

engage

Training Package

version 1.0

European project REC-VAW-2016/776919

<https://www.work-with-perpetrators.eu/projects/engage>

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Goals of the Roadmap

- The goal of the roadmap is to assist the intervention of **frontline professionals** in health care, social and child protection services, police, and others, coming into contact with male service users who are violent or abusive to their female partners
- One of the most common requests from victims is **for someone to work with their partner**, to help him change and to keep them and their children safe from violence
- Working with these men to change their behaviour is a **key step towards preventing domestic violence**

Who is it for?

The roadmap is designed for **frontline professionals** who may come into contact with violent or abusive men. There are three ways this may happen:

- 1. Men as service users:** some men may disclose their abusive behaviour and ask for help, others will present themselves as victims of their (female) partner's violence, but most will not refer to the abuse
- 2. Men as partners of service users:** some men insist on accompanying their partners to appointments and/or talk for their partners (they may appear to be caring and protective of their partners and very plausible)
- 3. Men as fathers of young service users:** in your role you may know children affected by domestic violence, and consequently the perpetrator, with whom you may be in contact in your agency, in his home or at child protection case conferences

Role of a frontline professional when interacting with male perpetrators

- As a frontline professional you are not responsible for providing specialist services to help men stop their violence/abuse
- Frontline professionals have a responsibility and a central role working in collaboration with other relevant services in an integrated approach to hold the man accountable for his behavior and supporting a safe intervention for victims assuring they receive adequate support
- Frontline professionals should have the knowledge, skills and confidence to more effectively identify, address and refer male perpetrators to a perpetrator programme or other specialist services

What is violence?

- Behaviours that have a negative impact, both physically and psychologically, on the lives of victims, causing fear and limiting personal freedom
- Physical and sexual violence, threats, intimidations, emotional abuse and economical control

Power and control

- Not due to man's **loss of control** over his behaviour
- Choice made by the man to control his (ex-) partner; variety of tactics to control the partner and exert power over her

Istanbul Convention

- For the purpose of this Convention “violence against women” is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering of women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life - **Art. 3 Definitions**
- First international legally binding document aimed at protecting women and persecuting perpetrators
- Requires parties to take the necessary legislative or other measures to set up or support programs aimed at teaching perpetrators of domestic violence to adopt non-violent behavior in interpersonal relationships with a view to preventing further violence and changing violent behavioral patterns - Art.16

International and national legal references on working with perpetrators of domestic violence

1. **United Nations declaration, Violence against women, 1993**
2. **Council of Europe Rec 5, 2005**
3. **EU Resolution 4/4/11 on priorities and definitions on violence against women, point 24**
4. **France, Italy, Spain, Germany: relevant legal references**

Coordinated Community Response

Focusing on the safety and well-being of women and children affected by violence is our priority at every stage of engaging with men

This means at all phases of the work with perpetrators we must also make sure that we focus on specific issues concerning the victims



The system matters: it is important that the system responds to domestic violence in appropriate and coordinated ways

Good practice for victim safety

- Make sure all information provided by a victim remains confidential and recognize the effects of violence
- Beware of expectations that women may have about perpetrators' change and impact on their decision to leave
- Avoid any form of couple counselling, therapy or mediation
- Beware of the manipulation perpetrators often pose on service providers
- Make sure the men is held accountable for his violence and avoid any form of victim blaming.
- Provide support of specialized support services for victims for risk assessment, empowerment and safety planning

Who commits violence?



Who commits violence?

Video of a man's recognition of his violent behaviour and its consequences on partner and children

→ Example Italy: <https://video.corriere.it/abbiamo-picchiato-nostre-compagne-oggi-siamo-cura-centro-uomini-violenti/51ab39b6-efc5-11e8-bbf1-7b061d972f8e>

Ideas and beliefs about men who use violence and abuse

Our ideas and beliefs about domestic violence and about perpetrators can influence our ability to give adequate responses to service users

Some of the most frequent myths on perpetrators are:



- Violent men will never change
- Men are only violent because of alcohol/substance use or a mental health problem
- Perpetrators as good / bad fathers
- All perpetrators were abused or witnessed domestic violence as children

What we know about men who use violent behaviour...

