

Working with domestic violence perpetrators within drug/alcohol services

Who is this briefing for?

This briefing is aimed at front line practitioners working in the drug and alcohol sector who wish to improve their responses to clients who are also perpetrators of domestic violence. It is based on research and work with male perpetrators and female partners. For information on working with male victims and female perpetrators please contact Respect (details below).

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1. Introduction

In-depth work with perpetrators around their use of violence is a specialist field and holds potential for extreme danger. As such, it should only be attempted by trained professionals. The links between domestic violence and substance misuse are controversial, complex and a much under-developed area of debate.

However, given the fact that a perpetrator may not be engaged with specialist perpetrator services there are things you can do as substance misuse practitioners to partially address the abuse safely and effectively. This briefing focuses on identification of perpetrators, giving safe messages to clients and referrals to appropriate agencies.

The Government's definition of domestic violence is as follows:

*'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'*¹

This definition includes violence such as female genital mutilation (FGM), so-called 'honour' crimes, forced marriage and acts of gender based violence.

Defining domestic violence has always been problematic. It must be emphasised that the above definition is insufficiently complex to understand domestic violence in its entirety and functions only as a monitoring mechanism. Whatever form it takes, domestic violence is rarely a one off incident, and should instead be seen as a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim.²

¹ An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily.

² See the Greater London Authority, 2005. *Second London Domestic Violence Strategy*, London.

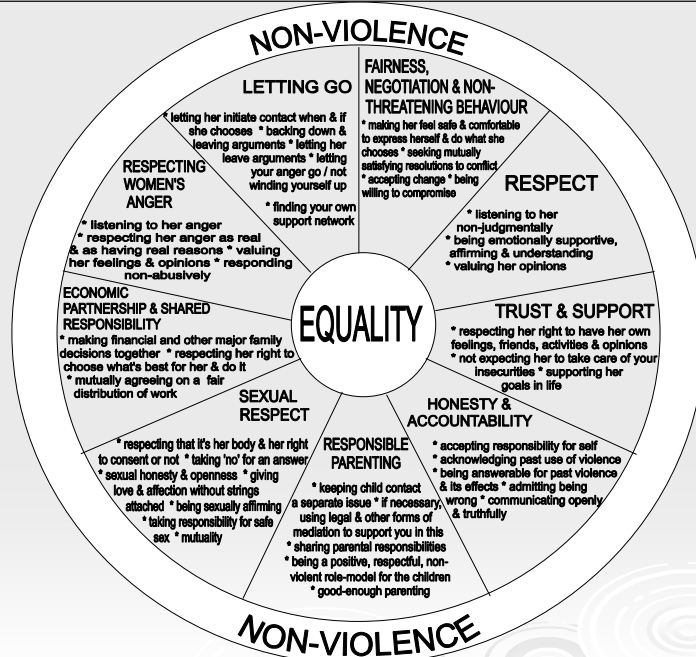
The Power and Control Wheel

This tool was developed by women survivors of domestic violence in Duluth who had been abused by their male partners and were attending women's education groups sponsored by the women's refuge. This wheel illustrates some of the different abusive behaviours used by men toward women and may assist you in understanding the dynamics of domestic violence. The second wheel shows a model of an equal and non-controlling relationship.

For copies of these wheels please visit <http://www.theduluthmodel.org/wheelgallery.php>



The power and control model of an abusive relationship



A model of an equal and non-controlling relationship

2. Why do this work?

Duty of Care/Social Responsibility:

- Drug and alcohol workers have a social responsibility to address all the complex needs of a service user associated with drug and alcohol use, which may include the perpetration of domestic violence.
- If the project is working with both partners, there is a duty of care to ensure the safety and well-being of the service user who is a victim/survivor of domestic violence.
- Challenging domestic violence could increase the ability to motivate change in a service user. One of the motivations for change is the perpetrator's awareness of the harm they are causing to others.
- The actions of workers may help to improve the safety of a victim of domestic violence (including children) and ultimately prevent serious injury or death.
- There is a responsibility to share information if a service user is deemed at risk of harm to others.

