

Language that blames the victim-survivor	Language that places responsibility on to the user of violence
<p>“They have a violent relationship”</p> <p>“They live in a domestic violence household”</p>	<p>“He uses violence against her”</p> <p>“They are in a relationship where the male partner perpetrators violence”</p>
<p>“The mother has a history of violent relationships”</p>	<p>“The mother is a victim-survivor of several past relationships where her male partners have used significant violence and coercive control against her. Her previous attempts to obtain support did not appear to help, and she is wary that child protection involvement might make the current situation worse.”</p>
<p>“The children are exposed to violent conflict”</p>	<p>“The children experience their father using degrading emotional violence and intimidation when their mother tries to negotiate family matters”</p>
<p>“The children’s schooling is being affected by the violence”</p>	<p>“The father’s violent and controlling behaviour interrupts the children’s schooling in the following specific ways...”</p>
<p>“The mother yells and screams at him when he gets angry”</p>	<p>“She tries to stand up for herself when he escalates into using violence”</p>
<p>“The mother is non-compliant and did not engage with police / child welfare investigations”</p> <p>“She refuses to call police, and denies the violence”</p>	<p>“The mother is not returning calls at present. We are assessing why, including her possible reasons to fear engagement, and/or how her options might be limited by his behaviour.”</p> <p>“The mother believes that police involvement will make things worse and escalate the father’s behaviour”</p>
<p>“The father frequently gets angry”</p> <p>“He was out of control”</p>	<p>“The father perpetrators violence”</p> <p>“He was endeavouring to force his partner to comply by invoking terror”</p>
<p>“The mother frequently fails to send her children to school”</p>	<p>“The mother’s parenting options are reduced due to the father’s controlling behavioural patterns. The father uses significant social violence and surveillance of the mother, limiting her actions and ability to attend to their children’s needs. The mother is exhausted trying to keep her children safe. All this impacts the mother’s ability to engage with their children’s school. Further, the father is taking no action himself to help his children engage with schooling. The mother responds to her children’s school-can’t by not trying to expose them to further control by attempting to force them to go to school.”</p>
<p>“She doesn’t understand what domestic and family violence is...”</p> <p>“She is being unreasonable and demanding, and asks too much of us...”</p> <p>“She is so difficult and over-sensitive, nothing that we do seems to be enough...”</p> <p>“She is chaotic, forgetful, unstructured...”</p>	<p>She might not be familiar with all the language we use, but she is living it, every day.</p> <p>Sometimes she needs to give in, and strategically collude with him, to survive. Sometimes she needs to resist with anguish, to survive inside.</p> <p>She and the children are living through repeated trauma. As responders and practitioners, it is up to us to manage <i>our</i> discomfort.</p>

Entitlement and other factors in contributing to coercive control



Mostly other factors, some entitlement

Both entitlement and other factors are significant

Mostly entitlement and some influence of other factors

Mostly or purely entitlement

Entitlement is generally a necessary condition for the use of coercive control. It can also be a sufficient condition – entitlement in and of itself can be the primary driver. The relative role of entitlement and other factors in contributing to the use of coercive control varies from person to person, and from situation to situation.

What other factors can contribute to the use of coercive control, in combination with various degrees of entitlement?

- Coercing family members into particular actions or behaviours that directly or indirectly support the person's **substance using lifestyle**
- Structuring the relationship and family environment to avoid triggering the person's **anxiety** (e.g., social anxiety, OCD) or other **mental health issues**
- Attempting to prevent their partner from engaging in behaviours, responses or conversations that might lead them to feel intense shame or other disintegrative emotions stemming from a **trauma background**
- Structuring home and relationship spaces and routines so that they do not **overwhelm the person in the case of neurodiversity**

There is a continuum from a person attempting to meet their needs in a fair, respectful and equitable way without the influence of entitlement → meeting their needs influenced by entitlement in a way that impacts partners and family members but which stops short of the use of violence and coercive control → the use of coercive control to force behaviours from others

No/little entitlement	Moderate entitlement	Substantial entitlement
Considers others' needs Negotiates Self-manages AOD/MH/trauma/neurodiverse issue still impacts others	Focuses more on own needs Expects others to accommodate his needs Some self managing AOD/MH/etc has major impacts on family	Self-focused Demands others to accommodate his needs Makes others responsible Perpetrates DFSV

For example, an autistic man and his allistic (neurotypical) partner might each learn about each other's different ways of processing, and make adjustments to each other. Or the man might use his male privilege to try to structure his home and family environment in ways that don't take much account of other people's needs (a complex situation, where he both uses gendered entitlement, and is also marginalised outside his family from constantly having to adapt to a neurotypical world). Or the man might go further and perpetrate coercive control to manage his partner's and family's responses.

the BEST-EARS approach

responding to blame, minimisation and denial by an adult user of violence



Breathe & manage
your own anxiety

Empathise
Selectively

Turn the
conversation
towards:

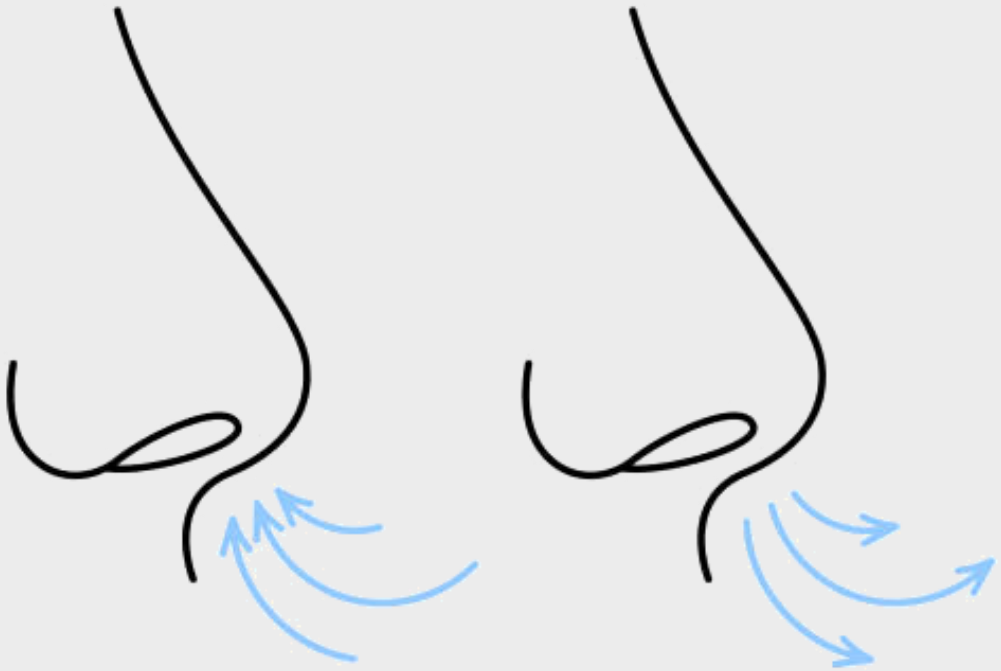
Ethical Aspirations,

Responsibility,

and

Safety.

Breathe and manage your own anxiety



Expect blame, minimisation and denial (BMD)... it's par for the course

Remind yourself: You do not need to challenge his whole violence-supporting belief system

Ground your senses, soften your tension

Breathe through the force of his BMD

You can **turn** the focus, rather than push back

Expect him to revert back to BMD again (and again)... you might need to turn the conversation towards ethical aspirations, responsibility and/or safety multiple times

Empathise selectively



If he experiences you as listening to him, you will have more sway to **turn** the conversation

Find something you can strategically paraphrase or reframe to set up a focus on ethical aspirations, responsibility and/or safety

Strip out the responsibility-minimising and sexist aspects of his narrative in your paraphrase or reframe

A degree of care and concern in your voice does not mean you are colluding

“She knows how to hurt me by removing the kids!”

“Being the best Dad you can be means a lot to you...”

“She was hysterical, she was right up in my face!”

“Sally was really upset and wanted you to know it.”

“She wastes all my money buying stuff we don’t need.”

“Sounds like money is tight, and you worry about what to buy.”

“She always going behind my back, I’m sure she’s cheating on me!”

“You’re anxious about keeping the relationship. Can I ask, how do you manage that anxiety?”

turn to exploring Ethical Aspirations



Use his blame, denial or minimisation as an opportunity to ask about aspirations or values inconsistent with the behaviour he is avoiding taking responsibility about

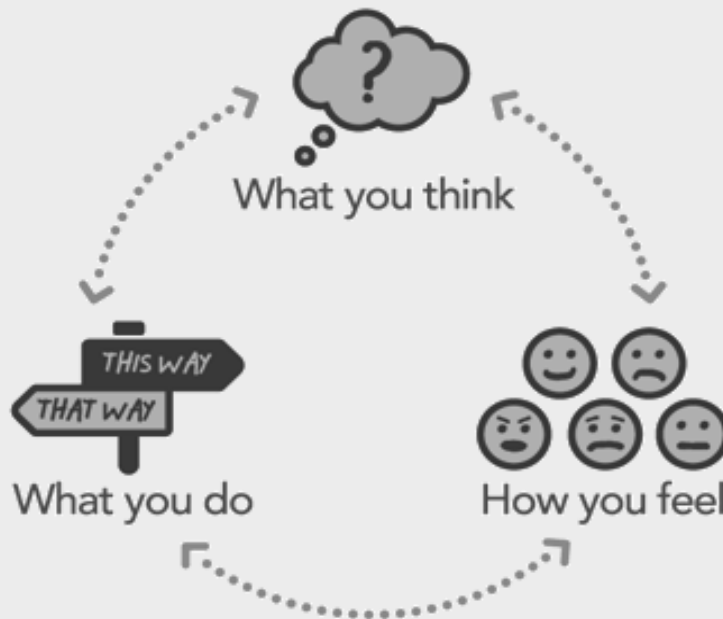
“If she hadn’t have... I wouldn’t have...”; “The police got it wrong, I didn’t...”; “It was only a ...”

“It sounds like X is something you don’t want to do. Can you tell me why?”

“You’re telling me that doing X is not who you are, I’d like to hear more about that...”

“Chris [one of his partners] isn’t here to give their perspective about what they experienced, but you are saying that looking back you don’t consider yourself to have intimidated them. It sounds like you don’t want Chris to feel intimidated?... Could you tell me what’s important about that for you, so that Chris doesn’t feel intimidated by you?...What’s important about that for Chris?”

turn to exploring Responsibility



Take a ‘curious and dumb’ approach which:

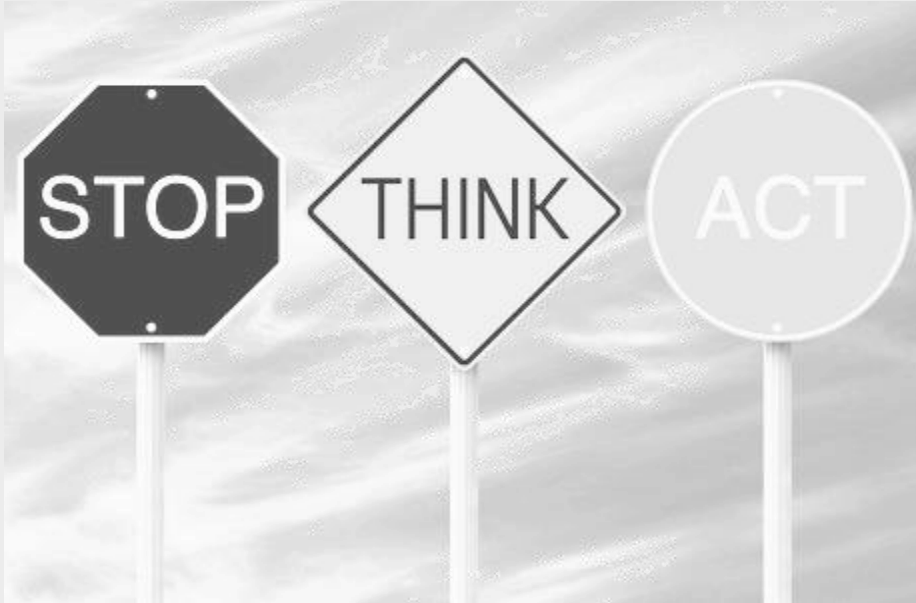
- ✓ Infers that he has a choice in the situation about how he acts, and what he thinks
- ✓ Infers a difference between the emotion he experiences in the situation (anger, jealousy, frustration, anxiety, etc.) and the behaviour he uses responding to the emotion
- ✓ invites him to talk about his actions through the perspectives of another
- ✓ invites him to consider safer and respectful actions more in line with his ethical aspirations

“When you were feeling very worked up in that situation, what did Sally [his partner] see you say or do?”

“You’ve talked about wanting to be a calm Dad who doesn’t lose his cool in front of the kids. What could you have done in that moment to be that calm Dad?”

“What were you thinking at that time?... My guess is that those thoughts were circling around in your head. What could you have told yourself in that moment that would have helped you to stay calm?”

turn to exploring Safety



Behaviour change is of course a very long journey, often requiring the assistance of specialist services and programs.

You might be able to plant a seed or two towards him accepting a referral.

You might also be able to scaffold some conversation on what he can do to move towards his ethical aspirations in ways that build safety.

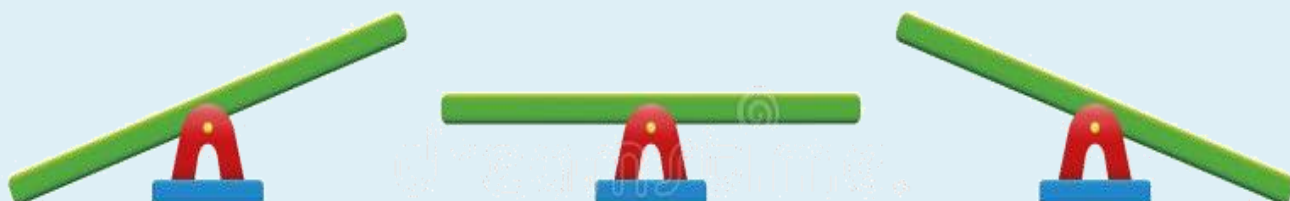
“What might being a calm Dad around your kids look like over the next week?... What would your children see?... What would your partner see?”

“Let’s discuss some things you can do to make it as likely as possible that you will be that calm Dad, no matter what the situation is, no matter what you are feeling...”

“What do you need to stay away from, or do less, so that you don’t take steps away from being that calm Dad...”

What are the situations where you will need to be the most careful?... What can you do to stay calm in those moments?”

Mid-point skills towards minimising collusion and persecution when engaging adult users of domestic, family and sexual violence



collusive

◀◀ mid-point ▶▶

persecutory

You become matey with the man

You empathise with his victim stance or criticism of her

You signal agreement with sexist comments, even if subtle

You blame his violence on his upbringing, mental health issues, substance use or stress

You see him as the more 'stable'/'capable' parent

He feels validated about his behaviour, and there is nothing in the

conversation that, even in a small way, invites him to think differently and to take responsibility for at least a bit of his harmful behaviour

You avoid tension/anxiety about raising difficult issues

You prioritise your working/personal relationship with him above everything else

You are respectful

You empathise selectively (not with violence supporting narratives)

You adopt an invitational approach

Your tone is based on curiosity, not moralising

You are sympathetic to and sensitively find out about the oppression and traumatic experiences he might have faced / be facing, but not see these as an excuse / reason for his behaviour

You focus, to the extent possible, on the safety of those affected by his violence, his responsibility for his behaviour, that violence is a choice, and that he is accountable for the impacts of his behaviour

You invite him to focus on what it would look like for him to be his best self in the situation

You are oppositional and confrontative

You butt horns with him

No empathy

No listening

No interest in his life or circumstances

No interest in the oppression he has faced, or the traumatic experiences he has encountered

You do not manage your own internal reactions

The conversation is too tense, or he zones out

He can stay in defensive mode, focusing on arguing his own 'truth' – by doing so, he doesn't need to think differently about his behaviour

You feel better by 'making the perpetrator accountable' (but the highly confrontational and moralising approach does the opposite)

Finding the mid-point can feel like a dance. We might veer too collusively at one point in the conversation or become too confrontative at another.

A range of circumstances can also impact where a response to the user of violence might sit on this continuum. In different contexts, the same response might be collusive, in others might sit within the mid-point.

It's OK to make mistakes. Even the most experienced behaviour change practitioners drift or veer too far in one direction and need to correct back the other way.



What might impact on where the mid-point range is?

How much rapport you have / how long you have worked with him

How he presents in the conversation → his mood, agitation, etc.

What you know about his behaviour from other sources... and what he knows about what you know

Where he is at in a behaviour opening or behaviour change process

His current shame tolerance, both globally and in relation to particular aspects of his behaviour

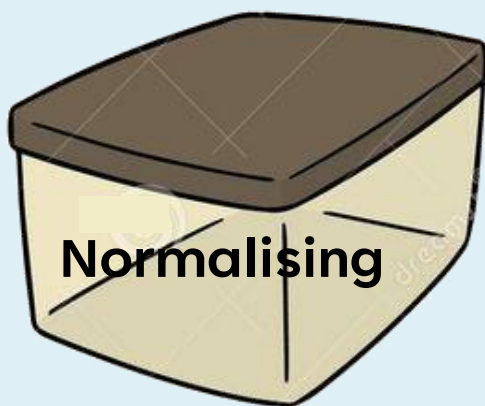
The goals of the current conversation with him about his behaviour

Whether you need to covertly assess risk by giving him space to express what he really thinks and believes

How much time and opportunity you have to repair rupture in the working relationship... and how 'comfortable' he is being 'challenged'

What the risks might be of 'pushing' too hard at this point in time

Conversational container micro-skills



can help you to stay in the mid-point



This micro-skill can help to set an initial container for the conversation. Explain how you would like to focus the conversation and why, and how he would benefit from this focus.

“Because Sally isn’t here to talk about her perspectives, we can only focus on you. Is it OK if we talk about what you can do to make things better – is that ok John?”



Often we will need to remind him of the focus and respectfully bring him back. If we need to re-contract too often, however, it might mean we are too ambitious about what we hope he will focus on at this time.

“John, do you remember the conversation we had earlier about your urge to talk about Sally – this looks like one of those moments where the urge to talk about her is very strong. is it OK if we go back to focusing on...”

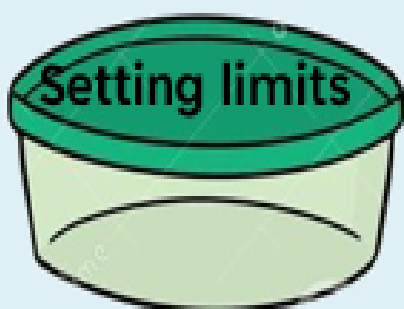
“Is there a way to put aside that urge to talk about Sally, so that we can focus on what you can do to make things better? Can we work on that together?”

“If the urge to talk about Sally starts to win out again, is it OK if I interrupt you so that we can come back to talking about...”



Sometimes when the adult user of violence is being critical of or blames the victim-survivor, we can redirect general aspects of his discourse to focus back on him, in positive, non-shaming and invitational ways.

“You’re telling me, from your perspective, that Sally doesn’t manage stress well. Sally isn’t here to say how she sees this. But can I ask, what do you do to manage the stress you feel, the best you can?”



We can interrupt to set limits, or wait for a pause to do so, in ways that do not shame him. Remind him of the benefits of staying respectful. You are inviting him to stay respectful because of these benefits, not because you are scolding him from a ‘politically correct’ position.

“I’m going to need to stop you there, John. I want this conversation to produce things that you can do to help the situation. Talking about Sally in that way won’t help.”

“If I can stop you there, I know there’s some things you want me to understand. Talking about Sally in such a disrespectful way will make it very hard for me to listen.”

“What would it take to be able to stay focused on you for a moment?”

“I hear you want to talk about your partner but its going to be much more helpful for you if we can talk about the things you can control.”

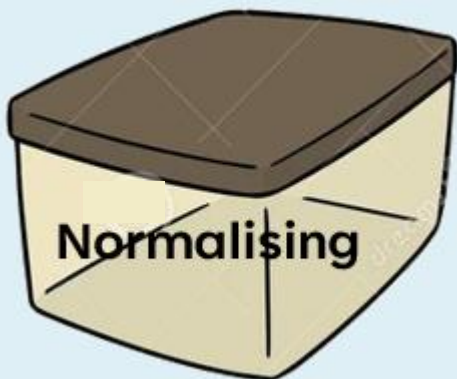


Signal where you are hoping to take the conversation next, rather than just barging into the next bit. He might be more willing to go with your focus if he's not taken by surprise. This can include preparing him that bits of the conversation might be hard.

“John, I think it might be really helpful now for us to focus on... to spend 10-15 mins talking about... is that OK?”

“Some of this stuff is really hard to talk about, it's going to create some discomfort. Are you OK hanging in there for this conversation?”

“Taking about being the best Dad you can be will be both a positive conversation, but also, there'll be some hard bits, perhaps talking about some things you've said or done that you aren't proud of. Are you OK with that?”



Frame the focus of the conversation as routine, so that he doesn't feel that he's been particularly targeted or singled out. This might also help him to become less suspicious about what his ex/partner has disclosed.

“We have lots of conversations with Dads about...”

“How we like to start off these conversations is by... Would that be an OK place to start?”

“I won't beat around the bush, in our experience, having had hundreds of these conversations over the years, you might find it hard to begin with...”



This can be a fall-back micro-skill when other things aren't working, to take a time out and talk about what might make it possible to get the conversation back on track. Try your best to manage your own frustrations!

“Hey, could we take a time out here John. I'm really hoping that we can talk about what you can do to improve the situation, but the urge to talk about Sally seems to keep winning out. Is there a way we can come back to focusing on you?”



There is often a parallel process between a person stepping away from responsibility for their violence through using blame, minimisation, denial and justification, and the person stepping away from responsibility for the conversation about that violence.

“What strategies have you used in the past to hang in there with conversations that are important, but also really hard?” [strengths-based approach – do not assume that he does not have existing strategies/skills]

“It feels like you don't really want to be here? As much as I want to help you and your family, at the end of the day it is your life – how much does it matter to you to be the best dad you can be?... It sounds like you want to be your best for your kids? I'm hearing that they matter a lot to you. What will help you to stay with this conversation about how you can benefit your kids?”

Selective empathy



If he experiences you as listening to him, you will have more sway to influence the conversation.

Find something you can strategically paraphrase or reframe to set up a focus on ethical aspirations, responsibility and/or safety.

Strip out the responsibility-minimising and sexist aspects of his narrative in your paraphrase or reframe.

A degree of care and concern in your voice does not mean you are colluding.

“She knows how to hurt me by removing the kids!”

“She was hysterical, she was right up in my face!”

“She wastes all my money buying stuff we don’t need.”

“She’s always going behind my back, I’m sure she’s cheating on me!”

“Being the best Dad you can be means a lot to you...”

“Sally was really upset and she wanted you to know it.”

“Sounds like money is tight, and you worry about what to buy.”

“You’re anxious about keeping the relationship. How do you manage that anxiety?”

Selective validation



In the understandable desire not to collude, we can rush past opportunities to selectively validate what might be some good intentions of the adult user of violence.

Of course, in many cases, the adult is very deliberately intending to cause the victim-survivor to experience fear, terror, humiliation and degradation. There can still be, 'however', something non-collusive to validate.

Selective validation helps to build a working rapport. It doesn't mean you are taking his side.

"I just don't know what to do anymore, I can't do anything right in her eyes, she never gives me a break."

"I don't trust her, I'm sure she's cheating on me."

