Partner Policy: Abusive Relationships

Introduction

Abusive relationships are those relationships where a pattern of behaviour has developed that is used to gain, or maintain, power and control over an intimate partner or family/household member. They are often referred to as 'Domestic Violence', though physical violence is not necessarily present. Family members are defined as mother, father, son, daughter, brother, sister and grandparents either blood-related, in-laws or stepfamily. A household member may include a live-in helper. Intimate partners can include married partners, civil partners and dating partners. This is irrespective of both partners sharing (or having shared previously) the same household. Abusive Relationships reflect a learned behaviour or a learned response to stress, frustration and anger. The behaviour can be controlling (i.e. designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour) or coercive (i.e. a continuing act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim). Abuse can be physical, sexual, emotional, psychological, financial, spiritual or environmental (attacks against pets, vandalism on cherished items/property). If not addressed, abusive relationships tend to get worse and the abuse become more frequent over time. They do not resolve themselves. They affect all sections of society irrespective of socio-economic background, education or culture, gender or sexuality.

Due to the number of individuals affected by an abusive relationship(s), it is essential that EAP professionals are able to recognise and accurately interpret behaviours/events associated with them.

The law surrounding the reporting of abusive relationships varies from country to country and the EAP will always be mindful of this when responding to a participant reporting abuse.

Policy

Establishing and maintaining safety for the victims of an abusive relationship(s), and their children or any vulnerable adult, is the EAP's key priority when a participant reports abuse of any kind.

Confidentiality guidelines will be made very clear, and re-iterated where necessary, to participant's reporting any form of abusive relationship.

The EAP will work with participants who may be perpetrators of abuse to engage in the support they need to change their behaviours and mitigate any immediate risks.

As a preventative measure, and in the promotion of wellbeing for participants, clinicians will take the initiative to properly assess individuals for abusive relationships. For those who are or may be victims, appropriate education, counselling, and/or referral information will be offered. This assessment will, wherever possible, constitute part of the 'Good Conversation' the clinician holds with the participant and emerge naturally out of that conversation.

Clinicians may serve participants in a variety of ways, including assessment, psychoeducation, assisting the participant in safety planning, educating the participant about the impact of an abusive relationship on their children, and providing referrals and resources (e.g. shelters, victim's assistance, legal information).

It is rare for the EAP to receive a call reporting that physical violence is actually in progress or feared imminently; should this occur the EAP will inform Law Enforcement Services immediately. Physical violence includes the use of intimidation such as destroying property or restricting the participant from leaving. Where physical violence is reported historically or feared in the (not imminent) future, clinicians will work with the participant to encourage them to contact the Police.

Clinicians may be required to contact protective services in any case of physical violence, or potential threat of violence (such as persistent and threatening shouting), where there are minors or vulnerable adults in the home and the minors/vulnerable adults witness the situation or are victims themselves. The police will be contacted urgently if a child/vulnerable adult is in immediate danger. In this situation the clinician must follow the 'Partner Vulnerable Adult and Child Protection' Policy.

Clinical Practice

- Identification of Risk

  Three main points will be relayed to a participant who is a victim of an abusive relationship. Firstly, that they are not alone, secondly, that the abuse in the relationship is not their fault and thirdly, that help is available.

  If a participant does disclose being abused at any point during a conversation with a clinician, their safety, both immediate and going forward, is the top priority. Their name and number should be established as soon as possible if not already provided. Establish where the participant is (e.g. at home, in a public place, at a friend's house) and whether the perpetrator of the abuse knows where they are.

- Specific Questions About Abusive Relationships

  Victims of an abusive relationship(s) in all cultures are likely to be afraid that seeking help will lead to greater abuse. The following sample questions can be used to ascertain whether abuse is present in a relationship or a family and to what degree. They must be asked very sensitively. Note that while these sample questions are focused on exploring the situation where the participant's partner is the perpetrator, they would be equally valid to reference any specific family member or members in general.

