



The South East Domestic
Violence Intervention
Programme (SEVIP)
MEND [men ending
domestic abuse]

The Men's Development Network

Referring Men

An exploration of front-line
workers' needs for referring
abusive men to MEND domestic
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Contents

List of tables and figures	6
Foreword	7
Acknowledgments	8
Section 1: Introduction and context	9
Introduction	10
1.1 Prevalence of domestic violence/ abuse	10
1.2 Definition of domestic violence/ abuse.....	10
1.3 Background to the South East Domestic Violence Intervention Programme/MEND	10
1.4 Intervention Programmes for Male Perpetrators of Domestic Violence/Abuse	11
1.5 The SEDVIP/MEND Intervention Programme Approach and Philosophy	11
1.6 The mind-set of Perpetrators and barriers to seeking help.....	12
1.7 Approaches to working ethically with Perpetrators	13
1.8 A Co-ordinated Approach to Referrals.....	14
1.9 Moving Forward: National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014, Health Service Executive and Probation Service Referral Protocol.....	15
Section 2: Findings from the front-line worker survey	17
2.1 Aim of research	18
2.2 Methodology	18
2.3 Profile of respondents.....	18
2.4 Behavioural change programmes	19
2.5 Recognising, responding and referring.....	20
2.6 Awareness of current domestic violence/abuse	24
2.7 Conclusions	26
Section 3: Recommendations	27
References	28

List of tables and figures

Table 1: Respondent profile

Table 2: Improving ability to recognise domestic abuse

Table 3: Prevention of response to domestic abuse

Table 4: Improving response to domestic abuse

Table 5: Improving ability to refer a perpetrator

Table 6: Action taken with perpetrators

Table 7: Needs of workers in safe referral of perpetrator

Figure 1: Importance of behavioural change programmes

Figure 2: Awareness of MEND programmes

Figure 3: Recognising male domestic abuse

Figure 4: Responding to male domestic abuse

Figure 5: Responding to a perpetrator

Figure 6: Referring domestic abuse

Figure 7: Safety in referring a perpetrator

Foreword

I am pleased to present this important report by MEND (Men Ending Domestic Abuse) into referrals to domestic abuse intervention programmes run by the South East Domestic Violence Intervention Programme (SEDVIP) and managed by The Men's Development Network (MDN).

The report examines the level of awareness within front-line statutory services (e.g. the HSE, G.Ps, Probation, Gardaí etc.) of domestic violence and of perpetrator intervention programmes.

Domestic violence has a major effect on our communities. We know that 15% of women and 6% of men in Ireland have experienced severely abusive behaviour of a physical, sexual or emotional nature from a partner at some time in their lives. We know that this hidden abuse has tragic human and also financial costs to the victim, their families and to the wider community. We know that children are often key witnesses to the abuse and that older people are not immune from this suffering. There are significant health, housing, justice, education and wider societal impacts.

The Government recently approved and published the National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014. This is the national plan which sets out government policy and commitments to

be achieved by state bodies and supported by a broad range of non-governmental organisations. The Strategy contains actions to strengthen perpetrator programmes with a view to maximising their effectiveness, and in particular to maximising the safety of victims.

An important part of that work is in understanding the level of awareness of intervention programmes in core response services, and improving the system of referral from these services to the intervention programmes. This report by MEND is a valuable resource which sets out in clear and accessible terms the actions which need to be taken to improve the current situation. While it reports on the situation in the South East, I have no reason to believe that the situation in other regions differs greatly from that presented in this report.

In addition to the material contained in the report, the fact that I, in my capacity as Executive Director of Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence, have been invited to provide the foreword is a strong signal of the constructive collaboration between state and non-governmental organisations. Though our roles and activities differ, we are all working towards an improved system of prevention and response- safer lives at home and in our community.

Éimear Fisher
Executive Director, Cosc.
September 2010

Acknowledgments

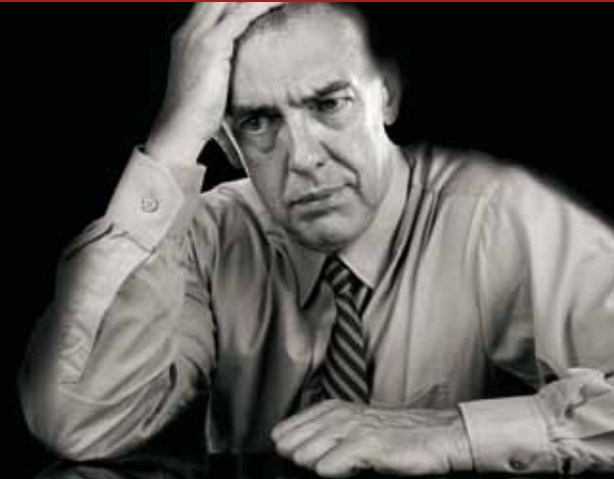
The Men's Development Network would like to thank all of those who engaged with and contributed to this research; this work would not have been possible without those who participated in, completed and returned the survey.

In this regard particular thanks are extended to the Probation Services, HSE Social Work Departments, HSE Primary Care General Medical Services, GPs and An Garda Síochána for their assistance in delivery and completion of the survey questionnaire.

The Men's Development Network would like to acknowledge the funding that we receive from Cosc, through the National Development Plan, for the MEND/SEVIP programmes. This funding made this research possible and allows the delivery of the Intervention Programmes to perpetrators of Domestic Abuse with the Integrated Partner Support Service, in the South East of Ireland.

