

**Working in groups with men who  
have used *Intimate Partner  
Violence (IPV)*  
*6 day training***

Respect Training

Day 1

**RESPECT**

# Respect

**men & women working together to end domestic violence**

Respect is a membership organisation. We develop, deliver and support effective services for:

- male and female perpetrators of domestic violence
- young people who use violence and abuse at home and in relationships
- men who are victims of domestic violence

# What we do...

**Disseminate best practice for work with perpetrators of DV**

**Respect Accreditation Standard 2008**

- ✓ **Women's Aid**
- ✓ **Refuge**
- ✓ **Fatherhood Institute**
- ✓ **Ministry of Justice**
- ✓ **Association of Directors of Children's Services**
- ✓ **Child & Family Court Advisory Support service (CAFCASS)**

# Key Points

- ☐ Based upon best available evidence from research & practitioners
- ☐ Women & Children's Safety paramount
- ☐ Risk & Case management is central
- ☐ We do not prescribe a model of work

# **Additionally...**

- **UK wide helpline for perpetrators and professionals seeking advice – 0808 802 4040**
- **A men's advice line for men identifying themselves as victims – 0808 801 0327**
- **YP project that looks at YPs violence in relationships and towards parents**
- **Mirabel research project to further enhance what we know about effectiveness of programmes**

# DVPP's Historical Context

- Approx. 40 years of history, with roots in 1970's USA "battered women's movement" First US women's refuge established 1964 but 1970s is when movement really got going across USA
- Traditional mental health responses seen as dangerous and ineffective
- Advocates asked men to work with men who "batter"
- "Battering" seen as intentional behavior
- First programmes had no links with criminal justice system

(Barnes 2009)

# **Programmes that shaped the field:**

**Emerge - Boston MA 1977**

**Manalive - San Francisco CA 1979**

**Domestic Abuse Intervention**

**Project - Duluth MN 1980**

## **...UK (first refugees early 1970s)**

- Change, Scotland 1989**
- DVIP, London, 1990**
- DVPP, Scottish probation, 1991**
- Ahimsa, Plymouth (Everyman, London) 1995**
- Various probation areas: Leicester, London, Yorkshire mid 90's onwards**



# Common Aspects of Programmes

- Most DV seen as a gendered social historical crime, not a sickness within perpetrators
- Men-only group programmes preferred
- Cognitive behavioural approach
- Most programmes NOT clinically-based
- Close relationship with victim advocates, and offer linked support for partners of men in programmes
- Limited confidentiality

(Barnes 2009)

# Goals of Intervention

- **Victim safety and autonomy**
- **Eliminating Perpetrator's opportunities and inclination to abuse**
- **System accountability and responsibility**
- **Changing the climate of tolerance to violence against Women and Children**

# Explanations...



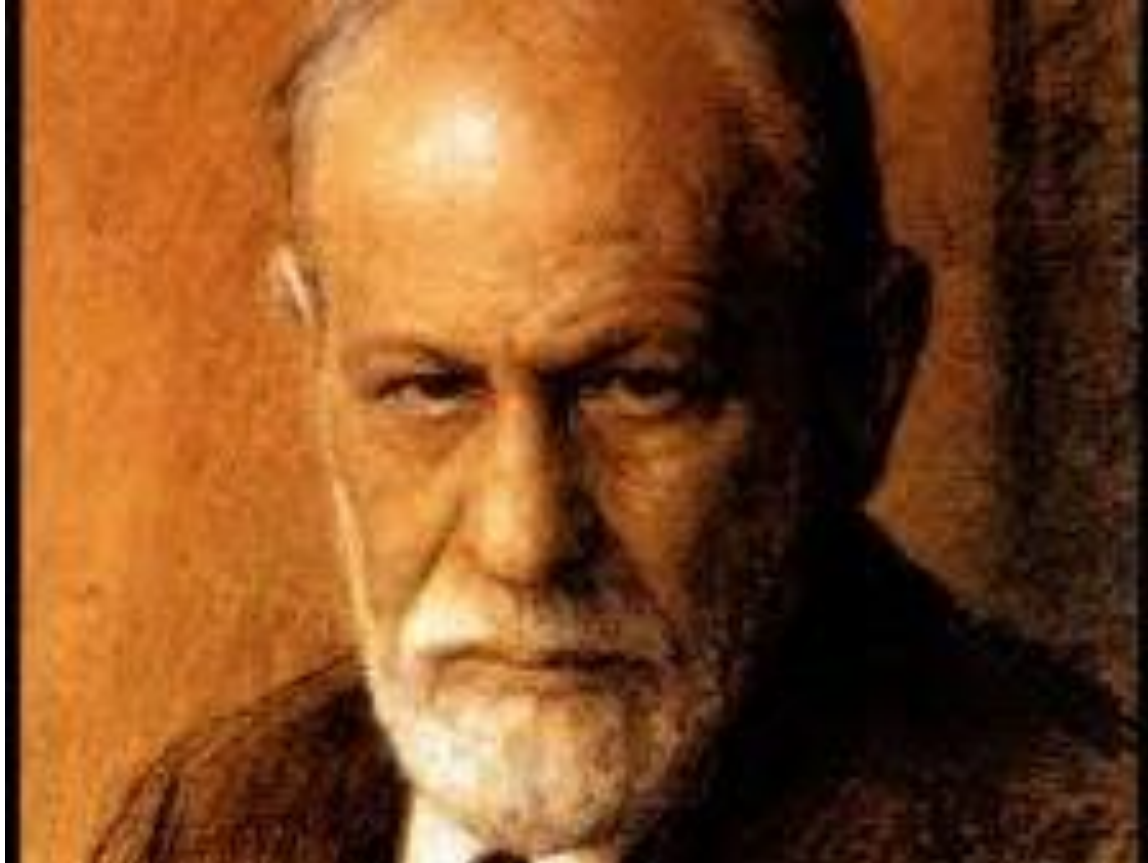
“It’s all a question of controlling their anger  
– you need to teach him better anger  
management”



**“It’s a couples problem”  
They need couples counselling**



**“It’s about intoxication”**  
**You need to stop him drinking & taking drugs**



**“It’s a psychopathology”**  
...he needs therapy/support



**“It’s a question of biology”  
Men are predisposed to use violence**





**“It’s a systems issue (homeostasis)”  
They need family therapy...**





**“It’s about patriarchal power”**

**You need to deal with gender**

# Why do they do it?

The debate and the evidence are still live!