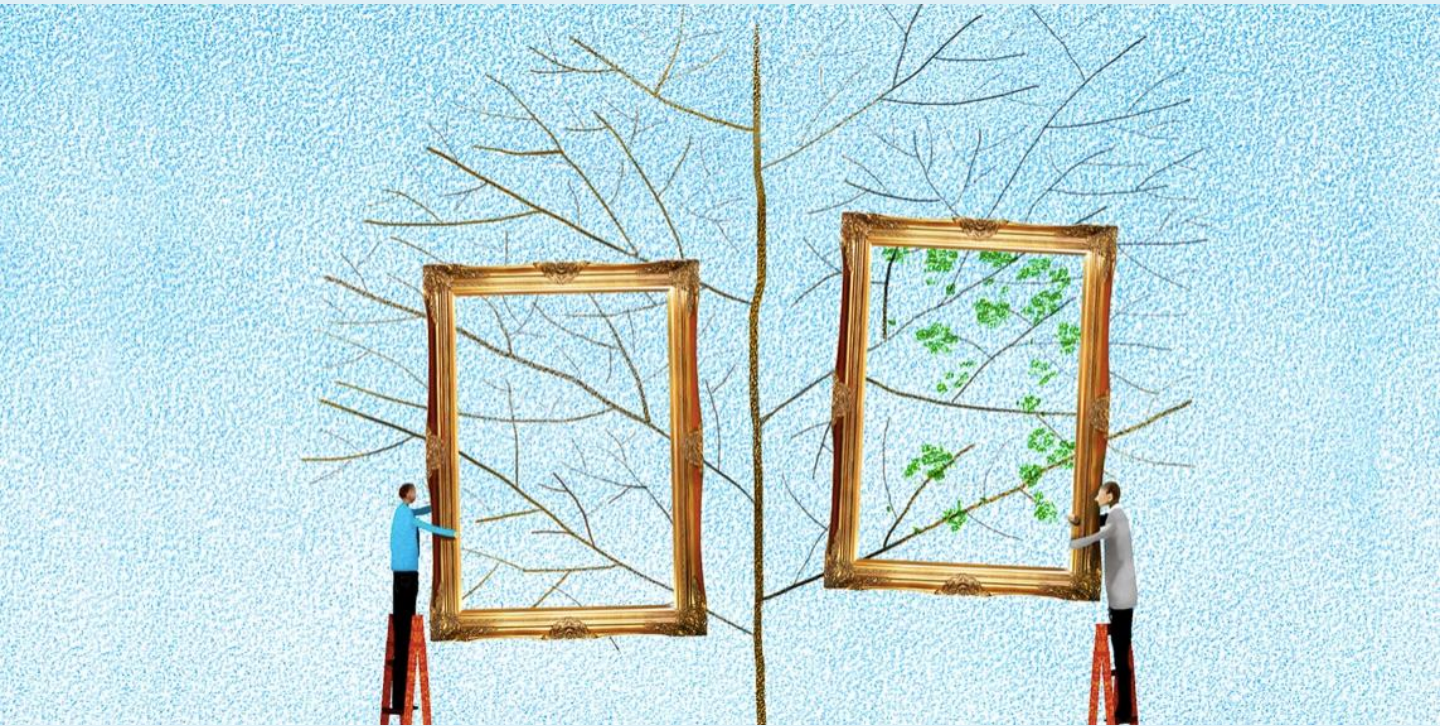
"It's her fault that I'm here, and the cops didn't help, they immediately took her side and treated me like a piece of..."

"You're trying to work out how to make things better, but you're not sure what to do."

"The relationship matters to you, and you're feeling anxious about it." [preparing to turn the conversation towards how he manages this anxiety]

"I can hear that respect is important for you, and that you want to be listened to. Everyone has that need." [highlighting values/practices of respect & listening → preparing to invite him to consider that his partner needs this too]

Reframing



Reframing attempts to shift from a negative evaluation made by the user of violence of another person's actions or decisions, to a more neutral one.

It demonstrates that you have heard the adult.

If your reframe is *too* different from what the person expressed, it might be rejected. It's often enough to strip out the sexist language and meanings in your response.

"She was in my face screaming at me."

"When she winds up like that there's nothing I can do to stop her."

"She nags and nags, it really pisses me off!"

"Sounds like Sally was really distressed."

"Sally was really upset, even distraught by the sound of it. What do you think she was trying to tell you?"

"You find it hard when Sally wants to make sure you've understood something, and you don't want to hear it."

Open, directed questions



Open questions that have their own container that try to ‘nudge’ the adult into a particular lane in their response.

These questions can also be used to infer key messages – for example, that the adult has a choice in their behaviour, and that the emotion they experience (e.g., anger, jealousy, humiliation) is not the same as the behaviour they choose. Open, directed questions can also be used to invite perspective-taking.

Remember: we can’t ‘challenge’ or invite focus on everything that he says that’s sexist, blaming of his partner or of others, etc. → doing so is likely to be too confrontative.

“She made me so angry.”

“When you were feeling very angry at that time, what did Sally see you say or do?”

“She was right in my face – again! – I had enough of her dramas and just could not take it anymore.”

“How did your children see you manage those big feelings of frustration that you had at that time?”

“Look, I said a few things I shouldn’t have, but...”

“What did Sally hear you say?”

Relate to his values and ethical aspirations



Use his blame, denial or minimisation as an opportunity to ask about aspirations or values inconsistent with the behaviour he is avoiding taking responsibility about. This can help you to minimise collusion without him feeling that you are against him. **Find the part of him that does not want to engage in the harmful behaviours (that he might feel shame about) → be on the side of that part.**

“If she hadn’t have... I wouldn’t have...”; “The police got it wrong, I didn’t...”; “It was only a little shove...”

“It sounds like X is something you don’t want to do. Can you tell me why?”

“You’re telling me that doing X is not who you are, I’d like to hear more about that...”

“Chris isn’t here to give their perspective about what they experienced, but you are saying that you don’t consider yourself to have intimidated them. It sounds like you don’t want Chris to feel intimidated?... Could you tell me what’s important about that for you John, that Chris doesn’t feel intimidated by you?...What’s important about that for Chris?”

Non-verbal communication



- Be mindful of automatic tendencies to nod, smile
- Remember to use soft eyes if you are risk of glaring out of frustration
- Leave a pause after he speaks
- Being expressive with a particularly warm tone at times enables you to be still when you need to without coming across as robotic
- If in-person, sitting at an even height at a slight angle to each other
- Communicate openness, interest, curiosity

Zero collusion is often impossible. Don't beat yourself up if you find yourself veering in that direction. Notice that you have drifted, breathe, manage your own anxiety, and find ways to return to the mid-point.

Self-reflection

What might you need to learn or become aware of about yourself that might lead you to drift away from the mid-point?

- your attitudes and beliefs
- prior experiences
- how your performance of gender influences your responses, and how the person might respond to you
- particular adults, or particular situations, where you might either collude or be combative
- what's happening in the moment for you, what just happened before or earlier that day



Take a moment to check in with yourself before engaging the adult user of violence – what might you be carrying that could cause you to veer towards collusion or persecution?

Support your colleagues in your teams – look out for each other and give supportive feedback. Staying in the mid-point is a collective endeavour.

If we are to use the stages of change model, ask ourselves, and document:

What specific violent and controlling behaviours are we referring to when we say that the adult is at a particular stage of change?

Coercive control

Psychological and emotional violence

Physical violence & harm

Sexualised violence

Is the adult's contemplation, preparation or action in relation to these behaviours conditional on any circumstances or self-centered goals?

Economic abuse

stalking

Social violence

Image based abuse

Which of the adult's violent and controlling behaviours appear to be associated with earlier stages?

Technology facilitated abuse

Systems abuse

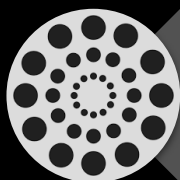
Which of his violent and controlling behaviours are we not yet able to judge which stage the adult is at?

Cultural and spiritual abuse

Reproductive violence

Keeping adult and child victim-survivors at the centre means not becoming swept away with the behaviours that the person using violence is starting to contemplate changing... don't lose sight of the many more behaviours and greater harms that family members are experiencing that he is pre-contemplative about.

Signs that an adult user of violence is moving *genuinely* into the contemplation stage concerning a particular aspect or part of his patterns of harmful behaviour



Acknowledges the behaviour is not just a 'once-off', and that willpower alone is not enough to cease it or ensure that it does not happen again



Begins to show some (still very limited) awareness that the behaviour is a choice, and used with intent



Starts to talk about the behaviour with at least a small degree of specificity – not just vague labels



While still strongly in victim stance, shows moments of owning the behaviour to some degree



Starts to name something (even if only the tip of the iceberg) of the impacts of the behaviour on others, and on himself – signs of ambivalence



Starts to sit with a bit of shame / discomfort of how the behaviour & its impacts violates values & ethical aspirations important to him (and his community)



Starts to identify less harmful alternatives to the behaviour, and why it is important to himself and others that he moves towards these alternatives

If the perpetrator of violence is pre-contemplative, shift your focus towards planting seeds, sowing doubt and creating ambivalence → so that you, or the next service, has something to work with

“You’re telling me you believe it’s all your partner’s fault as to why you are here, and that you’ve done nothing wrong. Can I be straight with you about what’s going through my mind?... What if it’s not as simple as that?” [or, if you’re concerned about him feeling insulted by the word ‘simple’... “what if it’s not exactly like that?”]

“You feel that the police didn’t listen to your side of the story, and that the Magistrate you saw didn’t give you a chance. What if they took the action they did because of concern about your partner’s safety?”

“I can see you feel a lot of anger about being made to come here. What benefits from participating in the program could that anger make you miss out on?”

“You are trying to work things out at home and have some ideas about how to go about this. What if your attempts to solve things are having impacts you might not be seeing?”

“You feel that you are on top of everything and that you won’t repeat the harm you caused before. I can tell you aren’t proud of what you did. Sometimes, we feel so bad about something we’ve done that we don’t want to admit the possibility we could do it again. Could overconfidence be impacting your judgement here?”

Planting seeds, sowing doubt and creating ambivalence can feel collusive → make a judgment call as to whether the technique would be too collusive. Use mid-point micro-skills to try to minimise collusion with his problematic narratives and beliefs.

As with the BEST-EARS approach (see my recent resource), empathise selectively and then turn the conversation → but rather than being too ambitious through focusing on responsibility-taking, follow with techniques such as:

- What if there’s more to the story?
- What might you be missing?
- What if there’s a different way... would you be interested in exploring that?
- What impacts does [this anger, this belief, etc.] have on you?
- Could overconfidence get you into trouble?

build Rapport



Don't be afraid to build rapport, it doesn't automatically mean you are colluding!

The quality of your working relationship can help when attempting other strategies in this resource.

Manage your frustration and resist the urge to try to corral the adult into change.

Use selective empathy and mid-point skills to minimise collusion.

REMIND practice mnemonic for engaging adult users of domestic, family and sexual violence with little or no openness to change

Rodney Vlasis, October 2025

Explore what's meaningful to the adult



Spend time finding out about the adult's life, what matters to them, what they hope for, the qualities they strive for.

This might identify desired qualities, priority values and strivings incongruent with their denial and minimisation about their behaviour.

This might also identify discrepancies that you can reflect back to them, to lever some cracks towards behaviour openings, and to sow some seeds of doubt in their view that they do not need to engage in change work.

"You haven't shirked away from some big challenges in life, and I imagine looking into how you can improve things at home now and into the future might be one of them."

hold a **M**irror up to extreme positions



without shaming, in a curious, matter-of-fact and non-judgmental way

“You’re telling me you have no ability to alter your responses in these situations, and you have zero responsibility for your actions...”

“I’m hearing there is nothing you can learn about being the best Dad and co-parent you can be for your children...”

Ensure you do not say this sarcastically or with bite – hold this up dispassionately for the adult to look at → they might back down from the extremity and give you something to work with (“Oh, it’s not quite like that...”). If they double down, at least you have made them own it, and you can document their unwillingness and what this means for risk and unsafe parenting capacity.

Invite consideration of benefits



"If you were to go through with this program, how do you think you might benefit from it?"

"I know you don't want to take this step but say that you did. What might you like to learn that could end up benefitting your kids?"

"What do you think some men might get out of these conversations about being safe and calm for their families?"

"If you were OK with me supporting you in an honest way, through speaking up when I have ideas about how you can improve things for your family, would this be of use to you?"

Normalise hesitancy



without solidifying it → offer the possibility of positive movement

“Many men who talk with us for the first time wonder how we are going to treat them. What fears might you have about our conversations?”

“It’s normal at this stage to not want to talk much, as this is a hard conversation to have. But the experience of many men who stick with it is that they end up benefitting. Would you like me to talk, in general terms, about their experiences?”

“You are wondering what you can get out of this, beyond having to come here to fulfill your order. That’s understandable, you’d prefer not to be here. But given that you are here, I want to make sure this isn’t a waste of your and everyone’s time.”

Highlight Discrepancies



"You don't see yourself as having done anything wrong, yet on the other hand several people have expressed concern about how safe things are at home"

"You see it as a once-off, something that you did a year ago, yet it's always possible there's more to the story."

"You're telling me everything's fine now, but it also sounds as though you are someone who doesn't like to take big risks. What if something's bubbling under the surface you aren't aware of?"

"You're saying that you consider it to be your partner's fault for what you did. It also seems to me that you see yourself as someone who is capable and can make decisions for yourself."

Engaging fathers who use domestic and family violence

Rodney Vlasis, November 2024

Family support (including intensive support) services have a highly important role in engaging fathers who use domestic and family violence. While child and adult victim-survivors actively resist the violence they experience, and constantly strive to maintain some space for action and normality in their lives, they cannot be left alone to limit the harms they are subjected to. Being allies to children, mothers and other adults and family members experiencing violence means attempting to address the source of the harm, where we can, and when it's safe to do so.

There is no doubt that fathers who use DFV can be difficult to engage, or to engage safely. Workers have understandable fears of causing more harm, of inadvertently escalating him or colluding with the excuses he uses for his violent and controlling behaviour. Workers can also fear for their own safety.

These fears are important to listen to. They can direct us towards the need for proper planning, and to equip ourselves with skills to feel more confident to manage the engagement, support the father's self-management, and to manage ourselves during our interactions with him.

Historically, however, we have let these fears immobilise us, resulting in plenty of engagement with the protective parent, and little or none with him - or at least little focus with him on his harmful behaviour. This has added to loading the adult survivor up with an impossible set of expectations to manage safety for her children, on top of everything she is already needing to shoulder due to the father's use of coercive controlling violence.

So what does it look like to make fathers and their patterns of harmful behaviour more visible in our work? What are the skills required to do so?

The good news, and the bad news, is that we don't need to load ourselves up with impossible expectations either. This is good news because it's important to know the limits of our role, and to recognise that some fathers have gone too far down the rabbit holes of believing that they are the victim, of standing behind (and making full use of) their male entitlement, and of developing maladaptive responses to their own trauma-based wounds, for us to effect any significant change.

The good news is that even in these circumstances, there are valuable things we can do. We can document his patterns of harmful violent and controlling behaviour, and the impacts of these behaviours on children's welfare, family functioning, and on the adult survivor's parenting and wellbeing. We can sensitively explore and document everything that the adult survivor is doing to maintain dignity, safety and normality for her family. We can help other services who have an important role in the developmental ecology around the child to better understand the family's experiences of violence, to see the adult survivor in a new, more positive and resourceful light, and to be less susceptible to the impression management and systems abuse tactics of the father causing harm.

We can listen out for indicators of risk. We can share what we learn about the father's harmful beliefs and thinking, any escalation in his instability or in complex needs, and the unhelpful or dangerous meaning he is making out of any new circumstances, with other services involved in managing risk.

And we might be able to scaffold and support him to walk across some small steppingstones towards later and bigger changes in his behaviour. We might be able to open up some motivational corridors, some lanes through which he might be willing to work on some aspects of his harmful behaviour, even if it's only the tip of the iceberg. Small, incremental first steps that might still make a meaningful difference to his family.

The good news is also that we do not need to feel the pressure to become behaviour change workers and to try to 'fix' him. Our work with him is part of what is likely to be a long journey towards change - our role can be important, but it is only one or two steps along the way. Even if we are working with him for many months, we might only get to a few small, incremental changes. We do not need to feel dispirited about this - we are making a start.

So this is some of the good news. It's also some of the bad news. These men can be very resistant to change. They often have many years (sometimes decades) of adopting thinking and beliefs that makes themselves out to be the victim, not the person causing harm. They can see the actions of police, child protection, the justice system and other responders as further 'proof' that they are being 'victimised'. They are often emboldened by male entitlement and broader men's rights movement and manosphere narratives that tell them 'men are no longer allowed to be men anymore'. Some might have developed coercive controlling attitudes and behaviours in part as a way to cope with deeply traumatic family-of-origin experiences, and/or be facing marginalisation and oppression on a daily basis due to their lack of white or other forms of privilege.

The bad news is that many of these men won't be interested in a referral to a men's behaviour change program (the referral of choice - it is not safe to refer these men to couple counselling, family therapy or to private practitioners who don't have specialised expertise in DFV, as this will often just make things worse). Or at least not when you start work with them. The family support or intensive family support service is often left carrying the can of risk, hopefully in collaboration with other services.

This means we need to both peddle quickly, and work slowly, at the same time. Peddle quickly to attempt to engage the father in some early steppingstone safety planning, to try to open up a lane that he is willing to travel through to explore at least some aspects of his harmful behaviour. Peddling quickly to make a start on something, even if it's only the tip of the iceberg, that might start to make even a small positive difference for his family. And while doing so, peddling quickly to do all the behind-the-scenes risk management work that he might not be aware of, such as sharing information with any other services that also might be attempting to keep his behaviour within view.

At the same time, we can only work with him slowly. His defensiveness, his denial, minimisation and other-blaming, serves to protect him. Not only from the risk that he might incriminate himself if he discloses the true extent of his behaviours. Defensiveness also protects himself from experiencing the shame of confronting that he has behaved in ways that is not truly how he wants to be. He might consider himself to be a 'good Dad', a 'strong man for his family', and other such things. He does not want to see himself as someone who has traumatised his children and taken their childhoods away from them. He might not want to see himself as a 'wife beater' (language that of course we would never use, including because it only further obscures the insidious nature of pervasive coercive controlling tactics that do not involve physical violence).

The ugly truth is that some fathers are so down the rabbit hole of wanting to punish their (often separated) partner, due to the righteous anger concerning the 'injustice' that 'she has done to him', that they remain closed off to the harm they are causing their children. They are single-mindedly intent on punishing her, at all costs, irrespective of the impacts on their children. They might also be deluding themselves that "I am the only sane parent!" and that somehow their children would be better off without her (or with less contact with her). Of course, this can smokescreen their sense of male entitlement over their children.

But many fathers can be reached, if we don't go too quickly. If we are mindful of not pushing up too hard, too fast, against their shame barriers. While we want to minimise collusion with men's denial and other-blaming, and minimise collusion with their violence-supporting narratives and victim stance attitudes and beliefs, we can't flood them with shame, humiliate them, or moralise at them. There are a set of *mid-point skills* that we can use between colluding and being overly confrontative.

Finding this balance also involves a dance between three anchor points in our engagement with him.

First, we have bottom lines regarding the behaviours we want him to change. Behaviours that he needs to stop doing, as well as others that we might want him to start doing, or to do more of. Behaviours that we want him to be accountable for arising from what we learn through sensitive engagement with those who experience his violence, and from information obtained through other sources. We might not know all or even many of these bottom lines at the start - sometimes it takes a few months of engagement with family members to discern a clear picture of the extent of his harmful patterns of behaviour, the multiple ways in which his behaviour impacts child and family functioning.

We cannot flood him with demands for behaviour change stemming from these bottom lines. In some situations, it might not be safe to introduce them into our engagement with him, especially if he is not aware of what we know about his behaviour and if he might retaliate against family members for disclosing about his behaviours to us. Ignoring the bottom lines completely however can often be collusive; when and how we scaffold a focus on (some of) them requires discernment.

This also means keeping two other anchor points for the engagement in mind. One of these is to create a 'positive emotional space' (as my colleague and MBCP trainer and supervisor Sarah May from NSW so clearly says) for the father to sit with the discomfort involved in exploring how he could be more of the father that he really wants to be. This involves lots of positive questions about what it would look like to be the best father he can be, about what his kids need from him, what he might be modelling to his children (the good and the bad), what his kids are learning from him that might not hold them in good stead in life, how he wants to help them cope with their own big feelings, what roles he can play as a Dad, and so much more. Invitational explorations that we could ask any father, not just those who use DFV.

David Mandel from the Safe and Together Model emphasises that to prepare ourselves to build fathers' motivation to look at their harmful behaviour, we need to practice engaging fathers per se in positive, energising explorations of what it means to show up for their kids, and to be the best Dad they can be. These explorations can also of course involve helping the father to explore the different ways that he can be a Dad (not just being a 'providing Dad' and a 'decision-making Dad'), and whether he can contribute to his family outside narrow 'man box' confines.

Of course, with many fathers who use DFV, we will need at some point to attempt to open up a positive emotional space for the father to explore the problematic parenting practices that he is using. Many fathers who cause DFV harm adopt authoritarian methods of 'managing' (controlling) children's behaviour, and believe that their partner is 'too soft' on the kids. They are often under-involved in their children's lives, or alternate the provision of affection with the elicitation of fear. These fathers often choose to 'let it rip' in front of their children to control their behaviour, rather than seeing children's 'problematic behaviours' as ways in which they attempt to communicate their needs. We need to work with these fathers to support child-centred, rather than self-focused, parenting.

The third anchor is to create opportunities to help the father see that one of the most important parenting choices he can make is how he treats the other parent(s) of his children. That he cannot be the best Dad that he can be if his behaviour impacts his ex/partner's ability to parent, and her bond with their children. That supporting these relationships - and the family's broader relationships with extended kin, community and health and community-based services - is crucial for his children's wellbeing.

For example, my colleague and friend Peter Thorpe from Queensland, one of Australia's leading subject matter experts in engaging fathers who use DFV in child protection systems, takes opportunities to do this when constructing initial genograms with fathers. He might ask them, when talking about each of his children, some of the vital things that his partner does to support that child's wellbeing, and to meet the child's needs. He writes these positive qualities down on the genogram, as seeds for later conversations to explore in more depth.

If these are our three anchors for the engagement, and we attempt to dance between them, how do we hold the father in a conversation anchored by them? When what he wants to talk about is his story of how 'unfair' he has been treated - a story of blame, the 'problems' that his partner has 'caused him', how 'unfit' she is to be a parent or that 'she is the one who needs help'...

There are several sets of skills involved here. They might seem like a lot, but we might already have more of these skills than what we might first think. Existing skills that we can stretch to apply carefully and discerningly with adult users of DFV, if we are supported through some training, coaching and collaboration with our peers.

One set of skills, as mentioned above, concerns how to stay in the mid-point between colluding with, and moralising at, the father. There's many micro-skills involved here (for a brief snapshot of some, see section five of the practice resource at <https://nada.org.au/resources/engaging-men-who-perpetrate-domestic-and-family-violence-in-the-alcohol-and-other-drugs-treatment-context/>) or the demonstration videos and scripts at <https://nurturing-nonviolence-rccf.sydney.edu.au/safer-children-safer-communities-action-research-project/>

Importantly, the use of mid-point skills requires us to manage ourselves in the engagement, and to know the situations in which we might tend to drift too far towards either collusion or coercion. Self-awareness is critical!

Another set of skills involves creating what could be termed a *conversational container* for the engagement. How to respectfully keep the conversation on track given that we are wanting him to sit in some discomfort to talk about things that he might want to avoid. There's a range of skills involved here - signposting, normalising, 'verbal contracting', re/directing, the use of open directed questioning, talking about the talking and others.

Another involves supporting the father to self-manage difficult feelings during the engagement, and to attempt to prevent escalation. There are a range of things that workers and managers can do to support staff safety, especially in the context of home visits. This includes helping workers to learn the skills to attempt to prevent client escalation, and to open up avenues for de-escalation through how they support the client to manage themselves during the engagement.

There are a set of skills involved in creating a positive emotional space, as mentioned before. How to find the 'hooks' through which the father might be willing to sit in some degree of discomfort - how to adopt invitation practice that might gradually build the father's willingness to open up to more of his harmful behaviours, and the impacts of these behaviours. To help him see that these behaviours and impacts are not in line with his aspirations, his values, his hopes for himself and his family, and with how he sees himself, or would prefer to see himself, as a father and as a man.

It's this dissonance, the discomfort through which he comes to realise that he is not living up to his aspirations, hopes and values, that can create the greatest lever for change. At the same time, flooding him with this discomfort, too fast too soon, might only lead him to feel humiliated - not a safe state to leave a man who is using DFV in.

South Australia is our nation's home to invitational approaches towards helping people address heavily ingrained behaviours. Many of you will have invitational narrative, or maybe motivational interviewing, skills towards helping your clients to themselves articulate goals towards change. Often, building upon a father's articulation of some starting goals that you have 'led him' to articulate through patient questioning, rather than us coming in too heavy with the bottom lines, will result in more productive engagement over time. Peddling slowly to build engagement and commitment, while simultaneously peddling quickly (at least behind the scenes) to respond to any escalating risk.

And there are safety planning skills. When we have been able to open up a conversational container focusing on at least some starting aspects of the father's harmful behaviour, and/or when the father has articulated some things that he realises he needs to do differently, we can commence some safety planning with him. Often, this can't get straight to the heart of the matter. We might need to start indirectly, or with some 'adjacent' safety planning on things that seem to be skirting around the edges, but which nevertheless might make a start towards something more direct in the weeks or months ahead.

Going back to the bottom lines anchor, sometimes it is safe and productive to be direct and honest with him. To not beat around the bush. He might appreciate a 'no bullshit' approach. We might be able to introduce some goals into the safety planning conversation directly and transparently. But other times, we will need to start off at the edges, and focus on something that he has articulated that he wants to change, that if he is able to change, might then make a more direct and central change at a later time that little bit easier. The sort of initial 'little lever' change that might be a steppingstone to later and greater things.

Peddling slowly, and quickly, at the same time.

