



ENGAGE Guidelines for the Training of frontline professionals interacting with male perpetrators of domestic violence and abuse
to ensure a coordinated multi-agency response to perpetrators

European project REC-VAW-2016/776919 – ENGAGE frontline professionals to provide a coordinated multi-agency response to perpetrators.

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Psytel
Ingénierie de l'information



This text introduces the training linked to the Engage Roadmap and the Power Point slides to be used for the training. We suggest that you carefully read through these guidelines and personalize the training material depending on the professional qualification of the frontline professionals you will be training. There are some photographs (slides 5, 6 and 12) that are in the presentation and that may be used freely (copyright was acquired by the project), but you can also personalize the pictures by choosing some that you think your audience will respond well to. You can also consider using cartoons, but please make sure you verify the legal requirements of the images you use and the regulations of your country. You should also look for a testimony, in your language, of a man that has been violent to use for discussing stereotypes (see slide 13). You should be able to find some on YouTube or by surfing the internet (see https://www.youtube.com/watch?v=J-9k_itEGFo as an example), but you can also use interviews with men from a local perpetrator programme.

We suggest the ENGAGE training package to be delivered only by experienced trainers with sufficient knowledge and professional experience both in the field of domestic violence and abuse (DVA) , generally, and in the work with perpetrators, specifically.

The ENGAGE training was designed for frontline professionals who have already received general training on domestic violence and abuse and on responding to women victims / survivors of such violence and abuse. Please, make sure that participants of the ENGAGE training you deliver do have sufficient knowledge on DVA and the skills to respond to victims / survivors.

We also suggest that training be delivered over the course of two sessions, a first one of 6-8 hours and a second follow-up session after 3 to 6 months. By providing a second follow-up session, you can evaluate if service providers have been able to transfer the knowledge and skills learned in the first session to their daily practice on the job and discuss issues and difficulties they may have had. It is also a possibility to further work on their skills and provide more practical exercises that may have been left out on the first training. Experience has shown that follow-up sessions are very important for the correct implementation of referral pathways.

Introduction

Goals: to explain the general aims of the training, clarify who the roadmap is for and to motivate frontline professionals to take an active role in screening for domestic violence, promoting safety and referring perpetrators to perpetrator programmes.

Methodology: lecture.

Risks: frontline professionals may feel that working with perpetrators is not part of their professional role and they may be afraid of working with the perpetrator.

The training module is thought to be a companion to the Roadmap and enable frontline professionals to use it. All topics are taken from the Roadmap and are further developed and explained with references to the Annexes, that are rich in content. It might be helpful to reference the Roadmap as you work through the training.

The first four slides are an introduction to the Roadmap, explaining how frontline professionals may come into contact with potential perpetrators among their service users. We suggest that you use some examples drawn from professional experience of how men may present when asking for help, directly and indirectly. The goal is that of showing frontline professionals how common the problem of violence is and how an early intervention with potential perpetrators can strengthen a prevention strategy to combat violence against women.

Based on the assumption that engaging men that are violent is a crucial preventive measure, the aim is to motivate frontline professionals acquire the skills needed to talk to such men and refer them to perpetrator programmes.

What is violence?

Goal: to increase the ability to identify violence through a reflection on how violence is perceived. Share a common definition of domestic violence and give national legal references.

Methodology: lecture; pictures and cartoons, plenary discussion.

Risks: limited time to explore how to screen for physical and psychological violence against women, different levels of basic knowledge of domestic violence regarding the front-line professionals that attend the training.

To help engage on a more emotional level there are two pictures (slides 5 and 6) that are provided with the slides. You can choose to personalize this aspect. To spark an initial discussion that should lead to the definition of violence, we suggest using the two photos that show stereotypical images of women victims of domestic violence. The pictures show victims with visible signs of physical violence, i.e. a black eye. The idea is to challenge the stereotype that equals violence to brutal physical violence. This kind of image of violence may hinder the ability of frontline professionals to recognizing violence when it is not so visible in their clients. As explained in the next slide, in fact, domestic violence is more about recognizing patterns of power and control. To be able to extend a frontline professional's ability to recognize and discuss domestic violence with their male service users, it is important to expand their perception of violence so that they will be able to discuss the violence using adequate vocabulary when confronting the men. Perpetrators will often tend to minimize, deny and blame their female partners for their violence. Their narrative about the violence will consequently be built around minimization, often not mentioning at all the various forms of threat and psychological intimidation. It is therefore very important to explore, in discussing the definitions of violence against women, the various forms of psychological abuse so prevalent and often underestimated.