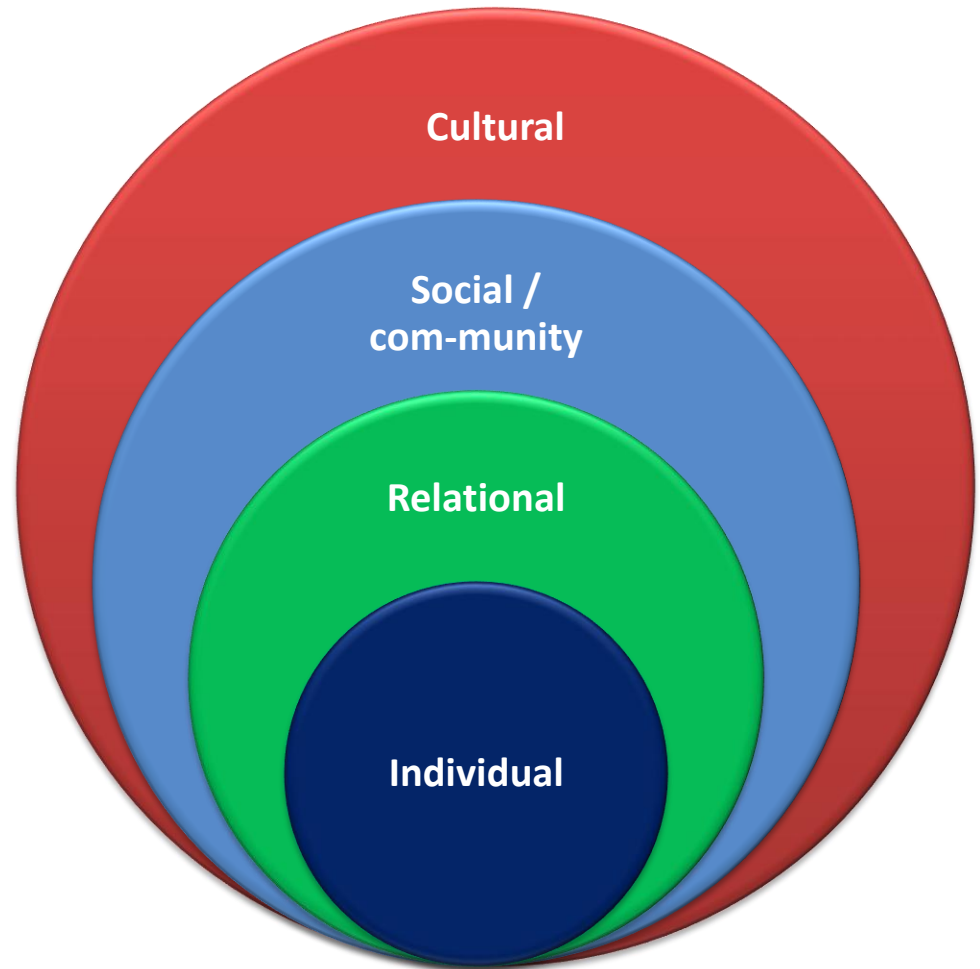
SO:

- Rather than asking for causes (why?) we propose to look at the **intentions / goals of the violence (what for?)**

Usually, violence is used as an intent to maintain or re-establish the control over the partner, the relationship or oneself

# What's violence for?

**Ecological model  
(Bronfenbrenner, OMS):  
Different causes /  
explanations  
on different levels**



## ***Causes / explanations on the individual level:***

Psychopathology

Character / Personality / Biology / Genetics  
(aggressiveness, sadism, lack of impulse control, etc.)

Social Learning Theory (violence works)

Early Trauma

Attachment

## ***Causes / explanations on a relational level:***

Consequence of dysfunctional patterns  
(conflicts, provocation)

Homeostatic function (regulating power, distance, etc.)

# What's violence for?

## *Causes / explanations on a social / community level:*

(Institutional) Legitimization of violence

Violent (role) models (media)

