KING'S College LONDON

A framework for working safely and effectively with men who perpetrate intimate partner violence in substance use treatment settings

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Introduction

This Framework has been developed from the findings of the bilateral project *'Perpetration of intimate partner violence by males in substance abuse treatment: a cross-cultural research Learning Alliance'* funded by the Economic and Social Research Council in the UK (ES/K002589/1).

Local and international Learning Alliances of expert academics, practitioners, voluntary organisations, charities, policy makers and service users were established in England and Brazil at the initiation of the project to strengthen and support the exchange and dissemination of information, and determine how substance use treatment services could best respond to intimate partner violence perpetration.

This research examined and compared the prevalence and cultural construction of intimate partner violence perpetration by males attending treatment for substance use in England and Brazil. Government and local strategies, protocols and care pathways were reviewed, and interviews with key stakeholders identified the barriers and facilitators to responding to intimate partner violence among people in treatment for substance use.

Findings from this research alongside stakeholder consultation with Learning Alliance members has informed the development of this *Framework for working safely and effectively with men who perpetrate intimate partner violence in substance use treatment settings.*

The Framework aims to define and clarify the key capabilities (ie knowledge, attitude and values, ethical practice, skills and reflection and professional development) for working with men who use substances (drugs and alcohol) and who perpetrate intimate partner violence. It is aimed primarily at people who work within substance use treatment services, but it also relevant to those who plan and lead service developments within substance use sector including managers and commissioners.

The first section will cover the rationale for the development of the framework, including background information on intimate partner violence perpetration by people who use substance use services.

The second section will detail the capabilities themselves. Quotes from the research participants, as well as reference to relevant published resources, will be used to illustrate each capability. There is a section on further resources at the end.

The appendix contains A: self-assessment of capabilities and B: team check-list.

Background

What do we mean by intimate partner violence?

Intimate partner violence falls under the umbrella of 'domestic violence and abuse'. The UK Government definition of domestic violence and abuse refers to: any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or are family members[1].

For the purposes of this framework we are focusing on men who perpetrate intimate partner violence which includes:

- psychological, physical, sexual, financial and emotional abuse, and controlling behaviours.

Distinct types of perpetrators have been distinguished. These can be described as those who 1) perpetrate severe and escalating forms of violence characterised by multiple forms of abuse, terrorization and threats, and increasingly possessive and controlling behaviour on the part of the perpetrator and those who 2) perpetrate a more moderate form of relationship violence, where continuing frustration and anger occasionally erupt into physical aggression[2].

How common is intimate partner violence among men in treatment for substance use?

Around four in ten men attending treatment for substance use had been physically or sexually violent towards their intimate partner in the previous 12 months of their relationship rising to around seven in ten for psychological abuse, rates far higher than among the general population.[3,4,5,6]

Findings from the ESRC study suggest that around three-quarters of men attending treatment for alcohol or drug use in South East England had ever perpetrated emotional, physical or sexual violence towards their partner.[7] Substance use is common among men who have been convicted of intimate partner violence in England; in one study, 48% had a history of alcohol dependence, and 73% had consumed alcohol prior to the event.[8] The impact of such violence on victims includes mental and physical health problems.[9,10,11]

Furthermore, people who use substances who are victims of intimate partner violence report poorer substance use treatment outcomes.[12,13]

1 Home Office (2013). Information for Local Areas on the change to the Definition of Domestic Violence and Abuse. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

2 WHO. (2002) World report on violence and health. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/42495/1/9241545615_eng.pdf

3 O'Farrell TJ, Murphy CM, Stephan SH, Fals-Stewart W, Murphy, M. (2004) Partner violence before and after couples-based alcoholism treatment for male alcoholic patients: the role of treatment involvement and abstinence. Journal of Consulting and Clinical Psychology, 72: 202–217.

4 El-Bassel N, Gilbert L, Wu E, Chang M, Fontdevila J. (2007) Perpetration of intimate partner violence among men in methadone treatment programs in New York City. American Journal of Public Health, 97: 1230–1232.

5 Frye V, Latka MH, Wu Y, Valverde EE, Knowlton AR, Knight KR Arnsten JH, O'Leary A, INSPIRE Study Team. (2007) Perpetration against main female partners among HIV-positive male injection drug users. Journal of Acquired Immune Deficiency Syndrome, 46: S101–S109.

6 Gilchrist G, Blazquez A, Segura L, Geldschläger H, Valls E, Colom J, Torrens M. (2015) Factors associated with physical or sexual intimate partner violence perpetration by men attending substance misuse treatment in Catalunya: A mixed methods study. Criminal Behaviour and Mental Health, 25: 239–257.