Three anchors model when engaging fathers who cause domestic & family violence and co/parenting harm



Rodney Vlasis, May 2025

with inspiration from the Caring Dads program,
Safe & Together Institute, and invitational narrative practice

**all resources mentioned in this guide can be downloaded
from the Featured section of my profile page**

We need three anchor points when engaging fathers who cause domestic & family violence, and abusive fathering, harm

Create a **positive emotional space** for him to see what he can gain through the support you and other services are offering him – engaging him like one would with any father about being the best they can be for their kids



Patently open space for him to discuss aspects of his behaviour he's willing to disclose



Connect with 'the part of him' that wants the best for his children and his family



Find the hook(s) to encourage his stand against the harmful behaviour



Begin safety planning: what he can do to move away from causing the harms, and towards alternative behaviours aligned with +ve values



Listen out for (and proactively assess) indicators of serious risk and harm



Follow-up and extend over time to more of the bottom lines / his harmful behaviours

Bottom lines: the father's harmful behaviour – be transparent with him, **when it's safe to do so**, about what he needs to stop doing, or to start doing / do more of, to cease harming child & family functioning and his ex/partner



Help him recognise, and be motivated by this recognition, that how he treats the mother of their children, and how he supports her relationship with them, is one of the most important things he can do as a parent



We can springboard toward the bottom lines from an initial focus on healthy fathering and the behaviour that moves him closer to this

in a nutshell

- Set up emotional safety for the conversation → adopt a strengths-based approach towards the strategies he uses to manage discomfort, invite him to self-monitor during the session to prevent escalation, signpost and negotiate the agenda as you go along, ground towards self-care at the end to help him leave the conversation safely.
- Create opportunities where you can focus on the bottom anchor → invite him to talk about the positive qualities of his ex/partner as a parent and what she/they means to each of their children.
- Early in the conversation, include a strong focus on left anchor → attempt to create a positive emotional space by exploring his views on what being the best Dad he can be might look like to his children and family, what his children and partner would say if they were asked this, what he wants to model to his children, what his hopes are for his children, what he does and can do to contribute towards these hopes.
- If/when he starts to focus negatively on the actions of others (e.g. his ex/partner) or enters into “I’m the victim!” narratives, use **conversational container** and **mid-point skills** to keep the focus on him and his choices.
- Use positive explorations from the left anchor as a **springboard** towards the right anchor. Explore what his children / their Mum see him doing when he’s *not* that best Dad... what would they say he needs to stop doing... when he *moves away* from being that best Dad, what does that look like?
- Scaffold elaboration, building upon his language while minimising collusion... invite him to talk more about his behaviours... invite him to talk about impacts, noting that he might only be disclosing or willing to think about the tip-of-the-iceberg of his harmful behaviours and impacts.
- Be prepared for him to intensify his victim-stance narratives as the conversation becomes uncomfortable → you might need to increase your active use of conversational container and mid-point skills.
- Be aware of how he is responding, don’t flood him with shame. Check in with him. Support him to sit safely with the tension of how the harmful behaviours he’s willing to admit to aren’t consistent with being the Dad he wants to be... the best Dad he wants to move towards.

when to use this model

This practice model is relevant for family support, child protection, community-focused or any other practitioners or workers who engage fathers using domestic and family violence, and/or abusive parenting and co-parenting

It's a model about how to focus on our bottom lines about the changes the father needs to make – the behaviours and harms he's causing that we want to hold him accountable for – in the context of a parallel focus on motivational enhancement and positive fathering.

It also incorporates the Safe and Together Model principles on multiple pathways to harm, including how many DFV perpetrators sabotage or impact their ex/partner's parenting, bond with her children, and the child's and family's connections to social, cultural, educational, health and service system supports.

This model is useful when we can't confront the father directly with what we know about his violent and controlling behaviours and the harms caused to children, the adult survivor, and to the family. For example, when we can't confront him because he doesn't know what we know about his behaviours, and if he came to know what we know, might increase his violent and controlling tactics against his ex/partner and possibly also his children

We might also not be able to confront him if going too fast too soon will overwhelm him with shame, resulting in him disengaging, or becoming even more unsafe to his family members.

We also know from the Caring Dads program and other DFV-informed approaches, that to help build a man's focus on abusive fathering and co-parenting, we might first need to engage him on explorations of healthy fathering.

Set up emotional safety for the conversation, and support engagement

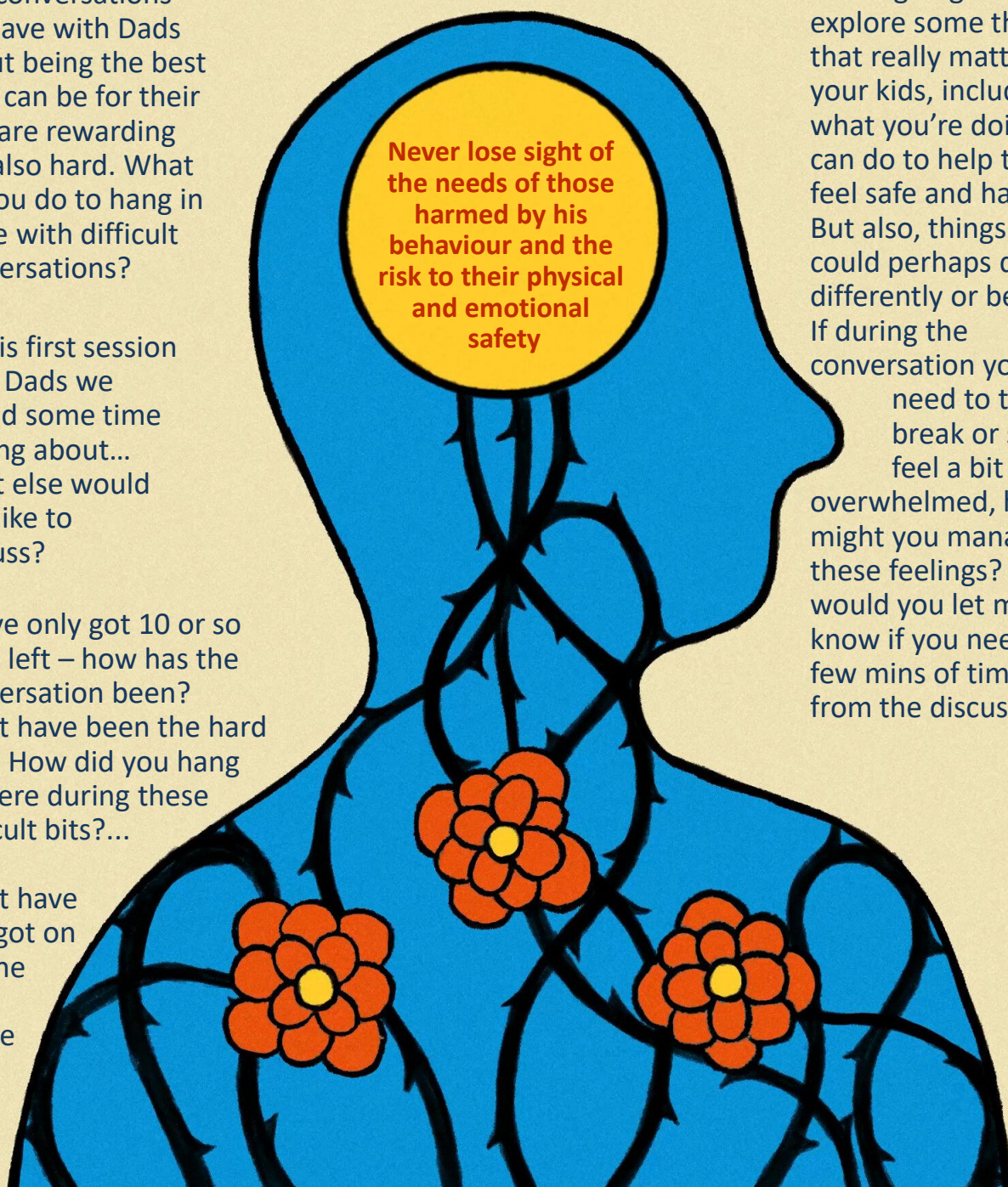
The conversations we have with Dads about being the best they can be for their kids are rewarding but also hard. What do you do to hang in there with difficult conversations?

In this first session with Dads we spend some time talking about... what else would you like to discuss?

We've only got 10 or so mins left – how has the conversation been? What have been the hard bits? How did you hang in there during these difficult bits?...

What have you got on for the rest of the day?

We're going to explore some things that really matter for your kids, including what you're doing and can do to help them feel safe and happy. But also, things you could perhaps do differently or better. If during the conversation you need to take a break or start to feel a bit overwhelmed, how might you manage these feelings? ... How would you let me know if you need a few mins of time out from the discussion?



See the post and resource [Concepts, models and skills in engaging adults who use DFV](#) for more guidance

Create opportunities throughout the conversation to focus on the bottom anchor

If you are father to a little girl, understand that everything you say and do to the mother of your child is teaching your daughter what to expect from a man.



If we to ask your youngest, what would he say are three qualities about his mother that he really loves?

Let's take a look at your children's needs that are met by their mother... what can you do to help her meet these needs? What needs can you help directly to meet?

Parenting is a hard job. If we were to ask your partner, what would she say that she would want you to do to support her in her role as a mother?

On a scale of 0 to 10, how important is your partner to your children?... What makes her so important to them?... What can you do to support their relationship with your partner?...



Springboard towards bottom lines:

What might you be doing that hurts your children's relationship with their mother?

What do you need to stop doing that makes it hard for her to meet your children's needs?

It sounds like your partner's Mum means a lot to your kids. What do you need to change in your own behaviour so that you can support their relationship with her?

Being a good father starts with respecting your child's mother.



See the post [Engaging fathers who perpetrate violence and control for more guidance, especially the slide](#)

Build motivation towards him treating the children's mother with respect through, in part, focusing on what he models to his children

Create a positive emotional space towards the father being prepared to sit in the discomfort of exploring how they are not the father they hope to be... or think that they are...

help him to 'feel good about feeling bad'

What does it say that you are refusing in our conversation to turn away from what your kids need from you, even though it makes you feel bad to realise...

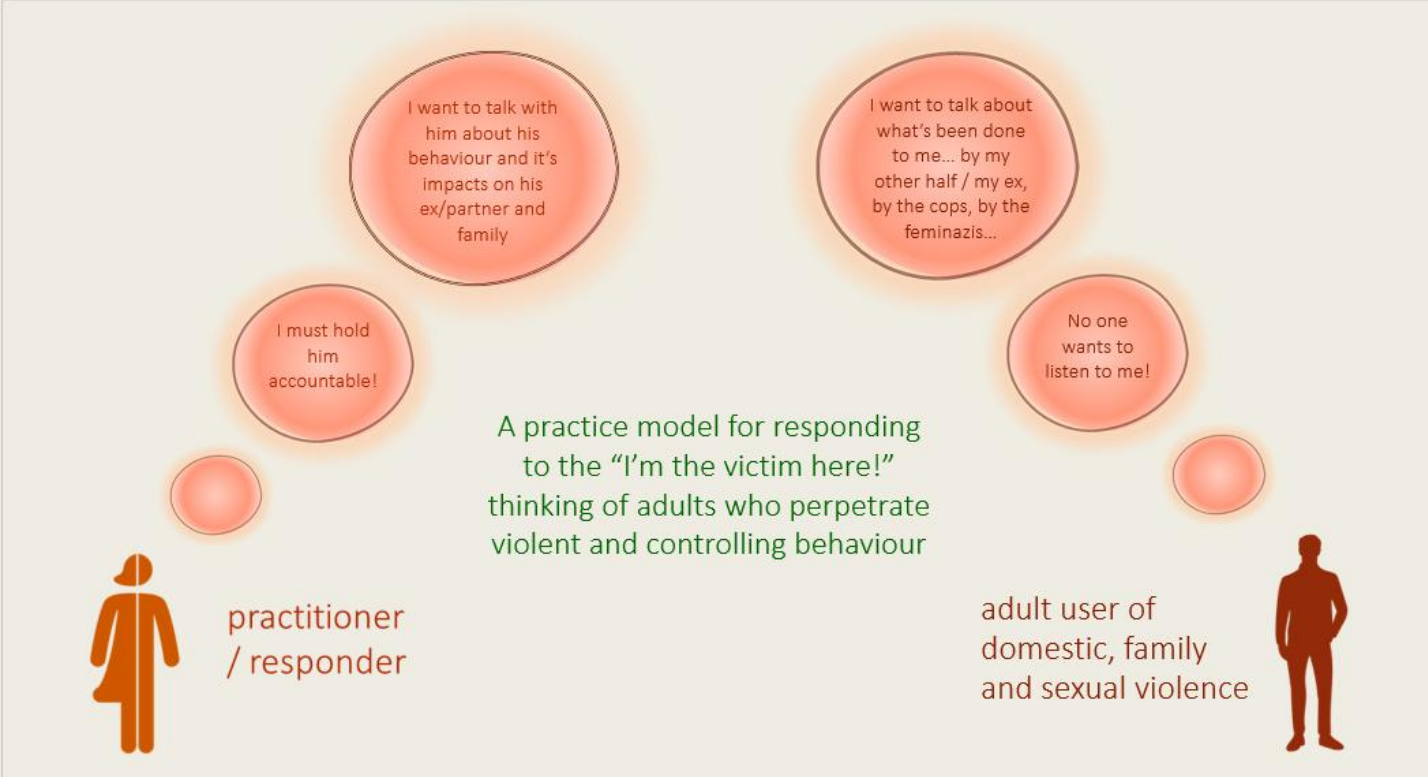


You're telling me you want to move towards being a calm and fun Dad that your children feel relaxed around – that matters a lot to you?

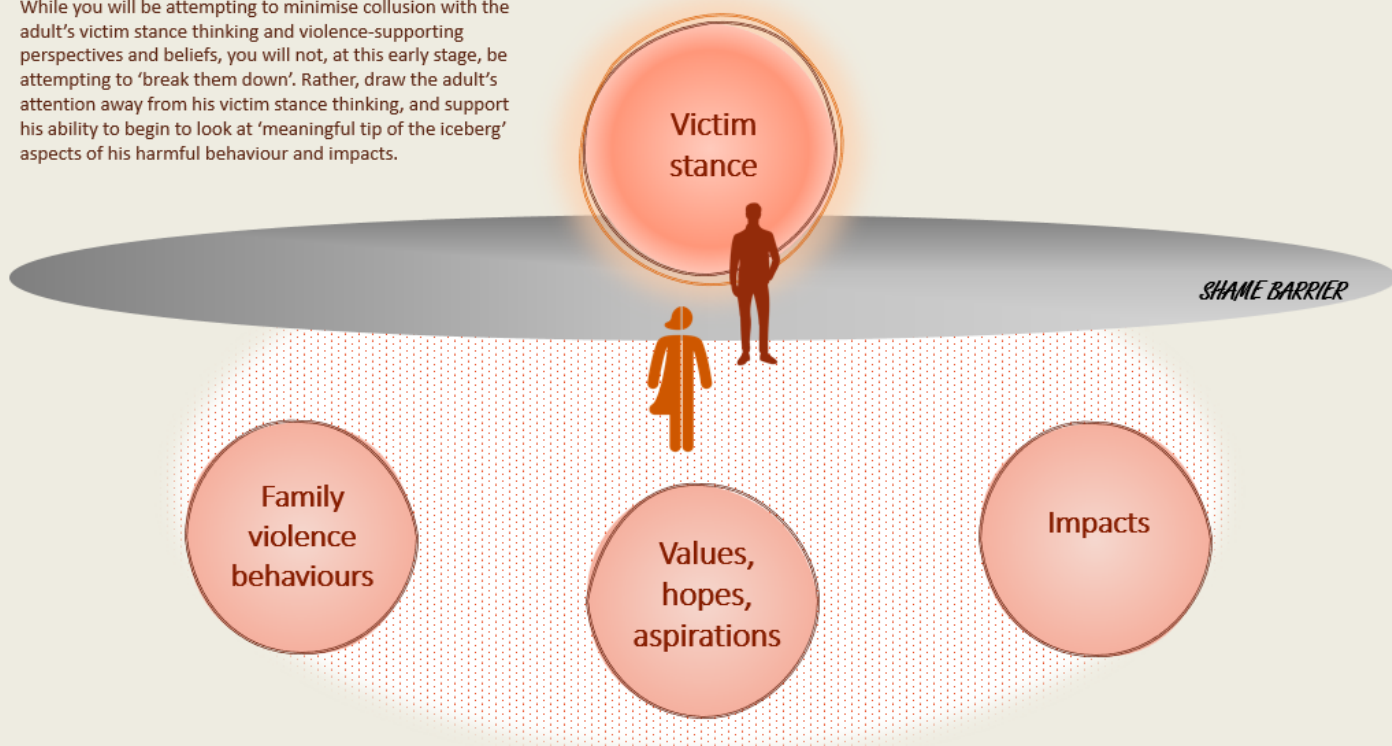


What might it mean to your kids if they knew that you are prepared to learn from your mistakes, and to work hard to be the best Dad you can be?... How might you feel if when your kids are older, you are able to say to yourself 'the cycle of violence stopped here – I was able to move away from treating my family like how my Dad treated me.'

See the posts and resources **Concepts, models and skills in engaging adults who use DFV and Engaging fathers who perpetrator violence and control** for more guidance. In the latter, for example, see the slides **Examples of questions that work across the three anchor points.**



While you will be attempting to minimise collusion with the adult’s victim stance thinking and violence-supporting perspectives and beliefs, you will not, at this early stage, be attempting to ‘break them down’. Rather, draw the adult’s attention away from his victim stance thinking, and support his ability to begin to look at ‘meaningful tip of the iceberg’ aspects of his harmful behaviour and impacts.



See the posts and resources **Concepts, models and skills in engaging adults who use DFV** and **Responding to perpetrator “I’m the victim here!” thinking** (which describes the practice model above) for guidance on how to apply conversational container and mid-point skills. There are further examples in the **practice discussion videos**.

Springboard from positive explorations of what the father can do more of in terms of healthy fathering and positive behaviours, towards the bottom-line behaviours of harm you want to address



I see that being a fun and relaxed Dad around your kids is important to you, and to your kids. You've talked about some things that you do, and that you can do more of, to be that relaxed, fun Dad.

No parent is perfect, and I imagine you aren't always that relaxed, fun Dad. What does it look like when you aren't relaxed around your kids?... When you aren't calm, how would your children describe you?... If they were to draw you when you aren't calm, what might that drawing look like?... How would you describe how you appear to your kids when you aren't calm and relaxed around them?... What expression would they see on your face?... What would your partner say?... What does she see you do when you aren't relaxed and calm?

... Ok, you'd describe it as being an aggro Dad, not a calm Dad. What do your kids see you say or do to their mother when you are being an aggro Dad? What might they overhear?... What impacts might this have on them?... What would they prefer you to do?

This sounds hard to talk about. I know that your kids mean a lot to you. You aren't running away from exploring how being an aggro Dad might be harming your kids. It takes strength to face this. Are you OK if we explore this a bit further, to get to what you can do to move towards being that calm Dad, and away from the aggro Dad?

Watch the practice video **"In this video I explore a few more skills..."** for guidance on how to extend these opportunities into unpacking harmful behaviours, exploring impacts, unearthing the father's values inconsistent with his harmful behaviour, and into preliminary safety planning towards him preventing and interrupting the behaviour

**Scaffold further explorations... to the extent that you can push up against his shame barrier, and extend his capacity to experience the shame/discomfort of these explorations...
keep cultivating and growing a positive emotional space throughout the conversation**

“She doesn’t let up, I don’t want to lose it at her in front of the kids but you just can’t reason with her!”

“Sounds like you were feeling quite worked up?”

“Yeah, she doesn’t give me a break, she makes me feel like a shit Dad in front of the kids”



Watch the practice video **“In this video I explore a few more skills...”** for guidance on how to extend these opportunities into unpacking harmful behaviours, exploring impacts, unearthing the father’s values inconsistent with his harmful behaviour, and into preliminary safety planning towards him preventing and interrupting the behaviour. See the practice guide **Preliminary safety planning to interrupt violent behaviour**

Remember: even a focus on healthy fathering and positive discussions about the father’s children creates opportunities for continuous risk assessment – see the slide Assessing all along the way **in the resource** Engaging fathers who perpetrate violence and control

16 considerations and micro-skills to help an adult user of domestic, family and sexual violence to (gently) push through their shame barrier



Denial and minimisation can be a way for the user of violence to protect themselves from the shame of realising how they've been far from their best self, and from other sources of shame. Underneath the shame can be values, aspirations or important aspects of their identity that might be inconsistent with their use of violence.

See the demonstration video [Here is a video of some skills...](#)¹ for how you can use their denial and minimisation – often arising in part from shame – as an opportunity to scaffold an approach that supports the user of violence to take a stand against their harmful behaviours.



Do not assume that because a user of violence (understandably) does not *want* to experience shame, he will not be *able* to cope with it. What does it mean if we treat all men who use DFSV as having the emotional capacity and literacy of a three year old? For some, however, the experience of shame can be intense, amplified by traumatic family-of-origin experiences and/or chronic stress associated with being part of marginalised communities.



Signpost that some degree of discomfort is a normal part of the conversation: "To be the best Dad you can be, to show up for your kids in the way that your kids need you to, means being open to how you can do better. We talk with a number of Dads that find sources of strength and courage to learn from mistakes." Use a strengths-based approach to help him identify what might support him to sit with the uncertainties involved in trying out new ideas and approaches.



Adopt mid-point skills² that attempt to minimise collusion while not being too confrontative and combative. Take a non-shaming approach focusing on curiosity "Could you help me understand..." and through inviting rather than moralising "I'm wondering if... do you think it might be possible that... I have a thought I'd like to share with you as I know you prefer that I don't beat around the bush..."



Use conversational container skills³ to bring him back on track in non-shaming ways if he blames his ex/partner or justifies his behaviour. Try to draw him away from his 'I'm the victim here!' thinking and story that he wants to tell, rather than locking horns against it.

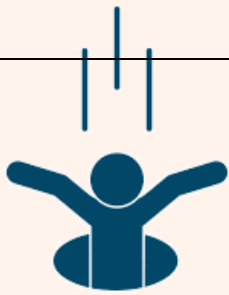
To counter the isolating impacts of shame, stay connected with him and offer hope that he can change.



Support him to feel 'good' about feeling bad. Try to change his focus from 'I'm bad' to 'I feel bad about the impacts on my partner/family':

"What would it mean if you didn't feel bad about...?"

"It's hard for you to have this conversation because you want better things for your family but you're not sure how to get there. You want to handle difficult feelings and situations better. Although it's hard, you're not walking away from striving to be your best you."



Consider using a visual analogy like the shame pit. Ask him what things he might be tempted to do when he's at the bottom of the pit to cope with the shame (e.g., use substances, blame his partner). Explore what can help him to transform the shame (focus on self) to guilt (focus on the experience of those he's harmed), without resorting to these temptations, and what can help him to move towards being his aspirational / best self. Build hope for change.



If the adult appears to be experiencing considerable shame, to begin with focus more on what they would like to move towards in their behavioural choices, and then extend to what they need to move away from: "How do you want your kids to feel around you?" ... "OK, you'd like them to feel relaxed. How might that benefit them, why might that be important?" ... "Yes, I can see how that will help them to concentrate on their schooling and build a happy childhood. What can you do to provide a relaxed environment?" ... "OK you're telling me that being a relaxed Dad means..." ... "What can you do over the coming week to be that relaxed Dad?"

... and then move the conversation to "Can we spend some time talking about what it looks like when you're not that relaxed Dad..." "When you aren't being relaxed around your kids, how would you describe that?" ... "Ok, you'd call that being a cross Dad. What do your children see when you are being a cross Dad?" ... "When you are being a cross Dad, if we were to ask your children at that point, what would they say about how you treat their mother?"



Provide opportunities for them to say more in future sessions without losing face: "This is the first time you've met me, it's understandable if there are some things you don't yet feel comfortable talking about. There will be opportunities later to say more once you have settled in to our work together." Remember that shame overwhelm is not a safe place (for his family, for themselves) to leave a user of violence in.



Invite him to manage feelings of discomfort during the session: "How might you know if I ask you something that hits too much of a raw nerve?" ... "How would you let me know?" ... "Is it OK if I provide a few suggestions about what to do if that happens?" ... "What other strategies could you use to hang in there with the conversation?"

Ask how they've been able to stay with uncomfortable conversations in the past, when they've had to hear something, or chosen to hear something, that they found hard to hear.



Focus on the behaviour, not ascribing anything to negative characteristics or negative traits of the person: "When you were feeling really angry at that point, what could you have done differently?" ... "Ok, you're saying you wished you had kept your cool. What would keeping your cool have looked like?" ... "How might keeping your cool benefit your relationship?"



Remember that shame can mean different things for different cultures. Understand the particular ways your own culture views and experiences shame, so that you do not automatically project this on to people from different cultures. Remember that if you are a white Anglo-Celtic person you have a culture too, with worldviews and biases just as much as anyone else.



Adults with complex trauma backgrounds can experience chronic shame. They might not only feel shame in relation to their behaviours that let down their underlying aspirations and values. They might also feel a deep sense of shame about themselves, as being unworthy, unlovable, etc. They might even experience intense feelings of self-hatred and self-disgust. These adults might have very low shame tolerances, and will do what they can to avoid experiences of shame due to the psychological pain involved in encountering such intense negative feelings about themselves.

