The Role of Theory in Promoting Social Work Values and its Potential Effect on Outcomes in Work with Domestically Violent Men

Maurice Mahon, John Devaney and Anne Lazenbatt*

Summary: This paper is concerned with the ethical conflicts that arise for social work professionals working with men who use violence to control women and children with whom they have or have had intimate relationships. It suggests that professionals who are knowledgeable about theoretical frameworks concerning men’s ‘readiness to change’ including ‘resistance’ and ‘motivation’ will be more effective at managing ethical dilemmas and practising social work in accordance with evidence-based practice. The paper examines how an adherence to only one theoretical understanding of domestic violence produces poor outcomes in the treatment of domestically violent men and can inadvertently increase the risk of further violence for the victims of domestic violence.

Keywords: Domestic violence, Duluth, ethics, conflict, theory, values, readiness to change, outcomes.

Introduction

In Northern Ireland, social workers come into contact with perpetrators of domestic violence within a number of settings and for a number of reasons. They engage with perpetrators both pre- and post-sentence and the management of a probation order is initiated if a perpetrator has been found guilty of an offence and court sentenced to a term of community
supervision or imprisonment. In order to achieve this, social workers and Probation Officers must work with the perpetrator to address harmful and/or violent behaviours. The professional relationship developed between the social worker and the perpetrator is therefore of great importance. According to the code of ethics of the British Association of Social Workers (2002, p. 1):

Social workers attempt to relieve and prevent hardship and suffering. They have a responsibility to help individuals, families, groups and communities through the provision and operation of appropriate services ... They work with, and on behalf of, or in the interests of people to enable them to deal with personal and social difficulties.

Dealing with male perpetrators of domestic violence gives rise to seemingly intractable ethical dilemmas, and the vicarious trauma resulting from the work can make it very difficult for the social worker to practise from a sound social work values base (Morran, 2008). It is understandably difficult to respect someone who appears not to care or lies incessantly about hurting vulnerable people, especially those he would profess to love. According to Scourfield (2002, p. 10), the difficulty stems from conflicting theoretical perspectives that seek to explain the client's behaviour:

The tensions between the individual and the social experienced by social workers in trying to explain their clients’ circumstances mirror my own struggle to conceptualise the social workers’ constructions of gender.

The challenge posed to social workers who deal with domestically violent males is how to bridge the seemingly irreconcilable gap between knowledge of structural gender inequalities of power and control and the individual rights of the male perpetrator (Jordan, 1991). How this tension is reconciled influences the social worker’s decision-making regarding the type of intervention made available to the perpetrator, and might well prove to be counterproductive not only for the perpetrator but also for his victims:

professional values in social work are more than merely the philosophical base of practice ... professional values permeate decision-making. (Vigilante, 1974, p. 40)
Social work professionals need to consider all emerging theories about domestic violence, and the processes of how perpetrators change behaviours, to ensure the adoption of a wider range of intervention modalities with which to intervene in the treatment of males who domestically abuse women. To improve treatment outcomes interventions need to be designed to address individual needs to increase the readiness of men to change their unacceptable behaviours. This does not mean that professional social workers should fail to consider the structural gender inequalities that contribute to the societal acceptance and toleration of domestic violence. It does mean that there is a need to recognise that men who are domestically violent do not form a homogeneous group (Rees and Rivett, 2005). It is imperative, therefore, to recognise that the prescription of a treatment designed for a homogeneous group but delivered to a heterogeneous group may not be sound evidence or accord with current best practice guidelines (McCollum and Stith, 2008), and might produce poor outcomes and ongoing misery for the many victims of domestic violence.

The scope of the problem of domestic violence

Domestic violence is a significant social problem and public health issue affecting women, children and men globally (Rothman et al., 2003), nationally and locally (EVAW, 2007). However, women and children are the main victims of domestic violence and men the main perpetrators (Mullender, 2004). A review based on 50 surveys from around the world found that at least one out of every three women had been beaten, forced into sex, or otherwise abused during their lifetime (Amnesty International, 2008).

