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To: *Help & Shelter Inc. Homestretch Avenue, Georgetown*

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## REPORT

### 1. Outline of the training programme

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#### Course aim

To review the nature, prevalence, impact and causes of domestic abuse among intimate partners and to prepare participants to work safely and effectively with male perpetrators.

#### Key learning objectives

By the end of this course, participants should:

- ★ be able to identify what constitutes domestic abuse
- ★ have gained an understanding of the likely prevalence of domestic abuse
- ★ have understood the common effects on women of being exposed to domestic abuse
- ★ be able to identify the key factors supporting abusive behaviour, especially by men
- ★ be able to identify the risks and limitations of perpetrator programme provision
- ★ be familiar with the principles of safe and effective practice
- ★ have acquired the knowledge and basic skills to deliver one model of intervention

#### Programme

##### Introductions/getting to know each other

Preliminaries and formalities: welcome; housekeeping etc. Introductions. Introduction to proposed programme. Group contract. Sharing expectations, personal hopes and concerns. Sharing knowledge and experience? Professional goals? Reflecting upon training methods and preferred learning styles.

##### Prevalence of domestic violence

Data collection difficulties. Sample reporting and prosecution rates. Summary of prevalence research findings. Cross-cultural data. The position in Guyana.

### **What constitutes domestic violence and abuse?**

What do we mean by violence anyway? Range of domestic abuse. Cultural and sub-cultural normalisation/acceptance? Looking at ourselves, the *Abuse Inventory*. *Exercise 1: what's normal?* Working definition. When does it begin? Racism and domestic violence. Team-building and cultural sharing activity.

### **Costs and consequences**

Participants' own experiences of violence. Personal, cultural and societal effects of domestic violence. Effects of exposure on children.

### **Gender and the oppression of women**

Socialisation, the social construction of gender. Women's oppression.

### **Why do women stay (or what prevents them from leaving)?**

Dispelling myths about why women don't leave. The help-seeking process and community complicity.

### **Why are men violent?**

Ecological explanations. The *assault analysis* model. Dispelling myths (e.g. attribution of cause to alcohol).

### **Sharing values**

Implications for practice.

### **Men's perpetrator programmes**

Limitations (individual solution to social problem, attrition rates etc). Need for integrated multi-agency initiatives. Risks associated with provision of perpetrator programmes.

### **Guiding principles of the overall programme**

Overall intervention objective: first do no harm. Implications for practice (limits on confidentiality etc). Relationship with criminal justice. Practising what we preach.

### **Treatment principles**

Treatment philosophy and treatment goals. Assessment. Contracting. Methods: challenges to orthodox counselling approaches. Responding to cultural differences.

### **Self-care, support and supervision**

Setting up support groups. Creating a supportive team culture. Supervision model.

### **Programme design**

What works. UK National standards. Proposed Help and Shelter model. Cherry picking versus working with all-comers: effect on outcomes. Developing clear eligibility and suitability criteria.

### **Policy and practice**

Counter-transference. Maintaining boundaries. Sharing personal experiences with clients. Co-gendered working. Child protection. Liaising with women's service and other agencies. Help & Shelter policy development. Monitoring progress.

### **Assessment**

Contracting. Conferring with women's services and other stakeholders. Assessing eligibility, suitability and risk. Assessment assignments. Introducing a model of change. Role plays. Adapting / translation of material.

### Individual work

Purpose, practice and protocols. Developing a safety plan and reinforcing personal responsibility. Examining attitudes underlying violence and abuse. Promoting emotional literacy and exploring vulnerability. Promoting empathy for partner and children. Working through assignments. Role plays. Adapting / translation of materials.

### Groupwork

Purpose, practice and protocols. Re-contracting. Structure of sessions. Further interventions. Power and control. Types of abuse. Risk reducers (anger management, moderation of alcohol etc). Modules: shame and guilt; assertiveness; respect and prejudice; jealousy; love and intimacy; masculinity; parenting etc. Adapting / translation of material.