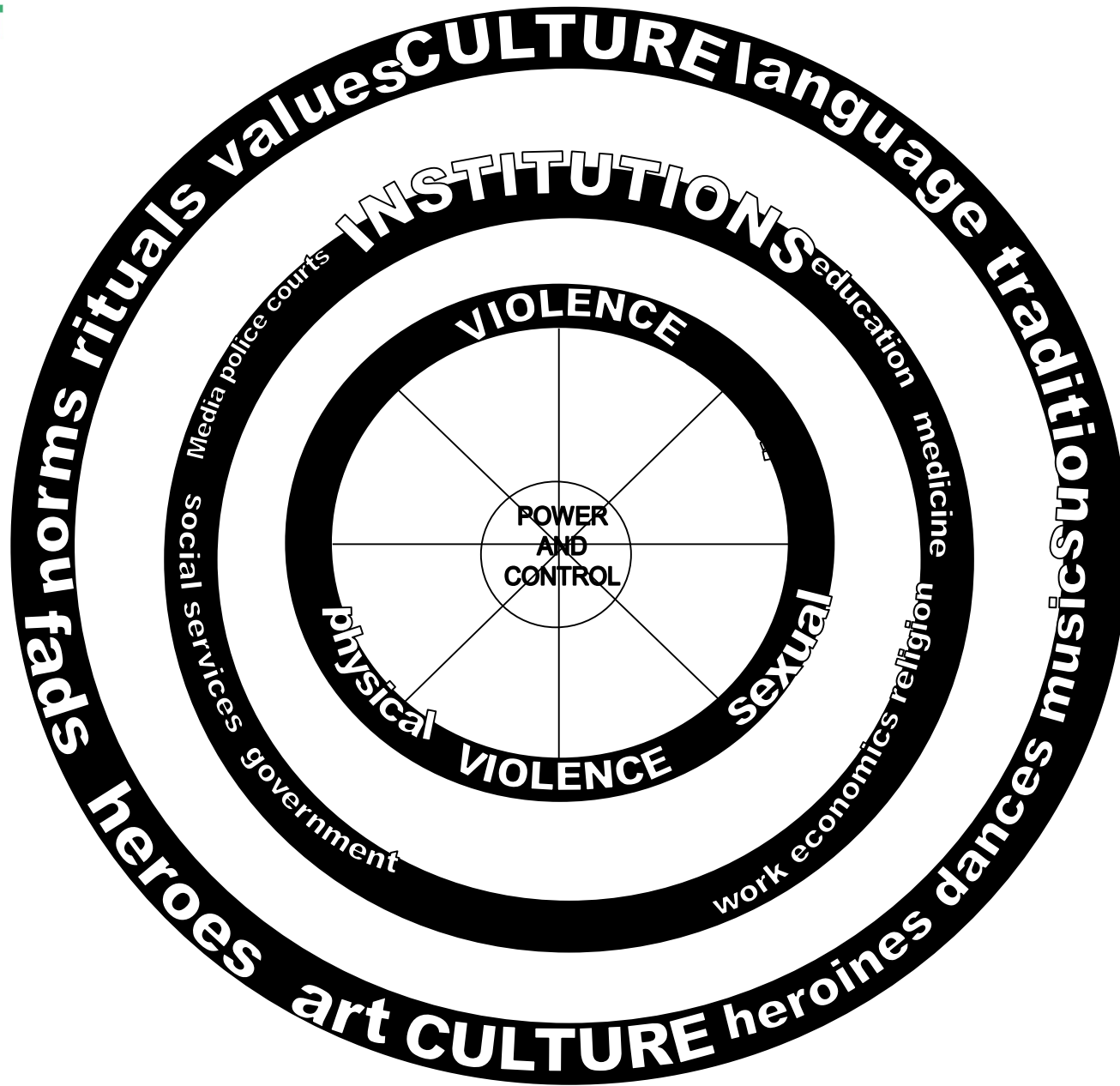
Impunity of violence

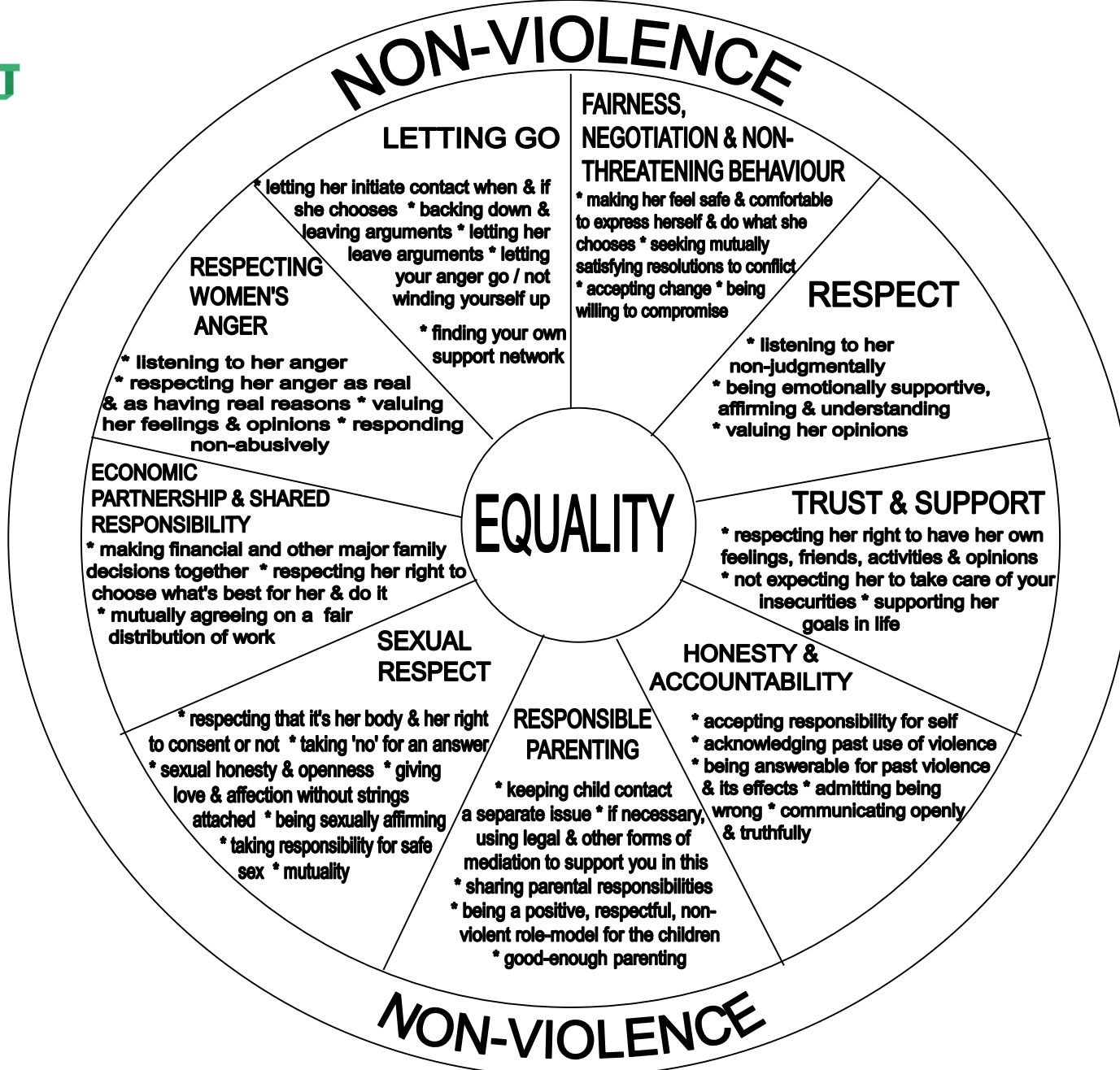
## *Causes / explanations on a cultural level:*

Violence as a specific form of male domination (patriarchy)

Violence as performance of hegemonic masculinity







**A model of an equal and non-controlling relationship**



# Key Messages

- ***Violence is unacceptable & the abuser is 100% responsible for his abuse***
- ***It is a behaviour with an intent***
- ***It is a behaviour that is learned***
- ***It is a behaviour that is systematic***

# Where/how men present

## Abusive men as service users

- Some men will recognise their violent/abusive behaviour and ask for help
- Other men may say they are victims of their (female) partner's violence
- Often men will not mention their abuse at all but instead will seek help for the “mitigating factor” such as depression/anxiety or substance misuse/anger management

***Day Two:***

**Working with men who  
have used *Intimate  
Partner Violence (IPV)***

# Acceptable behaviour?

**Perfect victim**



**Nightmare client**



# Key questions:

- Who finishes the violence?  
(not who starts it)
- Who is suffering the worst injuries?  
(lethality/level of violence)
- Who is saying they are in fear for  
their life?

