Highland Community Planning Partnership

What we need to know when Working with Perpetrators of Domestic Abuse

Training Pack

01/02/10
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NB: Only those trained as trainers in Violence Against Women issues by the Highland Community Planning Partnership have permission to deliver the contents of this pack.
Introduction

Women are more likely to be abused in their own homes, communities, workplaces and learning institutions by men they know, compared to men who are more likely to experience violence on the street from strangers. Gender based violence is so prolific globally, nationally and locally and includes domestic abuse, forced marriage, female genital mutilation, prostitution, rape and sexual assault, dowry abuse, stalking, trafficking, and forced abortion.

The impacts Violence Against Women has on those women who experience it can be wide ranging and includes physical, mental and sexual health problems and damage to their wellbeing. There is also a huge lack of understanding around the issues of Violence Against Women especially why it happens and why women may not tell anyone about it.

A series of intertwined, complex and historical issues make up Violence Against Women, but we are beginning to unpick them. We must continue to challenge attitudes and beliefs and offer better responses and services to those who need them. This is the reasoning behind the Violence Against Women training that the Highland Community Planning Partnership is offering to all statutory and voluntary agency staff across the region.

Specific training is now being offered on a number of subjects, including “Challenging Men we Know are Perpetrators”.

Aims
The aims of the “Challenging Men we know are Perpetrators” day are:
- To bring perpetrators of domestic abuse to the attention of service providers
- For workers to feel confident in dealing with perpetrators of domestic abuse
- To ensure workers avoid colluding with perpetrators of domestic abuse

Learning Outcomes
- To critique the reasons perpetrators and society use to justify why some men perpetrate domestic abuse
- To recognise the perpetrator of domestic abuse as the problem
- To focus on the different ways perpetrators of domestic abuse may come to the attention of service providers
- To acknowledge that the way in which a perpetrator of domestic abuse presents to a service will impact on a workers response to him
- To illustrate ways in which perpetrators can use services as an extra tool as part of the abuse
- To have an appreciation of the complex relationship some perpetrators may have with substances
- To cite examples of good practice when working with perpetrators of domestic abuse
What we need to know when working with perpetrators of Domestic Abuse

Programme

09:30-09:40 Welcome, Introduction & Ground Rules

09:40-10:30 Perpetrators of Domestic Abuse

10:30-11:00 How Perpetrators Present to Services

11:00-11:15 Break

11:15-11:45 Perpetrators & Substance Misuse

11:45-12:30 Working with Perpetrators

12:30-13:15 Cycle of Change & Perpetrator Programmes

13:15-13:30 Questions & Evaluation
Module 3 Exercise 1

Welcome, Introduction and Ground Rules

Aims
• To introduce the training programme
• To allow participants and trainers to introduce themselves
• To agree Ground Rules for the course

Materials
Flip chart and pens

Timing
15 minutes

Trainer Notes
Introduce yourselves to the participants. Give participants labels for name tags.

Ice Breaker
Get the participants into pairs (preferably with someone who they have not met before). Ask them to introduce themselves and to tell each other the things they fear when working with (or when thinking about working with) men who are perpetrators of domestic abuse. Take feedback from the groups after 5 minutes.

The Exercise
Trainers will introduce the course and talk through the ground rules. Display the flip chart Ground Rules throughout the training.

Ground Rules
Have written on flip chart:

Ground Rules:

Timekeeping
Listening and being heard
Time Out
Confidentiality
Tell the group

Timekeeping
There is a lot to cover today, so the training will be quite intensive. Both trainers and participants have a responsibility to keep to stated times. We will do our best to start and finish at the stated times, and would appreciate participants returning from breaks on time.

Listening and being heard
We hope that everyone will participate today. Participation is made easier by knowing that we are being listened to. Please make an effort to listen to what is being said and not assume you know what someone is about to say.

Time Out
Due to the nature of the issues covered today, some participants may feel distressed or upset by the exercises and may need to take some time out. Please feel free to do so.

Confidentiality
We all need to respect and information shared during training – whether personal or work related and we all should regard such information as confidential. However, confidentiality can rarely be total and we will contact your agency if we feel you are putting women and children at risk by refusing to adhere to your agency’s policy, for example, but we would talk to you about this first.

Trainer Notes
Ask if anyone has any questions or comments about the list. Ask if anyone would like to add to the list of ground rules.
Display the flip chart.

Tell the group
Violence Against Women includes domestic abuse, rape and sexual assault, prostitution, trafficking, female genital mutilation, stalking and many others. Today we will look at how we ensure we work with families where there is domestic abuse in appropriate ways. This training aims to bring perpetrators of domestic abuse into the foreground and, although, this training will not be about therapeutic interventions or behaviour change, it will be about workers best practice. We want staff to feel confident in dealing with perpetrators and to make sure they do not become drawn in by the abuser and become another tool used in the abuse. The approach you will need to take will also be different if he is directly acknowledging his domestic abuse as a problem; is seeking help for a related problem; or has been identified by others as abusive. We will cover all different aspects today.

Give out Handout 1 – the definition of Domestic Abuse and some facts about Domestic Abuse.
Handout 1

Highland Community Planning Definition of Domestic Abuse:

Domestic abuse (as gender based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviours such as isolation from family and friends).

Some Facts about Domestic Abuse

- Domestic Abuse is systematic and the level of repeat victimisation is high

- Domestic Abuse is experienced by all social groups, but some circumstances may increase risk to women

- Perpetrators of Domestic Abuse also come from all sectors and parts of society

- Violent men are often abusive in successive relationships

- Women are at most risk from abuse and murder from men they know, particularly men they are in relationships with

- Most women who have been raped were raped by a current or former male partner
Module 3 Exercise 2

Perpetrators of Domestic Abuse

Learning Outcomes
- To critique the reasons perpetrators and society use to justify why some men perpetrate domestic abuse
- To recognise the perpetrator of domestic abuse as the problem

Materials
DVD Player

Timing
60 minutes

The Exercise
Split the delegates into two groups. Get one group to think about reasons men who abuse give for their behaviour. Get the other group to think about the reasons that we as a society and as professionals understand for why some men abuse their partner. After 15 minutes take feedback from each group.

Trainer Notes
You may have to address some myths during the feedback, e.g. substances as a reason for why men abuse. Remember, men who abuse their partner don’t see their reasons as ‘excuses’ for the abuse – they seen that they are justified in their actions and if she hadn’t done X he wouldn’t have done X back. You may need to explain to delegates that, for him, the abuse is instrumental in gaining what he thinks ought to be his anyway. This is related to the notion of gender entitlement and masculinities (i.e. the constructions of what it is/means to be ‘a man’).

The Exercise
Play the DVD scene “Im-mobile” once right through. Then ask delegates to pair up with another for a 5-10 minute discussion on how the scenario impacted on them. Tell the group you will be playing the DVD again stopping at particular moments for discussion (highlighted in the training material as Stop!).

Scene 1: Jackie at her mum’s

Trainer Notes
Play scene 1 from the beginning. You will note that there is much between Jackie and Sandra that is going unspoken. Jackie says little in response when Sandra says that Peter has just called. Also we can see from Sandra’s facial expressions that she is concerned – does she know something is going on? Sandra may know about previous problems Jackie has had with Peter, or Sandra might feel that Jackie is hiding something. When Peter calls he could be silent on the other end of the line. Or, when Jackie says, “You’re breaking up” she may be attempting the end the phone call. Stop! After the first phone call received by Jackie
Tell the Group

Peter is not even there at Sandra’s house, but his actions still serve to isolate Jackie from her mum. Isolating women can be as subtle as making them reluctant to tell others about what is going on.