Legal responsibilities:

- Under section 17 of the Crime and Disorder Act there is a responsibility to take 'reasonable' action to prevent a crime which includes acts of domestic violence. This applies to voluntary sector agencies carrying out the duties of Responsible Authorities such as PCTs, Local Authority and the police
- Disclosure of domestic violence may result in increased risk for any children in the household and an effective agency response would therefore aid in more effective child protection responses
- Any agencies which are funded from the statutory sector have a positive duty to uphold rights in the Human Rights Act.

3. Facts and statistics

- **Findings from a review of the British Crime Surveys revealed that 44% of domestic violence offenders were under the influence of alcohol and 12% affected by drugs when they committed acts of physical violence**
- **Home Office research on domestic violence offenders (n = 336) showed 73% had used alcohol prior to the offence, with 48% seen as 'alcohol dependent'**³
- **Alcohol is likely to contribute to intimate partner violence in a variety of ways. Levels of consumption relate to the likelihood and severity of violence. Alcohol appears to be particularly important in escalating existing conflict**⁴

³ Gilchrist, E., Johnson, R., Takriti, R. Weston, S., Beech, A. & Kebbell, M., 2003. *Domestic violence offenders: characteristics and offending related needs*, Findings 217, London: Home Office. N.B. It is unclear from the Findings how 'dependency' was determined

⁴ Finney, A., 2004. *Alcohol and Intimate Partner Violence: key findings from the research*, Findings 216, London: Home Office

- A number of studies have found that the perpetrators use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober⁵
- Evaluation of perpetrator programmes has also shown that a man committing violence whilst drunk is one of the most influential risk markers of future violence⁶
- A small scale study in the UK showed that all of the women interviewed about the role of alcohol in their partner's abuse had also experienced violence and abuse from their partner when he had not been drinking⁷
- Reducing substance use (including alcohol) may reduce levels of physical injury but has not been shown to reduce the actual occurrence of domestic violence (i.e. non physical abuse such as psychological and sexual violence)⁸

4. Key messages

- Substance misuse does not excuse or justify domestic violence nor does it offer a sufficient causal explanation. Domestic violence is a pattern of coercive and controlling behaviour which can be reinforced by acts of violence. These behaviours can take place with or without the use of substances
- Perpetrators must be held accountable for their violence, even if they are substance affected
- Perpetrators have control and choice about their abusive behaviour⁹
- Perpetrators may help to create a dependency on, or even enforce the use of, drugs and alcohol by the victim as a tool of control
- Most male perpetrators also claim to be the victim
- Substance misusing men should normally be excluded from perpetrator programmes if they fail to address both issues simultaneously. In some cases it may be necessary for a perpetrator to address the substance misuse first
- Workers can miss the dynamics of control in a violent relationship where there is also substance misuse because of the additional layers of complexity
- Services should only refer to perpetrators programmes which have women's services attached and meet the Respect guidelines. This will give some assurance of quality and safety.

"Drug and other services already work with clients to reduce other offending behaviour so arguably domestic violence perpetrating could also be addressed with appropriate support and practice development"¹⁰

⁵ Brecklin, L., 2002. The role of perpetrator alcohol use in the injury outcomes of intimate assaults, *Journal of Family Violence*, 17 (3), 185-196.

⁶ Gondolf, E.W., 2002. *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Thousand Oaks: Sage

⁷ Galvani, S., 2004. Responsible Disinhibition: Alcohol, Men and Violence To Women, *Addiction, Research and Theory*, 12 (4), 357-371.

⁸ Jacobs, J., 1998. *The Links Between Substance Misuse and Domestic Violence*. London: Alcohol Concern

⁹ The exception to this is the tiny minority of people who may experience psychotic episodes under the influence of substances. However there is no evidence to suggest that this group of people are over represented amongst domestic violence perpetrators.