This report has been written by the researcher Nick Clarke based on the findings from the survey questionnaire he designed. Thanks to Nick's dedication, persistence and hard work this report is now published and will be a significant support to our domestic abuse intervention work.

Finally we want to thank John Doyle and Michael Dillon here at the Men's Development Network for identifying the need for this research and for providing the necessary assistance, support and editorial input for carrying out and completing this research, in addition to the dedicated and informed work they do coordinating and administering the MEND/SEVIP programmes.



Section 1: Introduction and context

Introduction

In response to the ongoing development of the MEND (Men Ending Domestic Abuse) programme, the South East Domestic Violence Intervention Programme (SEVIP) under the management of the Men's Development Network has carried out this research into the referral pathways for men onto the Intervention Programme. It has been identified that a "whole of Government" response is needed to under-pin an effective co-ordinated community response to appropriately address the issue of Domestic Abuse/Violence.¹

This research aims to discover awareness levels within front-line statutory agencies (HSE, G.Ps Probation, Gardai etc.) of male perpetrators of domestic violence/abuse and of the intervention programmes. In addition this research aims to assist the SEVIP in supporting these agencies in identifying and referring male perpetrators onto the Mend programme using appropriate referral pathways.

In the following introductory pages we give a background to the development of the MEND programme, an outline of issues affecting the male perpetrators, some of the core themes developed in a programme to bring about appropriate change in the men, and new developments and guidelines to bring about a coordinated approach to referrals.

1.1 Prevalence of Domestic Violence/Abuse

Internationally, violence against women in all its forms remains a major issue. Here in Ireland violence against women is also prevalent and domestic violence still remains largely hidden and unresolved within Irish society. As many as 1 in 5 Irish women have experienced serious domestic violence and abuse during their lifetime within the context of an intimate relationship with a male partner².

In Ireland research has shown that *"Women are about twice as likely as men to be injured as a result of severe abuse. Among those experiencing severe abuse (physical, emotional or sexual), about half were physically injured...women's injuries tended to be more serious – women are nearly twice as likely as men to require medical treatment for their injuries and 10 times more likely to require a stay in hospital"*³.

1.2 Definition of Domestic Violence/Abuse

Domestic violence/abuse may be defined as a pattern of controlling behaviour against an intimate partner or ex-partner that includes but is not limited to physical assaults, sexual assaults, emotional abuse, isolation, economic abuse, threats, stalking and intimidation. Although only some forms of domestic violence/abuse are illegal and attract criminal sanctions (e.g. physical and sexual assault, stalking, threats to kill) other forms of violence can also have very serious and lasting effects on a person's sense of self, wellbeing and autonomy. This violent and abusive behaviour is used in an effort to control the partner based on the perpetrator's sense of entitlement. This behaviour may be directed at others – especially children – with the intention of controlling the intimate partner.

1.3 Background to the South East Domestic Violence Intervention Programme/MEND

The South East Domestic Violence Intervention Programme (SEVIP) was set up

as a regional initiative, under the auspices of the South East Regional Planning Committee on Violence Against Women, in response to the *Report by the Task Force on Violence against Women (1997)*⁴ to work with male perpetrators of domestic abuse.

In July 2003 the Department of Justice, Equality and Law Reform funded the coordination of the SEDVIP by the Men's Development Network in Waterford to assist with the further development of the Programme in the four areas that make up the region namely Carlow/Kilkenny, South Tipperary, Waterford and Wexford. Between 2003 and 2005 an intervention programme for male perpetrators of domestic abuse was set up in each of the four local areas. Beginning in February 2008, with the Wexford programme, these four local programmes were re-launched as MEND [men ending domestic abuse]. This name was chosen in order to make the programme more accessible to clients and referral agencies and to emphasise the importance for all men, not just perpetrators of domestic abuse, to take responsibility for and be proactive about ending violence against women. A new website was set up to accompany the name change: www.mend.ie

1.4 Intervention Programmes for Male Perpetrators of Domestic Violence/Abuse

"Perpetrators of Domestic violence should have access to effective intervention programmes and measures in order to prevent and minimise the risk of repeated offending. Such an access should be ensured throughout the whole criminal justice process, while in custody, as well as in the community in such a way that the presumption of innocence and due judicial process are not affected by the fact that the perpetrator has accepted to take part in these programmes and measures. Programmes addressing both the individual factors for domestic violence (aggression management, substance abuse etc.) as well as its community aspects should be developed in a balanced way in order to deal comprehensively with the problem and effectively reduce the risk of re-offending.

The issue of intervention programmes and measures would merit further consideration by the Council of Europe with a view to developing guidelines where necessary".

(29th Council of Europe Conference of Ministers of Justice, Breaking The Silence: United Against Domestic Violence. 19 June, 2009, Tromso, Norway)⁵

The UN Commission on the Status of Women has urged UN agencies, Governments, the private sector and NGO's to encourage and support men and boys to take an active part in the prevention and elimination of all forms of violence, especially gender based violence. Further to this they urge the agencies to increase the awareness of men and boys responsibility in ending the cycle of violence through the promotion of attitudinal and behavioural change, integrated education and training which prioritises the safety of women and children, prosecution and rehabilitation of perpetrators⁶. The recent National Men's Health Policy 2008 – 2013⁷ also calls for an increase in the number of intervention programmes for male perpetrators of domestic violence.

