

Template Policy or Guide – Responding to clients who are using abusive behaviour in their relationships

**Reducing Abusive Behaviour Group – Kent Domestic &
Sexual Abuse Executive Network**

Intention

This template policy or guide has been put together by the Reducing Abusive Behaviour Group, a part of the multiagency Kent & Medway Domestic and Sexual Abuse Executive network. This group is inclusive of membership from Kent County Council, Medway Council, Kent Police, Kent Community Safety Partnership, Interventions Alliance, CDAP and KIDAS services.

This policy can be used and adapted to help your organisation to respond appropriately to anyone who may be using abusive behaviour.

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Template Policy or Guide –

Responding to service users' clients who are using abusive behaviour in their relationships

All clients deserve respect, compassion and support. However, understanding whether they are using abusive behaviour in their personal relationships is beneficial in getting them the right support and in increasing the safety of those around them, including their family members, romantic partners, other clients and employees.

What role do frontline professionals have when interacting with people using abusive behaviour?

- Identify signs of the use of domestic abuse in a service user's discourse and behaviour
- Address the issue with them in a respectful and direct way
- Give clear, unequivocal messages about violence and abuse and its consequences.
- Encourage and motivate people using abusive behaviour to get professional, specialised help from support programmes and to stop their abusive behaviours
- Make referrals or signpost to available programmes
- Make sure adult and children affected by the abuse receive adequate support and safety planning
- Work in collaboration with other relevant services within an integrated approach to hold the person accountable for their behaviour.

As a frontline professional you are not responsible for:

- Providing specialist services such as counselling to help people stop their violence and abuse

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

These are the responsibility of experts working in programmes who are specifically trained and have extensive experience in the work with people using abuse in their personal relationships.

What is Domestic Abuse?

The 2021 Domestic Abuse Act recognises both adults and children as victims and survivors of domestic abuse and defines abusive behaviour as happening between adults over 16 and including any of the following tactics:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

Despite what many people believe, violence and abuse is not due to a person'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 other people.

Controlling behaviour is a range of acts designed to make a person subordinate or dependent by isolating them from sources of support, exploiting their resources, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Domestic abuse can include honour-based abuse, abuse from family members, forced marriage and female genital mutilation. It can affect anyone.

The Domestic Abuse Act defines domestic abuse happening between people who are 'personally connected' which is identified as people who:

- Are married or civil partners have agreed to marry or enter a civil partnership.
- Are or have been in an intimate personal relationship with each other.
- Have, or have had, a parental relationship in relation to the same child.
- Are family members or relatives.

Parental Conflict & Typologies of Abuse

It is important to distinguish between parental conflict and domestic abuse. Parental conflict does not escalate to become domestic abuse, a situation in which one person uses abusive tactics to gain power and control.

There are three typologies of violence – these can help us understand what is happening in a relationship

Intimate terrorism

- Involves a pattern of coercive control in which one person uses a variety of violent and non-violent tactics to try to take complete control over the other person
- Can include coercion and threats, intimidation, emotional abuse, isolation, and or economic abuse
- Substances are not a major factor in the incidence of abuse in intimate terrorism (although alcohol can affect the severity of violence given the relationship between alcohol and escalation of violence)

Violent resistance

- Perpetrated by a victim of intimate terrorism (can include self-defence, but also violence that is not self-defence, e.g. retaliation)

Situational couple violence

- Violence that occurs because conflict escalates into emotional and possibly physical violence
- Often involves more than one party (as opposed to intimate terrorism)
- Violence can on occasions escalate to become chronic and severe
- Substances can play a significant role as a source of conflict in itself and as a factor which can lead to escalation of violence

Relationships may appear to be mutually abusive, with control either exercised in both directions at different times or violent abusive behaviour without any apparent control of one or other party. Most research indicates that mutual abuse is very rare, some even

suggests that there is never an equal use of abuse and abuse.

It is much more common for there to be a primary perpetrator of the abuse with a victim who may use violent resistance, or that the relationship is unhealthy without power & control.

When a client is presenting or being described in referral as being in a mutually violent relationship, this indicates the need for more detailed assessment.

