

INFORMATION MEMORANDUM

IM-19-06

DATE: August 21, 2019

TO: State and Tribal IV-D Agencies

SUBJECT: Model Procedures for Domestic Violence Cases

ATTACHMENT: [Domestic Violence Expert-Informed Screening Practices and Questions.pdf](#)

Financial instability is one of the primary reasons victims of domestic violence stay with or return to abusive partners. Approximately one in three custodial parents have experienced domestic violence with the other party on their case, and many victims who don't have a formal child support order would like one.¹ The core purpose of the child support program, ensuring families receive consistent and reliable support, is aligned with victims' ability to establish stable, violence free homes for themselves and their children. To effectively provide child support services to parents impacted by domestic violence, it is essential that child support agencies have domestic violence expert-informed screening and case management procedures in place.

OCSE has developed domestic violence technical assistance and training resources and provides comprehensive training to child support staff upon request. This IM provides guidance and model procedures that address challenges consistently identified by child support agency staff when processing cases that involve victims of domestic violence.

¹ Osborne, Cynthia et al. (2013). In-Hospital Acknowledgment of Paternity (AOP): A Portrait of Father Involvement and Support in the First Three Years after a Nonmarital Birth. Child and Family Research Partnership

Processing cases with previous good cause closure:

Should the agency take enforcement actions to collect state-owed arrears after good cause case closure?

If the child support agency has opened a child support case because the custodial parent receives TANF or Medicaid assistance and the agency determines during case work that there is good cause to close the case, it should terminate all enforcement

actions immediately. This includes efforts to collect state owed arrears, as ongoing enforcement actions are likely to create additional risk of physical or emotional harm to the parent and/or child(ren). The only exception to this is if the child support agency successfully contacts the protected party, explains the enforcement actions planned by the agency, and receives assent from the protected party that the proposed enforcement actions are not likely to increase risk of physical or emotional harm to the parent or the child(ren). The child support agency should explain that the protected party has the option to request termination of enforcement actions at any time.

How should the agency process a new public assistance case referral for a parent that has previously had their case closed due to good cause?

In situations where a case has been closed for good cause, and the protected party subsequently applies for a form of public assistance that has a child support cooperation requirement, the IV-D agency should contact the protected party prior to opening the case to determine if it is now safe for the agency to establish or enforce a child support obligation. Additionally, the child support agency should consult with the referring agency, if possible, to assess any new information the referring agency may have received from the party. If the child support agency cannot successfully contact the parent to determine if the previous safety risks have been resolved, the agency should not reopen the case since it has reason to believe it is not safe to proceed with child support based on the previous good cause closure.

Recommended family violence indicator (FVI) practices:

Explain to case parties the family violence indicator and how it impacts child support case processing. The child support agency should identify any local court practices that might include requirements for address and other personal information disclosure. Child support agencies should, at a minimum, ask basic screening questions of both the applicant and the respondent. **Model screening questions** are included as an attachment to this IM.

Who receives a family violence indicator?

"A State should attach a family violence indicator to any person who is at risk of physical or emotional harm and should consider attaching a family violence indicator to any person residing with such a person where the disclosure of information could be used to locate the at risk person." ([OCSE-AT-98-27](#)) The family violence indicator should not be placed on all parties to the case, only the party(ies) needing protection.

What constitutes "reasonable evidence" and "reason to believe"?

"At a minimum, a State has reasonable evidence of domestic violence or child abuse when a protective order has been entered or the State has reason to believe that the release of information about an adult or child may result in physical or emotional harm to such adult or child. It is up to the State to establish standards or criteria as to when the release of information about an adult or child **may result in physical or emotional harm.**" ([OCSE-AT-98-27](#) emphasis added)

- Family violence experts recommend that child support agencies reduce burdens placed on survivors by accepting any disclosure (verbal, written, administrative records match) of safety concerns as meeting the standard of reason to believe. The child support agency should gather additional information related to the initial disclosure to help determine if protections in addition to the FVI are needed to safely provide child support services.
- The child support agency should provide all recipients of FVI protections with a template form for making a sworn statement that the health, safety, or liberty of a party or a child would be unreasonably put at risk by the disclosure of identifying information for purposes of UIFSA. The agency should assist with completion of the form as needed. The sworn statement does not require a witness or a notary and may be self-certified by the party making the statement.

How should the child support agency determine if a protected party no longer needs the FVI?

- The child support agency should maintain the FVI on a protected party until that party notifies the child support agency that the protections are no longer needed. The FVI should not have an expiration date nor require renewal by the protected party. If the FVI is placed due to a parent having a civil or criminal protection from abuse or restraining order - the FVI protections should continue on regardless of a termination date associated with the civil or criminal protection order.
- Family violence experts recommend that child support agencies not send out notices to protected parties asking if they still need the FVI, since an abusive partner may intercept the victim's mail. This inadvertent disclosure of the FVI protections poses a risk. Instead, experts recommend using routine contacts with protected parties, by phone or in office, to remind them of the FVI protections currently on their case and offering to remove the FVI when a party no longer needs or wants that protection. The child support agency should not limit the number of times an individual can ask to remove or to reinstate an FVI as risk for victims tends to change when there is a change in circumstance.
- The child support agency should review FVI status on an individual when that individual changes roles on a case. For instance, if a child was protected with the FVI because the

parent with whom they were living needed the protection, and now that child is an adult and a parent on a different case, the child support agency should contact the former dependent who is now a parent as part of case processing to determine if the FVI is still needed.

Recommended practices for protecting address and personal contact information on medical support notices, insurance cards, and explanation of benefits notices:

Child support agencies should recognize that unintentional disclosure of a protected parent or child's address can occur when the noncustodial parent is ordered to provide healthcare coverage as part of their child support obligation. This may happen when the agency sends a medical support notice that includes a protected party's address to an employer for employer provided health insurance enrollment, when a noncustodial parent is providing health coverage on their own, or when a protected party and/or child receive healthcare services and the insurance company sends an explanation of benefits to the policyholder.

Since the FVI protects a party's address, that address should never be included in a medical support notice. The child support agency can use its own address, a vendor's address (if the agency uses a vendor for medical support notices) or an alternate address provided by the protected party for purposes of receiving insurance information and policy cards. The child support agency or its vendor is responsible for forwarding the insurance information and card to the protected parent when the agency or vendor address is used.

Protection of addresses on medical support notices is only the first step when it comes to victim safety in health insurance enforcement. Explanation of benefits notices are required under the ACA and frequently result in the disclosure of patients' sensitive information to the holders of the policies through which they are insured. This can expose the patients (victims) to danger, or deter them from seeking health care. Cash medical support payments and custodial parent provided health care coverage both provide the greatest possible safety and autonomy for victims of domestic violence.

Address confidentiality and protection of due process rights of the non-protected party:

The child support agency should review the court rules or rules of civil procedure in their jurisdiction and explain those practices to parties whose address is protected with the FVI. Many jurisdictions will redact or seal the protected party's address from all public

court documents and if the non-protected party needs to file service upon the protected party, the court clerk will accept the filing and execute service. Some jurisdictions will provide an alternate address or PO Box to a protected party for purposes of accepting service. The child support agency should confirm that local court practice provides adequate protections for cases flagged with the family violence indicator to ensure address information is not in the public court records. In jurisdictions where the court requires a filing for non-disclosure the child support agency should incorporate the non-disclosure filing into its initial filing as well as in any subsequent court filings as long as the parent has FVI protections.

INQUIRIES: Please contact Senior Programs Manager Michael Hayes at michael.hayes@acf.hhs.gov

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Domestic Violence Expert-Informed Model Screening Questions and Practices

Background guidance on screening practices for caseworkers

- DV victims are frequently reluctant to share their history with strangers. It's critical to build trust through an interactive process that empowers a victim by respecting their self-knowledge and choices.
- DV victims, and their children, may have suffered trauma that can affect the victim's ability to process information and participate in the process.
- It's important to provide opportunities for the victim to share important information at all stages of the interview, and during subsequent contact points, to develop trust in the process and the case manager's supportive role.
- It's also essential to provide repeated opportunities to ask questions and receive information for a procedurally just and transparent process.
- Validate the importance of what is shared by the victim and support them as they disclose information.
- Respecting the victim's right to make choices for themselves and their children is a key strategy for engagement.
- Don't force disclosure – that should not be the goal. Instead, provide repeated opportunities for universal education on domestic violence and how the child support agency can enhance survivors' safety throughout the child support process.
- You will not be conducting a forensic type of interview. Our goal is to ask questions to get information on domestic violence or safety concerns to make this process safe for the victim and children, and to provide information, resources, and referrals, as appropriate to their situation.

Model Framing Language and Screening Questions

(Caseworkers: Below is a script of framing language and screening questions to use with both the applicant and the respondent.)

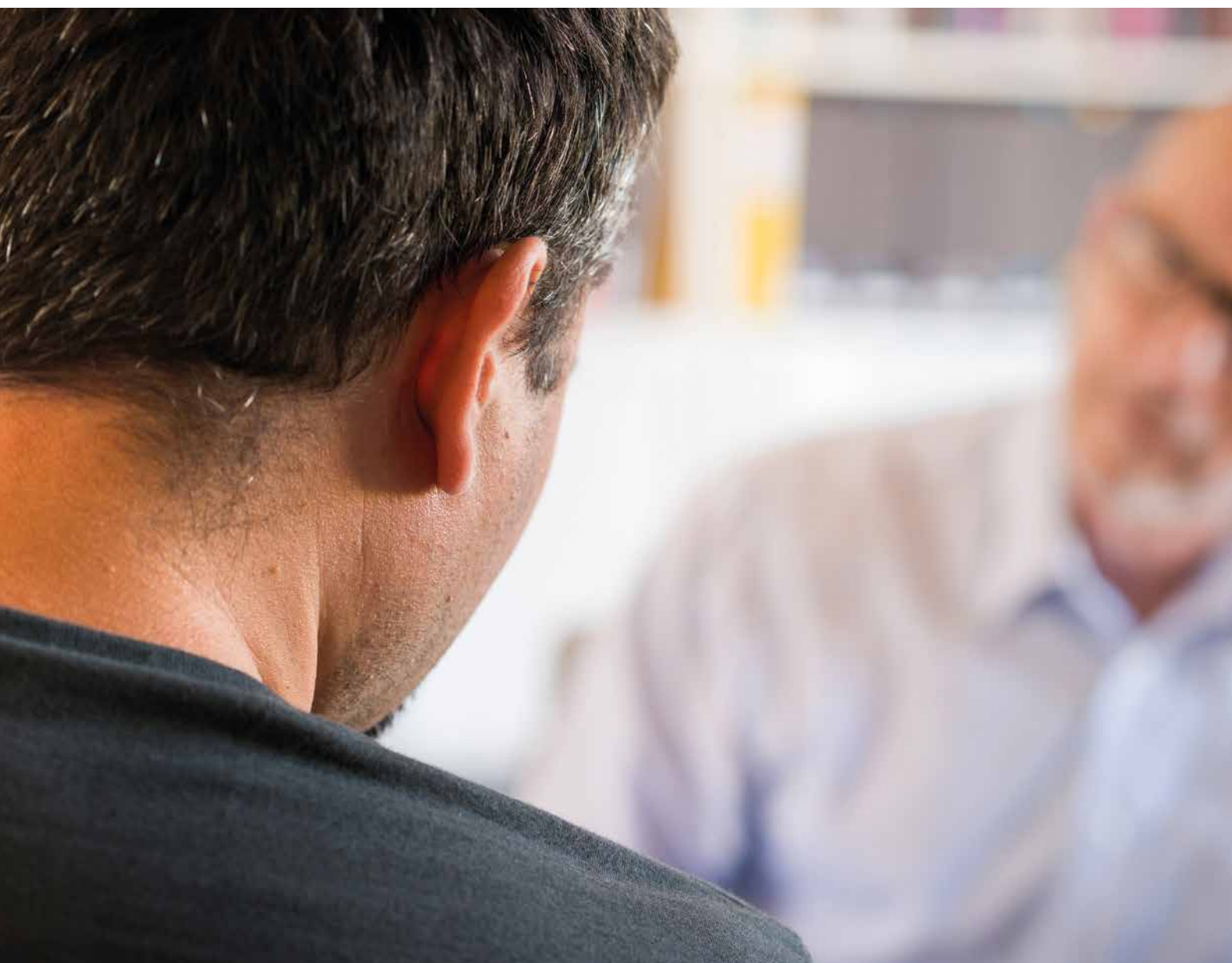
We take the safety of families receiving child support services seriously, and we can modify some of our processes to help with safety concerns. There are a few questions we ask everybody receiving our services to help us provide the right mix of services for your case. We don't share your answers to these questions with the other parent. We also know that things in relationships can change and so you can change your answers to these questions in the future.

- We usually have both parents come to our office for a conference to try and reach agreements on child support and parenting time. Do you have any safety concerns about meeting together with the other parent at our office?
- We don't routinely share address or contact information for either parent, but that information may appear on court documents or orders. Would you be concerned if the other parent knew your address or how to contact you?
- Do you have any reason not to feel safe giving information about the other parent or party in court?
- Do you have concerns about the other parent having parenting time with your children?
- Do you have concerns about contact with the other parent when exchanging the child(ren) for parenting time?
- Do you have or have you had any orders of protection that we should be aware of?
- We often work with parents who have experienced violence or are afraid of the other parent. I have information about resources that are available in our area. Would you like information about these resources?