7 Gilchrist G, Radcliffe P. (2016) Prevalence and risk factors for intimate partner violence perpetration by men attending treatment for substance use (in preparation).

8 Gilchrist E, Johnson R, Takriti R, Weston S, Beech A, Kebbell M. (2003) Domestic violence offenders: characteristics and offending related needs, Findings 217, London: Home Office. http://webarchive.nationalarchives.gov.uk/20110218135832/http:/rds.homeoffice.gov.uk/rds/pdfs2/r217.pdf

9 Devries KM, Mak J , Bacchus LJ, Child JC, Falder G, Petzold M, Astbury J, Watts CH. (2013) Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies. PLoS Medicine, 10: 1-11.

10 Golding JM. (1999) Intimate partner violence as a risk factor for mental disorders: a metanalysis. Journal of Family Violence 14: 99–132.

11 Campbell JC. (2002) Health consequences of intimate partner violence. Lancet, 359: 1331–1336.

12 Greenfield SF, Kolodziej ME, Sugarman DE, Muenz LR, Vagge LM, He DY, Weiss RD. (2002) History of abuse and drinking outcomes following inpatient alcohol treatment: a prospective study. Drug and Alcohol Dependence, 67: 227-234.

13 Kang SY, Deren S, Goldstein MF. (2002) Relationships between childhood abuse and neglect experience and HIV risk behaviors among methadone treatment drop-outs. Child Abuse and Neglect, 26:1275-1289.

Background

Why are some men more likely to perpetrate intimate partner violence?

The following factors have been associated with intimate partner violence perpetration: younger age, low socio-economic status, adverse childhood experiences, substance use, psychological problems, anger expression, sexist attitudes and support of gender-specific roles.[14 15 16] Heavy alcohol consumption and drug use are highly correlated with intimate partner violence perpetration. Physical violence is more likely to occur and to be more severe on days when drinking has occurred.[17 18]

Despite this, the role of substance misuse in intimate partner violence perpetration is not well understood and debate exists over its contribution. Various theories have been proposed to explain this higher prevalence:

- that the pharmacological properties of substances result in impaired cognitive processing;[19]
- that substance use results in marital conflict;[20]
- that intimate partner violence and substance use have shared risk factors.[21]

So it is generally accepted that no single factor sufficiently explains why some people perpetrate intimate partner violence[22], and perhaps the best way to understand it is by a nested ecological theory examining the interactive effects of broader culture, subculture, family and individual characteristics.[23]

It is thought that alcohol or drug use may be the mechanism for reducing the threshold at which a perceived provocation would result in intimate partner violence by those who do not usually behave aggressively[24] but not for those who are physically aggressive regardless of whether they are under the influence or not.[25]

Because of the complex relationship between substance use and perpetration of intimate partner violence, we should consider multiple factors including the impact of heavy consumption, the context within which the substance use occurs and the values associated with use (such as concepts of masculinity and macho behaviours). Feminist theory considers intimate partner violence as men's exertion of power over women in a patriarchal society. Individual theories consider personality traits and mental characteristics of the perpetrator. Social theories consider environmental factors, such as family structure, stress and social learning. Situational factors include individual motivations, perceptions of risk, circumstances and consequences that individuals bring to specific events. It is also important to consider the cultural beliefs about alcohol, disinhibition and aggression and what people consider as 'acceptable' whilst 'under the influence' of intoxicants in order to understand the link between violence perpetration and alcohol consumption.[26]

14 Stith SM, Smith DB, Penn CE, Ward DB, Tritt D. (2004) Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. Aggression and Violent Behavior, 10: 65–98.

15 Oram S, Flynn SM, Shaw J, Appleby L, Howard LM. (2013) Mental illness and domestic homicide: A population-based descriptive study. Psychiatric Services, 64: 1006–1011.

16 Ten Have M, de Graaf R, van Weeghel J, van Dorsselaer S. (2014) The association between common mental disorders and violence: To what extent is it influenced by prior victimization,negative life events and low levels of social support? Psychological Medicine, 44:1485–1498.

17 Foran HM, O'Leary KD. (2008) Alcohol and intimate partner violence: A meta-analytic review. Clinical Psychology Review, 28:1222–1234.

18 Moore TM, Stuart GL, Meehan JC, Rhatigan DL, Hellmuth JC, Keen SM. (2008) Drug abuse and aggression between intimate partners: a meta-analytic review. Clinical Psychology Review, 28:247–274.

19 Leonard K, Jacob T. (1998) Alcohol, Alcoholism, and Family Violence. New York, NY: Plenum Press.

20 Murphy M, O'Farrell TJ, Fals-Stewart W, Feehan M. (2001) Correlates of intimate partner violence among male alcoholic patients, Journal of Consulting and Clinical Psychology, 69: 528–540.