Alcohol and Domestic Violence: Myths and Realities

Myth: Alcohol misuse causes domestic violence

Reality: There is no simple causal relationship between alcohol use and domestic violence. Not all people attending alcohol treatment are abusive or violent towards a partner nor do the majority of domestic violence incidents take place when the perpetrator was drinking or using drugs. This implies that there is a much more complex relationship which takes place which combines the physiological effects of alcohol (or other substances) and other cultural and social factors such as the belief in using violence against women, expectations of gender roles and feelings of entitlement within relationships.

In small scale studies of domestic violence survivors, the women reported that the level of aggression of their partner depended on a number of variables in addition to the alcohol e.g. pre-drinking mood; aggression and worries; environmental factors; personality specific factors; and individual goals of drinking.¹¹

Myth: For abusers who drink – there is a clear pattern that relates the abusive behaviour to their drinking

Reality: A small scale study in the UK showed that all of women interviewed about the role of alcohol in their partner's abuse had also experienced violence and abuse when their partner had not been drinking. It is important to remember that even when physical violence only takes place with alcohol use, often emotional, psychological, financial and sexual abuse takes place in its absence.

Myth: Alcohol treatment alone will address the abuse adequately

Reality: Even if treatment is able to reduce the severity of the violence it does not address the complex dynamics and power and control which underpin domestic violence. Therefore, work which specifically addresses such dynamics should always accompany a treatment plan.

Myths: Abusers lose control when drunk

Reality: The Stella Project does not support the view that abusers lose control when perpetrating abuse – whether this involves substances or not.

Women report that even when their partners have seemed “uncontrollably drunk” during a physical assault they routinely exhibit the ability to stop the abuse when there is an outside intervention e.g. children, police.

Abusers exhibit control over which area of the bodies they direct their assault even when drunk. The majority of abusers only target their abuse and violence at one person – their partner.¹²

¹⁰ Taylor, H., 2003. *Domestic Violence and Substance Misuse Making the Links: An evaluation of service provision in Tower Hamlets*. London: London Borough of Tower Hamlets: London.

¹¹ Galvani, S., 2004. Responsible Disinhibition: Alcohol, Men and Violence To Women, *Addiction, Research and Theory*, 12 (4), 357-371.

¹² Shepard, M. & Pence, E., (eds.) 1999. *Coordinating Community Responses to Domestic Violence: Lessons from Duluth and Beyond*, Thousand Oaks: Sage

Within substance misuse services it is essential that drug or alcohol use is not seen as an excuse for domestic violence. Some of the key ways that substances can be used in abusive ways include:

- Perpetrators may use the disinhibiting effects of substances as an excuse for their violence and abuse e.g. 'I'm not usually like that, but I was off my head'
- Alcohol in particular can act as a disinhibitor and as a pre-emptive justification for violence towards a partner. A man may drink when already frustrated or angry at his partner and then use the alcohol in order to wind himself up towards violence - should he then act violently he will have a ready made excuse for his behaviour
- A woman's substance use can be presented as an excuse for violence by the perpetrator
- Perpetrators may control or withhold substances as a means of abuse
- Perpetrators may spend the family's money on substances denying women and children money for vital goods or services
- Perpetrators may abuse their partner by forcing her to use substances against her will
- Perpetrators may sabotage women undergoing treatment for substance use
- Perpetrators may force their partner into prostitution to pay for drugs

5. Routine questioning for perpetrators of domestic violence

Perpetrators of domestic violence are unlikely to present to your service and disclose their violence as a problem with which they need help.

In drug and alcohol services they are more likely to associate their violence as a negative effect of their substance use. Alternatively perpetrators may refer to their violence as an 'anger management issue.' Within your general assessments under the sections which deal with risk of harm to others you should include some questions to ascertain whether your service user has ever been abusive towards a partner. For example an opening question could be:

- "How has your drug or alcohol use affected your relationships with your partner and family?"
- "What do your partner and family think about your drug use?"
- "Has anyone in your family been frightened or harmed by you when you've been substance affected?"
- "How do you handle conflict? How would your partner recognise that you're angry?"

