

The 'Men and Masculinities' Programme

Working with perpetrators
of domestic abuse in
a substance abuse
treatment context.

This practice briefing describes what has been learned from a pilot programme which set out to assess and treat a group of men disclosing behavioural concerns relating to both substance use and domestic violence. This briefing will demonstrate the extent of the violence in the lives of these clients. This behaviour can be addressed and addressing it supports the process of recovery.



EXECUTIVE SUMMARY

THE 'MEN AND MASCULINITIES' PROGRAMME WORKS WITH PERPETRATORS OF DOMESTIC VIOLENCE IN A SUBSTANCE ABUSE TREATMENT CONTEXT.

THIS PRACTICE BRIEFING DESCRIBES WHAT HAS BEEN LEARNED FROM THE PROGRAMME FOR MEN DISCLOSING BEHAVIOURAL CONCERNS RELATING TO BOTH SUBSTANCE USE AND DOMESTIC VIOLENCE.

Background

The association between substance use and increased risk of domestic violence perpetration and victimisation is well established. We are aware that women who are victims of domestic violence are at risk of substance misuse and that chronic and severe alcohol and drug use negatively impact on parenting capacity and outcomes for children.

However, current service provision addresses these issues in isolation and little is known about men seeking help for their substance misuse who also use violent and controlling behaviour in their intimate relationships.

The Domestic Violence Intervention Project (DVIP) and Cranstoun developed a holistic programme addressing both substance use and violence in relationships which integrates the accredited DVIP Domestic Violence Perpetrator Programme (DVPP) and Cranstoun's structured substance use day programme.

Challenges of integrating two treatment programmes

Whilst the aims, objectives and module content of DVIP and Cranstoun's programmes are comparable, there are significant differences in their working styles, practices and skill sets. DVPPs are structured 26-week interventions taking place weekly at the same time and on the same day. They require commitment and continued engagement and take place within an environment which is both challenging and supporting. They are delivered alongside a linked support service for partners of men on the group. Cranstoun's substance use day programmes are shorter and more flexible to respond to the needs of the user group. Service-users often have chaotic and transient lifestyles and need an intervention which is relatively tolerant of inconsistent attendance and relapse.

Additionally, men attending substance use treatment are often easily stressed and averse to intervention. Men participating in a DVPP tend to be more emotionally resilient and able to withstand challenge and direction. They are also known to present a risk of harm to partners and children, making safeguarding and risk management an essential element of DVPPs.

DESIGNING A PROGRAMME ACKNOWLEDGING THE NEEDS OF THE SERVICE-USER, PRIORITISING SAFEGUARDING AND WHICH WOULD COMPLEMENT AND SUPPORT THE SUBSTANCE USE CARE PLANS WAS KEY.

Programme design

DVIP and Cranstoun jointly developed a safety focussed, 60+ hours day programme designed to support the aims and objectives of a substance use treatment programme. It combines the two working styles by using emotionally challenging and more general self-talk and CBT material. The intervention was accompanied by a woman's support service in line with the national DVPP accreditation standard.

Recruitment

We targeted men showing stability and abstinence in their substance use and the ability to attend regularly and respond well to the emotional content of the programme.

Each man was assessed by a domestic violence assessor to address their suitability for the programme and identify the risk of harm to their partner and children. The assessment process showed the majority of men had used severe and persistent violence and abuse in their intimate relationships.

OUTCOMES

- **87% OF MEN COMMENCED TREATMENT;**
- **77% OF MEN COMPLETED OVER 30 HOURS OF STRUCTURED DOMESTIC VIOLENCE PREVENTION WORK;**
- **MEN ON THE PROGRAMME REDUCED THEIR DRUG/ALCOHOL USE BY 29% AND REPORTED A 40% IMPROVEMENT IN THEIR QUALITY OF LIFE;**
- **THE COMBINED INTERVENTION DID NOT IMPINGE ON THE AIMS OF THE SUBSTANCE USE TREATMENT;**
- **ACTIVE CONTACT WAS ESTABLISHED WITH 53% OF EX/PARTNERS;**
- **OF THE WOMEN ENGAGING, ONLY 1 DISCLOSED AN INCIDENT OF VIOLENCE WHILST HER PARTNER WAS ENGAGING IN THE PROGRAMME;**
- **87% OF MEN COMMENCED TREATMENT;**
- **77% OF MEN COMPLETED OVER THIRTY HOURS OF TREATMENT.**

Strengths of the programme

25% of Cranstoun's substance use treatment cohort were willing to sign up for treatment within a domestic violence perpetrator programme;

Men attending a substance misuse project will disclose significant amounts of violence and abuse in their intimate relationships if asked and offered the opportunity to change;

DVPP and substance misuse workers were able to work together productively and resolve differences in treatment style;

A group work programme based on clear principles resulted in an authentic, accountable and constructive model of work;

All men we worked with demonstrated some sense of remorse, shame and guilt about their behaviour and are in a process of change and reassessment of their lives;

Men who participated showed significantly increased levels of emotional awareness and maintained their motivation around other aspects of the programme;

A significant percentage of ex/partners of men attending are reporting improvements.