21 Kuhns JB. (2005) The dynamic nature of the drug use/serious violence relationship: a multi-causal approach. Violence and Victims, 20: 433–454.

22 Dixon L, Graham-Kevan N. (2011) Understanding the nature and etiology of intimate partner violence and implications for practice and policy. Clinical Psychology Review, 31: 1145–1155.

23 Dahlberg LL, Krug EG, Mercy JA, Zwi AB, Lozano R. (2002) Violence – a global public health problem. In: Krug EG et al, eds. World report on violence and health pp.3–21. Geneva: World Health Organization.

24 Fals-Stewart W, Leonard KE, Birchler GR. (2005) The occurrence of male-to-female intimate partner violence on days of men's drinking: the moderating effects of antisocial personality disorder. Journal of Consulting and Clinical Psychology, 73: 239–248.

25 Klostermann KC, Fals-Stewart W. (2006) Intimate partner violence and alcohol use: exploring the role of drinking in partner violence and its implications for intervention. Aggression and Violent Behavior, 11: 587–597.

26 Gilchrist L, Ireland L, Forsyth A, Laxton T, Godwin J. (2014) Roles of alcohol in intimate partner abuse. Alcohol Research UK.

Who are you most likely to be working with?

Much of the work with perpetrators of domestic violence in the UK was pioneered in the late 1980's and early 1990's and grew out of programmes initially developed in the USA within the so called 'battered women's movement'. As such, early work focused on men's violence towards women.

It has been widely acknowledged that perpetration also happens in a variety of contexts including female to male and LGBT relationships; while more recently, work with young people using violence towards their parents has become more widespread. This in turn has led to an increased focus on thorough assessment processes by domestic violence agencies to ensure they are clear about who is doing what to whom. This is a process that has become arguably more urgent with the advent of dwindling resources and a more challenging economic environment.

Debate about the nature of intimate partner violence and who perpetrates it has at times become increasingly polarised, with the issue of gender and its influence or otherwise upon domestic violence often at the heart of this debate. We do not intend to rehearse all these arguments here. Nonetheless, women are more likely to be victims of sexual violence, to be injured or murdered as a result of severe physical violence by a partner than men.[27 28]

Working with intimate partner violence perpetration in substance use treatment settings

In the Learning Alliance study, qualitative interviews were undertaken with practitioners, managers of substance use and intimate partner violence perpetration agencies and policy makers. The summary of the findings from the interviews are listed below.

While the substance use treatment sector has long been aware of the link between intimate partner violence and substance use, in our research we found that the sector has not always been able to address it for a number of reasons:

- Staff who work in drug and alcohol treatment services may lack sufficient knowledge about intimate partner violence and how to address perpetration in their routine work.
- Staff may not always have the confidence to broach the subject of intimate partner violence perpetration with their clients and may therefore avoid asking questions about intimate partner violence perpetration.
- There is a lack of consistency in addressing intimate partner violence perpetration amongst people in treatment for substance use.
- There is a lack of clear protocols, care pathways, guidance, and supervision in undertaking this work.[29]

Aims of the Framework

This framework is aimed primarily at staff in drug and alcohol treatment services and is designed to clarify the capabilities that are required to work within their roles with perpetrators of intimate partner violence. It is also of relevance to service managers, trainers, and commissioners of substance use services.

27 World Health Organization. (2013) Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization.

28 Chermack ST, Murray RL, Walton MA, Booth BA, Wryobeck J, Blow FC. (2008) Partner aggression among men and women in substance use disorder treatment: Correlates of psychological and physical aggression and injury. Drug and Alcohol Dependence, 98: 35–44.

29 Radcliffe P, Gilchrist G. "You can never work with addictions in isolation". Gaps and contradictions in the policy and practice response to addressing Intimate Partner Violence perpetration by men in substance misuse treatment in England. International Journal of Drug Policy (under review).

Background

Definition of a 'Capability'?

A capability is defined as a set of components to enable someone to deliver high quality healthcare and includes:

- Knowledge
- Attitude and values
- Ethical practice
- Skills
- Reflection and professional development[30]

A capability is not just about being able to perform something or not; rather, a capability is being able to undertake an activity couched in the right attitudes and values, being applying knowledge, using skills, and practicing ethically.

The Capability Framework provides a clear guide to what capabilities should be adopted by substance use treatment staff when working with men who perpetrate intimate partner violence. It outlines and describes each capability with examples including quotes from qualitative interviews conducted during our research to illustrate each point. This is not intended as a learning resource, and we signpost various resources such as online training, policy and research to support the development of these capabilities. However, the self-assessment tool can be used to undertake a learning needs assessment of the workforce and devise training and learning opportunities to address gaps in capabilities identified (see appendix 1).