In these situations, prioritise building the adult's distress tolerance as you work with them towards acknowledging and addressing a more meaningful proportion of their violent and controlling behaviours.



Humiliation can be dangerous for users of violence to experience – when they feel shamed or perceive they've been 'reduced' in front of or in the eyes of others, or if they've been reminded of felt inadequacy. If we confront too hard too soon, some might not only double down on their violence-supporting beliefs and narratives, but also escalate their harmful behaviour due to felt humiliation.

Even if their felt experience of humiliation occurred in the session with you, they might blame their ex/partner for 'causing' them to be in the situation where they felt humiliated.



Some adult users of DFSV (eventually) experience significant consequences due to their use of violence, and sometimes a corresponding aggrieved sense of loss. This might be loss of identity as a father, loss of their 'masculine role', loss of status or standing in their profession or community, etc. Serious-risk perpetrators can develop an intense grievance blaming the victim-survivor for having 'humiliated' and 'reduced' them to feeling 'less of a man'.

Helping the user of violence to restore some meaning, purpose and identity in their lives in healthy, non-violent ways can be a crucial part of managing risk. See the resource *Responding to users of DFSV who pose a serious to severe risk* for more practice suggestions.⁴



Check in with yourself before engaging the adult user of violence, or at least every now and then. Ask:

Am I drifting towards being intolerant and impatient?

Or towards colluding with the adult's violence-supporting narratives ... am I feeling too sorry for him?

Am I losing sight of the ugly truth of his behaviour, that there is probably much more to his behaviour and impacts on his ex/partner or family that I'm aware of?

Have I found the part of him that cares about something other than using power and control to get his 'needs' met and to force his will, even if this part is small? Have I found the part of him that is not defined by his use of violence?

¹ You can view and download this resource from the Featured section of <https://www.linkedin.com/in/rodney-vlais/> if you have a linkedin account.

² See the resource *Concepts, models and skills in engaging adults who use DFV* for examples of mid-point skills, accessible as per above.

³ See the above resource for a delineation and examples of conversational container skills.

⁴ See above details to access this resource.

20 practice tips for responding to adults who use ethnocultural identity to justify attitudes and beliefs that condone violence, control and male power



It is important to respect every person's culture, and to understand how a person engages with the values, traditions and collective meanings held by their culture. However, the use of culture to justify domestic, family and sexual violence is a smokescreen to avoid responsibility for harmful behaviour. The adult person using violence might be heavily invested in that smokescreen, but there are always choices they can make to be non-violent and non-controlling in ways that are entirely consistent with their culture.

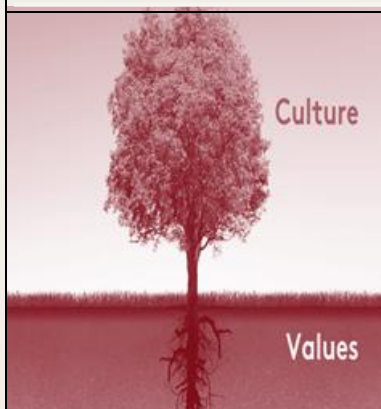


In most cultures, men have found ways to influence community norms, collective stories and institutional structures to enhance their social, economic and political power. Cultures differ, however, in what aspects of these patriarchal stories, and what types of gendered behaviours, are highly visible in a range of societal spaces, versus kept behind closed doors within more private realms. Cultures differ in how men's rights and the rules set for women & gender queer people are enacted, and the extent of visible support that men have to enforce them.

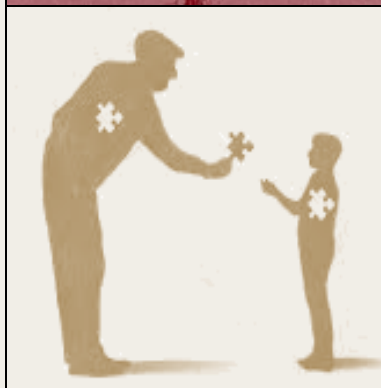


A person's ethnoculture is only one aspect of their identity: everyone has multiple aspects. The particular combination of those aspects most salient to the person can depend on their circumstances and the current moment, and can shift fluidly.

Do not automatically assume that a person's ethnic culture is the most or only important aspect of their identity. Remember to see them in multiple ways. Try finding aspects of their identity that are potentially aligned with values inconsistent with the use of violent and controlling behaviour. Relate to them in terms of those aspects of their identity in addition to as a member of a particular ethnocultural community.



Find collective values in the adult's ethnic culture inconsistent with harmful behaviour, and consistent with safety. Take time to understand the adult's view about what is important about their culture and community – collectively held values, and what their community strives for. Find values and strivings that appear to exist, at least in part, outside or beyond the realm of the adult's patriarchal interpretation of power relations between men, women and (if relevant to the context) gender queer or same-sex attracted people. Create a space of genuine curiosity for the adult to identify and elaborate on collectively held values and pillars to their community & culture that promote safety, empathy and other-centredness.



Invite the adult to express how these cultural values, ethics and pillars are incongruent with his harmful behaviour, and are more aligned with empathy, respect and non-controlling ways of relating:

"I can see that family means everything in your community, in ways that are perhaps richer or different to how families operate in my culture. Families living through harmony. I wonder whether your [harmful behaviour that the adult is willing to admit to] towards your wife is making it harder for your family to live in harmony...?"

"You and your family have sacrificed so much to come to Australia and make a new life, despite all that you've suffered. Sacrifice sounds important to you, listening to what your family needs from you?..."



Enquire about the genuinely positive aspects of how women are viewed through the adult's culture, the *diverse* roles that women play in their communities. Focus on how women are viewed positively by different people in the community, to go beyond gender stereotypes. Link this to safety, and to community expectations about how girls and women should be treated. Encourage the adult to articulate this in as much depth as possible, focusing on community values and pillars. "Could you help me understand how women are respected and valued in your community – what does this look like...? What if we were to ask this question to...? How are women supported to be leaders...?" "How do children in your community want their mothers to be treated...? How about grandmothers, what are their hopes for their daughters...? What are their hopes for women's safety and well-being...?"



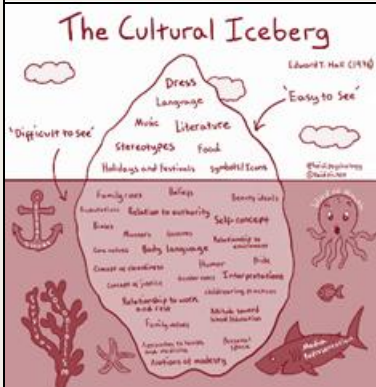
If it is clear that the adult adopts manosphere-type views that 'gender equality has gone too far and now men are the ones disadvantaged', or if he is very strong in claiming that 'in my culture, men have the right to... women know that their roles should be to ...', respectfully and non-shamingly contrast the absoluteness of these views with what he has said about how women are valued in his culture. "You're saying that women have a central & vital role in your families and community. I'm also hearing a belief that women have rules they must follow, limiting their options. Could you help me make sense of this?" Try not to do so with a judgmental tone in your voice. Focus the adult on the contradictions, rather than him feeling attacked for the views he's expressing. Externalise problematic beliefs if this might be helpful: "express a belief" rather than "you believe that" as this might make it easier for the adult to view the belief from different angles.



Demonstrate genuine and sensitive curiosity about the adult's culture, without exoticising it. Acknowledge you know little about their culture (if that's the case). Locate yourself in terms of your own cultural identity – don't pretend to know what you don't really know outside of your cultural lane. Ask what's important to know about their culture that might impact how you work together. Admit that you might make assumptions and mistakes, but that you hope to learn along the way. Don't however set him up as the 'sole expert' of his culture – this will marginalise different views and the voices of women and children.



If appropriate, listen to the adult's concerns about how their culture isn't understood by dominant others. Recognise the racism they and their community is facing. The adult's and their community's experiences of racism is no excuse for the adult's use of violence, but if you ignore it, your ability to affect change might be limited. Some men who use violence fossilise hardline views about women's roles, rules for their behaviour and men's rights, as part of defending their 'culture' against assimilationist and colonialist pressures.



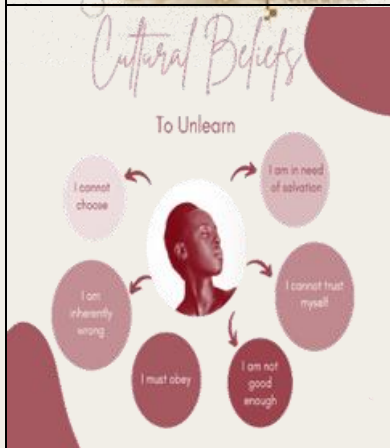
Anchor your engagement in cultural humility. Particularly if you are of Anglo-Celtic background, you might need to remember that *you have a culture too*. Understanding your own culture – the lenses through which you view the world and things you might not see as a result – will help you to not 'other' the adult's culture. Rethink your assumptions about kinship, parenting, monogamy, gender – if you are part of a dominant culture, learn about the weaknesses and challenges your culture faces from the perspectives of marginalised cultures. Acknowledge the struggles and failures of your community to address violence against women and children, and the long history of dominant cultural institutions & structures that have victimised them.



Assume there are different views about gendered roles within every culture, and encourage him to talk about different perspectives. Ask him what other views exist in his community about the beliefs he is expressing. What might be the views of some of the younger men in his community? Younger women? What are they grappling with and learning that's of value to their culture and community?

Frame it as given that a diversity of views exist about these beliefs and issues in every community. Assume that culture is dynamic, attempting to hold on to traditions, pillars and values while also continuing to evolve and adjust to new circumstances.

You could invite the adult to consider how others in his community are trying to navigate the beliefs and ways of being a man, woman or gender queer person inherited from their parents and grandparents, with how they are grappling with these issues and new influences in the country they now live in.



If appropriate, ask how their community is grappling with an issue facing all communities: progressing women's, children's and (if relevant to the context) gender queer people's choices and opportunities when historically they have been disadvantaged. Link this to safety and well-being. The adult might have strong views, and possibly draw upon religious texts or other 'cultural truths' to defend them. Manage yourself to focus calmly on safety and well-being.

"I can hear that there are some strong views about this, that you and some or maybe many others in the community hold. I am not here to judge. I am here to help you be the best father and role model you can be, and am concerned about how these beliefs might be getting in the way of that. I wonder if these beliefs are dominating so much that you are hurting those who you love in your family?"



Try not, however, to frame the issue as gender equality, unless the adult seems comfortable with this. Some men in some cultural contexts can become defensive and animated in pushing back against the goal of gender equality. You might need to work very hard to not be seen as trying to 'impose Western values' onto his culture. Rather, focus on opportunities for girls, women and (if relevant to the context) gender queer people to be safe, thrive and lead fulfilling lives – a focus on expanding opportunities for all in the community.



Invite him to describe what it looks like in his community when men stand with their family members, rather than stand over them. What it looks like when men engage respectfully with their family members in ways that honour their dignity and safety. What it looks like to work hard to ensure the safety of his family.

Use this as a springboard towards a focus on what he might be doing now that is not consistent with community expectations to ensure safety. If he is a refugee or supported his family to migrate under difficult circumstances, what he is doing now that contradicts the actions he took previously to build safety for his family.



Children are at the centre of many communities, with cultural expectations that they will be nurtured and cherished by all kin. Fathers might embody a genuine desire to help their children expand their opportunities and have a better life than they did. Being a good role model and providing guidance can be important not only to their biological children, but to others in the community. Helping violent fathers to be accountable to community and their own expectations in this respect can be a behaviour change motivator for some.



Focus on what behaviour is not acceptable within the community when a man disagrees with his partner or family members over their decisions or actions. Ask what is not acceptable for a man or father to do in these situations – what crossing the line looks like. What does it look like when someone in their community crosses the line from having an argument, into using violence and abuse? What does it look like when the adult behaves respectfully according to community values and expectations, and does not cross this line?

If the adult strongly believes that violence is justified (or even expected) under certain circumstances, be transparent with him that you assume there are different opinions about this within his community, and ask him what those different viewpoints might be. If he falls back on 'everyone in my community knows that hitting is OK when a wife harms a man's honour and humiliates him and his family', focus on the illegality of that violent behaviour where they now live, and how that behaviour will be responded to by police and the courts.



Learn about the culture from cultural consultants. Develop relationships with cultural advisors in migrant resource centres, ethnocultural services, international settlement services, and in centres for survivors of torture and trauma. Learn from women's associations within the culture or community, to help you discern which aspects of the perpetrator's narratives about his culture are patriarchal interpretations that serve male entitlement, and that are not universally held within the community.

While you are unlikely to develop enough knowledge to argue the specifics of any religious texts or spiritual teachings that the adult might use to 'justify' his harmful behaviours and beliefs about gender, if you do your research, you can acknowledge the existence of different interpretations and views with some degree of confidence.



Humiliation can be dangerous for users of violence to experience – when they feel shamed or perceive they've been 'reduced' or made to feel 'less of a man' in front of or in the eyes of others, or if they've been reminded of felt inadequacy. If we confront too hard too soon, some might not only double down on their violence-supporting beliefs and narratives, but also escalate their harmful behaviour due to felt humiliation. Even if their felt experience of humiliation occurred in the session with you, they might blame their ex/partner for 'causing' them to be in the situation where they felt humiliated. In some communities, adult users of violence can perceive that their whole family has been humiliated by the victim-survivor, adding to risk.



Extended families and natural networks within the community can be highly important in either exacerbating, or (to a degree) helping to protect against risk. Consider their role in safety planning and in building accountability supports. Think beyond the nuclear family, and identify communal responses. Remember also that extended family members can also condone and join in with the violence and abuse.



There are some unique risk considerations in adult use of violent and controlling behaviours in some cultural community contexts. Ensure that you are familiar with indicators of, and risk factors for, visa abuse, dowry abuse, honour-based violence, forced marriage, cultural isolation and entrapment, female genital mutilation/cutting, and modern slavery. You might need to look outside of your own particular cultural lens to understand the contexts in which these forms of violence and entrapment operate, and so that you do not collude with overculture/white supremacy and racism towards non-Anglo cultures.

Perpetrator Serious-Risk Action Plan¹

This tool is designed to assist risk management planning in domestic and family violence situations when services, multi-agency teams or other responders are concerned about an adult posing a serious risk of severe outcomes.

If the perpetrator (Person Using Violence; PUV) was to enact severely violent behaviours in the short to medium-term future, what might these be?

What might be the sequence of steps and events from this point onwards that could lead to the PUV choosing to enact these severe behaviours?

Consider new or changed circumstances, changes in victim-survivor resistance or autonomy, impact of service system responses, changes in PUV mental health and/or substance use, changes or escalations in the meaning made by the PUV of events, etc. *Consider movement along stages of the Homicide Timeline* <https://homicidetimeline.co.uk/what-is-the-homicide-timeline.php>

What actions are being taken, by whom, to keep the PUV in view: that is, to monitor his movements, thinking, the meaning he is making out of new or changing circumstances, moods and/or behaviours?

Actions taken	By whom	What is being kept in view (PUV's movements, his behaviours, his thinking, the meaning he is making out of new or changing circumstances, his mood, etc.) Be specific about what is actually being kept in view through the action.	How might this monitoring be improved?

¹ Tool developed by Rodney Vlais, August 2025. No copyright. Please improve, format and adapt to suit your local circumstances and contexts. Send any feedback about how to improve the tool to rvlais@aapt.net.au.

What additional actions could potentially be taken, by whom, to keep the PUV within view? *Do not limit to actions that you are 100% confident are feasible and realistic – include consideration of potential actions you are not totally sure whether the relevant organisation or service involved has capacity, willingness or capability to take.*

Actions taken	By whom	What would be kept in view (PUV's movements, his behaviours, his thinking, the meaning he is making out of new or changing circumstances, his mood, etc.) – be specific about what would be kept in view	How might this monitoring be made as feasible and effective as possible?

What options could be utilised that might create a barrier and reduce the PUV's access to the victim-survivor? Consider: law enforcement, legal or justice system options (DFV protection order, charges for breach of order or for other alleged criminal activity), and/or other options not based in the law enforcement or justice system (e.g., community responses) → options that might not be safe to utilise now, but could become or be made safer at a point in the short to medium term future. *Provide detail on what could be done to reduce the risk of PUV retaliation or of other negative consequences to victim-survivors and children should the option(s) be utilised.*

Law enforcement, legal/justice system or other options to create barriers or that reduces the PUV's access to the victim-survivor	Actions or a strategy that could make this potential option safer and with less 'blowback' (i.e., reduces short or longer-term risk or negative consequences to the victim-survivor and their family)

What actions could be taken, or strategies enacted, to expand the victim-survivor's options to build safety for herself and her family, and to collaborate with her to manage the serious risk that the PUV poses? *Actions to reverse the victim-survivor's reduced space for action to build safety due to the violent and controlling tactics of the PUV and due to collusive or DFV-uninformed systems.*

Option to create or expand for the victim-survivor to build safety	Actions or strategy to help make this a feasible and safer option for the victim-survivor to enact

If the PUV is not currently engaging with appropriate services, what steps can be taken to work towards him becoming more likely to start engaging? Even small steps?

Thinking about the points ahead in which the risk of severe outcomes might escalate, what actions or strategies could be targeted specifically to minimise escalation at each of these points?

Potential escalation point	Actions or strategy to minimise escalation

If the PUV is developing or has developed a fixated grievance on the victim-survivor, what actions or strategies might help to **distract** him from the grievance, and from his grievance-filled ruminations? Include actions that might address identity loss (e.g. loss of status, role or identity resulting from victim-survivor, service system and/or community responses to his use of DFV), that introduce new meaning into his life, and/or that fill any vacuum in his life in positive ways?

Does suicide risk need to be assessed and (regularly) monitored? If so, how?

Is an attempt at assessing homicidal or suicidal-homicidal ideation required by a specialist service? If so, how might this be enacted?

If substance use and/or mental health considerations contribute towards serious risk, what actions and strategies are in place, or need to be put into place, to address these? What else might be needed to help stabilise his life?

How might attempts be made to build the PUV's distress tolerance, and/or to reinforce his existing distress tolerance skills? Include the need for skills in situations in which the PUV is with the victim-survivor (e.g., as a result of confronting her) and his grievance, jealous or other ruminations or sources of distress escalate.

20 things we can learn about risk through engaging the adult user of domestic, family and sexual violence

... but first, 8 fundamentals



Understanding and assessing the risk posed by a user of violence takes into account as much of the following as possible:

- the victim-survivor's own views about the level and nature of risk (if she is worried for her safety, that usually reflects significant risk)
- the presence of evidence-based risk factors, including those associated with higher lethality risk
- any available observations of the perpetrator's language and articulated thinking, attitudes and beliefs, emotional states and behaviour
- information from partner agencies and other sources
- your and other workers' professional judgements about the risk.



Risk assessment is an ongoing, dynamic process of analysis that continuously informs both safety planning and risk management.

Consider both the seriousness of risk, and the degree of imminence. Risk can be serious even if the threat that the user of violence poses to the victim-survivor does not appear to be imminent.

Risk can be serious in terms of high risk of lethality or severe injury, and / or in terms of degree of social entrapment and impacts on victim-survivor human rights and freedom/space for action, and impacts on family functioning, child development and wellbeing.



Risk assessment assists us to consider:

- How likely is the perpetrator to continue to use DFSV despite the presence of service system responses that attempt to place constraints on his ability, inclination or choices to do so?
- What behaviours is he at risk of using or escalating?
- Are we doing enough to assist the victim-survivor in managing risk and in attempting to build safety for her and her family?
- Are we doing things that might be making the risk worse?
- Who do we need to share information with to understand more, and/or to inform others, about the risk?



Ensure you are familiar with the risk assessment and risk management framework in your region or jurisdiction.

Is there a common risk framework that the specialist DFSV sector encourages appropriate services to use?

Does this spell out different responsibilities and tools for different types of services? In identifying, assessing and managing risk?



Be familiar with resources focusing on users of DFSV who pose a serious risk of causing severe harm.

See, for example:

- the Homicide Timeline <https://homicidetimeline.co.uk/>
- ANROWS pathways to intimate partner homicide <https://www.anrows.org.au/project/pathways-to-intimate-partner-homicide/>
- Practice suggestions for identifying and responding to male perpetrators of DFSV who pose a risk of severe harm (available if accessing through a linkedin account from the Featured section of <https://www.linkedin.com/in/rodney-vlais/>)



Practitioner self-reflection is central to learning about risk when engaging an adult user of violence. Ask yourself – am I:

- open to the likelihood that the adult is using violent and controlling behaviours (far) worse than what he is disclosing?
- so focused on trying to change his behaviour that I am missing opportunities to learn about and respond to risk and harm?
- missing something about risk because of my attitudes, approach, sympathy for him, or his skill in impression management?
- balanced between optimism and pessimism in my engagement?



Users of violence often under-report their violent and controlling behaviours. They often aim to present themselves in a positive light, justify their harmful behaviours through “I’m the victim here!” thinking, find it hard to face up to their behaviours due to shame, and/or deliberately lie about their behaviour. We often therefore can’t conduct a complete risk assessment solely through engaging the user of violence... but direct assessment with him can contribute towards a multi-pronged risk assessment.



Every year, thousands of women who are the victim-survivor to a male partner's use of coercive controlling DFSV are misidentified as the perpetrator by first responders and other services.

Become familiar with predominant aggressor assessment guides and tools.

When we determine that misidentification has occurred, informing other services of this can be crucial. The misidentification of women as perpetrators is a common occurrence in domestic homicides against them.

... and now, 20 things we can learn about risk



Reliable information about evidence-based risk factors (EBRFs) for heightened lethality risk is most likely to arise through victim-survivor disclosures, to your or to other services.

However, highly valuable information relating to some EBRFs can be obtained through engaging the user of violence, to augment information obtained elsewhere.

At the very least, you might be able to identify factors such as depression, substance misuse, unemployment, status of his intimate relationship, partner pregnancy or presence of a young infant(s) in the household, recent separation, etc. through engaging him.

He might be likely to deny other EBRFs, however, relating to his recent or historical serious harm-causing behaviours, coercive control and threats.

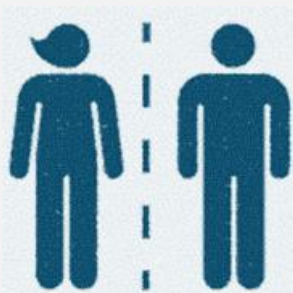


Seek to identify any escalation and changes in EBRFs that he is willing to talk about or provide indirect indications of.

Has his use of substances been increasing recently? If he is depressed or experiences a mental health condition, is this getting worse?

Does he seem to be putting more energy and effort into monitoring the victim-survivor, or in other controlling tactics (as far as you can tell)?

There might or might not be an escalation in his use of physical violence (or he might never have used physical violence), but escalating coercive controlling tactics, and/or worsening mental health, increased substance use or changes in other EBRFs, might indicate significantly increased risk.



Listen out for information about evidence-based risk factors focusing on the victim-survivor's circumstances or other situational variables.

Through the normal course of holistic assessment, you might find that his partner has separated from him, or that she is pregnant or they have an infant in the family.

You might also be able to determine other situational variables that indicate his partner's isolation or lack of power, through asking incidental questions about their relationship and family circumstances – for example, if she is a recent migrant, is her family here or overseas? If she is a First Nations woman, where is her country and does she have kin living locally?



Engage in **double listening** – learning (or making informed guesses) about the victim-survivor's situation and resistance to the violence by extrapolating from the perpetrator's accounts of her responses (filtered through his "I'm the victim here!" lens).

For example, if the user of violence says "She stood between me and the door, I tried to take a time out, but she wouldn't let me go..." we can generate ideas about what she is currently prepared to do to resist his controlling tactics, and what her resistance might mean for acute risk (that is, his suppression of her resistance).

If he says "She needs a psychiatrist, she's having panic attacks all the time now!" it could indicate that she is becoming increasingly frightened of him.



Listen out for indicators that might suggest that the victim-survivor is facing vulnerability circumstances. Identical perpetrator behaviours can pose a different degree of risk depending on the circumstances of the survivor.

For example, a pattern of emotional violence can cause greater harm to a victim-survivor experiencing depression than one who is feeling more robust.

A physical assault can pose a higher risk to a victim-survivor with an ABI.

A perpetrator's systems abuse tactics are likely to have a greater impact if the victim-survivor has a criminal record.

Tactics to undermine the mother-child relationship might have an even worse impact on a child who is experiencing a developmental delay or where the user of violence has isolated them from extended family supports.



Ask him questions about aspects of day-to-day life in his relationships and family, and stretch a general psychosocial assessment, to attempt to reveal possible signposts to his use of coercive controlling behaviours.

For example, exploring his financial situation can reveal if he owns the family home and how decisions around money are made.

Exploring his partner's psychosocial context can reveal his attitudes towards her extended family or friends, and the possibility of his use of social control.

A focus on his children might reveal any tactics being used to control how his partner parents or to control particular aspects of his children's daily life.