1.5 The SEDVIP/MEND Intervention Programme Approach and Philosophy

Regionally and locally the SEDVIP/MEND, adopts an interagency approach and enables and supports a co-ordinated community response to domestic violence. The local management groups include members representing the Health Services Executive, An Garda Síochána, the Probation Service, Women's Refuges, Rape and Sexual Assault Centres, Community Development Projects and individual Counsellors, Psychotherapists and Psychologists. Since 2008, Cosc, the new Executive Office for the Prevention of Domestic, Sexual and Gender Based Violence in Ireland, funds the South East Domestic Violence Intervention Programme through the National Development Plan.

The MEND programme provides one-to-one work and a weekly group for men who are perpetrators of domestic violence/abuse and also gives one-to-one support to their partners or ex-partners. The primary goal of

the programme is the safety and welfare of women and children and the focus in the weekly men's group is to help the men change their violent and abusive behaviour. Initially the men may minimise, deny or justify their behaviour and even blame their partners for their violence.

The SEDVIP/MEND accepts the view that intervention programmes which seek to challenge and change the behaviour of abusive men are essential. In 2008 at a forum on Domestic and Sexual abuse against women and men, it was pointed out that while it is equally important that we hold perpetrators of domestic abuse accountable for their actions and that their behaviour has no place in society, it is vital that where behaviour change is possible help will be available to them too⁸.

SEDVIP/MEND holds the view that violence against women is an issue for all men because men are the primary perpetrators of violence against women in general and domestic violence in particular. We concur with Jackson Katz when he emphasises men's role and responsibility for ending violence against women.

*"I believe that men who are silent in the face of other men's violence – whether the silence is intentional or not – are complicit in the perpetration of that violence. We're not guilty because we're men. We're responsible – because we're men – either for speaking out or for not speaking out about other men's violence."*⁹

The MEND programme takes the view expressed by Esta Soler, Executive Director, Family Violence Prevention Fund:

*"In the end we cannot change society unless we put more men at the table, amplify men's voices in the debate, enlist men to help change social norms on the issue, and convince men to teach their children that violence against women is always wrong"*¹⁰

While there has also been much contention about the provision of such services to abusers, often in regards to the provision of services to victims and the view that perpetrator programmes are a drain on funding to victim supports, the need for

services that address the behaviour of male perpetrators through intervention programmes is becoming recognised as an integral part of dealing with the issue of domestic abuse in our society (see National Strategy on Domestic, Sexual and Gender based violence, 2010-2014).

President McAleese has also stated that the need for such programmes is part of a greater aim which includes society as a whole, *"What can we do as a civic society, as a community to help to further an ongoing national debate around domestic abuse and help turn the tide of this repulsive blight on our land, bringing reassurance and vindication to victims, bringing accountability and the opportunity to change to perpetrators."*¹¹

1.6 The mindset of perpetrators and barriers to seeking help

In attempting to understand the motivation behind the perpetration of acts of violence a range of theories have been formulated including, from a feminist perspective the patriarchal misuse of power and control, to approaches that are more responsive to addressing early childhood developmental and attachment issues in the men. What is clear is that a 'one-size-fits-all' approach does not apply when addressing the 'why' of domestic abuse and violence. Mills has indicated that shame is a critical link between causes of domestic abuse and its cure. Mills review of the literature notes Gilligan's point that feelings of shame motivate people to commit violent acts and that the purpose of violence is an effort by one party over another to replace the shame with the pride that comes by claiming a dominant position¹². Outlining Gilligan's preconditions for violence Mills raises the issue of 'coaching', a key factor in creating a violent person and one which leads children to develop into perpetrators in later life. This harks to Ernst et al who found that perpetrators of adult intimate partner violence (IPV) were significantly more likely to have witnessed intimate partner violence as a child than non-perpetrators. Shame is also another precondition for a violent encounter; "A

person comes to believe that only violence will ward off the feelings of shame.... exerting power and control over an intimate partner is paradoxically motivated by a feeling of vulnerability on the part of the person who is violent... the perpetrator believes that the violence can counteract the feeling that he or she is losing their position of power and control.”¹²

Mills also describes Brown’s work in which violent men described a sequence of feelings which lead to a violent encounter. These men described feeling vulnerable, scared and then angry prior to the encounter. While studies have revealed that men who abuse their partners believe they have legitimate reasons for doing so our belief that these reasons are not legitimate may prevent us listening to their stories.¹² From the perspective of the abuser however statements such as “she made me do it” or “I was minding my own business, when...” may very well feel true. Mills asserts that what is most important to realise here is that these feelings are likely to stem back to experiences of childhood victimisation and the shame associated with those experiences¹². Mills further asserts;

“In order to encourage these men to recover, we must give them the right to gain insight into their histories of victimisation and the way in which shame operates to trigger their violence.”¹²

1.7 Approaches to working ethically with perpetrators

Alan Jenkins in his book “Becoming Ethical” explores a practical Intervention Programme for working with male perpetrators that works with an ‘invitational model’ which follows the principles of safety, responsibility, accountability, respect and fairness built on the ‘ethical strivings’ of the men on the programme. These five principles have been developed from the ethics of ‘restorative practice’.