- No single profile of 'violent men'
- No single causal explanation (biological, psychological, relational, cultural, social)
- Violent behavior is due to a complex interplay of factors
- Traditional models of intervention (psychiatric, psychotherapeutic and psychosocial) are not sufficient to change or stop violent behaviour
- Men need to be made accountable for their behaviour through a coordinated community response

Different positions and the therapeutic relationships they produce		
Collusion	Balanced	Confrontation
Alliance forms	Alliance forms with the part of him that wants to change	No Alliance, rather opposition
Session is experienced with feelings of closeness	Sessions are difficult because the man experiences internal conflicts and feelings of vulnerability	Sessions are difficult because of the conflict with the man, who mainly feels angry
There is little challenge or conflict	You make gentle but persistent invitations to the man to challenge himself	There is a high level of challenge and conflict
You sit alongside him to review others' behaviours	You assist him to review his abusive behaviours.	You confront him with his wrongdoings.
You empathise when he talks about himself as a victim of others	You empathise when he feels bad about his abuse	You don't empathise at all
Much of the interview is spent reviewing other people's behaviours and the impact on the man.	Much of the interview is used to review the man's abusive behaviour and its impact on others	Much of the time is spent on confronting the man with how badly he acted and the man defending himself
The session is non-judgemental	You invite the man to make judgments about his own behaviour and empathise with how hard that is.	You let the man know your judgments – both professional and personal – about his behaviour.
The man might feel much more understood by you than by his partner	The man may come to value and respect your help	The man dislikes you and may let you down



Step 1: Identifying domestic violence and abuse in men – signs and indicators

How does the man present to services?

- For **health related problems** (psychological and / or psychiatric and relational problems, economic difficulties, use of substances, etc.) that mask the problem of domestic violence and abuse
- **Following a crisis** due to an assault or after an ultimatum of the partner, in these cases he will usually blame others for what happened
- **Accompanying the partner** (appointments, medical visits, etc.), appearing efficient and extremely attentive
- Because of issues related to **child care** (e.g.: mental health, measures regarding visitation rights, etc.)

Indicators in the man's discourse

- Talking about relational behaviours that constitute different types of violence or abuse (physical, sexual, emotional, economic)
- Referring excessively jealous behaviour and control over the partner «who always has to tell him where she is»
- Sexist or misogynistic attitudes or comments (about the partner or women in general)
- Euphemisms that could indicate any of the above (e.g., “big fight” or “strong argument”, etc.)

Indicators in the man's or partner's behaviour

- He always accompanies the partner, even during routine visits and insists on being in the sessions (and she is disappointed or in a hurry to finish)
- He speaks for her, interrupts or corrects her, doesn't let her talk, discredits or devalues her, tries to make decisions for her
- He justifies or minimizes his partner's injuries or psychological states, which may be due to situations of violence
- He blames her for his problems
- He shows difficulties in managing anxiety and stress; he has mood swings and/or raises his voice
- He shows two apparently contrasting attitudes: being silent, defensive, refusing to answer questions or being overly talkative and sometimes foul, overly compliant, smiling too much, being too present, especially during the interview with the partner

Indicators in the man's or partner's behaviour (contd.)

- He shows a threatening non-verbal attitude or gesticulation invading the woman's space
- He is violent or abusive towards his partner in the session or waiting room
- He tries to manipulate or control the partner, professional or situation (e.g. the type of questions or the duration of the interview)
- He disqualifies female frontline professionals as women, or shows demeaning and aggressive attitude towards the female professional
- The partner lowers her gaze, is silent or puts herself in a submissive attitude in the presence of the man
- Differences in attitude of the woman between sessions with the man and sessions with her only
- They are conflictual and accuse each other or they give an exasperate sense of perfection of the relationship, denying any conflict