Ask the Group (possible answers given under each question)

Why is Jackie not speaking out about what’s going on?
- She feels ashamed/embarrassed about Peter’s behaviour
- Sandra may have said in the past the Jackie should not be with Peter, so she might say “told you so” if Jackie tells her, but if Jackie tells Sandra but doesn’t leave Peter, Jackie’s relationship with Sandra could be affected
- Jackie may feel that telling others will make the problem worse
- She may feel responsible for Peter’s behaviour

What could Sandra be thinking?
- Sandra may be annoyed that Jackie is not giving her full attention
- Sandra could be concerned that something is going on with Peter, although Jackie isn’t saying what

Did anyone notice Sandra’s facial expressions?
- Sandra looks concerned, annoyed, confused
- Sandra might feel excluded because Jackie is not explaining why Peter is texting

Jackie says nothing when Sandra says that Peter called – why?
- Doesn’t want to get into a discussion about Peter with Sandra
- Doesn’t know what Peter might have said to Sandra

Start the DVD again and Stop! Shortly after text 1 arrives

Tell the Group

Notice here that even though in the space of only a couple of minutes Peter has called Sandra, then called Jackie and now has texted Jackie. Both Sandra and Jackie act as if nothing has happened. Jackie doesn’t offer Sandra a reason and Sandra doesn’t ask. They talk about the photos, have a joke about Dad having taken the photo of a flag, but we can get the idea that the humour is a bit artificial, masking what both women are really thinking about.

Trainer Notes

If any of the trainees feel that everything is OK at this point because neither is actually saying there is a problem stress the idea of masking what Sandra and Jackie are really thinking.

Ask the Group (possible answers given under each question)

How did Jackie react to the text message?
- Looks uncomfortable
- Looks frustrated
How did Sandra react to the text message?
- Ignores text and keeps looking at the photos
- Knows something is not right but pretends not to notice
- Looks increasingly agitated, annoyed

Start the DVD again and **Stop!** Shortly after text 2 arrives.

**Tell the Group**
This time, Sandra’s facial expressions say more about how she is feeling – she holds in a sigh, looks over at Jackie’s phone and purses her lips. She continues to look through the photos while Jackie replies to the text, but it is clear that her mind is not on the photographs. Once more, when the two women resume looking at the photos, the conversation is limited to the superficial, for example, the dog in the photograph. There is still no mention of what is going on with Peter and Jackie. Neither Jackie nor Sandra is willing to say anything about the texting.

**Trainer Notes**
If any participants are still struggling to see that there is a problem, stress the power of non-verbal communication – from this we know that Sandra is not happy, Jackie is worried, etc. We can also see that Peter is controlling Jackie from afar.

**Ask the Group (possible answers given under each question)**
How are the women responding to this second text message?
- Sandra is beginning to look more concerned and wants to know what is going on
- Jackie is embarrassed

Start the DVD again and **Stop!** When the screen fades to black.

**Tell the Group**
Sandra sighs more openly this time as Jackie’s phone receives yet another text message from Peter. Sandra says “God’s sake” quietly, but keeps a half smile on her face, attempting not to appear annoyed.

**Ask the Group (possible answers given under each question)**
Who is Sandra annoyed with?
- Jackie for repeatedly stopping what she is doing with Sandra so she can answer the texts
- Peter for constantly interrupting them, or for pestering her daughter.

**Tell the Group**
Sandra and Jackie say nothing as Jackie replies to this latest text. Once more, Sandra’s non-verbal communication is telling, as she raises her eyebrows and purses her lips. It is important to note what Sandra has chosen not to do – she decides not to ask Jackie about what is going on with all the text messaging. She could have demonstrated some sort of supportive gesture towards Jackie, but, again, chooses not to.
Ask the Group (possible answers given under each question)

What could Sandra have done?
- Put her hand on Jackie’s knee, given her a hug
- Asked Jackie what was going on
- Commented that Jackie looked upset
- Asked Jackie why she couldn’t stay long
- Asked “what has Peter done?” – emphasising Peter’s behaviour

What does Sandra feel?
- Disapproval that Jackie is “tolerating” Peter’s behaviour by replying to the texts rather than switching off the phone
- Anger that Peter is mistreating Jackie, and impinging upon her time with her daughter
- Annoyance that Jackie has come around to see her, but doesn’t seem interested in her photographs whenever her phone rings
- Frustration that she must compete with Peter for Jackie’s time/attention – Jackie doesn’t feel able to confide in her

When did you start to feel there was a problem?
- As soon as Jackie’s phone rang and she said the line was breaking up
- After several text messages
- When Jackie had several chances to discuss the problem with Sandra but said nothing

What is all the texting about?
- Peter is “checking up” on Jackie, seeing if she really is at her mum’s
- Peter and Jackie are having an argument
- Peter does not trust Jackie
- Peter is deliberately putting Jackie on edge and making her feel nervous

Trainer Notes
If delegates suggest that Peter cares for Jackie and the texting shows this ask the rest of the group for their view points, or reinforce how power over and isolation of Jackie are caused by Peter’s text and the impact it is having upon Jackie and Sandra

Ask the Group (possible answers given under each question)

Why do you think Jackie says to Sandra that she can’t stay long?
- Peter is demanding that she meet him
- Peter threatens to harm himself or her if she doesn’t leave her mum’s
- Peter says he will come round to her mum’s if she doesn’t leave and Jackie does not want this

What emotions are at play for the two women?
- Sandra - powerless, annoyed with Jackie/Peter, scared for Jackie, irritated by interruptions, excluded, feels she doesn’t know Jackie anymore
- Jackie – humiliated, panicked, fearful, stressed, angry
Tell the Group
It is important to avoid the misconception here that the problem is between Sandra and Jackie. Peter is “invisible” at this stage; however his actions have distances Jackie from her mother.

Ask the Group (possible answers given under each question)
What are the potential consequences for all involved?
- Sandra doesn’t want to make Jackie uncomfortable, so she stops asking her to come round to the house
- Sandra is angry with Jackie for keeping so much from her/staying with Peter and stops contacting her
- Jackie is embarrassed that her mum knows about Peter’s behaviour and stops contacting her
- Peter makes it too difficult to maintain contact with the family
- There are violent consequences for Jackie when she returns home

Scene 2 – Peter gets wound up

Play the DVD and Stop! Shortly after Peter phones Sandra.

Tell the Group
Peter has entered the flat and called out Jackie’s name, but she is not there. Note the change in Peter’s mood in the short time between entering the flat and coming off the phone to Sandra. He started off looking quite calm, but quickly appeared agitated.

The concept of “self-talk” can help us to understand what happened here. Essentially, self-talk is a person’s thought process – what they say to themselves in their head. It might be that they “talk themselves up” into an angry and irrational state, running through all the things in their head that have angered them. Likewise, it is possible to “talk themselves down” by thinking about things more rationally; telling them that being angry/violent is unwise. The idea of self-talk does not negate abusive men’s responsibility for their own behaviour.