“Respectful Practice requires our readiness to embark on a parallel journey throughout which we hold a political position that is ethical in relation to the five informing principles. In Invitational practice, this parallel focus is

regarded as the key factor which can enable us to assist our clients to in turn become ready to embark on their ethical journeys”¹⁴

Steven Stosny focuses on the link between “core hurts” and “core value”:

“We can all become resentful, angry, or emotionally abusive toward people we love when our core hurts – guilt, shame, and anxiety about self – obscure our core values, our innate humanity, from which our sense of self-value arises. The treatment outlined in these pages enhances universal core values to heal core hurts and, therefore, has been highly effective in helping people of all races, economic classes, and gender orientations.”¹⁵

Buchbinder and Eisikovits¹⁶ conducted research on batterers’ experiences of intervention treatment programmes and conclude by outlining four important principles in relation to therapy with violent men:

- **Focus on existential anxiety** (While anxiety is evoked, it also releases individuals from their tendency to be untrue and evasive about themselves).
- **The changing identity is at the centre of therapy.** (“Batterers need to develop a non-violent identity for the future”).
- **Intervention is a struggle for authenticity** (the integrity of a person’s narrative).
- **One of the central goals of therapy** is to enhance responsibility.

Importantly the authors also make the distinction between coping and growth. Here coping helps the person survive while maintaining the position they are at. Growth however, while helping the person to survive also allows the person to understand the meaning of what is being survived and facilitates change.

“We suggest that coping oriented programs focusing on outcomes and teaching attitudinal change and techniques of self-control may result in suppressing violent behaviour for the duration of the intervention but with no consequential long-term effects. The alternative suggested here supports the arguments advanced by Maruna (2001) that ex-offenders who remain crime-free over time are those who are able to make sense and attach new meaning to their lives.”¹⁶

Considering the number of women who experience domestic violence in Ireland (15% of women have reported experiencing severely abusive behaviour from a partner), we can conclude that men who perpetrate domestic abuse are unlikely to seek help for their behaviour, or even to see it as wrong.

The Men's Project report on responses to men who are victims or perpetrators of family and domestic abuse points out that:

"Men's help seeking behaviour should be understood in the light of it being complex, contextual and conceptual. The diversity revealed by the Project interviews makes it clear that to universalise men's experience of family and domestic violence underestimates the order of complexity experienced. Although it may be tempting to simplify men's violence, the issues that impact on male violence are often very complex and multilayered. It is important to recognise this complexity....All too often, well-considered programs are thought of as failures because of lack of attendance when it is the difficulty of attracting men to the service that is the problem, rather than the services itself.....The greatest challenge facing those working with male perpetrators of domestic violence is finding innovative ways to bridge the gap between services and the men who need them."¹⁷

1.8 A Co-ordinated approach to referrals

In considering the different levels of access to perpetrator intervention programmes Debonnaire¹⁸ outlines the various routes, which can be classified as mandated or those described as compliance routes.

Six categories have been described in regards to Irish perpetrator programmes which include:

- Court/ Probation mandate
- Agency compliance
- Partner compliance
- Individual enhancement
- Agency referral
- Genuine self-referral

Debonnaire points out that more effective use could be made of these forms of mandate, compliance and referral; if formal ways of liaising with other agencies were developed. In a UK study on domestic violence perpetrators Hester et al stated that while some men had made tentative efforts to seek help, sensing that there is a problem and identifying and articulating the nature of that problem are very different things. Help seeking, according to the authors, was triggered by potential losses resulting from domestic abuse such as criminal justice sanctions, or issues with child contact.¹⁹ These have an added dimension in that women may want to leave the relationship or may be encouraged to do so by agencies. Agencies identified as having contact with abusive men included G.P.'s, Police, counselling services, social services, hospitals, alcohol and drug services, legal aid services, solicitors and welfare services at work.¹⁹

Some of the findings and recommendations of the study indicate that:

- Perpetrators were more likely to seek help at some kind of 'crisis' moment. However this was also potentially the most dangerous time for the women and children.
- Adverts in newspapers and on radio would be useful to highlight domestic abuse behaviour and direct them to services.
- Some men wanted police to direct them to perpetrator programmes and/or provide information about help seeking.
- Health service responses should not refer perpetrators to counselling or related approaches that may reinforce the 'poor me' syndrome. **Instead, GP's and other health service staff should direct perpetrators to services that are critical of and aim to change, violent men's behaviour.**
- Agencies that come into contact with abusive men need the skills to ask about violent and abusive behaviour.

1.9 Moving Forward: National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014, Health Service Executive and Probation Service Referral Protocol

In Ireland the publication of the recent National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014¹ has several aims. The strategy states that by 2014 there will be:

- Clearer societal acknowledgment of the unacceptability of domestic, sexual and gender-based violence.
- Greater recognition and a broader understanding of domestic, sexual and gender based violence.
- Higher quality and more consistent services with greater confidence in service delivery.
- Increased safety for victims.
- Increased accountability of the perpetrator
- Structured and improved planning and monitoring to ensure continued effectiveness.

The strategy also sets out its headline indicators by which it will be measured. These include:

- a reduction in the prevalence of domestic, sexual and gender-based violence;
- an increase in the level of disclosure and reporting, as a result of improved opportunities for disclosure and confidence in the response system;
- better informed people in the community and in the service provider organisations regarding how to respond to disclosures of domestic, sexual and gender-based violence.
- The strategy also outlines the responsibilities and services delivered by state organisations (the Departments of Justice, Equality and Law Reform; Education and Science; Community, Rural and Gealtacht Affairs, HSE) and NGO's.
- The strategy recommends that a Domestic Violence perpetrator programme Committee be established through Cosc and that this will include

measures such as; improving co-operation and co-ordination between intervention programmes and victim support services; improving data collection; and improving evaluation, all with a view to ensure greater programme effectiveness.