Case Study – First exercise: Step 1

- Read through the case that you were assigned
- Please discuss with a partner which indicators you have found that point to the fact that the man you are reading about is a perpetrator
- Please circle all indicators you have found



Step 2: Asking men about domestic violence and abuse

Asking men about domestic violence and abuse

- Create an environment of privacy and safety that facilitates disclosure and be clear about the conditions of confidentiality that apply
- Many men remember being asked about the violence as an important factor to opening up and sharing information about they had never talked about before
- Do not address the issue of domestic violence and abuse in the presence of the partner
- Explore the violence with progressive questions from generic to more specific and focused

ENGAGE funnel questions: general



Figure 1.
General funnel questions

ENGAGE funnel questions: specific

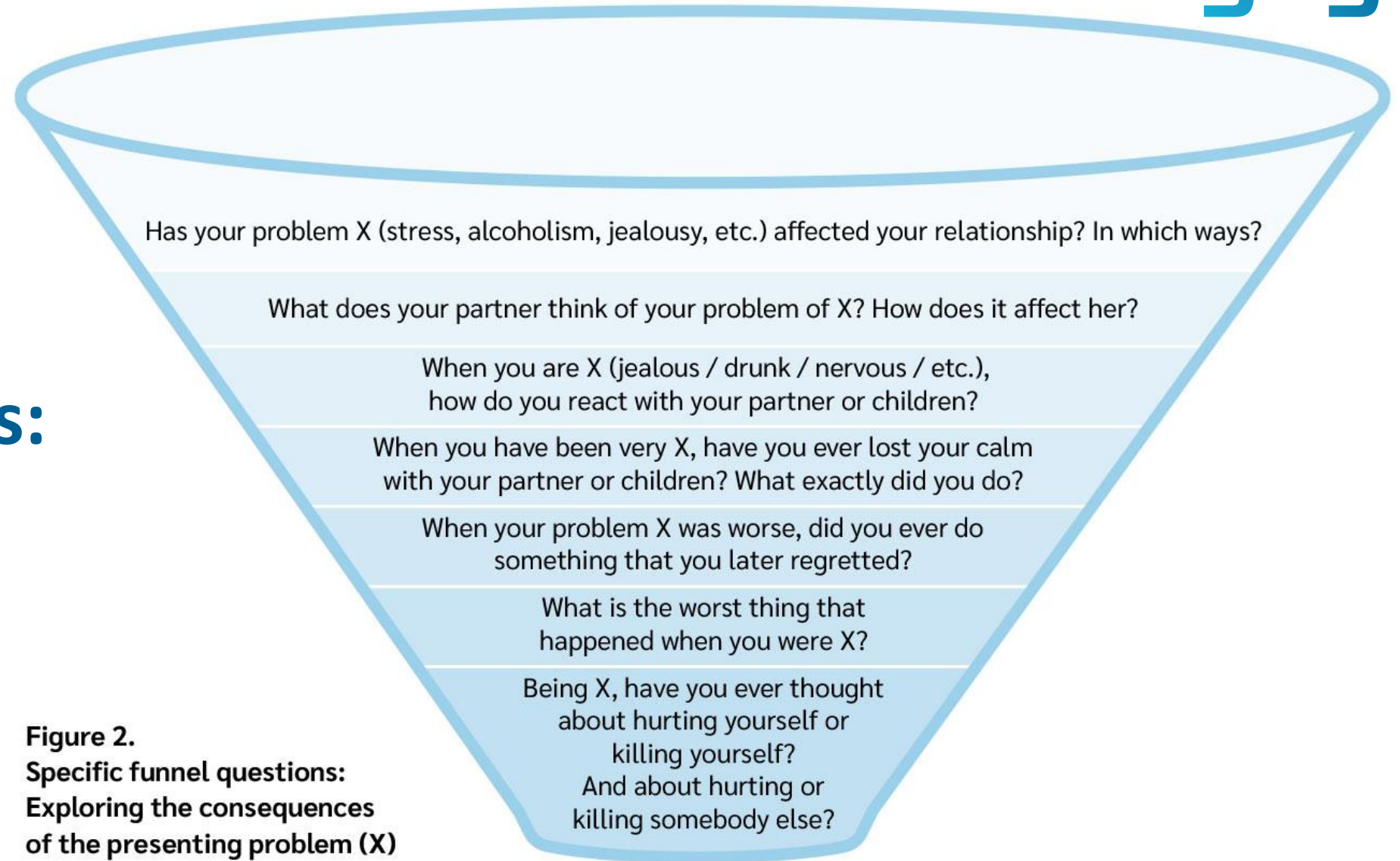


Figure 2.
Specific funnel questions:
Exploring the consequences
of the presenting problem (X)

Exploring violence

- If there are indicators of *a high, immediate risk* for considerable harm to the (ex-) partner and/or children (such as threats to hurt or kill them or to kill himself), you will have to take any necessary measures to protect the victims, including reporting to the relevant authorities / police forces
- Checklists can be used for areas of investigation: physical, psychological, sexual, economic violence. Each area can be explored by investigating in detail the first episode, the last episode, an episode considered more serious
- While alcohol and/or substance use is neither an excuse nor a cause of domestic violence the two problems often occur together and referring some abusive men to substance abuse treatment is appropriate and might reduce their risk of using violence

Useful strategies

- **Pulling the thread** - to explore with more detail the incidents of conflict and possible violence narrated superficially by the man. Using a credulous “Colombo attitude” of genuine interest and curiosity, we can ask for gaps and apparent inconsistencies or contradictions in the narration without a direct confrontation