The Four Steps

There are 4 steps in engaging and delivering effective and safe services to people we think may be using abusive behaviour in their personal relationships.

- Step 1 – Identifying indicators and signs
- Step 2 – Asking about domestic abuse
- Step 3 – Motivating change
- Step 4 – Referring to programmes for abusive people or specialist services

For support or advice please contact your safeguarding lead (ADD ORGANISATIONS SAFEGUARDING CONTACT)

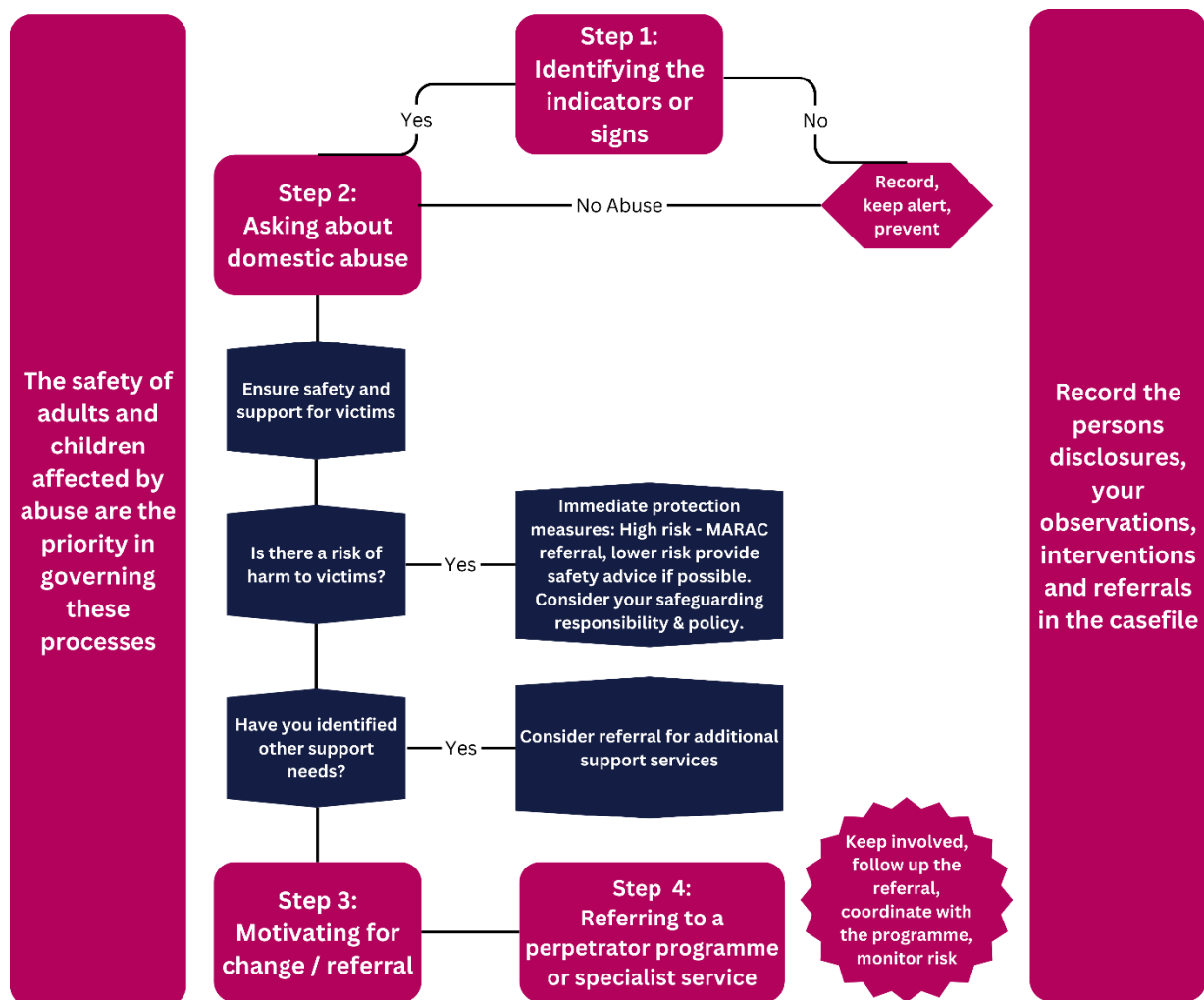


Figure 1 Adapted from the Working with Perpetrators Roadmap

Step One: Identifying Domestic Abuse (Abusive Person and People Affected)

As frontline professionals, there are three main ways to identify domestic abuse: universal or systematic screening, indicator-based detection, or information from a third person.