# Clients you will most likely meet...

## *Victim/survivor:*

*Is or has recently been experiencing violence, abuse, fear, force, threats and/coercive control from an intimate partner or ex-partner.*

*Likely to need legal or practical protection, emotional help and support, advocacy and other forms of help.*

## **Perpetrator:**

*Someone who is or has recently been using violence, abuse, fear, force, threats and/coercive control to an intimate partner or ex-partner. They are likely to be suitable for domestic violence intervention programmes for perpetrators.*

*They are likely to have committed criminal acts and may need criminal or civil legal sanctions to enforce changes in behaviour or attendance at a programme or separation from their partner.*

## **Victim who has used violence:**

*Uses or is using force occasionally to defend themselves or their children*

*Violence is resistance against patterns of coercive control and fear or a way of expressing frustration with this*

*Often violence they use will be legal*

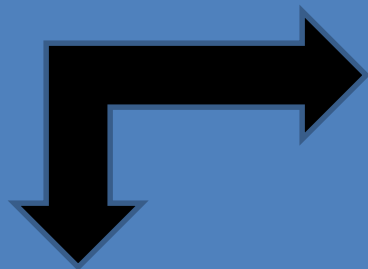
*Likely to need legal and other help + consideration of how their own use of violence may be or become illegal or unsafe*

*Safety planning requires understanding of their own use of violence + strategies for reducing this if possible.*



*Note: Former victims sometimes use violence in their next relationship after leaving a perpetrator as a defensive coping strategy, out of fear of future violence, or a means of revenge when the current perpetrator becomes old or infirm.*

*Often they are the only person using violence at that time and may be identified as perpetrators. This use of violence is not legal but it would usually not be appropriate to refer them to perpetrator services. They need specialist services who can recognise how their past experiences have combined with other factors to bring about their behaviour.*



**Uses or has used  
physical or non  
physical force  
against  
partner/ex**

**Experienced or  
experiencing  
physical or non  
physical force  
from partner/ex**

**IN coercive control  
OVER partner/ex,  
because of own use of  
violence, abuse,  
controlling behaviour,  
threats etc**

**Perpetrator of  
intimate partner  
violence**

**Perpetrator (IPV)  
whose victim has  
used some form  
of violent  
resistance**

**UNDER coercive control  
FROM partner/ex use of  
violence, abuse,  
controlling behaviour,  
threats etc**

**Victim (IPV) who  
has used some  
form of violent  
resistance**

**Victim of  
intimate partner  
violence**

[http://www.respect.uk.net/data/files/practice\\_guidance\\_suitability.pdf](http://www.respect.uk.net/data/files/practice_guidance_suitability.pdf) - Calvin Bell's suitability assessment tool (NOT risk assessment)

Table 1. Treatment viability indicators for domestic violence perpetrator services					
variables	unsuitable ← → suitable				
1 Understanding of the concerns about his DV behaviour	no understanding of the concerns	little understanding of the concerns	some understanding of the concerns	understands the concerns and the purpose of treatment	fully understands the concerns and the purpose of treatment
2 Attitude to the concerns about his DV behaviour	totally rebuts all concerns	largely rebuts the concerns	partially accepts the concerns	accepts the concerns	fully accepts the concerns
3 Motivation to pursue change through treatment	no motivation	minimal motivation	ambivalent	motivated	highly motivated
4 Attitude to specific programme goals	refusal to address programme goals	refusal to address some of the programme goals	ambivalent but willing to address programme goals	motivated to address all programme goals	strong desire to address all programme goals
5 Willingness to work collaboratively	confrontational stance	will not collaborate (or is overly compliant)	some collaboration with the programme worker	collaborates	collaborates fully
6 Authenticity of presentation	previous deceit; evidence of current deceit	previous deceit; inauthentic presentation	previous deceit; at times evasive	previous deceit; authentic presentation	no history of deceit; authentic presentation
7 Insight	No capacity or desire to self-reflect	little capacity or desire to self-reflect	some capacity and desire to self-reflect	capacity and desire to self-reflect	high capacity and desire to self-reflect
8 Cognitive distortion	frequent and significant cognitive impairment	distortions of perceptions, attribution, interpretations etc	occasional distortions	some minor distortions	no obvious distortions
9 Emotional regulation	highly reactive to aversive feelings	reactive to aversive feelings	some capacity to contain aversive feelings	capacity to contain aversive feelings	high capacity to contain aversive feelings
10 Attendance	less than 50% attendance	irregular attendance	unacceptable absence	no unacceptable absences	full attendance and regular punctuality
11 Substance use	frequently arrives for sessions under the influence	has arrived for session under the influence	not under the influence but adverse effects from recent use	no adverse effects on treatment from recent substance use	no known substance misuse
12 Assignments	unwilling or unable to complete homework	no homework completed	some homework completed	homework completed	all homework completed well
CONTEXT					
13 Life circumstances	life circumstances are likely to make treatment unworkable	life circumstances are likely to compromise treatment	life circumstances are unlikely to impact on treatment	life circumstances are likely to support treatment	life circumstances are likely to enhance treatment
14 Access	transport/childcare problems are likely to make treatment unworkable	transport/childcare problems are likely to compromise attendance	transport/childcare issues are unlikely to impact on attendance	transport/childcare arrangements are likely to facilitate attendance	transport/childcare arrangements are likely to ensure full attendance
15 The referring agency's position	Agency position and resourcing are likely to make treatment unworkable	Agency position and resourcing might compromise treatment	Agency position and resourcing are unlikely to impact on treatment	Agency position and resourcing are likely to support treatment	Agency position and resourcing are likely to enhance treatment
16 Inter-agency functioning	effect of multi-agency functioning is likely to make treatment unviable	multi-agency functioning might compromise treatment	multi-agency functioning is unlikely to impact on treatment	multi-agency functioning is likely to support treatment	multi-agency functioning is likely to enhance treatment

## The grandmother test – *“my grandma could have told you this guy was high risk”*

1. Prior domestic assaults
2. Prior non-domestic assaults
3. Prior correctional sentence of 30 days or more
4. Failure on prior conditional release
5. Threat to harm or kill at the index incident
6. Confinement of victim at the index incident
7. Victim concern
8. Number of children
9. Victim's biological children from a previous partner
10. Violence against others
11. Substance abuse
12. Assault on victim when pregnant
13. Barriers to victim support

e.g. 7 or more items, 74% of such men re-assault within 5 years.

