



Working Effectively with Perpetrators and Survivors of Domestic Abuse in Homelessness Settings



Fulfilling
Lives in
Islington
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**STANDING
TOGETHER**
against domestic abuse

Background

This guidance has been produced through consultation with practitioners and people with lived experience from across the homelessness, women's specialist and perpetrator specialist fields, with contribution from the following organisations: Standing Together, FLIC (Fulfilling Lives in Islington & Camden), SHP, St Mungo's, Solace Women's Aid, AVA, Connections at St Martins, Respect, and DVIP.

Please note: this guidance is intended to be shared with professionals only. For ease, we will be using the term 'perpetrators' throughout this guidance, meaning 'people who use abusive and controlling behaviour in their intimate relationships.' We however would not necessarily advise that the term 'perpetrators' is used when carrying out any face-to-face client work. We recognise that this label can perpetuate stigma, which is especially unhelpful for people who are also experiencing multiple disadvantage.

Why is this guidance needed?

- Research and the experiences of many services have found that women experiencing multiple disadvantage are more likely to remain in a relationship with a perpetrator¹.
- Many practitioners struggle with the issue of how to support survivors when the perpetrator is present. This raises issues around safety, confidentiality and security for both clients and workers.
- Many domestic abuse services are not resourced to work with survivors in this context; homelessness providers may not have the expertise to respond appropriately.
- There are few specialist resources to support perpetrators who are experiencing multiple disadvantage/are homeless, and who are not willing or able to access mainstream perpetrator programmes. Even if specialist programmes were more widely available, it would not always be possible or even advisable for perpetrators experiencing multiple disadvantage to do this work until they had stable accommodation and were getting support in other areas. Therefore, often the only people working with this group are professionals in the homelessness sector, who have not received training around working with perpetrators.
- Consultation with professionals in homelessness settings has shown that they do not feel sufficiently trained or supported to challenge perpetrator behaviour and fear if they do this could increase risk to survivor.

¹ http://www.meam.org.uk/wp-content/uploads/2018/10/Jumping-Through-Hoops_report_FINAL_SINGLE-PAGES.pdf

What are the aims of this guidance?

- To increase safety for survivors experiencing multiple disadvantage.
- Where it is the role of the service, to motivate perpetrators of domestic abuse to recognise and address their behaviour, and support them to access appropriate help where possible.
- To enable practitioners to recognise abusive behaviours and how this can look in homeless settings where perpetrators and survivors are more likely to be affected by multiple disadvantage.
- To improve the skills, confidence and safety of practitioners working in these scenarios.

What is this guidance NOT aiming for?

- To train practitioners in homelessness settings to become experts in working with perpetrators.
- To undertake structured, specialist behaviour change work with perpetrators.
- For more information on accredited training and perpetrator programmes, please see [Respect](#).

Who is this guidance for?

- Professionals supporting survivors in homelessness settings (defined here as outreach teams, supported accommodation, floating support teams, Housing First services etc.) where the perpetrator is often present.
- Professionals supporting perpetrators in homelessness settings – often the perpetrators will be experiencing multiple disadvantage.
- Professionals working in teams that are supporting both survivor and perpetrator.

Who are we talking about?

- Survivor common characteristic: Experiencing domestic abuse, likely to have experienced other forms of Violence Against Women and Girls (VAWG), street or hidden homeless/in unstable or temporary housing, often with long history of homelessness, mental ill health, substance misuse, children removed from care, complex trauma often from childhood, poor physical health, distrust of services, poor engagement, may be also using violence (violent resistance), unlikely to be identifying experience as abuse.
- Survivor and perpetrator likely to be still together or it is hard to clarify the nature of the relationship.
- Perpetrator characteristics: Perpetrating domestic abuse, street homeless/in unstable or temporary housing, often with long history of homelessness, mental ill health, substance misuse, offending behaviour, complex trauma often from childhood, poor physical health, distrust of services, poor engagement, not willing to acknowledge abusive behaviour.

Equality statement

The UK government's definition of domestic abuse is "any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional."

It is important to remember that domestic abuse can affect anyone, regardless of gender or sexuality. However, domestic abuse is a gendered crime, deeply rooted in the societal inequality between men and women. It is a form of gender-based violence directed against a woman because she is a woman².

² <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>



Domestic abuse and VAWG

We recognise that survivors experiencing multiple disadvantage are likely to have experienced a range of different forms of Violence Against Women and Girls (VAWG), which includes sexual violence, abuse and exploitation, sexual harassment and bullying, stalking, trafficking, coercive and controlling behaviour, FGM, forced marriage, so called ‘honour based violence across their life course, alongside domestic abuse. For the purposes of this guidance we will focus on domestic abuse but are mindful of how other forms of VAWG may be occurring alongside this.

What are the challenges for front line professionals?

These quotes are taken from a multi-agency consultation on the challenges of working with survivors and perpetrators in homeless settings.