Listen out for other power advantages that the user of violence might have in relation to the victim-survivor, in addition to gender, that he can either deliberately make use of or otherwise benefit from to control and entrap.

For example, dating adults much younger than him; using his extended family network to arrange a forced marriage or to inflict honour-based violence; if his partner is a First Nations woman and he has white privilege, taking advantage of systemic racism to manipulate the service system to view her as an 'incapable mother'; taking advantage of a partner's disability to use sexualised violence as she is financially and practically dependent on him; using image-based abuse to humiliate a recently separated partner who did not want aspects of their gender identity or sexual orientation to be known in particular contexts.



Listen out for indicators that the user of violence is attempting to manipulate service systems – child welfare, family law, mental health, police, etc. – to portray himself as the victim and his ex/partner as the aggressor or as unreliable, mentally ill or an unfit parent.

You might be able to discern this through the tone of his narratives about his ex/partner, how he presents her/him/them to you.

Is he trying to strongly convince you of something negative about them?

Does it appear that he is trying to convince other services of the same?

Try to open up a space to hear his narratives about her, her actions, and about the situation he is in – while at the same time, attempting to minimise collusion so that he doesn't come away thinking that you agree with his pathologising and hostile narratives.



If the user of violence has children, and/or has a co-parenting role, create space for him to talk about his co-parenting arrangements – while trying to minimise collusion with his violence-supporting narratives and beliefs.

How does he see his access to his children? If his access has been restricted, who does he blame? How strong is the blame?

Does he seem to have a sense of entitlement or ownership of his children?

What are his views of his ex/partner as a parent? Is he mostly critical of her parenting? Can he genuinely name positive qualities about her as a parent? Does he appear to understand how vital the quality of the relationship is between her and their children? Does it appear that he might be doing things to undermine these relationships?



Related, it might be appropriate to explore the degree to which he understands his children, and how he sees his role as a parent. Try to do so in relation to each individual child, rather than to his children as a whole.

Much can be learnt about his attitudes towards his children, knowledge of appropriate child development, his preferred parenting strategies, how he manages his own difficult feelings as a parent, and what he models to his children, through the use of father-affirming, positive questioning.

By starting with a focus on healthy fathering, you can then move towards a focus on what it looks like when he isn't being his 'best Dad'.

You can also obtain important assessment information just by how he responds to your positive questions about healthy fathering, and the attitudes and beliefs that are implicit between the lines of what he says.

For guidance, see **Three anchors model for engaging abusive fathers**, and **Engaging fathers who perpetrate violence and control** (available through a linkedin account from the Featured section of <https://www.linkedin.com/in/rodney-vlais/>)



There are certain 'characteristics' of some perpetrators that suggest serious risk to victim-survivors. You might be able to discern the presence of any one or more of these through the adult's narratives or from other sources:

- heightened "she has done me over!" thinking, blames her excessively, clear or thinly veiled hostility towards her
- substantial dependency, "I can't live without her"
- heightened possessive jealousy
- desperation, nothing more to lose, major identity loss, hopeless about his future, his life deteriorating
- revengeful, "I won't let her win!"; "I won't let some other fella parent *my* children!" – fixated on his rights in a way that makes her invisible
- views intimate relationships mainly as a means to obtain/coerce/force domestic and emotional labour, status, financial and sexual benefits
- very disparaging about her parenting, says the kids are better off with her
- highly narcissistic and attacks others to avoid experiencing shame
- clear misogynistic / male supremacist beliefs and practices
- sadist sense of enjoyment in inflicting suffering



Related, we can listen out for warning signs in what the user of violence says that suggests he might be stepping into posing a serious risk.

For example, anything that he says about understanding how men can be 'driven' (according to his violence-supporting worldview) towards engaging in particular severe acts. Or indications that he is giving up on his efforts to try to control his ex/partner and is increasingly focused on 'making her pay'. Or that he is feeling increasingly hopeless about his life and his future, and that the victim-survivor has 'stripped' his life away from him. Etc.

See the resource **Practice suggestions for identifying and responding to male perpetrators of DFSV who pose a risk of severe harm** (available through a linkedin account from the Featured section of <https://www.linkedin.com/in/rodney-vlais/>)



Threats and inferences of suicide by users of violence are significant evidence-based risk factors for serious outcomes of DFSV. A threat or inference of suicide can reflect a genuine intent to suicide. It can also be used by adults perpetrating violence as a deliberate tactic of coercive control. Sometimes both intents occur simultaneously. Regardless of the underlying intent, threats or inferences of suicide should always be taken seriously.

Periodically screen for whether an assessment of suicide risk is required, especially if there are significant changes in the individual's circumstances, presentation, and/or factors common to both DFSV and suicide risk (see <https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-3> - scroll down to the link to the resource Recognising suicide risk in the context of adult people using violence)

Internet search for WWP AC 23: Workshop 6 "Suicide Prevention in high-risk, high-harm domestic abuse perpetrators" for an excellent and highly practical webinar on identifying and responding to suicide risk amongst adult users of DFSV.



Explore aspects of the person's identity that are important to him/them. What meaning does he have in his life independent of the victim-survivor, or that is not reliant on her?

Has he experienced identity loss, or now has a big vacuum in his life, because of responses to his violent and controlling behaviour by the victim-survivor (e.g., separating from him to try to become safe) or by authorities (e.g., police and courts placing restrictions on his access to his children), or due to other consequences (e.g., loss of a job, or of reputation or status)?

See the resource **Case planning for adults who perpetrate DFV for details on how to respond to identity loss** (available if accessing through a linkedin account from the Featured section of <https://www.linkedin.com/in/rodney-vlais/>)



New or changed circumstances can represent acute spikes in risk. Examples are numerous, the following just a sample:

- the perpetrator's substance misuse or mental health worsening
- the victim-survivor separates from him, or in other ways increases her resistance to his violence & control and attempts to regain some freedom
- the perpetrator incensed about facing court
- losing a family law case that he expected to win
- losing a job or other benefits as a consequence of his use of violence



In addition to monitoring for new or changed circumstances, explore the meaning that the user of violence makes out of them. The meaning he makes out of the new or changed circumstance mediates the significance for risk.

The influence of a new or changed circumstance can also depend on perpetrator 'characteristics' as outlined previously. For example, for a user of violence who struggles with possessive jealousy, his ex-partner re-partnering or dating for the first time since separation can represent a big spike in risk.

Given what you know about the user of violence, and about other users of violence who share broadly similar circumstances, characteristics and behaviours, anticipate upcoming events that might 'trigger' escalating risk.



Protection orders, corrections orders, bail conditions and other orders have mixed success in enhancing safety for victim-survivors. To assess how much an order might or might not help to build safety, and to motivate compliance with the conditions of the order, explore the following when you are engaging with a user of violence who has a current order:

- The perpetrator's knowledge of the conditions of the order, and his attitude towards the conditions
- His understanding of the consequences of breaching conditions, and whether he believes these consequences would actually be administered
- Degree to which perceived consequences would actually act as a deterrent
- Any other motivations that matter to him for not contravening the order
- The likelihood that these reasons and motivations would exert an influence on his decision-making during times when he might be tempted to contravene the order.



If the adult user of violence is participating in a DFSV behaviour change program or an alternative safe and appropriate intervention, his mere participation and even completion of the program is not in itself an indicator of change. Outcomes vary substantially. Some men attempt to weaponise their participation in a program to the disadvantage of their ex/partner.

See the resource **Perpetrator intervention program completion certificates are dangerous** <https://www.respect.org.uk/resources/79-perpetrator-intervention-program-completion-certificates-are-dangerous> for a highly useful focus on intermediate indicators you should be looking for from participation in a program, to determine if the user of violence is possibly on track to become safer for current and/or future intimate partners and family members.

Obtain the adult's consent to share information about where he is at in terms of these indicators with other services (depending on your jurisdiction's information sharing laws, his consent might not be required if risk is serious).



Unmet complex needs can significantly contribute towards risk. Substance misuse, mental health struggles, gambling harm and housing insecurity might not only increase the risk of injury-causing violence, but also become further 'reasons' for the adult's choices to use coercive controlling tactics.

A significant (minority) proportion of adult users of DFSV have a cognitive disability or impairment, which adds to the complexity.

See the resource **Case planning for adults who perpetrate DFV** referred to previously for details on understanding and responding to complex needs, particularly in relation to substance misuse and mental health problems.



Many, but not all (or even most) adult users of DFSV have a complex trauma background. Some also face constant precarity due to the ongoing experience of structural and systemic violence directed to their minoritised community.

Most adult users of DFSV have skills in emotional regulation, at least to a degree. They choose not to draw upon their existing skills in some contexts, however. Instead they decide to use violent and controlling behaviours to achieve particular outcomes based on their violence-supporting narratives and underlying gendered beliefs.

Some adult users of violence with a complex trauma background, however, genuinely lack emotional regulation skills, or at least these skills are not very strong. In addition to a gendered component where they use violence in intimate relationships and family contexts, they might have a history of more generalised violence in other settings.

Understanding a client's trauma background can be an important part of assessing risk, and in responding to him in a humanising way. See the resource **Working with adult users of DFV with a trauma background** for details (available if accessing through a linkedin account from the Featured section of <https://www.linkedin.com/in/rodney-vlais/>)

Practice suggestions

for identifying & responding
to male perpetrators of
domestic, family & sexual violence
who pose a risk of severe harm

Rodney Vlasis

July 2025

How to use this resource

This resource is intended for:

- specialist behaviour change and perpetrator response practitioners
- practitioners who, at least from time to time, directly engage with adult users of DFSV who pose a serious risk of severe harm to adult and/or child victim-survivors
- practitioners in AOD, mental health and other services who engage serious-risk clients
- representatives of multi-agency high-risk DFSV teams and integrated responses
- specialist victim-survivor services seeking to reflect on their understanding of pathways towards men's use of lethal violence against intimate partners and children
- lived experience experts, researchers, policy writers and others with an interest in preventing men's lethal violence.

The first two-thirds of the resource deliberately has no headings. It is not the type of document that readers can cherry-pick from, and is best to read from start to finish, even if over multiple sittings.

Pages 18-22 considers the importance of understanding the different motives that serious-risk perpetrators might have in using power and control, and the implications for serious risk.

Pages 23-24 focus on risk of severe harm when the adult is experiencing a concurrent mental illness.

Pages 25-33 comprises a discrete section on assessing and responding to homicidal ideation and intent. If you intend to read this resource in two sittings, page 18, 23 or 25 might serve as a good demarcation point.

If you do not have time to read the whole resource, focus on the 💡 practice tips and ⚠️ be aware boxes throughout the document, and the one-page summary of intervention goals on page 14.

There are practice suggestions throughout the resource. At the same time, this guide is as much about identifying very serious risk and understanding the nature of this risk, as it is about providing ideas on ways to respond.

As emphasised on the next page, the resource covers only a small proportion of what we might need to know to prevent men's lethal violence against women and children. The guide is no replacement for a comprehensive risk assessment and risk management framework. Readers, however, might find the resource useful to affirm and extend their existing knowledge, and to help plan interventions and responses to serious-risk adult users of violence.

This resource is not a complete practice guide (though does contain a number of practice suggestions and tips). It is not a comprehensive review of what we know about men who pose a serious risk of severe outcomes for women and children experiencing their violence. It is not an attempt to outline all or even most of the pathways through which men decide to use lethal violence against an ex/partner or other family members, or engage in other severe behaviours such as kidnapping their children.

This document shares some thoughts about some of the pathways towards severe outcomes, and how we might be able to intervene to prevent them.

I make no attempt here to cover the wealth of knowledge found in risk assessment and risk management frameworks, and in contemporary research into domestic homicides. My thoughts however do benefit from, and build upon, this vital knowledge.

I am a training provider, supervisor, writer and former practitioner in direct and indirect work with men who perpetrate gender-based violence. Through this, I have come to see a pattern that seems to explain, or partially explain, a pathway towards serious risk of severe outcomes. This is only one of multiple pathways, that might relate to a small or at most modest proportion of cases where men use lethal or very severe violence. My thoughts here are just one piece of the much bigger understanding we need.

This resource is influenced by and builds upon the vital work of the [Homicide Timeline](#) from the UK,¹ and of the [ANROWS research on pathways to intimate partner homicide](#) from Australia.² My thoughts build upon what I've learnt through various risk assessment and risk management frameworks, conversations with supervisees focusing on very high risk male users of violence, the wisdom of experienced colleagues, and lived experience experts. To make sense of my thoughts, [it is important that you are familiar with your local or regional common DFSV risk assessment framework and tools](#), including evidence-based risk factors that point to heightened risk of lethality.

[This is not an easy read](#). Focusing on the ugly truth of some men's severe decisions never is. If you are a survivor, if you live in fear, if as a child you lost your mother or a loved one to domestic homicide, read this with the care and support that you need. Of course, you might have one hundred times the capacity to read and reflect on this compared to those of us who have not endured what you have. You might already know ten or a hundred times more than me or any other 'leader' in the field who does not have your lived experience.

The pattern that I have seen 'begins' with the adult user of violence developing an [intense grievance](#). Of course, many users of violence feel aggrieved about the victim-survivor, in the sense of holding victim-stance beliefs that they are the ones who have been 'wronged'. This "I'm the victim here!" thinking makes it easier for them to choose and feel justified in using violent and controlling behaviours.

¹ <https://homicidetimeline.co.uk/>

² <https://www.anrows.org.au/project/pathways-to-intimate-partner-homicide/>

Some serious-risk users of violence, however, develop a particularly intense grievance. They not only feel ‘wronged’, they might also feel betrayed, humiliated, stripped of their rights, perhaps even stripped of what they feel they need to survive. They might feel that the victim-survivor has taken away something crucially important to them that’s ‘theirs’. This might be their children, their masculinity, their dignity, their honour, their standing in the community or in their work, their status, their money, their emotional survival, or what they need to feel OK or stable about themselves and their life.

Sometimes, the grievance is based in part on intense or repeated felt experiences of humiliation. This might arise when the perpetrator feels he has been reduced to becoming ‘less of a man’ as a result of actions taken by the victim-survivor. Sometimes felt experiences of humiliation reverberate off childhood trauma, and/or an intersectional lack of power to be a ‘real man’. Alternatively, humiliation can be felt due to loss of status, standing and reputation that the perpetrator feels he cannot recover.

The serious-risk adult feels stripped of one or more of these things not because the victim-survivor has done anything wrong, but because of the adult’s righteous beliefs fed by entitlement, and in some cases by a trauma background. Serious-risk adults can easily feel shamed, humiliated, threatened and reduced. Through the victim-survivor protecting herself and her children, and attempting to create some space for action in their lives in spite of his coercive control, the perpetrator can feel deeply aggrieved.



Practice tip

The most important source of information about the intensity of a perpetrator’s grievance is the victim-survivor, who knows him like no other. But sometimes we can get a sense of this through direct engagement with the perpetrator.

When there are signs of an intense grievance, consider the limited use of **strategic collusion** to attempt to assess the extent of this.

This does not mean agreeing with the perpetrator’s hostile, pathologising, “look what she’s doing to me!” narratives. It might, however, mean giving him more space than usual to talk about his perspectives and feelings. When we are particularly worried about risk, it might be appropriate to ‘trade off’ some limited, strategic collusion to help us assess the extent of the grievance. Of course, in doing so we need to stop well short of reinforcing his views.

Consider using **externalising language** to encourage the adult to talk more. This can help both to minimise collusion, and plant some seeds for safety planning work. For example, you might ask or reflect “would it be fair to say that you feel a lot of bitterness towards... is that the best word to use, or would you call it something else?”... “on a scale of 0 to 10, how strong does this bitterness get?”... “when the bitterness is a 9, what impact does the bitterness have on you?”... “it sounds like this bitterness gets quite a hold on you, that it's overwhelming at times?”

This approach can help you to explore a bit about the grievance, including the situations and circumstances in which it’s at its strongest. It can also sow seeds for later work to attempt to focus him on **how the intensity of the grievance (e.g., the bitterness) is the problem that is threatening him and his needs, not the victim-survivor.**

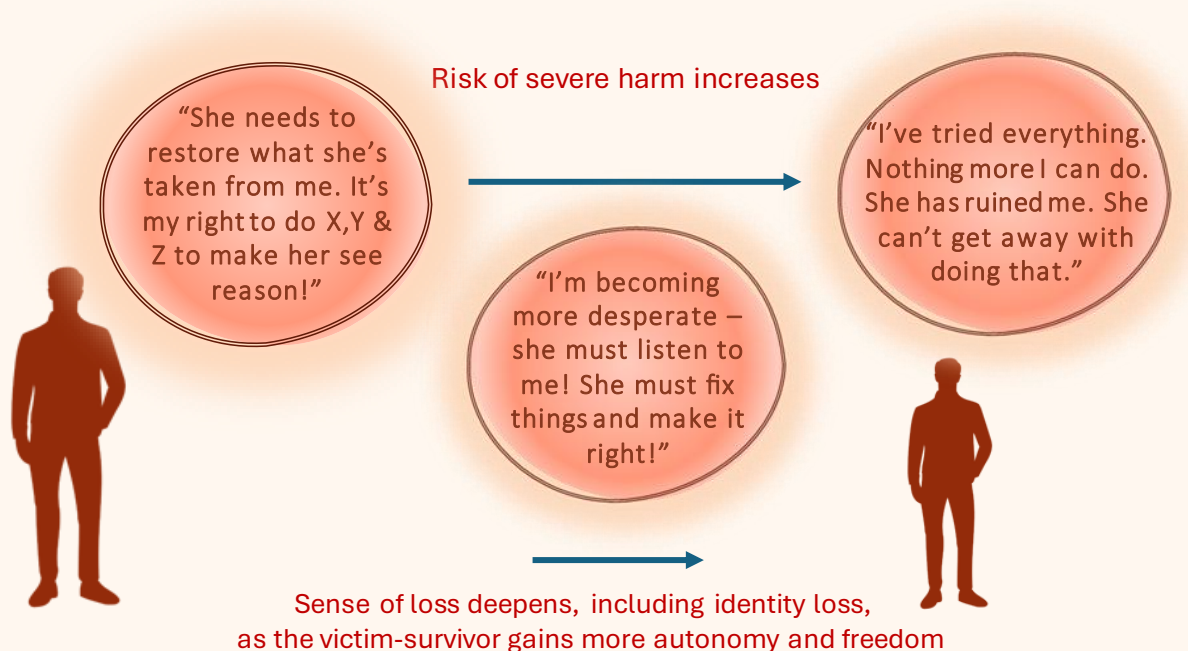
Risk can be particularly high when the serious-risk adult feels that he will not be able to recover from the 'injury' caused to him and his life by (in his view) the victim-survivor, and by any third parties (e.g. police, courts) that he believes have 'acted on her behalf'. That the 'harm' caused to his honour, his mental health, his masculine identity, etc. cannot be recovered – that he has been stripped and reduced irrevocably.

The user of violence might not be able to articulate his whole sense of what has been 'stripped away' from him. Some things he will be very clear and fixated about – e.g., "she has taken my children away from me!", "my life is going down the tubes while she enjoys the spoils of all my hard work". But there might be other aspects to his grievance that he cannot articulate so well, particularly any loss of a solid sense of self that he feels due to a trauma background.

Intense grievance can come with a **strong sense of loss, including identity loss**. Due to consequences stemming from his use of violence – resistance by the victim-survivor, her actions to build safety for herself and her family, responses by law enforcement and justice systems, etc. – he might have reduced access to his children (experienced as lost identity as a father), lost a job, lost his status, lost unfettered access to 'his' family home, etc. He might feel *reduced*.

Adult users of violence generally do not see these losses as reasonable consequences resulting from the harm they have caused, and the risk they continue to pose. Rather, they see their entitlements and rights being stripped away by the victim-survivor. Further, while they might not be able to verbalise this in as many words, they might see the very platform they have relied upon for inner survival taken away from them.

This grievance can deepen over time, as pictured below:



Adult users of DFSV engage in a range of controlling behaviours they feel justified enacting, that they might not think of as violence. When the victim-survivor's actions 'threaten' his sense of entitlement, or 'trigger' intense emotional reactions arising from his emotional vulnerabilities and/or a trauma background, he blames the survivor and believes he has the right to shut down her behaviour that he feels has 'wronged him'.

Of course, the user of violence is making totally unfair demands of the survivor, that she should never do anything that in his view ‘makes’ him feel angry, jealous or humiliated, or that threatens his control and power in the relationship.

Separation and the possibility of separation is an evidence-based risk factor for severe injury-causing or lethal violence, in part, because the perpetrator’s ability to control the survivor’s actions might, in some respects and not others, decrease (of course, he might post-separation be able to open up new avenues and tactics to exert power and control). Further, the user of violence might experience accumulating losses due to the impacts of his violence, and as a consequence of what his family members need to do to try to stay safe in spite of his behaviours.

In these situations, the user of violence often tries to find new ways to control the victim-survivor, to force the outcomes he is seeking. This might include attempting to manipulate her to return to the relationship. Or it might include attempting to coerce or force her to take actions that he believes she needs to take to restore what he sees as having been ‘stripped away’ from him.

Importantly, it is not only post-separation that the serious-risk adult might feel a sense of actual or impending loss. Some users of violence develop an intense grievance even while still in a relationship with the victim-survivor, for example when she refuses to abide by his demands and rules, or when he feels that she has ‘humiliated’ him. *Serious-risk adults can feel righteous anger and humiliated fury even with the victim-survivor still in the relationship.*

Risk can escalate when something, or some things, happen that threaten the perpetrator’s ability to control the victim-survivor. It might be separation. It might be the involvement of authorities if he feels that he has a lot to lose (such as his status in his community). It might be a forced change in parenting circumstances where he has reduced access to his children. Risk can escalate even more intensely if he starts to experience losses that he blames on the victim-survivor.

The significance of new or changed circumstances in terms of increased risk depends in part on particular characteristics of the person using violence. For example, the advent of a victim-survivor commencing a new relationship at some point after separation might be particularly salient for the adult user of violence who struggles with intense possessive jealousy. This might also be a significant event for the user of violence who has strong entitlement-based attitudes in relation to his children, and who is incensed that someone other than him is fathering them. It depends greatly on the meaning that he makes out of the new or changed circumstance.

On some occasions, *the changed circumstances associated with increased risk concerns the way that systems respond to his attempted systems abuse tactics.* For example, a perpetrator might have become used to being able to successfully pathologise and discredit the victim-survivor, or in making her out to be the aggressor, winning over police, child protection and other responders. And then, as these agencies and responders start to share information and realise what he is trying to do, they no longer succumb to his efforts to make her out as the one with the problem. The user of violence then ups the ante, putting even more time and effort into trying to discredit her, but to no avail. He starts to become fixated on trying to restore his previous power.



Practice tip

Continuously assess new or changing circumstances and the meaning that the adult user of violence is making of them. These can include changes in the nature and intensity of victim-survivor resistance to his regime of control, new or changed responses from services and agencies, upcoming court dates, or changes to his work, community or social circumstances that he might perceive as representing a significant loss. **Changes in parenting status or circumstances can also be a very significant new event, if the user of violence has strong entitlement-based attitudes about his children.**

Source information about new/changing circumstances and the perpetrator's possible reactions to them from the victim-survivor, other services engaging with the perpetrator and, where possible/safe, from the perpetrator himself.

Many adult users of violence are able to restore or maintain substantial power and control, even if the victim-survivor does not return to the relationship. However, some are not able to do so, or are only able to restore moderate control. If the perpetrator's repeated and escalating efforts to control the victim-survivor fail, and if he is unable to restore what he believes that the victim-survivor has 'taken from him', his grievance can become more fixated and intense.

For these serious-risk adults, the victim-survivor is seen as the *one person* who can make things right for him. In his mind, she holds the 'key' to his life. And that unless she takes action to restore what he has lost, he might see little or no way forward in his life.

Sometimes, this can slide towards increasing desperation. As the adult begins to think or realise that he can no longer control the victim-survivor, or make her restore what she has 'stripped' him of, **his motive might change from attempting to control her, towards severely punishing her for, in his view, the irrevocable 'harm' she has caused him.**

Adults who perpetrate DFSV often use punishment as a controlling tactic, to greater or lesser degrees, to attempt to prevent the victim-survivor from making choices he doesn't want her to make. Serious-risk adults who are giving up on trying to control the victim-survivor, and who seek to 'make her pay' for what he perceives as irrevocable harm and loss, can engage in particularly severe punishment. When he has given up hope that she will 'make things right for him' and fix the predicament in his life that 'she has created', the punishment can have a different tone to how he used it before. The motive behind the use of punishment is different. He now uses punishment 'to make her atone for what she has done to him.'

At this point, the adult might intensify his stalking behaviours, or begin them in earnest.

He might become fixated that there is no way out of his predicament, that the damage that 'she has done' cannot be repaired, and that she refuses to do 'the right thing' by him. He begins to feel morally justified in using severe violence, that his 'back is against the wall', that he has 'no other option'. He feels entitled to take severe action because in his view, the victim-survivor holds the 'key' to his life but is refusing to restore what she has 'taken away' from him. Additionally, If any attempted systems abuse tactics fail to invoke other agencies and responders to (in effect) punish her, he might feel justified in resorting to take action into his own hands.