# DVPPs with men using IPV – UK Models

**Psycho-educative**



**Process**

**Didactic**

# ***Day Three:***

**Working with men who  
have used *Intimate  
Partner Violence (IPV)***

*Whichever methods you use - criteria should include the following:*

- **Level** of disclosure of abuse?
- **Acceptance of responsibility** by the perpetrator for their **own use** of abuse?
- **Dangerousness** of the client towards **victim, children & staff/volunteers?**

- Will **offering** the programme **increase risk**?
- Perpetrator's **motivation to change**?
- **Current mental health?** Will it effect ability to participate in the programme?
- **Current levels of substance misuse?**



# **Assessing Risk**

- **Thinking about risk...**
- **What do we mean by risk?**
- **If you were asking someone to conduct a risk assessment on a man using IPV – What would you want to know?**

# Domestic Violence Risk Assessment: Different methods for different contexts

**1. Risk identification tools:** checklists of factors thought to be related to the likelihood of immediate harm. E.g. CAADA DASH.

Used for initial response to violence and for case management - monitoring changes in risk that require some kind of intervention

**2. More detailed risk assessments,** involving as full an investigation as possible of risk factors, aims to give the best estimate possible of the likelihood of recurrence of abuse over time,

which should then feed into...

**3. Contextual family assessments:** a detailed appraisal of individual and family functioning that can be used to develop a case plan. Lead responsibility for this is often held by social worker or Cafcass officer.

See Shlonsky (2007)

## Case 1: John

Maria, his partner of 4 years has reported a severe assault on her - (strangulation to the point of unconsciousness) other than that no violence but some controlling behaviour around jealousy

She has one child, had planned to live as a family with John – we are asked to assess the risk involved in this.

John (age 45) reports happy childhood and good relationship with parents

Regular employment as carpenter

One previous marriage – still sees adult children – no reports at the start of the case of any violence or abuse in this relationship.

No substance misuse

Some reports of fights in pubs as a younger man

But... you phone his ex-wife and she tells you that he used to grab her by the throat to control her.

## Case 2: Jamie

- Jamie (21) grew up with violence and abuse in his childhood
- Living in care home from 15 yrs – mum asked him to leave because he was using drugs and abusive to her
- Met Anna (now 20) in hostel – she is a care leaver too
- Dozens of reports of police being called to the hostel, and subsequently their flat – reports of shouting, smashing furniture, Anna has been seen with black eye on two occasions
- Anna says they argue because they are both very jealous and that she ‘winds him up’
- They have one daughter and want to live together and care for her together
- We are asked for our assessment of the risks in this.

**Which case is higher risk?  
John or Jamie?**

# Need to consider:

- **Likelihood** of violence / abuse occurring
- **Severity** of violence / abuse
- **Risk of what?** - physical harm, emotional harm
- **When** (*within what time period*) the violence / abuse might occur
- **Consequences** of violence / abuse occurring
- **Risk to whom?** - to partner, to child

# “Levels of Risk”

What does

- low
- medium
- high
- very high

mean?

These need to be defined separately for likelihood and severity

Make sure you're clear about this, or you get a clear definition from the person doing the assessment

## Example definitions of likelihood (of harmful behaviour occurring)

<b>negligible</b>	<b>low</b>	<b>moderate</b>	<b>substantial</b>	<b>high</b>
very unlikely to occur	unlikely to occur	may occur (a 'real possibility')	likely to occur	very likely to occur



# Example definitions of *severity* of violence/abuse from CAADA DASH tool

# Severity of abuse - DASH

Physical abuse (roughly equivalent to common assault, ABH, GBH/attempted murder)			
No	Standard	Moderate	High
Never, or not currently	Slapping, pushing; no injuries.	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts.	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation, holding under water or threat to use or use of weapons; loss of consciousness, head injury, internal injury, permanent injury, miscarriage.

# Severity of abuse - DASH

Jealous or controlling behaviour/emotional abuse			
No	Standard	Moderate	High
Never or not currently	<p>Victim made to account for her time, Some isolation from family, friends or support network. Put down in public.</p>	<p>Increased control over victim's time. Significant isolation from family and friends, intercepting mail or phone calls, controls access to money, Irrational accusations of infidelity. Constant criticism of role as partner/mother.</p>	<p>Controls most or all of victim's daily activities, Extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty Extreme jealousy, e.g. 'If I can't have you, no-one can, with belief that abuser will act on this. Locks person up or severely restricts their movements, threats to take the children. Suicide/homicide/familiacide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.</p>

# Exercise

**Sort the factors into:**

**Static** (historical) factors – the ones that can't be changed.

**Dynamic** factors (ones that are open to change, or things you might look for as evidence of reduction in risk)

Also, which factors or combinations of factors might be '**triggers**' i.e. signs that risk will increase suddenly or that danger is imminent?

# Static factors provide the backbone of any credible risk assessment.

There is a danger of *overrating* impressions gained from the service user in interview and *underrating* information about the person's past history and behaviour. Abusers may:

- fare well in psychological testing, often better than their victims.
- convince others that they have 'learned their lesson' or 'put their past behind them', overstating the deterrence value of future punishment or other consequences.
- be mild mannered and appear reasonable despite severe risk, or be noisy and intimidating with professionals despite presenting only moderate risk to their partner or child.

In contrast, victims may appear angry with services, emotionally dysregulated and difficult to work with.

(Bell, C. 2007)