Ask the Group (possible answers given under each question)
What does Peter expect when he gets home?
- Jackie should be at home when he arrives
- Through “self talk” he is telling himself that Jackie is out of line by not being at home when he gets there
- He expects Jackie to say “sorry” to him for inconveniencing him by not being at home when he arrived

What is going through his head – what is his “self talk saying?”
- Maybe Jackie has gone to the shops
- Jackie should not be somewhere without him knowing
- Jackie is up to something and has deliberately not informed him of her plans for the day
- Jackie is cheating on him
• “Where is my apology” Jackie should be apologising and explaining why she wasn’t home

Tell the Group
Peter has used self-talk to transform his thinking from quite reasonable explanations of where Jackie is to highly suspicious ideas.

Ask the Group (possible answers given under each question)
How is Peter feeling?
• Suspicious, betrayed, angry, cheated, let down, furious, self-righteous, scared, let down

How does he behave towards Jackie’s mum on the telephone?
• Dismissive, disrespectful
• Seems to interrupt her, isn’t listening to what she is saying
• Speaks over the top of her with “yeah, yeah, yeah”
• Snaps at her, “Is Jackie there?”
• Puts the phone down without saying, “bye”, seeming distracted

Start the DVD again and Stop! When Peter has come off the phone to Jackie.

Tell the Group
It is important to consider here why Peter has chosen to call Jackie – after all, he has already spoken to her mum who has told him that Jackie is on her way round to her house. It seems that Peter wants Jackie to account for even the smallest portions of her time – he feels he is entitled to know where she is all the time and that she is in the wrong for not having kept him informed of her whereabouts. Notice Peter’s language and manner when he is on the phone to Jackie – he has become very agitated by this time. His body language conveys his agitated state, as he paces the floor. He doesn’t take a seat or get comfortable to talk on the phone, but instead stands appearing restless and uptight.

Ask the Group (possible answers given under each question)
Why does he call Jackie?
• He wants to know where he is
• He wants her to know he is angry that she hasn’t discussed where she is going with him

Trainer Notes
If any participant suggests that he is just concerned about her, worried she might have missed the bus, been injured, etc ask the other delegates for alternative view points – is this a reasonable way to behave towards someone you care about, a grown adult?

Ask the Group (possible answers given under each question)
What does the way he is moving tell you about what’s going on inside him, emotionally?
• He is feeling jealous
• He is worried that Jackie has left him
• He is angry that Jackie has made plans that he doesn’t know about, and which do not include him
• Jackie hasn’t obtained his “permission” to go to her mum’s or told him why she was going there

What “rules” does he have about how Jackie should behave?
• Jackie should not be making plans on her own, should ask me first
• Jackie should be home for me coming in
• Jackie should not be defying me by being out without telling me
• Jackie should return home as soon as he calls – he shouldn’t have to make repeat phone calls/texts

Start the DVD again and Stop! When the scene ends and the screen turns black.

Tell the Group
Notice Peter’s body language by this stage. His lips are tense, he’s hammering the text into the phone, twitching and frowning. Also, he gets up from his seat – it’s easier to get worked about and to engage in “talking yourself up” when standing. He shakes his head. Peter then appears at his angriest in this scenario, he swears as he receives the final message from Jackie, and quickly gets his coat and leaves the flat.

As the Group (possible answers given under each question)
What is going through Peter’s head – how is he feeling?
• Absolutely furious, using self-talk to convince himself that Jackie has been totally unreasonable, she has disobeyed him
• Jackie is his partner and she should be accountable to him about where she is going (ideas that some men have about ownership of women)
• Sure that Jackie is not going to her mum’s and that she is lying to him

Where is he going now?
• Going to Jackie’s mum’s house
• Going to the pub

What is he going to do?
• Check where Jackie is
• Get Jackie to leave her mum’s and come home with him

• Assault Jackie
• Cause a “scene” at Sandra’s so Jackie won’t go back/be welcomed back

What if the positions were reversed?
• It would be just as bad, there’s no excuse for pestering behaviour like this, be it from Peter or from Jackie
• It would be less of a threat to Peter if Jackie were the one repeatedly checking up
• People who saw Peter getting text after text from Jackie would think she was “obsessed” or “mad” rather than malicious and controlling, as Jackie’s intentions would be different
What are the expectations here?
- Men have the right to know where their partners are all the time
- Jackie should cut short her visit to her mum’s because Peter is not happy

**Trainer Notes**
Things that might come up:

Peter has mental health problems
- Get the group to response to/challenge this idea
- Suggest that Peter’s behaviour is a choice and not inevitable
- Peter may “store” his controlling behaviour for Jackie and not others, therefore, his behaviour is definitely a choice
- The idea that abusers have mental health problems in more palatable for some people – it avoids the harsh reality of domestic abuse being a choice

Perhaps Jackie has been unfaithful
- Ask the group to respond to/challenge this idea
- Relevance? Too easy to look to the woman’s “failures” to excuse the man’s behaviour

Why is this abuse
- Domestic Abuse is not only physical
- Peter’s behaviour towards Jackie is beyond annoying – he is also isolating her from her family and jeopardising her relationship with Sandra
- He is making her fear for her safety, upsetting her

It could just be a one off
- Unlikely, behaviour such as Peter’s usually part of a pattern of abuse
- Even supposing it was a “one off” it is not acceptable and the impact on Jackie is clear to see

**Tell the Group**
Domestic abuse is not limited to physical abuse – Peter was able to make Jackie feel threatened and uneasy from the end of the telephone. The impact of his abuse is not limited to the couple; we have just seen the potential stress on Jackie’s relationship with her mum. Peter has managed to isolate Jackie from Sandra – we see this in Jackie’s reluctance to speak to her about what is going on. Peter’s “self-talk” process contributed to his behaviour – he talked himself up into a state where he feels agitated and potentially aggressive. It is important to remember that it is also within Peter’s control to talk himself down again.
Module 3 Exercise 3

How Perpetrators Present to Services

Learning Outcomes
- To focus on the different ways perpetrators of domestic abuse may come to the attention of service providers
- To acknowledge that the way in which a perpetrator of domestic abuse presents to a service will impact on a workers response to him
- To illustrate ways in which perpetrators can use services as an extra tool as part of the abuse

Materials
Laptop for power point presentation
Language of Victimisation activity cards

Timing
30 minutes

The Exercise
Use the power point presentation – How Perpetrators Present to Services. Use the notes included with the slides to talk the delegates through how perpetrators may present to services.

This should be an interactive presentation with the delegates asking questions throughout – trainers may need to encourage them to ask questions. Use the notes with the slides for the presentation.
We are now going to look at the different ways perpetrators of domestic abuse might come to the attention of service providers.

Before we start, I'd like to ask you all what you think might indicate to you a man coming to your service is abusive?
Perpetrators most commonly present to services (or come to the attention of services) in three main ways:

As service users
As partners of service users
As fathers/carers of service users

We’ve spoken about the signs an abusive man coming to our service might show, what indicators are there when it’s his partner or children who are our service users?
Men as service users might come to our attention in one of three ways – they might disclose their behaviour, present as victims of their female partner’s violence or present with suicide attempts or with injuries.