(Caseworkers: If you are working with a specific advocate or staff person at a local domestic violence program, include the name and the role that person can play; for example, safety planning, counseling, connecting children to services, advocating for civil legal protections.)



Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse



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

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

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About this Roadmap

In Europe, over one in five women (22 %) have experienced physical and/or sexual violence and 43 % of women psychological violence from either a current or previous partner¹. Domestic violence and abuse against intimate partners has a devastating impact on the health and well-being of the victims, with long term negative consequences for all involved (including the perpetrator). Adequate measures to protect victims are essential, yet a comprehensive policy to tackle this kind of violence must also address the perpetrators. The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention) requires European Union Member States to invest in programmes for domestic violence perpetrators and for sex offenders (Article 16, Hester and Lilley, 2014).

Why a roadmap?

The roadmap is to assist **frontline professionals** in health care or social services, child protection services, police, and others, coming into contact with male service users who are violent or abusive to their female partners². 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.

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

- **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 while, at most, presenting with possibly related issues such as alcohol, stress, depression, and relationship problems,
- **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),
- **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, for example.

Your response to any disclosure, however indirect, could be significant for encouraging responsibility and motivating men towards change. It is paramount to keep in mind that the primary goal of all work with male perpetrators (including identification and referral) is to ensure the **safety of women and children**.

How was it made?

The contents of the roadmap are based on a review of the relevant literature and input from frontline professionals, male perpetrators and experts working with perpetrators who agreed to take part in focus groups or interviews in three European countries (France, Italy, Spain) as part of the ENGAGE project. Additional experts in the field from three other European countries (Austria, Croatia and Finland) as well as Prof. Marianne Hester (University of Bristol) and Neil Blacklock (Respect, UK) as members of the advisory board for the ENGAGE project also provided valuable feedback for this guide. All frontline professionals interviewed stated their need for tools to better address violent behaviour in men.

¹ European Union Agency for Fundamental Rights (2014)

² Although there are also cases of domestic violence and abuse from women to their male partners and in lesbian, gay, bisexual, transsexual, xx (LGBTI+) relationships, this roadmap focuses on men using violence and abuse against their female partners because these are the most frequent cases and, consequently, most of the knowledge base of scientific evidence and practical experience is related to these kinds of cases.

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

Frontline professionals have a responsibility to deliver the following related to interaction with (potential) male perpetrators:

- Identify signs of the use of domestic violence in male service user's discourse and behaviour,
- Address the issue with them in a respectful and direct way,
- Give clear, unequivocal messages about violence and its consequences,
- Encourage and motivate perpetrators to get professional, specialised help from perpetrator programmes and to stop their abusive behaviours,
- Make referrals to / provide information and contact details about available perpetrator programmes,
- Make sure women and children victims/survivors receive adequate support and safety planning,
- Work in collaboration with other relevant services within an integrated approach to hold the man accountable for his behaviour.

As a frontline professional you are **not** responsible for:

- ✗ providing specialist services such as long-term counselling to help men stop their violence/abuse,
- ✗ identifying the processes that led to the violent behaviour or to explore non-abusive alternatives.

These are the responsibility of experts working in perpetrator programmes who are specifically trained and have extensive experience in the work with perpetrators.

“As a professional it is hard to get past the denial and lack of acknowledgement of the partner violence by the perpetrator and or the victim”

(ENGAGE focus group, frontline professional)

In your interaction with male perpetrators you should:

- 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,
- make it clear that there are no excuses for the violence.

Through this Roadmap you will be able to strengthen your knowledge and skills and to gain confidence to more effectively identify, address and refer male perpetrators to a perpetrator programme and other specialist services.

Box 1. TERMINOLOGY

For the purposes of this document:

“frontline professional” refers to a service provider who is in direct contact with male service users, such as workers in health care or social services, child protection services, police, or others.

“perpetrator” is used to describe men who use violent and abusive behaviour against their partner or former partner, whether or not they have been charged, prosecuted or convicted.

Men of any race, age, religion, socioeconomic background, education level or relationship status (married, living together, dating, divorced, separated, etc.) can be(come) a perpetrator.

Partner violence includes behaviours that physically harm, arouse fear, prevent a partner from doing what they wish or force them to behave in ways they do not want. It includes the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation.

Many of these different forms of domestic violence/abuse can be occurring at any one time within the same intimate relationship.

Domestic violence and abuse, gender-based violence and violence against women

The framework for this roadmap is provided by the definitions and regulations set out in the Istanbul Convention³, the EU Victims’ Directive⁴ and the Guidelines for standards in the Work with Perpetrators developed by WWP EN⁵.

Within this framework, violence against women is understood as a historical societal problem that requires an integrated multilevel approach addressing all stakeholders involved. The Istanbul Convention defines violence against women 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 to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Article 3a).

Furthermore, the Convention defines domestic violence as

“all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim” (Article 3b).

Perpetrator programmes

With regard to work with perpetrators, Article 16 of the Istanbul Convention, on “Preventive intervention and treatment programmes”, states that:

1. Parties shall take the necessary legislative or other measures to *set up or support programmes aimed at teaching perpetrators of domestic violence to adopt non-violent behaviour* in interpersonal relationships with a view to preventing further violence and changing violent behavioural patterns.

3 The Council of Europe Convention on preventing and combating violence against women and domestic violence (<https://www.coe.int/en/web/istanbul-convention/home>)

4 Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime (<https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32012L0029>)

5 Guidelines to develop standards for programmes working with perpetrators of domestic violence (<https://www.work-with-perpetrators.eu/resources/guidelines.html>)

2. Parties shall take the necessary legislative or other measures to set up or support treatment programmes aimed at preventing perpetrators, in particular sex offenders, from re-offending.
3. In taking the measures referred to in paragraphs 1 and 2, Parties shall ensure that *the safety of, support for and the human rights of victims are of primary concern* and that, where appropriate, these programmes are set up and implemented in *close co-ordination with specialist support services for victims*.

How to use the Roadmap?

The Roadmap consists of a first part with three introductory chapters to set the stage for engaging perpetrators: further definitions and consequences of violence and abuse; accountability and victim safety; and beliefs towards men who use domestic violence.

A flowchart then introduces the four steps to engage and refer perpetrators:

- Step 1 is identifying domestic violence and abuse in men;
- Step 2 is asking men about domestic violence and abuse,
- Step 3 is motivating men for referral and
- Step 4 is referring men to perpetrator programmes within a coordinated multi-agency response.

A subsequent chapter deals with professional, personal and legal dilemmas you might encounter in this work. The last chapter summarizes 12 do's and don'ts when engaging with a perpetrator. The references and an extensive annex of tools and resources complete the Roadmap.

We hope it is useful for you!

Power, control and the consequences of violence and abuse

Despite what many people believe, violence and abuse is not due to the perpetrator's loss of control over their behaviour. In fact, most abusive behaviour and violence is a choice made by the abuser in order to exert their control over their (ex-) partners. Perpetrators may use a variety of tactics to do this:

1. **dominance** (tell them what to do, and expect them to obey without question; treat the partner like a servant, child, or even as their possession);

2. **humiliation** (insults, name-calling, shaming, and public put-downs are all weapons of abuse designed to erode self-esteem and make the victim feel powerless);

3. **isolation** (keep partner from seeing family or friends, make partner ask permission to do anything, go anywhere, or see anyone);

4. **threats** (to hurt or kill partner, the children, other family members, or even pets; threaten to commit suicide, file false charges against partner/report partner to child services);

5. **intimidation** (threatening looks or gestures, smashing things in front of partner, destroying property, hurting pets, or putting weapons on display);

6. **denial and blame** (minimize the abuse or deny that it occurred; blame their abusive and violent behaviour on a bad childhood, a bad day, or even on partner and the kids).

As a frontline professional you have to be aware that some victims defend themselves violently (violent resistance) and that this has to be taken into account, especially when men present themselves as victims. They might be the primary perpetrator and a secondary victim. For a description of different types of domestic violence, see annex 1.

Consequences of domestic violence and abuse in women and children

Domestic violence and abuse have a huge negative impact on the lives of women and children who suffer it and do not only affect their health and well-being, but also their freedom and human rights, their identities and self-esteem, their possibilities to participate in social and public life; actually, almost any facet of their existence.

Domestic violence and abuse also have a negative impact on the men who use it.

For you as a frontline professional it is important to know about these consequences

- to fully understand this important aspect of domestic violence and abuse,

- to be able to assist perpetrators in gaining an understanding of them, to empathise with the victims/survivors and, hopefully, through this, to create a motivation to change,

- to be aware of the multiple devastating effects witnessing domestic violence has on children. Research has shown that these are basically the same as those of direct exposure to violence or maltreatment.

See annex 2 for more information on the consequences of domestic violence and abuse in women and children victims and in male perpetrators.

Ensuring accountability and victim safety

Focusing on the safety and well-being of women and children affected by violence is our main goal and priority at every stage of engaging with men as indicated in the Istanbul Convention. Specifically, this means that while identifying domestic violence and abuse in the men we work with, asking them about it, motivating them for change and referring them to a specialised service, we must also make sure that we focus on specific issues concerning the victims.

- **The system matters – coordinated community response**

For perpetrators to be held accountable and victims be empowered and safe it is necessary not only for specialised support service for victims and perpetrator programmes to be in place. It is important that the system responds to domestic violence in appropriate ways. Referrals to programmes should not be used as a way of avoiding criminal charges or simplifying responses and procedures that need to be in place to assure victim safety.

- **Make sure all information provided by a victim remains confidential**

When services are working both with the victim and with the perpetrator it is very important that information sharing procedures are in place. These must assure that no information that the victim provides to services is used directly with the perpetrators as this could put the victim at risk of retaliation. In decisions related to the course of intervention women's and children's safety must always be prioritized.

- **Beware of expectations that women may have about perpetrators' change and how this might impact their decision to leave the perpetrator**

The woman has to be provided with ways of holding the perpetrator accountable and of helping her evaluate if the violence and the level of safety and well-being are adequate for herself and her children. The women should be provided with information to curb unrealistic expectations but should at the same time be supported in developing a capacity to evaluate the situation and find benchmarks she can use to assess if and how much change has taken place.

- **Avoid any form of couple counselling, therapy or mediation**

When there is violence in a couple it must be addressed in a safe individual setting. Anytime the victim is exposed to procedures in the presence of the perpetrator she is at risk of retaliation and, even if there is no physical threat or danger, she may still feel coerced and the past violence can condition her response. In most situations of domestic violence there is also an imbalance of power that is a major counter indication for therapy where partners must stand on a footing of equality. For this reasons couple's counselling, therapy and mediation are not recommended once violence has been assessed.

- **Beware of the manipulation perpetrators often pose on service providers and hold the perpetrator fully accountable for his violence avoiding any form of victim blaming**

Perpetrator's manipulation is often very convincing because of the mechanism of minimization, denial of violence and of self-presentation as victims of the situation or of the "problematic" behaviour of their partners. In many cases there is as much self-deceiving as there is open deception and manipulation of service providers. One way of curbing and avoiding this kind of manipulation is for different professionals to support victims and perpetrators, and to have structured policies on how these kinds of situations should be handled. These procedures are very important to avoid any form of victim blaming.

- **Make sure you focus on the well-being of children without blaming the mother for the consequences of violence**

For a mother to be able to fully support her children's well-being she must be able to be in a protected, safe and empowered position. In evaluating the vulnerability and consequences of violence on children's lives hold into account the full responsibility and consequences of the father's violence on the children and mother.

- **Provide support of specialized support service to victims that can ensure risk assessment, empowerment and safety planning**

Services providing referrals to perpetrator programmes should always also be connected directly or indirectly with women's support services. In all cases that a perpetrator enters a programme there should be the possibility for the victim to access support and safety planning.

- **Make sure there is a safety plan, even if women choose not to go to specialized support services so that her safety does not rely solely on the man being engaged in a perpetrator programme**

Even if women chose not to go to specialized support service there should be a basic risk assessment and safety planning in place. This may be particularly important when it is the hope for a change of the perpetrator that prevents women from seeking assistance. Maximum effort should be made to address the expectation of the perpetrator programme and the women should always be encouraged to make choices to enhance their safety and freedom.

- **The partner has no responsibility in the man's process or participation in the programme**

Service providers working with the partner should always consider the man fully responsible for his choices and behaviours, avoiding in all ways to ask the woman to facilitate the man's process or participation in the perpetrator programme.

Beliefs and positions towards men who use domestic violence and abuse

Beliefs about men who use violence and the work with them

As professionals we are immersed in our cultures and the social discourses that surround us. We are therefore prone to the influence of certain beliefs about domestic violence and abuse in general and about perpetrators and the work with them, specifically. To be able to give adequate responses to service users who perpetrate domestic violence, it is important to identify and revise these beliefs and myths. Some of the most frequent ones are:

- ***“Perpetrators are ill, they have psychiatric or psychological disorders”***

Although some studies show that a number of perpetrators present with diagnoses of anxiety or depression or certain personality disorders, most don't and if they do, these co-occurring problems should not be understood as the causes of the violence, but as problems which are most probably related in a complex way with the use of violence, sometimes being the consequence, sometimes an aggravating factor with similar risk factors, etc. Moreover, understanding the men's violence as a (consequence of a) psychiatric or psychological disorder might make it difficult for the man to take responsibility for it and reinforce his justifications and presenting himself as a victim (of his disorder, in this case).