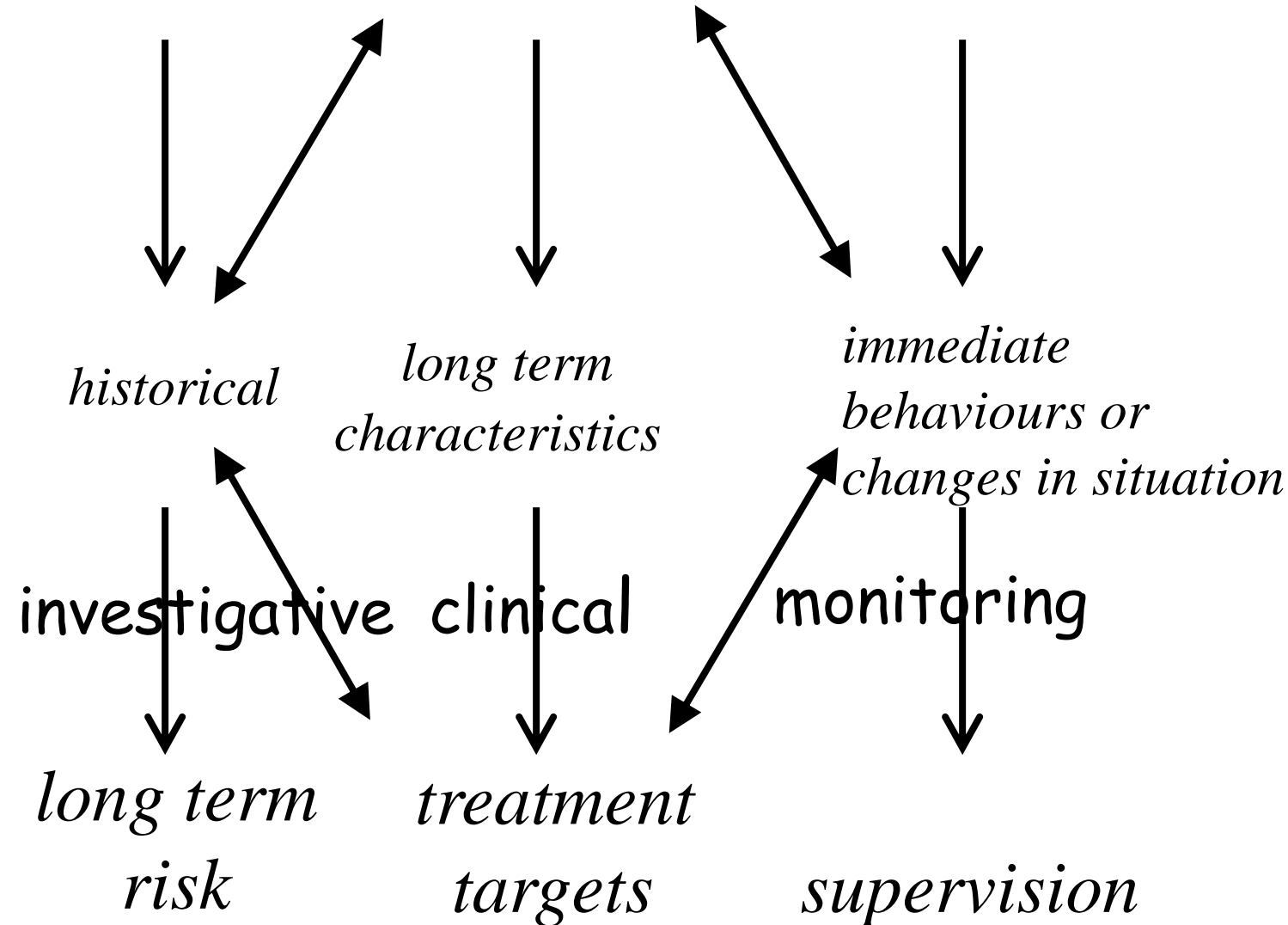
# The advice from research therefore is:

- First form a judgement of risk based on **static** factors.
- Then use **dynamic** factors to make *modest* adjustments to this estimate.

Clearly information gained from the client about ***imminent, targeted risk*** should be acted upon.

# A way of structuring our thinking about risk

**Static + Dynamic + 'triggers' = Current Risk**



# Caveats about assessment tools

- They may give an inflated impression of certainty
- When applied in practice, some assessment tools may feel restrictive and ask you to ignore risk relevant information.
- be aware of the limitations of the risk statements they make and their applicability to the field you work in.

e.g. ODARA...

cont/-



# Ontario Domestic Assault Risk Assessment (ODARA)

- Score = 0                      *“7% of such wife assaulters commit another assault against an intimate partner that comes to the attention of the police within an average of about 5 years”.*
- Score = 1                      *17%.....etc*
- Score = 2                      *22%.....*
- Score = 3                      *34%.....*
- Score = 4                      *39%.....*
- Score = 5-6                      *53%.....*
- Score = 7-13                      *74%.....*

*(32% of whole sample reoffended)*

cont/-

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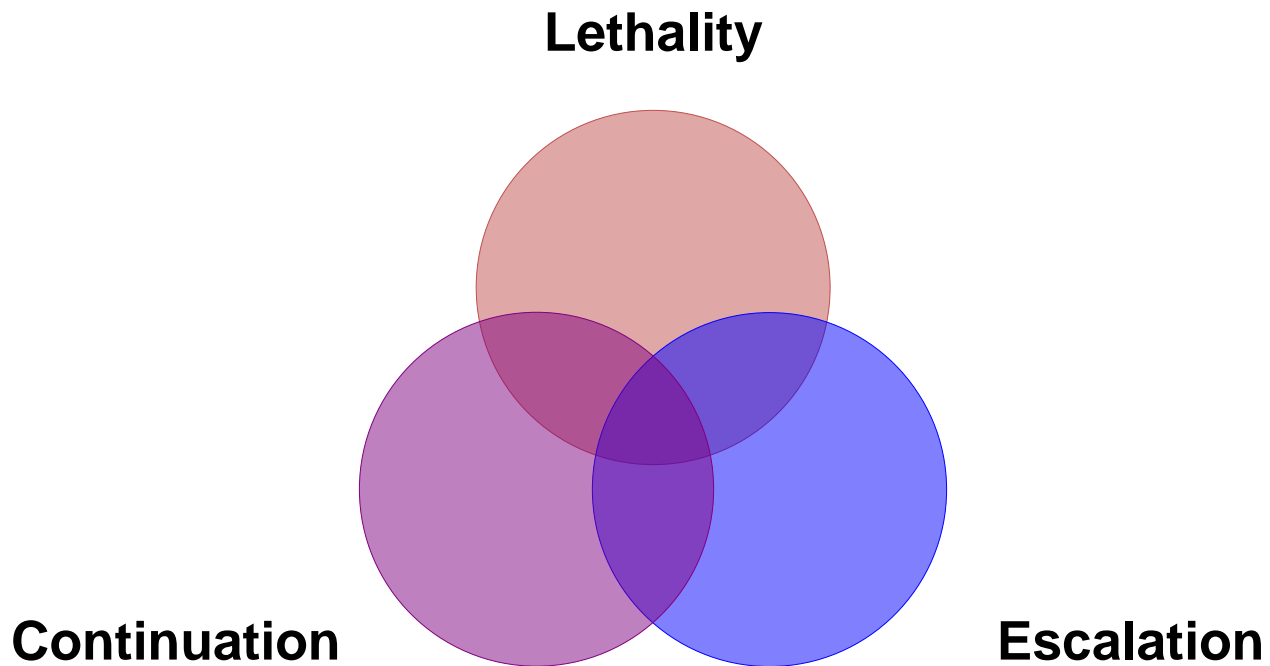
# Defensible Decision Making

DEFENSIBLE DECISION MAKING IS WHERE:

- all reasonable steps are taken;
- reliable assessment methods are used;
- information is collected and thoroughly evaluated;
- decisions are recorded and carried through;
- agency processes and procedures are followed;
- managers are investigative and proactive.