**Disclosure**
Some men may identify their abusive behaviour directly and ask for help to deal with their violence. This is likely to have been prompted by a crisis such as a particularly bad assault, an arrest, or an ultimatum from the abused partner. Such men – even though they have come voluntarily – are unlikely to admit responsibility for the seriousness or extent of the abuse, and may try to ‘explain’ the abuse or blame other people or factors. Even those who are concerned enough about the abuse to approach a worker may present with other related problems such as alcohol, stress or depression and may not refer directly to the abuse.

**Presenting as Victims**
Some men may say they are victims of their female partner’s violence. While any such allegations must be treated seriously, research indicates that a significant number of male victims are also likely to be perpetrators of domestic abuse.

The Dyn Project (pronounced “Dean”) in Wales is a safety planning and advocacy service for men who have experienced domestic abuse. One of their guiding principles was to develop a clear screening protocol in order to identify and respond to counter-allegations of abuse. The next slide shows the framework they have used.
Slide 4

The Language of Victimisation

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<th>Actual Victim/Survivor</th>
<th>Perpetrator Presenting as a Victim</th>
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Presenting as Victims (cont)

The Dyn Project felt it was important to screen those coming to their service to avoid:

- Colluding with a perpetrator of domestic abuse
- Providing services to someone who does not need them
- Equipping a perpetrator who presents as a victim with information that may be used against his partner
- Failing to accurately assess risk to a partner and any children

Between 1st August 2005 to 31st July 2006 46% of men referred to Dyn were heterosexual men with a known history of abusive or violent incidents and were screened out of the service using “The Language of Victimisation” tool and intelligence from other agencies about the domestic abuse they were or were alleged to be perpetrating towards their female partner or ex-partner.

Therefore, it is important that we aware that many abusive men will present as victims themselves to our services and we need to be able offer genuine victims support, but also to ensure that we avoid colluding with perpetrators.

The Exercise

Break into 3 groups and ask participants to place the “Language of Victimisation” Cards on the grid under the headings “Actual Victim/Survivor” and “Perpetrator Presenting as a Victim”.


### The Language of Victimisation

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<tr>
<th>Actual Victim/Survivor</th>
<th>Perpetrator Presenting as a Victim</th>
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<tr>
<td>Minimises severity of incidents, although is likely to provide details &amp; chronology</td>
<td>Minimises events and is vague about details</td>
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<td>Takes responsibility, or excuses the action of perpetrator</td>
<td>Blames partner for incident</td>
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<td>Empathy for partner, including difficult of circumstances or childhood experiences</td>
<td>Focus on their experience, little or no empathy for perpetrator</td>
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<td>Feels remorse for fighting back or defending themselves</td>
<td>Feels aggrieved</td>
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<td>Can identify a very specific reason why they called</td>
<td>Less likely to identify specific incident, focuses on general grievances</td>
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<td>Ashamed of victimisation</td>
<td>Assertively claims victim status</td>
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<tr>
<td>Fearful</td>
<td>Does not appear to be in any immediate risk, not fearful</td>
</tr>
<tr>
<td>Confused</td>
<td>Overly confident</td>
</tr>
<tr>
<td>Has tried unsuccessfully to leave or repair relationship</td>
<td>Claims not to understand why previous relationship ended</td>
</tr>
<tr>
<td>Feels sense of obligation to abusive partner</td>
<td>May emphasise the role as provider or saviour</td>
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<tr>
<td>Focus on own responsibilities</td>
<td>Stereotyped view of roles in relationships</td>
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### The Exercise

After 10/15 minutes discuss with the groups how they got on and show them this slide with the full grid on it. Ask for observations and comments.
Abusive men as partners of service users

Indicators

• You have been told by a service user that their partner is abusive
• He insists on accompanying her to all appointments/meetings
• He does all the talking for her
• Excessive telephoning or texting the woman

The normal standards of service user confidentiality and the overriding need to avoid any intervention that might increase risk to the woman, means that directly engaging with an abusive man who is not you client, customer or patient may be difficult at best and dangerous at worst. However, being aware of indicators of abuse is important for your dealings with the man.

The following are indicators of abuse.

Most obviously, a service user might have told you that their partner is abusive
He might insist on accompanying her to all appointments/meetings
He might do all the talking for her
He might be excessively telephoning or texting the woman
Abusive men as fathers/carers of service users

- Clear links between domestic and child abuse – studies show a 40-60% correlation
- In 90% of domestic abuse cases, children are in the same or next room during attacks on their mothers
- It is estimated that 1 in 3 young people live with domestic abuse

If the issue of a man’s violence has been openly stated as a cause of a child’s problem, for example, as a reason for a child being on the child protection register – it may be appropriate and necessary to speak to him directly about his abusive behaviour. You should, in any case, be guided by and implement child protection procedures.

There are links between domestic abuse and child abuse – studies show a 40-60% correlation. In 90% of domestic abuse cases, children are in the same or next room during attacks on their mothers. Some studies estimate that 1 in 3 young people live with domestic abuse.

You may already be working with men who are perpetrators of domestic abuse. They may have told you about their behaviour, you may suspect it, or you have been told about it. It is important to acknowledge that there may also be other men you work with who are perpetrators, but you are simply not aware of it yet. But, how do we respond, what’s good practice when working with perpetrators of domestic abuse?
Domestic abuse is a serious issue and all professionals involved with perpetrators have a role to play in holding them responsible for their behaviour. Your response to him and any disclosures he makes could affect the extent to which he accepts responsibility for his behaviour and, therefore, for the need to change. You can say things to a perpetrator that make a difference and you can influence the situation.

In any dealings you have with perpetrators it is good to think about your dealings with them as ‘principles’ to observe which are safe and constructive. You will not be ‘curing’ or ‘treating’ them.

Good practice when dealing with perpetrators of domestic abuse includes:
- Being clear that abuse is always unacceptable
- Being clear that abusive behaviour is a choice
- Affirming any accountability shown by him
- Being positive and judgement aware – he can change
- Being clear that you might have to speak to other agencies and that there is no entitlement to confidentiality if children are at physical or emotional risk

...cont
Good Practice in Dealing with Perpetrators of Domestic Abuse (continued)

• Whatever he says, be aware that on some level, he is unhappy about his behaviour
• Be aware, and tell him, that children are always affected by living with domestic abuse, whether or not they witness it directly
• Be aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence

Whatever he says, being aware that one some level, he is unhappy about his behaviour
Being aware, and telling him, that children are always affected by living with domestic abuse, whether or not they witness it directly
Being aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence
Good Practice in Dealing with Perpetrators of Domestic Abuse (continued)

- Be encouraging and; do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse
- Be aware of the barriers to him acknowledging his abuse and seeking help (such as shame, fear of child protection process, self-justifying behaviours)
- Be aware of the likely costs to him of the continued abuse and assist him to see these
- If you are in contact with both partners, always see them separately if you are discussing the abuse

Being encouraging and, not backing him into a corner or expecting an early full and honest disclosure about the extent of the abuse
Being aware of the barriers to him acknowledging his abuse and seeking help (such as shame, fear of child protection processes, and his self-justifying behaviours)
Being aware of the likely costs to him of the continued abuse and assisting him to see these
If you are in contact with both partners, **always** seeing them separately if you are discussing the abuse
Handout 2

Indicators of Domestic Abuse

An abusive man may present in the following ways:

- I’ve got a problem with drink
- I need anger management
- I’m not handling stress at work
- My wife/partner says I need to see you
- My wife/partner and I need counselling
- My wife/partner is not coping and taking it out on me
- The kids are out of control and she is not firm enough
- I’m depressed/anxious/stressed/not sleeping/not coping/not myself
- I feel suicidal (or have threatened or attempted suicide)
- I’m worried about my rage at work, in the car, in the street, at the football

Additional indicators/behaviours to be aware of:

- Attempts to accompany or speak for the woman
- Sexual jealousy or possessiveness
- Psychotic/manic/paranoid symptoms
- Substance use/dependence
- Excessive telephoning or texting the woman
- Following the woman or constantly checking her whereabouts
- Injuries or behaviours consistent with assault or self defence. Although rare, a man might present with a physical injury such as a hand injury caused by punching, or you might notice injuries caused by the woman defending herself, such as scratch marks
Module 3 Exercise 4

Perpetrators & Substance Misuse

Learning Outcomes

- To focus on the different ways perpetrators of domestic abuse may come to the attention of service providers
- To acknowledge that the way in which a perpetrator of domestic abuse presents to a service will impact on a workers response to him
- To illustrate ways in which perpetrators can use services as an extra tool as part of the abuse
- To have an appreciation of the complex relationship some perpetrators may have with substances
- To follow examples of good practice when working with perpetrators of domestic abuse

Materials

Flip Chart & pens

Timing

30 minutes

Tell the Group

Working with perpetrators around their use of violence is a specialist field and should only be attempted by trained professionals. The links between domestic abuse and substance misuse are controversial, complex and a much under-developed area of debate. We will now look at the messages you should provide your clients with in relation to domestic abuse and substance misuse and the minimum standards we recommend you adopt.

Give out Handout 3 – Perpetrators & Substance Misuse. Ask the group if there was anything that surprised them about the facts and figures.

Ask the Group

How might a perpetrator of domestic abuse use substances as part of the abuse of their partner or ex-partner? List the responses on the flip chart. Answers may include:

- Using alcohol/drugs to give himself “permission” for the abuse
- Blaming substances for the abuse
- Forcing the women to use substances
- Acting as a supplier to a women and using access to substances as a form of control
- Convince the woman if she tells anyone about his substance use the children will be taken away
- Use detoxification as a way of blaming the woman for the abuse (if he continues to abuse her during this)
Tell the Group
Substance misuse does not excuse or explain domestic abuse and perpetrators must be held accountable for their violence, even if they are substance affected. Perpetrators may help to create a dependency on, or even enforce the use of, drugs and alcohol by the victim as a tool of control. Workers can miss the dynamics of control in a violent relationship where there is also substance misuse because of the additional layers of complexity.
Handout 3

Perpetrators & Substance Misuse

Facts and Statistics

- Current research suggests that up to 30% of abusive men physically assault their partners when under the influence of alcohol.

- No evidence exists to support a “loss of control caused by intoxication” explanation to violence. If anything, research and case examples show that men exert a huge amount of power and control, even when inebriated.

- Reducing substance use may reduce levels of physical injury but has not been shown to reduce actual occurrence of domestic abuse (mental/ emotional and sexual abuse) (Jacobs 1998).

- Women who experience domestic abuse and who also use substances are often likely to do so as a consequence of their abuse. One study found that violent partners drank more during violence, but women drank more after violence (Jacobs 1998).
Handout 4
Perpetrators & Substance Misuse – Good Practice Guidance

For workers in a drug or alcohol agency:

- Within substance misuse services it is essential that drug or alcohol abuse is not seen as an excuse for domestic abuse.
- If someone wishes to feel more powerful and they expect that substance use will facilitate this transformation, more often than not, the substance complies. It is important to highlight the relationship between substances and domestic abuse, which should be explored in greater depth with individuals.
- Links between the two include:
  - Substance use often has disinhibiting effects. Perpetrators may use this as an excuse for their violence and abuse. e.g. ‘I’m not usually like that, but I was off my head’
  - A woman’s substance use can be seen as an excuse for violence by the perpetrator
  - Perpetrators may control or withhold substances as a means of abuse
  - Perpetrators may spend the family’s money on substances denying women money for vital goods or services
  - Perpetrators may abuse their partner by forcing her to use substances against her will
  - Perpetrators may sabotage women undergoing treatment for substance use
- Services should ensure that substance use is not seen as a cause of violence, but rather that they can be used a way of controlling partners. It would help workers to understand how often a perpetrator uses, what he uses, when he uses and where to allow them to develop a greater understanding of his situation and focus on their intervention accordingly.
Module 3 Exercise 5

Working with Perpetrators

Learning Outcomes
- To focus on the different ways perpetrators of domestic abuse may come to the attention of service providers
- To acknowledge that the way in which a perpetrator of domestic abuse presents to a service will impact on a worker's response to him
- To illustrate ways in which perpetrators can use services as an extra tool as part of the abuse
- To follow examples of good practice when working with perpetrators of domestic abuse

Timing
45 minutes

The Exercise
Break the group into groups of three or four and give them Activity Sheet 1 – Working with Perpetrators of Domestic Abuse. Ask them to work through the scenarios and be prepared to feedback to the wider group in about 20 minutes.

After the groups have discussed the scenario, facilitate a feedback session with the whole group.
Activity Sheet 1

Working with Perpetrators

Scenario 1
A man, whose partner you have supported due to his domestic abuse, has made a number of threatening and abusive phone calls to you at work.

1 What are the main issues here?
2 How will you deal with them? What can/will you do?

Scenario 2
Charlie, aged six, is on the “At Risk Register”. His father, Dave, has been abusing Charlie’s mum since she became pregnant with him. When you go round to the house Dave tells you he is ready to change and has even enrolled himself on an anger management course. He is also seeking support for his alcohol use; after all, he is only violent to his partner when he has had a drink.

1 What are the main issues here?
2 How will you deal with them? What can/will you do?

Scenario 3
Mike has come to tell you about difficulties he is having in his relationship. When you ask him what’s wrong he tells you that his partner has been physically attacking him. He tells you he is outraged about what his partner has done to him, especially, since he works so many hours to be able to provide for the family and he states that he should be appreciated more.

1 What are the main issues here?
2 How will you deal with them? What can/will you do?

Adapted in part from
A Toolkit, Scottish Women’s Aid
Activity Sheet 1

Working with Perpetrators (continued)

Scenario 4
On your way home from work one evening you notice a man taking note of your car number plate. He looks familiar and you think he is the partner of a woman you supported recently.

1 What are the main issues here?
2 How will you deal with them? What can/will you do?

Scenario 5
Anna has recently moved to the Highlands from Eastern Europe. She has come to your service as she has discovered she is pregnant. She has limited English, but her partner has accompanied her and told you that an interpreter is unnecessary as he can translate for you and for Anna. Anna seems very quiet and avoids eye contact with you and her partner. You want to ask her questions without her partner as you suspect she is experiencing domestic abuse.

1 What are the main issues here?
2 How will you deal with them? What can/will you do?

Scenario 6
Jim is worried that his wife is struggling to cope with the children. He thinks she needs some sort of support to deal with them. While you are talking to Jim you notice there are scratch marks on the backs of his hands.