Collusion

“I knew that if I challenged his behaviour, he wouldn’t allow her to come to the housing appointment with me. I am always **trying to put her needs first but in doing so feel I have to ignore his behaviour.**”

“**In this situation it was best to let him think he was in control, agreeing to reasonable things.** Letting him have more one on one time with her and making it a condition that if they wanted to be joint worked I had to see them both separately. ‘Humouring him’ to an extent, being very transparent with both of them all the time about what is and isn’t acceptable.”

“I feel ‘am I enabling this relationship, **am I allowing this relationship to continue through my support?**”

Fear of increasing risk to survivor or of losing engagement with survivor

“If you give a statement to the police and he goes to court, he won’t let me see you again.”

“**If we worked ‘safely’, we wouldn’t reach the survivor at all.**”

“I cannot see my client without seeing him.”

Risks that perpetrators present to professionals

“We have addressed it (the domestic abuse). But there have been difficulties. It **compromises my position of authority** because I’m meant to be her worker, and yet I’m seen on a par to her. Every time I challenge things its immediately dismissed – ‘you think you will always be there to support her, what happens at 5pm?’ It’s hard to have any semblance of authority.”

“Having those conversations where you’re saying sorry, I’m here to support you, but that behaviour is not ok is **really intimidating sometimes.**”

Challenges to professionals supporting perpetrators

“It’s really **difficult to feel positive regard towards him** when I know what he’s doing to her, but I can’t challenge it.”

“**I want to be able to challenge the abuse with him** but that would be breaking her confidentiality.”

“In every piece of work you do with perpetrators, you need to **work out what your aim is.**”

Different practitioners with different remits may feel conflicted about this – if their job is to get a perpetrator into accommodation, they may feel pressured to overlook perpetrators’ behaviours in order to maintain engagement and achieve their outcome.

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“I don’t want to be told what to do. I know what to do but it’s not that easy for me. Sometimes I just want someone to hear what I have to say, what I’ve been through.”

Identifying domestic abuse in homelessness settings

As a professional working in a homelessness setting, you are in a unique position to foster supportive and trusting relationships with the people you support; these relationships and the regular contact that is needed to maintain them, mean you are also well placed to identify and respond to domestic abuse. It is therefore important that you familiarise yourself with the dynamics of domestic abuse, and make sure you can spot the signs that someone might be using, or be subject to, coercive and controlling behaviour. We recognise that this is not always easy, especially when survivors and perpetrators are affected by complex trauma and multiple disadvantage. It is also important to note that perpetrators can present as very reasonable and charming to professionals, and may be able to control their behaviour in this way in order to disguise the fact that they are using abusive behaviour towards their partner.

Here are a few common indicators to look out for when supporting survivors and/or perpetrators in homelessness settings. Please note this list is not exhaustive, the tactics used by perpetrators will vary based on the circumstances of the survivor and the intimate knowledge that the perpetrator holds.

Financial factors

- Survivor doesn't have control over their own finances e.g. doesn't have access to their own bank card/bank account.
- Perpetrator has survivor's bankcard or withdraws money for the survivor, particularly around benefit pay days.
- Survivor's benefits being paid into the perpetrator's account.

Drugs and alcohol

- Survivor's drug/alcohol use may suddenly increase or change e.g. using a 'harder' drug or increasing dosage in an attempt to cope with abuse they are experiencing.
- It's common for female survivors to be sent out begging by the perpetrator or engage in transactional sex to obtain money for drugs or alcohol.
- Perpetrator is often the one to obtain and/or administer drugs/alcohol.
- Survivor may be regularly withdrawing, if the perpetrator has control over access to drugs/alcohol.
- Survivor might stop engaging with drug and alcohol services, or never have the choice to access support for drug/alcohol issues in the first place, if this is controlled by the perpetrator.

Isolation

- Perpetrator in constant contact with survivor over phone/text.
- Perpetrator insists on accompanying survivor to key works, health, drug/alcohol appointments, won't allow, or will discourage them from attending.
- In a hostel setting, survivors may not use their room much – coerced into staying in the perpetrator's room.
- Perpetrator deliberately tries to block or limit contact with your service – does all the talking for the survivor or won't allow the survivor to talk to you.

Minimising, denying and blaming

- Survivors will often blame themselves for violence and abuse that they experience.
- It's common for survivors to think of a perpetrator's abusive behaviour as a result of drug or alcohol consumption, or past/current trauma.
- If a survivor uses violence they are more likely to show some awareness around the impact of that violence on their partner, and are more likely to express regret for that behaviour, than a perpetrator of abuse would.
- Perpetrators are unlikely to take responsibility for their behaviour and blame abuse on the survivor, drug and alcohol consumption, past trauma, or a combination thereof.
- Perpetrators may use derogatory language about their partners and encourage professionals to collude with this.
- Perpetrators may use minimising language to refer to violence and abuse, talking about "a big fight" or "strong arguments", or using minimising terms such as "fisticuffs" to make violence sound less serious.
- If the perpetrator does admit to using violence they may well say it is in self-defence, assertively claim to be the victim in the situation and show little empathy for the survivor.

For further information on identifying domestic abuse and supporting survivors experiencing multiple disadvantage please see AVA's '*Complicated Matters*' toolkit.