The Probation Service has set out policy and practice guidelines in relation to domestic violence. This provides a good example of the protocols looked for by Debbonaire.¹⁸

Section 4 of the Policy and Practice Guidelines entitled: Statutory Supervision Practice Guidelines states that:

“Perpetrators of domestic violence should be considered for referral to perpetrator group programmes preferably as a condition of the court order.”²⁰

In line with directives from Cosc in the new National Strategy and the development of protocols by the HSE and the Probation Service we see this piece of research as the beginning of a process of establishing protocols and procedures for appropriately referring men to the MEND Intervention Programme.



Section 2: Findings from the front-line worker survey

2.1 Aim of Research

This research aimed to understand the needs of front-line workers who come into contact with situations of domestic abuse, in relation to referring an abusive man to a behavioural change programme. While workers who come into contact with such situations often provide support, referral and services to women and children who are affected by such abuse, little is known about the workers ability to deal with the perpetrator of such abuse. In order to provide opportunity for change to the perpetrator it is essential that we know how front-line services deal with this situation.

2.2 Methodology

This research was exploratory in nature and therefore used a quantitative technique to examine the issue of referring a man who has been or is abusive in his relationships to a behavioural change programme in the South East of Ireland. The South Eastern region covers the counties of Carlow/Kilkenny, South Tipperary, Waterford and Wexford. The research used an expert sampling technique to reach a cross-sectional sample of front-line workers who may have dealings with domestic abuse in their occupations.

This technique is used because it involves selecting a sample of persons who are known to have demonstrable experience and expertise in the area of interest to the research. A sample was built comprising individuals from various professions, including Public Health Nurses, Psychologists, Social Workers, Addiction Counsellors, Co-ordinators and workers with Rape Crisis Centres, Women's Refuges, Addiction treatment centres, Probation officers, Gardaí, G.P.'s, Mental Health Social Workers, Barnardos Family Conferencing Services and others. A survey instrument was designed to elicit data from respondents. Data was imputed and analysed using SPSS 17. Thematic analysis was used for open ended questions. The sample totalled 633 individuals and a response rate of 43% was achieved (n=273). Table 1 outlines the percentages of various professions who replied to the survey.

As respondents gave multiple answers on certain questions within the survey, the categories within tables 2,3, 4, 5, 6 and 7 are mutually exclusive of one another and therefore do not total 100%.

2.3 Profile of Respondents

Table 1: Respondent profile

Area of Work	%
Health	28%
GP's	27%
Garda and Probation Services	13%
Social Worker	11%
Family Support	9%
Counselling	8%
Homeless and Drug Use Services	2%
Education	1%
Youth Services	1%

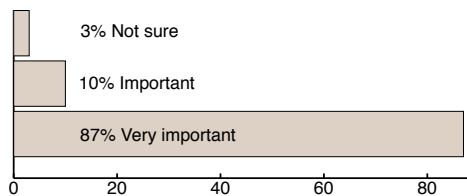
Of those who responded 36% were male while 64% were female. Within the overall sample women represented 59% of the sample. Therefore there was a higher response from the female sample than males, however this difference is small and would perhaps be expected in a survey of this nature. Those within the 'Health' category included Public Health Nurses, Psychologists, Mental Health Social Workers and some addiction treatment counsellors.

2.4 Behavioural change programmes

Respondents were asked how important they think it is to provide behavioural change programmes to men who perpetrate domestic abuse. Overwhelmingly, respondents (97%) believed it was very important or important to provide behavioural change programmes to male perpetrators of domestic abuse. Three percent were unsure.

Figure 1: Importance of behavioural change programmes

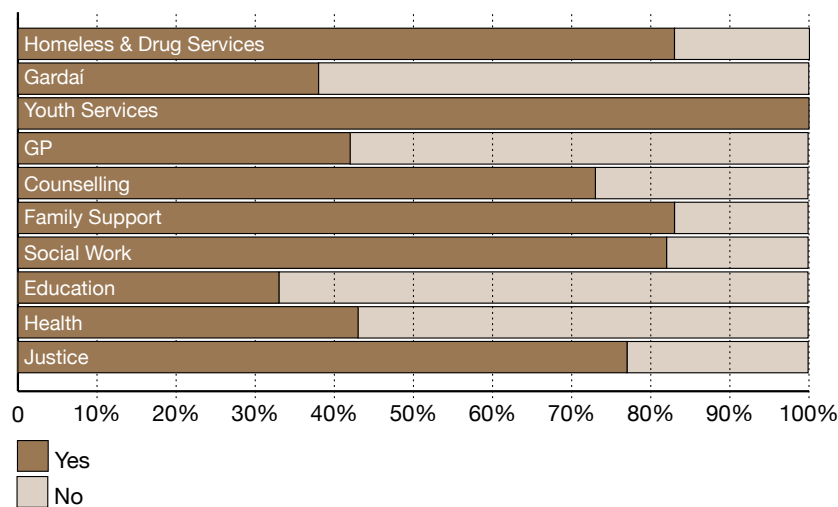
How important do you think it is to provide behavioural change programmes to men who perpetrate domestic abuse?



Asked if they would feel confident in referring a man to an intervention programme 82% stated they would, with 18% stating they would not feel confident in doing so.

Respondents were also asked if they were aware of the MEND programme. Chart 2 below illustrates the professions who were either aware or not aware of the programme.