Next step is the Istanbul's Convention definition of violence and abuse (slide 7). To stimulate an interactive discussion, you might try and focalize the attention on specific aspects of the Istanbul Convention, like for example "the threat of violence" that extend the idea of violence against women to any form of intimidation. This links to the previously expressed concept of how to recognize and detect psychological violence in service users.

This is directly followed by the explanation of art. 16 from the Istanbul Convention that focuses on the requirement of member states to support and promote perpetrator programmes that respond to certain standards: priority of victim safety, prevention of relapse and collaboration with specialized women's support services. One interesting point to focus on could be that one of art. 16 specific points is on treatment of sexual offenders. It might be interesting to promote a reflection on the need to introduce a specific focus on sexual violence on women and children.

This section should be integrated with the explanation of the principal legal references for each country (slide 8), explaining in particular the relevant criminal and civil legal framework on domestic violence and the required legal obligation of service providers. It is helpful to specifically focus on legal aspects that are linked to the work with perpetrators (compulsory treatment, protection orders, banning orders, probation requirements or general specific provisions in civil, criminal and administrative law).

Ensuring accountability and victim safety

Goal: establishing procedures that prioritize the focus on victim safety.

Methodology: lecture; plenary discussion.

Risks: participants could underestimate the importance of prioritizing victim safety in favor of perpetrator programs. Justification of violence. Avoiding a fragmented intervention that increases risk.

It is important to introduce perpetrator programmes as part of a coordinated community-based response (slide 9). Building services that are able to recognize and respond to violence means linking it to a community based coordinated system that is able to adequately respond to violence, planning effective measures for interrupting it in an efficient and safe manner. Only through a coordinated response can victim safety be assured, because information is shared by more subjects that can better evaluate the risk. If police and family courts are part of the integrated coordinated system, then fast and efficient safety measures to interrupt the violence can be ensured. Just providing perpetrator programs will not only be ineffective or risk having little impact, but it could also be dangerous, if it is not structured within a coordinated response system.

Typical fears professionals have about addressing DVA with their male service users are shown and responded to on slide 10. These were summarized from the focus groups done with almost 100 frontline professionals during the ENGAGE project. It is important to make clear that, although these fears are understandable, the risks involved can be mitigated, while the risk of not addressing the issue with men is for the violence to go on and on.

To address one of these fears, the risk to victims, it is paramount that principles of good practice for the safety of victims be followed (slide 11). The information that the woman gives to any service provider should be kept confidential and should in no circumstance be used with the perpetrator. If the perpetrator is informed about what the victim has disclosed, this could further endanger her, exposing the victim to an escalation of violence. It could also, if the woman has decided to separate, increase the risk level. Guaranteeing confidentiality is therefore central to ensure safety of victims. Often victims place all hope of change in the fact that the perpetrator has decided to enroll in a programme. It is important to keep in mind that the positive outcome of programmes will depend on various variables that are outside the victim's control. If and how the perpetrator will change his violent behavior will depend on his motivation, on his willingness to attend the programme for an adequate time, on his willingness to face up to the violence he has committed and on individual aspects linked to the person's cognitive, emotional and reflective ability. It is therefore important to support the victim in making appropriate safety planning independently from the man's attendance at a programme, curbing her expectations, supporting her in finding change indicators and keeping her centered on her priorities. It is important to avoid

any form of mediation or family therapy as this may heighten the risks for the victim to talk about the violence in front of the perpetrator. Only by providing individual assessments can the violence be evaluated in a safe way. It is important that professionals are aware that the perpetrator may be perceived as a pleasant, charming and sometimes seductive man. His manipulation may make him seem more reasonable and accommodating than his partner. It is important to be aware of these traits so that perpetrators are always held accountable for their violence and do not manipulate their way out of the system. It is also important that professionals be aware of the effects of violence on victims and that there is a close collaboration with women's specialized support services to ensure referrals and helpful pathways to safety and support for victims.

Beliefs about men who use domestic violence and abuse

Goal: to discuss and learn to recognize common beliefs about men who use domestic violence and abuse, providing correct information to help recognize potential perpetrators.

Methodology: lecture; photos and videos; plenary discussion.

