

# The Wish Centre Behaviour Change Programme Newsletter



*Welcome to the latest installment of the WCBCN. This is an opportunity for us to share with you, the referrers, information relating to our perpetrator work monthly – namely the Gateway to Change workshop and the Make the Change programme. This will allow us to share case studies with you, not only on how the programme works, but how important your referrals are to making a difference in the lives of those affected by DA/DV by enabling them the chance to make changes to their behaviours and, ultimately, their lives and the lives of those affected.*

## IMPORTANT INFORMATION FOR JANUARY 2024

- We are currently reappraising our referral forms in order to enhance their effectiveness. More information about this is forthcoming.
- We are currently not taking any referrals for Blackpool. Sincerest apologies.
  - We also want to wish you all a belated Happy New Year.





## INFORMATION ON SUBMITTING REFERRALS

We understand that time is precious when supporting people in the work we all do. In order to save you waiting time with referrals, there are a few key bits of information you may need to know.

- *There is a distinction between Make the Change and Gateway to Change. Gateway is a 2-session awareness raising workshop and comes with no report on completion. Make the Change is the full perpetrator programme which runs between 16-22 weeks (depending on the outcome of the assessment) which comes with a court accepted report upon completion.*
- *Make the Change and Gateway to Change are not anger management courses. They are for behaviour change in relation to DA and DV.*
- *We can only look at referrals relating to DA/DV towards an intimate spouse or ex/current partner.*
- *It is vitally important to complete the referral forms in as much detail as possible, providing relevant contact details where applicable. This saves time when processing the forms and enables the facilitator to have as clear a picture before going into any assessment.*
- *If open/known to Family Court/CAFCASS additional information/documentation will be requested.*
- *Men must acknowledge that their behaviour is or could be classed as abusive and want to change this.*
- *It's important to know that a referral does not guarantee a place. Acceptance on GTC and MTC is subject to assessment.*

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Blackburn & Darwen District Without Abuse

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## Domestic Abuse in the Media

### Crimes against women 'being ignored' as key statistic excludes rape.



The Labour Party has decried crimes against women are "simply being ignored" by the government after it was revealed a key crime statistic often quoted by ministers does not include instances of rape or other sexual offences.

Shadow Home Secretary Yvette Cooper said she is "extremely concerned about the missing information and analysis on what's happening about crimes against women", following a revelation about the way the Office for National Statistics gathers certain figures. Ministers have often boasted about a halving of "total" crime since the Conservatives took power in 2010 but the ONS does not include many sexual offences when calculating that measure.

It comes after separate figures released by the National Centre for Domestic Abuse and Violence suggested more victims than ever before are coming forward for support.

Helen Ross from the ONS explained the reasoning behind the exclusion of sexual assaults.

***"Collecting survey data on sexual offences, such as rape and unwanted sexual touching, as well as domestic abuse, stalking and harassment can be especially challenging. In face-to-face interviews, victims - most commonly women - can be unwilling to respond if their abuser is in the room or if their family is unaware of previous abuse. Sometimes the abuse is ongoing, often it won't have been reported to police. These and other factors mean that instead of publishing total numbers of incidents, we focus on how prevalent the crimes are - or the number of victims - and provide in depth analysis to give a fair reflection of the nature of these offences."***

### More than 15,000 households fleeing domestic abuse across England denied access to safe housing.







In 2022-23, over 15,000 households escaping domestic abuse in England were unable to receive support at safe accommodation sites due to capacity constraints or an inability to meet their needs, according to government data. The most common needs that providers could not meet were households with no recourse to public funds (NRPF) due to their immigration status, mental health support needs, and issues with family size or children's ages.

Women's Aid said – ***"As this data highlights, a considerable number of women continue to be turned away from the support they need due to a lack of capacity or an inability to meet the individual's specific needs. There are likely to be survivors who could have benefited from accessing domestic abuse services but were never referred because the referring agency already knew that the service was over-subscribed or full, or that it was not resourced to support women with specific needs (for example, needs around drugs and alcohol use, needs around a mental health diagnosis)."***

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**IRIS+ programme extends the health care response to domestic abuse.**



University of Bristol researchers have discovered that it is both feasible and potentially cost-effective to broaden the scope of the IRIS (Identification and Referral to Improve Safety) domestic abuse programme to encompass men, children, and young people.