- **Gambit - Accepting minimizations:** allows us to explore the incidents of violence and the man’s experience and intentions more richly by not creating a defensive reaction. “When you say ‘big fight’, what are you referring to?”, “What exactly happened / did you do?” “What do you think your partner felt?”
- **Perspectives** - To inquire about the perspectives of significant others (partner, children, parents, siblings, friends, etc.) on their acts of violence, sometimes allows men to connect (from a certain empathy) with the consequences their violence has caused for others and initiate a process of accountability and motivation to change

Different versions of the story

- 2 different and even conflicting versions of the story
 - Victim's story does not match up with the perpetrator's story
- It is not about identifying the *truth* about what happened
- Man may be in denial about his behaviour or minimise his behavior

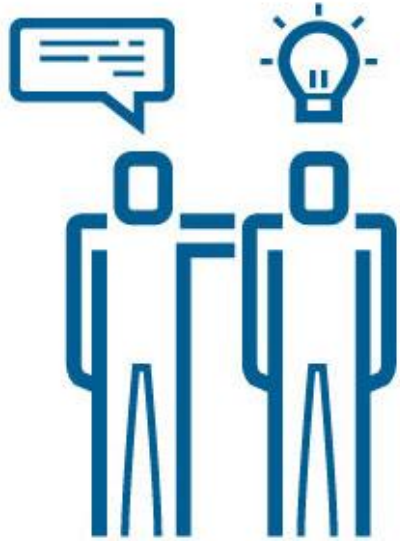
Focus is on engaging the man to reflect on his behavior, to seek assistance from specialized perpetrator programmes.

Fears about engaging with men

- Fear of making a situation worse for the victim
- Fear that the man could react violently towards the professional
- While it is understandable to have such fears as a frontline professional, *not* engaging with a man allows the cycle of violence to continue
- When starting the conversation with a man do *not* indicate that the victim may have instructed you to ask about violence, as this can place the victim at risk after the conversation. State it is 'routine' to ask.
- Speak respectfully, without judging, following the 4 steps of the Roadmap

Case Study – Second exercise: Step 2

Explore violence through the described funnel method (role-play)



Step 3: Motivating perpetrators for referral

Motivating perpetrators for referral

- The main goal of the third step is motivating perpetrators to take responsibility for their violence and for initiating a change process to stop it
- Many men may be ambivalent or even resistant about initiating a process of change and some motivational work might be needed to prepare a successful referral
- Rather than convincing a man to change, it is more helpful to accompany him to identify the reasons for not using violence and what helps change in the desired direction (see Jenkins, 1990, 2006 - Invitations to responsibility; Miller and Rollnick 1991 – Motivational Interview)