1 What are the main issues here?
2 How will you deal with them? What can/will you do?
Module 3 Exercise 6

The Cycle of Change & Perpetrator Programmes

Learning Outcomes

- To follow examples of good practice when working with perpetrators of domestic abuse

Timing

45 minutes

Materials

Flip chart & pens

Tell the Group

When working with perpetrators one of the difficulties we have is when we get promises that they will change their behaviour. How do we know that they will change? Can we take it on assumption that if they say they will then they really want to? We are going to look at a model that exists about changing behaviour. This is not an assessment tool for practitioners to assess whether they think a man is going to change his behaviour or not it is just to give you an idea about how the process of change works.

The Cycle of Change was developed by James Prochaska and Carlo DiClemente in an attempt to describe the process that people work through in order to change a problematic behaviour. Initially the model focused on smoking and was later applied in the substance misuse field. New areas of application are continually being found e.g. criminal justice settings. There is ongoing debate about the scientific nature of the model, however many practitioners continue to find it a useful representation of the key motivational stages people progress through when changing a problematic behaviour.

The Exercise

Spilt the group into pairs. Ask each pair to consider:

- What in your experience, happens for people to change their behaviour?

- Think of someone you have worked with that has changed a behaviour (e.g. smoking, exercise, diet, drinking) and briefly describe the process they went / worked through?

Take feedback from the groups. It is likely that people will talk about individuals who didn’t see need to change, thought it would be good to change but didn’t really want to, wanted to change but didn’t know how to, made changes but hard to keep them going etc.
Acknowledging that very often external issues are the motivators for behaviour change (e.g. health problems, work problems, relationship & family pressures, self realisation, desire different identity etc).

Distribute Handout 5 and provide the following definitions:
- Pre-contemplation – at this stage, the individual is unaware of the problem or not willing to take responsibility for actions and hasn’t thought about change
- Contemplation – thinking about change soon
- Preparation – Making plans to change behaviour and setting gradual goals
- Action – continuation of desirable actions or repeating periodic recommended steps
- Maintenance – continuing to keep behaviour changed

The Exercise
Ask for any comments/queries about the cycles of change model.

Read out the following statements to the whole group and ask for views on where these men, who are or who have been perpetrators of domestic abuse might be within the model (the suggested answers are in bold below).

- I am trying not to use physical violence
  - Action
- I don’t have a problem. She makes me do it.
  - Pre-contemplation
- From next week, I am going to be attending a programme
  - Preparation
- I am worried that I might go back to my old ways
  - Maintenance
- Sometimes my anger causes me problems
  - Contemplation

Emphasise that these this is a theoretical model that has been discussed for interest and information and it is not a tool that workers should use for any kind of ‘assessment’. It is just to make the point that a perpetrator simply saying they will change should not be accepted by workers and to give a model of how change can come about when individuals are fully committed to do so.

Tell the Group
Perpetrator programmes have one key focus – to increase the safety of those experiencing domestic abuse through promoting effective interventions with perpetrators. Respect is the name of the national association for domestic abuse perpetrator programmes and their associated support services.
Respect has developed a **Statement of Principles and Minimum Standards**
of Practice for perpetrator programmes and associated support services. All of their members sign up to these principles and standards and agree to abide by them in their work.

The Exercise
Ask the group to list what they expect to be included in the Principles and Minimum Standards of Practice for Domestic Abuse Perpetrator Programmes. Answers may include:

- An understanding of what constitutes violent behaviour
- That the perpetrator is 100% responsible for his behaviour
- That violent behaviour is a choice, functional and intentional
- Challenging of tactics which seek to deny minimise and/or blame
- Challenging & changing the attitudes and beliefs which support his abuse
- Using a gendered analysis of domestic abuse
- Challenging men’s expectations of power and control over partners
- Developing men’s capacity to understand the impact of their violence on their partners and children both in the long and short term
- Projects should avoid collusion with the perpetrator’s rationale
- Perpetrator work should only be undertaken alongside support work with partners/ex-partners
- Long term attendance is expected

Give out Handout 6 – Perpetrator Programmes and Handout 7 – Perpetrator Programmes – Risk vs Safety.

Tell the Group
Although we have no perpetrator programmes in Highland, currently, it is useful to know about the minimum standards that are nationally recognised as best practice as many of them we are able to apply to our own work.

Conclusion
Ask the group if they have any questions about what they have learned today and answer appropriately.

Thank the participants for attending and ask if they have any final questions before the day ends. Explain where the evaluation sheets are and ensure you collect them from the delegates.
Handout 5

Cycle of Change

Stages of change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
- Established change
Handout 6

Perpetrator Programmes

Respect’s Philosophy:
- Domestic Abuse is unacceptable and must be challenged at all times
- Men’s violence to partners and ex-partners is largely about the misuse of power and control in the context of male dominance
- Violence within same sex relationships or from women to men is neither the same as - nor symmetrically opposite to - men’s violence to women
- Men are responsible for their use of violence
- Men can change
- We are part of a community response, which needs to be consistent and integrated at all levels
- Everyone affected by domestic abuse should have access to support services
- All work with perpetrators and victims of domestic abuse must actively promote an alternative, positive and constructive model of human relationships
- Practitioners working in the field of domestic violence should attempt to apply these principles to their own lives

Respect’s Principles & Minimum Standards include:
- An understanding of what constitutes violent behaviour
- That the perpetrator is 100% responsible for his behaviour
- That violent behaviour is a choice, functional and intentional
- Challenging of tactics which seek to deny minimise and/or blame
- Challenging and changing the attitudes & beliefs which support his abuse
- Acknowledging and questioning the social and gendered context of domestic abuse
- Challenging men’s expectations of power and control over partners
- Developing men’s capacity to understand the impact of their violence on their partners and children both in the long and short term
- Encouragement to learn and adopt positive, respectful and egalitarian ways of being
- Projects should avoid collusion with the perpetrator’s rationale
- Perpetrator work which specially addresses the issue of domestic abuse should only be undertaken alongside specialist, resourced, associated support work with partners /ex-partners.
- Each male client should attend the perpetrator programme for at least 75 hours over a minimum of 30 weeks.
- Anger management is an inappropriate intervention in domestic violence cases because perpetrators do not have a problem managing their anger. Instead they make choices to use violence and abuse as a mechanism of power and control over their partner. If they really couldn’t control their anger they would hit out at other people too.
Handout 7

Perpetrator Programmes – Risk vs Safety

Ways that perpetrator programmes can raise the risk:

Perpetrator programmes offer hope to women that their violent / abusive partner can change.
In many cases this is unrealistic. One of the main reasons women give for staying in a violent relationship is that their partner has promised to change. When men attend a perpetrator programme (or any other form of intervention such as counselling or anger management) many women will understandably put their trust in the professionals to protect them and their children. Women also tend to be overly optimistic about programme outcomes. Gondolf’s multi-site evaluation found that 95% of women expected their partners to complete the programme – yet less than two thirds completed 3 months of programme sessions. The very fact that he is attending a perpetrator programme might lead a woman to have unrealistic expectations and make unsafe choices regarding her relationship that she wouldn’t otherwise have made.