- In universal or systematic screening, you ask every service user about their experience or use domestic abuse. You should make it clear that this is a routine question
- In indicator-based detection you observe certain indicators or signs that make us suspect the person might use abusive behaviour
- In third person identification we may be aware of abusive behaviour from a partner or family member, or from a professional process such as MARAC

It is key to distinguish whether this information is confidential and should not be shared with the person to protect the safety of the person affected, in which case you should never use it directly, or if it is public in the sense that the person knows that we have the information.

Indicators of using abusive behaviour:

- Talking about relationship behaviours that constitute different types of abuse
- Displaying excessively jealous behaviour and control over the partner or family
- Using sexist or misogynistic language
- Always accompanying the partner/family member at appointments
- Blaming a partner or family member for their problems

Indicators of experiencing abusive behaviour:

- Physical signs, like bruising or other injuries
- Emotional signs, like being withdrawn, upset or preoccupied
- Social signs, like being isolated from friends and family, having to account for their whereabouts or dropping out of activities they used to enjoy

If you identify indicators that a person may be experiencing or perpetrating abuse you should record your observations via (ADD ORGANISATIONS CASE MANAGEMENT/RECORDING PROCESS).

You will find that some people using abuse can perceive themselves to be the victims. This is a very common strategy (unconscious or conscious) for people using abuse to use and one which they may use very effectively if we don't have ways of identifying who is doing what to whom and with what consequences. Commonly the partners of people who use abuse have used some form of self-defence, violent resistance or behaviour that looks unusual without understanding the context they are operating in. This can lead abusive people to identify themselves as primary victims in that moment.

The [Respect Toolkit](#) offers assessment tools that can be used to help explore the relationship dynamics and identify the primary victim. These assessments allow services to meet the needs of the people appropriately to increase safety and decrease risk.

Step Two: Asking people about domestic abuse

When asking service users about domestic 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 if you need to share information with other services to advocate for the safety and wellbeing of them and their partner, children or family member.

Although it might seem difficult to discuss their use of abuse people who have accessed support for abusive behaviour have recognized how important it was to them to find professionals who were able to address their abuse and provide support.

You can start the conversation with the person 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, financial 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 abuse.