    - How is your relationship with your partner?
    - Are you scared/frightened of your partner?
    - Do you fight often? If so, is there any physical violence involved? Has your partner ever hit, slapped, or pushed you?
    - Has your partner ever destroyed things that you cared about (such as special dishes, important papers, family or sentimental items)?
    - Do you ever feel afraid of your partner? What are you specifically afraid they will do?
    - Does your partner ever threaten you?
    - Is the abuse ever sexual? (Particular care must be taken in asking this question; some participants will be very uncomfortable with this topic.)
    - Has your partner ever prevented you from activities such as leaving the house, seeing friends, getting a job, or continuing your education? (Be sensitive to cultural and religious differences. In some cultures, certain responses may be consistent with norms.)
    - Has your partner ever followed or stalked you?

- Has law enforcement ever been called due to violence or threats of violence?
- How often? What actions were taken? What was the outcome?
- Does your partner take drugs or alcohol? Does this lead to, or intensify, verbal or physical abuse?
- Do you have guns or other weapons in your home? Has your partner ever threatened to use them when angry?
- Does your partner force you to do things you do not want to do or control what you are doing?
- Has your partner ever made you doubt your own thoughts, memories and actions?

- Assessing the Risk to Minors/Vulnerable Adults

  The clinician must establish whether there are any minors/vulnerable adults in the home and to what extent they may be exposed to, or indeed be the victims of, the abuse. The names and ages of any minor/vulnerable adult in the home must be documented.

  - Are there children/vulnerable adults in the home?
  - If so, has your partner or a family member ever threatened or abused children/vulnerable adults living in the home?
  - Have the children/vulnerable adults been involved in the participant's abuse?
  - When these incidents occur, were children/vulnerable adults in the house? Are you aware of whether they have ever witnessed (seen or heard) incidents or attempted to intervene?

  Where a pregnant woman reports potential (non-imminent) physical abuse that could harm her unborn child, the EAP will reach out to protective services, without disclosing the participants identity, to establish whether the risk to the child is reportable within that jurisdiction and then take appropriate action based on the advice given.

- Establishing Immediate Safety

  If the participant is NOT in a safe place:
  - Ask the participant if they want you to call the police or an ambulance.
  - If the participant feels they are not safe but is not willing to have you call the police, explain to the participant that you have a duty of care to keep them safe, and that contacting the police may be required as part of your role.
  - After the participant is safe, offer them resources that can support them and encourage them to visit a Doctor. A warm transfer to an organisation specialising in supporting the victims of abuse may be appropriate.

If the participant is in a safe place:

- Ask the participant how much time they have to talk safely.
- Listen to their story in detail and validate the experience.
- Acknowledge their fear and the risk taken in speaking with you.
- Recognize and label abusive behaviour.
- Reaffirm to the participant that the abuse is not their fault.
- Treat any feelings of fear, anger, love, and hope as legitimate.
- Assume that the victim's choices are rational ones; don't assume that having been abused means the person needs psychotherapy.
- Make a clear notation of participant's risk in your clinical notes.
- Maintain usual strict confidentiality.

- Determining Overall Level of Risk and Intervening Accordingly

  The clinician will make a determination of the overall level of risk: Non-existent, Mild, Moderate (Non-Imminent) or Severe (Imminent) and intervene accordingly. This determination will be recorded on the Case Management System. An appropriate safety plan will be created based on this assessment.

  Non-Existent

  Participant reports no current or historical exposure to an abusive relationship(s).

  Mild

  Participant may report past exposure to an abusive relationship(s) but is no longer living in that situation. May have already addressed historical abuse in counselling and feels confident that the historical exposure is not a key or influencing factor in their current presentation.

  Moderate (Non-Imminent)

  Participant reports current and on-going abuse in the home, however, there is no immediate danger from which they need to be protected. The clinician will work with the participant to discuss and agree an appropriate safety plan and provide potentially beneficial resources. This may include:

  - Conference-calling the participant to an appropriate assistance agency or warm transferring the participant to the agency and/or providing the participant with telephone numbers of local and national help lines.

