

Appendix L

Responses to perpetrators of partner abuse

Intervention with the perpetrators of partner abuse is an area of expert practice. If you are providing support to the victim, it is vital that you maintain their complete confidentiality. In most cases it is best to simply refer to the National Network of Stopping Violence Services. However, the following guidelines can assist if the perpetrator brings up the abuse in consultation, or if other circumstances warrant such a discussion.

Basic principles

- Information from the victim must be kept completely confidential.
- Discussions with the perpetrator about the partner abuse should never be done in the presence of the victim.

If discussing partner violence with the perpetrator

- Frame discussion of abuse as a health care issue.
- Emphasise the routine nature of the discussion.
- Focus on descriptions of the abuser's behaviour, never on victim's reports of any incident.
- Focus on the abuser's behaviour, rather than the victim's behaviour.
- Use a direct and calm approach.

If perpetrator displays anger, resists or rejects the discussions of abuse

Make a summary statement, calmly bring the subject to a close, and then move back to the presenting medical issue. For example, 'Your using force against your partner and/or child is damaging to everyone. I am concerned and will be glad to make a referral whenever you want it.'

Lethality assessment with the perpetrator

The referral agency should carry out a detailed lethality assessment with the perpetrator. If you have knowledge about any of these factors, it is important to pass the information on to the referral agency.

Pattern of abuse

- Frequency and severity of abusive acts in current, concurrent and past intimate relationships.
- Possible escalation in frequency and severity.
- Availability and use of weapons.
- Threats to kill self or others; credible plans and means to kill.
- Stalking behaviour.
- Use of violence outside of the family.
- Hostage-taking behaviour.

Factors that reduce cognitive controls

- Alcohol/drug dependence or abuse.
- Certain medications.
- Psychosis or brain damage.



Perpetrator's state of mind

- Obsession with victim.
- Increased risk-taking by perpetrator.
- Ignoring negative consequences of his abusiveness.
- Depression; desperation.
- Suicide potential.

Situational factors

- Separation violence.
- Increased autonomy of victim.
- Other major stresses.
- Past failure of the community to respond.

From Ganley A. 1995. Health Care Responses to Perpetrators of Domestic Violence. In: *Improving the Health Care System's Response to Domestic Violence: A Resource Manual for Health Care Providers*. San Francisco: Family Violence Prevention Fund.