Followed by one or two more direct questions:

- "Do you feel jealous when your partner spends time with other people (e.g. family and friends)? How do you show this?"
- "Have you ever felt that your behaviour got out of hand when you've lost your temper or been violent? If yes, what happened?"
- "Have you ever harmed or frightened your family when you were sober?"
- "Have you ever hit, kicked or pushed your partner or child when intoxicated?"

It is important to begin any conversations on this issue by explaining that these are routine questions asked to every person who accesses the service.

If a man has stated that domestic abuse is an issue, these are useful questions to ask:

- "It sounds like your behaviour can be frightening; does your partner say they are frightened of you?"
- "How are the children affected?"

- “Have the police ever been called to the house because of your behaviour?”
- “Are you aware of any patterns – is the abuse getting worse or more frequent?”
- “What worries you most about your behaviour?”
- “It sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would you like to assist you make these changes?”

6. What do I do if I know my client is perpetrating domestic violence?

It is important to find a balance between challenging the abusive behaviour whilst maintaining the development of the therapeutic relationship. Be especially careful if he is under the influence of alcohol or other substances and do not engage with him about his violence at such times.

Any discussions about abuse and violence should emphasise that there is no excuses for the behaviour. Any other approach is in danger of colluding and condoning the abuse. It should be made clear that the substance use is not to blame and no one deserves to be abused.

Also be aware of the barriers to him acknowledging the abuse and seeking help (such as shame, fear of child protection process, self justifying anger etc.)

You may find the following approaches useful:

- **Give him positive feedback on disclosing his use of violence, this will allow him to further explore and reflect on the problems with his use of violence. Be positive that he can change.**
- **Help your service user to explore the links between the substance use and the abuse – when did the abuse and violence first start, what were the circumstances. Allow him to talk to support analysis of his attitudes, values, insights, defensiveness, powers of self analysis and commitment to change**
- **Do not back him into a corner and expect an immediate honest disclosure about the extent of the abuse**
- **Explore how he uses his behaviour to control and manipulate his partner and explain that domestic violence is a range of behaviours not just physical. Is it possible for him to empathise?**
- **Ask him what effects his violence has upon himself and explore if this is how he would like to continue. Be aware that deep down he is somehow unhappy about the abuse.**
- **Ask him to focus on the effects the abuse has on his children and partner, their family and friends. Allow him to think of the issue from another point of reference.**
- **Does he show a desire to change? If not broach the subject with him in future sessions**
- **Have you established whether there are child or adult protection issues that need reporting? Does your organisation have a protocol for dealing with this?**

- **Tell him that you *may* contact his partner and provide her with information and offer support** (what does your agency policy say about this?)

As with substance treatment, the most effective intervention takes place if an abuser acknowledges the problem and wishes to change

- **If he does wish to change encourage him to phone the Respect phone line on 0845 122 8609 or consider referring him to a perpetrator programme.**
- **Contact Respect for a list of perpetrator programs in your area. Contact a program and discuss the support they can provide to both the perpetrator and their partner**

*“It is important for workers to be clear that the alcohol or drugs does not cause his violence. He will have been violent and abusive when sober and he will certainly not have been violent every time he has been drinking.” **Phil Price, Domestic Violence Intervention Programme***

7. Safety and basic risk assessment

- If you are in contact with both partners, always see them separately when discussing violence and abuse
- If your information about the man’s violence comes only from the woman, you **MUST NOT** use that to challenge the man. Her safety is paramount
- Offer alternatives to ‘couple work’ as such interventions are unlikely to be ineffective and even dangerous (see sec. 9)

7.1 Be constantly alert to indicators of risk

Risk is not a static process and he is unlikely to disclose the level and extent of violence (particularly sexual violence) through direct questioning.