- ***“Men use violence because of alcohol and other substance use”***

this very common idea (even among many women who suffer domestic violence) has its roots in the co-occurrence of both problems: many men (but by far not all) who use substances also use violence against their partners and many perpetrators (but by far not all) also have problems with substance use. As in the case of the psychiatric disorders, it is important to note that the co-occurrence of both problems can't be interpreted as a simple causality (drugs cause violence) but that there is a complex bi-directional relationship between both, and a lot of common risk factors leading to co-occurrence (including traditional masculinity inviting to perform both as a sign of manhood). Substance use is a risk factor for perpetrating domestic violence and should prompt an exploration, but it is not its (main) cause.

- ***“All perpetrators were abused or witnessed domestic violence as children”***

Adopting this (possibly reassuring) unique explanation of violence, which identifies the origin of violent behaviour in traumas suffered in childhood, may prevent us from identifying perpetrators who were not exposed to significant adverse childhood experiences. Although having suffered or witnessed domestic violence in childhood is an important risk factor for perpetrating it in adulthood it is by far not the only one within the multifactorial complexity of violent behaviours.

- ***“Perpetrators are always good/bad fathers”***

Regarding the perpetrators' role as fathers we can observe two contradicting beliefs or myths. The first one states that the violence and abuse a man inflicts on his (ex) partner is or can be independent of his role as a father. In this regard, it is necessary to clearly state that violence against the partner / mother always damages the children in some way, whether he is violent directly or “indirectly” towards them. Research has now widely shown that the negative effects of witnessing violence are basically the same as those from exposure to direct violence. A man who is violent with his partner is a dysfunctional father to the extent that he is unable to provide protection and damages the mother, her relationship with the children and her ability to care for them. On the other hand, it is also necessary to take into consideration the possibility that a perpetrator, while damaging his children by damaging their mother, can do reasonably well in other areas of parenting, being able to care for them and be empathic with them. Experience tells us that often, if identified, these areas can represent a real engine of change and are able to cascade the acquisition of other skills of life in other significant relational areas.

- ***“Violent men cannot change”***

This belief might have its origin in the advocacy and support for women victims/survivors where dismantling the women's hope in the perpetrators' change would help to mobilize and empower her to protect herself and take decisions to go on with her life and is sometimes backed with not very convincing results from some evaluations of perpetrator programmes. The belief that violent men can't change implies a strongly

deterministic conception, which leaves little room for approaches aimed at the transformation of men and the social fabric within which violence is grafted and for the argument that the use of violence represents a choice. While recognising the fact that changing violent behaviours is a long and complex path and that often coercive control and psychological abuse is more resistant to change than physical violence, it is worth pointing out that men can change and some do.

Professionals' position towards the men and their violence and the working relationship

Our own experiences with the use of violence and our beliefs about violence and the men who use it will shape the way we relate to a (potential) perpetrator in our work. Therefore, it is important to be aware of our own experiences with violence and abuse (see annex 1) and of the emotions a perpetrator and the stories of his violence generate in us, to not let them interfere in a supportive professional response to the man.

The working relationship with men who use violence is one of the most important and challenging issues in addressing domestic violence. On the one hand, as professionals we need to accept the man as a person and to understand his experience and history, so that a collaborative and trustful working relationship can be established without colluding with the man. On the other hand, a clear stance against any type of violence or abuse and beliefs or attitudes supporting them is fundamental to hold men accountable and to make change possible.

- It will be important to neither collude with the man's possible discourse of denial, minimization, excuses and victim-blaming, nor to confront the man in an aggressive style, judging him and not showing any empathy.
- A balanced position of respectfully inviting the man to review and challenge his violent behaviour will be most helpful and effective.

See annex 4 for a more extensive description of these different positions in the working relationship with the men.

It is important to understand that the recognition of the violence used constitutes a process that has advances and setbacks, and that it is one of the most important and difficult elements to achieve, since it puts the man in internal conflict and threatens his own identity and associated relational patterns.

"What does the perpetrator evoke in us?"

(ENGAGE focus group, frontline professional)

"Is it possible for us to think that the abusive man is in suffering?"

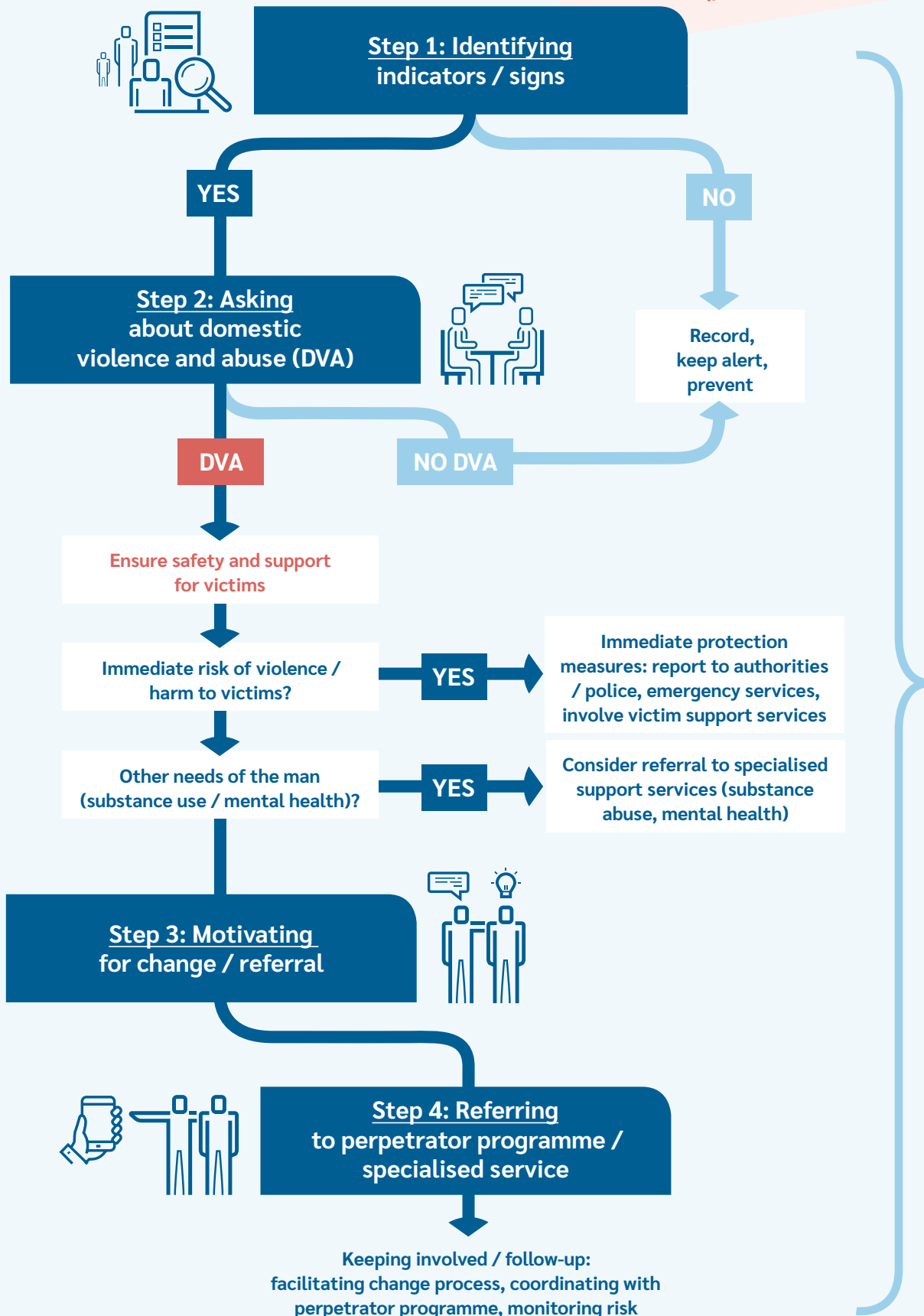
(ENGAGE focus group, frontline professional)

"How do we feel when we are working with a man who despises us and despises women?"

(ENGAGE focus group, frontline professional)

engage Roadmap: 4 Steps

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





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

As frontline professionals, there are three main ways to identify domestic violence and abuse in a male service user:

- **universal or systematic screening,**
- **indicator-based detection, or**
- **information from third persons.**

In **universal or systematic screening** we ask all our male service users about their use domestic violence and abuse (possibly using short questionnaires or structured interviews, usually during the intake phase). To avoid suspicions that could put the victims/survivors at risk (“Why are they asking me these questions? My partner must have told them.”) it is important to explain the routine and universal application of the screening to the men.

In **indicator-based detection** we do not screen for or address the issue of domestic violence with all male service users but only if we observe certain indicators or signs that make us suspect the man might be abusive.

A third way of identifying domestic violence is **through third persons**, often the (ex-) partners or children, sometimes other family members or through information shared by other professionals (reports, protection orders, court sentences, etc.).

If we receive information about the man’s violence from third persons it is key to distinguish whether this information is:

- **confidential** and should be kept secret from the man to protect the safety of the victims/survivors in which case you should never use it directly and only very cautiously use it indirectly being alert to indicators of violence and initiating a process of **detection by indicators** (see below), or if it is
- **public** in the sense that the man knows that we have the information (e.g. because of protection orders, sentences or child protection proceedings due to his use of violence) and won’t suspect of the partner or children having shared it with you, in which case it might be safe and useful to **address the issue of violence directly** with him.

Indicators of domestic violence and abuse

As the main types of indicators of domestic violence and abuse we can differentiate:

Indicators in the man’s **discourse**:

- Talking about relationship behaviours that constitute different types of violence or abuse (physical, sexual, emotional, economic, social, see behaviour check-lists in annex 3),
- Displaying excessively jealous behaviour and control over the partner “who always has to tell him where she is”,
- Using sexist or misogynistic attitudes or comments,
- Saying things that could indicate any of the above (e.g., “big fight” or “strong argument”, etc.)

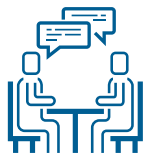
Indicators in the man's or partner's **behaviour** in the sessions or waiting room (many retrieved from the ENGAGE interviews and focus groups in Italy, France and Spain):

- 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,
- He shows a menacing 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,
- In his presence the partner lowers her gaze, is silent or shows a submissive attitude,
- Differences in attitude of the woman when in a session with the man compared to when he is not present,
- He accuses her as being the cause or trigger of the conflict or he denies there is any conflict.

The indicators and signs of domestic violence will not always be available directly, and need to be explored and investigated within a working relationship of respect, trust and support (see above), to obtain as much and as truthful information as possible.

“What I do is that he be the one to verbalize it ... with calm, trust, never with confrontation”

(ENGAGE focus group, frontline professional)



Step 2: Asking men about domestic violence and abuse

When asking male service users about domestic violence and abuse you should create an environment of privacy and safety that facilitates disclosure and be clear about the conditions of confidentiality that apply.

Specifically, confidentiality might be limited in case:

- you need to share information with other services to advocate for the safety and wellbeing of the man, his (ex-) partner and/or children;
- his (ex-) partner, children, another person or he himself is at high risk of harm.

We strongly recommend you do **not** address the issue of domestic violence and abuse with the male service user **in the presence of his (ex-) partner or children**, since involving them in this conversation might put them at risk if they disclose more than the perpetrator would want, or leave them deceived and even more powerless if they don't. If this situation is unavoidable carefully consider the safety of the victims/survivors.

Although it might seem difficult to discuss their use of violence with men, many of the men interviewed for the ENGAGE project recognized how important it was to them to find professionals who were able to address their violence and provide support.

“I needed someone to listen to me, to help me understand what was hidden behind my excessive reactions and controlling behaviour. I did not want to talk about others, about the relationship or other persons involved, and had to challenge the professional to get her to concentrate on just me”

(ENGAGE project, perpetrator interview)

Whether you systematically ask all service users about domestic violence and abuse or have detected (or suspect) it through indicators, you can start the conversation with the man through funnel questions:

- a) about the relationship and possible conflicts in general, or
- b) about the consequences of a possible presenting problem (e.g. stress, economical problems, substance abuse) on the relationship.

In both cases, you move from more general and open questions to more specific and concrete questions about the (possible) use of violence.