Risks: professionals may have structured beliefs about perpetrators and may resist the idea that normal, reasonable and sometimes charming service users could be abusive.

We suggest you start the discussion by choosing the photographs provided (slide 12) that show a very recognizable aggressive image, similar in humans as in the natural world. The goal is to reiterate how often the service user will look very “normal” like the second picture. This is a visual way of introducing the difference between our mental images of what we think a perpetrator looks like and how he really presents. We suggest you use a testimony, that you can find online or that you can have previously recorded, of a man who has been violent with his partner and who is enrolled in a perpetrator program (slide 13). The video should be no more than 5 minutes and give the chance to the service providers to discuss their ideas of what the perpetrator is like, their impressions and their beliefs about change.

Seeing a normal man discuss his violence is an interactive way to invite service providers to reflect and discuss their stereotypes about perpetrators. If possible, in discussing the video you can introduce the ideas normally associated with perpetrators, for example the idea that men can't change, or that violence is caused by alcohol and drugs or that perpetration is always linked to an abusive childhood (slide 14, 15 and 16). It is important to underline that although these can represent risk factors, the pathways to perpetrating violence are multiple and complex, but mostly about perpetrators exerting control over the victim. Another discussion point is the polarized idea around fatherhood linked to domestic violence. Positions are polarized between ideas that violence against the mother does not necessarily mean the preparator is a bad father and, on the other hand, that perpetrators are automatically damaged in all their parenting. It is important to highlight the damage done by the perpetrator's violence against the child's mother and the child, while recognizing that parenting is also one of the areas the men are more likely to be motivated to engage in change.

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

Goal: increase ability to identify violence indicators.

Methodology: lecture; exercise on Richard's case; plenary discussion.

Risks: identification of violence indicators based exclusively on stereotypes of violent men; identification of violence indicators based exclusively on physical violence; confusion between violence indicators and those related to other kind of problems (couple conflict).

The first step of the Roadmap consists of the ability to recognize perpetrators through identifying typical signs and indicators of domestic violence and abuse (slide 17).

To introduce the need to correctly identify perpetrators, it's useful to reflect on the fact that potential perpetrators may be present among service users (slide 18). This reflection could be raised with questions such as: *"If violence against women is so widespread, where are the perpetrators? How many of them are already in our various services, in social care or drug addiction or mental health or child protection services?"* It should be stressed that many clients of the front-line professionals could be perpetrators, but without appropriate strategies to identify the problem front line professional will never know. Once the topic is introduced, the various ways in which perpetrators access services will be framed, highlighting that they may ask for help with different presenting problems other than violence or they may be involved in current problematic situations together with their partner and/or children.

In the light of these general reflections, it is important to be able to identify the various signs that indicate the possibility of being in the presence of a perpetrator (slides 18, 19 and 20). Usually, they belong to two categories: narrative modes frequently used by men during interviews and behaviors and attitudes towards the partner and the interviewer. For this case, an introductory question can be used: *"What do you think are the typical ways in which a perpetrator behaves?"* After collecting some impressions, it might be helpful to give examples for each case taken from your professional experience.

Once the indicators have been illustrated through examples of real-life situations by the trainer and also with the direct contribution of participants, we will introduce the first exercise aimed at detecting indicators of a perpetrator through the reading and analysis of Richard's case study.

First exercise - Identification of violence signs and indicators in Richard's case study (Slide 22)

Richard's case represents a typical situation that describes a man's access to a service. Richard is a man who complains about his life and about his wife's behavior, he doesn't take responsibility for his violence and is complacent with the service provider, asking him to take specific actions.

In this first exercise, we will proceed by handing out a copy of Richard's case to each participant and reading it aloud in the plenary. Subsequently, each participant will be invited to re-read the situation described and to underline on his / her sheet which are, in his/her opinion, the indicators that can point in the direction of showing that Richard's case is a situation of domestic violence. It is important that each participant experiences a moment of personal reflection through this procedure of identifying the indicators that catch his/her attention. Afterwards, in the plenary you will proceed with a re-reading of the case and a comparison of the indicators detected. In this way, each participant can have the opportunity to compare his/her choice with those made by the rest of the group, and to reflect on the reasons that may have led him/her to omit the identification of certain indicators during the case analysis.

Step 2: Asking men about domestic violence and abuse

Goal: increase the ability to ask about and assess violence

Methodology: lecture; two-way role-play on Richard's case; plenary discussion.