Conclusion

The high proportion of men using persistent and severe violence and abuse in their relationships and the programme outcomes highlight the need for a combined intervention.

We recommend that other domestic violence and substance misuse agencies bring together their skills and understanding to deliver joint substance misuse and domestic violence interventions. All joint work should be conducted alongside a partner support service and delivered by dedicated and experienced staff to allow for a comprehensive case and risk management process to take place alongside service delivery.



Background

IT IS WELL ESTABLISHED THAT THERE IS AN ASSOCIATION BETWEEN SUBSTANCE USE AND INCREASED RISK OF DOMESTIC VIOLENCE PERPETRATION AND VICTIMISATION.

Whilst a direct causal link cannot be assumedⁱ, binge drinking in particular is one of the most commonly identified risk markers for the first onset of domestic violence, for violent re-offending, and for serious injury to a victimⁱⁱ. Similar links have been found between drug misuse and DV perpetration, with those who use drugs and alcohol together posing an even higher riskⁱⁱⁱ.

Women who are victims of domestic violence are also at risk of harmful use of alcohol and drugs^{iv}. Thus women experiencing domestic violence are up to fifteen times more likely to misuse alcohol than women generally^v and surveys of cocaine and opiate users have found a very high prevalence of women reporting regular and severe physical assaults^{vi}.

It is not just the adults who are at risk of harm. The effects of exposure to chronic or severe domestic violence on children are well-established^{vii}. Whilst most people have used substances at some point in their lives, chronic and severe alcohol and drug use also has a range of negative effects on parenting capacity and outcomes for children (especially increasing the risk of neglectful parenting). Alcohol-related

domestic violence also increases the risks to children; alcohol plays a part in 25-33% of known cases of child abuse and parental alcohol misuse has been identified as a factor in over 50% of child protection cases.

OVERALL, THERE IS AN INCREASING AMOUNT OF RELEVANT POLICY, PRACTICE GUIDELINES, SCREENING TOOLS AND TRAINING PROVISION AROUND WORKING WITH THE DUAL ISSUES OF DOMESTIC VIOLENCE AND SUBSTANCE USE, ALONG WITH AN INCREASING AWARENESS OF HOW VICTIMS MIGHT USE DRUGS AND ALCOHOL TO COPE WITH THEIR EXPERIENCES OF VIOLENCE AT THE HANDS OF FORMER AND CURRENT PARTNERS.

PROVISION FOR THE VICTIMS OF VIOLENCE WITH 'COMPLEX' NEEDS IS INCREASING AND THE SUBSTANCE USE SECTOR IS GRADUALLY TAKING ON BOARD THE REALITY THAT MANY OF THE WOMEN THEY WORK WITH WILL HAVE BEEN VICTIMISED THROUGHOUT THEIR LIVES.

However we know little about men who seek out help for their substance misuse problems, but are also using violent and controlling behaviours in their intimate relationships^{viii}. For example, what is the nature and frequency of the violence and abuse being used by men in treatment, are they willing to disclose this, and how might they respond – or be able to respond - to interventions around these issues? This project set out to test the feasibility of a treatment response which addresses the needs of these men holistically as opposed to separately.

Work on violence in relationships with men who attend a substance abuse programme poses particular challenges, not least because people have come to these projects asking for help with their problems with substance misuse, not to address abusive behaviour in relationships. Also, these tend to be vulnerable clients who present with many of the features known to predict drop-out from structured behaviour change programmes. There is therefore a danger that an intensive, emotionally demanding intervention focused on personal relationships might interfere with the men's primary treatment goal of controlling or abstaining from substance misuse.

HOWEVER THERE IS ANOTHER WAY OF FRAMING THIS SITUATION:

BY VIRTUE OF THEIR ATTENDANCE AT THE DRUG PROJECT, PARTICIPANTS HAVE ALREADY STARTED TO ENGAGE TO VARYING DEGREES IN A PROCESS OF CHANGE AND REASSESSMENT OF THEIR LIVES. THIS MAY THEREFORE BE A GOOD TIME FOR THEM TO BE OFFERED HELP TO DEVELOP MORE HEALTHY AND RESPECTFUL INTIMATE RELATIONSHIPS.

THE 'MEN AND MASCULINITIES' PILOT MODEL

THE LANKELLYCHASE FOUNDATION SOUGHT TO FUND A SMALL PILOT PROJECT AIMED AT INFORMING THE DEVELOPMENT OF A FRAMEWORK FOR WORKING WITH DOMESTIC VIOLENCE PERPETRATORS IN SUBSTANCE USE TREATMENT.

The Borough's Domestic Violence and Substance Use working group oversaw the project and drew upon the expertise of two local voluntary sector providers to work in partnership; namely the Domestic Violence Intervention Project (DVIP) and Cranstoun Substance Use Day Programme. DVIP is a leading, pan-London Domestic Violence Perpetrator & Integrated Partner Support Service Provider, and Cranstoun Substance Use Day Programme is the main Islington provider of structured day programmes for drug users.