Figure 1.
General funnel questions

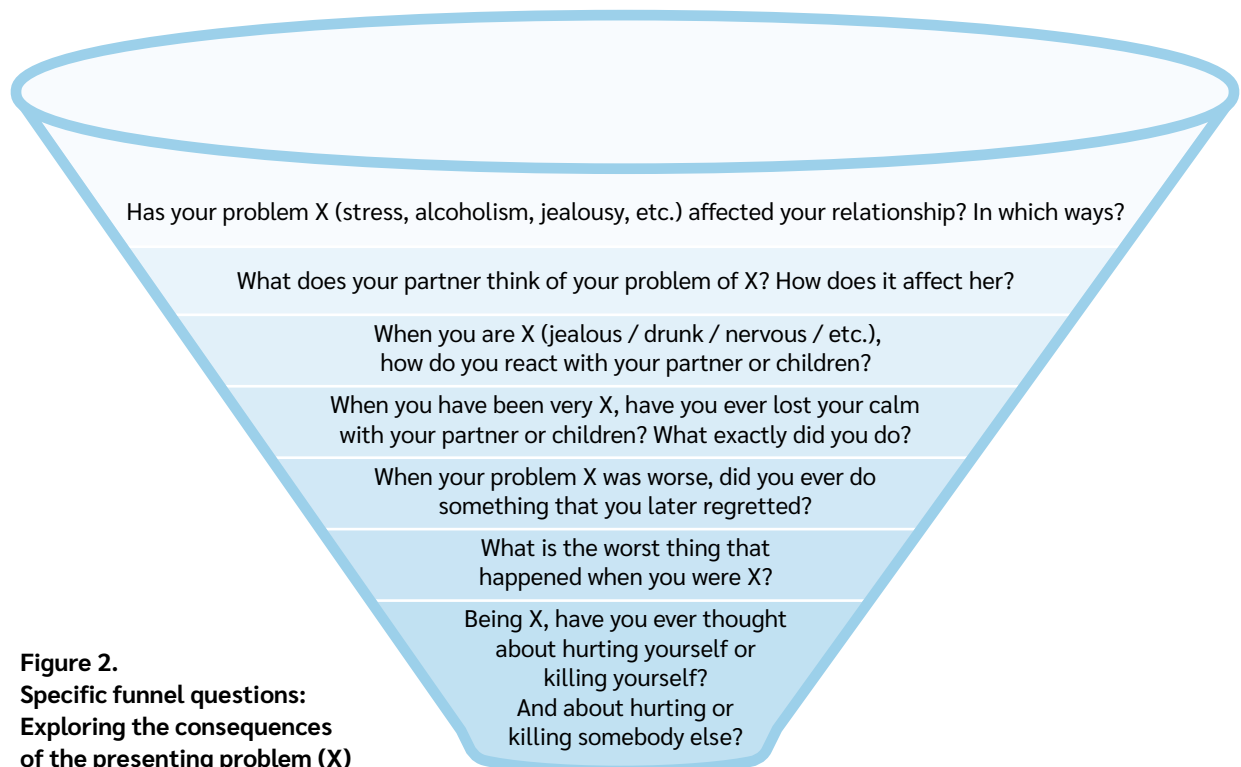


Figure 2.
Specific funnel questions:
Exploring the consequences
of the presenting problem (X)

“The manner in which the professional tackled the problem of violence, I did not feel condemned from the professional. I was given hope that I could recover.”

(ENGAGE project, Bruno Brilloit, perpetrator interview)

The following strategies are useful in the process of asking about and exploring domestic violence and abuse with male service users:

- **“Pulling the thread”:**

Pulling the thread of a conversation or argument, is 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:**

To initially “accept” minimizations or justifications, without directly confronting them allows us to explore the incidents of violence and the man’s experience and intentions more richly by not creating a defensive reaction. At this initial stage, we are more interested in knowing about the violence a man uses and its consequences than in naming it as “violence” and in him acknowledging it as such: “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.

Box 2. TIPS FOR INTERVIEWING MEN WHO USE VIOLENCE

Interviewing men who use violence might easily pose several **typical challenges** to you as a frontline professional:

- Perpetrators can be highly manipulative and very convincing in their discourse,
- Men typically deny or minimise the violence they’ve used or its consequences for others (not perceiving it as harmful) and rarely disclose it or talk about it openly,
- Many men blame the victims for the violence they’ve inflicted on them and some present themselves as the victims of their partners’ violence or refusal to fulfil their demands or expectations, others blame other people or circumstances, justifying their use of violence,
- Most men don’t take responsibility for the violence they’ve used,
- Most men are resistant or at least ambivalent to change.

Denial, minimisation and difficulties to openly disclose the full range of violent and abusive behaviours are usually based on the fear of the consequences of doing so (legal prosecution, losing their children, losing their job, etc.) and shame about these behaviours.

A balanced, **non-judgemental stance** (see above) can be helpful to reduce shame and specific questions about the worst fears of the consequences of disclosing violence can avoid the man feeling judged.

Use of **scaling questions** to find out about the details of violence and abuse (“on a scale of 1 to 5 – with 5 being punching her as hard as you can – how hard did you punch her?”) and pitching questions about violence at higher levels than you actually estimate, to make it easier for the man to admit to the (real) lower level:

Worker: “So, how many times did you hit her? Are we talking like 30 or 40 times?”

Man: “Good god, no! It was only a couple of times.”

Worker: “Like 4 or 5 times?”

Man: “No, like three times.”

Acknowledge the perpetrator’s feelings or worries but focus attention on his actions and behaviour. For example⁶:

Perpetrator: “She just yells and screams and tells me to leave her alone when I talk to her about not spending too much money, I’m sick of it.”

Frontline professional: “I can hear that you have a lot of worry about money. Can you tell me more about what happens in these situations, what do you do next?”

Partner blaming is very frequent when exploring his violence in the relationship, instead of risking to enter an argument it is much more helpful to resort to the basic conviction that the use of violence is wrong under any circumstances and whether the man’s allegations about his partner are true or not is irrelevant for assessing the use and risk of violence. Iwi & Newman (2015) recommend to work on the basis of the following:

“I don’t know your partner or her side of things – but let’s assume that she will continue to be exactly as she always has, and let’s focus on how you’ve responded – and later we’ll think about how you could respond differently in the future.”

De-escalating

If the man’s position appears fixed, it is neither safe nor helpful to engage in debate. Agreeing to disagree might be the best approach, since the perpetrator leaving the interview in an agitated state or angry can pose a risk on his partner or children.

Considering risk and ensuring victim safety and support

If you have identified domestic violence and abuse in a service user, you should make sure that the victim is safe and receives the support she needs and you need to consider the risk the man is posing to her and how it might be reduced.

If the victim is also a user of your service, the victim should be seen by a different worker and directed to the appropriate specialized support service. If the victim is not a service user, you should consider cautiously reaching out to her through other services / agencies she might be involved with.

You also need to consider the risk the man is posing to his (ex-) partner and / or children and the steps to reduce it. As a frontline worker, it might not be your task to do a (formal) risk assessment, but 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.

Depending on the risk of future violence assessed and the particular circumstances and needs of each case/family, different risk management strategies can be put in place by the coordinated community response / system of agencies involved.

For more information on risk factors and assessment and on risk management strategies, please, see annex 6.

6 From Department for Child Protection (2013): Perpetrator Accountability in Child Protection Practice.

Exploring the violence he uses in more detail

If the man has recognised his use of violence you could consider exploring the different types of violence he uses, its severity and frequency and the consequences it has (had) on his partner, his children, other people involved (family and friends) and on himself, as this information can be very useful to motivate him for a referral and to evaluate the risk he might be posing on others. See annex 5 for more information and questions to ask when exploring the use of violence.

Asking about other needs

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.

If your work context allows for it, you should therefore ask the man about problematic alcohol and drug use. If there are indicators of problematic alcohol use you might consider using the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT)⁷ as a reliable and simple screening tool which is sensitive to early detection of harmful or risky drinking. You can use its equivalent, the Drug Use Disorders Identification Test (DUDIT)⁸ for screening for drug-related problems. If problematic alcohol or drug use are detected you should consider a referral to substance abuse treatment.

If you suspect that a man is suffering from a mental health problem it may be useful to refer him to mental health services for specialised assessment.

Recording

It is important to keep detailed records of the man's disclosure of violent and abusive behaviour and of the observations you've made. This is important information that will enable future case planning, exchange and coordination with other services and will be of help in any possible legal proceedings.

Record the information and file in the case notes. Remember that such records are strictly confidential unless an individual may be at risk of significant harm, which will override any confidentiality requirements.

Box 3. TAKING CULTURE INTO ACCOUNT

Domestic violence and abuse is grounded in cultural norms related to gender, gender roles, and relationships. We all have culture, and it is important to know how that culture informs our narratives about relationships, families and domestic violence.

It is helpful to:

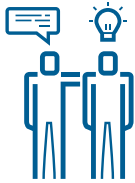
- respectfully enquire about a man's cultural identity—while culture profoundly shapes the way we see the world, each person experiences and lives culture differently; some may strongly identify with their cultural heritage while others may see their cultural heritage as a small part of their identity;
- be attuned to the extent that he uses culture as part of his violence-supporting narratives;
- explore who in his community might be able to support his journey toward keeping his family members safe;
- identify cultural practices that may help him manage his emotions; and
- identify aspects of culture that are likely to affect his engagement in services, for example, being unable to talk in front of a female professional.

⁷ See <http://auditscreen.org>

⁸ See <http://www.emcdda.europa.eu/best-practice/eib/dudit>

It is also vital to explore what in his culture supports non-violence and family safety. For some men, a narrative around treating family members and partners with respect might be important. For others (such as those who have faced cultural oppression), the idea of oppression being wrong might be more productive.

Adapted from: Department for Child Protection (2013): Perpetrator Accountability in Child Protection Practice



Step 3: Motivating perpetrators for referral

After identifying domestic violence (step 1) and addressing it with the man (step 2) you should be able to directly refer him to a perpetrator programme or another appropriate specialised service (step 4), only if he recognises the need to do something about his problem of violence and abuse. 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.

One of the main goals of engaging men is motivating perpetrators to take responsibility for their violence and for initiating a change process to stop it. Instead of trying to confront men with their “bad behaviour” and trying to persuade them to change it is far more useful to explore and strengthen their own values and reason to change. It is more likely that if they see the contradictions between what they would like (connection and meaningful relationships) and what they reach with violence (disconnection and fear) they might be more motivated to change.

In an initial phase the fear of legal sanctions and the loss of the relationship/child contact as a consequence of continued violence might be sufficient motivation to try and convince the man to seek help in a perpetrator programme. Over time it is important that motivation is also based on the man’s inner values and hopes and not only on the fear of consequences.

“Give advice and encourage persons to follow through and stick to the work needed to get past the violence as there is no magical solution and the work is difficult.”

“Help him in a humane way to get past the terrible image of himself and the shame he has for his actions ...”

“The manner in which the professional tackled the problem of violence, I did not feel condemned from the professional. I was given hope that I could recover.”

(Bruno Brilloit, ENGAGE perpetrator interview)

Both the Invitations to responsibility approach by Alan Jenkins (1990, 2009) and motivational interviewing (Miller & Rollnick, 1991, see annex 7) can assist professionals in the process of helping men to identify reasons for not using violence and what helps change in the desired direction. By asking questions about the man’s values, hopes and goals for his relationships, himself as a person and his life an ethical stance is explored which is then shown to be inconsistent with his violent behaviour. A collaborative, respectful approach is used instead of attempting to persuade or force the man into changing his behaviour.

Examples of questions within an invitation 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 your 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?

It is also helpful to transmit to the man that he is not alone with this problem and that many men have been helped through specialised support. If there is enough motivation and commitment to engage in a change process, referring the man to a specialised perpetrator programme is the next step.

“It sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would you like to assist you to make these changes?”



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

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 (or similar specialised service) to work towards stopping his abusive behaviours.

“Support the perpetrator and tell him there are specialised programmes and that he CAN CHANGE”

(perpetrator in ENGAGE interview)

The best way to do so is in a structured perpetrator programme which 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 fulfil different standards of quality, 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.

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 and is delivered by specifically trained professionals.

To establish a clear referral pathway, we strongly encourage you to find out about available perpetrator programmes (or specialised counselling offers) in your area that you can refer men to and contact them to gather the necessary information for referrals that you can include in the following table:

Table 1. Example of referral information form

Name of the service / programme			
Organization and address			
Contact details			
Contact person:			
Tel:			
e-mail:			
Inclusion / exclusion criteria:			
Cost:			
Brief description / other info:			
For more info:			
Website			
Flyer / info – material			

We recommend you establish an agreement with the perpetrator programme(s) you might refer to that allows you to contact them before making the referral to agree upon the referral process and clarify any possible doubts or questions.

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. Provide the man with information material (like leaflets or flyers) about the perpetrator programme.

When referring a man, it is also very helpful to identify barriers to his uptake of the referral and the steps required to overcome these. Normalising the referral and his help-seeking behaviour by mentioning that many men participate in these programmes and that you frequently recommend them is one way to do so. You can also inquire about possible barriers and provide encouragement by asking:

“Can you see yourself making the call?”, or say

“Men can find it hard to ask for assistance when there’s a problem they need to address. What will be helpful for you to remember so that you’ll make this call?”

When you refer to a specialised service you should:

- provide them 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 and the current level of risk, and that their work also holds the man accountable for his violence.
- 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 and contribute to monitoring the level of risk he poses.

Referrals for other needs

If you have detected other needs associated to the man's use of violence, such as problematic substance use or mental health problems (see step 2 above, "asking about other needs") you can consider referring them to the corresponding specialised support service (substance abuse treatment, mental health care). It is important to take into account that these services will not specifically address the violence the man uses and should be delivered at the same time and in coordination with the perpetrator programme. Be aware that it might be difficult for some men to initiate and maintain two parallel intervention processes, apart from the work he might be doing with you.

Unsafe or inappropriate referrals

Do not refer a man who uses domestic violence and abuse to **anger management** courses or programmes because these might (inadvertently) reinforce men's beliefs that violence is a result of their anger, of "losing control" rather than a choice leading to a pattern of controlling and coercive behaviours, and their tendency to see themselves as victims of those who they perceive as "making them angry". Also, anger management programmes do not include the contact with and support of the victims / survivors.