Getting started: Top tips for practitioners

Remember your skills!

Working with complex cases where domestic abuse is present can feel overwhelming and lead people to doubt their abilities. Your skills in supporting people (advocacy, listening, trauma informed support) can all be used to manage these complex situations.

Believe in everyone's power to change!

We hold this belief with regard to supporting people to achieve their goals and move forward in their lives. We need to demonstrate our belief that the people we are working with can see positive change in their lives – whether that is stopping harmful behaviours or realising that they deserve to live a life free from abuse.

Two heads are always better than one

Where a survivor and perpetrator are often or always together, if at all possible it is important that they are approached and supported by two workers (one for each of them). These can be two workers from the same team or from different agencies. Does the perpetrator have a support worker, or go to regular appointments? Can you coordinate with that worker and visit at the same time? Or visit at a time the perpetrator is likely to be elsewhere?

You are not alone!

Multi-agency working is essential – as a worker in the homelessness sector, it is not expected or recommended that you should try and undertake in-depth work around domestic abuse as part of your day-to-day work. Sometimes you feel like you have to be a specialist in everything but you don't – you need good partnerships. Even if the survivor or perpetrator you are working with is not willing or able to engage with specialist services, you can get support and advice from these services. Find out who your local domestic abuse provider is and give them a call, invite them to a team meeting or arrange to visit their service. Refer to the Multi Agency Risk Assessment Conference (MARAC) if you suspect or know that a situation is high risk.

Begin with the basics

Supportive, trusting and beneficial relationships are essential to be able to facilitate any kind of change. It is very likely that perpetrators experiencing multiple disadvantage will have experienced barriers to engaging with many services in their lives and may be very reluctant to speak to any kind of professionals. Behaviour is also very unlikely to change unless external circumstances and other support areas are addressed/improved. The perpetrator often needs to 'want' something from a worker/service, in order to build the connection necessary to engage about more difficult issues i.e. using violence. Whether you are supporting a survivor, a perpetrator or your service is approaching both - start with building a relationship and focusing on meeting basic needs before tackling more complex issues.

Use organisational policy and procedure

It is always best practice to speak to a survivor on their own. When you start engaging with a survivor who is always with the perpetrator, always make an initial attempt to see/speak with them independently (we will cover what to do if this isn't possible later in the guidance). Blame your organisational policies and procedures! Stress that this is the same for everybody, and that you are not trying to separate the couple or single them out in any way.



“Chaotic behaviour can sometimes mask domestic abuse, making it hard to identify.”

1 Professionals supporting survivors in homelessness settings where the perpetrator is often present

If you are working with someone who you suspect, or know, is experiencing abuse, in addition to other complex issues, it can be extremely challenging to provide the right kind of support and to help them increase their safety. It is common for perpetrators to create significant barriers to someone accessing support from you, or any other service; surveillance and isolation are key tactics used by perpetrators to intimidate and control. If you are working with someone in this situation where the perpetrator, or suspected perpetrator, is always present (whether or not they are still in the relationship), it can feel almost impossible to provide a safe, effective intervention. However, there are a number of things you can try to begin working with survivors in this situation.

Two workers

As mentioned in the top tips, it is highly desirable, and in some cases essential, to have two practitioners work with couples where there is domestic abuse. In an ideal world, and if the perpetrator is also experiencing multiple disadvantage, this will be a designated worker for each of them. If the perpetrator does not have support needs, it is still useful to have two workers engaging with the couple, both for safety, validation of position and also to engage each of the pair in separate conversations if possible.

Link perpetrator in with services that can support them

Perpetrators in this position are likely to perceive support professionals as a threat to their control over the survivor. It can be helpful to acknowledge their needs as well as the survivors'. If they are not working with a service currently, one of the first things you could try and do is to express interest in their situation and direct them towards support services. See section 'Who else can help?' for more information. It should be possible to do this without colluding with the perpetrator's abusive behaviour towards the survivor. See below for further information on avoiding collusion.

Validating the survivor's experience of the relationship

We know from speaking to many women who have been in this situation that, despite experiencing domestic abuse, their intimate relationships are very important to them and they are often not contemplating leaving. Survivors experiencing multiple disadvantage are likely to have

experienced abuse throughout their lives, and may find it difficult to identify their experience as abuse as violence has been normalised for them. Couples may have deep loyalty to each other; they may have been together for many years, they may have had children together, and they are very likely to have an 'us against the world' mentality, due to their disadvantages and lack of other support networks.

It is important to acknowledge that for the survivor, the perpetrator may be a huge part of her world, and she may feel many conflicting emotions towards him – fear, anger and distress due to the abuse, but in some cases also loyalty, trust and love. To dismiss these positive emotions could lead to alienating the client and stopping them from talking about their relationship in any depth. It is important to listen to how someone is feeling, ask open questions, and don't pass judgement on what you're being told.

It can feel uncomfortable for professionals to have conversations with survivors about their love for the perpetrator without jumping in to remind them that their partner's behaviour is unacceptable. It is fine to make space for survivors to speak about their emotions and feelings without challenge, and to explore this gently. This can be an opportunity to learn more about the situation at a pace which is comfortable for the survivor.