EXISTING MODELS OF RESPONSE

DOMESTIC VIOLENCE PERPETRATOR PROGRAMMES (DVPPS)

Current practice standards in the UK recommend that programmes for perpetrators of domestic violence involve at least 60 hours of structured intervention, delivered weekly and ideally in a group-setting.

Accredited programmes also provide proactive contact for current, former and new partners of programme participants via an integrated support service, and carry out risk assessments and case management to protect victims and children^{ix}.

Groups at DVIP take place once a week on a set day and for a set period of time (2.5 hours). A recent evaluation of Respect-accredited community based programmes has shown very encouraging initial results, with the majority of those who completed programmes showing dramatic reductions in the use of physical violence, and parallel reductions in other forms of abusive and controlling behaviour^x.

COMMUNITY BASED SUBSTANCE USE PROGRAMMES

Day programmes and substance use counselling services are typically much more flexible in terms of their structures of intervention than DVPPs. Substance use services are frequently involved in working with individuals who have led chaotic and transient lifestyles, and need an intervention which is relatively tolerant of inconsistent attendance and relapse. Someone who is potentially physically dependent, emotionally chaotic, insecurely housed or who has to address a range of substance use-related offending issues will need a responsive and individualised 'care plan' and set of commitments in the early days of a treatment programme. As a result, appointments offered by substance misuse services tend to be negotiated with service users from week to week or even on a day to day basis; group interventions do not last more than an hour; and smaller, lower intensity groups are offered throughout the working week.

CHALLENGES FACED IN INTEGRATING THE TWO MODELS

OVERALL, THE SUBSTANCE USE PROGRAMME'S AIMS, OBJECTIVES AND MODULE CONTENT ARE COMPARABLE TO THAT OF A DVPP BUT THE SKILL SET OF THE PROGRAMME STAFF CAN FEEL QUITE DIFFERENT. WHILST TO DESCRIBE A 'TYPICAL' PRESENTATION STYLE FOR EITHER GROUP WOULD BE A GENERALISATION, THERE ARE NEVERTHELESS MARKED DIFFERENCES BETWEEN THE TWO GROUPS WHICH REQUIRE A MATCHED RESPONSES FROM SERVICE STAFF IN EITHER CONTEXT. THE MEN ATTENDING A SUBSTANCE USE TREATMENT PROGRAMME ARE OFTEN EASILY STRESSED AND AVERSIVE TO THE INTERVENTION AS A WHOLE.

As a result, substance use staff have developed a responsive and emotionally connected relating style needed to promote feelings of safety and containment for service users who often feel very unstable and suspicious of the treatment setting. Whilst both groups of workers need to balance challenge and containment, substance misuse staff, at least in the early stages of treatment, need to be as supportive and containing as possible and act as advocates for their clients.

The men attending a generic anti domestic violence programme at DVIP – who rarely have such severe substance use issues – tend to be more emotionally resilient and able to withstand challenge and direction. Furthermore, DVPP practitioners deliver their group-work practice alongside an integrated partner support service (thereby gaining information about the success or otherwise of the intervention as it proceeds). Within this context, practitioners quickly learn that even the most motivated or engaged perpetrator is likely to be portraying himself in an overly positive light. Some will actively lie about their behaviour towards their partners. Most will minimise, misunderstand or misinterpret their (ex) partner's experience of them and their violence. Whilst this can be discouraging for practitioners, it can also provide an important reality check about the progress of treatment and the risk participants currently pose to their partners and children. As a result, DVPP staff have acquired a range of skills in maintaining the therapeutic alliance whilst simultaneously 'chipping away' at entrenched and practised denial.

Perhaps the central difference between the two client groups is that those who are using violence in relationships are known to pose a direct risk of harm to their partners, and at a minimum, a risk of emotional harm to children involved in their lives. As a result any intervention needs to place the safety of partners and children at the centre of their practice and case management.

This need is emphasised because the promise to pursue therapy has been shown to be a significant factor influencing a victim's decision to remain in an abusive relationship, rather than leave^{xi}. To mitigate these risks, and to provide safety planning and safety-focused support for women at risk of violence as well as their children, it is vital that integrated and fully resourced women's support services are involved; these services work alongside partners in order to counter unrealistic expectations of change and to support them in making safe decisions.

AIMS AND OBJECTIVES

The Men and Masculinities team aims and objectives were drawn up in consultation with the partner providers and the Borough Working Group and can be summarised as **work with domestically violent men in a manner that does not impinge on their recovery goals.**

To use local screening tools^{xii} alongside DVIP's domestic violence assessment model, to map a 'self-disclosed' picture of the violence and abuse perpetrated across this service user group, and to examine the extent of substance use problems, use of services, and the impact of substance use treatment in relation to the use of violence.

PROGRAMME DESIGN

BEARING IN MIND THE ADDITIONAL COMPLEXITIES OF DELIVERING A CHALLENGING AND SAFETY FOCUSED INTERVENTION IN THE CONTEXT OF A SUBSTANCE USE TREATMENT PROGRAMME, THE PARTNERSHIP WANTED TO CREATE A SET OF INTERVENTIONS THAT DID NOT CONTRADICT OR ADVERSELY AFFECT THE SERVICE USERS' INDIVIDUAL CARE PLANS.