### Problem-solving and review of model and supporting materials day

### Evaluating perpetrator programmes

### Evaluation of the training; ending and farewells

## 2. Recommended treatment model <sup>1</sup>

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There is a growing momentum in the UK and in many of the US States to standardise domestic violence perpetrator programmes. However, the US Department of Justice recognises that in States where programmes have been accredited and standardised, the quality of intervention has been compromised and its effectiveness in fact *diminished* (Healey et al 1998). The British Home Office Pathfinder Unit is promoting a short-term structured educational programme based almost entirely upon the dominant U.S. 'Duluth' educational model despite there being no evidence to support such widescale adoption, especially within the U.K. legal and cultural context which does not provide the sophisticated criminal justice sanctions upon which the success of the Duluth multi-agency approach relies so heavily. Though the fully co-ordinated community response developed in Duluth (see Pence and McDonnell 1999) provides an exemplary mechanism for cross-disciplinary domestic violence abatement, one which could usefully be adapted for implementation elsewhere (see Edwards 1997), the actual perpetrator intervention programme has been criticised for being unresponsive to individual offenders' learning needs and for yielding worse recidivism rates than untreated control groups (see She 1990).

There is as yet no supportive comparative evaluation to favour one intervention model over another. Latest research in fact suggests that corrective programmes show better results if intervention modalities are fashioned to match offender characteristics. Not all violence is the same. Domestically violent perpetrators constitute a diverse and markedly heterogeneous population and the growing typology literature (e.g. Dutton 1995, Holtzworth-Munroe and Stuart 1994, Dutton and Starzomski 1994, Johnston and Campbell 1993, Saunders 1992, Gondolf 1999, 1988, Bell 2000) questions dominant epistemological assumptions that wife abuse is a unitary phenomenon predicated *entirely* on sexism and the patriarchal domination of women, thus posing challenges to the predominance of the sole use of standardised educational groupwork currently favoured by Probation Services as the universal intervention of choice. Moreover, the now extensive body of literature on the personality profiles of men who batter consistently identifies a very high prevalence of personality disorders (narcissistic,

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<sup>1</sup> These comments relate only to the men's perpetrator intervention. For a safe and effective domestic violence programme, it is essential that linked (but confidential) women support services also be provided.

anti-social, borderline, socio-pathic). Such deep-rooted personality characteristics are certain to remain untouched by pre-planned short-term educational approaches to behavioural change.

Dominant feminist projects reject traditional psychological perspectives on tertiary intervention with domestically violent offenders for adopting an androcentric and individualistic bias which obscured the very gendered nature and power dynamics of domestic violence. However, the influence of feminist scholarship in psychology (Walker 1989) may help us avoid losing the baby with the bathwater by integrating cognitive/behavioural and psychodynamic principles within a feminist framework, at least for certain types of offenders. If the appealing but reductionist one-size-fits-all mentality to the design and development of corrective curricula for domestic violence perpetrators is to be avoided, programmes must address the complexity of the aetiological, cultural and motivational differentiators among abusers. Failure to take into account this taxonomic diversity of abusive men is likely to perpetuate ignorance and methodological guess-work and will inevitably condemn projects to continue to deliver very mixed results.

Based upon *Ahimsa's* thirteen years experience of working with over 2000 violent men, I recommend adoption of the integrated treatment model reviewed in the training. I have generally found few disadvantages in mixing court-mandated men with those who 'self-refer'. The model has the following constituent parts:

## **1. Assessment** (typically 2 hours duration plus contact with victim)

### **ELIGIBILITY FOR PERPETRATOR PROGRAMME**

An initial screening measure and questionnaires should be developed (samples supplied) to assist programme assessors to identify those offenders who are *eligible* for the programme. Basic criteria might be:

- male aged 18 years or above
- history of physical violence against a female partner
- ability to comply with programme attendance requirements
- no *outstanding* charges for domestic violence offences
- minimum 1 year probation order if court-mandated or on licence