Risks: personal resistances and difficulties to ask questions about violence; difficulties linked to keeping together the need to explore the violence with the obligation of reporting to the authorities.

The second step of the Roadmap (Slide 23) consists of asking male service users about domestic violence through the formulation of questions that progressively investigate its typology and characteristics.

It may be useful to underline that in working with victims and perpetrators, asking about domestic violence is a necessary action to avoid supporting mechanisms of minimization and denial of the violence and abuse (Slide 24). This good practice is also necessary to assess the severity of the violence and the risk indicators that can come out only during an interview that discusses the violence. Participants will be made aware that literature has highlighted how discussing and exploring the violence is a fundamental step to engage the man and motivate him to change, provided this takes place in a context that guarantees confidentiality for the man and at the same time assuring safety for the victim, for example avoiding interviews in the presence of the partner on the nature and frequency of the man's violence. It is useful to explore front-line professional's fears and difficulties in carrying out this kind of interview, which may involve personal issues because they find it hard to directly discuss violent behaviours with their clients or professional issues related to the reporting requirements when they are informed of a crime the man discloses (especially with some front-line professionals, like police).

Once the stage has been set to proceed to the second step, you should highlight that to facilitate a man's assumption of responsibility and recognition of violence, it is advisable to adopt a particular technique of conducting the interview (called *funnel questions*, slides 25 and 26) which starting from general questions on the relationship with the partner, investigates the various forms of violence in an ever more specific way. Specific questions can also be asked about the man's ideas related to a given subject (for example: jealousy, use of alcohol, etc.), in order to assess his level of awareness about the problem of violence, the ability to identify with the other's point of view and the ideas about how the problem relates to his use of violence. It can be helpful to point out the existence of numerous check lists and questionnaires that can support professionals during their assessment of violence and help them identify the various forms of violence: physical, psychological, economic, sexual. To gain a better understanding of the specific level of violence, it will also be necessary to investigate the level of risk (Slide 27), highlighting the need to report the situation to competent authorities in the event of a high risk, and, in case of co-presence of domestic violence and abuse with mental health problems, the need to refer the man to specific psychiatric services in order to also evaluate the potential health problem. Finally, in the last part

of the theoretical explanation it's important to highlight the need to keep two different aspects together: gathering information on domestic violence and abuse and making it clear that you are not judging the person, but his behaviour (Slide 28). In the description of the second step, it is particularly important to understand that asking is not a simple technique of how to ask a series of questions, but an action aimed at deepening the information, obtained through a curious and respectful attitude; the final aim is not obtaining a "confession" but starting a conversation about his violence and abusive behaviour. Finally, attention is being drawn to the possibility that asking men about DVA might evoke a second story that many times is different and even contradictory to the one told by the victim. Professionals shouldn't try to find out about the truth but help the man reflect on his behaviour and its consequences.

Second exercise - Role play on Richard's case (Slide 30)

In the second exercise, participants are invited to pair up and perform a role play. Participants are asked to try to explore the violence in Richard's case by simulating an interview. At first, one of the couple's participants will interpret the role of the service provider and the other participant will be Richard. It may be appropriate to suggest to the interviewer to start his/her questions from the indicators he previously identified during the first exercise, and then he/she can try to put into practice the funnel technique described and the general indications on how to conduct a good interview focused on violence. After ten minutes of interview, you will ask participants to switch roles, so that each participant can experience both as an interviewer and as an interviewee. In the end of this exercise, in the plenary we will analyze first the feelings experienced as interviewers (exploring in particular the difficulties encountered in carrying out specific questions, naming violence, etc.) and then the feelings experienced in Richard's "shoes" (exploring when they felt engaged or distant to the interviewer, if they felt judged, welcome, etc.).

Step 3: Motivating perpetrators for referral

Goal: increase knowledge of the motivational approach in the work with perpetrators

Methodology: lecture; exercise on Richard's case; plenary discussion.

Risks: adoption of an approach with the perpetrator that colludes with violence; adoption of a judging and confronting approach that is not empathic

The third step (Slide 31) consists of the ability to support a man's motivation to change and help him take responsibility for the violence he committed. Although motivation is identified as a separate step, it should be pointed out that motivational intervention is a continuous process that should be kept in mind in every moment of engaging with perpetrators. In fact, in the initial stages, the level of ambivalence in recognizing the violence is high and the motivation to undertake any action to change is low. For this reason, a good motivational support aimed at identifying "good reasons" for the man to change is a very important step to help start a process that may then lead to a referral to specialist services that can deal directly with the specific problem of violence and abuse.