Invitations to responsibility approach (Jenkins, 1990, 2006)

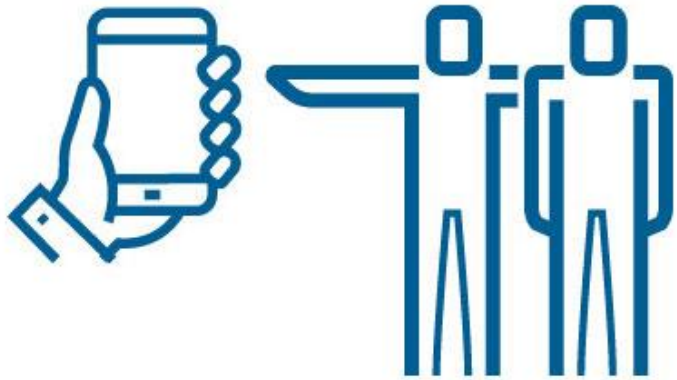


Examples of questions within an invitations to responsibility approach are:

- What kind of a father did you hope to be / would you like to be?
- How would you like your kids to see you / think of you in 10 or 20 years?
- Have you kids seen you act violently or abusively? How do you think it affects them?
- Do you think your children respect you or fear you?
- How might your kids benefit if you did some work on your behaviour?
- How do you think your relationship with your kids might change if they weren't feeling scared of you?
- What could become possible in your life if you didn't use violence when you felt upset?
- What type of father would you like to become, or be more of the time? What would it mean to you if you were that Dad, or that Dad more of the time? What do you do that gets in the way of this?

Case Study – Third Exercise: Step 3

- Review and discuss the case briefly in the big group.
- One training participant should role play as the perpetrator, and in turn everyone asks a question to help motivate the man.
- At the end of the exercise there is a big group discussion.
(Perpetrator can also be played by trainer)



Step 4: Referring men to perpetrator programmes, coordinated multi-agency response

Referring men to a perpetrator programme

- If you have detected and addressed domestic violence in a service user and have been able to co-create sufficient acknowledgement and motivation for referral, you should **refer the man** to a perpetrator programme
- A structured perpetrator programme usually entails an **individual intake** and assessment phase, **group (or individual) intervention** and, ideally a **follow-up** phase to see whether objectives are achieved and maintained
- Perpetrator programmes should fulfill different **quality standards**, including to pro-actively **contact the (ex-) partners** of the men they work with to make sure they receive the information and support they need for them and their children to be safe