Domestic violence has been defined within Northern Ireland as:

Threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation. (Department of Health, Social Services and Public Safety, 2005, p. 10)

It is a disturbing phenomenon that results in approximately two deaths per week in the United Kingdom and countless physical injuries to many more women and children (Mirlrees-Black et al., 1998). Domestic
violence accounts for 25% of all violent crime in the UK, yet it has been estimated that in Northern Ireland only 29% of domestic violence is reported (Northern Ireland Office, 2008b). In Northern Ireland the police respond to a domestic abuse incident every 23 minutes of every day, and 44% of all murders (11 in total) in the year 2007/2008 had some form of domestic motivation (Northern Ireland Policing Board, 2009). It is estimated that three in ten women and two in ten men have experienced domestic violence since 16 years of age (Povey et al., 2009). The annual financial cost of domestic violence in England and Wales in 2004 has been estimated at £23 billion plus an additional £17 billion to deal with the associated human and emotional suffering (Walby, 2004). These figures were extrapolated on a pro-rata basis for Northern Ireland to produce an annual estimated figure of £180 million for the direct costs of services (DHSSPS, 2005).

While the most prevalent forms of domestic violence are psychological and emotional abuse (Povey et al., 2009), these are often impossible to measure and prove. The controlling tactics can be so contrived that the victims come to believe the perpetrator’s behaviour is the result of the victim’s failings (Women’s Aid, 2009). Worryingly, the vast majority of perpetrators of domestic violence are not arrested, not convicted and not sentenced or mandated to attend a domestic violence treatment programme (DHSSPS, 2005). While men can be arrested and convicted of physical or sexual assaults on a partner, or the breach of a non-molestation order, there is as yet no legal offence of ‘domestic abuse’ that covers the wider array of issues as defined above. As such there can be a tendency within the criminal justice system to focus on the act rather than the underlying psychological factors. For example, in a recent Northern Ireland Office report, it was noted that there was a divergence of views among sentencers as to whether a therapeutic intervention or a custodial sentence was the most appropriate disposal for male perpetrators of domestic violence (Northern Ireland Office, 2008a).

It is very important to choose the most appropriate disposal to deal with perpetrators of domestic violence given the impact of such violence. Victims of domestic violence are three times more likely to have a diagnosis of depression or psychosis, five times more likely to attempt suicide, nine times more likely to misuse drugs, and 15 times more likely to misuse alcohol (Stark and Flitcraft, 1996). Children suffer directly and indirectly from the impact of domestic violence (Cleaver et al. 2007), from violence during pregnancy (Humphreys and Stanley, 2006),
through parental substance misuse (Abel, 1997; Klee et al., 2002), and through physical assault. Witnessing domestic violence can negatively affect the attachment process, leaving children feeling insecure, anxious and hyper-vigilant (Kroll and Taylor, 2003; Barnard, 2007). Associated difficulties for children may include developmental and learning problems and behavioural difficulties (Mullender, 2004).

**Social work values and ethical dilemmas**

Professionally qualified social workers in Northern Ireland are obliged to adhere to codes of conduct (NISCC, 2002) but professionals are, first and foremost, human beings affected and influenced by the suffering of others and the injustice witnessed. The impact of vicarious trauma on social workers and Probation Officers who facilitate programmes with domestically violent men has been found to be significant (Morran, 2008). In particular, female facilitators working with domestically violent controlling men reported feelings of ‘Anger, rage and even loathing for the men they worked with’ (Morran, 2008, p. 146).

There is no suggestion here that the female facilitators are wrong to feel as they do, but it is important to question whether it is possible to practise in accordance with social work values while simultaneously holding such feelings about clients. The other, more important, question is how these feelings influence the personal attitudes of social workers and decisions about treatment modalities provided by facilitators. These feelings can impact on the client–worker relationship and affect motivation and personal change (Burnett and McNeill, 2005). For this reason, regular debriefing opportunities for social workers engaged in work with perpetrators of domestic violence are essential. Social workers should be supported and encouraged to find and express negative feelings about clients whose behaviour is difficult to countenance. Giving purposeful expression to negative feelings can change the social worker’s feelings so they do not lead to a negative attitudinal position (Petrillo, 2007).