However, whilst completing your standard risk assessments and undertaking key working sessions with your service user you should be alert for the following indicators which have been found to be risk factors for domestic violence:

respect
Phoneline

The national Respect Phoneline is open Monday, Tuesday, Wednesday and Friday 10-1pm and 2-5pm (0845 122 8609); text 07624 818 326 (for text messages only)

www.respect.uk.net

It offers a clear, non-collusive response to anyone concerned about their abusive behaviour and advice on short-term strategies to prevent further abuse. It can also point to local perpetrator programmes in your area and acts as a resource to practitioners who have any questions or concerns about their service users.

N.B. The following have been identified as factors associated with the perpetrator as increasing the risk of domestic violence. They do not provide a comprehensive reference for factors associated with victim vulnerabilities.

History of violence and abuse

The strongest predictor that violence will occur in the future is if it has happened in the past.

Indicators of particularly high risk to the victim include affirmative answers to the following:

Has the violence caused injuries? Have there been threats to kill, use of weapons? Choking or strangulation? Is the violence escalating? Has there been sexual violence/coercion/abuse? Has there been stalking, harassment, isolation of the victim? Jealous, controlling or obsessive tendencies?

Separation

Have the couple recently separated or is a separation imminent? It is often assumed that once the abusive partner is no longer present that the risk of violence ends. Yet research has consistently shown that it is the period following a couple's separation that poses the greatest threat to most women.

Alcohol / drugs

Few researchers think there is a simple causal link between substance misuse and violent behaviour. Nevertheless, men's (especially recent and heavy) alcohol or drug misuse features among the most robust risk markers for violent recidivism and for inflicting serious injury to a victim.

Children's exposure

In 90% of domestic violence incidents reported in the British Crime survey where children were present in the household, children were in the same or adjacent rooms. Whether or not children are directly exposed to the violence, we should also bear in mind that many men who assault their wives or partners are also directly physically or sexually violent to their children (estimates vary between 40-70% depending on the research).

Disputes over child contact

In domestic violence homicide reviews in London, child contact has been proven to be a major presenting factor in the majority of murders.

Mental health problems

There is an established link between certain mental health problems such as attention deficits, including ADHD, anxiety, depression, post-traumatic stress, and personality disorders (especially borderline and anti-social personality) and an increased risk of domestic violence (especially when associated with a history of substance abuse).

Major life stresses

E.g. bereavement, unemployment, homelessness, financial problems. The greater the number of individual, familial and social stressors individuals encounter, the greater the likelihood of domestic violence occurring.

Criminal record

Men who have a history of anti-social behaviour or prior arrests, criminal convictions, or imprisonment for offences *unrelated* to violence are at increased risk of perpetrating violence in general, and domestic violence in particular.

History of generalised aggression

Those who exhibit generally aggressive behaviour or who are violent to non-family members are among the most dangerous of domestically violent men; they are more likely to be severely and frequently violent, more likely to be sexually abusive, and more likely to murder their partner.

If you are in contact with the partner – issues to consider

Victim perceptions

Is the victim afraid of further injury or violence? That the children will be hurt? Research has shown that victims' perceptions of risk tend to be accurate – the victim is, after all, the person who has been most closely associated with the perpetrator. A possible exception is where victims may

minimise risk, for instance out of fear of the perpetrator or social services intervention or as a coping strategy.

Other victim vulnerability factors

Pregnancy, poverty, health problems, imposed isolation by the perpetrator, disability, substance abuse, insecure immigration status, or dependency on the perpetrator in respect of these.