The success of the IRIS (Identification and Referral to Improve Safety) program in identifying women affected by domestic abuse has been notable. However, men, children, and young people are often overlooked and not referred for specialised support. Acknowledging this gap, a study conducted by researchers from Bristol's Centre for Academic Primary Care explored the feasibility of expanding the program to include these groups.

Originally designed for general practices, IRIS has been positively evaluated in a randomized controlled trial and is now operational in approximately 50 areas across the UK. While maintaining its focus on women, the IRIS+ intervention, developed in collaboration with IRISi and domestic violence and abuse (DVA) agencies, extends support to men experiencing or perpetrating DVA, as well as children and young people affected by DVA in their relationships.

Funded by the National Institute for Health and Care Research, the study found that IRIS+ successfully identified and directly referred 44 children and young people (15% of total referrals) and 29 men (mostly survivors, constituting 10% of total referrals). The referral rate for women doubled compared to the original IRIS trial, suggesting that the additional intervention components on men and children did not weaken clinicians' responses to women but heightened their overall awareness of DVA.

More than two-thirds of referred women, children, and young people, and nearly half of all referred men received direct support from the service. The study demonstrated health and quality of life benefits for men and children supported by IRIS+.

An economic model suggested that IRIS+ is likely to be cost-effective or even cost-saving from a societal perspective.

## **Make the Change Case Study**



Anon self-referred to the Gateway to Change (GTC) awareness raising session in July 2023. Anon completed the GTC session and then stated he wished to undertake the Make the Change programme. He was assessed and accepted onto the programme on 2nd August 2023. Due to several reasons, it was agreed that sessions would be conducted on a 1-2-1 basis via Zoom. Anon attended all sessions, was on time and had good interaction with the facilitator. He appeared willing to learn even though at times during certain activities, he seemed to struggle to vocalise his thoughts.





Anon stated, his hopes were *“to be able to communicate effectively with his partner and think about her needs and wants. To try to think of other solutions to situations. To have a happy family & good life”*. When he was asked what he wanted to learn Anon commented - *“Tools I can use for the rest of my life that will help me to communicate effectively and see things from my partners point of view”*.

When asked to remember an incident of domestic abuse he had been involved in, to reflect on and take responsibility for his behaviours Anon described his actions as *“using put downs, physical abuse, slapped to the face, spat on her, screaming and shouting, scowling, change in my body language, getting in her face – close up. Standing up. Tried to get her out of the way, so I grabbed her. Threw a box down the stairs – nearly hit the baby, but I didn’t know she was there, tried to get my baby off my mum to make sure she was ok”*. To fully appreciate the level of acceptance, change and progress that Anon made during the programme, it should be noted that this incident is the same one which will be described at the end of this report.

Anon appeared to take responsibility for his behaviour when he completed an empathy exercise referred to as Perceptual Positions. The nature of the exercise allows the

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individual to experience the incident from the other person's perspective as well as from a neutral observer's perspective. His insights following the exercise from the observers position of how he should have acted were ***"Be nice, talk to her in a nice voice, both sit down and hear each other's side of the story, agree to disagree. No tension, relaxed, change the environment i.e. have a bath, go for a walk etc 'nice vibe'."*** Anon explained that to ensure that conflict remains safe and healthy in the future he would ***"use time out. Hear both sides without interrupting, sometimes biting your tongue - hold back. Think about my response before I say it. Use the stress thermometer, think about my child and my partner's feelings as I know how upset it may make her when I do scream or shout"***. Anon showed that he can recognise his triggers / sore points and distinguish between healthy and unhealthy conflict and the gains / losses which can be experienced from each type of conflict.