In spite of the difficult feelings experienced by social workers, as professionals they are tasked to juggle conflicting thoughts and feelings sufficiently to engage with all clients. The bedrock of professional social work practice is, or should be, permeated with sound social work values and all practice carried out with adherence to codes of ethics. It is incumbent on every professional social worker to recognise the
uniqueness of every client with whom they work and to believe in the possibility that the client can change his behaviour. These sentiments were proposed by Biestek (1961), who described the helping relationship as the soul of social casework. Indeed, social workers do not have the luxury of treating clients with disdain because of the client’s past or present abusive behaviour: ‘Our ethics must be the ruling guidelines of our behaviour in every instance where we act in our professional capacity’ (Hancock, 1997, p. 5).

It is therefore the responsibility of the social worker to regard the unacceptable behaviour as the result of factors known and unknown that in some way impeded the growth of the client (Erikson, 1959) and that continue to ensnare the client and prevent his progress towards self-actualisation (Maslow, 1943). It is also the social worker’s responsibility to update his/her knowledge base and keep abreast of theoretical developments and evidence-based practice, as failure to do so might deny clients access to proven best practice.

Even so, research has established (Morran, 2008) that professionals often struggle with the task of holding a compassionate and affirming attitude when confronted by clients who intentionally hurt women and children and who resist all offers of help. In an increasingly chaotic world, social workers struggle to cope with the bureaucracy and form-filling that go hand in hand with direct client contact (Broadhurst et al., 2009). With the greater demands on time and energy, social workers find it difficult to reflect on personal feelings and attitudes. There can be a tendency to become automatons striving to help others solve problems, firmly believing in the value of what is being done but suffering from a growing malaise as demands become ever greater and resources dwindle (Parton and O’Byrne, 2000). Within this stifling environment it is difficult for social workers to look beyond the manifestation of wilful violence and search for the perpetrator’s positive qualities.

Faced with the growing burden of client need and the constant or dwindling level of resources to meet the need, it is easier for social workers to begin the conscious or often subconscious process of sifting clients (Pithouse, 2008). From the theoretical perspective of the Duluth model of intervention (Babcock and Taillade, 2000), male perpetrators of domestic violence act wilfully to control women and children. Blacklock (2001) indicates that when social workers who are only trained in the Duluth model of intervention are confronted with men intent on harming vulnerable people, the social workers are likely to find it difficult
to feel compassion for the perpetrator. Social workers rationalise their ethical dilemmas by accepting the most convenient theory, in this case Duluth, and simplify complexity by believing that male perpetrators should be punished because they know it is wrong and unacceptable for men to frighten, assault, or seek to abuse and control women. Challenged by the intransigence shown by perpetrators of domestic violence, one can easily conclude that men who perpetrate domestic violence are not deserving of compassion or understanding: that ‘they are all the same’. This leads to the view that there is no requirement to provide tailored therapeutic interventions to these men and to do so would be a form of collusion that will do more damage by reinforcing the men’s perspective that they are the victims, not the perpetrators.

This dilemma is to a certain extent mediated by the fact that the choice of programmes and interventions adopted with all offenders is generally beyond the remit of one person. Programmes are adopted and implemented at a corporate and strategic level and the services offered to an offender are monitored through line management and strategic oversight. In addition Programmes that are accredited or approved are not only subject to the rigours of continual theoretical review but also state best practice guidance for the line management, supervision and oversight of those working on programmes and with such offenders.

With this in mind, many programmes that have adopted the principles outlined in the Duluth theory now also incorporate ideologies from other disciplines such as learning theory and theories of socialisation. Examples of such programmes are Men Overcoming Domestic Violence (MODV), developed and currently being run by the Probation Board for Northern Ireland, and the Integrated Domestic Abuse Programme (IDAP) currently being offered through the Home Office. These programmes represent a shift in both the understanding and the treatment of those who commit acts of domestic violence, and lend further support to the research proposed in this article for the further development of interventions.

