in cases of practitioners suffering from secondary traumatic stress or burnout (Baird, & Jenkins, 2003; Choi, 2011), actively seeking peer support after sessions to debrief cannot just help with practitioners' distress and maintaining their mental health but also prevent the development of such diseases in the first place (Raphael, 1986; Kolbe et al., 2021).

Since a safe environment on the service users' side cannot be guaranteed with remote delivery, the importance for practitioners to conduct the sessions more mindfully increases to ensure material is appropriate to be delivered and risk is being managed. To counteract potential risk triggers practitioners should take sufficient time to ensure the service user leaves the session with a good feeling.

Practitioners indicated that the Spectrum training gives a good overview of the programmes' material and the digital media clips. Nevertheless, the training received for Spectrum by practitioners has shown to be too superficial. Without being able to draw back on existing knowledge and earlier experiences with delivering interventions for perpetrators of DV, practitioners do not feel confident in their ability of delivering Spectrum.

Further, Spectrums' approach and content have been perceived to be suitable and relatable for same-sex delivery after some modifications. The skills within Spectrum are very interchangeable also as they cover emotional and stress management as well as communication, which have been proven to represent crucial competencies for maintaining a healthy intimate relationship in general (Epstein et al., 2013). However, the material needs to

be adapted since for instance risk factors differing between opposite- and same-sex relationships such as SMS or factors contributing to IPV like homophobia can only be experienced by individuals who identify as lesbian, gay, or bisexual (Lewis et al., 2012; Buttell, & Cannon, 2015). Because of these differences, training should be provided specifically for the delivery of Spectrum's same-sex version to give practitioners a better understanding of individuals in same-sex relationships and prevent any misunderstandings between practitioners and service users.

Limitations

To evaluate the worth of this qualitative study, its trustworthiness in terms of the lack of dissenting results if this research is ever replicated must be discussed (Lincoln, & Guba, 1985). Trustworthiness builds on the principles of credibility, dependability, transferability, and confirmability, all of which are associated with the concepts of reliability, objectivity, validity and neutrality (Babbie, & Mouton, 2014).

This research's credibility has been established by examining and reporting the transcripts of the practitioner interviews since the examination and reporting itself were based on a detailed theme system derived from existing literature, including definitions and anchor examples for each theme. Although statements are mostly categorized based on subjective opinions of the researcher, the findings of the practitioners' testimonies of the presented research are consistent with relevant literature and hence the primary source of credibility. However, regarding the fact that this research explores perceptions of practitioners, and the service users' actual ability to incorporate the teachings of the programme into their actual behaviour has not been assessed, it cannot be said how effective Spectrum actually is.

To strengthen the credibility of this research, the dependability of it needs to be demonstrated. The implication is that if the present study is repeated with a similar sample of practitioners, the outcomes will be consistent with those of the present study. However, a

limitation regarding the sample is the small number of interviewees as well as their limited experience with working with same sex service users. Regarding this study's dependability, however, it can be stated to be ensured since clear overlaps with the research on SRT by Morris and colleagues (2021) are evident, which found similar themes in a similar context.

The transferability of the research findings, meaning the degree to which they are transferable to other fields, needs to be looked at next. The appropriateness of transferring the listed results to another context must be judged by the person seeking to transfer the results to another setting. However, the transferability of this research's findings has been increased due to the provision of a detailed description of the context central to the study, which allows the interested party a better judgement of transferability of the results to the desired context (Korstjens, & Moser, 2018).

Confirmability relates to the degree of authenticity of the study's results and them not resulting from bias. The confirmability is related to the research's trustworthiness, since it depicts the neutrality of the results and their direct link to practitioners' testimonies. By transcribing the conducted interviews and presenting the analysis of those using a developed theme system, this can be verified. Even though there might have been a possible conflict of interest by Jason Morris taking part in supervisory meetings of this research, data collection and analysis itself has been conducted by the author of this study who is independent of HMPPS as well as the development of Spectrum. Additionally, the data collection was done by her as well as Rebecca Woolford, who is also independent from HMPPS.

Practical implications

As some recommendations have already been highlighted throughout the discussion, here the more pressing suggestions are being listed. It is important that practitioners understand the core of Spectrum, why certain topics are covered within the programme and how service users phrase. Given the familiarity between BBR and Spectrum, it is thus

suggested that practitioners receive BBR training and deliver it first before Spectrum training and delivery. For the delivery of Spectrum's same-sex version, an additional specified training should be developed to raise practitioners' awareness of differences between opposite- and same-sex relationships and promote the effectiveness of the same-sex version of Spectrum. This includes training content on understanding the lifestyle of people living in same-sex relationships and their culture, as well as aspects such as language use.