Of course, this is all highly distorted thinking. The victim-survivor has not stripped the user of violence of anything. He interprets her actions to free herself from his entrapment, and the actions of services and responders supporting her and the children, as victimising him. The losses he experience are a consequence of his harmful behaviours. While his sense of loss might have been heightened by his vulnerabilities stemming from a trauma background, she of course should not be blamed for this.



Risk might be heightened when one or more of the following occurs:

- Evidence-based risk factors for lethality were present in the perpetrator's recent or past behaviour towards his current or previous partners (it is crucial to be aware of these risk factors from the DFSV risk assessment framework endorsed by specialist DFSV services in your jurisdiction); while recent behavioural indicators of lethality risk carry great weight, even if against a previous partner, these behaviours show what he is capable of.
- The victim-survivor expresses fear that he will use severe violence.
- He has used / uses patterns of wide-ranging coercive control involving significant amounts of forethought, planning and effort.
- He is engaging in stalking behaviours, online and/or offline. Stalking is a common feature in escalating risk towards severe violence.
- He struggles with intense possessive jealousy (with agitated anxiety).
- The amount of planning and effort he puts into attempting to coerce and manipulate the victim-survivor is increasing.
- He withholds children beyond agreed or stipulated return times after scheduled access – withholding children is on a continuum towards kidnapping.
- His life appears to be deteriorating, for example through increased substance use, worsening mental health, homelessness, brushes against the law, reduced self-care and/or increasing desperation.
- There appears to be a vacuum of meaning in his life – there is little to distract him from ruminating on his grievance.
- He engages in highly problematic substance use.
- He struggles with depression, particularly with a significant degree of felt hopelessness about himself and/or his future.
- He reports suicidal ideation, and/or engages in reckless behaviours.
- He appears particularly fixated on his rights, expresses hostile narratives about the victim-survivor 'violating' these rights, and/or appears to hold deeply on to grudges.
- He appears highly dependent on the victim-survivor, with "I can't live without her" attitudes.
- He expresses sympathy for men who have engaged in severely violent behaviours against women and/or children, or shows any sign of positively evaluating or excusing a severe behaviour (even if only indirectly or subtly).
- He has deeply misogynistic attitudes.
- He uses violence against her in public (does not care what others think).
- He has demonstrated capacity to engage in cruel and degrading behaviour.

Perpetrator suicide – as distinct from suicide-homicide or homicide – can be a severe outcome in some of these cases. There is UK research showing that serious-risk men who perpetrate DFSV are at more than twenty times the risk of completed suicide than the general population of men.³

Adult users of violence who pose a serious risk of severe violence against the victim-survivor, based on an intense sense of grievance, do not always plan the severe violence in advance. While the use of severe violence like all violent and controlling behaviours is a choice, this choice can be made at different points.

Some plan these behaviours days, weeks or months ahead, referred to as the **fixated threat pathway** to domestic homicide in recent Australian research.⁴ Others, however, do not wake up on the morning of the day in which they engage in severe behaviour planning or intending to do so. Rather, they make rapid choices to use severe violence after confronting the victim-survivor and demanding that she reverse the action through which the perpetrator feels that they have been ‘wronged’ or ‘reduced’. This is referred to as the **persistent disorderly pathway** in this research.

Adults who perpetrate severe violence through the persistent disorderly pathway might be those with significant or long term substance use and/or mental health struggles. They might be likely to use violence in a range of situations, not only against family members, and might have had periods of criminal justice system involvement.

These users of violence might enter (force themselves into) the space of the victim-survivor – in spite of any protection order or other conditions prohibiting this – perhaps after a period of stalking and surveillance. The perpetrator makes demands of the victim-survivor that she engage in actions to make right or fix the predicament that he is in (that he believes she has caused). He might, for example, demand that she drop family law court proceedings, ask for the protection order to be rescinded, resume a relationship with him, or publicly ‘apologise’ to their cultural community or to the police that she ‘lied and made up allegations’ about him using violence. These demands are designed to restore what he believes she has taken away from him (his access to his children, the relationship he needs to ‘survive’, his standing in the community, etc.).

When she refuses (as his demands are totally unreasonable and abusive) and holds her ground, he makes quick decisions to use escalating violence. In some situations, he makes rapid choices to use severe violence, that he might not have been planning to make when he entered into her space.

Unlike the fixated threat pathway, those who perpetrate severe violence under the persistent disorderly pathway might not be quite at the stage where they believe that ‘she has ruined my life’. Or if they are at this stage, they might not continually obsess on this grievance to quite the same degree. While they still hold an intense grievance, they might (or might not) have other things in their life drawing their attention (including other grievances).

³ For a highly practical webinar on identifying and responding to male users of violence at risk of suicide, see workshop 6 at <http://www.youtube.com/playlist?list=PLRmYyMTndST6hXFK3FcK6lpX3pKvdtfZ>

⁴ <https://www.anrows.org.au/project/pathways-to-intimate-partner-homicide/>

However, their grievance against the victim-survivor is still very strong. In the context of a chaotic life associated with substance use, mental health struggles and/or other instability, they might have a degree of unpredictability and the potential to focus rapidly and intensely on their grievance against her.

What might be some of the possible pathways when a user of violence gets to this stage of intense grievance, of either a fixated threat or persistent disorderly nature?



The user of violence escalates his violent and controlling behaviours, potentially towards severe outcomes for his family members and/or for himself. These escalated behaviours might be planned or occur through rapid decision-making and choices. Any friends or his extended family members who see possible signs of his desperation dismiss them because they can't reconcile that the man they love, work with or respect could possibly use severe violence.



Soon after the victim-survivor separates, the user of violence moves on to a new relationship. His grievance towards his ex-partner remains, and he might continue to use violent and controlling behaviours to punish her (e.g., increasing economic and co-parenting abuse), 'but' some of his attention moves towards his new partner. He might engage in rapid courtship and initially show his best self to his new partner, and persuade her that his ex-partner 'did him over' and is 'bad news'. It might not take long before his behaviour starts to create problems in his new relationship: if his life then falls down 'like a pack of cards', he might re-intensify his grievance towards his ex-partner.



Through engagement by a skilled worker, the user of violence begins to see that the intensity of his grievance is the problem, and there is hope to regain meaning and fulfillment in his life if he does not let the grievance control him. This requires, however, him developing a sense of hope that he can turn things around without demanding that the victim-survivor 'restores what he has lost.' With support, he addresses his identity loss in healthier ways and rebuilds meaning in his life. He remains a serious risk, however, for quite some time.

In the case examples I am thinking of, the second of these pathways has appeared reasonably common. Some serious-risk users of DFSV engage in quite rapid courtships, and might, over time, use violence across several family configurations impacting significant numbers of children.

Few of these serious-risk perpetrators are engaged by an appropriately skilled service. Many are not participating in a men's behaviour change or equivalent DFV perpetrator program – and even if they are, the chances of behaviour change might not be high. This is why we need more trials of initiatives adapting the Drive Project, that adopt a clinical case management approach based on individual sessions with the user of violence, integrated women's and family safety advocacy, and located within a multi-agency integrated high-risk response.⁵

⁵ See <https://drivepartnership.org.uk/about-us/the-drive-project/>, including the highly promising three-year evaluation results.



Practice tip

A multi-agency, integrated service system approach is absolutely essential towards managing the risk posed by these serious-risk adults. This requires much more than a quick triage discussion. Perpetrators who pose a serious risk to this extent often need to be the focus of several consecutive high-risk meetings (not just a single one), focusing on questions such as:

What severe behaviours are we concerned that the user of violence might perpetrate?

If the user of violence was to enact these behaviours, and we were conducting a retrospective review of the events and steps leading up to this, what would we discover?

What stage is the user of violence at in the Homicide Timeline?

What new or changing circumstances might occur, or are likely, that might be associated with him moving towards the next stage(s)?

What is our plan to attempt to interrupt the perpetrator's opportunities and inclinations to use severe violence? What strategies might be immediate or near-immediate? What strategies might we need to build over the short-medium term?

What are the victim-survivor's thoughts regarding these strategies?

What might be the unintended risks if we choose to enact these strategies? How might these be mitigated, or reduced?

How might we assist the victim-survivor to build more options over the coming months, so that things she can't do now to work towards safety (because of how the perpetrator is likely to respond) might become safer and more feasible in the medium-term future? What forms of assistance can we provide so that we can make these real options?

Keeping the perpetrator within view in these ways, developing strategies to attempt to reduce his opportunities and inclinations to use severe violence, and offering genuine support to the victim-survivor that expands her and her children's options, requires a collaborative, multi-agency approach focusing on the case over a time scale of a few to several months. When risk is this high, developing and enacting a risk management plan is a dynamic process involving information sharing and collaboration between services beyond just one or two meetings.



Resources tip

The practice guide *Case planning for adults who perpetrate domestic and family violence: to reduce risk and harm for adult and child victim-survivors* includes useful information for engaging serious-risk adult users of violence. The resource *Working with adult users of domestic and family violence with a trauma background* might also be helpful.⁶

⁶ These and other potentially relevant resources are accessible from the Featured section of <https://www.linkedin.com/in/rodney-vlais/> (a linkedin account is required to access them).

It is highly important that all responders working together to prevent severe violence are on the same page. A common understanding is essential by focusing on the question:

Given what we know about the user of violence, his past and recent patterns of behaviours, the meaning he is likely to be making about current events and circumstances, and the meaning he is likely to make about newly arising or changing circumstances, how might we see him getting to the point of choosing severe violence? Either in terms of justifying this violence as ‘the last resort’ and planning the violence over days, weeks or months, or through making in-the-moment choices to use severe violence in the context of rapid escalation?



Last resort thinking is a significant indicator of homicide risk

This refers to when a person has crossed a ‘moral boundary’ into believing that using lethal violence against the person they feel deeply aggrieved towards is morally justified. Last resort thinking is associated with the adult feeling that they ‘have nothing left to lose’, that they are ‘at the end of their tether’, and where they believe they have ‘no options left’ to resolve the situation other than using lethal violence. The thinking is characterised by the adult believing that his situation is hopeless, that there are no options available to improve their life, and as such, that it is ‘morally defensible’ to use lethal violence against the person who has ‘ruined’ their life.

Many DFSV services, and agencies that respond to a high volume of DFSV, come across considerable numbers of clients and families where there is significant risk. Some serious risk users of violence clearly stand out as having potential to perpetrate severe violence – unfortunately, in my experience, not all of the key services involved in these cases necessarily see the risk. Workload pressures can get in the way of services acknowledging that risk is not just serious, but *very* serious.



What if your attempts to persuade other services – police, child protection, corrections, etc – to take action to address the risk is not getting any traction?

Consider writing a summary that begins with a clear statement of the adverse outcomes you believe might happen or are likely (e.g., “Our agency believes that the two youngest children are at serious risk of observing their mother being severely assaulted by the father”).

Then succinctly describe the main reasons and considerations that leads you to believe that there is a serious risk of these outcomes.

Follow with a statement on your call to action – what you’d like the service to do. Explain why this action might help – what it is intended to achieve.

Try to keep this all to within two pages.

Send off and ask the service to acknowledge receipt.

Consider including in your written summary that a lack of response would indicate that the service is either not concerned about the serious risk or does not agree that there is serious risk, in which case your agency would be seeking to address this at a higher (managerial or executive) level.



Reducing the risk of the persistent disorderly pathway towards severe violence

Many domestic homicides occur without the serious-risk adult exhibiting last resort thinking. Like those who do cross the line into last resort thinking, these serious-risk adults feel highly aggrieved, and believe that the victim-survivor is the one person who can ‘undo’ the ‘harm’ and ‘predicament’ they’ve ‘caused’ for the adult.

These adults often use severe violence against the victim-survivor in the context of confronting her to demand that she engage in particular behaviour to ‘fix the predicament’ that in their perspective the victim-survivor has caused them. When the victim-survivor refuses to acquiesce to their demands, the serious-risk adult escalates their violence to lethal levels, but without having the intention to do so in the hours and days leading up to that time.

These serious-risk adults, like those associated with the fixated threat pathway, exhibit narrow thinking, believing that the victim-survivor is the one person who can ‘make right’ the ‘unbearable injustice’ that the victim-survivor ‘has caused them.’ However, these serious-risk adults use lethal violence against the victim-survivor without having prior (or strong) homicidal intent.

Persistent disorderly risk can remain high for some time.

Importantly, for these serious-risk adults, variable emotional states can result in situational spikes in risk. Risk can escalate quickly due to acutely changing circumstances, and acute changes in the perpetrator’s internal state.

Key strategies to reduce persistent disorderly risk include to:

- **Reduce and create barriers to the adult’s access to the victim-survivor**
- **Address contributing factors to distress (substance use, poor mental health)**
- **Build distress tolerance**

Serious-risk adults can make rapid choices to use severe forms of violence, even without a prior intent to kill or to use near-lethal violence.

While strengthening the adult’s distress tolerance can assist them to not make these choices, another priority intervention target is the meaning that the adult makes of how the victim-survivor responds to him during these situations. When a victim-survivor ‘pushes back’ against or refuses to acquiesce to the serious-risk adult’s demands – or engages in other forms of resistance – the adult often perceives this to be ‘provocation’ to which he responds with escalating violence-supporting cognitions that provide him with the justification to use violence. **If possible, help the adult to interpret the victim-survivor’s responses to his demands in less hostile ways.**

Many men who pose a serious risk of perpetrating severe violence will evade attempts to engage them. But when a specialist DFSV service is able to, there are some key components to consider, as outlined overleaf. **These components are relevant for both the fixated threat and persistent disorderly pathways.** Services that aren’t DFSV specialists might be able to contribute towards or even take a lead in some components, but not others.



Help him to build new meaning and identity in his life, and to fill the vacuum more positively

Identity loss is a common occurrence with serious-risk adults. Some have little in their lives to distract them from their grievance-fueled ruminations. Helping him to build meaning into his life might increase his sense of what he has to lose if he were to use severe violence. Doing so can also create new positive connections and improve mental health. See the practice guide referred to previously – *Case planning for adults who perpetrate domestic and family violence* – for a section on addressing identity loss.



Find the part of him that cares about something(s) that would be harmed if he were to use severe violence

For many serious-risk adults, there is a part that wants to harm, to take 'revenge', to act on a grievance... and there is a part that cares about something or some things (related to self or others) that he would trample over if he were to take this action. Sometimes this part is smaller than the part that wants to harm; other times, it's not as small, or might have faded into the background. Find what he cares about, and draw his focus and energy to his caring. Try to build this part over time, so that it becomes stronger than the part that wants to harm.



Invite him to see the intensity of his angst/bitterness as the enemy he needs to fight

It might be possible, through a supported process over time, for the serious-risk adult to start to focus on the intensity and all-consuming nature of his bitter thoughts and feelings as a/the source of his problems, rather than the victim-survivor. It might be possible to sow this seed and grow it over time, so that through CBT or other strategies he transfers focus towards battling how these thoughts and feelings consume him. Invitational narrative practice might suggest externalising 'the angst', and working collaboratively with him to reduce its influence on his life.



Help him to make less hostile meaning of the actions of others, combined with distress tolerance strategies

If you have the opportunity, work with the serious-risk adult on his distress tolerance strategies. Adopt both a strengths-based approach focusing on the distress tolerance skills he already has and might use in some situations, and new ones he can learn. Borrow from DBT and ACT toolkits. If safe to do so, work with him on how to apply these strategies in situations where he is likely to misinterpret or make hostile meaning of the victim-survivor's choices and responses. See the practice tip box on page 14 for more detail.



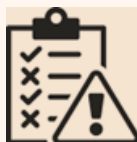
Help him to stabilise his life

This might be necessary for any direct engagement strategies to work. Substance abuse, mental health struggles and other complex needs can be potent contributing factors that escalate risk. Clinical case management operating through a collaborative multi-agency approach is the cornerstone of working with these adults.



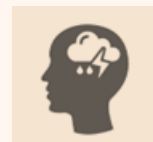
Monitor new or changing circumstances and the meaning he makes of them

Engaging the serious-risk adult enables his moods, internal states, narratives and circumstances to be monitored. The victim-survivor can also be a crucial source of information on what meaning he might make of changing circumstances.



Assess acute dynamic DFSV risk on an ongoing basis, and calibrate strategies to interrupt and disrupt his opportunities to use severe violence.

Ongoing risk assessment combining multiple sources of information, including that obtained through victim-survivor advocacy, is crucial to identify and predict current or upcoming acute spikes in risk. Risk management strategies need to be updated regularly, to respond to changes in the risk landscape.



Assess and respond to suicide risk; if you have specialist skills, attempt to assess homicidal ideation and intent

Suicide risk can be a means to punish and control the victim-survivor by inflicting ongoing guilt and grief. It can also reflect the individual's loss of hope for the future and extent of emotional pain, depression and anxiety. It might be possible to extend a suicide risk assessment to attempt to assess for homicidal ideation and intent.



Take suicide risk seriously

Threats and inferences of suicide are significant evidence-based risk factors for serious outcomes of DFSV, including severe injury and homicide. A threat or inference of suicide can reflect a genuine intent to suicide or self-harm. At the same time, it can also be used by adults perpetrating violence as a deliberate tactic of coercive control.

Regardless of the underlying intent, threats or inferences of suicide should always be taken seriously. This is even more crucial if there is an escalation in the individual's threats or attempts to suicide, or greater specificity in the threats they make.

If a serious-risk adult feels that the threat of suicide and/or other coercive controlling tactics have not been sufficient to control the victim-survivor's behaviour, they may use their successful suicide as a way to punish and control her through ongoing guilt and grief even after they have died. In a context where the adult perceives their life as unravelling, suicide can be a 'last ditch' act to maintain power over the victim-survivor.

Suicide can also reflect the individual's loss of hope for the future and the extent of their emotional and psychological pain, depression, and anxiety. Some serious-risk adults who feel an intense loss of hope may conclude that death is a better alternative than living a life in which they believe there is no prospect of a positive future. This negative view on life can be a significant risk factor for suicidal behaviour – including homicide-suicide.

It is critical not to minimise the risk of suicide due to the negative judgments you might make about the perpetrator, and because you are rightly appalled about his behaviour. A dismissive or judgmental tone will make it much harder to work with him to assess the extent of his suicide risk, and to manage the risk.

You should periodically screen for whether an assessment of suicide risk is required when working an adult user of DFSV. This will be especially important if there are significant changes in the individual's circumstances, presentation, and/or evidence-based risk factors common to both DFSV and suicide risk.⁷



Resources tip

Google WWP AC 23: Workshop 6 "Suicide Prevention in high-risk, high-harm domestic abuse perpetrators" (2023 annual conference of the Work with Perpetrators – European Network) for an excellent and highly practical webinar on identifying and responding to suicide risk amongst adult users of DFSV. While the whole webinar is useful, the final half focuses on a highly practical approach towards working with these adults on a suicide risk management plan.⁸

⁷ See <https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-3> - scroll down to the link to the resource *Recognising suicide risk in the context of adult people using violence*.

⁸ See a large range of other highly helpful resources by WWP-EN at <https://www.work-with-perpetrators.eu/>



Practice tip

Often when a victim-survivor pushes back against a serious-risk adult's demands, the adult will perceive this as 'provocation', which the adult might use to justify severe or lethal violence. A typical scenario that follows this trajectory may look like:

- The adult attempts to force the victim-survivor to listen to their demands to reverse an injustice that the adult feels the victim-survivor has done to them.
- The victim-survivor refuses to take this action, turns their body away from the adult and/or might raise their voice to assert boundaries.
- The adult interprets the victim-survivor's response as being highly hostile (for example, they might think "she doesn't give a shit about me, she's prepared to destroy my life")
- The adult feels that this perceived 'hostility' gives them the right to use severe violence against the victim-survivor in response.

In addition to working with the serious-risk adult to adopt distress tolerance strategies, you might also be able to help them interpret the victim-survivor's responses to these situations in a less hostile way. This includes helping them to anticipate these situations, identify the meaning they make of the victim-survivor's behaviour, identify the thoughts they have associated with this meaning, and to introduce less hostile meaning and thoughts.

If possible and safe to do so, focus DBT, ACT and CBT distress tolerance skills on the types of situations where the serious-risk adult might feel most aggrieved by the victim-survivor's choices and actions.

Developing a respectful and sensitive working relationship with the serious-risk adult can be crucial in making the previously-mentioned strategies possible. **The quality of this working relationship matters.** If you are in a position to engage the serious-risk adult over some period of time, and have the specialist skills to adopt a clinical case management approach located within a collaborative multi-agency context, you might be the one practitioner that the adult develops some trust in (or at least, one of the very few). While you will always be looking to minimise collusion, your working relationship with the client can be one of the most important resources that the adult draws upon to create alternative pathways away from the use of severe violence.

Balancing this with the need to share information with other agencies as part of a collaborative risk management approach can be tricky. Sometimes, the most important reason for engaging the serious-risk adult is to assist with monitoring and ongoing risk assessment, and to share information and insights with other agencies. This 'intelligence gathering' can assist in multi-agency planning towards law enforcement and justice system responses focused on reducing the perpetrator's opportunities to use severe violence. **Sufficient skill, a reflective practice environment and quality supervision are required to integrate, on the one hand, direct engagement strategies and the building of a quality working relationship with, on the other hand, intelligence gathering and assisting other agencies to enact violence disruption components of a risk management plan.**

Different motives for using power and control⁹

The exertion of power and control is a constant feature in men's, and in many other adult's, use of DFSV against intimate partners and family members. However, not all perpetrators of violence use power and control for entirely the same mix of reasons. Their *motives* differ, to an extent, and this can have implications for how to respond, including to adults who pose a serious risk.

There have been various attempts to categorise different 'types' of DFSV perpetrators. While these explorations are important, until a robust and widely used categorisation evolves (if one is possible), it is perhaps most useful to consider each user of violence as having their own combination of motives, with each motive held to varying degrees.

Obtaining entitlement-based benefits is a central motive for the exertion of power and control amongst most users of violence. Men are provided with gender-based privilege by our patriarchal society, and in this context are expected to coerce emotional, domestic labour, material and sexual benefits from women in intimate relationships. As Ellen Pence from the Duluth approach emphasised, male DFSV perpetrators do not necessarily *feel* entitled; rather they *are* entitled, and have a way of making sense of the world and their position in it shaped by patriarchy.

Motives around entitlement can differ amongst users of violence, however. Men benefit from male privilege without needing to consciously be on a mission to maximise their gender-based power. They use power and control to obtain entitlement-based benefits because that is expected of them in being a (traditional) man. They don't need to think "I'm superior to women", "it's her duty to be provide me with...", "women owe men...", "it's my role to be the head of the family who makes the important decisions..." and so on to benefit from male entitlement.

Users of DFSV differ in the extent to which they use power and control, and entrap the victim-survivor, to **purposefully maintain and extend these entitlement-based benefits**. In other words, they differ in the extent to which they see it as their **right to exploit the victim-survivor for their emotional, material, financial and sexual gain**.

Perpetrators of DFSV who put more effort into exploiting victim-survivors – as distinct from 'merely' benefitting from male privilege and the gender-based benefits they can take from survivors in the patriarchal sea that we swim in – can tender to pose a higher risk, and cause greater harm. They are perhaps likely to be less interested in genuinely connecting with their intimate partners, less interested in true intimacy and building trust, and more interested in 'consuming' the benefits they can manipulate and coerce from their partner.

Appeals to these men to change their behaviour due to the harmful impacts of their coercive controlling violence on trust, love and connectivity in their relationship might have limited impact, if these men are not interested in, or know little about, true love. They feel deeply invested in continuing to *demand things from* their partner (that they feel entitled to), rather than work towards the intimacy of connecting with them.

⁹ My gratitude towards Dr Ron Frey, Dorthy Halley, Dr Karen Mitchell, David Adams and others whose work I have drawn from for this section.

In this sense, social and psychological entrapment is on a continuum towards enslavement, and in some instances, has some features of the latter. These DFSV perpetrators believe they have the right to engage in enslavement-type behaviours to extract benefits from their partner and from the relationship, even though most would not consider their partner to be their slaves.

These perpetrators can feel justified in going to particular lengths to punish their partner when she attempts to push against the boundaries of her entrapment, or resists the demands he makes of her. Punishment can, at times, be degrading and severe. Some might be prepared to engage in severe violence to make sure that ‘she doesn’t win’ against him, as for her to ‘win’ in his eyes can result in him experiencing what he considers to be ‘unbearable’ humiliation.

For men who feel strongly entitled to the benefits they obtain from exerting power and control, this might or might not extend to viewing their children mainly in terms of their property. Some fathers who use DFSV to entrap their partner into providing benefits are interested in genuine connections with their children; others much less so. While most fathers who perpetrate DFSV believe that they have ‘rights’ to their children irrespective of the harm their behaviour is causing, it is still possible to yearn for genuine connections with their children at the same time. Some, however, are much more invested in their image of being a father than in actually getting to know their children.