Methodology

The content of the framework has been informed by a combination of research findings, and stakeholder consultation events (in England and Brazil). During the stakeholder events there was group discussion based on the following questions:

- What attitude or value should staff possess when working with male perpetrators of intimate partner violence?
- How can staff feel more comfortable asking men about perpetration of intimate partner violence?
- What skills and knowledge are needed to work with male perpetrators within substance use treatment services?
- What services should be involved for males who use substances and perpetrate intimate partner violence?

A note on organisational culture

Whilst this document focuses on what individual staff members should consider, it is important to consider the infrastructures that should be in place at a team or local level to support these practices.

- The organisation should have a shared understanding and approach to intimate partner violence perpetration (the culture) and a protocol with specific actions at each stage of the process. Teams should have policy on responding to the perpetration of intimate partner violence according to Multi-Agency Risk Assessment Conference (MARAC), Multi-Agency Public Protection Arrangements (MAPPA) guidance, and Safeguarding Adults.
- Clear referral pathways for perpetrators and victims to other relevant services (ensuring these are reviewed regularly) and accessible to front line staff.
- To forge links with relevant external agencies, consider inviting people from those agencies to give a talk on their service and how they work with perpetrators and victims of intimate partner violence.
- A regular platform within team discussions related to identified or suspected intimate partner violence victimisation and perpetration by clients. In addition, staff need to have access to supervision to allow the exploration of the sometimes challenging nature of working with men who perpetrate intimate partner violence.

30 The Sainsbury Centre for Mental Health. (2001) The Capable Practitioner Framework: A framework and list of the practitioner capabilities required to implement the National Service Framework for Mental Health, London: Sainsbury Centre for Mental Health.

Sections

This Framework is divided into nine sections:

1. **Knowledge**
2. **Interpersonal skills**
3. **Role legitimacy**
4. **Look and listen for signs of perpetration**
5. **Facilitating disclosure**
6. **Gathering information on the specific risks**
7. **Knowing what to do with disclosure**
8. **Continuing to work after disclosure**
9. **Commitment to professional development around this topic**

1. Knowledge
What do I need to know

Capability	Description	Illustration
1.1 It's common in substance use services	Recognise that intimate partner violence perpetration is common by people who use substance use services.	Around 4 in 10 men in substance misuse treatment report perpetrating intimate partner violence in the past 12 months of their relationship and around 7 in 10 report perpetrating psychological abuse. Our study of men attending substance use treatment in England[7] found that: • 63% had ever perpetrated emotional abuse • 60% had ever perpetrated physical abuse
1.2 Understanding the complex link between substance use and intimate partner violence	Knowledge of range of factors that contribute to intimate partner violence and the role that substance use plays within a complex model.	It is important to realise that substance use itself is not a cause of intimate partner violence. The link between substance use and intimate partner violence is correlational. Therefore, you should also enquire about the times abuse/violence has taken place when the perpetrator has not been intoxicated to broaden the understanding of what is happening for the perpetrator. Likewise, understanding the factors in the build up to being intoxicated can also be useful in identifying factors that contributed to violent and abusive behaviour.
1.3 How intimate partner violence manifests	Being aware of the range of intimate partner violence perpetration ie that it is not just physical violence. Intimate partner violence includes verbal, and/or psychological abuse too (eg isolating, belittling, controlling, and creating dependency – emotional, financial, controlling access to drugs). Consider the impact of such behaviours on the victim/s.	This quote demonstrates that IPV can manifest as controlling and manipulating behaviour: *When I needed money, for example, that was a time when I was going to earn some money somehow – sometimes, illegally. If I couldn't earn the money, I was relying on her that she was going to bring some money from work, let's say. If she didn't, then I was getting like... pissed off and doing weird stuff like telling her I'm going to hang myself and stuff like that and trying to bully her, let's say* AGE 51, IN TREATMENT FOR HEROIN
1.4 How perpetrators may minimise or justify	Being aware of the ways in which perpetrators may talk and 'explain' their behaviour (eg citing mitigating circumstances such as intoxication, nagging-victim blaming, minimise impact of behaviour).	Perpetrators often minimise their violence by saying that they have only hit their partner a few times, that they have limited their violence or that the violence was mutual: *But I've never actually used a closed fist with her, you know. Like I said, in the 10 years, I hit her about four times, but she's hit me just as much as I've hit her. So who's to blame?* AGE 44, IN TREATMENT FOR HEROIN Perpetrators frequently state that the violence was out of character and often blame their violence on intoxication or the effects of sustained substance use: *I would go off on week or two week benders [on cocaine and stimulants] [..] she lived in [name of place], [..] I would just swan off back to [name of place] and spend time with my friends [..] and then when I ran out of money or I was in such a bad state that I needed to rest and go back just to sort my head out I'd go back. [..] things would just turn nasty... Most of the time it would be verbal insults, the way I spoke to her, put her down, I'd accuse her of things, I'd call her a slut or you know just really intimidating. And on a few occasions I assaulted her.* AGE 41, ABSTINENT