Figure 2: Awareness of MEND programme
Are you aware of the MEND Programme?



Those occupations that merit attention in terms of their awareness of the MEND programme include health services (57% not aware), Education services (67% not aware), G.P.'s (58% not aware) and Gardaí (62% not aware). These statistics should be taken as a guide only and are not necessarily representative of these professions, particularly in the case of education services where the sample returned was relatively small. However the results indicate that more specific targeting is required in terms of raising awareness of the programme among these occupations.

2.5 Recognising, responding and referring

Recognise

Asked how easy or difficult would it be to recognise a situation where there is perpetration of domestic abuse by a male, 42% stated that it would be difficult or very difficult, while 43% believed it would not be difficult or very easy.

Figure 3: Recognising male domestic abuse
How easy or difficult would it be for you to recognise a situation of male Domestic Abuse?

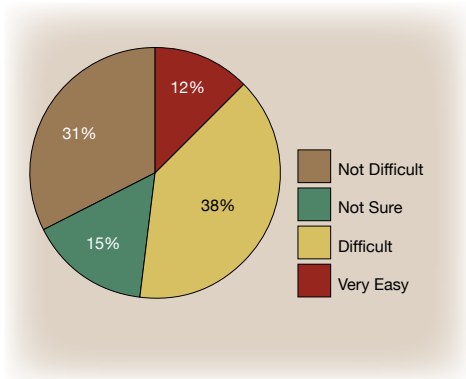


Table 2 outlines what respondents believed would improve their ability to recognise a situation of the perpetration of domestic abuse by a male. 56% indicated a need for training. 23% expressed a need to know the signs of domestic abuse or a need to raise awareness of the signs.

Table 2: Improving ability to recognise domestic abuse

What would improve your ability to recognise a situation?	%
Training	56%
Know the signs awareness raising	23%
Services	5%
Communication	5%
Early reporting by partner	3%
Spend more time with abused	3%
Garda intervention	2%
Listening	2%

Respondents also indicated within these categories what was most important for them.

Training

“Ongoing training in this area is essential for all front-line staff. It is such a complex situation that staff need to be trained and empowered to research, recognise and take action.”

“Training sessions. To be able to recognise traits and characteristics of abusive people.”

“Information on appropriate questions to ask to woman in a sensitive manner; without asking straight out - are you a victim of domestic violence.”

Know the Signs

“Know the signs of domestic violence under the four categories of sexual, social, emotional and physical as each case is different.”

Communication

“Better communication between services internal and external and more openness with abused and abuser.”

Respond

In terms of the ability to respond to a situation of male domestic abuse 41% indicated that it would either be very difficult or difficult to respond, while 42% stated that it would be not difficult or very easy.

Figure 4: Responding to male domestic abuse
How easy or difficult would it be for you to respond to a situation of male Domestic Abuse?

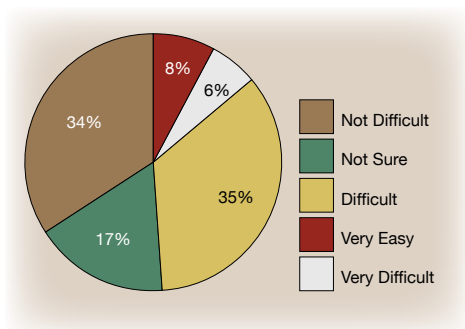
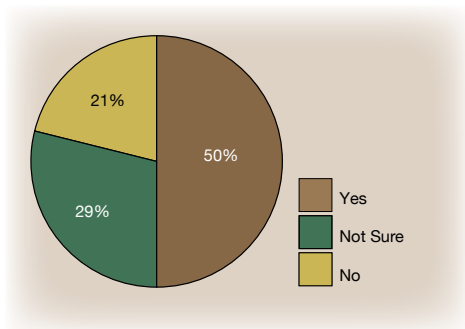


Figure 5: Responding to a perpetrator
Having ensured safety of partner and children would you respond to the man



50% of respondents stated that if they ensured the safety of the partner and children they would respond to the man. However 29% stated that they were unsure if they would be able to respond to the man, while 21% stated that they would not respond.

Respondents to the questionnaire named what would prevent them from responding to the man in such a situation. Fear for their own safety was the most pressing issue (52%) as illustrated by the quotes below:

"It probably would depend on my knowledge of the man and if I felt he would be open to acknowledging that he is being violent. It would be easier to recommend that he attend a service in a case conference situation rather than directly; again it would depend on the man and my own possible fears of him"

"If I felt physically threatened by him. If he presented as inflexible, controlling, aggressive, manipulative toward me i.e. If I felt I was not someone he respected or was open to actually working on issues with (be that personally or gender-wise) I would refuse to work with him and refer him. If the family had been subjected to severe abuse, I would find it hard to empathise with the perpetrator. I would probably refer-on too."

Concern for the implications for the partner or family of the victim was also an aspect which would prevent a person from responding to a man who is being abusive (20%). Within this there was also a worry that responding to the man may result in deterring the woman from using the services the worker or organisation is providing.

"Easier to respond if child is abused. Often, in my experience, partner does not want me to approach man as she fears it may make matters worse; especially in the cases of psychological abuse."

"Fear of making the situation worse for woman. Issues re: boundaries and confidentiality. Specific request from the woman not to pursue the matter."

Table 3 outlines some of the other aspects which respondents indicated would prevent a

response to the man.