Similarly, **couples' counselling or therapy, mediation and family therapy** are at best inefficient and oftentimes potentially dangerous in dealing with domestic violence and abuse. If the victim/survivor feels she cannot speak freely because she fears retaliation, couples work will be ineffective and reinforce her sense of helplessness. If she does, she might be at greater risk. Generally, couples' or family approaches risk reinforcing the idea that violence is due to a relationship problem and that responsibility for it is somehow shared (instead of 100% of the perpetrator).

Referrals to **general psychologists, psychotherapists or counsellors** may not be helpful as these usually do not have the specific skills and experience related to gender-based violence and to the complex needs of perpetrators and might inadvertently buy into and reinforce the men's discourses supporting their use of violence or simply not address their violence and abuse as a priority.

Multi-agency response

Co-operation and prevention work between agencies involved in responding to domestic violence and abuse needs to happen on a day to day basis especially, but not only, in cases of immediate risk. The prevention of repeat and severe violence, including homicides, requires that agencies work closely together and that case conferences to prevent such violence be carried out regularly (Logar et al., 2015).

The purpose of engaging with an abusive man is not only about assisting him to change his attitudes and behaviour, but to ensure that his violence and the risk he poses to victims/survivors are at the centre of a coordinated multi-agency response. If a man refuses to engage, or does not change his abusive behaviour despite participating in a perpetrator programme, the response of other agencies involved with his family may need to change correspondingly. For example, risk management measures may need to be put in place or changes made to safety plans for the woman and children. Therefore, communication with other agencies involved with the family is important and, when children are involved, essential.

Professional, personal and legal dilemmas

Work with men that have been violent consistently brings about questions that are not easy to answer and involve different levels of assessment by the service provider. When is it necessary to report to the authorities a risky situation for the safety or well-being of the woman and/or of the children involved? How does the professional role and operating context affect legal obligations? How to maintain the alliance with the man in these cases?

To try to answer these and other questions, you must be aware that the effectiveness of your intervention depends not only on specific technical skills but also on the ability to take into account three further aspects of the specific context of working with domestic violence, legal, deontological and ethical aspects:

1. **Professional aspect** – professional rules that guide correct behaviour from the professional point of view (e.g. as psychologists, social workers, medical doctors, etc.) in order to protect the wellbeing and the rights of the client and other people affected;
2. **Personal aspect** – a set of one's principles and internal assessments that help us decide which way is the best possible choice in a given situation.
3. **Legal aspect** – violent behaviour is a criminal offence in most European countries and, in some cases, must be reported to the competent authorities; on the other hand, this has a great impact on the working alliance with the man and on his willingness to disclose violence;

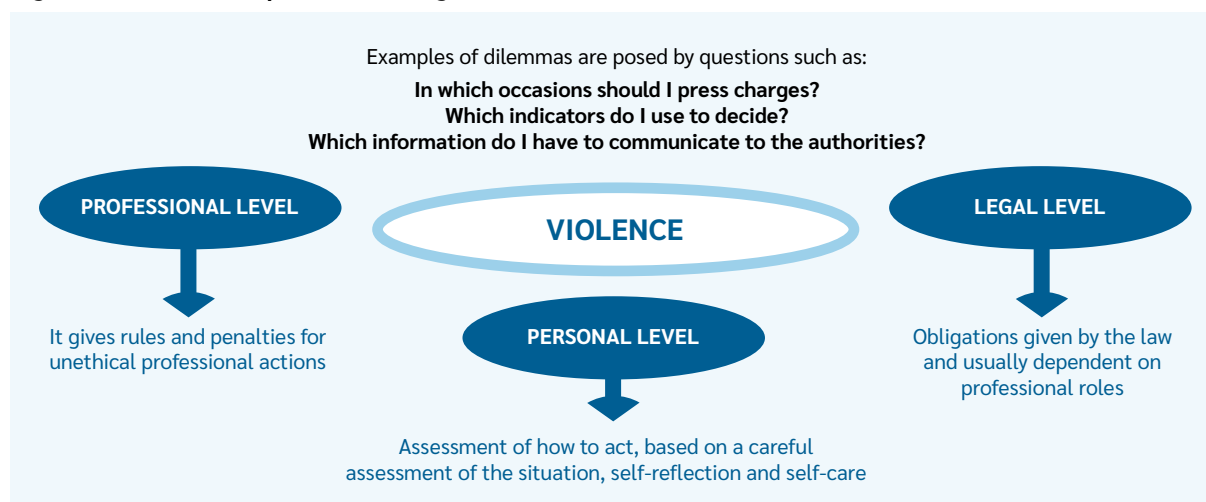
As a first step, it is fundamental to be aware of these three aspects. *This same issue applies when working with victims of violence in determining the best way to assist her safety needs.*

In every situation, it is advisable to carefully monitor the complex interaction between these dimensions in order to decide how to proceed. Due to the number of variables involved (e.g. the level of danger of the violent incident, the emotional involvement, the presence of children affected) we sometimes do not know what the best course of action should be.

A typical example is that of a case where, in light of the information gathered, we are seriously concerned that the man can harm his partner or children and we take the belaboured decision to report his situation to law enforcers. If we take action to ensure the safety of women and children, do we harm the man or our relationship with him? What and how much information about him should we share?

So, we face real dilemmas which could become blocking points if we do not take a clear position with respect to the purpose of our intervention, which will vary according to the professional role we play (social worker, educator, psychologist, doctor, etc.) and according to the context in which we operate (for example: public services or private activity).

Figure 3. Professional, personal and legal dilemmas



The experience in the field proves that there are no definite guidelines to be followed and that each case must be carefully evaluated by following two essential procedures: an adequate assessment of the risk (see annex 6) and a discussion within the team or even a wider network, to avoid operating in solitude, which makes it even more complicated to decide how to act. It is important to tolerate complexity and avoid acting in a non-reflective way and to carefully weigh all the information available to decide how to proceed in an attempt to ensure the safety of women and children but also not to damage the relationship with the perpetrator and maximise the possibility of change.

Box 4. FRONTLINE PROFESSIONALS' SELF-CARE

Working with people who have perpetrated (and/or experienced) domestic violence and abuse can be rewarding, but it is also challenging and it usually has an effect on you, especially in the long run. Apart from common symptoms of burnout, vicarious trauma or secondary traumatic stress can derive from being repeatedly exposed to other people's experiences and stories of traumatic events. **Symptoms** can include:

- Invasive thoughts of client's situation/distress
- Frustration/fear/anxiety/irritability
- Disturbed sleep/nightmares/racing thoughts
- Problems managing personal boundaries
- Taking on too great a sense of responsibility or feeling you need to overstep the boundaries of your role
- Difficulty leaving work at the end of the day/noticing you can never leave on time
- Loss of connection with self and others/loss of a sense of own identity

If you experience these symptoms it is important to be compassionate with yourself and understand these emotional responses as human and appropriate reactions to the challenges of this work and not as a lack of your professional abilities. It is recommended to talk to a trusted colleague or friend for support, find ways to physically and/or mentally disconnect (days off, reading, walking, connecting with friends or nature, etc.), rest and play and have fun.

To help avoid or prevent symptoms of vicarious trauma **self care** is fundamental and can include some of the following:

- Don't work on your own – maintain links with other colleagues / agencies and keep using support to think your responses through
- Make plans and create an environment that ensures your safety and is conducive to well-being
- Use supervision for emotional support and planning.
- Ensure that you have sufficient training for this work.
- Maintain interests completely separate from work
- Take regular breaks from work
- Take up opportunities for debriefing and other therapeutic support
- Spiritual engagement and spending time in nature
- Identifying successes, reminding yourself of small "wins"
- Maintaining connections with others outside the field
- Accepting support and positive feedback when it is offered
- Giving support and positive feedback to others
- Celebrating clients' resilience and sharing positive stories

In a nutshell: Twelve do's and don'ts when engaging with a perpetrator

We are aware that for many frontline professionals, contact with male services users is limited in time, for some it may only be one brief encounter. If this is your case, here are the twelve do's and don'ts to keep in mind when engaging with perpetrators⁹:

1. Have the safety and well-being of the victims/survivors (women and children) as your priority at any step in the process.

2. Be aware of any signs or indicators of domestic violence and abuse in male service users' discourse and behaviour.

3. Respond to any disclosure and ask men about domestic violence and abuse.

4. Make clear in a respectful way that violence and abuse are unacceptable and that they are a choice.

5. Be aware and convey to the man that domestic abuse includes a range of different behaviours, not only physical violence.

6. 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.

7. 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 on his part.

8. Be aware of the barriers to him acknowledging his abuse and seeking help (such as shame, fear of child protection process) and recognise any accountability shown by him.

9. 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 others, especially on his children, even if they haven't witnessed the violence directly).

10. Establish a referral pathway to a perpetrator programme (or similar specialised service) in your area and refer the man to it.

11. If you are in contact with both partners, do not see them together and only discuss domestic abuse in separate sessions.

12. Make sure that the victims/survivors receive adequate support and safety planning.

⁹ Adapted from "Good practice in dealing with perpetrators" from Guidelines for Working with Men Perpetrating Domestic Violence (Respect Phone-line, 2013)

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Annex of tools and resources

Annex 1. Different types of domestic violence and abuse

Michael P. Johnson and colleagues¹⁰ developed a useful typology of domestic violence. Five types of partner violence are identified based on the context of power and control in the relationship:

- In **coercive controlling violence**, the individual (most often men) is violent and controlling (while the partner is not) and typically uses several of the control tactics described in the Power and Control Wheel (Pence & Paymar, 1993): intimidation; emotional abuse; isolation; minimizing, denying, and blaming; use of children; asserting male privilege; economic abuse; and coercion and threats.

- In **violent resistance**, the individual (most often women) uses violence but not control tactics, in resistance or defence against the partner who uses coercive controlling violence.

- In **situational couple violence**, one or both partners use violence in situations of conflict (often out of frustration or anger) but neither uses coercive control over the other.

- In **separation instigated violence**, one (or rarely both) partners uses violence after separation (often triggered by a specific experience, and usually not more than once or twice) without a prior history of violence in the relationship and without coercive control (to be distinguished from the coercive controlling violence that often goes on or escalates after separation).

- In **mutual violent control**, both partners use coercive controlling violence against each other (a not very frequent and not much researched constellation).

¹⁰ See Kelly & Johnson (2008)

Annex 2. Consequences of domestic violence and abuse

Health Problems Associated with Intimate Partner Violence		
Impact on Victim	Impact on Children Witnesses	Impact on Perpetrators
■ Poor pregnancy outcomes ■ Depression, post-traumatic stress disorder, and suicide ■ Increased risk for job loss ■ Increased mortality ■ Chronic pain ■ Neurologic symptoms (fainting, seizures) ■ Gastrointestinal symptoms (eating disorders, irritable bowels) ■ High blood pressure ■ Gynecologic problems (pelvic pain, sexually transmitted diseases)	■ Depression and anxiety ■ Substance problems as adults ■ Risky sexual behaviour amongst adolescent girls ■ Poor school performance ■ Emotional and behavioural problems ■ Poor overall health as adult (ACE studies) ■ Somatic complaints such as headaches, sleep problems, ■ Stomach aches ■ Boys may be violent as adults and girls may not question violence used against them as adults	■ Regret and depression ■ Poor job performance ■ Incarceration and other legal problems ■ Divorce and separation from family ■ Physical injuries ■ Substance abuse ■ Psychiatric disease ■ High-risk sexual behaviour ■ Insomnia ■ Digestive problems

Adapted from Penti, Timmons & Adams (2018)

Health Impact Women exposed to intimate partner violence are ...		
Mental Health	Sexual and Reproductive Health	Death and Injury
 ... twice as likely to experience depression	 ... 16% more likely to have a low birth-weight baby	 ... 42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result
 ... almost twice as likely to have alcohol use disorders	 ... 15 times more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamidia or gonorrhoea	 ... 38% of all murders of women globally were reported as being committed by their intimate partners

From WHO Infographic “Violence against Women: Global Picture Health Response”

The Effects of Domestic Violence on Children¹¹

Witnessing domestic violence can mean SEEING actual incidents of physical/and or sexual abuse. It can mean HEARING threats or fighting noises from another room. Children may also OBSERVE the aftermath of physical abuse such as blood, bruises, tears, torn clothing, and broken items. Finally children may be AWARE of the tension in the home such as their mother's fearfulness when the abuser's car pulls into the driveway.

What are the feelings of children who are exposed to domestic violence?

Children who are exposed to battering become fearful and anxious. They are always on guard, watching and waiting for the next event to occur. They never know what will trigger the abuse, and therefore, they never feel safe. They are always worried for themselves, their mother, and their siblings. They may feel worthless and powerless.

Children who grow up with abuse are expected to keep the family secret, sometimes not even talking to each other about the abuse. Children from abusive homes can look fine to the outside world, but inside they are in terrible pain. Their families are chaotic and crazy. They may blame themselves for the abuse thinking if they had not done or said a particular thing, the abuse would not have occurred. They may also become angry at their siblings or their mother for triggering the abuse. They may feel rage, embarrassment, and humiliation.

Children of abuse feel isolated and vulnerable. They are starved for attention, affection and approval. Because mom is struggling to survive, she is often not present for her children. Because dad is so consumed with controlling everyone, he also is not present for his children. These children become physically, emotionally and psychologically abandoned.

What behaviors do children who witness domestic violence exhibit?