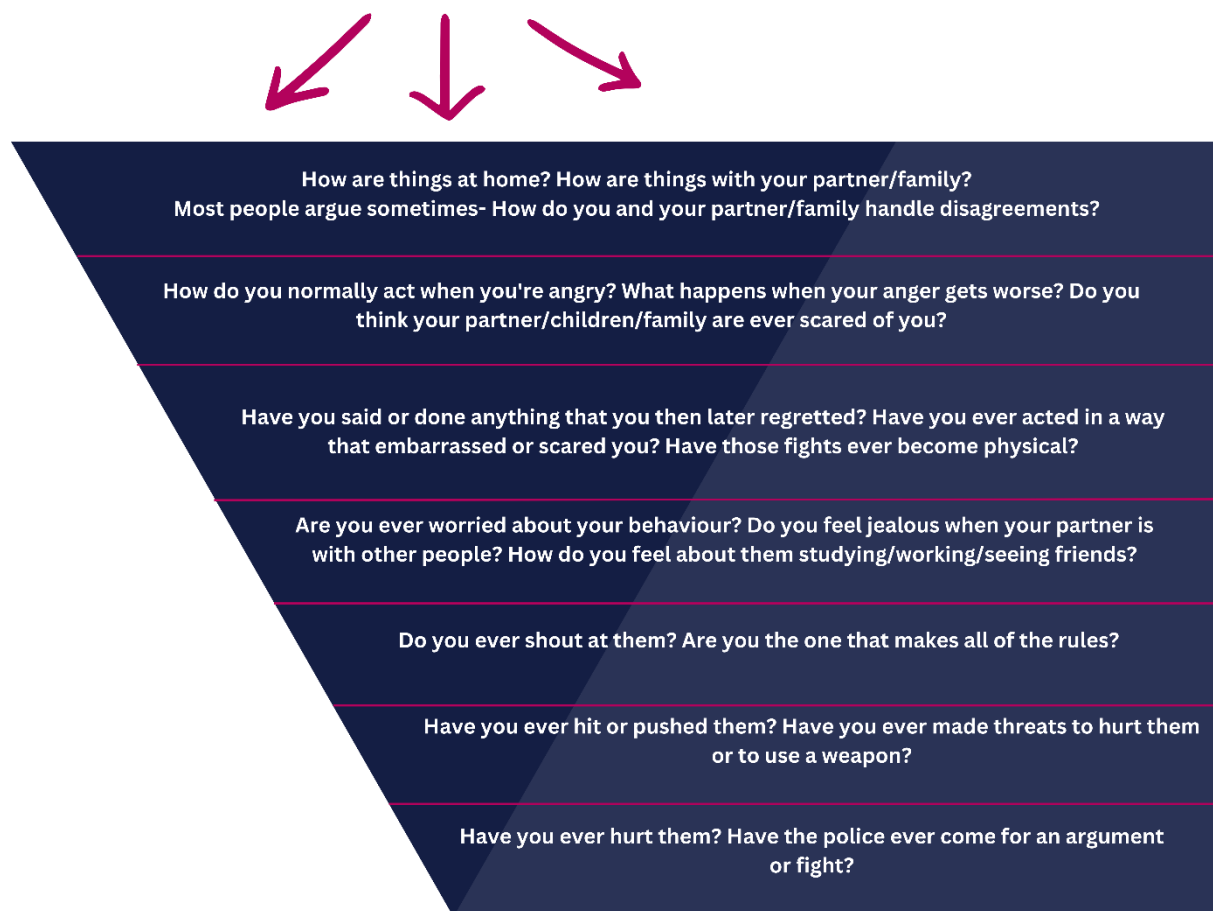


Figure 2 – Funnel questions adapted from the Working with Perpetrators Roadmap

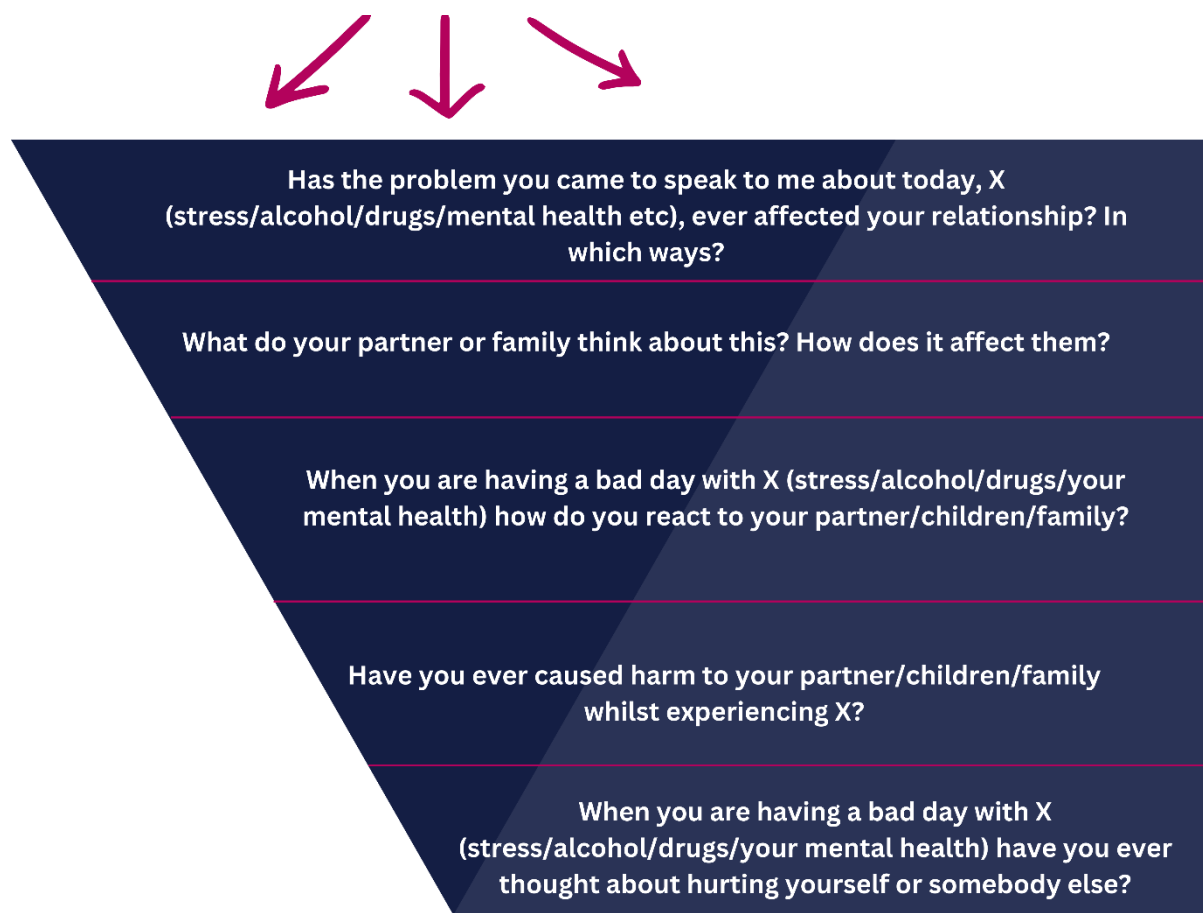


Figure 3 – Subject specific funnel questions from the Working with perpetrators Roadmap

A record of your conversations should be kept via (ADD ORGANISATIONS CASE MANAGEMENT PROCESS).

Holding People Using Abuse to Account

When discussing the relationship abusive people may deny, minimize and blame. They may present as having a sense of entitlement. They use a variety of common excuses to explain their behaviour such as drugs and alcohol, mental health, stress or childhood experiences. We should support our clients as best we can without colluding with them. Be careful not to offer the following common (but problematic) responses.

Colluding with the abusive person	This is problematic as may reinforce the abusive behaviour
Minimising or excusing their behaviour, or blaming it on the survivor	<i>This is problematic as it is in effect taking sides and adopting a non-neutral stance</i>

Offering ‘anger management’ solutions or programmes	<i>This is problematic as domestic abuse is not due to anger issues, it is a series of systematic crime tactics based in power and control</i>
‘50:50’ responses where the person experiencing abuse and abusive person are equally blamed	<i>This is problematic, research shows that mutual abuse is very rare – it is more likely that there is a primary offender with a victim who may use violent resistance, or that the relationship is unhealthy without power & control</i>
Reframing the domestic abuse as ‘family conflict’	<i>This is problematic as it implies the 50:50 response referred to above</i>
Seeing the abusive person as the survivor	<i>This is problematic, if the abusive person has persuaded you, they may be encouraged to obstruct the process believing they will get what they want</i>

In your interaction with people using abusive behaviour, you should:

- Affirm that their abusive behaviour is a choice and that they can choose to stop.
- Be respectful and empathic but clearly state that abuse is unacceptable and that many behaviours are against the law.
- Make it clear that there are no excuses for the abuse.

Working with both parties

If you are working with an abusive person in an on-going way, it is best to allocate someone else to work with the person affected by the abuse. This is to ensure they are safe and can promote engagement and safety planning. You should be aware –

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

The Single Homeless Project has [produced this guidance](#), which will outline how to do work with survivors and perpetrators effectively and, most importantly – safely.

Dealing with counter allegations

The Dyn Project identified a set of behaviours which were present in perpetrators who were presenting as victims but were absent in 'genuine' victims.

Whilst you may find this information useful, you should not allow it to colour your judgement of an individual service user. However, it may make you more aware that you may be supporting an abusive person of abuse and make choices about the support needed appropriately.