The motivational approaches (Slides 32 and 33) that best serve this purpose are: the Jenkin's invitational approach (1990, 2006) and the motivational interview (Miller and Rollnick, 1991). The first approach starts from the assumption that change will be more likely if the service provider is able to make "invitations" that lead men to reflect on their own values, that are usually linked to hopes of becoming a better man, father and partner and to learn alternative ways of doing this, that do not include violence. The second approach is an interview methodology applicable to different types of clients depending on which phase of change the person is in. Both approaches are similar because they do not use confronting techniques and they are respectful of the person but are able to address the violence without colluding.

To provide more information, it is useful to mention some motivational strategies to lower men's resistances and to increase their motivations. The first strategy is to work on his role as father through questions and observations on how violence can harm children. Experience teaches us that perpetrators may be more empathic about the effects of violence on children and this in turn may increase their motivation and reduce the use of defensive mechanisms. Questions such as:

"How would you feel if your daughter suffered in fifteen years what your wife is suffering with your violence?" or:

"What would you say to your child if he was in trouble for a problem of violence with his partner?"

These kinds of questions help to widen the perspective and see the problem in a different way, relying on man's emotional resources. Another possible motivational input is to make the man feel he is part of a cultural change, underlining the fact that he is part of a movement in which many

men are attending perpetrator programmes to end their violence and learn alternative strategies. Furthermore, based on the assumption that motivation is also increased by more information we have about the consequences of the problem, it may be appropriate to underline the legal, health and social consequences of violent behaviour. Many men can begin to reflect on the possibility of change based on acquiring new knowledge on violence.

Third exercise - Motivating Richard to change (Slide 34)

In the third exercise each participant has to interact with the trainer who will respond by interpreting Richard's role. The participants have to try to increase Richard's process of taking responsibility using the motivational techniques discussed. Depending on Richard's answer to the first question, the next participant will ask a new question and so on, until each participant has tried doing at least one question. Afterwards, the whole group will discuss what came out during the multi-voice exercise, trying to identify which interventions may have been more helpful and which less to motivate Richard's change.

Fourth step: Referring men to perpetrator programmes, coordinated multi-agency response

Step 4

Goal: to increase the knowledge of referral procedures to perpetrator programmes

Methodology: lecture; exercises on Richard's case (referring role play; building a referral pathway); plenary discussion.

Risks: making wrong referrals (couple counselling, mediation, couple therapy, family therapy); failure to share the steps with men; confronting or alienating the men.

The fourth step (Slide 35) of the Roadmap concerns the procedures that should be adopted to encourage referral of a sufficiently motivated man to participate to a perpetrator programme. It is appropriate to provide some basic indications on the functioning of the perpetrator programme (Slide 36). Most perpetrator programmes provide a first phase of assessment through a limited number of individual sessions that precede the effective treatment, which takes place in a group setting. It should be emphasized again that the work of perpetrator programmes gives priority to the safety and protection of victims. For this reason, most perpetrator programmes provide some form of partner contact and support and risk assessment procedures.

In the next slide specific issues are pointed out on referring men (Slide 37). If no perpetrator programmes are available, it is important to refer men to specifically trained service providers so that they can work on the men's accountability within a victim safety focused approach. However, the referral to a perpetrator programme always represents a very delicate phase, so it is necessary to define:

- with the man the specific steps he should take,
- with the perpetrator programme the information that should be shared, the feedback process and the steps that will be carried out between the front-line professional who is sending the man and the perpetrator programme service provider who will be doing the intake.

The definition of these aspects is very important for establishing a good working alliance with the men. It is important to remember not to refer a man to professionals who use formats in which the man is met with his partner and / or children (as couple counseling, couple or family therapy, mediation) or general anger management courses which are not based on a gender understanding of violence.

Fourth Exercise – Referring Richard to a specialized programme (Slide 38)

In the fourth exercise it is possible to proceed with two possible options.