Anon showed a great deal of remorse for how his actions could have impacted on his own child, particularly when he was able to reflect back to his own childhood and use perspective. Anon was able to show his understanding of how such behaviour could impact on a young child. He described this as ***"disobedient behaviour, screaming, shouting, outbursts of anger, damaging property, hurting themselves, self-sabotaging, upset, wanting to be alone and away from parent. Shy, not talkative, abrupt, always seeking approval, challenging behaviour at school, unable to concentrate at school due to things happening at home, difficulty making friends, in denial, class-clown, involved in drugs, alcohol, smoking, crime, police involvement, anti-social behaviour, not coming home"***.

The last three sessions of the programme are considered the most challenging for candidates. Each candidate is required to compile a "storyboard" of a domestic incident in which they acknowledge they have used abusive behaviour as well as to reflect on the consequences of this for all concerned and to demonstrate victim empathy and remorse for their actions.

Anon described how he and his partner had been to the races for the day, something that he loves to do. He stated that neither of them was drunk, that they don't really drink very much and they'd both had the same drinks and quantity of alcohol. Anon described how he was feeling unwell when they returned home, and his mum was there waiting for them. He described how his mum who had been drinking then began to 'go on at him' Anon explained - ***"I felt this was a bit mad as I'd only been in the house two mins. I just generally wasn't feeling very well. I then went upstairs and shouted to my mum "well just f\*cking go home.""***

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Anon stated that because he had spoken to his mum in such a way, his partner challenged him simply saying "don't speak to your mum like that". Anon went on to explain -

*"I shouted back at her, this then continued between us. I was then in my bedroom before coming out with a plastic food container in my hand which had some tobacco in it. As I walked around the corner at the top of the stairs, I just threw the box in anger down the stairs, little did I know my partner was peeping around the corner of the living room up the stairs, holding our six-week-old baby in her arms. The plastic box hit the top of the front door and shattered, the bits flying everywhere. Thankfully the box did not hit either my partner or the baby".*




*"I wasn't thinking in that moment, it was just an outburst of anger.... I went downstairs to check the baby was ok. As I got to the bottom of the stairs my partner punched me on the nose. I reacted and slapped her in the face and then persisted to make sure that the baby was ok. Obviously, it wasn't the right moment to do this. But I wasn't thinking right at the time. As I tried to do this my partner was trying to stop me. We then got into a grapple in the kitchen until I could get past her. She then bit my thumb and drew a lot of blood. And in reaction to this, I slapped her twice across the face.*

*From there it was a bit of a blur as my adrenaline was going through the roof. I just remember going outside, but I don't remember how I got there. We were all outside, and the neighbours were outside. I was still trying to get my daughter who my mum was holding. As I tried to get to my daughter, my partner tried to grab me from behind. I turned and grabbed her by the throat and tried to throttle her. I was holding her by the throat against the neighbour's fence. I am absolutely ashamed of my behaviour and having witnessed it on the CCTV in the police station if I was my partner, I wouldn't be with me. I've put her through so much".*

Anon gave the following insight - *"I can imagine that she was petrified, angry, hurt, and felt worthless thinking how can someone do something like this to me. Disrespected. I think her expectations were for me not to behave the way I did. I believe she reacted as she did because she didn't want me to be around*

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*the baby in the state of mind I was in, it was the wrong time for me to try and do what I was going to do. Which was simply to check on my baby. Although they were both telling me the baby was ok, I wanted to check for myself, I know this was wrong”.*

Acknowledging the impact the incident had on his partner, Anon described –

*“Her fears would definitely have been “Is this going to happen again? Do I want to let this be a possibility of happening again to my daughter.” She would have felt low, disrespected, sore, hurt, worthless, wondering what the point to the relationship was and whether it should it continue. I can’t comment on her behaviour whilst I wasn’t there as I didn’t see what she did. However, when I got home from the police station, she was very quiet, she looked disgusted in me. We didn’t really talk much that night understandably. For the next two to three days, it was very tense between us, and we didn’t really speak. I think she was probably trying to talk to herself and calm herself down from the situation.*