With this in mind, we agreed that we could not deliver a full domestic violence programme, and designed instead a 16-week structured day programme. This was felt to be an acceptable compromise, especially since in the context of substance misuse interventions, 12 weeks of engagement with a service is considered to be a successful outcome (The National Treatment Agency 2009). However since the initial pilot project finished, many men who started the programme have gone on to complete more than 16 sessions and the programme now runs a full 60 hours of psychological intervention. This covers all aspects of the power and control wheels, and addresses post-violence parenting in a more detailed manner.

GENERAL SUBSTANCE USE MODELS OF PSYCHOSOCIAL INTERVENTION

THE “MEN AND MASCULINITIES” PROGRAMME CONTENT WAS FORMULATED TO AUGMENT THE MAIN AIMS AND OBJECTIVES OF THE SUBSTANCE USE TREATMENT PROGRAMME AS A WHOLE.

Cranstoun’s treatment model for the ‘structured day programme’ is described as a holistic model, which in practice means that service users will be offered a range of individual key-working and care-planning, psychosocial sessions, and groups covering a variety of issues such as harm minimisation, health and self-care, relapse prevention, goal-setting and recovery and motivation meetings.

The centre from within which the programme was being delivered also provides access to a wide range of education, benefits, self-help and alternative health services and is closely linked with prescribing and general health and wellbeing services. Cranstoun’s model of intervention uses ‘Motivational Interviewing’ and the ‘Cycle of Change’^{xiii}. These models emphasise the autonomy, efficacy and resilience of the service users and, whilst recognising notions of ‘resistance’ or ‘a lack of motivation’, place the responsibility with the practitioner to facilitate and support change via the supportive client-counsellor relationship.

Motivational interviewing is understood widely as non-judgmental, non-confrontational and non-adversarial and it was from within this treatment atmosphere that we wanted to test our model of intervention with perpetrators of domestic violence.

MODELS OF INTERVENTION WITH PERPETRATORS OF DOMESTIC VIOLENCE

DVIP’S PROGRAMME IS BUILT AROUND THE ‘POWER AND CONTROL’ MODEL OF DOMESTIC VIOLENCE AND ABUSE, WHICH PROPOSES THAT DOMESTIC VIOLENCE IS NOT THE RESULT OF ONE-OFF ‘EXPLOSIONS’ OF ANGER, OR A RELEASE OF PSYCHOLOGICAL TENSION AND FRUSTRATION THAT HAS BUILT UP IN A RELATIONSHIP. RATHER, VIOLENCE IS SEEN AS HAVING A FUNCTION, AS REPEATED VIOLENCE, THREAT OR DENIGRATION OF AN INTIMATE PARTNER CREATES AN ATMOSPHERE OF FEAR, PUNISHMENT AND HUMILIATION, WHICH CAUSES THE VICTIM TO MODERATE THEIR BEHAVIOUR TO FIT IN WITH THE PERPETRATOR’S WISHES AND EXPECTATIONS.

The aim of the programme is therefore to help men to understand the function of violence and abusive behaviour in their lives, and to identify and modify distorted and unrealistic expectations of intimate partners.

Because of the damaging effects on children of living with domestic violence, and because we know that many men who assault their wives or partners will also directly abuse or be violent to their children, there is also a strong focus on children and parenting in general. DVIP has built a specific and detailed set of modules around the impact of domestic violence on children, considering post-violence parenting, fear and shame-based parenting, attachment, and post-separation abuse.

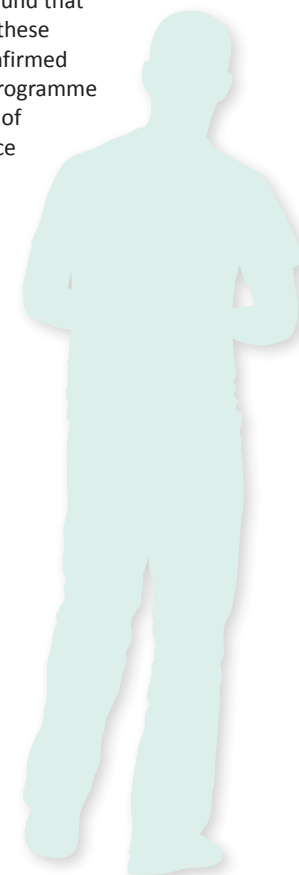
RECRUITMENT

At the initial stage of planning this pilot, we needed to identify men with ‘complex needs’ and histories of severe drug and/or alcohol problems, who were already in treatment with borough-based services and suitable for our programme. The partner substance use project – Cranstoun - delivers both a stabilized / abstinent programme for clients in ‘recovery’ and a semi-structured, non-stabilized programme for clients needing a more flexible approach. On this basis it was decided that the men selected for referral into the pilot needed to be from the stabilised cohort, since their ability to attend regularly, and respond well to the emotional content of the programme, was seen as essential.