Referring role play - In the first option, participants are asked to pair and perform a role play. One participant will play the front-line professional that should try to give Richard an overall feedback of his situation, and try and refer him to a perpetrator programme with specific procedures. During the role play, the front line professional should pay attention to be specific with the man on aspects such as: the description of the perpetrator programme; useful information on how to contact the programme; explore how he feels about this referral; what kind of information he will share with the perpetrator programme. The second participant will play Richard. After ten minutes, proceed with a role inversion, so that each participant can try out both the interviewer and the interviewee role. Finally, during the plenary session you can discuss how participants felt in both roles and which strategies were most helpful for referral.

Building a referral pathway - In the second option, a possible alternative exercise consists in asking the participants to join in sub-groups to draw up a referral pathway for Richard including: the basic information that should be given to Richard of how the perpetrator programme works; a brief description of his situation that will be used to discuss the case with the perpetrator programmes but that should be first shared with the man; a hypothesis of how the connection with the perpetrator programme will work; guidelines about “what is important to say and to do” during a referral. Subsequently, the sub-groups will present what has emerged in the plenary.

Evaluation and Follow up

As mentioned in the introduction, we suggest, if possible, to plan the training over two sessions, one longer to provide the training (6-8 hours) and a follow up session after about three to six months (2-5 hours).

While in the first training you will be providing the full training (if there is the possibility to have 3 sessions of training you can also divide the training in two 4 hours sessions plus a follow up after 3-6 months) in the follow up sessions you will try to problem shoot, if frontline professionals have tried using the roadmap and have encountered some difficulties or if they have not used it to motivate them to do so. One of the most common stumbling stones is that front line professionals may be engaged at the moment of the training but “forget” the new skills they have learned once they are back in their everyday working environment.

To help them integrate the new skills provided we suggest that you discuss this issue with them in the first training by asking them how they plan to integrate the new information they have acquired and by suggesting tips to form a new habit. For example, you might suggest that they keep the Roadmap somewhere that is visible so that they might be reminded by seeing the tool. Or you could suggest that they use the stand-alone flow chart or funnel questions on their desks for the following 3-6 months to help them focus on this issue.

The follow up sessions will be a helpful tool to discuss the issues again, to refresh what they have learned, to problem shoot if they have had difficulties in applying their new skills. It is always good practice to include some form of evaluation when delivering a training. Included in Annex 1 is an example of an evaluation for the training.

APPENDIX 1

ENGAGE Evaluation Questionnaires

adapted from the Provide Intervention Measure (PIM) Survey

ENGAGE T1 Questionnaire (at start of training)

(adapted from the Provide Intervention Measure Survey - PIM)

Introduction

The ENGAGE project team is asking frontline professionals who will be trained in the ENGAGE Roadmap to complete this survey before and after receiving a training intervention designed to increase the identification and referral of male perpetrators of violence against women to perpetrator programmes. Throughout this survey, the term 'violence' is used. This refers to physical, sexual, psychological/emotional or financial violence that takes place within an intimate or family type relationship.

By completing this questionnaire you enable the project team to assess the effectiveness of the training. The results of the survey will be used anonymously to look at overall differences in practice after training.

1. Consent

- The survey will only be used anonymously.
- You can choose to stop taking part at any time.
- We will be using the anonymised data to look at whether the training you receive is effective or not. So please feel free to express yourself openly.
- You will not be named in any of the reports or articles which are published.
- Please tick the box below to confirm your consent to taking part in this research.

Q1 I consent to taking part in this research

Yes

No

2. General details

This section asks for general details about you so that we can understand who has received the training intervention across the different services. All information will be treated in confidence and anonymised.

Q2a. Please tell us your age in years:

20-30 years

30-40 years

40-50 years

50+ years

Q2b. Please tell us your gender:

Male

Female

Q2c. Please tell us your profession

social worker

police

health care worker

other (please specify)

Q2d. Have you received previous training about identifying or assisting (potential):

- Victims (No / Yes; If yes, Estimated number of hours of previous training)
- Perpetrators (No / Yes; If yes, Estimated number of hours of previous training)

Q2e. Do you know of any

- victim support services locally? No Yes
- perpetrator programmes locally? No Yes

Q2f. Do you know of any perpetrator programmes nationally? No Yes

Q2g. Is there a protocol for dealing with (potential) perpetrators at your organisation?

- Yes, and I use it ____
- Yes, but I do not use it ____
- No ____
- Unsure ____
- Other (please specify) _____

Q2h. Do you provide posters or brochures about perpetrator programmes in your organisation ?