- Helping the participant make a contingency plan for enhancing their safety and the safety of any minors/vulnerable adults (e.g. under what conditions the participant will leave home, when participant will call the police, when participant will find a safe house, when participant will seek support from others and from whom, and/or when participant will seek legal advice).
- Identifying whether local work-life or legal resources may be helpful to the participant and ensuring that the information required is communicated to them.
- Encouraging the participant to take appropriate legal steps with assistance from an appropriate agency.
- Being honest that the risk of harm to the participant may increase if they decide to take steps to tackle this issue with their partner or family member. Encouraging the participant to be careful, but also pro-active.
- Determining the risk of harm to minors/vulnerable adults involved and proceeding in accordance with Protection protocols if warranted. Explaining to the participant how this works and why it is needed for the children/vulnerable adult's safety. Escalating all cases involving harm or risk of harm to minors/vulnerable adults to Partner's Clinical Management.

Severe (Imminent)

Whenever a participant is considered is at imminent risk of physical harm local law enforcement agencies/emergency services will be called immediately. In this situation the clinician must follow the 'Partners Calling Emergency Services' Policy.

- Where the Participant is the Perpetrator of the Abuse

If the participant discloses to you that they may be abusive towards another person or persons living in the home.

- Take the participant seriously. It is not easy to reach out for help.
- Find out the participant's name, number, and location.
- Find out the name, number, and address of the person(s) the participant may be abusive toward.
- Ask if the participant thinks that they are about to abuse this person (or someone else).

- Explain that help is available to prevent abuse at this moment. The clinician should encourage the participant to create a contract right then that they will not harm anyone. The limits of confidentiality should be discussed as well; notifying the participant that you will need to alert the authorities if you believe that there is an imminent risk of harm (See the 'Partner Calling Emergency Services' Policy).
- Reassure the participant that they will be treated with respect and without judgment.
- Dissuade the participant from using any drugs or alcohol as this may on occasion act as a trigger for violence.
- If the participant is at home with the person they may abuse and you have explained that it is necessary to call the Police, while the police are arriving, allow the participant to express their feelings in order to keep them occupied.

- Safety Planning

  If the participant continues to live with the perpetrator or other circumstances apply, clinicians will assist in safety planning with the participant/victim. If the participant's situation is particularly precarious or complex, the clinician should consider consulting or including the Police, an organization specialising in support for the victims (or perpetrators) of abuse or Social Services.

- Agreeing the Way Forward

  Clinicians should be mindful of offering the most appropriate and most timely service to participants experiencing abuse. Assessment and ensuing referrals should be consistent with the level of danger or risk and the specificity of the EAP request. In many cases, a referral to specialised services will be the most appropriate choice, rather than a general referral for short-term counseling. Transitional Support may occasionally be appropriate to provide the participant with some containment and encouragement to process their options for support going forward. This will only be offered following review/agreement with Partner Clinical Management.

  Couples or Family Counselling may present additional danger to victims (even if they are willing to attend). They may find their experience invalidated by attending the session(s) and/or their participation may lead to subsequent punishment by the perpetrator. Neither Couples nor Family Counselling should be offered for couples or families currently experiencing active, ongoing abuse in the relationship(s); regardless of the form that abuse takes. If the abuse in the relationship or family is unclear, it may be useful to refer the participant to an appropriate resource for specific feedback before offering Couples or Family Counselling.

Clinicians will never encourage a participant to return home with a friend or family member for protection; this is not safe.

- Documenting in Case Record

  As always where risk is reported, it is essential that the case documentation accurately reflects that all necessary information was gathered to appropriately assess risk and that proper action was taken to address and mitigate the risk presented. Details of any action taken or to be taken to maintain safety must be recorded as must the detail of any safety plan agreed.

- Self-Care and Debriefing with Supervisor/Colleagues

  Managing participants reporting they are the victims, or the perpetrators, of abuse can be stressful for clinicians, therefore it is important that clinicians consult with their Clinical Management after the engagement, to both seek support and review the details of the case.

- Exceptions to this Policy

  Some EAP's may have their own specific requirements regarding how they wish participant's at risk of abuse to be handled; these are documented in the Case Management System and must be followed where they apply.

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