Those identified as suitable were those who acknowledged issues with conflict in their relationships; importantly, they had also evidenced during their attendance in general substance use groups an ability to respond positively to the challenge

and feedback from facilitators and peers (i.e. some ability to contain aversive feelings triggered in the treatment groups). The men referred to the ‘Men and Masculinities’ pilot would then consent to undergo further assessment by a specialist domestic violence assessor to address their suitability. The assessment covered the history and risk of violence, as well as motivational and attitudinal issues such as the perpetrator’s levels of empathy, minimisation and denial.

A number of tools were used in this process including inventories, treatment viability tables and static and dynamic risk factor tables which are designed to identify issues of imminent risk and treatment viability^{xiv}. We found that the outcome of these assessments confirmed the need for a programme for perpetrators of domestic violence who also use substances.



SESSION NUMBERS AND LENGTH

THE PILOT PROGRAMME WAS DELIVERED WEEKLY OVER 24 WEEKS. EACH SESSION LASTED FOR TWO AND A HALF HOURS WITH A BREAK FOR LUNCH HALFWAY THROUGH.

ASSESSED VIOLENCE

One aspect of the partnership that we initially wanted to explore was around what could reasonably be assessed with a group of perpetrators. This information has been published before^{xx} but it feels important to restate. This is what the first 10 men assessed disclosed at the outset:

WHAT THE MEN SAID

ALL ACKNOWLEDGED SHOUTING AND NAME-CALLING, **ALL OVER 20 TIMES**;

ALL ACKNOWLEDGED YELLING AND SCREAMING, **ALL OVER 20 TIMES**;

ALL ACKNOWLEDGED PUSHING AND SHOVING, **ALL MORE THAN ONCE**, AND **MOST MORE THAN 10 TIMES**;

ALL ACKNOWLEDGED ACCUSING THEIR PARTNER OR EX-PARTNER OF HAVING AFFAIRS, **ALL MORE THAN 20 TIMES**;

ALL ACKNOWLEDGED SLAPPING THEIR PARTNER OR EX-PARTNER, **MOST MORE THAN 20 TIMES**;

ALL ACKNOWLEDGED GRABBING OR SHAKING HER, **ALL MORE THAN ONCE**;

FOUR DISCLOSED PUNCHING HER, **ALL MORE THAN ONCE**;

FIVE DISCLOSED HITTING HER WITH AN

OBJECT, **ALL MORE THAN ONCE**;

FOUR ACKNOWLEDGED PULLING HER HAIR, WITH **THREE** SAYING THEY HAD DONE THIS **MORE THAN ONCE**;

ONE ACKNOWLEDGED BEATING HIS PARTNER UNCONSCIOUS;

ONE ACKNOWLEDGED HURTING HIS PARTNER WHILE SHE WAS PREGNANT;

ONE ACKNOWLEDGED THREATENING HIS PARTNER WITH A GUN;

FIVE ACKNOWLEDGED GRABBING THEIR PARTNER OR EX-PARTNER BY THE THROAT, **AT LEAST ONCE**;

ONE ACKNOWLEDGED HEAD-BUTTING HER; AND

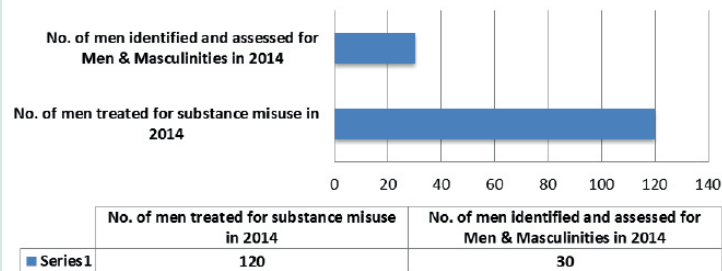
SIX DISCLOSED SOME FORM OF SEXUAL ABUSE.

OUTCOMES

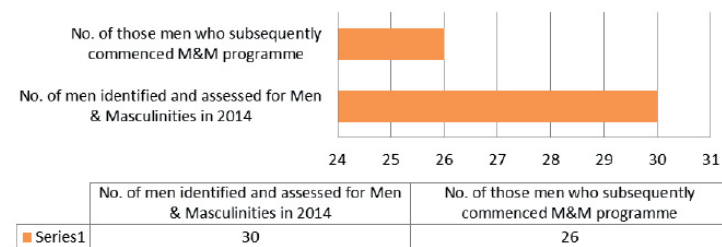
WE HAVE NOW RUN TWO FULL PROGRAMMES AND WORKED WITH 30 MEN IN TOTAL (25% OF THE TREATMENT COHORT IN A SUBSTANCE MISUSE AGENCY WERE WILLING TO SIGN UP FOR TREATMENT IN A DOMESTIC VIOLENCE PERPETRATOR PROGRAMME).