Perpetrators can abuse their attendance on a perpetrator programme to further manipulate or control their partners and others
Some of the ways they might do this include:
- Promising they will attend as a bargaining chip / way of saving the relationship
- Lying about their attendance
- Lying about programme content / what happened in the group
- Telling her that they do not need to attend because the workers say he’s ‘cured’
- Telling her that everyone thinks it’s she who has the problem and she should stop nagging him/winding him up etc
- Using the material on the programme to criticise and control her behaviour
- Using jargon / concepts learnt on the programme to manipulate her
- Learning to “talk the talk” without “walking the walk”
- Using attendance on the programme as a way to influence other professionals’ decisions (Social Workers, Courts)

Ways that perpetrator programmes can increase safety:

Changing his behaviour
Perpetrator programmes cannot ‘cure’ violent men or guarantee dramatic transformation, as behavioural change is a long and complex process. However, research demonstrates that, of perpetrators who complete a domestic abuse programme:
• some will stop their physical violence and significantly reduce their abusive and controlling behaviour
• the majority will stop their violence but maintain some level of abusive and controlling behaviour
• some will continue their violence

Although not all men will end their abuse, domestic abuse perpetrator programmes can **reduce dangerousness.**

**Monitoring men and holding them to account**
When men regularly attend a perpetrator programme, their behaviour is under scrutiny. As well as following a curriculum of material designed to help them stop their violence, programmes require men to disclose any violence or abuse they have used during the last week.

To assess risk, perpetrator workers can use:
• men’s disclosure and / or changes in how they behave in the group
• men’s use of blame, minimisation and denial
• information from the man’s (ex)partner (which should be treated with care to ensure that her safety and / or confidentiality are not compromised)
• information from other professionals, such as the police or social workers

The fact that perpetrator workers are focussing on men and holding them to account on a week to week basis for their behaviour towards their (ex)partner and children, can mean that **risk factors are picked up and acted upon more quickly.**

**Supporting women partners and ex-partners**
Perpetrator programmes are worth doing because they are successful in changing the behaviour of some men. However, they can also raise the risk as outlined above.

Therefore, perpetrator programmes should **never** be run in isolation. They should always be integrated with specialist, pro-active, associated women’s services.

These services can help off-set some of the risks mentioned above by helping women to:
• develop realistic expectations about their partners’ behaviour change
• monitor the degree to which their partner is changing and make decisions accordingly
• assess risk and safety plan

The perpetrator programme and associated women’s services should be integrated and work hand in hand, sharing information in order to increase safety.

**High quality perpetrator programmes and associated women’s services that adhere to Respect’s standards and principles have a significant part to play in increasing the safety of women and children experiencing domestic abuse.**
Reading List


The Cycle of Change

Overview
The Cycle of Change was developed by James Prochaska and Carlo DiClemente in an attempt to describe the process that people work through in order to change a problematic behaviour. Initially the model focused on smoking and was later applied in the substance misuse field. New areas of application are continually being found e.g. criminal justice settings. There is ongoing debate about the scientific nature of the model, however many practitioners continue to find it a useful representation of the key motivational stages people progress through when changing a problematic behaviour.

The cycle helps to assess a persons ‘readiness to change’ and can therefore aid practitioners to tailor interventions accordingly. In other words, how a practitioner works with someone who is not interested in change (pre-contemplation) is likely to be different to the type of intervention that would benefit a person who had successfully changed their behaviour but requires support to sustain the changes (maintenance).

Awareness of a person’s readiness to change enables practitioners to target interventions aimed at moving a person with a problematic behaviour through the cycle.

Stages of Change

Pre-contemplation (Not interested in change)
Many people engaging in behaviours that others might think they should change are not even contemplating change. This can be because they do not think there are any problems attributable to the behaviour, or because the risks and problems are outweighed by the benefits they get from continuing.

Practitioner Tasks - Focus discussion on raising a person’s awareness of the risks and consequences associated with their behaviour as well as the potential benefits to themselves and others from making changes. This can encourage a person to begin contemplating change.

Contemplation (Thinking about change)
When people acknowledge the risks or problems caused by their behaviour they begin to weigh up the potential benefits of changing against what they will lose if they change. The process of contemplating change can take years; in other cases people arrive at a decision to change very quickly.

Practitioner Tasks – Focus discussion on the pro’s and con’s of the behaviour as well as what would make it difficult to change followed by the benefits to themselves and others if the person was to change their behaviour. Developing discrepancy can also be useful by encouraging the person to think about where they want their life to be in a year’s time and then asking how their behaviour or current situation fits with their plans for the future.
**Determination** *(Getting ready or planning to change)*
Following the period of contemplation, those people who feel that change is desirable and possible for them to achieve, begin preparing to change. Lack of self-efficacy (belief in ones ability) to make changes can be a major stumbling block.

Practitioner Tasks – Encouraging a person to set achievable goals and plan in a structured way what the person is actually going to do in order to achieve the goals. Examining and accessing options for help and support is often important.

**Action** *(Making changes)*
Having clear plans and realistic goals in place is likely to be very helpful at this time. It is usually best to take action in a planned manner, and to prepare for it in advance. The behaviour to be changed may be related to habit (always smoking after a meal, always buying heroin after being paid). Strategies to deal with particularly problematic situations are important, as are rewards for success and support from others.

Practitioner Tasks – Ensuring the person has coping strategies in place to help deal with difficult situations and they are receiving appropriate help and support. Focussing on the benefits accrued from making changes and enhancing confidence or self-efficacy in the person’s ability to change can be useful.

**Maintenance** *(Maintaining change)*
Once changes are made, people move into a period of maintaining the change. For most people achieving change is much easier than sustaining it. At first, staying changed requires belief, effort and support. For most people this gradually becomes easier as new behaviour patterns are established.

Practitioner Tasks – Encouraging new patterns of behaviour such as taking up new interests can be a useful aid to maintaining change. Focusing attention on strategies to prevent relapse and planning practical steps that the person can undertake can be helpful. For example a relapse prevention plan may involve contacting a support service for help when the person feels they may relapse. Teaching techniques derived from cognitive behavioural therapy are often useful for avoiding relapse.

**Lapse and relapse**
Many people trying to achieve sustained change will experience setbacks, either minor (lapse) or major (relapse) – these are usually viewed as parts of the process of change unless there are serious consequences for the person and their family. The majority of people who relapse will go back into contemplation of change wiser and more self aware than they were last time.

Practitioner Tasks – Providing relapse prevention support first and foremost. If a lapse or relapse does occur ensure the person is aware of the risks and
consequences. Work with the person to find ways of avoiding future lapse or relapses.

Therapeutic approaches such as Motivational Interviewing, Cognitive Behavioural Therapy and Solution Focused Therapy are used by practitioners to encourage the person to progress through the cycle of change.

**Critique of ‘The Cycle of Change’**

**The Transtheoretical Model of Change**
This model has recently been subject to criticism, which recognises its strengths, but also, its limitations.
Although the object of authors (Prochaska and DiClemente) was to bring clarity to theoretical confusion, it is in fact a complex model. It involves three dimensions - stages, processes, and levels of change, and several ‘change variables’. The ten processes are the underlying change strategies adopted by individuals. Problems that need to be changed can occur at five levels, ranging from direct tackling of presenting symptoms to addressing deeper underlying causes. The role of Change variables is to motivate change; they include ‘decisional balance’ and ‘self-efficacy’.

It is the stage dimension that has both caught the imagination, and is also the focus of critical comment. Said to represent how motivation for change develops over time, this is where the model is at its simplest and appears most obviously to make sense. It portrays motivation as an ordered, segmented sequence leading from non-recognition that there is a problem to its satisfactory resolution. In between are stages during which change is pondered, prepared for, implemented and stabilised. This type of transitional change model is not new e.g. Kubla Ross; it sees the ‘stages’ as arbitrary points on a continuum. Criticism of transitional stage models has asked whether they just segment arbitrarily what is in reality continuous - a slope rather than steps? Do people progress logically through them? Does successful change necessarily pass through all the stages? etc.