### **SUITABILITY**

To be considered *suitable* for the programme, an eligible offender needs to demonstrate:

- acknowledgement of the unacceptability of the use of violence and abuse
- admission of culpability for his violent offences
- acceptance of at least some responsibility for his violent offending
- admission that he poses a risk of further violent offending
- some regret or remorse for his violent offending
- some sensitivity to the consequences for his victim
- some internal motivation to change
- willingness to participate in all phases of the programme

### **UNSUITABLE FACTORS**

Factors which would normally contra-indicate are:

- severe mental health problems
- severe learning difficulties
- inability to meet the attendance criteria every week

- chaotic or unmanageable drug/alcohol use
- sex offenders where current offence is sexual

## 2. Individual pre-group work (typically 12 weekly hour-long sessions)

### STRUCTURED EXERCISES

The nine structured exercises (supplied during the training) designed principally to address issues of denial and responsibility can be set as 'homework' and reviewed in session or where client literacy levels dictate, each one can be worked through with clients in session.

## 3. Groupwork (typically no less than 36 sessions)

### SEMI-STRUCTURED ROLLING GROUP PROGRAMME

There are considerable advantages offered by rolling programmes particularly from an operational point of view. In essence, this model means that new group members join and leave at any appropriate point which avoids the delays associated with joining closed groups (and therefore fixed start dates). It also means that new initiatives can begin group-work with a small number of clients knowing that the group size can grow as and when new offenders are referred. This rolling programme also has considerable therapeutic gain. It enables a 'culture of responsibility' to be established which new members are immediately exposed to many of whom are quickly impressed (and motivation therefore enhanced) by the attitude of the men who have been in the group for some time. Those who have been participating for some months can also be encouraged by comparing themselves with new incumbents. However, this approach does not lend itself to curriculum-driven course material. I have provided the structure typically employed in our rolling groups which aims to work mainly with issues brought by the group participants themselves (and explored during the opening 'check-in' phase of the group). Other phases of the recommended group-work model (opening ritual, new members joining, challenging denial etc) were addressed during the training and have been covered by handouts. Where resources and competition for places permit, this rolling programme means that, where warranted, participants can remain in the group longer than the recommended minimum.

### Method

The knowledge and skills generally associated with counselling and psychotherapy are necessary but in themselves not sufficient for successful intervention with abusive men. In seeking to make this work more effective, there is a need to draw on other disciplines and best practice now differs from mainstream psychological therapies in many significant ways. This integrated approach can be distinguished by the following factors:

- remain aware of the implications of the work for others outside the immediate treatment setting (e.g. what messages are we communicating to the partner and to the community at large by working with the man at all); regard the partner who is not present as a key stakeholder in the process (e.g. the man is more than likely trying to use his attendance as a means to dissuade her from leaving him or to win her back if she has already managed to leave)
- confidentiality offered to the man is limited (see previous sections for rationale); workers must be able to hold and make appropriate use of information about the partner that cannot be disclosed to the man
- the safety and the welfare of others is the overarching priority

- accountability is fundamental (emphasis on personal responsibility is crucial as a vehicle for safety and instrument of change); therefore, violent and abusive behaviour remain the central focus of the work (as opposed to other concerns such as attachment issues, alcohol dependence, childhood trauma etc)
- construe violence and abuse as instrumental behaviour rather than purely a product of personal deficits (e.g. low self-esteem) or symptom of psychopathology
- the need for clear and robust boundaries; the work itself is also partially structured (in order to remain focused, we guide the agenda) as a reflection of containment and process
- do not lecture but we are directive (e.g. setting homework assignments)
- be on constant alert to challenge denial, minimisation and justification
- balance control with compassion and trust with scepticism
- make links between treatment targets and cultural norms (domestic violence against women has most of its roots in traditional 'family values' and gender mandates and is still sustained by institutionalised sexism and much of our social policy)
- make links between treatment targets and men's subjective experiences
- drawing on adult education theory, try and create an environment which minimises anxiety, maximises motivation, validates experience, builds upon subjectivity and which is responsive to clients' preferred learning styles.