8. Protecting Children

Statistics

- Over a one hundred day period an estimated 205,000 children will witness domestic violence¹³ and at least 14 children will die from cruelty¹⁴
- 29 children are known to have been killed in the last 10 years as a direct result of child contact arrangements¹⁵
- At least 750,000 children a year witness domestic violence. Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs¹⁶
- It is estimated that there are between 250,000-350,000 children of problem drug users in the UK – about one for every problematic drug user¹⁷
- Children who grow up in families where there is domestic violence and/or parental alcohol or drug misuse are at an increased risk of significant harm¹⁸
- Child Line report that 44% of children who called about a significant other's alcohol misuse, had called primarily to talk about the physical abuse they had experienced. 29% who had called about significant other's drug use reported physical abuse¹⁹
- 1 in 11 Children are estimated to be living with a parent who is experiencing problems with their drinking²⁰
- Among the families that social workers have on their caseloads, 50-90% of cases include parents with drug, alcohol or mental health problems²¹

Effects on children

- Significantly more frequent behavioural and emotional problems
- Children who have been both physically abused as well as witnessing the violence tend to show the highest levels of behavioural and emotional disturbance
- Some children are reported to be more aggressive and anti-social - 'externalised behaviours'
- Others have high rates of depression, anxiety and trauma symptoms – 'internalised behaviours'

¹³ Department of Health, 2002. *Women's Mental Health: Into the Mainstream*. London..

¹⁴ This is a calculation based on the statistic that 'at least one child a week dies from cruelty' Home Office, 2007 Homicides, Firearms Offences and Intimate Violence 2005/2006.

¹⁵ Women's Aid, 2004. *29 Child Homicides: Lessons still to be learnt on domestic violence and child protection*. Bristol: Women's Aid Federation of England

¹⁶ Department of Health, 2002. *Women's Mental Health: Into the Mainstream*.

¹⁷ Advisory Council on the Misuse of Drugs, 2003. *Hidden Harm: responding to the needs of children or problem drug users*

¹⁸ Humphreys, C. & Stanley, N., 2006. *Domestic Violence and Child Protection*. London: Jessica Kingsley.

¹⁹ Greater London Authority, 2007. *London: the Highs and Lows 2, A report from the Greater London Alcohol and Drug Alliance*. London.

²⁰ Cabinet Office, 2004. *Alcohol Harm Reduction Strategy for England*.

²¹ Kearney, P., Levin, E. & Rosen, G., 2003. *Alcohol, Drug and Mental Health Problems: Working with families*, London: Social Care Institute of Excellence.

- Below average school performance
- Doubled rate of absence from school
- Behavioural problems observed in class
- BUT - school may be a safe and happier place for children than a difficult home life
- Of immediate practical concern is getting children into school when they have to leave home or move refuge

Evidence relating to adverse effects of children's exposure to domestic violence has led to the creation of Section 120 of The Adoption and Children Act 2002 which extends the legal definition of 'significant harm' to make it clear that harm includes

“any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence”.

Therefore your child protection policy should contain clear guidance on what to do in situations where domestic violence exists. See *What to do if you are worried about a child being abused* (Department of Health, 2003). This document also includes an appendix on when and how to share information about children with other agencies to help protect the wellbeing of the child.

Further guidance can be found in chapter four of the Stella Project Toolkit (2007) at www.gldvp.org.uk

Key questions to ask

- Where were the children during the episodes of abuse?
- Have children been injured during a domestic violence incident?
- Have you threatened or attempted to abduct children or take them abroad?
- Have you violated court orders or bail conditions in relation to domestic violence proceedings?

9. Couples Counselling

The Stella Project believes that couples counselling or other network therapy is not appropriate if domestic violence is currently being perpetrated in the relationship. Many drug and alcohol agencies who are concerned about addressing domestic violence note that excluding such families from network therapies would exclude a significant proportion of their clients. The Stella Project welcomes the development of detailed guidance on this issue but until this has been developed, it is simply too risky to work with families where any domestic violence or abuse has been disclosed.

This makes it all the more important to routinely inquire about violence and abuse in one to one sessions (and at later stages of the intervention). Professionals should also be aware of the indicators of abuse. Further guidance on this can be found in the Stella Project Toolkit (2007) available at www.gldvp.org.uk

Working with domestic violence is a specialist area requiring a high level of understanding of the dynamics of abuse. There can be dangers of colluding with abuse by reinforcing that the perpetration of abuse stems from communication problems between couples or lack of anger management. This sends a message that the victim is somehow to blame for the domestic violence. The abuser is fully responsible for their behaviour and this is not determinate on the behaviour or actions of the partner or children.