Try this

"It's obvious that this is a really important relationship in your life. What's important to you in a relationship? Are you getting those important things from your partner?"

"It's a real strength that you are able to love and care for your partner in this way. How do they show their care for you? Is there anything you wish they would do more of? Is there anything you wish they wouldn't do?"

It can be useful to not speak directly about the survivor and perpetrator but to speak in more general terms, using "we" or "people" rather than "you". I.e. *"We all deserve to live without fear of being hurt", "None of us should be made to feel controlled or frightened by our partners" "relationships can be really difficult sometimes but using violence is never ok."*

FAQs: Do I need to ‘humour’ the perpetrator in order to have engagement with the survivor?

Professionals working on the frontline have expressed concern over how far they should ‘humour’ perpetrators in order to engage survivors in need of support, especially when it is impossible to access the survivor without the perpetrator being present. They report that they feel they have to be friendly and accommodating to the perpetrator and ‘play along’ with them to some extent, in order to be allowed access to the survivor and avoid the perpetrator ending the engagement. Though it can feel very conflicting and unethical to have to engage with the perpetrator in this way, in some cases professionals fear not doing so would result in them having no access to the survivor at all.

If the perpetrator has their own designated worker/is known or in need of services, it can be much easier to manage this by facilitating a joint approach. However, this is not always the case. Sometimes survivors can be with perpetrators who are not involved with services and are not known at all to the survivor’s worker or organisation. In either case, the following advice might help:

1. Striking the right balance between being friendly and being collusive can feel difficult or confusing; however, it is perfectly acceptable to be polite and pleasant to the perpetrator.
2. Don’t share personal information about the survivor if the perpetrator is present – be aware that even if the survivor is instigating a topic (say, their housing options or medication) in front of the perpetrator, they may have been pressured in to doing so. You can engage in the conversation but avoid giving out important/confidential information about the survivor.
3. If an important discussion needs to be had about the survivor’s support or options – for example if they need to sign a tenancy or discuss their finances – insist that they come into an office space by themselves to do so – you can explain this to the survivor and perpetrator by saying it is organisational policy and won’t take long.
4. Engagement with drinks/food - many services will buy clients a coffee or food to aid engagement, and services involved with the focus group reported feeling pressurised to buy drinks or food for the perpetrator as well. It can seem natural to, for example, buy a coffee for them both if it seems this will enable further engagement; however, this could quickly become a pattern with the perpetrator expecting regular food or drinks from the worker. Different services will have different budgets and policies around this. It may be helpful to acknowledge from the

start that you only have a budget to buy drinks/food for the survivor – be transparent about this, and try *“I’m not being rude by not offering you a coffee too, but it’s our policy that we can only buy for the person who is using our service and my manager wouldn’t authorise me buying one for someone else.”* Other teams may decide that if this enables engagement, it could be worthwhile buying drinks or food for both parties. If you are aware that the perpetrator is taking what you are buying for the client themselves (this was reported by professionals to be quite common – i.e. Buying a sandwich for a client who then hands it over to the perpetrator, buying a mobile phone for the client and the perpetrator taking this from them), make the perpetrator aware that you know what they’re doing and it isn’t ok, if you are comfortable to do so. Try *“I’m buying X this because I can see she needs it and it’s from her budget. If you need these things too let me see if there’s a service I can put you in touch with – but please don’t take the food/phone our team are buying for her. She needs to eat/be able to keep in touch.”*

5. Professionals reported sometimes feeling that they had made a mistake – i.e. bought something for a perpetrator to ‘keep the peace’ and later felt worried that they were colluding with them or being unboundaried by doing so. Remember – this is very complex work which involves constant dynamic risk assessment, and sometimes there is no ‘right’ or ‘wrong’. As long as you are doing your best to keep the survivor and yourself safe, it is likely that you are doing the right thing. It is important to reflect on this with the support of your colleagues, manager and reflective practice facilitator – *please see the section on reflective practice for further information.*

2 Professionals supporting perpetrators in homelessness settings

Many homelessness services will be providing support to perpetrators of domestic abuse, though this issue may not be named or addressed directly. If your service is commissioned to get someone homeless into housing, should it be your concern as to how they behave in their relationship? The answer is yes, domestic abuse is everyone's responsibility, and services must deal with perpetrators if they are to keep survivors safe. However, and understandably so, we know that professionals in homelessness services lack confidence in addressing concerns with perpetrators, and in some cases that abusive behaviour is not being identified at all. When working with perpetrators who are experiencing multiple disadvantages, it is also understandable that working through other complex issues such as homelessness or substance misuse may take priority. These aspects of support remain essential, but by not tackling perpetrator behaviour we are colluding with it, however unwittingly. If you are currently working with a perpetrator, it might be helpful to keep the following points in mind.