Person Experiencing Abuse	Abusive Person Presenting as a Victim
Minimises severity of incidents, although is likely to provide details and chronology	Minimises events, and is vague and unable to provide details
Takes responsibility for or excuses the actions of the abusive person	Blames their partner for the incident
Empathises with the abusive person, including difficult circumstances or childhood experiences	Focuses on their experiences, little or no empathy for their partner
Feels remorse for fighting back or defending themselves	Feels aggrieved
Can identify a very specific reason why they called, often abuse	Less likely to identify a specific incident, instead focuses on general grievances
Feels ashamed or unsure that this is abuse	Assertively claims victim status
Is fearful	Does not appear to be in any immediate risk, not fearful
May seem confused	Overly confident
Has tried unsuccessfully to leave or repair relationship	Claims not to be able to understand why previous relationships ended
Feels a sense of obligation to abusive person	May emphasise their role as a provider, or 'saviour'

Domestic Abuse Counter Allegation Checklist

The checklist below can help to clarify who is doing what to whom, and with what affect. More information about this tool can be found here. -

[https://safelives.org.uk/wp-content/uploads/Responding to Counter allegations Guidance.pdf](https://safelives.org.uk/wp-content/uploads/Responding_to_Counter_allegations_Guidance.pdf)

Professional Reflection and Summary of the Risk Assessment Questionnaire – For use where there are counter allegations		
Survivor/Perpetrator Power Dynamic Profile Checklist		
Name of Assessee:		Date:
Common Survivor Characteristics	Usual Perpetrator Characteristics	Comments
Fearful of partner / Fear of abuse	Does not express or show fear of partner or fear of abuse	
Questions their own understanding about why the abuse is happening	Presents as confident, in the right, assertive,	
Has attempted to leave / end the relationship	Their partner recently left, is trying to leave, or ended the relationship	
Has tried to repair the relationship under pressure from partner	Stalking and harassment to stop partner leaving or to return	
Feels empathy for partner's current problems or past experiences	Little or no empathy with partner, focussed on their own needs	
Accepts your line of questioning despite feeling uneasy about them	Openly objects to your questions about your line of enquiry	
Minimises the severity of their partner's abuse	Assertively blames partner, minimises their own behaviour	
Feels ashamed, embarrassed of the abuse, and of being a victim	Assertively claims victim status / finds no self-fault	
Feels remorse for having retaliated, feels obligation to defend partner	Feels aggrieved and in the right, uses gendered negativity	
Finds excuses for partner's abuse, takes responsibility for the problems	Blames partner and presents them as an unstable or unreasonable	
Worries about how it is affecting the children, or if it might affect them	No consideration of children's experiences or feelings	
Isolated from friends but partner has busy social and carefree life	Has good friendship network/social life, does what they want	
Their partner controls decisions, movements and choices	No restriction on choices, movements and decisions	
Friendship network appears protective or concerned	Assertively feels people are against them, out to get them	
You sense by what they say that they are sexually exploited/controlled	Matter of fact and assertive about being sexually abused by partner.	
Bullied by partner on gender/sexual identity issues e.g. fear of 'outing'	Uses sexually degrading and discriminatory language	
Totals	Totals	Checklist Conclusion:

There are more assessments available in the Respect Toolkit here – <https://www.respect.org.uk/resources/19-respect-toolkit-for-work-with-male-victims-of-domestic-abuse>

Step Three: Motivating a Change

The main goal of the third step is motivating the person using abusive behaviour to take responsibility for their abuse and for initiating a change process to stop it. Many people may be ambivalent or even resistant about initiating a process of change and some motivational work might be needed to prepare a successful referral.

Rather than convincing a person to change, it is more helpful to allow them to identify the reasons for not using abuse and what has helped them change in the past.

Examples of questions within an 'invitations to responsibility' approaches are:

What kind of parent did you hope to be / would you like to be?

- What do you want your relationship to be like?
- How would you like your kids to see you / think of you in 10 or 20 years?
- Have your children seen you act violently or abusively? How do you think it affects them?
- How do you think it affects your partner/family when that happens?
- How might your children/partner/relationship benefit if you were able to react in a different way?
- How do you think your relationships might change if they weren't feeling scared of you?
- What could become possible in your life if you didn't use abuse when you felt upset?