Good practices for referrals

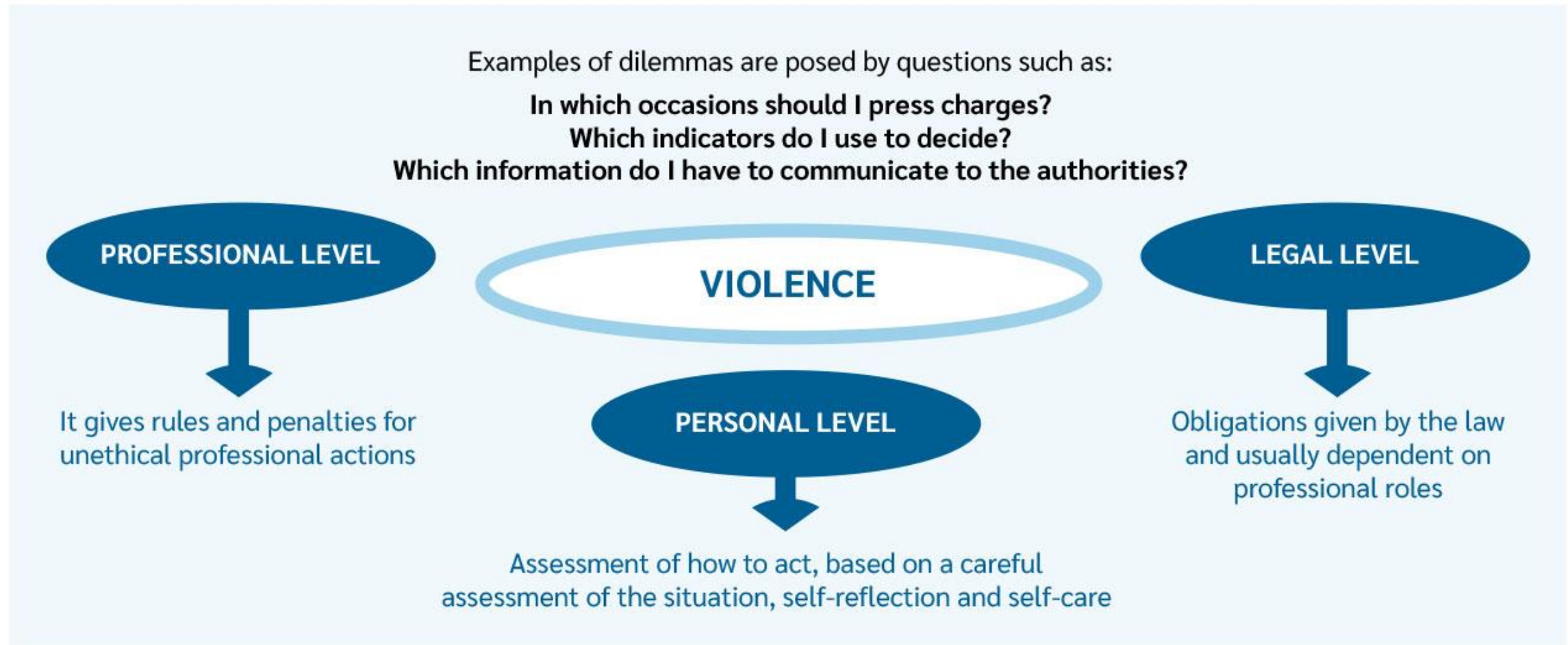
- Where no structured perpetrator programmes are available, **individual counselling clearly aimed at stopping the use of violence** might be an alternative if this includes risk assessment and management within a victim/survivor safety focused approach
- It is important to prepare the referral well and to **inform the man** about why he is being referred, what the benefits are for him and others, what his rights and responsibilities are in relation to the referral and what to expect from it
- Agree about the **mechanism of feedback** and coordination with the specialised service you refer the man to while you keep working with him and about how you can support his participation in the programme
- **Do not refer** a man who uses domestic violence and abuse to anger management courses or programmes, couples counselling or therapy, mediation and family therapy

Case Study –Fourth Exercise: Step 4

- In small groups, make a referral plan for Richard to a specialized service.
- Discussion in the big group.

Professional, personal and legal dilemmas

Figure 3. Professional, personal and legal dilemmas



In a nutshell

- ✓ Make sure that the victims/survivors receive adequate support and safety planning. Have the safety and well-being of women and children as your priority at any step in the process
- ✓ Be aware of any signs or indicators of domestic violence and abuse in male service users' discourse and behaviour
- ✓ Respond to any (even indirect) disclosure and ask men about domestic violence and abuse
- ✓ Be clear that violence and abuse are unacceptable and that they are a choice
- ✓ Be aware and convey to the man that domestic abuse includes a range of different behaviours, not only physical violence
- ✓ Be aware of your feelings about the man's behaviour and don't let them interfere with your provision of a supportive service: distinguish the behaviour from the person and don't be judgemental