Misogyny can be a feature with some men who deliberately entrap victim-survivors to maintain and extend the benefits they feel entitled to. However, not all men with this motive to exert power and control are misogynists. Misogyny exists on a continuum: most men who perpetrate DFSV engage in some degree of misogynist practices along this continuum (for example, the use of derogatory terms as part of psychological abuse). A hatred of women, however, is a primary and intense motive for the use of DFSV only in a minority; these men obviously can pose a very serious risk.

Many men are susceptible to manosphere social media and other messaging that ‘gender equality movements have gone too far’, that ‘women have most of the power now’ and that ‘men are disadvantaged, and are no longer allowed to be real men’.¹⁰ Right-wing misogynist influencers are contributing towards an intensified sense of grievance amongst some young and older men towards women, who are seen as ‘taking away their power’ and their opportunities to be ‘real men’. Men who use DFSV differ in the extent to which they are influenced by this sense of collective grievance, ranging from a broad nod of general agreement (that’s lightly held) to participating actively in grievance-based manosphere online communities.

A third motive that differentiates users of DFSV is the **degree of narcissism**. Most perpetrators are self-focused, and due to their “I’m the victim here!” thinking and male entitled worldview, are not very other-centred. However, only some have significant elevated ‘traits’ of narcissism. At the core, these users of violence have very little tolerance for experiencing any degree of shame, often due to traumatic childhood backgrounds. They can use severe violence against a victim-survivor if they believe that she has ‘done something that causes him’ to feel shame and humiliation.

¹⁰ For a succinct and clear description of some contemporary men’s grievances against gender equality and positive discrimination policies, see the video explanation by author Jason Pargin <https://www.facebook.com/watch/?v=9223521494440770>

DFSV perpetrators with a high degree of narcissism require certain things to be in place in their life to maintain the image of being successful, and to attract admiration. Some have a range of privilege levers (e.g., reputation and standing in their community or profession) that they use to draw admiration from others, and to make it seem like they would be the ‘last person in the world’ who would use violence and abuse. Some are quite predatory, seeking partners or women/people to have sex with who they believe can be easily manipulated due to the perpetrator’s ‘up on the pedestal’ power.

These users of DFSV can become dangerous when the positive image they project – that is reinforced by others in their community, professional or societal networks – becomes threatened. This might be through the victim-survivor separating from him, disclosing about his violence to authorities leading to police and justice system involvement in his life, and/or calling him out as a perpetrator in a community or public setting. Not only might these perpetrators become incensed at the potential loss of status and benefits that comes with their standing, reputation and access to various forms of privilege and resources being at risk. They might also experience a deep sense of humiliation, and use severe violence as an act of humiliated fury.¹¹

DFSV users of violence with elevated narcissism go to great lengths to avoid self-reflection. Like most perpetrators, they will use denial, minimisation and blaming others to smokescreen responsibility for their behaviour, and adopt a strong “I’m the real victim here, not her!” stance. However, they have additional resources and privilege levers to avoid accountability through embedding their positive self-image in their community, natural and professional networks.

By establishing themselves as someone who ‘should be admired at’, and in some cases by engaging in genuinely prosocial activities that provide them with significant standing and praise, these perpetrators recruit a number of people who are prepared to defend them, and who either inadvertently or explicitly engage in actions that enable them to continue the abuse undetected. Some narcissistic users of DFSV might have high profile connections and admirers in their community or social settings.

In summary, narcissistic perpetrators of DFSV use power and control to maintain their positive self-image, develop and maintain a network of people admiring them, and to avoid having to experience shame.¹² Many have a significant trauma background.

Users of DFSV also differ in the degree of **sadism**, the extent to which they take pleasure out of exerting power and control against their intimate partner.¹³ While many users of DFSV engage in behaviours that deliberately degrade and humiliate the victim-survivor, only some (fortunately a minority) experience pleasure while producing these impacts.

¹¹ See <https://www.youtube.com/watch?v=sTdmNjnyaF0> for thoughts on humiliated fury by Jess Hill.

¹² See the section *Engaging with shame* for an analysis of chronic shame and shame anxiety in the resource *Case planning for adult users of domestic and family violence* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access the resource).

¹³ People with elevated psychopathy traits, as distinct from sadism, might or might not gain pleasure in hurting others, but do so to obtain a desired outcome, and tend not to feel empathy or remorse for their actions. Some people with sadism, however, can feel bad after the cruel act has been enacted – see <https://theconversation.com/from-psychopaths-to-everyday-sadists-why-do-humans-harm-the-harmless-144017>

Sadism is beyond feeling justified or vindicated through the act of causing hurt, which many or most DFSV perpetrators do when causing harm. Sadism refers to the actual enjoyment of inflicting harm through cruelty, which is less common.

A further motive more or less present in a DFSV perpetrator's decision-making to exert power and control is the degree to which they are **dependent on their ex/partner for their psychological survival**. Many perpetrators with high dependency, like those with elevated narcissism, have a complex trauma background. They might exhibit significant possessive jealousy (though importantly, possessive jealousy can also be associated with other perpetrator motives to use power and control).¹⁴ These perpetrators might:

- have an intense attachment to the victim-survivor(s) for his own feeling of self-worth,
- experience a significant increase in suicidal ideation and risk should the relationship end or be at risk of ending,
- be at heightened risk of enacting homicide-suicide in these circumstances,
- appear highly suspicious about who his partner is seeing and what she is doing,
- talk freely about his suspicions that she is unfaithful,
- justify his controlling behaviours and 'repercussions' on the basis of those suspicions,
- be highly anxious and very fearful of 'losing her' / the relationship,
- justify his controlling narratives and behaviours as 'expressions of love' ("we are destined to be together for the rest of our lives"),
- have used violence against other men who he sees as a threat,
- leave you with a feeling that he might think 'If I can't have her, nobody will', and/or
- have a history of driving previous partners away, of high surveillance behaviours across relationships, due to possessive jealousy.

Many users of DFSV have a notable degree of psychological dependency on their partner. For male users of violence, this is often associated with making their partner responsible for their emotional states, including blaming their partner for 'causing him' to feel anger, jealousy, shame, humiliation or other undesirable feelings. Some DFSV perpetrators, however, have substantial psychological and other forms of dependency on their partner, and cannot see a life for themselves if their relationship with this particular person was to end.

Finally, some users of DFSV have a history of using violent behaviours in a range of settings and contexts, not only against intimate partners. These DFSV perpetrators might **display an 'attack first' mentality**, of needing to make sure that others know they are 'not someone who can be messed around with.' They might have engaged in patterns of behaviours whereby they 'strike first' under perceived threat.

¹⁴ See the resource *Addressing violence and controlling behaviours associated with possessive jealousy* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access the resource).

Some perpetrators of DFSV with this motive to exert power and control have experienced violence, and been in situations where violence has been normalised, for much of their lives. They might have had periods of homelessness, significant substance misuse and been part of peer groups or street life situations where violence served as a self-protection mechanism. Some might have histories of incarceration, and might be considered by criminologists to have ‘anti-social tendencies’.

For these adults, violence and coercion both within relationships and in other contexts becomes an accepted means to:

- resolve conflicts, persuade others to do things and achieve personal and social goals (self-advancement)
- gain respect from others, and to make others listen
- maintain agency and status in a violent world
- secure a fragile self
- survive, defend oneself including ‘preventatively’
- secure a sense of identity amongst a peer group or gang when feeling not part of the majority in society
- maintaining social identity / obtaining social kudos, and achieving a positive outcome for his social group, by physically assaulting those who ‘deserve’ to be punished
- protect group identity, and/or
- reinforce personal and collective criminal pride.

Overall, perpetrators of DFSV differ in the extent to which they use power and control against their intimate partner to:

- entrap the victim-survivor to purposefully maintain and extend the gender-based benefits and rights they believe they are entitled to – as distinct from ‘merely’ benefitting from everyday male privilege – without having a real interest in forming a relationship with their partner based on genuine connection;
- express misogynistic hatred, and participate in a sense of collective grievance that some communities of men have against women;
- maintain a positive, narcissistic image of themselves, and ensure that they have a relationship and standing that ‘ticks the boxes’ of what they need to feel admired;
- express sadist cruelty;
- psychologically ‘survive’ in the context of substantial emotional dependency on their ex/partner; and/or to
- maintain an ‘attack first’ mentality associated with patterns of generalised violence behaviours.

These motives overlap. Any given user of DFSV might have a combination of two, three or more of the above motives, each to varying extents. While it is beyond this resource to explore the practice implications of engaging serious-risk perpetrators based on their profile of motives, understanding the source of their decision-making to exert power and control can assist greatly in developing risk management plans and strategies.

Severe risk of harm and concurrent mental illness

Mental illness, or serious to severe mental health problems, are generally not a cause of men's use of violent and controlling behaviours in DFSV contexts. However, they can undeniably complicate and accelerate risk amongst adults who already use DFSV, or who are on a path towards doing so.

A mistake often made is to view the accelerants of risk posed by the adult as either a gendered violence *or* mental health issue, rather than as a combination of both. Seeing the issue purely from a gendered or DFSV sector perspective can result in crucial mental health perspectives being missed, while viewing the risk only from a mental health lens can result in a very inadequate analysis of the risk.

The author of this resource has seen instances where diagnoses of conditions such as delusional disorder¹⁵ – while potentially appropriate given the specifics of the adult's cognitions, beliefs and experiencing – obscures the gendered aspects and drivers of the adult's behaviours. Many men who use violence hold on to their beliefs as 'truths', and use a range of cognitive distortions and 'magical thinking' as 'evidence' that their beliefs are true. This is par for the course in working with these men. If the intensity of these beliefs – for example, the belief that one's partner is 'cheating on him' – evolves to the extent of approaching a diagnosis of delusional disorder, this does not mean that a DFSV approach should be abandoned even though mental health treatment is required.

It is not uncommon, unfortunately, for mental health and forensic psychiatry services to work with DFSV perpetrators with valid diagnoses of psychotic or personality disorders, without inviting the involvement of specialist DFSV perpetrator-focused services. Both lens are often required to manage very serious risk. Understanding the history of the adult's behaviours, both past and recent, through a specialist DFSV lens can be vital in predicting the immanency of current and near-future risk.

Serious mental health conditions can **amplify an adult's existing grievance-based beliefs, and increase the felt experience of the grievance**. As mentioned, the presence of a delusional disorder can intensify an adult's belief that his partner or former partner serves as a threat to him in some way. Severe depression can add to an adult's belief that his partner or former partner is responsible for 'ruining his life'.

Serious mental health issues can also **accelerate the adult's intent and decision-making to act on the grievance**. Acute periods of mental health unwellness, or even heightened irritability due to a moderate relapse of a mental health condition, can act as an accelerant in this respect. An acute mental health condition or unwell mental state can reduce the amount of time that a perpetrator with a fixated grievance takes to enact his plans to harm. It can also make it more likely that a persistent disorderly perpetrator without a plan to use lethal violence chooses to do so 'in the heat of the moment'.

¹⁵ Delusional disorder can be diagnosed when an adult intensely and unshakably holds on to a belief that might be feasible in some circumstances, but where there is absolutely no evidence for in relation to his situation. The belief is not inherently bizarre in general terms, and the adult is able to function reasonably well. However, the belief is clearly at odds with the facts, and the adult draws a series of highly non-credible 'long bows' as 'proof' that the belief is true. Delusion disorder is considered a psychosis even though the adult does not experience most of the features commonly associated with schizophrenic, schizoaffective or severe affective disorder psychoses.

Psychiatric treatment – including the appropriate use of medications – can be an important part of a case management mix when addressing serious risk in these circumstances. Collaborative practice across mental health and DFSV services is vital.



Resources tip

The practice guide *Addressing possessive jealousy and social violence* provides examples of how both a mental health and gendered violence lens can be applied in understanding and responding to adult users of DFSV, including those who pose a serious risk.¹⁶ Jealousy, especially when intense, can have a significant agitated anxiety component. The practice guide outlines strategies to address both the jealousy and possessiveness aspects of possessive jealousy, drawing upon gendered violence understandings and mental health sector expertise in helping clients deal with anxiety.

Personality difficulties and disorders

Most serious-risk adult users of DFSV are not ‘psychopaths’, nor have a personality disorder. Some, but not all or even most, serious-risk adults have criminal histories to varying degrees. They may be deeply entrenched in criminal lifestyles and cultures, yet they are still capable of affective (emotion-based) empathy and compassion.

In contrast, some (but not all / most) people with personality difficulties have deficits in affective or the felt component of empathy, while potentially being much more adept at *cognitive* empathy. Some of these adults can be quite charming. They can be very skilled at reading other people, and use these skills to manipulate them and cause harm. Helping such clients to understand the specific impacts on, and the perspectives of, people their behaviour is harming can **increase risk for victim-survivors**, because they can use what they learn to *increase their manipulation and control*.

Some adult users of DFSV with personality disorders might have little interest or investment in their relationships, with limited drive to work towards respectful relationships. They might experience very little guilt or remorse so feel untroubled by their behaviour or its impacts.



Resources tip

See pp. 62 – 85 of the resource *Practitioner Guide: Working with people in the Criminal Justice System showing Personality Difficulties* (3rd 2020 edition) by the HM Prison and Probation Service of NHS England for general considerations and tips when engaging clients with various specific types of personality ‘disorders’ and difficulties.¹⁷ This resource does not adopt a DFSV lens. However, it provides important information on different types of personality difficulties, and can assist practitioners to adjust their practice with serious-risk perpetrators who have been diagnosed with one.

¹⁶ These and other potentially relevant resources are accessible from the Featured section of <https://www.linkedin.com/in/rodney-vlais/> (a linkedin account is required to access them).

¹⁷ See <https://www.gov.uk/government/publications/working-with-offenders-with-personality-disorder-a-practitioners-guide>

Screening for and assessing homicidal ideation and intent

This section provides practice suggestions for specialist DFSV perpetrator response professionals. It might be possible for practitioners without this specialisation, in some circumstances, to use some of these suggestions.

However, attempting to open up a conversation with an adult user of DFSV about the presence of homicidal thoughts is not something to be done lightly – you will need sufficient skill in engaging users of violence, a solid understanding of DFSV risk, and support from a DFSV specialist supervisor. You will also need clear processes for collaboration with specialist DFSV services and other DFSV service system agencies.

Homicidal ideation and intent can be assessed both as an extension of a suicide risk assessment, or separately when the adult's suicide risk is low or minimal, or no suicide risk is determined.

When assessing homicidal ideation and intent, you may explore similar issues as when you assess for suicidal ideation and intent. For example, you may explore the frequency, intensity, and persistence of the adult's homicidal thoughts, how they feel when having the thoughts, the extent and nature of their planning to act on the thoughts, and the availability of means to enact their plan. But there are also some important additional considerations and factors to investigate when assessing homicide ideation and intent.

This section provides guidance on screening for and assessing homicidal ideation, assessing threats to kill, identifying the factors involved in making the leap from homicidal ideation to intent, identifying 'last resort thinking' as a characteristic of the fixated threat pathway, and managing an adult's homicidal ideation.

Screening for homicidal ideation

Some serious-risk adults who have homicidal ideations will disclose, or partly disclose, this when asked. They may also be willing to provide some details about the nature of these homicidal thoughts. Some adults may disclose this in recognition that things are not going well for them and that they need help. They may also acknowledge that although they might want to end the person's life that they have homicidal thoughts about, they have reasons why they should not act on these thoughts.

However, many serious-risk adults who have thoughts of using lethal violence against their ex/partner and/or other family member(s) will deny having them. Even if they do not intend to act on them, many adults won't disclose their homicidal thoughts because it will trigger practitioners to respond in a way that is outside of their control (e.g., alerting authorities). And adults who have significant intent to act on their homicidal thoughts will often not want to disclose this intent, as they might not want to be stopped.

There are at least three possible ways to directly ask the serious-risk adult about the presence and nature of any homicidal ideation:

1. If the adult expresses any suicidal ideation, you can assess for homicidal ideation by asking the adult whether they've also ever had thoughts about killing another person as well as themselves.

2. If the adult has disclosed that they have made a threat to kill another person, or if you are aware that they have made a threat through other sources and it will not increase risk to the victim-survivor to bring that information into your discussion with the perpetrator, you can use this as a starting point to ask about any homicidal ideation.
3. You can directly ask the adult whether they have ever had thoughts about killing another person (in the same way that you might ask a direct question about their suicide risk).

A client who has homicidal ideations might be more likely to disclose these thoughts if you:

- Adopt a non-judgmental approach, ask questions, and talk matter-of-factly about their thoughts. If the person feels judged, they will be (much) less likely to tell you about their true thinking and intentions.
- Emphasise that you are interested in and focused on the adult's wellbeing and welfare, but that this should be achieved in a way where everyone in their life can also be safe.
- Make it clear that you are working with the adult on things that will make a positive, tangible difference to their life. Emphasise that experiencing homicidal thoughts is a sign that there are important improvements that could be made to their life.
- Are transparent about your concerns and emphasise that your role is to maintain safety for the adult and the safety of his family members / others. Emphasise that your focus is on the safety of everyone.
- Attempt to come to an agreement that using lethal violence is not something that they ultimately want to do. **In the short-term, it does not matter if their motivation for coming to this agreement is not that lethal violence is morally wrong.** For example, they may agree that they don't want to use lethal violence against the person because they don't want to spend their life in prison, or never be able to see their children. Use whatever motivation they have to come to an agreement that it is in their best interest to work with you (and other relevant services) to make sure they don't act on their thoughts. Find the part of them that cares about something or some things (related to his own life or that of others) that would be destroyed if he were to engage in severe violence.
- Develop strategies to manage your own anxiety about assessing and talking about the adult's homicidal thoughts, so that you come across as calm as possible in your discussions.
- Remember that the aim of assessing homicide risk is to understand the factors that will help you to develop a risk management strategy and safety plan. When there is a serious risk of severe violence, your role is to reduce the immediate, short- and medium-term risk of the adult enacting this. This might be (much) more important in the short-term than attempting behaviour change work focusing on the adult's violence-supporting attitudes and beliefs.



Practice tip

It is important to manage your own anxiety about colluding with the serious-risk adult when assessing their homicidal ideations. To assess whether they also have an *intent* to kill – an intent to act on their thoughts – create opportunities for them to openly share their thoughts.

In cases where there may be an actual homicide risk, it is more important to open a window into the adult's thinking so that you can assess the degree and nature of risk, than it is to worry about whether they might misinterpret you to be supportive of their thinking.

Be transparent about your concerns that the adult may engage in behaviour that will harm people, including themselves. This will help to counter the potential for them to misunderstand your discussions as agreement with their violence-supporting beliefs.

Remain supportive of your client. You may emphasise that you are concerned about everyone's safety, including their own. You may also remind the adult that hurting or killing another person would have a substantially negative impact on their life and their family, and that you have a responsibility to take steps to stop this from happening.

Assessing homicidal ideations

Homicidal *ideation* is more frequent amongst adults using violence than the actual *act* of homicide. Some serious-risk perpetrators who have homicidal ideations will not take the leap towards using lethal violence against their family member(s). In some situations, having thoughts and fantasies about using lethal violence against someone that they feel has wronged them is a way for the adult to regulate distressing emotions and to feel powerful and in control in a context where they feel disempowered and lacking control.

As part of your assessment of the adult's homicidal ideations, attempt to determine whether their thoughts serve as a form of emotional regulation, or whether they are associated with an intent to use lethal violence. **In some circumstances, the adult's homicidal thoughts might serve both functions.**

If the serious-risk perpetrator discloses that they have had homicidal thoughts, you may ask them:

- Whether this is the first time they have had thoughts of this kind about the person.
- Whether they've had any other thoughts of this kind about the person.
- What other thoughts they've had about using lethal or severe violence against the person.
- When they first started having these thoughts about the person.
- How often they have these thoughts.
- Whether they spend time thinking about how they could enact lethal violence.

- Whether they picture how they might do so in their head.
- Whether the homicidal thoughts are situation-specific (e.g., when they're upset or intoxicated).
- How their homicidal thoughts make them feel (e.g., whether they make them frightened or calm).

Depending on the adult's responses, you can follow these questions with a further series of explorations:

- How often they have homicidal thoughts.
- Whether the thoughts are repetitive or persistent.
- How the thoughts have been playing out in their head recently.
- Whether they can easily turn off the thoughts, or if they are intrusive.
- If the thoughts are unwanted or if the adult enjoys or takes satisfaction out of having them.
- Whether they fantasise about ending the person's life and how elaborate the fantasies are.

Assessing threats to kill

Making a threat to kill is not quite the same as homicidal ideation and intent. A serious-risk adult can make a threat to kill another person without necessarily having homicidal thoughts or intent. Nevertheless, **making a threat to kill is an important evidence-based risk factor of homicide, even in the absence of homicidal thinking and intent.**

It is important to note, however, that a serious-risk adult can have homicidal thoughts and an intent to use lethal violence against another person without ever having made threats to kill them. Even if you know from the victim-survivor(s) that the serious-risk adult has never threatened to kill them, this does not mean that the adult has not thought about killing them.

If a serious-risk adult has made a threat to kill, attempt to find out the following. Sources of information can include the victim-survivor, the perpetrator, or agencies who have engaged either the victim-survivor or the perpetrator (for example, police might have copies of threatening text messages):

- What did the adult user of violence specifically say or write?
- What was the context of the threat?
- What did the adult mean at the time?
- Was the adult serious about the threat?
- What was the emotional state of the adult at that time?
- What was the purpose of the threat (i.e., what was the adult intending to achieve)?
- How credible is the threat (i.e., were the actions threatened feasible or unrealistic)?

If a serious-risk adult makes a threat to kill that is intended as a warning of what they might do in the future, it can indicate that they are building a justification for the use of severe violence. For example, they might seek to justify their behaviour along the lines of, “I warned you, but you chose to ignore my warning and keep behaving this way. What’s coming to you now is your fault.”

Frequently made threats to kill can also indicate an even higher risk of homicide. The more that a DFSV perpetrator verbalises a threat to kill, the more real the possibility of them carrying through with it can become. That is, the adult might make the threats as a way of motivating themselves to follow through.

If the user of violence has made repeated threats to kill at different times, attempt to explore (again by seeking multiple sources of information):

- Are the threats becoming more graphic?
- Are the threats escalating or changing in other ways?
- How frequently are the threats being made?

Assessing behaviours associated with homicidal intent

It might be possible to explore whether the serious-risk adult has taken any steps to put their thoughts into practice. If the adult has started to take *any* steps from homicidal thoughts to homicidal intent, the risks to the victim-survivor(s) has substantially increased. **Even if these steps are small, or don’t require much time or effort, they should be taken very seriously.** Any step taken to research or plan acts of lethal violence, even if only taking a moment or two to ‘idly’ explore an idea about a potential method, represents a substantial leap in risk.

Sometimes taking the initial steps from homicidal ideation to intent can be ‘triggered’ by a sudden deterioration in the adult’s mental health or life circumstances. In these situations, when their usual coping strategies no longer work, the adult may escalate their violent behaviour to try to fix their predicament.

For example, in the context of a recent separation when they no longer have as many levers of control, serious-risk adults may resort to online and offline stalking behaviours as an attempt to reassert themselves back into the victim-survivor’s life.

If possible, explore what has prevented the adult from taking further steps to put their homicidal thoughts into action. You may assess whether any barriers that they identify are *internal* (for example, “I just don’t know if I can actually go through with it” or “I’m not sure if I want to throw my life away like that”) or *external* (for example, “I would have done it by now but I can’t find her”). A lack of any significant internal barriers is a further indication of substantial homicide risk.

Identifying last resort thinking

As outlined previously, the presence of ‘last resort thinking’ is a major indicator of a serious-risk adult’s homicide risk. This type of thinking is characterised by a belief that their situation is hopeless, they ‘have nothing left to lose’, and they have no other option but to do something drastic to make the victim-survivor ‘atone’ for what ‘she has done’.

Engaging in last resort thinking is particularly concerning because it is often a way for the serious-risk adult to remove all remaining internal and moral inhibitions against using lethal violence. In many cases, last resort thinking is also accompanied by suicidal ideation, or by not caring whether the adult dies alongside the person they intend to use lethal violence against.

Last resort thinking is characteristic of the [fixated threat pathway](#) towards domestic homicide. However, it is important to remember that a major leap is required for DFSV perpetrators to go from justifying violence towards a victim-survivor to justifying using *lethal* violence. Furthermore, as mentioned previously, many serious-risk adults will follow the [persistent disorderly pathway](#) toward domestic homicide without exhibiting last resort thinking.

Directly managing homicidal ideation and intent

If possible, assess any circumstances associated with a greater frequency and intensity of the adult's homicidal thoughts. This will help you to adopt safety planning and risk management targets that aim to disrupt circumstances in which the adult is more likely to put their thoughts into action. For example, if the adult ruminates on homicidal thoughts more when they are drinking alone at night, or when searching the internet for manosphere blogs, you can prioritise strategies that address their alcohol use and the unstructured use of their smartphone.

[The risk management strategies you put in place will also depend on the degree of the serious-risk adult's homicidal intent.](#)

If the adult has significant motivation not to carry out their homicidal thoughts, safety planning that includes a direct focus on their thoughts will be an important part of the overall risk management approach.