Furthermore, solutions must be sought concerning Spectrum's remote delivery for cases of service users not having internet access or an adequate device to attend sessions or obtain material. These solutions can include rental devices or the provision of a device within the probation office. Additionally, video-call software should be made available for conducting Spectrum sessions since this would enhance service users' engagement as well as practitioners' work practice. Consideration should also be given to the introduction of group video delivery of Spectrum as service users could experience the benefits of Spectrum group settings at least in some way.

Moreover, a protocol should be developed on how to respond to different types of scenarios that could occur within remote Spectrum sessions as well as on how to counteract potential risk triggers. The consequences for non-compliance and the justification for them should be recorded in writing to provide practitioners with a clear guide for further steps in case of service users' non-compliance, as perceptions of what constitutes a reasonable excuse can vary widely (Youth Justice Board, 2010).

Regarding the digital media clips, those should be replicated with age dynamics slightly altered for them to be more accessible to service users of varying ages and to enhance the stimulus for reflection. Also, further development of clips with alternative scenes to choose from would allow practitioners to individualise the sessions when delivering remotely even more. Besides this, modifications of the material of Spectrum's same-sex version should

be made concerning motivations, triggers, and other variables that differ between same-sex and opposite-sex couples. Lastly, additional versions of Spectrum that are not limited to male perpetrators of IPV should be developed, as domestic violence can occur in any relationship.

Conclusion and further outlook

Even though literature on IPV in same-sex relationships goes back years, it is only now that a structured intervention for offenders having committed IPV in a homosexual relationship was piloted. The current in-depth analysis of the experiences of practitioners that have delivered Spectrum supports the further deployment of Spectrum and roll-out for further testing since rehabilitative interventions for offenders of IPV not being eligible for other programmes are missing. In particular, the evaluated strengths of using digital media clips within Spectrum to promote service user reflection and engagement could be highlighted. Moreover, especially remote one-to-one delivery has proven to be beneficial as Spectrum's material can be personalized and content can be adapted to make it more relevant for service users individually. As no end of COVID-19 is yet in sight, the further delivery remotely would not only improve working practices but also create a pathway for programmes developed in the future. Finally, further research should assess the service users' experiences made while taking part in Spectrum to provide a comprehensive picture of Spectrum's effectiveness along with the present findings.

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Appendix A

Consent form for Spectrum participant interview

HM Prison & Probation Service

Consent form for Spectrum Participant Interview

HM Prison & Probation Service

Introduction

The researchers of this study are Leona-Jopie Niggemeier, M. Sc. Student, University of Twente and Dr. Rebecca Woolford, Research and Evaluation Manager, Northwest Region: Probation Service. The study is approved by HMPPS National Research Committee and the University of Twente Ethics Committee.

This consent form is for people taking part in an interview about Spectrum. This document aims to:

- Explain **what** the SPECTRUM interview will aim to achieve
- Explain **how** we will achieve these aims
- Make an agreement with you about your participation

What is the SPECTRUM?

Spectrum is a rehabilitative programme for male offenders of intimate partner violence, which is composed of conversations to help people develop skills for coping in their relationships.

What is the SPECTRUM INTERVIEW?

We would like you to share your experience of Spectrum in a discussion which will take about an hour of your time. We are not here to quality assure your work but about your experiences.

What are the objectives of the SPECTRUM INTERVIEW?

- To find out about your experience of participating in Spectrum,
- To discuss specific improvements that can be made to Spectrum

Some things you need to know about being part of the SPECTRUM INTERVIEW:

- The session will take place over the telephone or video conference (whichever you prefer).
- You will need to be in a quiet and private place to take part. This means that you will be somewhere free from interruptions and where you will not be overheard.
- The session will be recorded to be transcribed after the interview. We might use quotes about your experience of Spectrum in our reports. However, if these quotes might identify you, we will change the wording so that you will not be recognisable from your words. If you refuse to be recorded, we can still interview you, but this will mean we will have to take some additional notes. You may also refuse to be interviewed at all.
- You will not be identified in any research report. However, confidentiality cannot be

maintained if it becomes clear that there may be some risk that you are going to put yourself or others at harm.

- Participation is voluntary, you can choose not to take part. You can withdraw from the interview at any stage, and you can withdraw your responses up to the point we analyse the results. Whether you take part or not, and whether you later withdraw your results will not impact on your probation
- order (for service users)/your job role (for practitioners).
- If you have any concerns, you may contact your Spectrum facilitator.

Ethical Review Statement

This research for Spectrum has already been approved by the National Research Centre of the Her Majesty's Prison and Probation Service as well as by the University of Twente's ethics committee.

Consent

- Do you agree to an audio recording?
- Do you have any questions / queries?
- Do you agree to participate in this study?