In a nutshell

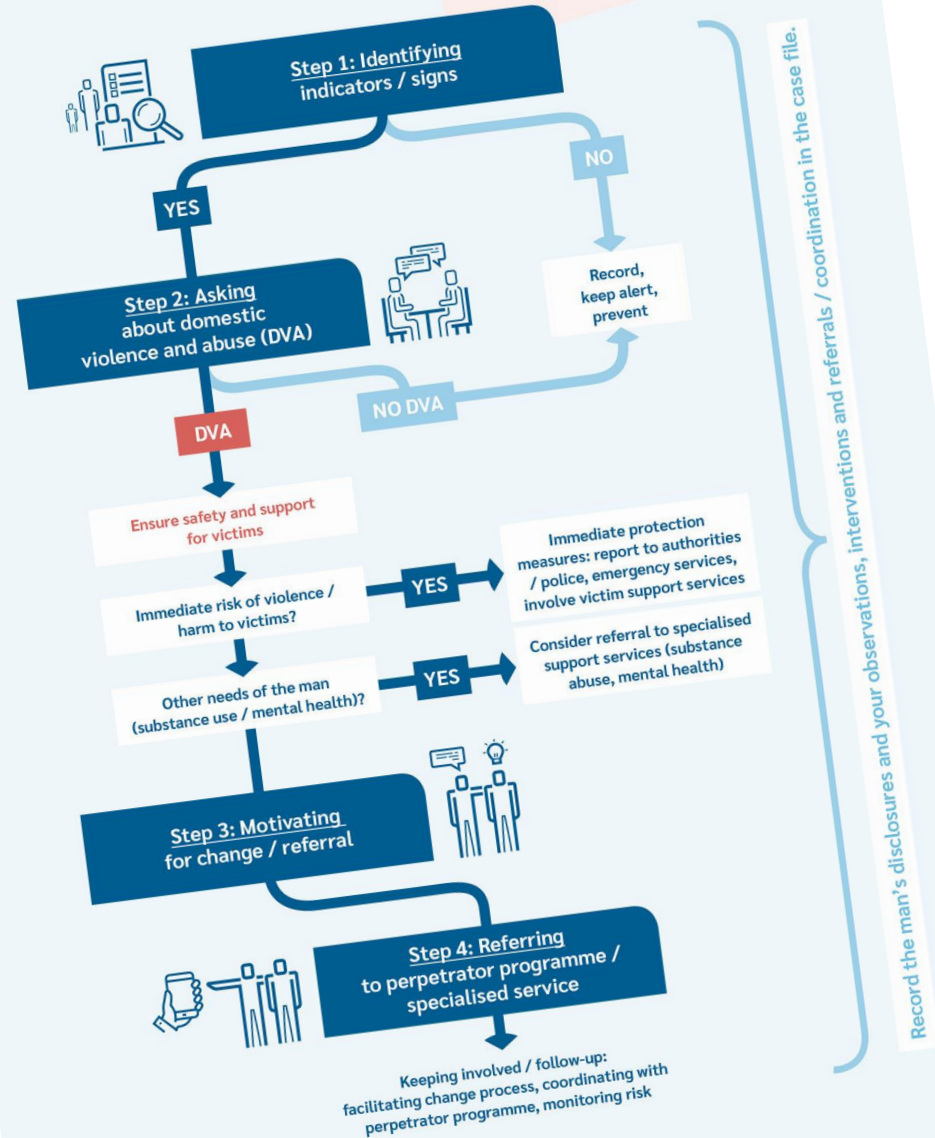
- ✓ Be empathic and understanding but don't collude with the man: be aware of the mechanisms of minimization, denial and victim-blaming and don't give in to possible manipulations
- ✓ Be aware of the barriers to him acknowledging his abuse and seeking help (such as shame, fear of child protection) and recognise any accountability shown by him
- ✓ Be positive about the possibility of change and explore the man's own motivations for it (including the costs of continued violence to himself and the effects on children)
- ✓ Establish a referral pathway to a perpetrator programme (or similar specialised service) in your area and refer the man
- ✓ If you are in contact with both partners, try not to see them together and only discuss domestic abuse in separate sessions

* Adapted from: Guidelines for Working with Men Perpetrating Domestic Violence (Respect Phonenumber, 2013)

ENGAGE Roadmap

engage Roadmap: 4 Steps

Safety and rights of the victims / survivors are the priority in all our interventions!



Thank you very much for your attention!



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