2. Interpersonal skills
How do I need to be?

Capability	Description	Illustration
2.1 Consistent Standpoint	Any form of abuse is always unacceptable (no excuses or mitigation). This is about being able to challenge a person on their behaviour and also about having clear and visible messages about what constitutes acceptable behaviour in public spaces of the service.	*Quite often perpetrators can be very clever. They can be very intelligent, very manipulative. And I think some practitioners wouldn't be able to work with that as well as others. And you need to be able to challenge in a very empathic way.* *I think there's no point in talking to a perpetrator and arguing with them. You're not really going to get anywhere. [laughs] I think it's a fine balance of being challenging but supportive.* SUBSTANCE USE TREATMENT STAFF MEMBER
2.2 Hope	Therapeutic Optimism: the belief that change is possible and desirable	*One thing I hope we're able to communicate longer term is that addressing intimate partner violence supports someone's recovery.* INTIMATE PARTNER VIOLENCE PERPETRATOR PROGRAMME STAFF MEMBER
2.3 Empathy without collusion	Be respectful and empathic regarding the persons' feeling around the behaviour and/or past traumatic experiences but do not collude with the strategies they are currently adopting to deal with those feelings. In addition, create an environment where responsibility and accountability for one's own actions is fostered and actively encouraged.	*I found out that she'd slept with most of[...] my mates [..] I've ripped doors off [...] I've smashed her over the head – I've smashed her with the door, I've proper hurt her quite a few times, yeah.* AGE 42, IN TREATMENT FOR HEROIN AND CRACK We can empathise with the hurt and pain of the betrayal but not the violence that occurred as a consequence.
2.4 Non-judgemental attitude	Be aware of own judgments and how this may be impacting on ability to form a therapeutic alliance.	In having these conversations, challenge stereotypes you hold for both victim and perpetrator; eg be beware of the stereotype of the 'perfect victim' – quiet, passive recipient of violence and abuse. Also be aware of assumptions of 'the bad guy'– who has always been an aggressive bully with no remorse, regrets, or desire for change. Often it is less clear cut and more nuanced. *I do think that there's a need for broader understandings about what violence is.. and although it can often be very, very difficult, you know, not being judgemental about it. So, although it is completely inappropriate, and it needs to stop, there's something about being able to maintain a therapeutic relationship with that person.* SUBSTANCE USE TREATMENT STAFF MEMBER

3. Role legitimacy

Capability	Description	Illustration
3.1 Exploring and asking about intimate partner violence perpetration is a part of my role	I accept that this is a part of my job and responsibility under the Care Act 2014 (Adult Safeguarding) and supported in NICE Guidance recommendations. It is part of drug recovery and safety to explore relationships and address and respond with issues that arise from such discussions.	*And I think you will always get some people that are less comfortable and, you know, it feels like it's outside their remit, and so they're awkward, then, in how they're, kind of, asking and dealing with it, and, obviously, that, I'm sure, can make quite a difference to the victim, if they're – or the perpetrator – whoever's reporting, whatever they're reporting, you know.* *So I think there's a way to go still.* SUBSTANCE USE TREATMENT STAFF MEMBER

4. Look and listen for signs of perpetration

Capability	Description	Illustration
4.1 Keeping intimate partner violence in mind	Linking to knowing how common it is in substance use services, keep the possibility of perpetration in mind throughout continued contact in treatment, and not just at initial assessment.	*We don't do an actual, 'are you a perpetrator?' kind of question but we have a range of questions in our assessment form that are designed to ask people to kind of reflect on how they actually manage their relationships so that they can talk about how they resolve conflict in a relationship.* *That doesn't mean that somebody will go, well yeah I resolve it by smacking her or whatever, I think you know that would be something that emerges quite often through a whole picture of stuff quite often third party reports, observing people in the group work setting.* SUBSTANCE USE TREATMENT SERVICE MANAGER
4.2 Knowing the 'red flags'	Be aware of key indicators that perpetration is possibly occurring.	• Disclosure at point of critical incident. • Complaining of partner's violence. • Seeking help for some other reason – depression, substance use then mentioning problems in relationship. • Accompanying their partners to appointments and then want to talk for their partners during discussion, even though the partner is who you are supposed to be working with. • Hearing about intimate partner violence perpetration through other sources (be mindful of confidentiality here – don't discuss issues relating to users of the service with other users).