I have been given time to read this consent form and I understand what it is saying. I have had the opportunity to ask any questions I wanted to, and those questions have been answered fully in a way I could understand.

Signed (by participant):	Witnessed (by staff member):
Name:……..……	Name:……..……
Signed:……	Signed:……
Date …….	Date …….

Appendix B

Practitioner topic guide

Interview number:

Place:

Date:

Time:

Duration:

Introduction

Thank you very much for taking the time to do this interview with me.

Regarding your statement to the consent to an audio recording,

- **If yes**: your session will be taped to be transcribed later.
- **If no**: your session will not be taped but the researchers will take notes throughout the interview.

The questions you will be asked are going to be concerning your perception of effects on service users as well as on practitioners and their practice.

Do you have any further questions?

Well, then I will start the recording and begin with the first question.

Topic	**Key question(s)**	**Contingency question(s)**	**Question relates to …**
Getting started	When and through whom did you get to know Spectrum?		Practitioners
	What was your impression of the training you received?		Practitioners

	What were your initial impressions of Spectrum?		
Competencies and resources	How successful do you feel you have been in your delivery of Spectrum?	Why?	Practitioners
	What effect do you think Spectrum has on participants?		Service users
Benefits and threats	Could you explain in a little more detail why you think Spectrum has had the effect you previously mentioned on participants?	What feedback have you received from participants ?	Service users
	What have been the benefits and challenges of implementing Spectrum in general?		Practitioners + Service users (depending on answer given)
	Do you think Spectrum has improved practice compared to what was being done before?	Why/Why not?	Practitioners
	Would you say that Spectrum has improved the relationship between practitioners and service users?	Why/Why not?	Practitioners + Service users (depending on answer given
Dealing with burdens	What influence do you think Spectrum has had on the ability of participants to: 1. manage stress? 2. manage challenging situations in their relationships?	Why exactly?	Service users
Delivery of Spectrum pre-COVID	What was your opinion on how Spectrum was being delivered pre-covid?		Practitioners + Service users (depending on answer given)
	How would you describe the use of digital media clips during “in-person” delivery		

	of Spectrum?		
	Have you noticed any need for improvement during this time?	If so: 1.) What kind of improvement would you have suggested?	Practitioners + Service users (depending on answer given)
Delivery of Spectrum post- COVID	What changes were made to Spectrum due to COVID restrictions?		Practitioners
	What has been the impact on you of delivering Spectrum during COVID? Practicalities (e.g., how does it fit with your domestic situation?) Self-efficacy? Well-being?	Coping strategies?	
	How did adaptations to the delivery model affect your ability to develop a therapeutic alliance with participants?	Why?	Practitioners
	What have been the main challenges of remote access delivery?		Practitioners + Service users (depending on answer given)
	How would you describe the use of digital media clips during the remote access delivery of Spectrum?		
Suitability for same-sex relationships	In your professional opinion, would spectrum be suitable for participants in same sex relationships?		
	Is there a need in your area?		
	Do you believe the material / approach would be		

	appropriate?		
	Would you require any additional training needs?		
Limits	Where do you see a need for improvement regarding Spectrum? [either pre-COVID or post-COVID]	In relation to content? In relation to delivery methods?	Practitioners + Service users (depending on answer given)
Closing	Where do you see a need for further research and how could this be assessed?		Practitioners + Service users (depending on answer given)
	Are there any other positive or negative conclusions from the use of Spectrum that we have not yet discussed?		Practitioners + Service users (depending on answer given)

Closing text

Before we close, I'd like to ask some quick questions about you if I may. These answers will help us interpret the data. Please respond with "prefer not to say" whenever that is the case:

- How long have you been delivering interventions?
- How many times have you delivered a complete run-through of Spectrum?
- What delivery formats have you delivered Spectrum in (group (in-room)/ one-to-one (in-room)/ one-to-one (remote access)?
- How would you describe your ethnicity?
- How old are you?
- What are your preferred pronouns?
- How would you describe your sexual orientation?

Now we are at the end of the interview. Then I would stop the recording now.
Thank you very much!