### 3. Evaluation of participants' readiness to be involved

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Vidya: I had originally expected to supervise trainees' work before reporting on their progress and I do not really feel equipped at this stage to make meaningful comments about their current readiness to practice. That said, of those who expressed an interest in taking on the work, there are some in whom I would feel confident about their ability to embark on applying the model (yourself, Sylvia, Lisa, Daune and Gavin); others who may need to critically examine their own lives, motives and ways of working before going solo (perhaps Terry and Dennis) and others whom I did not see enough of to make any judgement (e.g. Aggrey).

### 4. Recommendations on alerts and the way forward

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1. **Put women's safety first.** Adhere to the principle of *Primum non nocere* ('First do no harm').<sup>2</sup> In essence the value of domestic violence perpetrators programmes should not be overestimated and there are real risks of making matters worse for women experiencing domestic violence unless intervention projects bear this principle in mind. The liaison between perpetrator programmes and women's support services is essential. Support women and gay partners who wish to remain in a relationship but the primary task must be to improve victim safety: do not work to maintain the relationship or the integrity of the family unit. In fact, some of the work involves facilitating safe separation especially for women for whom previous attempts to leave have met with increased dangerousness for them and their children.

<sup>2</sup> See Bell, C. 2001. *Primum non nocere* ('First do no harm'): Developing corrective programmes for court-mandated perpetrators of domestic violence against women. P. 70 to 77 in Keeler, L. (Ed), Recommendations of the EU Expert Meeting on Violence against Women. Ministry of Social Affairs and Health. Helsinki.

2. **The provision of regular supervision** for workers is essential. Working for change can be a very demanding process for people who have perpetrated or experienced abuse but it is also emotionally and clinically demanding for staff. The provision of regular clinical supervision and support for workers is therefore an *essential* component of safe practice and professional development. Supervision also provides a forum for information and perspective sharing on which interventions rely so heavily as well as a context for resolving conflict or tensions among staff or other members of the organisation.
3. **Be selective.** Whilst all abusive men should be regarded as potential candidates for treatment, not all men referred to a perpetrator programme are suitable for inclusion. Retain the right to determine those who are accepted onto the programme and exclude those men who in your view are very unlikely to benefit from the programme at this time. Some men are too dangerous to be considered for community-based treatment. Others are so steeped in denial or entrenched in their behaviour and attitudes as to make any prospects of change very remote (given current resource limitations). Some may be otherwise unsuitable for participation because of unmanageable drug or alcohol use (making their compliance with attendance and programme requirements unlikely). Others are unlikely to be able to actively engage with the programme because of severe psychological disturbance, neurological damage or severe learning or language difficulties.

Follow clearly-defined assessment procedures to determine whether a man meets our eligibility and suitability criteria (suggestions made available during the training).

4. **Couples counselling** can perpetuate the abuse. In tackling domestic abuse, couples counselling is generally contra-indicated, especially as the initial intervention because of likelihood of the woman or gay partner being put at increased risk. Expressions of anger or other perceived indiscretions on the part of the abused partner can be met with aggressive reprisals from the abuser once away from the counselling setting. This threat can effectively silence the person experiencing the abuse making a mockery of the process and reinforcing the status quo of unequal power relations. Furthermore, except in the hands of very experienced practitioners, couples work can imply a shared responsibility for the abuse which inadvertently colludes with the abusive man's attempts at laying blame outside himself.
5. **Multi-agency initiatives.** Domestic violence is by no means inevitable. In relatively few years, successful prevention strategies in some regions have achieved significant reductions in domestic homicide rates and in repeat victimisation with consequent improvements in quality of life and in dramatic cost savings to the community. Domestic violence is a complex crime in part because of the nature of the intimate relationship between the victim and perpetrator but also because the pervasive community attitudes and behaviours which condone or tolerate it are woven into the very fabric of our societies. Complex crimes require sophisticated and concerted efforts to eliminate. Whilst the active criminalisation of wife abuse sends out some messages to our communities that this behaviour is no longer socially acceptable, reliance on the criminal justice system as a *sole* response to abatement has proved to be a frustratingly slow affair. Rather, *combined* efforts by all those agencies which have a shared responsibility for the protection of victims, processing of offenders and wider preventative measures provide the greatest potential for change. Working together in such interdisciplinary forums can maximise the use of scant financial resources and avoid gaps and even overlaps in service provision.