5. Facilitating disclosure

Capability	Description	Illustration
5.1 Therapeutic relationship	Create a positive therapeutic relationship based on respect, honesty and also clear and consistent boundaries.	*It might not be so possible for somebody to feel that they can own that kind of violence at a first meeting, gradually, over time, as the therapeutic relationship develops, and they begin to feel safer in it, they're more likely to talk about it.* SUBSTANCE USE TREATMENT STAFF MEMBER
5.2 Normalise the process of asking questions about intimate partner violence as part of routine treatment	This is about working in a culture that normalises the asking of questions about intimate partner violence perpetration by all staff. Give a clear rationale to the service user as to why these questions are being asked, ie it is about everyone's recovery and within that, positive and safe relationships are important.	*It's about awareness of how [..] to structure questions in a way that encourages disclosure [..]* *If you say to someone, 'Have you been violent?' They're quite likely to say no, aren't they? Whereas if you say, 'When did things start going wrong in your relationship? How did you first raise your hand in anger?' There's less scope to wriggle out of that.* SUBSTANCE USE TREATMENT STAFF MEMBER
5.3 Feelings and confidence	Be aware of own feelings based on unfounded concerns about the perpetrator and ensure that this is not preventing you from asking questions, probing, discussing and seeking support (this shouldn't over-ride worker safety and specific risk concerns).	*If someone's confident in that, they imply a confidence and they communicate a confidence, and a service user in that kind of setting will be really happy to talk about that.* SUBSTANCE USE TREATMENT STAFF MEMBER
5.4 Key questions	It is not just about asking a simple question, it is about probing, asking for elaboration, and being persistent even in light of deflection, minimisation.	*I suppose the other skill is, being able to, kind of, unpick things, you know, so to be able to ask open-ended, curious questions, in a way that won't, kind of, come across as judgemental, or shut someone down straight-away.* SUBSTANCE USE STAFF MEMBER Examples of useful questions: • Do you find yourself shouting/smashing things? • Do you ever feel violent towards a particular person? • 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 assist you to make these changes? • It sounds like your behaviour can be frightening; does your partner say they are frightened of you? • How are the children affected? • Have the police ever been called to the house because of your behaviour? • Are you aware of any patterns – is the abuse getting worse or more frequent? • How do you think alcohol or drugs affect your behaviour?" • What worries you most about your behaviour? • Do you feel unhappy about your partner seeing friends or family – do you ever try to stop that happening? • Have things ever reached the point that you've laid hands on your partner? • Did/has your behaviour changed towards your partner during pregnancy? • What has been the worst occasion when things have got physical? • Have you ever grabbed your partner by the throat? • Do you feel that your behaviour has got worse? • How do you feel about your behaviour? What effect has it had on you? • What effect has your behaviour had on your partner/children?

6. Gathering information on the specific risks

Capability	Description	Illustration
6.1 Victim safety first (ex)partner, child	The first priority is the safety of victim and if applicable, children	*If there's a current victim, we're not gonna do anything to, kind of, put that victim at risk, by challenging [the perpetrator], or even telling them we know about anything, unless it's, kind of, a current case and .. the police are already involved, and things like that.* SUBSTANCE MISUSE TREATMENT STAFF MEMBER
6.2 Risk assessment	Undertaking risk assessment requires using skills and knowledge as well as gathering the right kind of data. Bear in mind that disclosure is more likely if there is a trusting therapeutic relationship. Particular risk factors include: history of intimate partner violence, recent separation, strangulation/grabbing of throat, use of weapons, threats to kill, sexual violence, evidence of ongoing coercive control of partner, mental health issues and child contact disputes.	*We have a safeguarding electronic database that's accessed securely and so all staff use it in every service. And one of the risk categories is 'presents a risk to other adults', there's also... 'is at risk from other adults' and that would be the victim one and there's also a field for children so the people who present a risk to other adults if there's any concern at all that they're involved in perpetrating domestic abuse now or previously they should go on that database and that database matches people.* *So say for instance if somebody is logged on to the system as having been a perpetrator of domestic abuse in [name of place] and they then present it at a County service as soon as their name goes into the database it will say there's a match in [name of place] with the same concern please contact their care co-ordinator and it will give you the number.* *And then the two workers from within our organisation will speak to each other and also what are the risks associated with the person.* SUBSTANCE USE TREATMENT MANAGER
6.3 Risk management	Risk management is a regular and ongoing process that re-evaluates new information and leads to measures being adopted to reduce risk or stop it escalating. Particular factors that might indicate escalating risk include: recent pregnancy, increase in severity of violence, victims own fear of harm increasing and sudden changes in circumstances (relapse of substance use, loss of job, loss of housing, separation from children etc).	Defensible decision making: • All reasonable steps taken • Reliable assessment methods are used • Information collected is thoroughly evaluated • Decisions are recorded and followed through • Agency processes and procedures are followed • Managers are investigative and proactive