Your response to any disclosure, however indirect, could be significant for encouraging responsibility and motivating change. It is paramount to keep in mind that the primary goal of all work with people using abusive behaviour is to increase the safety of everyone in the situation.

Step Four: Referring to specialist programmes, coordinated multi-agency

If you have detected and addressed domestic abuse with a service user and have been able to co-create sufficient acknowledgement and motivation for referral, you should refer the person to a specialist programme. Any referrals should be appropriately recorded.

If you will be having ongoing contact with the service user, you should agree a way of coordinating with the programme while you keep working with them. This will enable you to help support participation in the programme and identify any escalation in risk.

Remember - do not refer a person who uses domestic abuse to anger management courses or programmes, couples counselling or therapy, mediation or family therapy. This is problematic as domestic abuse is not due to anger issues or unhealthy communication patterns; it is a systematic crime which is often due to issues around power and control.

What interventions are available in Kent?

There are a number of interventions available in Kent & Medway, you can discuss what would be best for your client suit your client before making the referral.

Interventions Alliance:

COBI – A Stalking Intervention

The Compulsive and Obsessive Behaviour Intervention (COBI) is an intensive 1:1 programme of 12 sessions, each lasting up to 2.5 hours. This is delivered by staff with a psychology or counselling background or by a qualified Probation Officer. The programme is based on the Dialectical Behaviour Therapy (DBT) treatment model and is a talking therapy. It focuses on building an individuals' skills to cope with challenging situations, overwhelming feelings, and difficult emotions.

Healthy Relationships – A Domestic Abuse Intervention

This programme is 10 sessions and utilises the Good Lives Model to facilitate effective and lasting behaviour change. It is strengths based so draws on the abusive persons (non - abusive) strengths to develop changes, whilst robustly holding them to account for their abusive behaviour. The abusive person is allocated a comprehensively trained Domestic Abuse Officer to work through the intervention whilst tailoring parts to meet individual need where necessary. This is a 1:1 intervention, it is available to all (genders/relationship types/needs).



RE_ HR & COBI
referral pathways (2)

Kent Community Domestic Abuse Programme:

The Community Domestic Abuse Programme is a rolling programme of evening sessions. Based on the Duluth Programme, it is designed to help men who feel their behaviour towards their partner has been, or is still, abusive.

This is available in West Kent, East Kent & Medway & Swale.

Find more information and the referral form here - <https://kentcdap.org/>

Respect

The Respect Phoneline is a national anonymous and confidential helpline, email and webchat service for men and women who are harming their partners and families. They provide specialist advice and guidance to help people change their behaviours and support for those working with domestic abuse perpetrators.

They can also provide advice if you're working with an abusive person of domestic abuse

<https://respectphoneline.org.uk/>

Referrals and Signposting for Victims of Domestic Abuse

If you believe someone is a victim of domestic abuse then you should provide them with information about services if this is safe and private.

The Kent Domestic Abuse Services website provides contact details and links to organisations both local and national - <http://www.domesticabuseservices.org.uk/>

These services include One Stop Shops which are available throughout Kent and Medway. The One Stop Shops offer free advice, information and support from a range of agencies and various professionals.

KIDAS (Kent Integrated Domestic Abuse Service) – Supports all victims of domestic abuse across Kent and Medway. Contact them on 0808 168 9111.

If you believe someone is at high risk of serious harm then you should make a MARAC referral. This should be done with the victim's consent if possible but non-consent referrals can be made in order to safeguard adults and children who are victims of abuse.

Find out more and how to make referrals using this referral pathway document:



214.20 - (WEB1)
Domestic Abuse Ref

Staff Safety

When opening up dialogue with people you suspect are using violent or abusive behaviour you should be aware of your own safety. We recommend -

- Don't work on your own – maintain links with other colleagues and agencies and keep using support to think your responses through.
- Make plans that ensure your safety – e.g. don't ever visit a person you suspect of using abusive behaviour 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.

Links to Other Policies:

Organisations should include links through to other relevant policies – these could include:

- Safeguarding Adults
- Safeguarding Children
- Whistle Blowing
- Lone Working Policy