The emotional responses of children who witness domestic violence may include fear, guilt, shame, sleep disturbances, sadness, depression, and anger (at both the abuser for the violence and at the mother for being unable to prevent the violence).

Physical responses may include stomachaches and/or headaches, bedwetting, and loss of ability to concentrate. Some children may also experience physical or sexual abuse or neglect. Others may be injured while trying to intervene on behalf of their mother or a sibling.

The behavioral responses of children who witness domestic violence may include acting out, withdrawal, or anxiousness to please. The children may exhibit signs of anxiety and have a short attention span which may result in poor school performance and attendance. They may experience developmental delays in speech, motor or cognitive skills. They may also use violence to express themselves displaying increased aggression with peers or mother. They can become self-injuring.

What are the long-term effects on children who witness domestic violence?

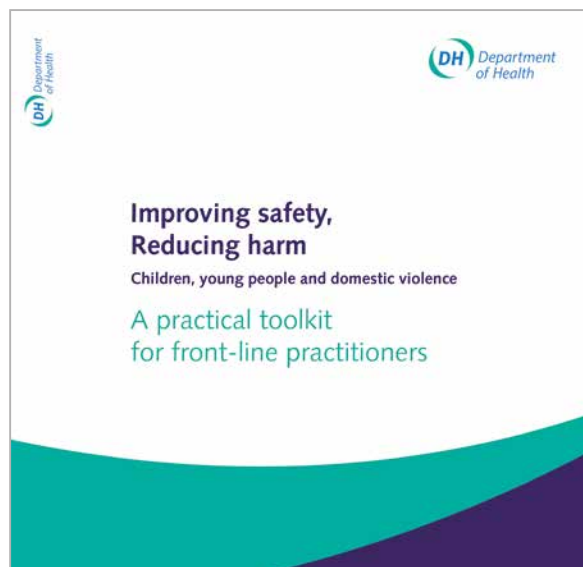
Whether or not children are physically abused, they often suffer emotional and psychological trauma from living in homes where their fathers abuse their mothers. Children whose mothers are abused are denied the kind of home life that fosters healthy development. Children who grow up observing their mothers being abused, especially by their fathers, grow up with a role model of intimate relationships in which one person uses intimidation and violence over the other person to get their way. Because children have a natural tendency to identify with strength, they may ally themselves with the abuser and lose respect for their seemingly helpless mother. Abusers typically play into this by putting the mother down in front of her children and telling them that their mother is "crazy" or "stupid" and that they do not have to listen to her. Seeing their mothers treated with enormous disrespect, teaches children that they can disrespect women the way their fathers do.

Most experts believe that children who are raised in abusive homes learn that violence is an effective way to resolve conflicts and problems. They may replicate the violence they witnessed as children in their teen and adult relationships and parenting experiences. Boys who witness their mothers' abuse are more likely to batter their female partners as adults than boys raised in nonviolent homes. For girls, adolescence may result in the belief that threats and violence are the norm in relationships.

¹¹ Retrieved and adapted from: <https://www.domesticviolenceroundtable.org/effect-on-children.html>

Children from violent homes have higher risks of alcohol/drug abuse, post traumatic stress disorder, and juvenile delinquency. Witnessing domestic violence is the single best predictor of juvenile delinquency and adult criminality. It is also the number one reason why children run away.

See also: Sharpen, Joanna (2009). *Improving Safety, Reducing Harm: Children, young people and domestic violence. A practical toolkit for front line professionals*. London: TSO. Available on-line: http://webarchive.nationalarchives.gov.uk/20130124052343/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_116914.pdf



Annex 3. Reflecting on our own experiences with domestic violence and abuse

What most professionals discover as they gain more information and experience in domestic violence is that training and learning are not enough. Working with domestic violence we always have to consider its social context, understanding it, as does the Istanbul Convention, as “a manifestation of historically unequal power relations between women and men”. We as professionals, were born, raised and live in the same society and cultural context of violence and discrimination against women and are also affected by this context and culture.

So, if we want to improve our professional response to male service users who use domestic violence, we not only need to acquire the knowledge and skills to do so, we also need to be aware of how the social context of unequal power relations and of discrimination and violence against women affects us personally. This includes what we view as violence, how we understand it and how we react in the face of it.

Unless we ask ourselves uncomfortable questions on how we deal with any form of violence in our daily lives (some may seem very small) we might be missing out on very important clues from our service users. The men we interviewed on their experience of help-seeking for their violence said that it has been really difficult to find frontline professionals who would address and openly talk about violence. One of them, for example, had been trying to get help from a psychologist, but the professional was not able to discuss the violence: “I told the therapist that I had a ‘reactive’ character, but he didn’t say anything”.

We should be able to recognize violent or abusive behaviours in everyday life every time we use them (and probably all of us do at some point), somebody uses them against us and somebody uses them in front of us (but against somebody else). We will be surprised to discover how often we brush away a harsh remark, an offensive answer or a disrespectful attitude. These behaviours all need to be recognized and uncovered in order to be “de-normalized” so that we can be able to call out abusive behaviour without minimization.

We invite you, as an exercise, to take a small test, which we ask men to respond to identify the violence and abuse they might be using¹². You can take it from the three perspectives mentioned above: behaviours you have used, behaviours you have received and behaviours you have witnessed:

- ☐ Do you sometimes behave like you are your partner’s boss?

- ☐ Do you say or do things that you regret later?

- ☐ Are you trying to control everything?

- ☐ Is it difficult for you to control yourself sometimes?

- ☐ Is/are your child/children or partner ever afraid of you?

- ☐ Is your relationship influenced by your behaviour?

- ☐ Are you doing harm to the people you love the most?

- ☐ Have you ever tried to prevent your partner from doing something they wanted to do? (like dress in a way you didn’t like, go out with friends, have a job or study)

- ☐ Have you ever followed or controlled your partner’s movements (perhaps by calling or constantly sending messages at strange times)?

- ☐ Have you ever frightened your partner and/or children with your behaviour?

- ☐ Have you ever pressured your partner or other women to have sex when they did not want to?

- ☐ Are you jealous and/or have you ever accused your partner of paying too much attention to someone else?

¹² Test taken from the website of one of the partners of this project a perpetrator centre Centro di Ascolto Uomini Maltrattanti (CAM) in Florence, www.centrouominimaltrattanti.org inspired by Men’s Referral Service Australia 2009 website.

- ☐ Have you ever offended, criticized or made your partner and/or your children feel stupid about their ideas?

- ☐ Have you ever slapped, beaten or pushed your partner - or threatened to do so?

- ☐ Do you control your household finances, perhaps controlling all the expenses and not allowing your partner to use money for personal things?

If you answered yes to two or more of these questions you have a starting point to observe these behaviours under a different lens. To be able to work with domestic violence it is fundamental to start from our own experience and reflect on how we may have been victims, perpetrators or witnesses of violence ourselves, how this has impacted us and how these experiences, in turn, may affect our personal and professional responses to violence and abuse. We suggest you extend these personal reflections into conversations with your team members or supervisors, if you feel comfortable to do so.

Annex 4. Different positions and the therapeutic relationships they produce

The following table intends to summarize three possible positions towards the men and their violence, the collusive one that doesn't challenge the violence and thus will hardly produce any change, the confronting one that will probably create a defensive reaction and little change in the man and the understanding (but critical) position described above.

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

Table adapted from Iwi & Newman (2015, p. 26)

In relation to positioning, it is important to emphasize that the professional will have a reflective and critical role regarding the abusive behaviour of the man, and that therefore it will be an essential part of the work of the professional to evaluate the damage that has been caused. The mobilization for change will happen when the man experiences internal conflict or dissonance which becomes unsustainable for him. For this to happen, the interviewer's job will be to help build the part of the man that wants a better life, the part of his self with which violence and abuse do not fit well, the part that cares about his family and he would feel very bad if someone hurt them.

Annex 5. Exploring the use of violence in more detail

Frontline professionals have a responsibility to identify signs of domestic violence and abuse, ask about it and motivate men to change prior to referral to a perpetrator programme. Specialised professionals work with men to explore the different types of violence he uses, its severity and frequency and the consequences it has (had) on his partner, his children, other people involved (family and friends) and on himself. This can be very useful to motivate him for a referral (step 4) and to evaluate the risk he might be posing on others. It can also be of interest to know about the history of his use of violence and possible patterns in it, especially if there has been an increase in severity or frequency lately.

It is helpful to ask an introductory question like: “Is it ok if I ask you some more specific questions about this?” Some questions you might ask about the history of his use of violence are:

- “Do you remember the first time you got physical in a fight / laid your hand on your partner?”

- “What was the worst thing you’ve ever done to her?” “What would she say was the worst thing you did to her?” “How do you think she felt then?”

- “What was the last incident of being abusive to her?”

- “Did/has your behaviour changed towards your partner during pregnancy?”

- “Are you aware of any patterns – is the abuse getting worse or more frequent?”

- “How are the children affected?”

- “Have you assaulted your partner in front of the children?”

- “Have you ever assaulted or threatened your partner with a knife or other weapon?”

- “Have the police ever been called to the house because of your behaviour?”

- “What worries you most about your behaviour?”

- “Have you ever used violence in other relationships?” “Please, tell me more about it.”

Other questions have to do with his history of suffering or witnessing violence:

- “Have you ever been abused or have you ever suffered violence as a child?” “Or at any other time in your life?”

- “Was there violence in your home, between your parents?” “What do you remember?” “How did you feel about it?”

Also, you should explore the use of the following different kinds of violence and abuse in the recent past and present:

- Emotional abuse

- Coercive and controlling behaviours

- Physical violence

- Sexual violence

- Economic violence

The following two behaviour inventories, version A for abusive behaviours and version V for violent behaviours, were created by Calvin Bell from Safer Families/Ahimsa and are available on-line at: http://www.fsa.me.uk/uploads/7/6/5/6/7656227/violence_and_abuse_inventories.pdf

Name				Date	
BEHAVIOUR INVENTORY A (abuse)					
? don't know	0 never	1 once	2 occasionally	3 frequently	4 constantly
Score yourself here	Instructions. Using the scale above, place a score in each box in the left-hand column to indicate how often you have behaved towards your (ex-) partner in the way described. Then score her in the right-hand column. Delete or change any words that don't apply.				Score her here
	Insulted her (such as calling her a hurtful name)				
	Humiliated her (made fun of her)				
	Told her that she was worthless or ugly				
	Told her that she was stupid or mad				
	Told her that she was a bad parent				
	Told her that no-one else would put up with her				
	Told her that she wouldn't be able to cope on her own				
	Tried to stop her having contact with her friends or family				
	Insisted on accompanying her whenever she went out				
	Locked her in				
	Insisted on knowing who she was with at all times you were not together				
	Accused her unfairly of having sex with other men				
	Followed her or checked up on her when you were not together				
	Threatened to kill yourself if she left you				
	Threatened to report her to the police/social services/immigration if she left you				
	Threatened to kidnap the child/ren if she left you				
	Told her that you would never let her bring up the child/ren with another man				
	Insisted she obey you or tried to control just about everything she did				
	Insisted she carry out housework to your standard				
	Forced her to cook meals that you chose				
	Forced her to wear clothes or make-up that you chose for her				
	Controlled the money (e.g. dictated how the family income was spent)				
	Put her on an 'allowance' or made her ask or beg for money				
	Made her account for every penny her spent				
	Made false allegations about her to the police/social services (delete as necessary)				
	Frightened her with your temper				
	Punched or kicked the door, wall or furniture				
	Stopped her using the phone to get help				
	Intentionally damaged her clothes, possessions or property				
	Swore and shouted in her face				
	Physically threw her out of the home				
	Smashed plates or threw food or objects around				
	Threatened her by raising your fist at her				
	Threatened her with an object				
	Threatened to kill her				

Name				Date	
BEHAVIOUR INVENTORY V (violence)					
? don't know	0 never	1 once	2 occasionally	3 frequently	4 constantly
I've done this to her	Instructions. using the scale above, place a score in each box in the left-hand column to indicate how often you have behaved towards your (ex-) partner in the way described. Then score her in the right-hand column.				She's done this to me
	spat at her				
	poked her with my finger				
	pushed her				
	dragged her by the clothes, arm, leg, or hair (delete as necessary)				
	held her by the arms or shoulders				
	grabbed or shook her (delete as necessary)				
	pinned her up against the wall				
	pulled her hair				
	threw her around				
	twisted or bent her finger, arm or leg (delete as necessary)				
	pinched, scratched or squeezed her (delete as necessary)				
	bit her				
	poured or threw a drink or other liquid over her (delete as necessary)				
	threw things at her that could hurt				
	burnt her with a cigarette				
	slapped her				
	hit her with the back of my hand				
	punched her to the arm, leg, body, head or face (delete as necessary)				
	kicked her in the arm, leg, body, head or face (delete as necessary)				
	banged her head				
	head-butted her				
	pushed her down the stairs				
	smothered her mouth				
	held her by the throat				
	tried to choke or strangle her				
	hit her with an object				
	stabbed her				
	assaulted her when you knew she was pregnant				—
	punched her in the abdomen when you knew she was pregnant				—

VERSION 8 Copyright Calvin Bell; Safer Families/Ahimsa

Annex 6. Risk assessment and management

Risk assessment

To be able to improve the safety of victims/survivors and prevent future violence and abuse it is helpful for service providers to assess the risks that are posed by a perpetrator and to determine what steps can be taken to reduce it. Both safety measures for the victims and risk management strategies (including interventions) with the perpetrators should be informed by risk assessment.