Couple or family based interventions locate the problem of domestic violence as being within the family whereas research clearly shows us that it is connected to women's social, economic and

political position within wider society. By seeking to intervene with the whole family, we are perpetuating the myth that domestic violence occurs in 'problem' families rather than it being a rooted in the fundamental inequality that exists between men and women.

"It is critical that decision about couple work be based not on faith or familiarity with couples therapy as a therapeutic modality but on concrete data obtained from the couple on the detailed knowledge of risk assessment and the intricate dynamics of violent relationships."²²

Working with both a victim and abuser together can be dangerous for the following reasons:

- It is common for the victim to also minimise what is happening to them for fear of the consequences of disclosure and the hope that the relationship can be saved. In this context, such interventions will potentially unwittingly undermine rather than increase the safety of a vulnerable client.²³
- The work is unlikely to be useful when one partner is fearful about how much they can disclose about the relationship. However skilful the therapist they will be unlikely to gain the open and honest thoughts and feelings of a victim while the abuser is in the same room. This can apply equally to the children who may suffer the consequences of speaking openly
- Reviewing violence and abuse with a couple in a session is not advisable due to the risks of retaliation if the victim discloses abuse.
- The couple have a history with each other which means subtle and exclusive methods of communication – including non-verbal - may have developed which are not discernible to the therapist.
- Research evidence from mediation, couple counselling and court welfare work all tells us that neither women or children fare well in any model which means they have to negotiate their safety in the presence of their abuser. Out of fear for the consequences if they do not, women frequently reach 'agreements' which are not in their best interests.
- If the victim/survivor is the one with the substance use problem it is not helpful for more information about the complexity of their problems to be passed onto the abuser. It will only give the abuser more ammunition with which to control his partner.
- It is noteworthy that in at least 20 US states, most of Australia and New Zealand, couple based interventions are expressly prohibited by law. In Australia, this was in part motivated due to the numbers of women killed by ex-partners when attending or leaving couple-based interventions.²⁴

It could still be beneficial to work with the child (ren) and the non-abusing parent. This could include the wider family if it is safe to do so and where family members are supportive of the non-abusing parent. This should be done ideally in partnership with a domestic violence agency.

Relate are piloting a model of routine screening in one to one appointments and where there is a current risk of domestic violence (whether identified at initial assessment or during an intervention), couples therapy is not offered. Instead the victim/survivor is supported through one to one interventions. Using this framework, brief work is also done with the abuser (one or two sessions) focusing on safety, conveying safe messages about responsibility for abuse and violence, and

²² Bograd, M. & Mederos, F., 1999. Battering and Couples Therapy: Universal Screening and Selection of Treatment Modality. *Journal of Marital and Family Therapy*, 25, 291-312.

²³ Shaw, E., Bouris, A. & Pye, S., 1996. The Family safety Model: A Comprehensive Strategy for Working with Domestic Violence, *ANZJ of Family Therapy*, 17 (3) 126-166; Vetere, A., & Cooper, J., 2000. Setting up a Domestic Violence Service, *Journal of Child and Adolescent Mental Health*, 8(2) 61-67; Home Office, 1999. *Living without fear: An Integrated approach to tackling violence against women*. London.

²⁴ Women's Aid, 2003. Consultation response to Restorative Justice – the Government's Strategy.

motivating them to move forward and change their behaviour. They also signpost or refer to domestic violence perpetrator programmes where available.²⁵

10. Anger management is an inappropriate response to domestic violence

- Fails to account for the premeditated controlling behaviours associated with abuse
- Implies that the victim provokes the anger and precipitates the abuse
- Often misrepresented as a 'quick fix' that may endanger partners
- Does not specifically address the social reinforcements for violence against women

11. Consider sharing information

Communication with other agencies may be necessary to ensure the safety of his partner and children, particularly if he is not willing to engage with you around this subject.