Perpetrator interventions

To be safe and effective, perpetrator interventions should be delivered by a specialist Respect accredited providers. It is not suggested that professionals in homelessness setting try and do in depth work with perpetrators around their abusive behaviour. This is not possible, and it would not be safe to do so. However, many professionals in these settings are observing abusive behaviour and feel disempowered and unable to do anything at all. Organisational guidance often suggests referring the client to perpetrator services which, apart from a few specialist schemes which are not widely available, do not cater to the needs of perpetrators who have complex issues and struggle to engage with even basic services, let alone specialist programmes that involve commitment, self reflection, time management etc.

Start with basic needs and building relationships

Perpetrators experiencing multiple disadvantage are likely to also present with vulnerabilities, and be in need of support in other areas of their life if they are to start to address their behaviour and make changes. Like with other forms of support, we need to offer alternatives, and believe in people's ability to make positive change. It can be much more difficult for professionals to have compassion and be supportive when they are aware

that their clients are using abusive behaviours – however, it is important to remember that, if someone is in the community and in need of support, the best way to reduce risk to survivors is to work to change the behaviour of the perpetrator – and it is more difficult to do this without support and positive relationships with other professionals/services.

Perpetrators are unlikely to acknowledge their behaviour or take accountability for their actions, and those experiencing multiple disadvantage are no exception. As with any client who it is difficult to engage, begin with basic support interventions to build up rapport and trust. Demonstrating that you and your service are reliable, supportive and can be trusted will help to establish a relationship which encourages openness and honesty. Do not push them to discuss their relationship or behaviour but try and take advantage of opportunities to discuss it with them as they arise. For example, if they start a conversation about it, or you witness them use abusive behaviour towards their partner, feel confident that you can hold boundaries around that behaviour, however early on it is in your relationship with them. For example, if they are speaking about their partner to you in a derogatory way, try saying *“It sounds like a difficult situation. But it’s never ok to speak about your partner like that and call them those names.”*

You can be trauma informed but still hold the perpetrator to account for their behaviour

Many clients experiencing multiple disadvantage will have experienced trauma, which is likely to have had a significant impact on their health, wellbeing, life chances and behaviour. The same is true for many perpetrators who are experiencing multiple disadvantage. A trauma informed model of support – including listening to their stories, validating their experiences, creating a safe space to speak and offering support in a way which does not re-traumatise is the best way to offer support, as it is for any client experiencing multiple disadvantage. A trauma informed approach will also include support for professionals to reflect on their practice in a safe space and understand their emotional response to the work. This support is essential for professionals trying to manage the difficult task of demonstrating empathy and compassion towards a client who is vulnerable but who is also a perpetrator of violence and abuse (see tips for commissioners and organisations for more on reflective practice.)

However, it is important that alongside a trauma informed approach there are clear boundaries and responses to abusive behaviour. Previous trauma and support needs such as mental ill health, homelessness and substance misuse do not cause abuse, and it is important to maintain a clear message that abusive behaviour is a choice, and external factors are not an excuse. If a perpetrator is referencing his own negative experiences or issues as reasons for behaving abusively towards his partner, it is important to challenge this, whilst demonstrating empathy. Try *“It’s clear that you have been through a lot in your past, and you’re under a lot of stress now. It sounds really difficult, but it doesn’t make it ok to behave like that towards your partner. You have a choice in how you behave and using violence is always unacceptable.”*

How do I hold a perpetrator to account/challenge them about their behaviour?

Firstly, it is important to think about what you are aiming to achieve by challenging a perpetrator about their abusive behaviour. It’s probably not realistic to aim for long term behavioural and attitudinal change, but it might be possible to de-escalate or contain the abuse, or even just avoid collusion (which goes a long way!).

To do this safely and appropriately, it is important that professionals understand domestic abuse in the context of power and control. This is the case whatever the gender of the perpetrator or the survivor, whether same sex or heterosexual. Secondly, it is crucial to recognise that domestic abuse is gendered abuse, and that perpetrators of abuse are overwhelmingly men whose belief system is centered around the idea that men have a right to power, control and privilege over women/other men. Above all, we need to remember that perpetrators are in control of their behaviour and that they are making choices, based on beliefs that they hold around what they have a right to.

Work with perpetrators should therefore assist them to recognise and change these beliefs, consider where they come from, and present them with alternatives based on respect and equality. Belief influences intent, which results in a particular behaviour. So, when we want to challenge behaviour, we need to have an understanding of the beliefs underlying that behaviour. The following examples focus on male violence against women, but are likely to look similar in same sex relationships;

Belief	Intent	Behaviour
I should be in control, I’m the man	To show her who’s boss	Push her to the ground, shout at her, refuse to get her alcohol/drugs
She’s mine	Stop her from leaving	Threaten to kill her, her child, her pet

Remember that as professionals working with perpetrators and survivors with multiple disadvantages, in a trauma informed way, it is all too easy to unwittingly collude with perpetrators. The ‘belief, intent, behaviour’ model helps us to see that abuse is a choice, and that by challenging perpetrator’s beliefs, we have the potential to reduce or de-escalate their abusive behaviour.

Try this...

“How do you think she feels? Do you think she was scared when you had that argument?”