- OF THE 30 MEN WHO WERE ASSESSED, 26 COMMENCED TREATMENT (87%);
- 20 MEN COMPLETED OVER 30 HOURS OF STRUCTURED DOMESTIC VIOLENCE PREVENTION WORK (77%);
- 5 COMPLETED OVER 60 HOURS OF TREATMENT (11 MEN ARE STILL ATTENDING AND ARE EXPECTED TO COMPLETE);
- OF THE 26 COMMENCING THE PROGRAMME, ACTIVE CONTACT WAS ESTABLISHED WITH 14 EX-PARTNERS (53%) THIS HAS ENABLED US TO PROVIDE SAFETY PLANNING AND EMOTIONAL SUPPORT TO WOMEN OUTSIDE OF THE TREATMENT 'SYSTEM' AND AT RISK OF DOMESTIC VIOLENCE.
- OF THE WOMEN ENGAGING (14) ONLY 1 HAS DISCLOSED AN INCIDENT OF VIOLENCE WHILE INVOLVED WITH THE PROJECT;
- ONLY 4 OF THE FEMALE (EX) PARTNERS HAVE IDENTIFIED DRUG OR ALCOHOL PROBLEMS - CHALLENGING SOME OF THE MYTHS AROUND WOMEN INVOLVED WITH DRUGS USERS;
- ONLY 4 OF THE WOMEN DISCLOSED ANY INVOLVEMENT WITH SERVICES PREVIOUSLY – NONE WERE INVOLVED ON THE BASIS OF BEING DOMESTIC VIOLENCE VICTIMS;
- WE HAVE MADE REFERRALS FOR 4 OF THESE VICTIMS FOR MORE INTENSIVE SUPPORT;
- THE NARRATIVE OF WOMEN INVOLVED WITH DOMESTICALLY VIOLENT SUBSTANCES ABUSERS SEEMS COMPLETELY MISSING FROM THE TREATMENT LITERATURE – THIS IS SOMETHING WE HOPE TO CHALLENGE;
- WE ARE CAUTIOUS ABOUT CLAIMING THE PROGRAMME ENDS VIOLENCE AT THIS STAGE – THE TREATMENT 'PARTNERSHIP' IS COMPLEX AND THE PICTURE IS PARTIAL;
- WE ARE CLEAR THAT THE MODEL HAS RELEVANCE AND UTILITY: THE MEN AND WOMEN ARE ENGAGING WITH THE PROGRAMME.
- NONE OF THE ATTENDEES AT THE MEN AND MASCULINITIES PROGRAMME HAVE INCREASED THEIR SUBSTANCE USE WHILE ATTENDING (THE TREATMENT TEAM AT THE STRUCTURED DAY PROGRAMME TRACK SUBSTANCE USE FOR ALL CASES ATTENDING);
- FOR THOSE WHERE DATA IS AVAILABLE, THERE WAS AN AVERAGE REDUCTION OF 29% IN SUBSTANCE MISUSE, AND ON AVERAGE, PARTICIPANTS REPORTED A 40% IMPROVEMENT IN OVERALL QUALITY OF LIFE;
- ADDRESSING DOMESTIC VIOLENCE IN A SUBSTANCE USE TREATMENT SETTING DOES NOT IMPINGE ON THE AIMS OF THE SUBSTANCE USE TREATMENT.

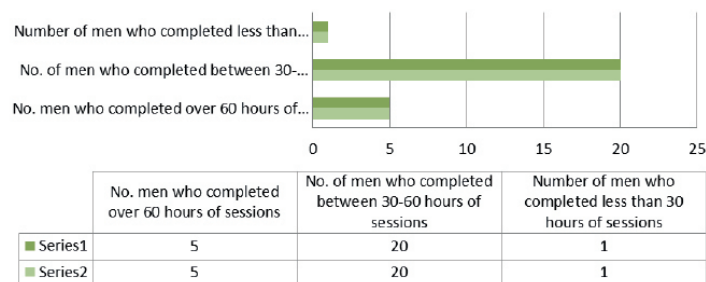
25% of all Cranstoun Men were referred to 'Men & Masculinities' programme in 2014



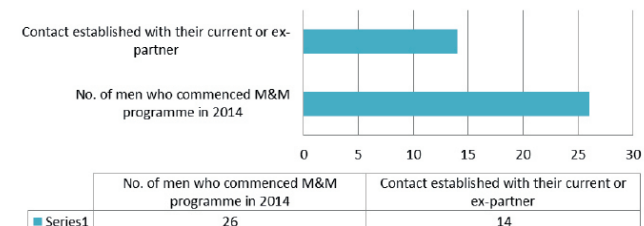
87% of men assessed for M&M went on to start the programme



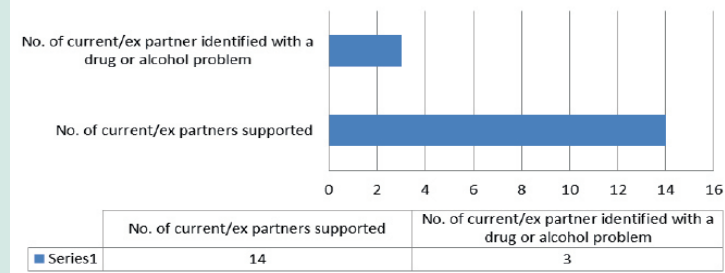
77% of all M&M participants completed at least 30 hours of intervention work (19% completed over 60 hrs)