**Addressing domestic violence**

At present the most prominent model of intervention used with perpetrators of domestic violence is the Duluth model (Domestic Abuse Intervention Project, 2008). This model is a psycho-educational, cognitive-based intervention that is designed to dissuade men from using
domestic violence as a control strategy. The model teaches anger de-escalation techniques and emphasises the need for men to respect women as equals by highlighting the power and control function of domestic violence (Pence and Paymar, 1993; Gondolf, 2007). In general, research suggests that the majority of men mandated to attend these groups either fail to attend or do not complete the programme (Gondolf, 2002; Barnish, 2004). There is also research suggesting that men who do not complete the programme pose a greater risk to the women in their lives.

It can be concluded therefore that those who lose out when men fail to engage or fail to complete a domestic violence programme are the women and children subjected to domestic violence in the first place and those men who perpetrate violence but are not yet ready for change. The research findings suggest that while the Duluth model of intervention is effective for certain groups of men, there is a need to devise alternative interventions for other groups of men who are not yet ready, or able, to change their behaviour (Eckhardt et al., 2008).

This last statement may provoke bewilderment given the view that male perpetrators are considered to know exactly what they are doing in hurting and controlling women. The argument, though, is based on the current research evidence that group treatment modalities have unproven outcomes for the majority of men who engage in domestic violence (Bowen and Gilchrist, 2004). It would be better for victims if all or most male perpetrators completed treatment programmes and emerged changed and committed to treating all women as equals and eschewing forms of violence and manipulative controlling behaviour. This may never be the case if the choice of intervention is based on the belief that all male perpetrators of domestic violence are the same, as posited through the Duluth model.

However, it is not possible to understand the factors influencing a man’s decision to behave violently by using information about the reported impact of his behaviour on his victims. This tells us what the victims feel and think but it does not explain the underlying reasons for the behaviour of the male perpetrator. Therefore, designing an intervention for perpetrators based on the impact experiences of victims, such as the Duluth model, might well address the general factors such as gender inequalities but is likely not to address more specific factors that influence the individual’s decision to abuse and control women and children. It is essential for professionals involved in working with
domestically violent men to allow emerging research to influence their choice of intervention.

Research findings about the origins of domestic violence (Murphy et al., 1993; McCloskey et al., 2003; Rivett, 2006) can provide an alternative schema for social workers to guide their work with domestically violent men. Having access to a wider knowledge base can enhance the social worker’s ability to practise with adherence to a social work value base, thus encouraging and motivating the professional to treat the client with genuine respect. Social work theory enables the professional to conceive of the client and his behaviour as being connected but different:

when practitioners decide what they are actually going to do to engage and motivate clients, help them access resources and convey a sense of hope in the possibility of constructive change, they will find themselves using ideas and skills that have emerged from social work theory and research. (Smith, 2005, p. 634)

Social work theory teaches that clients are much more than their presenting problematic behaviour. The uniqueness of the social work profession, evidenced time and again, is the willingness of social workers to take stock of the problematic behaviour but also to consider the problematic behaviour within the historical and present contexts where it had been influenced and maintained.

From the pro-feminist Duluth model perspective, though, paying attention to the psychopathology of the male perpetrator to explain the occurrence of domestic violence is a distraction from the real issue, which is about structural gender inequalities (Adams et al., 1988). For this reason, as mentioned above, the Duluth programme is the predominant model of intervention used with men who perpetrate domestic violence. The rationale for the group-based programme is the belief that all male perpetrators are the same and so the psycho-educational programme is deemed to be appropriate. Unfortunately for the victims of domestic violence, it is deemed to be appropriate even though research would suggest that most men fail to engage or fail to complete the programme (Babcock et al., 2004). The Duluth-type programmes are effective for only a minority of domestically violent men.

This paper, therefore, supports developments made in programmes for those who are perpetrators of domestic violence that incorporate alternative and complementary strategies, and would argue that this work
needs to be continued if the problem of domestic violence is to be tackled effectively and efficiently.