As a frontline worker, it might not be your task to do a formal risk assessment, but you will have to assess risk (implicitly or explicitly) to be able to take the abovementioned decisions on safety measures and risk management.

There are mainly three forms in which risk factors are identified and evaluated in risk assessment:

- clinical assessment (based on the experience of the professional),
- actuarial assessment (research-based “test” with pre-established weightings of the risk factors that professionals have to tick as absent or present),
- structured clinical assessment (a list of evidence-based risk factors guides the professional in their assessment/judgement).

In any case, risk assessment can only be as good as the information it is based on. Therefore, in assessing risk you should try to include as many sources of information as possible, especially the partner’s perspective, since the women’s perception of danger has been proven to be the single best predictor of future violence, but also police records and information from any other agency attending to the man or his family. If the information is mainly provided by the perpetrator, the limitations in accuracy of risk assessments should be taken into account and will partly depend on the trust developed in the working relationship.

There are quite a few risk assessment tools or instruments available¹³, although most of them are developed for the use based on the information provided by the victim/survivor. In the context of the work with perpetrators in Europe two of them stand out as the most used but available only in English¹⁴:

1. **SARA (Spousal Assault Risk Assessment; Kropp, Hart, Webster & Eaves, 1994)** The SARA is a checklist to assist case management determining risk for violence that might occur in the context of spousal assault
2. **DASH-RIC (Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist)¹⁵** is designed to help practitioners identify high risk cases of domestic abuse, stalking and honour based violence

If you are part of a coordinated community response against domestic violence or a local roundtable, we would highly recommend for you to use the risk assessment tool used there (or by your local survivor support service).

¹³ See the useful overview provided in the PROTECT project: http://files.wave-network.org/trainingmanuals/PROTECTI_Protecting_High_Risk_Victims_2011_English.pdf

¹⁴ See Ginés, Geldschläger et al. (2014)

¹⁵ See http://www.safelives.org.uk/sites/default/files/resources/Dash%20for%20IDVAs%20FINAL_0.pdf

Most risk assessment instruments are based on similar empirically derived risk factors, some of which are static (unchanging factors like personal characteristics, past events or permanent circumstances) and others dynamic (personal characteristics or circumstances that change). The level of risk decreases or increases as the dynamic risk factors change and it is therefore important to monitor risk in an ongoing way and reassess if you observe changes in dynamic risk factors. Some of the main risk factors are:

- Victim fears for her own or her child/ren's safety
- Recent or imminent separation
- Child custody or access disputes
- Past assault of family members
- Past assault of strangers or acquaintances
- Past breach or ignoring of injunctions, court orders or conditions
- Victim and/or witness of "family" violence as child or adolescent
- Substance misuse
- Recent mental ill-health relating to violence
- Past physical assault of partner
- Partner pregnant or recently given birth
- Sexual assault or sexual jealousy
- Past use of weapons or threats of death
- Recent escalation in frequency or severity of assaults
- Extreme minimisation or denial of domestic violence history
- Attitudes that support or condone domestic abuse
- Recent relationship problems
- Recent employment problems
- Attempted strangulation (choking)
- Suicidal tendencies or threats or attempts to commit suicide by the perpetrator
- New partner in victim's life
- Past threats and/or harm to children
- Past assault on victim while pregnant

Risk management

Depending on the risk of future violence assessed and the particular circumstances and needs of each case/family, different risk management strategies should be put in place by the coordinated community response / system of agencies involved. As a frontline professional and depending on your role, you might be in a position to recommend or initiate some of these risk management strategies, but you should certainly **collaborate in developing them in coordination with other services**.

Especially if you assess a **high, immediate risk** for considerable harm to the (ex-) partner and/or children, you will have to take any necessary measures to protect them including reporting to the relevant authorities / police forces and informing the victim/survivor and other relevant services. If possible, this should be explained to the man so he does not attribute any intervention by the authorities to the victim/survivor.

In high and medium risk cases, **monitoring** the perpetrator and the risk he poses on the (ex-) partner and/or children is another important risk management strategy. It can include frequent contacts (face-to-face or by telephone) with the perpetrator, as well as with the potential victim/survivor and other relevant people (e.g., other health or social workers involved, probation officers, family members, co-workers) in the form of face-to-face

meetings or telephone calls. These contacts convey a sense of surveillance to the perpetrator that can help reduce his violent and abusive behaviour and, on the other hand, serve to monitor risk factors over time identifying possible “red flags” of imminent or high risk.

Depending on the complexity of the case and the level of risk, shared risk management might be established either through separate communications with different services or, if required, through face-to-face meetings or Skype/telephone conferences with all professionals / services involved (e.g. multi-agency risk-assessment conferences – MARACs¹⁶).

If possible (the man has acknowledged his use of violence – at least to some degree – and shown some motivation to change) the man should be involved in managing the risk he poses to the victims/survivors. In this case, you might share the outcome of your risk assessment and your concern for the safety of his (ex-) partner and/or children with him and discuss the most effective measures to reduce this risk under their current circumstances. These should focus on ways he can contribute to improved safety by reducing his violence and abuse. Possible risk management strategies include:

- complying with any police or court orders, protection or restraining orders or civil court decisions on child custody, contact, etc.,
- leaving the family home for a (limited) time period (until things have calmed down),
- leaving the house / walking away when he feels he is getting angry/frustrated and could become violent or abusive,
- allowing the victim/survivor to leave (with the children) if she feels unsafe,
- not drinking or taking drugs for some time / at home, before being with his (ex-) partner or children,
- finding a support person/s who he can turn to if he needs help or a place to cool off and who can support him with the agreed measures and his process of change in general,
- referral to a specialist domestic violence program, or appropriate form of individual counselling,
- referral to other specialist services for possible related problems such as substance abuse or mental health.

While discussing his role in creating safety for his (ex-) partner and/or children with the man you should:

- help him to recognise the choices he makes when continuing (or even escalating) their violence and abuse, and their responsibility in choosing to stop his use of violence,
- hold him accountable by highlighting the criminal nature of his violence and discussing its possible legal consequences.

16 See <http://www.safelives.org.uk/sites/default/files/resources/MARAC%20FAQs%20General%20FINAL.pdf>

Annex 7. Motivational Interviewing

Motivational interviewing¹⁷ is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behaviour. It is based on the following ideas:

1. The motivation to change is elicited from the man and is not imposed from the outside.
2. It is the task of the man, and not the interviewer, to articulate and resolve their ambivalences
3. Direct persuasion is not an effective method to resolve ambivalences.
4. The style of the interview is always calm and reflective.
5. The interviewer is a manager in helping the man to examine and resolve his ambivalence.
6. The willingness to change is not a personality trait of the client / user, but a fluctuating product of interpersonal interaction.
7. The therapeutic relationship is more that of an ally or partner than of an expert.

Motivational Interviewing requires a shift from "telling" the man what to do to inviting him to reflect on his behaviour and its consequences in the light of his own values and goals. It is based on the following principles (see graphic below):



Adapted from Lee (2017)

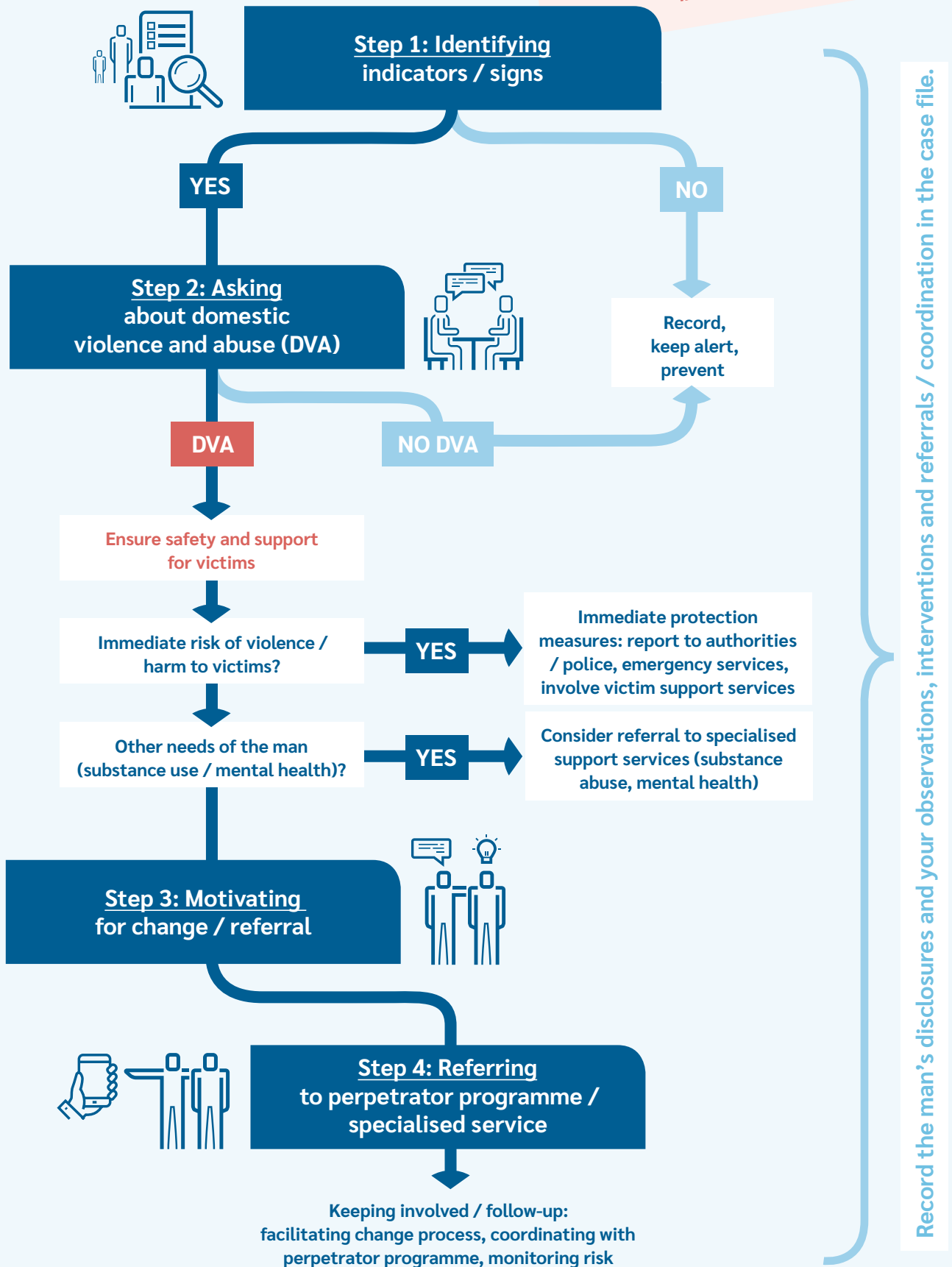
Using Motivational Interviewing, professionals can tailor motivational strategies to the man's stage of change according to the Prochaska and DiClemente (1986) model, as can be seen in the following table:

¹⁷ See Dia et al. (2009)

Stage of change	Man's position and discourse	Professionals' motivational tasks
PRECONTEMPLATION	The man is not ready to change, he denies or minimizes violence and blames others for his problem (<i>"It's all a big lie"; "It's her who's abusing me"; "She's driving me nuts"; "She's crazy, it's her who needs treatment"</i>).	Raise doubt and increase the patient's perception of the risks and problems with their current behaviour (e.g.: <i>"Do you know what happens to your children when you scream?"</i>). Inform about perpetrator programmes (brochure).
CONTEMPLATION	The man starts to think that his violence is a problem and that he should do something about it, but doesn't take any decision or action yet (<i>"I'm starting to realize the harm I'm doing when I get angry"; "Maybe somebody should help me control myself"</i>).	Weigh up the pros and cons of change with the man and work on helping them tip the balance by: ■ exploring ambivalence and alternatives (e.g.: <i>"You say that she provokes you but you recognize that your reactions are a problem"</i>). ■ identifying reasons for change/risks of not changing (e.g.: <i>"How do you imagine the relationship with your son if you stopped screaming at home?"</i>). ■ increasing the man's confidence in their ability to change
PREPARATION	The man has decided to change and is preparing the first steps (<i>"I will go to the programme because it is my last opportunity"; "I want to be a better father but I don't know how"</i>).	Help the man to develop a realistic plan for making a change, set clear goals (e.g.: <i>"You can make an appointment with this programme and then tell me how it is going"</i>).
ACTION	The man is starting to change his behaviour with some success. (<i>"When I get very nervous I do what we said I would"</i>).	Help the man to take steps toward change (explanations, examples), follow him up on them and ensure rewards for successful steps (e.g.: <i>"Many men can change starting a programme as you are doing"</i>).
MAINTENANCE	The man has been able to sustain behaviour change for some time and uses strategies to prevent relapse. (<i>"I control myself much better now"; "I try to avoid conflicts to not get too angry"</i>).	Monitor and support the process, help the man to identify and use strategies to prevent relapse. Empathize with the difficulties. (e.g.: <i>"I know it's hard work for you and it's a long way, but don't give up"</i>).
RELAPSE	The man has used violent or abusive behaviour again.	Help the patient renew the processes of contemplation and action; normalise relapse (without colluding with the violence) and reframe/us it as a learning opportunity; give hope and continue to support. (e.g.: <i>"Sometimes it can happen that you get it wrong again but that does not mean that what you did is useless"</i>).

engage Roadmap: 4 Steps

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



Notes

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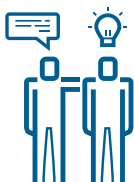
Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse



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



Step 2: Asking men about domestic violence and abuse



Step 3: Motivating perpetrators for referral



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

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ENHANCING SAFE ACCESS TO CHILD SUPPORT

IV-D Program Inventory and Planning Resource

Many state, local, and tribal child support programs have implemented a range of policy and procedural safeguards to address concerns survivors of domestic violence (DV) have about seeking child support services. As these practices are implemented on a daily basis, they evolve with time, changes in personnel, feedback from stakeholders, and identification of gaps in knowledge or resources to respond effectively to survivor concerns.

