

# Guidelines for working with perpetrators of domestic abuse

This factsheet is for frontline workers who may encounter domestic abuse perpetrators in the course of their work. The guidance covers interacting with men and women who have used violence, abuse and controlling behaviours in their intimate relationships, as well as those who identify as LGBT\*.

## Introduction

This document is not an alternative to the provision of specialist services for perpetrators. It is to help you engage perpetrators in your day-to-day work in a safe way.

## Principles

There are two important principles which should inform your work:

1. **Safety first.** Your primary aim of work with perpetrators should always be to increase the safety and wellbeing of survivors and their children. You should recognise the need for behaviour-change, but your priority should always be to help reduce harm.
2. **Do no harm.** Take all reasonable steps to make sure the support you offer does not exacerbate or generate additional risks for survivors and their children.

## The 6 key steps to guide your work

Engage perpetrators taking 6 key steps:

1. Look/listen
2. Ask
3. Assess risk
4. Respond
5. Refer
6. Record

### 1. Look/listen

Perpetrators may present in several ways:

#### **They may ask for help for their abusive behaviours**

There may have been a crisis or a particularly bad assault, an arrest, or an ultimatum from the abused partner.

**They may not admit responsibility for their abusive behaviours and may try and blame other people or factors for their abuse**

They may present with other related problems such as substance use, stress or depression and may not even refer directly to any abuse.

**They may tell you their victim/survivor is the abusive party in the relationship**

While all allegations of abuse should be treated seriously, we must be aware that perpetrators might present as victims, some because they genuinely see themselves as victims, and some because by presenting as victims they hope to maintain power and control over their partner.

**They may insist on accompanying their partners to appointments or may want to talk for their partners**

They may appear caring and protective of their partner. The perpetrator may be the only English speaker in the family.

**You may be working with a child in the family**

There are clear links between domestic abuse and child abuse: a child who sees, hears, or experiences the effects of domestic abuse and is related to the person being abused or the perpetrator, is also a victim of domestic abuse.

You may be in contact with the perpetrator through your agency, either at their home or through Team Around the Family meetings or Child Protection conferences. If domestic abuse is the cause for any interaction with children's social care, it may be appropriate and necessary to speak to the perpetrator directly about their abusive behaviour. You should always be guided by safeguarding policy and procedure.

### **Checklist: Indicators of Domestic Abuse**

A perpetrator who is worried about their abusive behaviour may say the following things:

"I've got a problem with drink"

"I need anger management"

"I'm not handling stress at work"  
"My partner says I need to see you"  
"My partner and I are fighting a lot"  
"My partner and I need counselling"  
"My partner is not coping and taking it out on me"  
"The kids are out of control and my partner's not firm enough"  
"I'm depressed/anxious/stressed/not sleeping/not coping/not myself"  
"I feel suicidal (or have threatened or attempted suicide)"

Additional behaviours/indicators to be aware of:

- Attempts to accompany or speak for their partners
- Sexual jealousy or possessiveness
- Recent mental ill-health relating to violence
- Substance use/dependence
- Excessive telephoning or texting
- Checking on their partner's whereabouts
- Says their partner is being violent and abusive

Although rare, a perpetrator might present with a physical injury, such as a hand injury caused by punching, or you might notice injuries caused by their victim/survivor defending themselves, such as scratch marks.

## 2. Ask

Your response to any disclosure, however indirect, matters: it could be significant for encouraging responsibility and motivating a perpetrator towards change. Think about the following and how you might use the examples in your work:

### **Perpetrator presents with an issue other than domestic abuse**

A perpetrator might not see their abusive behaviour as a problem, but they may find easier to talk about other issues such as drinking, stress or depression. These are useful questions to ask:

"How is this drinking/stress at work/depression affecting how you are with your family?"  
"When you feel like that what do you do?"  
"When you feel like that, how do you behave?"  
"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 you like to assist you to make these changes?"

**Perpetrator discloses using abusive, violent and/or controlling behaviour towards their partner**

The following questions will be useful:

"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?"