*My partner eventually agreed to sit down with me to talk about what had happened. When I told her about the perpetrator programme run by the Wish Centre, she said she thought this was a great idea. Obviously, actions are greater than words and so she needed to see that I was willing to change.*

*Since I’ve started on the Make the Change programme, she has become a lot bubblier, and she doesn’t seem as reserved as she was at the time of the incident. We have no drama now and I think she feels reassured that I have followed through with my actions. She also had the support of someone from the Wish Centre should she need it, which I also think is good.*

*I think my partner will in a way feel that the relationship has bounced back from something which was traumatic, and it is better than before. I think she may feel we know each other more now, within our boundaries, we know how things will affect our relationship. Her thoughts would have been, he’s not going to complete this. In the past I’ve done CBT and didn’t follow through with it, because I didn’t gel with the*

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*other person. She may have thought I was just saying it to get back into her good books. And her fear could have been "Is it going to get back to what just happened?"*

Having analysed the domestic abuse incident, Anon has demonstrated his awareness of the victim's perspective and empathy. He has also demonstrated his awareness of the impact of domestic abuse on children who, whilst being very young at the time, would have been impacted by the abuse and the change in the dynamics to the family unit as they worked their way through the aftermath of the incident.

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**Behaviour Change Facilitator**

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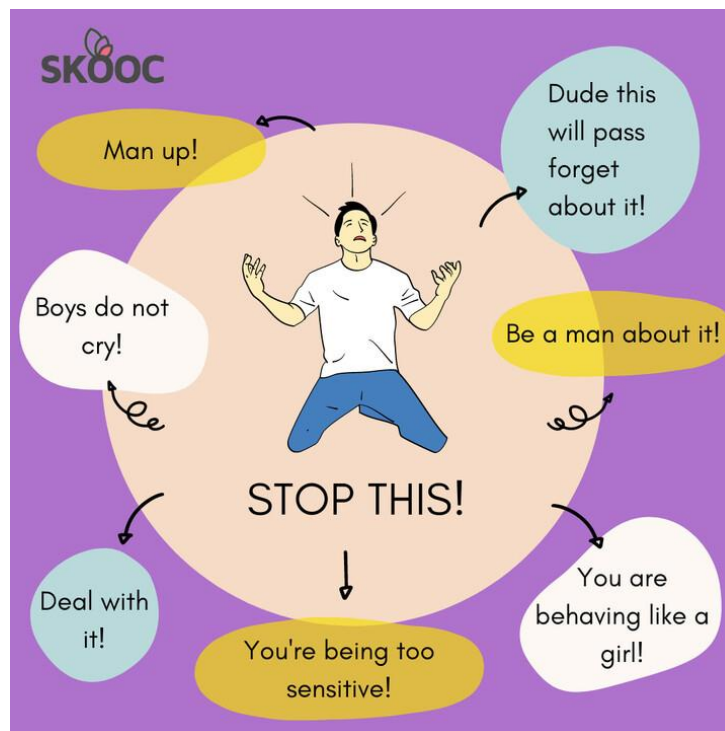


## **We Need to Talk About... Why Some Men Perpetrate Domestic Abuse**







While it is crucial to emphasise that not all men engage in abusive behaviour, it is essential to explore the complex factors that contribute to why some men become perpetrators of domestic abuse. Understanding these dynamics can aid in developing effective prevention and intervention strategies.