You should consider seeking advice from the Respect helpline and/or contacting your local MARAC Coordinator if you are concerned about the risk posed by an abuser.

Multi Agency Risk Assessment Conferences (MARACs) aim to share information about high risk victims to increase safety, health and wellbeing of victims and their children. Both statutory and voluntary sector agencies should be represented on the MARAC and jointly construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm by the perpetrator.

Drug and alcohol agencies should be represented on a MARAC. Domestic violence cases can be highly complex with fragmented information shared across several different services – joint information sharing and development of a risk management strategy is far more effective and prevents you as a lone worker or agency carrying the sole responsibility for managing the behaviour of an abuser. For more information on MARACs in your area contact your local Domestic Violence Coordinator.

A further model of good practice is to get permission to contact their partners if you feel their safety is at risk. For example, if the perpetrator has made threats to seriously harm his partner upon leaving the service.

DVIP run perpetrator programmes and have a model agreement that can be adapted for drug/alcohol agencies. Your agency could consider including a few sentences in your confidentiality agreement which give permission to contact a partner and passing on information to professionals with regards to acts of violence towards a partner or children.

12 Record disclosures

You should always make a note of when you asked and the response in the service user's records. You should also note what action you took in response to a disclosure. This information may be required if future criminal justice action is taken and could also be helpful in other circumstances (e.g. housing applications).

Remember: refer to your line manager for guidance and support – you should not be expected to work with this issue on your own.

²⁵ Owen, R., 2007. Relate: a frontline agency response to domestic violence and abuse, *Respect Newsletter*, Summer edition.

13 Referrals to perpetrator programmes

The Respect network accredits and supports perpetrator programmes with associated women's support services and work to a set of agreed standards. As an organisation you need to ensure you have contacts with your local perpetrator programme, so that your referrals are appropriate. When referring to perpetrator programmes you should look for programmes which are part of the Respect network as this will provide some reassurance about quality and safety. More information about the content and philosophy of perpetrator programmes can be found at www.respect.uk.net and www.dvip.org

Both victim and perpetrator?

You may come across cases where both partners claim to be victims. It is important to remember that domestic violence is a pattern of behaviour comprising various forms of controlling behaviour and not just an individual event. It is important to try and understand the dynamics in a relationship.

To put it in context, it is best to ascertain who is most fearful or frightened for their safety within a relationship where both partners claim to be abusers. It's worth exploring where the power and control in the relationship lies and you will often find that it lies with the man even if he discloses that his partner has been violent towards him. Many women who disclose hitting a partner are often lashing out or responding in frustration to the systematic emotional or physical control her partner has had over her over a period of time. This could be the case for male victims. While no violence should be condoned, it is important to determine who is the predominate aggressor.²⁶

If you are working with such cases, ring the Respect Phonenumber 0845 122 8609 which can offer support and help to professionals and help clarify the patterns of abuse.

14. Further reading

Bailey, K (2008) Drug and alcohol use among perpetrators and survivors – how can I work with this effectively? Respect Newsletter, Spring 2008.

Gilchrist, E., Johnson, R., Takriti, R. Weston, S., Beech, A. & Kebbell, M. (2003). Domestic violence offenders: characteristics and offending related needs, Findings 217, London: Home Office.

Gondolf, E., & Russell, D. (1986). The case against anger control treatment programs for batterers. *Response*, 9(3), 2-5.

Gondolf, E. (1995). Alcohol abuse, wife assault, and power needs. *Social Service Review*, 69(2), 274-284.

Gondolf, E.W. (2002) *Batterer Intervention Systems: Issues, Outcomes and Recommendations*, Sage: USA

Hester, M & Westmarland, N (2006) *Service Provision for Perpetrators of Domestic Violence*, Bristol: University of Bristol

²⁶ See Coulter, M., 2007. Male Victims, Safety and Other Issues, *Respect Newsletter*. London: Respect. November 2008