**If the perpetrator responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate**

"Do you feel unhappy about your partner seeing friends or family – do you ever try to stop them?"  
"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 you and your partner tried to separate recently/separated recently?"  
"Did/has your behaviour changed towards your partner during (your) pregnancy?"

The information you gather will help you decide how best to engage and what kind of specialist help is required – either for the perpetrator or to manage risk and support the victim/survivor and any children.

### 3. Assess risk

It is important to assess risk before deciding what to do next.

- Although risk assessment is primarily informed by the woman's experience and insights, there may be other factors which you identify through your contact with or knowledge of the perpetrator. Engaging directly with the perpetrator helps you identify things that have increased risk in their relationship; for example, child contact, work, money etc. You should listen carefully to what the perpetrator is saying, particularly when thinking about escalation and lethality of abuse.
- Where possible, you should proactively seek out other information about the perpetrator. This might mean contacting social care, housing, or the police where appropriate. Any further knowledge of current and past abusive behaviours used by the perpetrator adds value to risk assessments.
- Risk assessment and awareness should be a continuous process and the information should be regularly reviewed. All decisions you make about case management should be made with multi agency consultation eg with social care, police, and other agencies.

#### **Checklist for imminent or severe risk of harm**

Research shows that there are specific indicators of heightened risk. You should consider these in deciding what to do next.

- Recent or imminent separation
- Recent escalation in frequency or severity of assaults
- Coercive control including extreme sexual jealousy, monitoring the survivor's movements, and severe intimidation
- Sexual violence or abuse
- Partner pregnant or recently given birth

- Past use of weapons
- Threats to kill
- Active substance misuse by the perpetrator

If one or more of these indicators are present, you should follow your organisational safeguarding policy and procedures. You may also need to liaise with the victim/survivor and your local domestic abuse agency, as well as other agencies, such as the police or social care.

Where there is an indicator of imminent or severe risk of harm, you need to act on it. If you are unsure of what to do, you should seek support from your manager or safeguarding lead.

#### 4. Respond

In any interactions with perpetrators you should adopt the following good practice guidance. This is not a 'cure' or 'treatment' for abusive behaviour, but principles to observe within your own work context, which are both safe and constructive.

##### **Good practice in dealing with perpetrators of domestic abuse**

- Be clear that abuse is always unacceptable
- Be clear that abusive behaviour is a choice
- Be aware, and convey to the perpetrator, that domestic abuse is about a range of behaviours, not just physical violence
- Affirm any accountability shown by the perpetrator
- Be respectful and empathic, but do not collude
- Be positive: people can change
- Do not allow your feelings about the perpetrator's behaviour to interfere with your provision of a supportive service
- Be straight-forward; avoid jargon
- Be clear that you must follow safeguarding policy and procedures, and that there is no entitlement to confidentiality if children are at physical or emotional risk
- Make the perpetrator aware of the effects of domestic abuse on children, regardless of witnessing it directly or not

- Do not back the perpetrator into a corner or expect an early full and honest disclosure about the extent of the abuse
- Be aware of the barriers to the perpetrator acknowledging their abuse and seeking help (such as shame, fear of statutory service intervention, self-justifying anger)
- Make the perpetrator aware of the likely consequences of their continued abuse
- If you are in contact with both partners, always see them separately, if you are discussing abuse

### **Safety issues**

If you are working with a perpetrator in an on-going way, it is best practice for your organisation to allocate someone else to work with the victim/survivor – to ensure they are safe and so are the children. However, we acknowledge that this may not be a possibility in your work setting.

- If you are the victim/survivor's main support, the perpetrator will probably see you as a threat. Be mindful of this in any contact with either partner.
- If you are in contact with both partners, always see them separately when discussing violence and abuse
- If your information about the perpetrator's violence comes only from the victim/survivor, you cannot use that to challenge the perpetrator. The victim/survivor's safety is paramount
- Be especially careful if he is under the influence of alcohol or other substances and do not engage with him about his violence/abuse at such times

### **Looking after yourself**

- Don't work on your own – maintain links with other colleagues / agencies and keep using support to think your responses through.
- Make plans that ensure your safety – e.g. don't ever visit an alleged perpetrator of domestic abuse to talk about their behaviour on your own.
- Use supervision for emotional support and planning.