Walking the line between empathy and collusion. Hold the perpetrator accountable, assuring them that you do care about how they have been victimised, and that this still matters, but you can look at this separately – *“that must have been really difficult for you, and I would like to discuss that with you at another time, but now we need to talk about how X feels, how do you think she felt when you did that?”*

Don’t begin by using words like violence and abuse. You could ask, *“What have the worst arguments been about? If you took a video of yourself during that argument what would you see? What might that be like? Probably scary? Do you think X is ever scared of you?”*

Point out differences between how he speaks to professionals and how he speaks to his partner *“I think we have a positive working relationship and I know you can ask for what you need without being angry – why do you think you speak differently to your partner? How do you think that makes her feel?”*

FAQs: What do you do if he is abusive to her in front of you?

Before we ‘challenge’ it is useful to define what this might look like in practical terms. Challenging a perpetrator is not telling them that what they are doing is wrong. If you need to challenge a perpetrator about their abusive behaviour, the following steps are recommended:

1. Ensure it is a safe and appropriate time to have this conversation. If the perpetrator is clearly angry, focus on safety and de-escalation – trying to have a conversation about abusive behaviour at this point could put the survivor or you at more risk. If you directly witness violent behaviour, follow your organisational policy, remove yourself from danger and call 999.
2. If the perpetrator seems calm but is, for example, using derogatory language towards or about their partner, name the behaviour and tell the perpetrator how this makes you feel. By doing this you are not passing judgement on the perpetrator’s behaviour, you are simply stating what you see/hear. For example: “You are raising your voice/ swearing at your partner. *I find that intimidating/distressing/*” “*I am not comfortable with this situation*”. If the perpetrator will not stop the behaviour you are naming, end the engagement.

By naming the abuse, and telling the perpetrator how it makes you feel, you are validating the survivor’s experience and showing her, indirectly, that the perpetrator’s behaviour is not ok. You are unlikely to increase the risk to the survivor by challenging in this way as you are telling the perpetrator what you see, and how you feel, from your perspective, not the survivor’s.

3. Find an appropriate time to have a conversation with the perpetrator about the behaviour you witnessed. If you have witnessed the perpetrator using violence or abuse you are in the best possible position to tell the perpetrator what you saw. It will be much more effective to have this conversation at a time where the perpetrator is calm and receptive as part of a later engagement.

Ultimately though, the decision to challenge is down to the confidence of the professional and should be made in context, as part of a dynamic risk assessment of the situation. It is important that you follow your organisational policy and procedure at all times; if you feel fearful or at risk leave the situation as soon as you can and/or call the police.



3 Professionals working in teams that are supporting both survivor and perpetrator

If your service is working with both the survivor and the perpetrator, follow the guidance above, but:

- Ensure that each individual has their own named worker.
- Ensure that client confidentiality is respected in the same way as you would if they weren't a couple (i.e. do not give information about one to the other, unless the survivor has clearly stated this is what they wish to happen).
- Ensure that workers are communicating with each other and present a united response when joint working.
- As much as possible, try to have separate conversations/appointments - whilst acknowledging their status as a couple.

For further information around best practice approaches to working with couples see [St Mungo's Homeless Couples and Relationships toolkit here](#).

FAQs: What if there is known domestic abuse in the relationship and the couple want to be housed together?

This is a common issue and there are very few options available for homeless couples. This is further complicated when there is known domestic abuse in the relationship. Often couples will refuse to be housed separately and choose to rough sleep rather than access separate placements. Hostels are understandably unwilling to house couples together where there is a known risk of domestic abuse, both because they do not want the responsibility of the high risk in their project and because housing together when this is known can look like they are colluding with the abuse. The same is true for Housing First services where couples want to live together.

In these complex cases it is very helpful to take a multi-agency approach to managing risk and coming to any decisions about housing. These can take the form of multi-agency meetings, or, if the risk of domestic abuse is high, can be discussed within MARAC meetings. In this way it is possible to create a multi-agency risk plan and make decisions collaboratively, rather than any one agency feeling responsible or under pressure to manage the situation.

Case study – Andrew and Annette

Andrew and Annette are long term rough sleepers who both have multiple support needs including substance misuse, mental ill health, physical ill health and offending behaviour. They are very well known by the local outreach team and police, and there is known domestic abuse in the relationship perpetrated by Andrew against Annette, including physical abuse, emotional abuse and financial abuse, though Annette has never reported anything herself. They are always together on the street and outreach have to approach them together. They consistently say they want to be housed together, but no hostel in the borough is willing to try this due to the risk of domestic abuse. Housing First will not work with them as previously Annette had a flat when pregnant with their child who was later removed from her care, and at that time Andrew seriously assaulted her in the property and there are fears this would happen again.

The outreach team offer them a place each in separate, but nearby, hostel accommodation. Andrew uses his accommodation at night, but Annette does not use hers and instead sleeps in a bin shed outside Andrew's hostel. Staff suspect this may be due to coercive control, though she says it is her choice and she just wants to be near him. Winter is coming and Annette's physical health is deteriorating.