The first priority for Help and Shelter must be to promote co-ordinated responses from statutory and voluntary agencies to ensure the safety, security and welfare of those at risk through the active application of existing legal instruments (or the introduction of laws where they do not exist) and the implementation of inter-agency protocols. Public education campaigns can later be instigated to advertise the illegal status of domestic violence and to promote awareness of support services. Costa Rica, Colombia and Papua New Guinea, for example, have all used extensive poster campaigns to promote public awareness. One of the biggest challenges for forums is to find effective ways of challenging the pervasive public attitudes which allow domestic violence to thrive. These are deeply anchored in cultural norms and in the status quo; fostering a commitment to long-term social change must therefore be a fundamental goal of credible attempts to intervene.

There are many benefits to a common framework and to a co-ordinated rather than fragmented ways of working: sharing information, knowledge, ideas, data and expertise; enhancing victim protection, keeping the victim informed, helping judicial system officials discharge their public duties and renouncing the practice of victim-blaming. In Duluth (U.S.A.), for example, when a woman dials the police she logs into a complex community system which makes central her experience of being a victim. She taps into a range of services designed to protect and support her. Effective forums have recognised that the responsibility to eliminate domestic violence and to bring perpetrators to justice should lie with the community and not with the victim.

There is however a cautionary note. Whilst inter-agency working has been heavily promoted in some countries as *the* most effective way to tackle domestic violence, the process can be fraught with tensions and in some instances can even have a negative impact. The most common indictment is the use of domestic violence forums as a smoke-screen where little, if any, effective work is carried out but where agencies assuage criticisms of inertia by laying claim to involvement in the multi-disciplinary strategy. Attendance at the occasional meeting contributes little and there is a strong need to elicit full commitment from members especially at outset. The style of meetings can also closely resemble the very dynamics that are central to domestic violence, namely that of domination by the powerful – usually statutory agencies who invariably chair meetings, set agendas, hold budgets and impose definitions. There is often little consultation with the groups best equipped to provide advocacy for women experiencing abuse or with victims themselves. Attempting a co-ordinated and shared approach to minimise gaps in service provision also relies heavily upon all key agencies recognising the need to be involved. The absence of such organisations who see little relevance (and yet are essential partners) can easily undermine results.

In order to *ensure* that services are responsive to the various needs of the women experiencing abuse, a viable consultation and monitoring process needs to be developed. Contact with established community organisations will not necessarily reveal the views or experiences of those most effected by the crime because of its hidden nature and of the difficulties in disclosure. Minority group leaders have also been known to be reluctant to disclose evidence of domestic violence within their communities for fear that the knowledge will be used to fuel further hatred or discrimination.

Typical objectives of a multi-agency task force or forum:

- Enhance victim protection.

- Co-ordinate local services and increase cost-effectiveness.

- Make services more victim friendly and meet the wide variety of victims' needs.

Develop guidelines for good practice.  
Improve reporting rates and enhance prosecution of offenders.  
Promote witness protection and keep victims informed.  
Track repeat offenders through the system.  
Provide co-ordinated training.  
Provide community and public education and awareness-raising.  
Establish effective sentencing and voluntary correctional services for offenders which address their abusive behaviour rather than merely attempt to punish.  
Monitor effectiveness.