- Yes, well displayed and accessible
- Yes, but not well displayed or accessible
- No
- Unsure/don't know
- Not applicable to my clients

Q2i How many (potential) perpetrators have you identified in the past 6 months?

Q2j How many (potential) perpetrators have you referred to a perpetrator programme or other specialist support service in the past 6 months? ____

3. Feeling Prepared

Please indicate how prepared you feel to perform the following tasks:

(1 = Not prepared; 2 = Slightly; 3 = Moderately; 4 = Fairly well; 5 = Well prepared)

Q3a. Identify signs of domestic violence or abuse in male service users?

Q3b. Ask questions about violent behaviour to male clients or partners/family members of clients? ____

Q3c. Motivate men to seek help to change their behaviour? _____

Q3d. Make referrals to perpetrator programmes or other specialised support services? _____

Section 4. Knowledge

Q4a What role do frontline professionals have when interacting with male perpetrators?

- Address the issue with them in a respectful and direct way
- Provide specialist services such as long-term counselling to help men stop their violence/abuse
- Make sure women and children victims/survivors receive adequate support and safety planning
- Identify the processes that led to the violent behaviour or to explore non-abusive alternatives
- Work in collaboration with other relevant services within an integrated approach to hold the man accountable for his behaviour

Q4b When interacting with a male perpetrator a frontline professional should...

(check all that apply)

- Affirm that their violent behaviour is a choice and that they can choose to stop
- Be respectful and empathic but clearly state that violence is unacceptable and that many behaviours are against the law
- Concentrate on their personal problems and not address the violent behaviour in the relationship
- Encourage and motivate them to seek help to stop their behaviour
- Make it clear that there are no excuses for the violence

Q4c Which of the following are the most appropriate ways to ask a male client or partner of a client about violence-related problems?

(check all that apply)

- "Are you a perpetrator of intimate partner violence?"
- "Have you ever hurt or threatened your partner?"
- "Has your partner ever been afraid of you?"
- "Have you ever hit or hurt your partner?"

Q4d To engage men to take responsibility for his problem of violence or abuse a frontline professional can... (check all that apply)

- Confront men with their "bad behaviour" and try to persuade them to change
- Explore their strengths and values and reasons to change
- Get men to change because of the fear of the consequences (e.g. separation from partner or children)
- Use a collaborative, respectful approach to invite men to reflect and change
- Use shaming techniques to persuade the men to change

Q4e When referring a man to services a frontline professional should...

- Refer him primarily to couples' counselling or therapy, mediation and family therapy
- Provide the referral source with as much information as possible about the man, his context and his violence, to ensure that all professionals working with him and his family are aware of the violence
- Refer him to general psychologists, psychotherapists or counsellors
- Agree about the mechanism of feedback and coordination with the specialised service you refer the man to while you keep interacting with him

Q4f Which of the following are ways to contribute to victim safety while engaging with a perpetrator? (check all that apply)

- Reporting domestic violence and abuse to the authorities without involving the victim
- Making sure all information provided by a victim remains confidential
- Suggesting couple counselling, therapy or mediation
- Making sure the man is held accountable for his violence and avoid any form of victim blaming
- Making sure the victims receive specialized support that provides risk assessment, empowerment and safety planning

Section 5. Violence

Q5a > For each of the following statements, please indicate your response on the scale from "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" and "Don't know"

1. If a male client / partner of client does not disclose his violent behaviour, there is very little a frontline professional can do to help.
2. I ask all male clients or partners of clients about problems with violence in their relationships.
3. I am capable of identifying violence-related problems based on signs from the male perpetrator's communication and behaviour.
4. I do not have sufficient training to assist male clients or partners of clients in addressing situations of violence.
5. I think violence is a deliberate choice made by the perpetrator in order to control and manipulate his partner.

Thank you for providing us with this information to help us improve the training!

ENGAGE T2 Questionnaire (after a minimum of 4 hours of training)

You have just taken part in an ENGAGE Training. We would like to know how useful this training was for you.

1. Consent

- The survey will only be used anonymously.
- You can choose to stop taking part at any time.
- We will be using the anonymised data to look at whether the training you receive is effective or not. So please feel free to express yourself openly
- You will not be named in any of the reports or articles which are published.