A number of case conferences were held with outreach, community safety, substance use and mental health services but no one was able to offer a solution and no accommodation was willing to take the risk of housing the couple together. Annette's presentation continued to deteriorate and there was ongoing domestic abuse taking place. Due to this, Annette's outreach worker made a referral to MARAC. During the MARAC, the complex housing situation was discussed, and the MARAC agreed, having weighed up the options, that it would support a move into a high support hostel for both Andrew and Annette, provided they had a room and a license agreement each and a full risk assessment was completed. Though everyone was aware that it was very likely domestic abuse could take place if they were housed together, it was clear that Annette was not willing or able to take up separate accommodation and her health was at risk.

The couple moved into the hostel. They were able to stay together in one room but each had their own room on separate floors to go to if they needed space. They each had a separate keyworker for support sessions but were able to have joint keywork meetings monthly. This arrangement worked extremely well – both Andrew and Annette were able to access healthcare, substance misuse and mental health support and staff were able to monitor their interaction and behaviour much more than had they been back on the street. The hostel felt confident to try the housing placement due to the multi-agency agreement reached by MARAC. At the time of writing, Andrew and Annette had both sustained this placement for 1.5 years, the longest that either of them had ever been housed, and Annette reported that her confidence and wellbeing had significantly improved with regular support.

FAQs: When and how do you share information?

Multi-agency working should be at the heart of any work around domestic abuse. It is not the sole responsibility of your service to respond to domestic abuse alone, and the involvement of all agencies, including specialist domestic abuse services is essential.

MARAC

If you have assessed a survivor as being at high risk of serious harm or death from domestic abuse you will need to make a referral to MARAC. A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a coordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. Information sharing at MARAC should be governed by a MARAC information sharing protocol (ISP), which sets out the parameters around information sharing. This protocol enables the sharing of relevant and proportionate information on the survivor or perpetrator between relevant agencies.

Information sharing outside MARAC – setting up an agreement

If the case has been heard at MARAC you can share relevant and proportionate information about the survivor and perpetrator with other relevant agencies e.g. the service that is supporting the perpetrator, under the MARAC information sharing protocol.

If the case hasn't been heard at MARAC it is still important to share information with other services, for example if you are working with a survivor, and you know the perpetrator is being supported by another organisation or service. This could involve creating a data sharing agreement with that service or agency. For regular exchange of personal information, a suitable contract or data sharing agreement should be in place between organisations. You should consult your organisation's information security lead for advice on setting up such an agreement, making sure that any information you are asking for is relevant and necessary.

Should I make a third party report?

A third-party report gives you the opportunity to report details of a non-emergency crime if you believe there is a risk to the survivor, and if the survivor is unwilling or unable to make the report themselves. We know that survivors experiencing multiple disadvantage may have many reasons for why they don't want the police involved, and you reporting without their consent may feel like a breach of their trust and confidentiality. If a survivor discloses an incident to you, or if you witness an incident, it is always best to try and share your concerns with them and try and get their consent to make a third-party report. However, if this isn't possible, and you are concerned that the survivor or any other party involved is at risk, you must still make the report.

To make a third-party report you need to call 101, the police non-emergency number. There will be need for you as the third party to identify yourself, which organisation and service you work for, and provide the client's name and an outline of the reason for the report. Reports to the police where domestic abuse is concerned will usually automatically trigger an automatic front line response. In some cases, especially where the perpetrator is often/always with the survivor, this could actually increase the risk to the survivor - especially if they have not consented to the report being made. If this is the case, make it clear that you are making the report as a third party without the client's consent, for information sharing purposes, and request that the investigating officer speaks to you/your manager before attempting to approach the survivor and/or perpetrator.

Team Around Me

Team Around Me (TAM) is a new structure for holding case conferences or multi-agency meetings for clients experiencing multiple disadvantage who need a multi-agency response. TAM is structured to enable meetings which are strengths-based and trauma informed and emphasise client choice and agency. The meeting structure begins with recognising positive factors and achievements, rather than problems or deficits – to enable the client and the agencies who work with them to reflect on what a client is doing already to keep themselves safe, and what their strengths are, before thinking about what goals remain.

Team Around Me also has a focus on identifying ‘system blockages’ – i.e. problems or issues which are getting in the way of a client accessing services or achieving their goals. The template includes a system blockages process tool, which guides meeting attendees through identifying and thinking about blockages collaboratively with a solution/action focused mindset. This allows services to work together to overcome obstacles and to create flex for clients individually – and any trends in system blockages can be captured, quantified and fed back to the relevant decision makers, to evidence the need for wider change where necessary.

Team Around Me was designed to better support women experiencing multiple disadvantage and domestic abuse but can be used for any client experiencing multiple disadvantage who requires a multi-agency response, including any clients who are perpetrators of violence and abuse. As we have already discussed, well-coordinated support to address needs alongside enforcement is essential to any behaviour change, as are professionals facilitating a positive and trusting relationship with the perpetrator.

For more information or to access a free Team Around Me workshop for your staff team, please contact flicteam@shp.org.uk

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“I think TAM as it is designed is completely different... it is client centred, it gives complete autonomy to the client in lots of different ways. When it has been used, it has been excellent, the feeling has been really different in the space.”