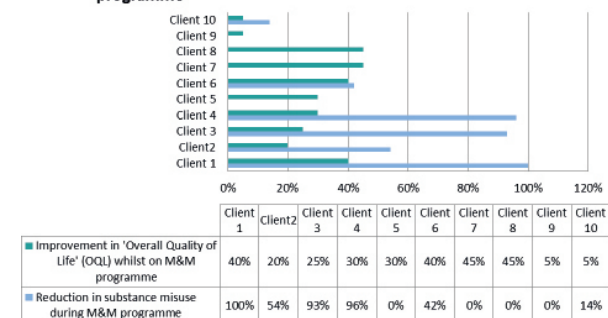
53% of current and ex partners were provided with safety planning and emotional support (i.e those women outside the 'treatment system' and at risk of DV)



21% of the current/ex partners supported were identified as having a drug or alcohol problem



On average participants reduced their drug or alcohol use by 29% whilst on the programme. They also saw an average of 40% increase in their 'Overall Quality of Life' whilst on the programme



Notes for final graph:

- 1.Reduction in substance misuse is measured from Public Health England's 'Treatment of Outcomes Profiles'.
- 2.Cranstoun can only provide 'TOPs' for clients for whom it has 'care coordination' responsibility (some M&M men are care-coordinated by other treatment agencies).
- 3.Reduction in use was measured across 'Start', 'Review' and 'Treatment Exit' TOPs where those TOPs overlapped best with participation on the programme.
- 4.'Overall Quality of Life' is a TOPs measurement of the client's 'health and social functioning'. It incorporates: **ability to enjoy life, gets on well with family and partner.**

DISCUSSION: RECOVERY AND ACCOUNTABILITY

THE MEN AND MASCULINITIES MODEL IN ACTION

For the pilot, we wanted to explore whether domestic violence could realistically be addressed with an already vulnerable group of men, within a model which focuses on reducing denial and increasing personal responsibility.

When designing the pilot, we were wary about overloading already vulnerable clients with an emotionally taxing intervention. However programme staff all came to believe that the work actually enhanced the chances of recovery from substance abuse, due to the relationship and emotional management aspects of the material. Whilst we cannot provide firm evidence for this view from the limited data available so far, the fact that none of the participants increased their substance use, and the great majority reduced their substance use while attending shows that engagement in a domestic violence prevention programme did not hinder any of the participants' primary treatment goals.

The group-work programme tried to balance the emotionally challenging domestic violence related material with

more general (and widely used in the substance use field) self-talk, and CBT based material throughout. However, as the men were also engaged in the main substance use programme at the project, there was space for the focus of "Men and Masculinities" to be on the men's issues with conflict, anger, powerlessness and their experience of themselves in relationships.

The view of the facilitators was that the material relating to the power and control model matched the men's experiences of themselves in their relationships. For example, exercises on the intent and function of violence in relation to their partners' behaviour were clearly understood. Furthermore, the focus on domestic violence as being a range of behaviours which have the intention of gaining power and control over a partner was repeatedly referred to by several of the men as a key understanding of the programme, despite the materials on this topic being described as "heavy". Early discussions around the issue of power and control focused on the limits the men set themselves during the worst of their violence. For example, one group member was able to talk about an occasion when he had grabbed his partner's throat and,

with support from the facilitators, he was able to acknowledge that he had limited his use of force, he knew consciously that he was not trying to choke her but was instead using a selected level of force in order to frighten and control her - in straightforward terms, using violence to "shut her up". This seemed to be a clear learning point for many men early in the programme in that however angry, hurt, enraged or furious they feel, a part of them is setting limits on the violence used, with a more-or-less conscious intent to change the partner's behaviour. This learning point is particularly important, as it helps participants to change their experience of their violent behaviour from being an involuntary or instinctual response, to being something which is within their control, and can therefore be modified.

Other aspects of the domestic violence material, especially that which focussed on the impact of the violence on (ex) partners and children were equally well understood and explored. Sessions that asked men to identify the effects of violence in intimate relationships, followed up with exercises utilising the testimony of women who have lived with violence, again seemed to move the men forward.

As the programme progressed, all of the men at different times talked about recent occasions when they had felt like responding aggressively to difficult situations, but used the content of group discussions and the skills they had learned to avoid aggression. All spoke about trying to "put themselves into other people's shoes" when in situations of conflict.

When the programme was working at its best, the material was able to create a space within which men could become more open to themselves, their internal worlds, the historical basis for some of the worst of their behaviour and, from here, help them to build empathy and intimacy with the women and children in their lives.