**The relevance of research**

When social workers conceive of all perpetrators of domestic violence as ‘being the same’ they lose sight of the need to consider how incidents and events in the client’s earlier life might be associated with current violent behaviour. There is a large literature that explores the development of individuals throughout the lifecourse and the factors that contribute to successful maturation (Crawford and Walker, 2007). More recently there has been a growing interest in the factors in childhood that influence later adult outcomes (Ereaut and Whiting, 2008).

One of the largest studies of its kind on the impact of adverse childhood experiences on the mental health of the children and in later life as adults is currently being carried out in the USA. The ACE study (Anda et al., 2006) has firmly established an association between the numbers and types of adverse experiences in childhood, including witnessing domestic violence, and the likelihood of the child developing mental health problems in adult life. In particular the study has established that male children who witness violence against their mothers are more likely to perpetrate domestic violence in intimate relationships. Debbonaire (2004), however, voices scepticism about such findings from the psychological literature and suggests that while correlations between childhood experiences and adult perpetration of domestic violence have been found, a causal link has not been established.

Nevertheless, a series of research studies over the past decade has begun to suggest that not all perpetrators have the same motivations, personality structures or degrees of abusive behaviour (Dutton, 1995; Saunders, 1996; Wallace and Nosko, 2003). In considering individual characteristics, Craig (2003) found that certain types of personality disorder were more common in the MCM1 profile codes of male spouse abusers. Hamberger and Hastings (1986, 1988) found that 88% of their sample of perpetrators had personality disorders, many of which were associated with depression, anger and emotionally labile affective states. The personality disorders were also associated with feeling helpless to change, avoidance of problems and holding irrational beliefs (Lohr et al., 1988). Dutton’s (2007) review of efforts to subtype domestically violent men also found a higher incidence of personality disorders among the
group. Murphy et al. (1993), examining associations between family of origin violence and spousal assault, found that assaultive men were more likely to report traumatic childhood experiences of being physically abused and having witnessed their mothers being physically abused:

The results support prior descriptions of a batterer subgroup with significant trauma histories, more psychological difficulties, and higher abuse levels than other batterers, suggesting continuities in social and emotional development from childhood maltreatment to adult relationship violence. (Murphy et al., 1993, p. 165)

Bowen and Gilchrist (2004) have argued that findings from research could lead to improvements in pre-treatment screening and the development of alternative treatment modalities for perpetrators based on offender types. They suggest that offenders who do not engage with existing modalities of treatment might be more inclined to engage with interventions tailored to their needs. However, according to Babcock and Taillade (2000), most theoretical positions on the causes of domestic violence have not been incorporated into treatment programmes.

**Readiness to change**

With regard to emerging theory, there has been a growing interest in the literature about the associations between poor outcomes in terms of men not engaging or dropping out of domestic violence programmes and men’s ‘readiness to change’ (Alexander and Morris, 2008). Hollin et al. (2008, p. 281) have stated:

Increased understanding of readiness to change and the characteristics of dropouts through conducting in-depth qualitative research will inform both program selection and the preparation of offenders to take part in offending behavior programs.

The theories about ‘readiness to change’ offer social workers an alternative schema through which, possibly, they can maintain adherence to the belief that the power and control factors are of ultimate significance, while conceptualising the intransigence of domestically violent men from a different perspective. As mentioned above, research has highlighted differences between males who are domestically violent and this suggests that men who perpetrate domestic violence are a
heterogeneous group who do not present with uniform patterns of behaviour (Rees and Rivett, 2005). Therefore the types of intervention required to address the abusive behaviours need to be varied and tailored to the individual particularities if resources are to be used as efficiently as possible (Tolman and Bennett, 1990):

Such practice would be in keeping with research literature that supports multivariate rather than singlefactor models of domestic violence. (Maiuro and Eberle, 2008, p. 148)

The subject of men’s readiness to countenance change has been postulated to help explain the poor take-up and significant dropout figures for men mandated to attend domestic violence education programmes (Day et al., 2009). Hollin et al. (2008, p. 280) state that various explanations including:

- selection, motivation, program effects, and differences between completers and non-completers – can be brought together through the notion of ‘readiness for change’.