Camden partner agency piloting Team Around Me in their service

Recommendations for organisations and commissioners

Mutual learning and development – co-location with specialist services and/or specialist roles in multi-disciplinary teams

Many services involved in creating this guidance referenced the benefit of co-location with specialist services, to increase the knowledge, awareness, skills and confidence around domestic abuse in front line teams who are supporting people experiencing homelessness and/or multiple disadvantage. Having specialist workers from domestic abuse or perpetrator management services co-located within homelessness teams is seen to have greater impact than one off training sessions, as it allows for organic learning and gradual culture change over time. Similarly, domestic abuse and perpetrator specialists providing innovative services to clients experiencing homelessness and multiple disadvantage can benefit from co-location in homelessness teams such as outreach, hostels etc. Having domestic abuse or VAWG leads/champions within teams and services who take responsibility for keeping their teams up to date with relevant learning and information is another option for services to enable continual learning and development in this area.

Reflective practice with external facilitator

This comes at a cost but all organisations involved in the working groups to create this guidance agreed that reflective practice is essential to the work. Whether professionals are supporting victims of domestic abuse, perpetrators, or both, there is a high risk of burnout and vicarious trauma and reflective practice is essential to supporting them to remain emotionally healthy as they carry out this complex work, in order to get the best outcomes for clients.

Reflective space to include discussions around gender

It is acknowledged that reflective practice is much more than monthly meetings with a facilitator, and it should be embedded into the culture and practice of frontline teams. The emotional impact of building supportive relationships with clients who use violence, or with survivors who remain constantly at high risk, can be significant. Additionally, the gendered nature of domestic abuse can cause conflict within teams, which are made up of workers with different backgrounds, life experiences, and beliefs. Some workers may be very desensitised to trauma and violence after years of working on the frontline. Others may not agree that domestic abuse is a gendered crime or feel it is not part of their role to get involved in this area of someone’s life.

Organisations could support the challenges that this brings within teams by ensuring that reflective practice is embedded into all parts of team culture and staff support, including one-to-one supervision, team meetings, away days etc, and that these spaces are open to discussions and observations about the gendered nature of domestic abuse where this is necessary.

Training on domestic abuse and perpetrators to become core training for front line staff in homelessness organisations

Many homelessness providers make domestic abuse training available to staff but despite the prevalence of domestic abuse in homeless settings, the training is often not deemed essential. This means that it will only be accessed by staff members who are proactive and interested, rather than whole teams attending training and developing an embedded understanding and response to domestic abuse. Similarly, we know from talking to a wide range of front line professionals when creating this guidance, that training on working with perpetrators is rarely offered in homelessness organisations, and as a result staff are not confident in how to respond when witnessing abusive behaviours, or may not recognise it at all. It is suggested that core training also includes working with perpetrators in homeless settings to enable staff to have the confidence and skills to act appropriately and keep themselves and clients safe. This should include materials on recognising signs of abuse in a perpetrator, how to have conversations about abuse, how and when to make appropriate referrals, etc.

Organisational support to prioritise the safety of survivor and staff above other outcomes

It was highlighted in the focus group and working groups that it can be difficult for staff to address abusive behaviour assertively if they feel this could jeopardise the completion of a key task. The key focus of the organisations who will use this guidance is not working with perpetrators around behaviour change. Rather, their focus is likely to be around getting housing outcomes, obtaining benefits, engagement with external services and activities etc. Staff have noted that they can feel pressured to minimise or collude with abusive behaviour at times in order to achieve their primary goal – to get someone off the street for example. It is suggested that organisational policy and culture should clearly support staff to prioritise the safety of survivors and themselves when dealing with clients who are using abusive behaviour, even if it means that core outcomes cannot be immediately achieved, where abusive behaviour is continuing despite clear staff requests to stop.

Who else can help?

Remember that the best response to domestic abuse is a partnership response, and you don't have to deal with it alone. Get in touch with your local specialist service for advice and support. National Women's Aid have a directory of services here - [womensaid.org.uk/domestic-abuse-directory/](https://www.womensaid.org.uk/domestic-abuse-directory/)

Useful national resources include:

Support for survivors

- National Domestic Violence Helpline, 24/7: **0808 2000 247**
- Rape Crisis, 12:00-14:30 and 19:00-21:30 every day: **0808 802 9999**
- LGBT+ Domestic Abuse Helpline, Monday to Friday 10:00am - 5:00pm and Wednesday to Thursday 10:00am - 8:00pm: **0800 999 5428**
- Men's Advice Line, Monday and Wednesday 9am-8pm, Tuesday, Thursday and Friday 9am - 5pm: **0808 801 0327**

Support for perpetrators

- Respect Phonenumber, Monday to Friday 9am-5pm: **0808 802 4040**

Support for staff

- The Respect Phonenumber can provide you with advice and guidance on working with domestic abuse perpetrators safely.
- For advice on supporting survivors get in touch with your local specialist provider.
- Information on MARAC and finding your local MARAC - safelives.org.uk/practice-support/resources-marac-meetings/find-marac

Thanks to