Appendix C

Themes, theme definitions and anchor examples

Themes	Theme definition	Anchor example
Impact of home working on practitioner	This theme includes all text passages regarding the perceived impact of Spectrum on practitioners.	"So, it's me then coming off a phone call, having spoken about all of these things that they're going through or things that have happened in their relationship. And then I'm just left with my own thoughts analysing it alone. Whereas when I come out of a group, I either worked with someone else or at least got my team to go back to kind of offload a bit, and I didn't have that at home, so I did feel like it had more of an impact on me mentally from delivering in that way than it would normally if I was in the office doing it as part of a group." – Transcript Interviewee 4, paragraph 49
Impact on service user	This theme includes all text passages regarding the perceived impact of Spectrum on services users.	
Participant engagement	This subtheme comprises all statements that were mostly associated with the practitioners' perception of the engagement of service user taking part in the Spectrum programme.	"So, some people quite clearly don't want to be engaging in this intervention at all. They don't understand why they're being asked to do it. It's not relevant to them. It's quite a number of people, "Well, I haven't even done anything."." – Transcript Interviewee 2, paragraph 41

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Themes	Theme definition	Anchor example
Promoting reflection	This subtheme comprises all statements that were mostly allocated to the perception of Spectrum being able to promote reflection within the service users.	“I think it's very much needed just to help manage that risk and to give people the opportunity to recognize and challenge their own behaviour and take some skills away that they can find useful.” – Transcript Interviewee 4, paragraph 73
Learning skills	This subtheme comprises all statements that were mostly related to the practitioners’ perception on the ability for service users to learn skills by participating in Spectrum.	“Whereas Spectrum introduces skills really early on, and the theme of every session is about "Right, here is the skill. This is what it relates to, but this is how you can manage that". And we do tend to get a lot of positive feedback into things like self-talk very early on.” – Transcript Interviewee 2, paragraph 26
Impact on staff relationship with service user	This theme includes all text passages regarding the perceived impact of Spectrum on the therapeutic relationship of practitioners with their service users.	
Therapeutic alliance	This subtheme comprises all statements that were mostly associated with the practitioners’ perception of the building and maintaining of therapeutic alliance with the service users.	“I felt like the rapport maybe took longer to build and to get that trust up but on the other sense a few people reflected at the end “Actually, it was probably easy to do it on a one to one, not having to go anywhere, not seeing anyone, I could be a lot more open without feeling like I'm going to be judged.”.”- Transcript Interviewee 1, paragraph 44

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Themes	Theme definition	Anchor example
Communication	This subtheme of the therapeutic alliance subtheme comprises all statements that were mostly allocated with the impact Spectrum has had on the communication between service user and practitioner and the medium used.	“a few people reflected at the end "Actually, it was probably easy to do it on a one to one, not having to go anywhere, not seeing anyone, I could be a lot more open without feeling like I'm going to be judged.” – Transcript Interviewee 1, paragraph 44
Impact on workplace practice	This theme includes all text passages regarding the perceived impact of Spectrum on the work practices of practitioners.	
Training needs	This subtheme comprises all statements that were mostly associated with the practitioners’ perceptions on received trainings.	“I think having BBR and the understanding of BBR just gives you a broader range of knowledge for when you are delivering Spectrum. So, then you can pull different things into it if what Spectrum is asking you to deliver isn't making sense, you can sort of pull stuff from BBR and bring it in to try and make it more sensible for the people to try and understand.” – Transcript Interviewee 3, paragraph 32

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Themes	Theme definition	Anchor example
Flexibility	This subtheme comprises all statements that were mostly allocated to the flexibility in the use as well as delivery of Spectrum.	"But I think that Spectrum and the beauty of it is that you've got more flexibility with the material and the clips. You're not as structured and stuck to the manual as you would be in an accredited programme that actually if they watched the clip and that they interpreted it in such a way and they want to talk about that. You've got the flexibility to do that. It relates to that clip. But actually, you can spend that time with them one on one and they can go there." – Transcript Interviewee 1, paragraph 24
Delivery of Spectrum programme	This subtheme comprises all statements that were mostly related to the delivery the session of the Spectrum programme.	"With a group of seven or eight an hour, you're not covering a lot of personal details for me, whereas an hour with someone on their own, you can cover so much more and really get into a personal discussion." – Transcript Interviewee 4, paragraph 36
Delivery of same-sex version of Spectrum	This subtheme comprises all statements that were mostly associated with the practitioners' perceptions on the suitability and delivery of the same-sex version of Spectrum.	"I think it's suitable, it's fine as long as it's adopted. I guess the reasons for domestic violence within same sex relationships is sometimes similar. I know there are a lot of different risk factors. I guess it's just about whether someone's had the right training about the differences and the nuances between the two." – Transcript Interviewee 5, paragraph 70

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Themes	Theme definition	Anchor example
Recommendation for improvement	This theme includes all statements regarding specific recommendations for improvements for Spectrum.	“I think some specific parts of Spectrum could be extended, so for example, with regards to personal boundaries, the negotiation, compromising. I think they could be extended because it's so short and if you ask somebody three or four questions and they have to compromise, that doesn't mean that they know how to or even know the steps to or what it is that they're trying to compromise on if that makes sense.” – Transcript Interviewee 3, paragraph 74