7. Knowing what to do with disclosure

Capability	Description	Illustration
7.1 Communication within the team and with external agents	This is about understanding your role and responsibility in sharing information both within your own organization and with external agencies. Using team meetings to raise and discuss issues of intimate partner violence perpetration or suspected perpetration. Managing issues around undertaking a breach of confidentiality. Communicating clearly and confidentially to all users of your service what the boundaries of confidentiality are. Knowing who to share with and how, knowing your local procedures.	*And a good sense of what's safe to hold in a room, and what is acceptable to have to hold as confidential, and what, absolutely, needs to go and be discussed with a manager.* SUBSTANCE USE TREATMENT STAFF MEMBER *I think there's a need to be much more work, joined-up work or maybe having somebody from that service, that specialist service, onsite on particular days in the treatment service.* *So the key worker can say, 'Look. Such and such is here on a Monday. When you come in to see me, I can take you along and sit with you and blah-di-blah-di-blah.' So I'd like to see something much more integrated.* *I think that would work a lot better* SUBSTANCE USE TREATMENT STAFF MEMBER
7.2 When to involve police and MARAC	Familiarise yourself with local providers and statutory processes (Local Safeguarding Children Boards (LSCBs), MARACs, MAPPAs). Make sure you are aware of national framework for safeguarding adults as well as children.	*If a crime was currently being committed, I would hope that there would be a quite different response to somebody saying, 'I have been violent in a relationship [right] in the past.* SUBSTANCE USE TREATMENT MANAGER
7.3 Pathways and referral	This is about knowing your local pathways for perpetrators, and knowing how to access and refer both victims and perpetrators. (See also resources section for information on Respect, Men's Advice Line and Women's Aid)	*[..] it has to be done in partnership with a DV agency, just so the DV agency will pull you up on the things that you don't think of [..] so you have to have these two schools together in order to get the expertise from each side.* SUBSTANCE USE TREATMENT STAFF MEMBER

8. Continuing to work after disclosure

Capability	Description	Illustration
8.1 Optimism	Using the disclosure to promote a positive view of the future and opportunity for change.	*Interviewer: so it's giving people an opportunity to think about that kind of behaviour?* *Interviewee: To feel comfortable and to feel confident and able to talk about these situations, because some men don't like the way they behave, but they don't know what to do about it. And if somebody's not giving them an indication of 'Actually, I understand and I can support you' then they're less likely to ask for help* SUBSTANCE USE TREATMENT STAFF MEMBER
8.2 Re-establish common ground	Re-confirm your commitment to work towards shared goals of recovery and safe relationships. Finding common ground – most perpetrators want to find new solutions to intimate partner violence too.	Here a perpetrator describes positively being forced to address and find solutions to his violence while in custody for a violent offence: *'...just to consider where I'd been, where I was at present and where I was wanting to be in the future it give me a lot of time to knuckle down and change a few things in my life, I did a lot of programmes, I did a lot of work on myself, I got very honest with myself and started just looking at the patterns of my behaviour and whether it was physical or abusive or criminality, lots of things.* AGE 40, ABSTINENT

9. Commitment to professional development around this topic

Capability	Description	Illustration
9.1 Reflect and develop practice using supervision and support	Seeking and using supervision. This could be individual supervision, or use of team meetings to share concerns and solutions as a group.	Using opportunities to reflect and critically appraise the management of each case of working with perpetration: what went well, what could have been better, and what learning needs and support have been identified? *I think it's about supervision and, kind of, team meetings or group supervision. So, like, at every level, where there's the opportunity to, kind of, reflect on challenging issues, it should be one of the things that's reflected on.* SUBSTANCE USE TREATMENT STAFF MEMBER
9.2 Training	Accessing and requesting learning opportunities both formal and informal to meet learning needs in relation to working with perpetrators as well as victims of intimate partner violence	*[intimate partner violence] should be one of the things that's reflected on, the way child protection is more standardly, because, you know, it's not once a year, child protection training that ever enables people, really, you know.* *They might understand what's, sort of, you know, expected of them from that training, but it doesn't mean it gives them the confidence in a room, to, you know, to make a referral or, kind of, challenge somebody about something.* *So I think you need, kind of, managers, supervisors, the people who are, kind of, working with staff, to be very mindful of it, and it be a, kind of, constant theme, and those people to be regularly trained.* SUBSTANCE USE TREATMENT STAFF MEMBER

