# ONGOING NEEDS ASSESSMENT

This handbook is more of a toolkit than a programme. You will be working with high risk perpetrators who may not have agreed to look at their behaviour at all. The people you work with will differ vastly and you will need to continually ask yourself (and your supervisors and your colleagues) “what does he need to work on next?”. This can always be reframed as “what can I next say or do to make the victim and children safer?” Not always as simple as it sounds given that perpetrators of abuse are known for

 ·      Lying about their attendance / engagement

·        Telling people, they don’t need to attend any longer because they are ‘cured’

·        Using material from your work against the victim

·        Lying about what you have said.

Much of this can be offset by giving clear information about the way you work and, where appropriate, about his engagement; Leaving you with the simple question of what he most needs to learn next to make everyone safer. In particular you’ll need to consider:

* **Risk** - What is the profile of their abuse and the main foreseeable risks? Prioritise immediate risks and current hyper-arousal
* **Readiness** - Where are they in the cycle of change?
* **Motivation to change and drivers for abuse** – Consider why they abuse. What causes, maintains, enables the abuse? Prioritise the factors which are most significant and immediate. Similarly, what matters to them? What could motivate change?
* **Capacity to change** - including temporary and long-term mental state/ health issues, substance use and cognitive functioning.

You might want to use the framework for supervision overleaf to help you formulate an answer to the question of what does the client need to work on next, and how? Answering the sections in the framework for supervision can be part of the work of supervision and/or case management OR case workers can be asked to fill out the table as best as possible to lead such supervision or case management conversations. (some of the terminology in this table will be explained as you read through this manual).

## Framework for supervision

|  |
| --- |
| **Risk** |
| Most immediate risks |  |
| Other foreseeable risks  |
| **Drivers for abuse / motivation to change** |
| Sore points - subjects of arguments & situational sore points? |  |
| Raw points – that bring the heat to arguments?  |  |
| Do you have a guess at the roots of these raw points? |  |
| What matters to them? What are the ‘pull’ or ‘push’ factors that motivate them to change?  |  |
| **Readiness and motivation** |
| Where are they in the cycle of change? |  |
| Does their readiness fluctuate a lot? |  |
| **Capacity**  |
| Emotional dysregulation - Hyper-arousal issues |  |
| Low empathy – Hypo-arousal issues |  |
| Distorted reality  |  |
| Substance use  |  |
| Cognitive functioning  |  |
| **Worker responses**  |  |
| What feelings do this case and client primarily invoke in the worker?  |  |
| How might those feelings affect your work with this person? |  |

##### Cautions to hold in mind

We should also be aware that any time a perpetrator of domestic violence engages with professionals, he is likely to be talking to his partner about this and may misuse his contact with professionals to deceive or further abuse her.

Here are some of the ways we have found that a man can use a behaviour change programme against (ex)-partner:

* Lying about his attendance / engagement
* Informing her that he doesn’t need to attend any longer because he is ‘cured’
* Using material from your work against her – to undermine her
* Lying about what you say to him
* Using attendance on the programme to influence other professionals (social workers and family courts
* Using attendance on the programme to influence his partner to stay with him when he hasn’t made real change.

Also it might seem obvious in a criminal justice setting, but we also need to be prepared for how you will deal with it when you find out your client hasn’t been open with you. Clients may start to lend us their trust, and you may start to trust them in return. However people are always making a ‘best bet’ about what is safe and what is not safe to tell about their lives. And if clients are mandated to do things they aren’t ready to do, they will lie. Perhaps most disappointing is when a client seems to have been making changes as a result of the work you do together, but you then find out that he has been abusive to his partner and not told you about this. This can lead us to feel betrayed or suckered, which can lead to fearful, angry and persecutory responses. Whilst these are natural ways to feel, if they leak into your work with the offender, this may make his partner less safe. Ultimately, I think we have to develop a stance where we can maintain a cautious empathy and strive to stay engaged with our clients whilst being reflective about our emotional responses to the work.

## Cultural considerations

Culture is important and relevant to abuse. If you catch yourself thinking it’s not, it’s probably just that certain aspects of culture seem so ‘natural’ to you that they have become invisible. It’s almost always the case that our own culture is harder to see from the inside than other people’s ‘cultural difference’ from us. If your own culture is quite dominant and hegemonic in certain aspects, then its potential for seeming not to be there at all is greater still. It’s helpful to practice asking these questions about every client – especially those who you consider share some of your identifiers (such as race / religion/ nationality).

* How does culture drive / maintain the risky behaviours…?
* How does culture relate to the kinds of things this couple have argued about?
* What are his expectations of women/relationships and her expectations of men/ relationships?
* Do family, social or religious groups support his changing or continuing the abuse? Support her staying or leaving?
* How do they come across to you? How might this relate to their race and culture and your own race / culture?
* How can you use your cultural competence in this case? How can you increase your cultural competence in this case? Or conversely, how can you make use of your cultural naivety - what areas do you need to ask about?
* What other services might they need – especially culturally specific support services?