### **Socialisation and Gender Norms**



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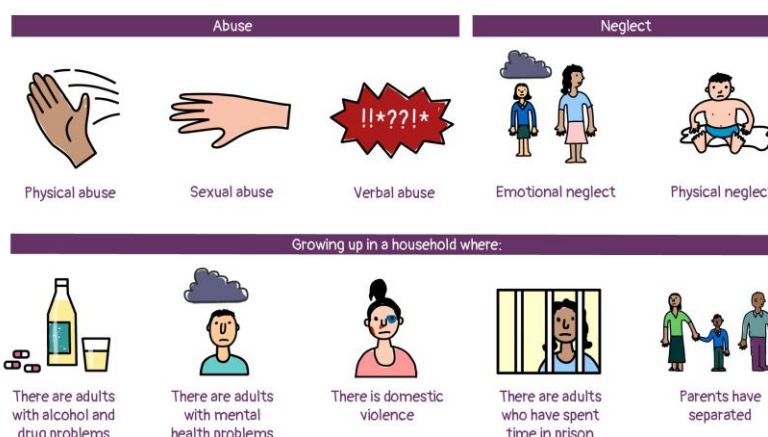
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One contributing factor to men perpetrating domestic abuse lies in societal norms and expectations surrounding masculinity. Traditional gender norms may reinforce ideas of power, control, and dominance, leading some men to believe that exerting control over their partners is acceptable behaviour. Toxic masculinity plays a large role in domestic violence and violence in general. Globally, there exists a cultural encouragement for men to avoid displaying emotional vulnerability and to exhibit limited emotional expression. This societal expectation contributes to the perception of men as dominant, aggressive, and lacking in emotional openness. This disconnectedness in turn fuels the concepts of power and control.





By subjecting young boys to harmful stereotypes associated with traditional masculinity, society has wielded influence over how men are expected to conduct themselves. This influence manifests in phrases like "man up" or "stop acting like a girl," creating a challenge in redefining our approach to raising boys. To contribute to altering the narrative on domestic violence, we can encourage our boys/men to embrace their humanity rather than conforming to a rigid definition of a "man's man." This entails conveying to boys that toughness does not require constant validation, and it's perfectly acceptable to acknowledge defeat or express emotions, including shedding tears. By fostering compassionate role models, we empower young men to shape their own perceptions of what it means to be a man.

## Childhood Experiences



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A growing body of global research highlights the enduring, detrimental effects of specific adverse childhood experiences (ACEs) on our overall health and well-being. Studies indicate that individuals who undergo or witness violence during their formative years may be more prone to becoming perpetrators of domestic abuse later in life. Being raised in an environment where aggression is normalized can shape one's perception of acceptable behaviour in relationships.

ACEs encompass experiences directly harming a child, such as physical, sexual, or emotional abuse, as well as environmental factors like growing up in households marked by domestic violence, parental separation, mental illness, alcohol, or drug abuse. The cumulative impact of ACEs is substantial; individuals with four or more ACEs are significantly more likely to face adverse outcomes in adulthood. For instance, they are 16 times more likely to engage in violent behaviour and 20 times more likely to be incarcerated at some point in their lives when compared to those with no ACEs.





## Power and Control Issues



Domestic abuse is often rooted in power and control dynamics. Perpetrators may use abusive tactics to establish dominance and maintain control over their partners. Feelings of inadequacy or a desire for power and control can drive some men to resort to abusive behaviour. Other factors can include religious

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beliefs. Patriarchal religions, historically prevalent in various cultures, have often been associated with a framework that grants men the purported right to control women. Rooted in traditional interpretations of religious texts and culture systems, these beliefs have perpetuated unequal power dynamics, shaping societal norms that assign men authority over women. This control is often manifested in various aspects of women's lives, including family decisions, personal autonomy, and participation in religious practices.

While interpretations vary, and many adherents promote equality and justice, the historical association between patriarchal religions and the assertion of male control over women has sparked ongoing debates about the intersection of faith, gender equality, and human rights in contemporary societies. Efforts towards reinterpretation, inclusivity, and fostering dialogue continue to challenge and reshape these entrenched dynamics within religious communities.





An interesting article that discusses power and control can be found here - <https://www.theguardian.com/society/2020/mar/08/patriarchy-and-power-how-gender-inequality-underpins-abusive-behaviour>

### **Lack of Emotional Regulation and Substance Abuse**



Men who struggle with emotional regulation may resort to abusive behaviour as a means of expressing frustration, anger, or other intense emotions. Inability to cope with stressors in a healthy manner can lead to the adoption of harmful coping mechanisms, including violence and substance misuse. Substance abuse is frequently linked to domestic abuse. The influence of drugs or alcohol can impair judgement, establish an altered perception on reality, exacerbate aggressive tendencies, and contribute to a cycle of violence within relationships.