Q1 I consent to taking part in this research

Yes

No

Section 2. Feeling Prepared

Please indicate how prepared you feel to perform the following tasks:

(1 = Not prepared; 2 = Slightly; 3 = Moderately; 4 = Fairly well; 5 = Well prepared)

Q2a. Identify signs of domestic violence or abuse in male service users?

Q2b. Ask questions about violent behaviour to male clients or partners/family members of clients? ____

Q2c. Motivate men to seek help to change their behaviour? _____

Q2d. Make referrals to perpetrator programmes or other specialised support services? _____

Section 3. Knowledge

Q3a What role do frontline professionals have when interacting with male perpetrators?

Address the issue with them in a respectful and direct way

Provide specialist services such as long-term counselling to help men stop their violence/abuse

Make sure women and children victims/survivors receive adequate support and safety planning

Identify the processes that led to the violent behaviour or to explore non-abusive alternatives

Work in collaboration with other relevant services within an integrated approach to hold the man accountable for his behaviour

Q3b When interacting with a male perpetrator a frontline professional should...

(check all that apply)

Affirm that their violent behaviour is a choice and that they can choose to stop

Be respectful and empathic but clearly state that violence is unacceptable and that many behaviours are against the law

Concentrate on their personal problems and not address the violent behaviour in the relationship

Encourage and motivate them to seek help to stop their behaviour

Make it clear that there are no excuses for the violence

Q3c Which of the following are the most appropriate ways to ask a male client or partner of a client about violence-related problems?

(check all that apply)

"Are you a perpetrator of intimate partner violence?"

"Have you ever hurt or threatened your partner?"

"Has your partner ever been afraid of you?"

"Have you ever hit or hurt your partner?"

Q3d To engage men to take responsibility for their violent behaviour a frontline professional can... (check all that apply)

- Confront men with their "bad behaviour" and try to persuade them to change
- Explore their strengths and values and reasons to change
- Get men to change because of the fear of the consequences (e.g. separation from partner or children)
- Use a collaborative, respectful approach to invite men to reflect and change
- Use shaming techniques to persuade the men to change

Q3e When referring a man a frontline professional should (check all that apply)...

- Refer him primarily to couples' counselling or therapy, mediation and family therapy
- Provide the referral source with as much information as possible about the man, his context and his violence, to ensure that all professionals working with him and his family are aware of the violence
- Refer him to general psychologists, psychotherapists or counsellors
- Agree about the mechanism of feedback and coordination with the specialised service you refer the man to while you keep interacting with him
- Refer him to a perpetrator programme

Q3f Which of the following are ways to contribute to victim safety while engaging with a perpetrator? (check all that apply)

- Reporting domestic violence and abuse to the authorities without involving the victim
- Making sure all information provided by a victim remains confidential
- Suggesting couple counselling, therapy or mediation
- Making sure the man is held accountable for his violence and avoid any form of victim blaming
- Making sure the victims receive specialized support that provides risk assessment, empowerment and safety planning

Section 4. Violence

Q4a > For each of the following statements, please indicate your response on the scale from "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" and "Don't know"

1. If a male client/partner of client does not disclose his violent behaviour, there is very little a frontline professional can do to help.
2. I ask all male clients or partners of clients about problems with violence in their relationships.
3. I am capable of identifying violence-related problems based on signs from the male perpetrator's communication and behaviour.
4. I do not have sufficient training to assist male clients or partners of clients in addressing situations of violence.
5. I think violence is a deliberate choice made by the perpetrator in order to control and manipulate his partner.

Section 5. Training feedback

5a. How do you evaluate the training overall, on a scale of 1 to 5 (1 - not at all satisfied to 5 –v ery satisfied)?

5b. Please assess the following aspects of the training:				
	Yes, very much	Somewhat yes	No, rather not	Not at all
The training was well structured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There was appropriate time allocated to each module.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time for discussion was sufficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handouts and materials were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training will benefit my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.c How do you assess the performance of the trainers?				
	Yes, very much	Somewhat yes	No, rather not	Not at all
I found the trainer(s) to be knowledgeable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the trainer(s) ensured good interaction and exchange with and among participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the trainer(s) had good presentation skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the trainer(s) for similar trainings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.d How do you assess the overall organization/logistics of the training?				
	Excellent	Good	Not so good	Poor
Training facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee breaks, lunches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of the venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.e Any comments or suggestions for improving the training?				

Thank you very much for supporting our evaluation!