Table 3: Prevention of response

What would prevent you from responding to the man in a case of Domestic Abuse?	%
Fear/ Safety concerns	52%
Implications for partner/ family	20%
Lack of experience	10%
Outside of responsibility	8%
Confidentiality	3%
Limited knowledge of man	3%

In terms of experience (10%) some respondents indicated that they felt they did not have enough experience to respond, or would not know how to go about it, or that they felt they were not “empowered” enough to respond to an abusive man. This has implications in terms of building people’s capacity both professionally and personally to deal with an abusive man safely. This is also highlighted in many other parts of the research in relation to the need for training around the issue and the need for protocols and guidelines when such a situation arises. Illustrative of this is the response to question “What would improve your ability to respond to a situation of male domestic abuse?”

Respondents’ answers varied, many indicating a multitude of suggestions. These ranged from the need for training (as mentioned above), a referral service (by those not aware of the MEND programme), Guidelines, and more effective Garda Intervention. Table 4 outlines the responses categorised in terms most mentioned.

Table 4: Improving response to domestic abuse

What would improve your ability to respond to a situation?	%
Training	46%
Referral service	18%
Guidelines	6%
Garda intervention	5%
Communicate with perpetrator	4%
Support	4%
Services support for family	3%
Resources	2%
Safety	2%
Services communication	2%
Communication training	1%
Confidentiality	1%
Deal with own fear	1%
Information forum	1%
Work experience with men	1%

Comments regarding the need for training and the desired outcome of such training were made:

“Knowing how to safely challenge the man and seeing that he might want to change for the better for his family”

“Learn skills in dealing with men who are abusive. Learn intervention techniques”

In terms of the need for Garda intervention respondents indicated that they would like to know that Garda intervention would be effective. This may be more to do with current legal structures rather than Garda inaction. Indeed some of these responses were from Garda themselves.

“Absolute legal indemnity should be guaranteed in this situation for the doctor involved with early prosecution by Gardaí if man becomes threatening to doctor” (G.P.)

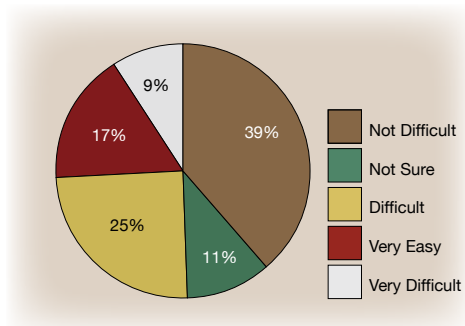
“Legal power to remove him from house, with or without complaint from partner” (Garda)

“More proactive response and support from the Gardaí. Clear policy decisions from the HSE that action must be taken” (Public Health Nurse)

Refer

When asked how easy or difficult it would be to refer a case of domestic abuse 56% stated that it would be either not difficult (39%) or that it would be very easy (17%). 33% believed it would be difficult or very difficult, with a further 11% indicating that they were not sure.

Figure 6: Referring domestic abuse
How easy or difficult would it be for you to refer a case of male Domestic Abuse?



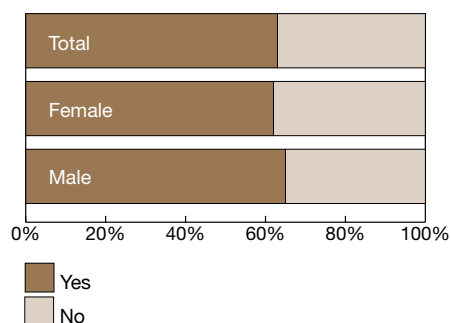
In order to improve one’s ability to refer a case of male domestic abuse respondents indicated a range of needs outlined in table 5. As can be seen programme awareness was the most pressing need with 40% stating that heightening awareness of MEND would improve ability to refer a man to the programme. Also of importance is the need for training in relation to referring and information on pathways to the MEND programme.

Table 5 Improving ability to refer a perpetrator

What would improve your ability to refer a man to MEND?	%
Programme awareness	40%
Training	18%
Information on pathways	12%
Perpetrator consent	7%
More programmes	4%
Local service	3%
Information for perpetrator	2%
Professional Support for worker	2%
More court mandates	2%
Persuasion of perpetrator	2%
Contact with MEND staff	1%
Better services	1%
Cards for Garda	1%
Directory of services to professionals	1%

Asked if they would feel safe in referring a man who is abusive 67% stated that they would feel safe referring an abusive man. In terms of those who would not feel safe in referring a man, male and female respondents were similar with 29% of men and 35% of women indicating that they would not feel safe in referring a man to an intervention programme.

Figure 7: Safety in referring a perpetrator
Would you feel safe in referring a man who is abusive?



Of those who would not feel safe in referring a man 48% were from the health sector, (90% of whom were female), while almost 24% were G.P.'s, (74% of whom were male). This also indicates the need for targeted action within these sectors in terms of building strategies around safety. This may include legal frameworks, Garda intervention or training for safety.

2.6 Awareness of current Domestic Violence/abuse

Respondents were also asked if they were aware of a man who is perpetrating domestic abuse. 53% of respondents stated that they were aware of a man who is being abusive. 75% of these indicated that they had been able to take action in these cases, while 25% stated that they hadn't been able to take action.

Of the action that had been taken the most common was referral to a DVIP programme. Generally referrals to MEND and one other DVIP programme (MOVE) were made either by the worker or through a court mandate. While referrals through the worker were generally more common, court mandates were less so. In some cases referral simply means passing MEND information to the victim or the perpetrator and so does not mean that the perpetrator has made contact with the programme.