Conducting an inventory of current program policies and practices provides a structured way for child support agencies to reflect on current efforts to create safe access to child support services and identify areas needing attention or improvement. For jurisdictions that are starting to develop DV policies and procedures, the inventory can help guide and focus stakeholder resources and attention and identify actionable, incremental steps to reach long-term goals of increased survivor safety.

First Steps: Some child support agencies have ongoing, active collaborations with local, regional, or state DV experts and can call upon those partners to participate in conducting (and customizing) the attached program inventory. In those jurisdictions where a formal partnership is yet to be developed, establishing this collaboration is a critical first step in the process to enhance safe access to child support services and encourage survivors to seek services in the first place.

Establishing DV Partnerships: Identify and invite local and state DV coalitions, providers, and experts to participate in an ongoing partnership to enhance safe access to child support services. Staff in the Division of Program Innovation at OCSE, the Family Violence Prevention Services Program in the Administration for Children and Families, and the National Resource Center on Domestic Violence can help identify programs and experts in your jurisdiction (contact information is provided below). The invitation to this meeting sets the stage for beginning or enhancing the child support agency's long-term commitment to:

- assess current practices,
- identify policy and procedures that need to be revised or newly developed,
- build capacity of the program to provide safe and effective child support services to survivors,
- create clear avenues for receiving and responding to feedback from victims and DV advocates on agency practices, and
- connect child support's efforts to secure financial and emotional support for children to the economic justice work of the DV community.

The first meeting needs to include DV and child support agency leadership as well as any program-level staff that will ultimately take a lead role in ongoing implementation. The participation of the IV-D Director, chief legal/policy director, operations director, or comparable executive staff will help reflect the serious commitment being made. It's also helpful to have field office management and training department staff represented as background for the ongoing work in which they will be involved.

Prior to this first meeting, identify an agency "lead" for the collaboration to function as the point of contact for ongoing communication and to facilitate meetings, prepare materials, and ensure follow-up on action items. The project lead needs to be recognized as an agency leader and have adequate decision-making authority.

The format for the first meeting should allow IV-D leadership to express their goals/hopes for a long-term collaboration and to hear from DV advocates about the child support issues facing survivors.

It is critical that IV-D leadership and meeting attendees recognize that, just like child support workers are not experts on domestic violence programs and services, most DV advocates have limited knowledge of the IV-D child support program and much of the information they have comes from what has been portrayed to them by survivors. Providing a brief "primer" or overview of the IV-D program and processes either before the first meeting or as part of the first meeting may be helpful to establish a baseline understanding of program requirements and functions. It may also be helpful for the DV leadership to provide the child support staff with a brief "primer" on DV and DV program services.

While a neutral/outside facilitator might be helpful for this first meeting, it is not necessary as long as the meeting facilitator is not entrenched in promoting or defending current practices. A key goal should be to determine what actions/changes are most urgently needed from the DV leadership perspective and develop concrete action steps.

A sample agenda might include:

- Introductions with some sharing of why safe access to child support is important to the attendees
- Background/purpose of establishing an ongoing collaboration (IV-D director)
- Child support/DV overviews (if needed)
- Identification of the "big/urgent issues" from an advocates' perspective
- Develop a set of action items/tasks – assigning responsibility for completion
- Discussion of constraining/limiting factors
- Identify additional stakeholders needed/desired
- Establish a timeline and next steps, including regular meetings (it can be helpful to alternate meeting location - DV coalition/program office and child support offices)
- Identify how feedback from child support staff, DV staff, and survivors will be collected as policy and program actions are implemented

The following inventory is one resource that could be used by child support staff and DV advocates to identify areas where practice or policy needs to be changed or new procedures or services developed. It should not take priority over urgent issues identified by DV leadership, but may help establish a common understanding of “where we’re at currently.”

This tool can be reviewed as a template with additional elements added at the first meeting. Then assign a team of child support and DV experts to complete it and report back to a leadership team of child support and DV program executive staff. Reporting back to the leadership team on needs identified, actions taken, and feedback from child support staff, DV advocates, and victims is essential for promoting accountability and maintaining the momentum for organizational change.

For information on additional DV resources, state and local DV program contact information, or additional guidance and support using this program inventory, please contact:

Michael Hayes
Office of Child Support Enforcement
Division of Program Innovation
michael.hayes@acf.hhs.gov
(202-401-5651)

Inventory of current policies and practices to promote safe access to child support services

a) Screening for and promoting disclosure of domestic violence

- i. What is the current approach to identifying domestic/family violence issues for parents?
- ii. Are there any questions on applications or intake documents related to domestic violence? Do staff ask questions about safety to promote verbal disclosure, or only provide opportunities for written disclosure?
- iii. Are those questions focused on specific behaviors (e.g. “have you ever been injured by the other parent,” instead of “are you a victim of domestic violence”)?
- iv. Are questions about DV asked in a safe and secure place? Are parents given the opportunity to answer questions about DV away from their children and the other party?
- v. How do mandatory laws related to reporting child abuse apply and how are parents informed about those?
- vi. Is there context given for the reasons behind asking questions about DV and how information will be used (e.g. would they have any reason not to feel safe giving information about the other parent in court)? Do parents know how the answer to family violence questions might influence their case?
- vii. Does the child support agency have an electronic interface with the protective order registry? Or with a criminal justice database to match cases with protective orders or criminal domestic violence charges? How will child support staff deal with parents who have a protective order against them?
- viii. Is information about steps to make pursuing child support safely distributed to all parties at multiple points in the child support process? Do appointment notices/court reminders include information about safety?
- ix. Are easy-to-understand forms provided to parents for documentation of DV? Have parents provided feedback on those forms and their ease of use?
- x. Do staff have guidance and protocol for follow-up screening interactions cause staff to have concerns but there was no disclosure of domestic violence?
- xi. Has staff completed training on the dynamics of family violence and how to promote disclosure and respond effectively?
- xii. Are there posters and brochures displayed in child support offices about safe access to child support? Information on the child support website?
- xiii. Do all staff with parent contact know about local DV resources and how to make referrals to those resources? What about referrals for services for perpetrators?

- xiv. Do staff have clear guidelines/plans of action for how to respond to different types of disclosure, e.g. immediate crisis, children's safety, address confidentiality needs?
- xv. Are there other stakeholders that impact this process? (e.g., what are the screening processes at "sister" agencies?) Does the agency determining good cause need to be consulted?
- xvi. Are there resources to address the custodial parent's concerns for child custody, visitation and exchanges? How are these shared?

Action planning for this section:

- What needs attention?
- Who will take the lead on developing the action plan for this section?
- Who else needs to be involved in addressing needed improvements for screening and disclosure?
- What is the timeframe for actions needed?
- Are there any urgent changes needed – and what are they?

b) Family Violence Indicator (FVI) policy and procedures

- i. What is the purpose of the FVI?
- ii. How do parents learn about the FVI?
- iii. What steps must a parent take for an FVI to be placed on their case? Documents required?
- iv. Who does the FVI flag (victim, child of victim, other party to case)?
- v. What information is shared with person flagged with the FVI as to its impact?
- vi. How and when is the FVI designation reviewed?
- vii. What steps must be taken for the FVI to be removed?
- viii. Are there other stakeholders in this process (e.g. do judges have a stake? other agencies?) and who are they?

Action planning for this section:

- What needs attention from this section of the inventory?
- Who will take the lead on developing the action plan for this section?
- Who else needs to be involved in addressing needed improvements for the FVI?
- What is the timeframe for actions needed for this section?
- Are there any urgent changes needed – and what are they?

c) Specialized case management for cases with disclosure

- i. Is the FVI the only flag to identify a case as a DV case on your automated system? How does a case flagged for DV show up on the system?
- ii. Are court/hearings files and docket lists specially marked to indicate which cases have DV?
- iii. Are DV cases assigned to specific or specialized caseworkers?
- iv. What kinds of adjustments are made when working on DV cases, (e.g., do staff contact the parent who has disclosed DV prior to sending notices to the other party)?
- v. What safety options are available to victims for in-office meetings?
- vi. Does staff proactively offer prevention strategies for victims as part of case management (e.g. telephonic hearings, safety informed enforcement actions, address confidentiality programs)?
- vii. What procedures are in place for responding to a victim who is receiving assistance and didn't claim good cause? Are second chances for good cause offered? Are there case processing deferrals available?
- viii. What protocols are in place to assess lethality and respond to high-risk situations?
- ix. Are there other stakeholders that need to be included in specialized case management (e.g. judicial officers and court staff, agency responsible for good cause determination, legal assistance for custody and visitation orders)?

Action planning for this section:

- What needs attention?
- Who will take the lead on developing the action plan for this section?
- Who else needs to be involved in addressing needed improvements for specialized case management?
- What is the timeframe for actions needed?
- Are there any urgent changes needed – and what are they?

d) Safety procedures for court/hearings/in-office conferences

- i. What safety options are offered to DV survivors at court/administrative hearings? Staggered entrance/exit? Escort in and out after court/hearings? Separate waiting areas? Presence of court security between parties?
- ii. Are DV survivors offered the opportunity to appear telephonically?
- iii. Must DV survivors appear at court on assistance cases?

- iv. Are advocates from local DV programs allowed to accompany victims? Are advocates encouraged to accompany victims in IV-D courts/administrative hearings?
- v. What training do child support judges/hearing officers have on DV?
- vi. What procedures are in place to ensure alleged perpetrators are treated fairly and given full due process?
- vii. If meetings are scheduled in child support offices, are both parents present and if so, are both made aware prior to the meeting that the other parent will be present and offered an opportunity to stagger meeting times?
- viii. What other stakeholders need to be involved in improving court/office safety (e.g. court security personnel, judges, hearing officers)?

Action planning for this section:

- What needs attention from this?
- Who will take the lead on developing the action plan?
- Who else needs to be involved in addressing court and office safety for survivors?
- What is the timeframe for actions needed?
- Are there any urgent changes needed – and what are they?

e) Training

- i. Do all child support staff with customer contact receive training on DV and child support? Who conducts that training? Is there a refresher course? Are these mandatory or optional trainings?
- ii. Is there additional training for legal staff on DV and trauma?
- iii. Does staff training include content on interacting with alleged batterers and how battering behavior might present in child support interactions?
- iv. Do child support outreach staff conduct training with DV advocates on the child support process to help advocates be navigators of the child support system for victims?
- v. Do all child support staff receive training on local DV resources and how to make referrals to those resources?
- vi. What other stakeholders need to be involved in DV training development and delivery (e.g., court administrative staff, legal aid providers, judicial training providers)?

Action planning for this section:

- What needs attention from this section of the inventory?
- Who will take the lead on developing the action plan for this section?
- Who else needs to be involved in addressing training development?
- What is the timeframe for actions needed for this section?
- Are there any urgent changes needed – and what are they?

f) Legal practice

- i. Is any specialized docket prep included for cases with DV (e.g., pre-court contact with parent to find out new information, discussion of what will happen in court and determine safety issues, reminder to bring documentation)?
- ii. Do child support staff attending court/administrative hearings know the impacts of trauma on DV victims and modify hearing practices to enable traumatized victims to offer testimony?
- iii. As representatives of the state, are legal teams aware of the state's goals for safe and workable orders?
- iv. Are legal staff trained on lethality assessments and are protocols in place to respond to high-risk situations?
- v. What other stakeholders need to be included to address safety informed legal practice in child support cases (e.g., policymakers to define state policy goals, family law bar, judiciary and court staff)?

Action planning for this section:

- What needs attention from this?
- Who will take the lead on developing the action plan?
- Who else needs to be involved in addressing safety informed legal practice?
- What is the timeframe for actions needed?
- Are there any urgent changes needed – and what are they?

g) Feedback and accountability

- i. Does the agency have a clearly described and widely communicated procedure for DV survivors and advocates to provide feedback on current practice as well as on new policies and procedures as they are implemented?
- ii. Is there a mechanism for elevating urgent safety/lethality feedback related to DV and child support actions so that it receives urgent attention?
- iii. Is there an opportunity for child support staff to provide feedback on policy/procedure changes and training?

- iv. Is there clear agency policy on how customer feedback is reviewed and used for policy and procedural accountability?
- v. Does the child support agency participate in lethality reviews of DV homicides that occur within its jurisdiction/caseload?

Action planning for this section:

- What needs attention from this?
- Who will take the lead on developing the action plan?
- Who else needs to be involved in addressing feedback and accountability?
- What is the timeframe for actions needed for this?
- Are there any urgent changes needed – and what are they?