Day and colleagues (2009) also caution that the construct of ‘readiness’ includes the environment in which the treatment is provided, and methods of treatment delivery have been found to have an association with attrition rates (Rees and Rivett, 2005). On an individual level ‘readiness to change’ does not correspond exactly to ‘willingness to change’. Expressing an unwillingness to engage in a programme is not evidence that the person does not care or that he is content to carry on as before. It is more usually that the person does not recognise there is a problem with his behaviour because he is in denial. The term ‘denial’ is currently used to describe the defence mechanism whereby an individual, faced with a truth too difficult or uncomfortable to accept, refuses to believe this truth even in the face of overwhelming evidence (Wikipedia, 2009; Fonagy and Target, 2003).

Denial is a multifaceted mechanism demonstrated by domestically violent men who (a) deny the violence completely, (b) admit the violence but deny or minimise the seriousness, or (c) admit both the violence and seriousness but deny responsibility by transferring the blame onto the victim (Cadsky et al., 1996). Men in the denial phase usually have not yet considered the need for change. Denial is not so much an attitudinal stance as a form of resistance associated with the stage of change at
which the man is currently positioned. Dealing successfully with resistance to change is a crucial component of the structured change process (Wanigaratne et al., 1990).

The most well known model that seeks to explain how people resist and eventually change their behaviour is the Transtheoretical Model of Change (TTM) developed by Prochaska and DiClemente (1984). The appeal of the model is that it makes sense, helps people make sense of their own difficult behaviours and, with regard to the polemic about the underlying reasons about domestic violence:

> It is in fact one of those few topics … that can be taught and discussed without fear of antagonising ideological sensitivities. (Saunders and Allsop, 1991)

The main construct of the TTM is the Stages of Change (SoC). The SoC construct is based on the premise that people move forwards and backwards through a number of stages of change as they consider and embark on a behaviour change. The SoC and its relevance to work with perpetrators of domestic violence has been demonstrated (Begun et al., 2002). The SoC stages are Precontemplation; Contemplation; Preparation; Action; and Maintenance. The possibility of relapse from a later to an earlier stage of change is always a possibility. Therefore, a central component of the model is relapse prevention, a term most associated with addiction.

Readiness to change can be measured by use of the URICA questionnaire (McConnaughy et al., 1983) and a participant’s position on the SoC determined. Alexander and Morris (2008) identified two clusters of domestically violent men associated with the men’s position on the SoC. In addition the research highlighted an association between a male perpetrator’s position on the SoC and completion of the domestic violence programme. The research found that perpetrators positioned at an earlier SoC were less likely to complete while those at a later SoC were more likely to complete. Those perpetrators found to be in the later SoC expressed more distress and guilt about their behaviour, and this awareness and responsibility-taking attitude was most likely a motivating factor in their desire to complete the programme. Those men in the earlier SoC expressed less distress and less guilt about the consequences of the behaviour, and therefore one could assume that they did not own responsibility for their actions and therefore lacked the rational logic required to influence their decision to change the behaviour. The results
suggest that the men at the earlier SoC were much more in denial than the men in the later SoC.

The TTM also contains the Processes of Change (PoC) construct, which attempts to explain how people move from stage to stage. In specific terms, the PoC construct suggests that men positioned at the precontemplation and contemplation stages require a different type of intervention to men at the preparation, action and maintenance stages. With reference to domestically violent men, Levenesque et al. (2000) propose the use of specific compliance measures with men not yet at the preparation SoC. The rationale is based on the theory of motivational interviewing (Miller, 2002) and the practice of working effectively with resistance.