STRENGTHS OF THE DOMESTIC VIOLENCE INTERVENTION PROGRAMME

- Despite fears of 'overloading' clients with an intensive intervention, 25% of the treatment cohort in a substance misuse agency were willing to sign up for treatment in a domestic violence perpetrator programme.
- We discovered that contrary to expectations, men attending a substance misuse project will disclose significant amounts of violence and abuse in their relationships, if they are asked about this and offered the chance of a programme to help them change.
- Feedback from facilitators indicates that the power and control model has value in that it helps to address this violence and abuse in a group setting.
- DVPP and substance misuse workers were able to work together productively and resolve differences in their treatment styles and priorities. The 'treatment management' process of the pilot (the viewing of group-work DVDs and exploring intervention strategies as a practitioner group) was an important arena where the need to avoid taking a perpetrator's presentation at face value was one of the main topics of the process discussions.
- A group-work programme based on clear principles resulted in an authentic, accountable and constructive set of discussions by perpetrators around domestic violence, and the impact and intent of this behaviour.
- All the men we worked with demonstrated to varying degrees some sense of remorse, shame and guilt about their behaviour as they were able to acknowledge it during the programme.
- By virtue of their attendance at the substance use project, participants have already started to engage to varying degrees in a process of change and reassessment of their lives. This may therefore be a good time for them to be offered help to develop more healthy and respectful intimate relationships.
- Staff in the wider substance use treatment programme have fed back that the men who participated significantly in "Men and Masculinities" showed increased levels of emotional awareness, and maintained their motivation around other aspects of the programme. Facilitators and other staff have not encountered evidence of any participant describing the group programme as too difficult, excessively emotionally challenging, nor as impairing their wider recovery in any way.
- A significant percentage of the (ex) partners of the men attending are reporting improvements and utilising the service. Only one incident of violence has been reported during the life of the project so far.

Recommendations for Practice And Service Development

The fact that a high proportion of the men we assessed had used persistent and severe violence and abuse in their relationships highlights the need for combined substance abuse and domestic violence interventions.

The high take-up and retention rates, in a population which is not mandated or pressured to attend, gives hope that substance use agencies could be a good setting for domestic violence intervention work.

Indeed, DV programmes may have something to learn from the high levels of advocacy and support work that substance abuse agencies provide, which may lay the groundwork for very vulnerable and treatment-resistant men to engage in challenging work around their behaviour in relationships.

We would therefore recommend that other domestic violence and substance misuse agencies combine their skills and understanding to deliver joint work. Further groups should have sufficient resourcing to enable them to closely monitor treatment outcomes.

They should also be conducted alongside a partner support service, delivered by dedicated and appropriately experienced staff, which would allow for a more comprehensive case management process to take place alongside service delivery. This would enhance the risk management aspect of the work, as well as increase the safety of those women and potentially children affected by the violence and abuse.

ⁱ See Barnish M (2004) Domestic Violence: A Literature Review HM Inspectorate of Probation Services for discussion of the complex, multi-determined relationships between substance misuse, domestic violence and other factors influencing both behaviours.

ⁱⁱ (Klein 2009, Hilton and Harris 2005 - review)

ⁱⁱⁱ Humphreys C, Regan L, River D and Thiara R 2005 Domestic violence and substance use, tackling complexity British Journal of Social Work 35 p 1303-1320

^{iv} Humphreys C, Regan L, River D and Thiara R 2005 Domestic violence and substance use, tackling complexity British Journal of Social Work 35 p 1303-1320

^v Stark, Evan and Flitcraft (1996)

^{vi} Humphreys C and Stanley N. eds (2006) Domestic Violence and Child Protection: Directions for Good Practice Ch1 p 29

^{vii} The Adoption and Children Act 2002 extended the definition of significant harm to include 'impairment suffered from seeing or hearing the ill-treatment of another'. This recognises the fact that witnessing domestic violence can have serious implications for children's development. See Domestic violence - its effects on children. Royal College of Psychiatrists factsheet for a useful summary aimed at parents and carers... <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/domesticviolence.aspx>

^{viii} This intervention was a group work programme aimed at the needs of heterosexual men who use violence in relationships

^{ix} Respect Accreditation Standard, July 2012. www.respect.org.uk

^x Kelly, L. and Westmarland, N. (2015) Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University

and Durham University.

^{xi} Barnish 2004 - p60

^{xii} Based on the Stella Project perpetrator screening tools -2008

^{xiii} Miller, W. R., & Rollnick, S. (1991). Motivational interviewing: Preparing people for change. New York: Guilford Press

^{xiv} The 'inventory of controlling behaviours' is a tool developed by DVIP. These inventories list a large array of violent and abusive behaviours used by domestic violence perpetrators, and asks them to indicate how many times – if at all – they have subjected their partner or ex-partner to these behaviours.

The base rate and dynamic factor tables are tools developed by DVIP in order to evidence Risk Assessments made on behalf of the family Courts. They are not nationally standardised but are understood to be suitable for use as expert witness testimony in family proceedings.

The imminent risk identification table is developed in partnership with CAADA and Respect in order to guide intervention for agencies working with perpetrators and support referral into MARAC forums.

^{xv} <http://www.ldan.org.uk/PDFs/LDANNews%20MayJune2013.pdf>





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