The cycle of change is the most influential of several descriptions of how motive influences behaviour. It has been applied to smokers, diet, exercise, self-control of diabetes, mammography screening and condom use, as well as drug and alcohol misuse.

The test of a model is whether it creates better outcomes. This model claims that each stage entails “specific tasks that need to be accomplished in order to move successfully to the next stage. In that case, Davidson argues, ‘stage-matched’ interventions should do better - i.e. interventions addressing tasks which correspond to the stage the person is at.
The continuum versus the stage argument

How are these stages defined and assessed? It is difficult to say of someone that they are at this stage or that. It depends, for instance, on which problem behaviour you are talking about. Deciding to focus on one problem behaviour ignores the reality of multiple problems. It also excludes the influence of the environment - e.g. syringe exchange may be available in one area or country, but not in another. The models’ focus on the individual has been a major concern. It portrays the individual as motivationally isolated, and has a single problem. However, excluding the social dimension is not good enough for what is claimed to be a “comprehensive” model of change, applicable to whole populations. Do such stages exist, or is motivational change too complex to be distilled into a few discrete categories?

What stage are you at?
The model requires that individuals have to be allocated to a stage of change. Davidson looks at smoking studies, and their use of a classification system based on time factors e.g. “Are you planning to quit smoking in the next 30 days / within six months etc.” He argues that this time component is non-stage like, and mixes motivation with behaviour. Stages are not distinct motivational states but arbitrary time segments. People can move through this cycle simply by the passage of time rather than by any altered psychological state.

For addiction treatment clients, straight questioning is considered unreliable, and instead questionnaires have been devised to discover what attitudes prevail at each stage. Resulting data has provided evidence for both distinct stages and for a continuum, due, he suggests, to use of different statistical methods - one using a ‘stage’ structure and the other a structure of continuous variables. He describes other methodological flaws such as use of the ‘bloated specific’, and concludes that the ‘stages’ suggested are mathematical rather then psychological. Rather than sharp divisions of individuals into one stage or another, analysis of the data finds that the scores for one stage co-vary with those for another. This suggests they are not distinct states.

Still a useful map
Despite criticisms the model has its uses in assisting change. Even if stages are just arbitrary points on a continuum, they can still act as useful signposts for clients and practitioners. A map divides up continuous space by gridlines, but has its uses in showing the places you must pass through in getting from A to B, which is the quickest route etc. It provides an over-view of the whole route, and enables progress to be made and measured. This is the promise of the cycle of change.

Transition between stages
The model’s creators argue that successful recovery from addiction can only occur after every stage has been traversed. They found no successful changers who had skipped a stage. However, other studies have found just that e.g. smokers who stop abruptly, and heavy drinkers in hospital. A critical
re-analysis of ex-smokers revealed that none made stable progress through three or more stages, and many remained in the same stage throughout the study. This did not support the idea that to unpick an addiction you must definitely go through the stages.

Abstracted from social, cultural and environmental influences, individual change may indeed be orderly; but buffeting by these forces makes it more complex and less predictable. These forces are experienced more sharply in relation to drug and alcohol misuse than smoking. They include legal and other forms of coercion; the drying up of sources of supply; health problems which make continuing as before not an option; maturing into responsibilities incompatible with continued intoxication or crime; new social networks following job change, moving house, leaving college etc. A pros-and-cons type decision can happen.

**Stages (usually) predict progress**

If stages are signposts of progress, then the further someone has travelled the more likely they will be, on average, to reach lasting change within a given period. Studies of smokers and of drinkers bear this out. Measures of stage of change generally predict later outcomes. Change predicts change, although inconsistently and sometimes less well than as the result of other variables. While change of stage often predicts outcomes, this might be just because it is associated with other factors, such as degree of dependence. A detailed follow up of 200 smokers showed that measures of dependence were far better than stage membership at predicting smoking cessation up to two years later. Some experts argued that, rather than pitting one predictor against another, it was more important to look at how variables like stage membership and drug dependence interrelate. A Swiss study of almost a thousand smokers did just this, showing that the interaction between stage and the number of cigarettes smoked daily was much more significant as a predictor than either severity of dependence or initial stage of change. This study is weakened by an incomplete assessment of stage. But if confirmed, such findings would be hard to incorporate in a model that predicts that higher stages are more likely to lead to problem resolution. It raises the possibility that some combination of a motivational measure and a measure of dependence might prove the best indicator of future use.

**The model’s processes**

Does the division into stages help us understand how people change, and thus help us devise ways of promoting change? In the model, processes are the ways people change. **Whether** they change is said to be related to ‘change variables’ such as the ‘decisional balance’ between what people see as the pros and cons of continuing with the problem behaviour. These variables differ across the stages. e.g. in the pre-contemplation stage, the pros of smoking are seen as high and the cons low. In the preparation stage, pros remain high but start to be outweighed by the cons. In the maintenance stage smoking is less of an issue and both pros and cons
decline. This is built into the fact that the model is limited to *intentional change* - the kind that has weighed up the pros and cons, and is about self-cessation.

**Matching interventions to stages**

Whether the 'right' processes are being used at the right stage, and whether change variables are at an optimal level, have been found to predict movement between stages and eventual outcomes (although nothing is published about drugs or alcohol). This suggests that interventions should also differ at different stages e.g. verbal strategies emphasising self-awareness should be used during contemplation, planning action during preparation etc. This has to be tested in practice. In fact there is little evidence to support matching interventions to stages, and the main practical application of the model lacks an evidence base. Among alcohol misusers, project MATCH is the major study that came closest to a test of stage matching. The findings did not support the expectation that motivational enhancement would be particularly suitable of drinkers in the early stages of change, or that action-orientated therapies were particularly appropriate for the later stages. Neither this nor other studies was able to test whether adjusting the intervention of the changing motivational state of the client accelerates progress through the stages. (Yet this is the way many therapists believe the model should be used). There is no good evidence, Davidson concludes, that this model can inform addiction workers about the right approach to adopt for the person in front of them, whichever form of readiness is being matched to or whatever the client’s stage of change. Persuasive as it is, this prospect remains an article of faith.

**A motivating model**

As its creators stress, they developed a model, not a theory. To an extent, their model is itself a 'bloated specific' - its logic flows from its limitation to *intentional* change. Its creators unpacked what such change means, and this helps us see what was largely there all along, but does not seem to help us tailor treatment to individual need. Stage progression requires further analysis, as some people do seem to deal with their addiction without going round the whole circle.

Nevertheless the model continues to serve as a rich vein of ideas on service delivery and public health promotion. At least with respect to smoking, stage matched manuals have bettered self-help programmes; and with respect to both smoking and drinking the model had predictive power in that it can forecast health-related behaviour.

The model articulates the simple but profound idea that addiction is a *motivational* problem. It reformulates the ‘unmotivated’ client as someone within the change cycle and with the potential to move through it. It even redefines relapse as a positive phase on the spiral to lasting change. If generating motivation is its legacy - and enthusiasm for the model suggests this is the case - then it will have done its job.