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## **Mental Health Factors**

Certain mental health issues, such as personality disorders, impulse control problems, or unresolved trauma, may play a role in some men becoming perpetrators of domestic abuse. Addressing mental health concerns is essential for breaking the cycle of violence. A study in 2018 by Kristina Sesar, Arta Dodaj and Nataša Šimić discovered through an examination of existing research that it is evident that a diverse range of psychological health issues is prevalent among perpetrators of Intimate Partner Violence (IPV). Notably, the studies indicate a substantially high correlation between IPV perpetration and problems such as anger issues, anxiety, depression, suicidal tendencies, personality disorders, as well as struggles with alcoholism or problematic gambling behaviour. The findings from the analysed studies reveal elevated rates of co-occurring disorders among individuals engaged in perpetrating IPV. Below is a link to a report by MIND about men's mental health and what they have discovered over a ten-year period.

While it is crucial to acknowledge that not all men engage in domestic abuse, understanding the factors that contribute to abusive behaviour is vital for developing effective prevention and intervention strategies. Breaking the cycle of domestic abuse requires a comprehensive approach that addresses societal norms, childhood experiences, power dynamics, emotional regulation, substance abuse, and mental health issues. By fostering awareness and promoting healthy relationships, society can work towards creating an environment where domestic abuse becomes an anomaly rather than a painful reality.

[https://www.mind.org.uk/media/6771/get-it-off-your-chest\\_a4\\_final.pdf](https://www.mind.org.uk/media/6771/get-it-off-your-chest_a4_final.pdf)



## HELPING MEN TO OPEN UP ABOUT MENTAL HEALTH





- ☰ MEN, ESPECIALLY THOSE WORKING IN A 'MACHO' OR COMPETITIVE ENVIRONMENT CAN OFTEN STRUGGLE TO OPEN UP AND SAY THEY NEED HELP AND SUPPORT.
- ☰ MORE THAN HALF OF MEN (66%) SUFFER FROM WORK-RELATED STRESS; WITH 13% OF THEM CITING THEIR STRESS AS UNMANAGEABLE, YET ONLY 12% HAVE SPOKEN TO A PROFESSIONAL ABOUT IT.
- ☰ ACCORDING TO STATISTICS MEN ARE MORE LIKELY TO WORK IN AN ALWAYS-ON CULTURE (53% MEN VERSUS 44% WOMEN) AND ARE LESS LIKELY TO HAVE A REASONABLE WORKLOAD AND WORKING HOURS THAN FEMALES (68% MEN VERSUS 73% WOMEN).
- ☰ SIMPLY HAVING A CONVERSATION ABOUT WHAT'S GOING ON IN PEOPLE'S LIVES CAN EASE THE BURDEN OF STRESS AND IS OFTEN THE BEST AND EASIEST WAY TO TACKLE THE PROBLEM.
- ☰ A GOOD PLACE FOR EMPLOYERS TO START IS TO IMPLEMENT AN EMPLOYEE WELLNESS PROGRAMME CONSIDERING MENTAL HEALTH AWARENESS IS AT AN ALL-TIME HIGH IN THE UK.
- ☰ ALARMINGLY, ONLY A QUARTER (28%) OF UK EMPLOYERS HAVE A FORMAL WELLNESS PROGRAMME IN PLACE TO SUPPORT THEIR STAFF AND FOR THE ONES THAT DO, ENGAGEMENT IN THESE PROGRAMMES IS WORRYINGLY LOW.
- ☰ MEN ARE JUST AS VULNERABLE AS WOMEN TO STRESS, ANXIETY AND OTHER FORMS OF POOR MENTAL HEALTH. THE FIRST STEP TO FIGHTING THIS BATTLE, IS BY ENCOURAGING MEN TO SHARE THEIR PROBLEMS, SPECIFICALLY IN THE WORKPLACE.



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