Useful resources

Risk assessment for victims
http://www.dashriskchecklist.co.uk

Risk assessment for perpetrators
http://respect.uk.net/work/work-perpetrators-domestic-violence/risk-assessment/

Stella Project Complicated matters: a toolkit and e-learning programme addressing domestic and sexual violence, problematic substance use and mental ill-health
http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/complicated-matters-stella-project-toolkit-and-e-learning-(2013).aspx

Adult Safeguarding Responsibilities The Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366087/Factsheet_7_-_Safeguarding.pdf

Social Care Institute for Excellence Resources on Adult Safeguarding
http://www.scie.org.uk/adults/safeguarding

Multi-Agency Public Protection Arrangements (MAPPA)
https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2

National Institute for Health and Care Excellence Guidance on domestic violence and abuse
https://www.nice.org.uk/guidance/ph50

National Centre Education and Training in Addictions *'Can I Ask?'* An alcohol and drug clinician's guide to addressing family and domestic violence
http://nceta.flinders.edu.au/files/2713/6615/8232/EN488_2013_White.pdf

For advice on perpetrators (including case discussion) and information about local programmes call the free Respect phoneline
http://respect.uk.net/contact-us

For male victims contact Men's Advice Line
http://www.mensadviceline.org.uk/mens_advice.php.html

For female victims support can be sought from Women's Aid 24 hour national helpline
http://www.womensaid.org.uk/landing_page.asp?section=000100010018

Appendix A
Self-assessment of capabilities

Capability	Self rating about whether you possess the skills, knowledge and values for each capability 1 strongly disagree – 5 strongly agree (circle your answer)	Learning action point and timescale
1.0 Knowledge – what do I need to know?		
1.1 It is common in substance use services	1 2 3 4 5	
1.2 Understanding the complex link between substance use and intimate partner violence	1 2 3 4 5	
1.3 How intimate partner violence manifests	1 2 3 4 5	
1.4 How perpetrators may minimize or justify	1 2 3 4 5	
2.0 How do I need to be? (Interpersonal skills)		
2.1 Consistent Standpoint (zero tolerance to violence and abuse)	1 2 3 4 5	
2.2 Hope	1 2 3 4 5	
2.3. Empathy without collusion	1 2 3 4 5	
2.4 Non-judgemental attitude	1 2 3 4 5	
3.0 Role legitimacy		
3.1 It is my job	1 2 3 4 5	
4.0 Look and listen for signs of perpetration		
4.1 Keeping intimate partner violence in mind	1 2 3 4 5	
4.2 Knowing and identifying the 'red flags'	1 2 3 4 5	
5.0 Facilitating Disclosure		
5.1 Therapeutic relationship	1 2 3 4 5	
5.2 Normalise the process of asking questions about intimate partner violence	1 2 3 4 5	
5.3 Feelings and confidence	1 2 3 4 5	
5.4 Key questions	1 2 3 4 5	
6.0 Gathering information on the specific risks		
6.1 Victim safety first eg (ex)partner, child	1 2 3 4 5	
6.2 Risk assessment	1 2 3 4 5	
6.3 Risk management	1 2 3 4 5	
7.0 Knowing what to do with disclosure		
7.1 Communication within the team and with external agents	1 2 3 4 5	
7.2 When to involve statutory agencies	1 2 3 4 5	
7.3 Pathways and referral	1 2 3 4 5	
8.0 Continuing to work after disclosure		
8.1 Optimism	1 2 3 4 5	
8.2 Re-establish common ground	1 2 3 4 5	
9.0 Commitment to professional development around this topic		
9.1 Supervision and support	1 2 3 4 5	
9.2 Training	1 2 3 4 5	

Appendix B

Team checklist for working with perpetrators of intimate partner violence

Area	Key questions	Supporting evidence	Identified need and action plan (including date for review)
1. Team culture	a. does the organisation have a written and clearly articulated stand point on perpetration of intimate partner violence and safeguarding adults and children.		
2. Adult safeguarding policy	a. policy on responsibilities under the Care Act 2014 b. all staff aware of this policy c. procedure for disclosure of intimate partner violence either by perpetrator or victim		
3. Local services for victims and perpetrators of intimate partner violence	a. do you have an up to date list of local services and referral processes		
4 . Supervision	a. do you specifically focus on issues of perpetration of IPV in team and 1:1 supervision? b. what opportunities are provided for staff to seek supervision and support when issues of perpetration arise?		
5. Opportunities for staff training and development	a. have all the team undertaken a self-assessment using the capabilities framework? b. have you a training and development plan for each individual and the team as a whole to meet any learning needs? c. what learning opportunities are available locally to meet these needs? d. are staff supported (time and financial) to be able to access such learning opportunities?		

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