Motivational interviewing techniques are designed specifically to ... increase commitment to change, to effectively address resistance to change, and to increase confidence that change can occur, thus providing an excellent strategy for increasing compliance and motivation. (McCloskey et al., 2003, pp. 89–90)

In light of theory concerning men’s readiness to change, denial, resistance and the importance of motivation, the main limitation of the Duluth-type intervention is that it presupposes that all male perpetrators of domestic violence are the same, therefore a ‘one treatment fits all’ solution is implemented. Research has consistently recorded high attrition rates for domestically violent men attending Duluth-type interventions (Brodeur et al., 2008). In addition, other research has highlighted that the design and delivery of the programme material was a variable associated with poor outcomes (Bowen and Gilchrist, 2004; Hollin et al., 2008). There is, perhaps, no one treatment model that can promote change in resistant clients apart from a model such as the SoC that is specifically designed to promote change. It seems clear that Duluth-type interventions do not equate with the needs of domestically violent men, particularly those men who have not reached the preparation stage and are positioned at either the precontemplation or contemplation stage. Attempting to deliver a standardised common programme to men at varying stages of change can actually produce greater resistance in some men and a consolidation of the kind of negative perceptions that the group programme set out to alter.
Conclusion

Careful individualised assessment to determine whether domestically violent men are ready to change is of vital importance to ensure that appropriate forms of interventions are employed and outcomes for completion of domestic violence programmes improved. An individualised approach to domestically violent men is also important, as adherence to a social work values base demands that professionals respect clients as individuals. This will only be seen as crucial when male perpetrators of domestic violence are regarded as a heterogeneous and not a homogeneous group. Stating that perpetrators of domestic violence are not a homogeneous group and therefore require individualised interventions is not to deny the existence of structural discrimination and subordination of women, by the male population in general, that has been and remains a very significant element in all kinds of domestic violence and abuse. Therefore, the acceptance of the need for a range of modalities of treatment/education for domestically violent men does not require social workers to ignore or minimise the structural gender inequalities explanations of domestic violence. Likewise, when social workers conceive of the violence and controlling behaviours of male perpetrators as somehow linked with the manifestation of inner conflict associated, most likely, with childhood or later trauma, that conception does not nullify the reality that domestic violence against women is encouraged and condoned in the patriarchal society. It simply means that there are other theoretical perspectives, suggesting a number of types of intervention available to social workers with which to tackle the scourge of domestic violence.

Social workers have always been good at considering the wider picture, looking at behaviour to find meaning from a systemic perspective. In practising this way with substance-misusing adults, for example, social workers do not condone the destructive behaviour and do not ignore the very real risks posed by violent behaviours. Neither do social workers have to condone the inexcusable violent and controlling behaviour of domestically violent men. What social workers can do is to search for the antecedents of the behaviour and help the client resolve underlying conflict while being ever mindful of the structural oppression of women in the patriarchal society and how the oppression feeds domestic violence. Social workers are obliged to treat domestically violent men in the same way they treat all other clients, with a strict adherence to the social work value base.
By failing to practise in accordance with social work values, which also include continuous professional development and the acquisition of additional knowledge and skills, social work with its commitment to the empowerment of all victims would lose the very core of what makes it unique. With this in mind, social workers, regardless of where they work, are now also bound by the NISCC codes of practice. Social work is a regulated profession and it is therefore compulsory for practitioners to be actively engaged in evidence-based and reflective practice and ongoing post-registration training and learning.

Bibliography


Department of Health, Social Services and Public Safety (2005), *Tackling Violence at Home*, Belfast: DHSSPS

Domestic Abuse Intervention Project (2008), available online at: www.theduluthmodel.org/domesticabuseintervention.php


NISCC (2002), *Codes of Practice for Social Care Workers*, Belfast: NISCC. Available online at: www.niscc.info

Northern Ireland Office (2008a), *An Evaluation of Offending Behaviour Programmes within the Prison and Probation Services of Northern Ireland*, Belfast: NIO


Northern Ireland Policing Board (2009), *Thematic Inquiry on Domestic Abuse*, Belfast: NIPB


Women’s Aid (2009), The Survivor’s Handbook, Bristol, UK: Women’s Aid. www.womensaid.org.uk