*Home Office, Mappa Guidance 2006.*

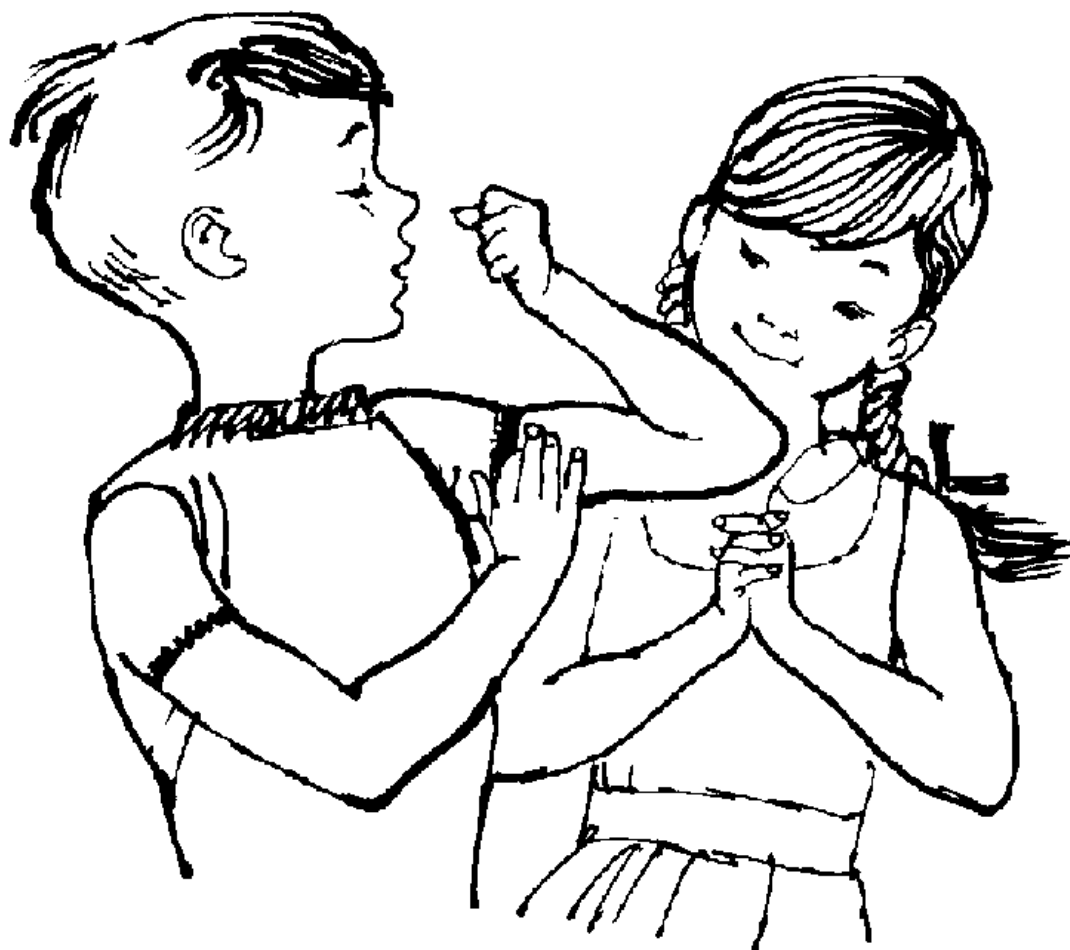
# Risk summary



***Day Four:***

**Working in groups with  
men who have used  
*Intimate Partner  
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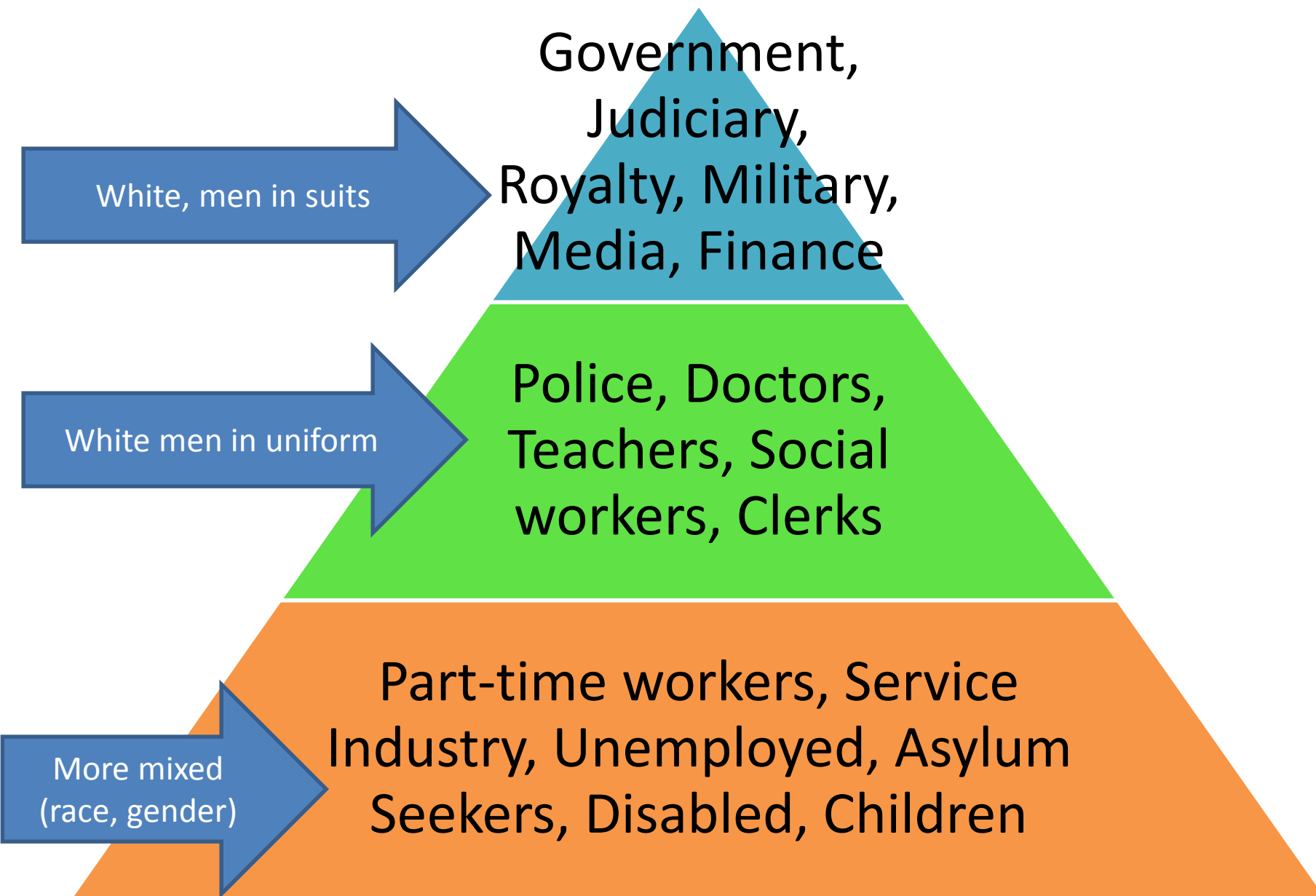
# Why do we need to think about gender?