Table 6: Action taken with perpetrators

What action did you take?	%
DVIP referral	23%
Social Work referral	21%
Discussion with Victim	20%
Services referral	14%
Garda referral	12%
Legal advice	12%
Refuge referral	8%
Counselling	8%
Discussions/ advice with couple/ Perpetrator	5%
Garda intervention	4%
GP referral	4%
Psychiatric referral	2%

21% of respondents indicated that they referred the situation to the Social Work Department. In the case of Social Workers that answered the question (19 in total) only 6 mentioned that they referred the male client on to a DVIP programme (primarily MEND, with one mentioning MOVE)

In response to how respondents could be assisted in a safe way to refer and act upon such abuse? The need for specific training was again mentioned most often (20%). Respondents also highlighted the need for specific guidelines, workplace policies and referral pathways as a means to increase their capacity to make referrals and act on such abuse. Other responses are highlighted in table 7.

Table 7: Needs of workers in safe referral of perpetrator

How could you be assisted in a safe way to refer and act upon such abuse?	%
Training	20%
Guidelines/ referral pathways/ workplace policy	16%
Advice	13%
Anonymous referral service	8%
Garda/ court intervention	8%
Victim consent	8%
Refer to Social Work	5%
Safety	5%
Protocol - legal clarification or framework	5%
Not sure	4%
Services support	3%
Worker support	3%
Multidisciplinary approach	2%
Service awareness	2%
Cooperation between facilitators and women's refuges	1%
Abuser consent	1%
Best practice forums	1%

2.7 Conclusions

This research has reported on the issues that arise for front-line workers when encountering men who are abusive in intimate relationships and the challenges facing them in referring these men to the MEND domestic abuse intervention programme. What is apparent is that many people working on the front-lines who come into contact with violent and abusive men feel that it is very important to provide behavioural change programmes to these men. It is also apparent that in many vital services there is a lack of awareness regarding the availability of behavioural change programmes. This is evident among services such as An Garda Síochána, General Practitioners, and Health Service workers such as public health nurses. Respondents to the survey expressed a need for training in recognising, responding and referring men to domestic violence intervention programmes. This training needs also to deal with issues such as safety for oneself and ones clients as well as pathways to referral and skills to communicate with a perpetrator safely. 50% of the respondents indicated that having dealt with the safety of the woman and/or children first they would then respond to the man. However, 50 % of respondents also indicated that they were either unsure, or that they would not respond to the man. The factors preventing a response to an abusive man included the issue of safety for the man's partner or family, and the safety of the worker themselves. Provision of training to the front-line workers (including those that would respond to the man) would provide effective approaches for dealing with such situations in a safe and timely manner.

The following recommendations are made in order to increase the capacity of those front-line workers, from the statutory and community based organisations, which come into contact with the wider issue of Domestic Abuse/Violence, to respond appropriately to the men who are abusive in intimate relationships. These are not by any means a panacea for all of the difficulties that can be encountered when engaging with this issue. These recommendations are proposed as effective steps towards directing the front-line services to deal with and refer, where appropriate, men who are violent and abusive into domestic violence intervention programmes in order to change their behaviour so that women and children can live in safety.



Section 3: Recommendations

1. Begin targeted awareness raising of the programme among those surveyed, with particular attention in relation to GP's, the Health Services (Public Health Nurses) and Gardaí. Awareness raising may include:
 - MEND referral cards for Gardaí.
 - Information card for social workers.
 - Leaflets for services.
 - A Self Help Booklet for men who are abusive to all front-line workers.
 - Training days and seminars for health and justice staff.
 - The White Ribbon Campaign due to be launched by the Men's Development Network. This would be a useful tool in creating awareness of men's responsibility for facing up to the issue of violence against women.
2. Broaden the base of front-line workers engaged with by MEND to include other professions. Include members of the judiciary: barristers, solicitors, employment services and workplace services and other relevant services.
3. Provide training across all sectors. This should be designed to tackle particular areas of concern in relation to referring a man to MEND, including:
 - Improving one's ability to recognise male domestic abuse.
 - Developing skills in asking about a man's abusive behaviour.
 - The ability to empathise with perpetrators from the perspective of their life story.
 - How to build safety – safety for oneself and safety for one's client(s).
 - How to appropriately refer-on to an intervention programme.
4. Provide training that will develop protocols for establishing a clear referral pathway. From first point of contact with a male perpetrator our objective is for his safe referral, where appropriate, to the MEND programme. [This could include a referral from an agency so that in the event of a man never turning up for an intervention programme we have him recorded in our system]. This map would include information for the worker including:
 - Information on referral protocol.
 - Support for those referring.
 - Information on support services for families
 - How lines of communication and information can be developed between services.
5. Support employers to implement workplace policies on domestic abuse that include guidelines on dealing with both victims and perpetrators including protocols on referring a male perpetrator, where appropriate, to the MEND programme.
6. Develop more formal links with agencies such as An Garda Síochána, Social Workers, HSE staff, Probation Officers, Psychologists and Counsellors and other statutory, non-statutory, community and voluntary agencies. This in turn will lead to the growth of an effective communication network between services, while also providing a more effective use of different forms of mandate, compliance and referral. Continually develop these pathways and assess effectiveness of pathways in relation to referrals onto Intervention Programmes through the evaluation of same.

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