- Regularly check in with your manager and colleagues.
- If you have not had sufficient training to undertake this work, seek support and/or further training from your manager or organisation.

## 5. Refer

One of the most effective ways for a perpetrator to address their behaviour is by successfully engaging with an accredited Domestic Abuse Perpetrator Programme (DAPP).

The principles of safe and effective perpetrator work, including the provision of an integrated support service for survivors and their children, are set out in the [Respect Standard](#).

Referring perpetrators to anger management courses is unlikely to be helpful and may make things worse. Anger is a component of domestic abuse, but it is not the cause of it. When interacting with perpetrators is important that we are consistent with this messaging.

Perpetrators will often say that they were abusive because they were angry, but this doesn't account for the premediated nature or controlling pattern of behaviour that constitutes domestic abuse. Anger management courses tend to look at triggers and provocation for anger and this might reinforce perpetrator's beliefs that violence is a result of anger, of 'losing control' rather than a choice leading to a pattern of coercive and controlling behaviours.

Perpetrators might also see themselves as victims of those who they see 'make them angry' ie their victim. This could add to the impunity and entitlement of perpetrators to be abusive.

Anger management techniques are covered on a Domestic Abuse Perpetrator Programme, but without the emphasis being on what/who is provoking anger and with the wrap-around support of an Integrated Support Service for the victim/survivor to ensure their safety.

## **Referring to non-domestic abuse services**

You may consider referring a perpetrator to a generic service for associated needs. The primary role of such a service is not to help the perpetrator address the abuse. If you are considering this approach, then it would be advisable to find out what interventions are available for perpetrators in your area and refer onwards accordingly.

It is not uncommon for perpetrators to cite mental health, trauma and/or substance use as the cause of their abusive behaviour. Treating one issue does not treat the other. None of these things are a cause of domestic abuse but there are links and any of these could exacerbate a perpetrator's abusive behaviour.

It might be appropriate to refer some perpetrators to an additional service for their mental health, trauma and/or substance use or, in some areas, you may find a service that is able to address both. There is a risk that focusing on such issues may allow the perpetrator to avoid responsibility for their current behaviour and attitudes – especially if such a service is provided in the absence of a specialist domestic abuse intervention.

You should be aware of this in making any referral and should, in any case, continue your involvement with the perpetrator in line with the good practice approach outlined above.

## **Multi-agency response**

All work with perpetrators should be undertaken within a multi-agency framework. Working with perpetrators is an opportunity to place them in the centre of any multi-agency response, taking responsibility off the victim/survivor to make all the changes.

Communication with other agencies involved with a family is important and, when children are involved, essential. Safeguarding policies and procedures should always be followed. If a perpetrator refuses to engage, or does not change their abusive behaviour, the response of other agencies involved with that family may need to change as a result. For example, risk

management measures may need to be put in place or changes made to safety plans for the victim/survivor.

## 6. Record

It is important to keep detailed records if a perpetrator discloses abusive behaviour. This is valuable information which will enable continuity of care. Good records may also help in any future legal proceedings, which the victim/survivor or the police/Crown Prosecution Service may take.

### Advice and guidance for you

#### Respect Phonenumber 0808 8024040 – Helping your work with the cause of the problem

Helpline, email, and webchat service for domestic abuse perpetrators and those supporting them

#### What we offer Frontline Workers

- advice on working safely with perpetrators
- information about interventions for perpetrators
- contact details of behaviour-change programmes
- online resources

#### How we support perpetrators

- motivate them to talk about their abuse
- challenge minimisation, excuses, and partner-blaming
- encourage them to get long-term help for their abuse
- give them contact details of behaviour-change programmes

[info@respectphoneline.org.uk](mailto:info@respectphoneline.org.uk)

[www.respectphoneline.org.uk](http://www.respectphoneline.org.uk)

Contacts are confidential. We do not undertake long-term phone work or counselling.