- 30 – 40 years ago there was no such thing as “gender studies” courses at universities
- Kimmel (2011) argues that feminism and the women’s movement “...made gender visible”
- *Privilege (patriarchy) makes gender invisible: E.G Never planning a night out on the basis you might be raped*

- **Every year in England & Wales approximately 150 people (120 women – nearly 50% of all female murder victims & 30 men – nearly 8% of male murder victims) are killed by a current or former partner.** (Flood-Page, C & Taylor, J. (eds) *Crime in England & Wales 2001/2002*, London, Home Office
- **The evidence from the British Crime Survey consistently shows that the majority (around 75%) of victims of four or more incidents of domestic violence are female.** Debbonaire, T. (2012)





## ***However, there is often a disconnect...***

- Kimmel (2011) argues that although the ***aggregate*** power of men is clearly one that favours them institutionally – many still ***feel powerless***
- This seemingly contrary position is also often expressed by men using IPV when they are on programmes to help them change

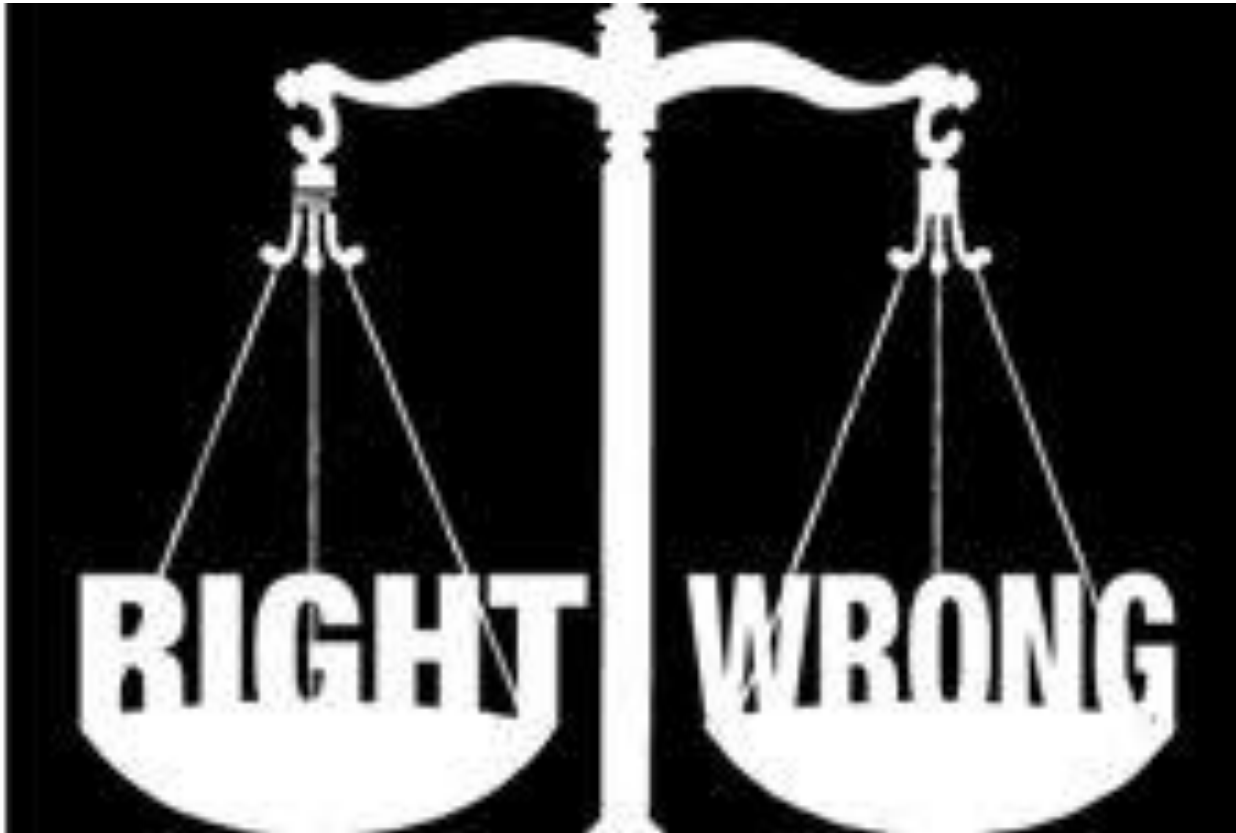
- Kimmel further argues that you need to address this ***feeling of powerlessness***
- Arguably this is what certain father's rights groups & politically racist organisations have been successful in mobilising:

“You feel powerless because of feminism...”

Or

“You feel powerless because of immigration...”

# So why promote gender equalities when addressing men using IPV?



# Children do better...

- *They do better educationally*
- *Less likely to suffer mental health problems*
- *Less likely to take recreational drugs*
- *Less likely to misuse alcohol*
- *Less likely to suffer abuse/be abusive*



## Their partners are happier...

- *Less likely to want to leave*
- *Less likely to have an affair*
- *Less likely to seek psychiatric support*
- *Less likely to misuse drugs and alcohol*



# He's happier...

- *Less likely to commit suicide*
- *Has more sex*
- *Less likely to suffer mental health problems*
- *Less likely to misuse alcohol/drugs*

(Coltrane, Adams, Gottman)