This safety planning can include:

- Mapping out when the adult has homicidal thoughts, or when they are more frequent and intense.
- Strategies that the adult can use during these periods until the intensity of the thoughts subside (riding through the wave of the thoughts).
- Assisting the adult to develop a support network of people who can distract them from their homicidal thoughts: note, these supports might not need to become aware of the adult's homicidal thoughts (as the adult might be very hesitant to tell them and might not use them as supports if they needed to know), but rather, can be primed to be available 24/7 to offer 'emergency mental health support.'
- Informing the adult about 24/7 help services, and addressing hesitations they have to use them.
- Removing any access that the adult has to weapons.
- Other strategies similar to those used to help clients manage their suicidal thoughts.

[Establish as many guardrails as possible that make it difficult for the serious-risk adult to act on their homicidal thoughts.](#)

If the serious-risk adult is considering whether to act on their homicidal thoughts but has not made a decision to do so, in addition to the above safety planning and guard-railing, agreeing on a motivation not to act on them is a critical risk management goal.

For some adults, their single-minded focus on their homicidal intent can be so consuming that they completely lose awareness of the other goals they have been working towards. Focussing on the aspirations and vision that the adult has for his life, and how using lethal violence against the victim-survivor would undermine them, can help to motivate him to not act on his homicidal thoughts.

Their fixation on ending the victim-survivor's life as the only solution to what they see as the unsolvable problems impacting their life can also mean that some serious-risk adults lose sight of the much bigger problems that taking this action would cause for the rest of their lives. You can work with them to expand their consideration of these consequences, and help them to understand that their homicidal ideations are the real problem that need to be addressed.

By engaging serious-risk adults in these conversations, you can help them to gain some distance from their homicidal thoughts, rather than being immersed in them. You can then encourage them to work with you to develop joint strategies to address their thoughts and prevent them from having a catastrophic impact on their life.

It is important to note that some serious-risk adults, particularly those with significant suicidal as well as homicidal intent, will not respond to this approach. The adult might struggle, due to depression and/or acute or chronically low self-efficacy, to believe that they will ever be able to make anything of their lives. **Risk management strategies for these adults may need to focus predominantly on completely removing their ability to physically access the person they are intending to use lethal violence against.**

Mental health strategies to treat depression can also be important here. A case management approach that supports the serious-risk adult to achieve small goals might instil a degree of hope and possibility for the future. A serious-risk adult with an intense grievance and little care or hope for his own life is potentially very dangerous.

Strengthening meaning and value in the adult's life

Reducing the risk of DFSV perpetrators acting on their homicidal thoughts can require helping them to realise that doing so would destroy the things that add value and meaning to their lives. This means attempting to draw their awareness back to these things – such as their caring role for an elderly parent, their mentoring role for boys in their extended family, or their leadership role in their workplace or community – so that they realise what they have to lose by acting on their thoughts to use severe violence.

Some adults may struggle to identify things that add meaning and value to their lives. In these situations, engage in a rapid and intensive case management process to connect them to roles and activities that are meaningful to them. This may require frequent contact with the serious-risk adult and proactive outreach and follow-up over a short-space of time. It might also require working with him to achieve some confidence in meeting small but meaningful goals, even if these do not seem directly related to the DFSV risk he poses.

To help the serious-risk adult to identify and engage in meaningful roles and activities, you can explore some of the values that underpin their life. While they may feel detached from these values, they may still feel motivation to take part in activities that bring these values back into their life.

Working with the adult on improving their coping skills and outlook on life may take some time. In the meantime, it is important that they have access to other meaningful supports. This can include re-establishing connections to things that they have stopped engaging with due to the deterioration of their life and fixation on the victim-survivor, such as their extended family, employment, education and/or recreational pursuits.

These strategies to build meaning and identity, and to reduce the amount of unoccupied time the adult has to ruminate on his grievance, might require highly proactive scaffolding. One session or contact per week with the serious-risk adult might not be sufficient.

During the Covid pandemic, for example, it was not uncommon for some specialist DFSV behaviour change programs to contact high-risk perpetrators two or three times per week (or more), during periods in which agencies were closed to group-work. Some of these contacts consisted of 20-minute phone calls, to help the adult organise their day and ride through the vacuum in their lives. This type of approach might be required with many serious-risk adults who have got to the stage of experiencing homicidal ideation – though many, of course, will seek to evade such engagement.



Practice tip

When working with a serious-risk adult who has significant homicidal intent, it can be beneficial to focus in on the ‘two parts’ of the person. You may start this conversation along the following lines:

“... it seems that there are two parts to you. One part that wants to take this drastic action against [name of victim-survivor]. And another part that doesn’t. The part of you that doesn’t is currently winning. Your thoughts about taking this drastic action have become a habit, you’re used to them now, and one part of your brain doesn’t want to let go of them. Let’s talk about what we can do to not let that part of your brain win.”

In the immediate and short-term, your goal will most often *not* be to try to stop the adult from thinking homicidal thoughts. This is unlikely to be realistic within these timeframes. What you might be able to achieve, however, is to work with the adult on how he responds to these homicidal thoughts when they arise.

Attempt to help the adult *gain increasing distance from the thoughts*, by using, for example, DBT/ACT/CBT or narrative externalising strategies. The adult might be more willing to attempt and practice these strategies if he has some value and meaning in his life that he would like to protect.

Of course, it is also important to work with the adult towards him not taking any actual (further) steps towards putting these thoughts into practice.

If the adult appears to have made a clear decision to act on their homicidal intent, the immediate risk management goal should be to physically prevent them from having access to the person they intend to use lethal violence against.

This can involve priority liaison with police to:

- determine if the adult has engaged in any criminal behaviours (of any kind) through which they could be charged and remanded by a magistrate, or
- potentially invoke the relevant section of your jurisdiction's mental health act to apprehend them for involuntary treatment to prevent immanent, serious harm.



Practice tip

Addressing a serious-risk adult's mental health issues can often be an important part of a homicide risk management strategy.

For those at risk of committing homicide through a **fixated threat pathway**, improved mental health can help them to find value and meaning in their life, and to develop a sense of hope and self-efficacy despite the problems that they feel the victim-survivor has caused them.

For adults who follow a **persistent disorderly pathway**, poor mental health can tax their already compromised distress tolerance skills. Reversing a gradual or sudden deterioration in their mental health can therefore be critical to preventing homicide.

Many publicly funded mental health services generally focus on people with a serious mental illness. You will therefore need to clearly explain and advocate for why your client – despite not necessarily falling into the serious mental illness category – needs priority mental health support in the context of a homicide prevention strategy.



Do not handle serious risk of severe behaviours alone

Once you have identified a significant risk of homicide or other forms of severe violence, even if the risk is not imminent, share the risk:

1. Inform your supervisor of the risk of homicide or homicide-suicide.
2. Activate a serious-risk (or crisis) intervention involving relevant agencies.
3. Organise a multi-agency case conference with other practitioners involved in the case (within a day or two if it's a crisis intervention).

Always discuss an adult's homicidal ideations with your supervisor or manager, even if the adult has not formed an intent to act on them.

It is important that all practitioners are offered the opportunity to debrief after completing a homicide risk assessment with a serious-risk adult. You should never have to go into late nights or weekends questioning whether you did enough or did the right thing. Sharing your concerns with your colleagues, and being offered priority debriefing, will help you to leave them when you transition away from your work time.

‘Types’ of adults who perpetrate domestic, family and sexual violence: Different motives for using power and control¹

The exertion of power and control is a consistent feature in men’s, and in many other adult’s, use of domestic, family and sexual violence (DFSV) against intimate partners and family members. However, not all adults who cause DFSV harm use power and control for the same mix of reasons. Their *motives* differ, to an extent, and this can have implications for how to respond.

There have been various attempts to categorise different ‘types’ of DFSV perpetrators. While these explorations are important, until a robust and widely used categorisation evolves (if one is possible), it is perhaps most useful to consider each user of violence as having their own combination of motives, with each motive held to varying degrees.

This resource suggests six main motives for the use of power and control. Some adult users of violence might not hold any of these motives to a significant degree. Others might be driven by one or more of them in terms of their use of power and control against those who are experiencing their harm.

The six motives are to:

- entrap the victim-survivor to purposefully maintain and extend the gender-based benefits and rights they believe they are entitled to – as distinct from ‘merely’ benefitting from everyday male privilege – without having a real interest in forming a relationship with their partner based on genuine connection;
- express misogynistic hatred, and participate in a sense of collective grievance that some communities of men have against women;
- maintain a positive, narcissistic image of themselves, and ensure that they have a relationship and standing that ‘ticks the boxes’ of what they need to feel admired;
- express sadist cruelty;
- psychologically ‘survive’ in the context of substantial emotional dependency on their ex/partner; and/or to
- maintain an ‘attack first’ mentality associated with patterns of generalised violence behaviours.

1. Extractors of entitlement-based benefits

Obtaining entitlement-based benefits is a central motive for the exertion of power and control amongst most users of violence. Men are provided with gender-based privilege by our patriarchal society, and in this context are expected to coerce emotional, domestic labour, material and sexual benefits from women in intimate relationships. As the late Ellen Pence from the Duluth approach emphasised, male DFSV perpetrators do not necessarily *feel* entitled; rather they *are* entitled, and have a way of making sense of the world and their position in it shaped by patriarchy.

¹ Written by Rodney Vlasis, August 2025. My gratitude towards Dr Ron Frey, Dorothy Halley, David Adams and others whose work I have drawn from for this resource.

Motives around entitlement can differ amongst users of violence, however. Men benefit from male privilege without needing to consciously be on a 'mission' to maximise their gender-based power. They use power and control to obtain entitlement-based benefits because that is expected of them in being a (dominant hegemonic) man. They don't need to think "I'm superior to women", "it's her duty to be provide me with...", "women owe men...", "it's my role to be the head of the family who makes the important decisions..." and so on to benefit from male entitlement. They benefit by virtue of being socialised male.

Users of DFSV differ in the extent to which they use power and control, and entrap the victim-survivor, to [purposefully maintain and extend these entitlement-based benefits](#). In other words, they differ in the extent to which they see it as their [right to exploit the victim-survivor for their emotional, material, financial and sexual gain](#). The use of power and control is seen as a means to entrap the victim-survivor to provide these entitlement-based benefits. In this respect, extractive entrapment represents a deliberate occupation of the victim-survivor's sovereignty.

Perpetrators of DFSV who put more effort into exploiting victim-survivors – as distinct from 'merely' benefitting from male privilege and the gender-based benefits they can take from survivors in the patriarchal sea that we all swim in – can tend to pose a higher risk, and cause greater harm. They are perhaps likely to be less interested in genuinely connecting with their intimate partners, less interested in true intimacy and building trust, and more interested in 'consuming' the benefits they can manipulate and coerce from their partner.

Appeals to these men to change their behaviour due to the harmful impacts of their coercive controlling violence on trust, love and connectivity in their relationship might have limited impact, if these men are not interested in, or know little about, true love. They can tend to be deeply invested in continuing to *demand things from* their partner (that they feel entitled to), rather than work towards the intimacy of *connecting with* them.

In this sense, social and psychological entrapment is on a continuum towards enslavement, and in some instances, has some features of the latter. These DFSV perpetrators believe they have the right to engage in enslavement-type behaviours to extract benefits from their partner and from the relationship, even though most would not consider their partner to be their slaves. Indeed, many would consider that their partner is unfairly 'victimising him' by pushing up against his rules and demands.

These perpetrators can feel justified in going to particular lengths to punish their partner when she attempts to push against the boundaries of her entrapment, or resists the demands he makes of her. Punishment can, at times, be degrading and severe. Some might be prepared to engage in severe violence to make sure that 'she doesn't win' against him, as for her to 'win' in his eyes can result in him experiencing what he considers to be 'unbearable' humiliation. After separation, some can engage in tactics to punish their former partner for many years, through for example manipulating systems and using economic violence to make life as hard for her as possible.

For men who feel strongly entitled to the benefits they obtain from exerting power and control, this might or might not extend to viewing their children mainly in terms of their property. Some fathers who use DFSV to entrap their partner into providing benefits are interested in genuine connections with their children; others much less so. While most fathers who perpetrate DFSV believe that they have 'rights' to their children irrespective of the harm their behaviour is causing, it is still possible to yearn for genuine connections with their children at the same time. Some, however, are much more invested in their image of being a father than in actually getting to know their children.

Some men who extract and exploit partners for their material, economic, social, emotional and sexual gain have **privilege levers** that support and enable them to do so. They might have particular standing in their community, the ability to manipulate systems as part of their patterns of entrapment tactics and coercive control, and/or access to resources and connections. They might have extended family members who collude with their entitlement-based tactics.

Some of these adults are also very adept at using **covert coercive control**. These are tactics of social and emotional entrapment that to an outside observer, might be seen as innocuous or even as positive expressions of respect, care or love. However, these expressions are highly abusive when taking into account the entire gamut of the adult's behaviours.²

These adults can also use **strategic vulnerability** as part of their repertoire of self-focused rights-based tactics. They might 'manufacture' a degree of distress, or emotively appeal to the 'needs of their children', to draw the victim-survivor's attention to the adult's own 'needs'.

Of course, doing so is an intense form of gaslighting. In the displays of this distress, the adult is rendering invisible the tremendous harm his behaviour has caused and is causing to the victim-survivor (and to their children). Unlike DFSV perpetrators with significantly elevated degrees of narcissism or who use power and control to psychologically survive, these displays of distress might not have an underlying complex trauma basis.

Like many adult users of DFSV, these perpetrators can escalate their tactics in response to victim-survivor resistance to their rules and demands. They can choose to escalate their violence when they feel 'bothered' by the victim-survivor (that is, when her resistance starts to cause him 'inconvenience').

A valid question in these situations is why do many such adults decide to stay with the victim-survivor if they are feeling 'bothered' by her, and escalate their violent and controlling behaviour to prevent her from leaving. In part, this can be due to the intense drive by some of these perpetrators to not let the person they are controlling 'win'. To use an imperfect analogy, slave owners go to great lengths to prevent their slaves from winning freedom. In some cases, the adult user of DFSV might also go to great lengths to keep the relationship due to elevated levels of other motives in their use of power and control, such as to 'psychologically survive' in the context of intense emotional dependency on their partner.

Practice implications for engaging highly entitled adult perpetrators of DFSV include:

- Behaviour change gains through participation in a men's behaviour change program (MBCP) are likely to be modest. However, participation in a program might be a useful way to keep the adult – and his thinking, mood and behaviour – in view.
- There is a heightened risk of these adults weaponising their participation in the program through attempting to manipulate systems.
- These adults can have a sustained focus on their 'rights' with relatively little focus on their responsibilities to others. If possible, attempt to find values, aspirations or ethical strivings that the adult relates to that are consistent with strengthening their focus on responsibilities to others.

² For further information on covert coercive control, see <https://www.witnesspreparation.au/redefining-coercive-control.html>

- These adults can be very fixated on the ‘unfairness’ of having their rights ‘taken away from them’ (for example, through justice system responses to their use of DFSV, or through the victim-survivor’s resistance or separation from him). It can be difficult to directly challenge their sense of righteousness, and the entitlement-based beliefs that underpins this.
- You might have more success appealing to how the adult’s fixation on their rights is so ‘enormous’ that it ‘drowns out’ positive things they could be or are working toward in their life. You might be able to incrementally shift the adult’s focus a bit away from the victim-survivor, police, courts, etc. being the enemy and towards the *enormity* of his grievance as being the thing he needs to target.
- While not colluding with his sense of righteousness and underlying entitlement-based beliefs, it might be possible to prise some of his energy away from continuing to feed his grievance without you attempting to ‘butt horns’ with these beliefs head on. Through this, the adult might come to see how allowing his grievance to totally consume him is not in his best interests, and results in significant costs to his life.
- Try to find an overlap where working towards the adult’s ‘enlightened self-interests’ overlaps with what will build safety and freedom for those experiencing his violence.
- Assess risk continuously. Some of these adults can pose a serious risk of severe harm if they have an intense drive to punish a victim-survivor who they perceive as having ‘won’ against them, ‘humiliating’ them, or interfering with what they perceive to be their ‘rights’. Multi-agency risk management strategies can be crucial.³

2. Misogynists

Misogyny can be a feature with some men who deliberately entrap victim-survivors to maintain and extend the benefits they feel entitled to. There is undoubtedly a significant degree of overlap between these two motives for using power and control in intimate relationships. However, not all men who are highly intentional in using power and control to extract benefits from a female partner are misogynists, at least not in the extreme.

Misogyny exists on a continuum: most if not all men who perpetrate DFSV engage in some degree of misogynist practices along this continuum (for example, the use of derogatory terms as part of psychological abuse). A hatred and intense contempt of women, however, is a primary and intense motive for the use of DFSV only in a minority; these men obviously can pose a very serious risk.

Many men are susceptible to manosphere social media and other messaging that ‘gender equality movements have gone too far’, that ‘women have most of the power now’ and that ‘men are disadvantaged, and are no longer allowed to be real men’.⁴ Right-wing misogynist influencers are contributing towards an intensified sense of grievance amongst some young and older men towards women, who are seen as ‘taking away their power’ and their opportunities to be ‘real men’.

³ See the resource *Practice suggestions for identifying & responding to male perpetrators of domestic, family and sexual violence who pose a risk of severe harm* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access).

⁴ For a succinct and clear description of some contemporary men’s grievances against gender equality and positive discrimination policies, see the video explanation by author Jason Pargin <https://www.facebook.com/watch/?v=9223521494440770>

Men who use DFSV differ in the extent to which they are influenced by this sense of collective grievance, ranging from a broad nod of general agreement (that's lightly held) to participating actively in grievance-based manosphere online communities.

Practice implications for engaging misogynistic perpetrators of DFSV:

- Unless engaged at an early age, high levels of misogyny is a contra-indication for participation in an MBCP. However, there might be benefits in mandating participation in a program if only to keep his thinking, moods and behaviours in view, depending on whether he is too disruptive to the group.
- A one-to-one clinical case management approach might be more appropriate to address complex needs and to manage risk.

3. Narcissistic adult users of violence

A third motive that differentiates users of DFSV is the **degree of narcissism**. Most perpetrators are self-focused, and due to their "I'm the victim here!" thinking and male entitled worldview, are not very other-centred. However, only some have significant elevated 'traits' of narcissism.

At the core, these users of violence have very little tolerance for experiencing any degree of shame, often due to traumatic childhood backgrounds. They can use severe violence against a victim-survivor if they believe that she has 'done something that causes him' to feel shame and humiliation.

DFSV perpetrators with a high degree of narcissism require certain things to be in place in their life to maintain the image of being successful, and to attract admiration. Some have a range of **privilege levers** (for example, reputation and standing in their community or profession) that they use to draw admiration from others, and to make it seem like they would be the 'last person in the world' who would use violence and abuse. Some are quite predatory, seeking partners or women/people to have sex with who they believe can be easily manipulated due to the perpetrator's 'up on the pedestal' power.

These users of DFSV can become dangerous when the positive image they project – reinforced by others in their community, professional or societal networks – becomes threatened. This might be through the victim-survivor separating from him, disclosing about his violence to authorities leading to police and justice system involvement in his life, and/or calling him out as a perpetrator in a community or public setting.

Not only might these perpetrators become incensed at the potential loss of status, and the benefits that comes with their standing, reputation and access to various forms of privilege and resources being at risk. They might also experience a deep sense of humiliation, and use severe violence as an act of humiliated fury.⁵

DFSV users of violence with elevated narcissism go to great lengths to avoid self-reflection. Like most perpetrators, they will use denial, minimisation and blaming others to smokescreen responsibility for their behaviour, and adopt a strong "I'm the real victim here, not her!" stance. However, they have additional resources and privilege levers to avoid accountability through embedding their positive self-image in their community, natural and professional networks.

⁵ See <https://www.youtube.com/watch?v=sTdmNjnyaF0> for thoughts on humiliated fury by Jess Hill.

By establishing themselves as someone who ‘should be admired at’, and in some cases by engaging in genuinely prosocial activities that provide them with significant standing and praise, these perpetrators recruit a number of people who are prepared to defend them, and who either inadvertently or explicitly engage in actions that enable them to continue the abuse undetected. Some narcissistic users of DFSV might have high profile connections and admirers in their community or social settings.

In summary, narcissistic perpetrators of DFSV use power and control to maintain their positive self-image, develop and maintain a network of people admiring them, and to avoid having to experience shame.⁶ Many have a significant trauma background.

Specific characteristics of adult users of DFSV with elevated narcissistic traits include:

- Adopting an ‘I’m exceptional [and entitled]’ attitude through obtaining organisational, corporate, hierarchical power... or through being a pillar of the community, a great helper, a heroic leader (who grooms younger people in a helping profession for sexual gain and admiration).
- Being attuned to others mostly in relation to self-relevance: very externally focused, developing internal goals based on what they think they need to do to achieve admiration and validation.
- Can be very charming, hold positions of power and status, have lots of admirers and people to defend their character if allegations are made against them.
- Has a deeply traumatised ‘ego’ (often due to intense childhood trauma experiences). Further, based on their particular style of ego-restoration strategies, these adults’ sense of self-worth can swing dramatically and rapidly between being highly ‘pumped up’ and complete deflation, in both directions.
- Seeks and depends on admiration from others.
- Only feels worthy if they are admired, unique, exceptional.
- Mines others for love, support, respect and ‘kitten strokes’ – seeks to extract adoration and support from their partner and others, and to maintain the flow of these ‘narcissistic supplies’.
- Has a heightened sense of entitlement.
- Highly susceptible to ‘ego bruises’ and to feeling wronged.
- Easily overwhelmed by shame – seeks narcissistic supplies to avoid shame.
- Feeling isolated, abandoned or criticised in the slightest can lead to ‘narcissistic rage’.
- Has an underlying acknowledgement that depending so much on others for admiration leaves them dependent, weak and helpless → fearful of being exposed → triggered by intense feelings of envy → can result in a dramatic shift from expressing admiration for someone (‘you’re almost as exceptional as me’; ‘idolising and joining with you highlights my own exceptionality’) to intense criticism (‘you’re a phony, you’re way beneath me’) to restore feeling superior / restore their ego.
- Uses other people to regulate themselves: Emotionality can spin quickly – attacks the person, gives them the silence treatment, etc. based on the slightest hint of criticism.

⁶ See the section *Engaging with shame* for an analysis of chronic shame and shame anxiety in the resource *Case planning for adult users of domestic and family violence* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access).

- Engages in discarding and devaluing behaviours.
- Intense use of gaslighting, blame-shifting and emotional manipulation.
- Variable and intermittent reinforcement, and emotional and social entrapment, makes it very difficult (and sometimes very unsafe) for the survivor to leave... some days for the survivor are great, some are OK, some are bad, some are terrible, some are horribly frightening.
- The practitioner can feel both idealised and devalued by the adult.
- Vulnerable vs grandiose narcissism – the former can be harder to initially identify as these adults use more covert methods to maintain narcissistic supply, drawing in others to see them as a ‘victim’ where ‘no one has suffered like me’ who needs the other person’s continuous love – the latter want to be associated only with people at their level, are ‘snootier’ and intolerant of people ‘beneath them’.
- Speaks in vague terms to avoid accountability.

Practice implications for engaging narcissistic perpetrators of DFSV include:

- Mental health assessment can be crucial to determine the extent of narcissistic traits.
- Therapeutic treatment with adults with very strong narcissistic traits can take a long time, and be very slow.
- Develop a strong working alliance with the adult, that survives the adult’s fragility and strong tendency to dismiss the alliance or withdraw when they are feeling wobbly.
- Consider the careful use of immediacy when the adult moves into vague/general territory or avoids focusing on an issue (“John, is it OK if I talk about something that I’m observing at this very moment? When I asked you about...”)
- Collaborate to set concrete, attainable, meaningful goals (as the narcissistic adult will want to focus on grandiose, unattainable ones).
- Agree on clear boundaries – the adult might expect special treatment, feel entitled to skip sessions or turn up intoxicated, etc.
- Do not get into any power struggles, any battles of “I’m right and you’re wrong” or “I have the expertise here, listen to me”.
- The adult might be more amenable to working with your service if they are experiencing a ‘narcissistic wound’ – e.g., their partner is leaving him, they’ve lost a high-status job – which can be a high-risk time as they are likely to amp up their maladaptive coping strategies to try to restore their fractured ego (for example, increase their manipulative behaviour to persuade the survivor to return, threaten severe violence, threaten suicide) → if they are successful in restoring things back to how they were through their maladaptive coping strategies, there’s a good chance they will drop out of the program.
- Expect situations where the adult will feel they’ve been criticised, slighted or shamed, even when you try your hardest not to. Anticipate they might withdraw from the program or from your work as a result.
- If you sense that the adult feels criticised or slighted, apologise in an appropriate way, but don’t require the adult to disclose their underlying fragile feelings in that moment (as that will increase their sense of shame).

- Clinical supervision is critical. Working with an adult with high narcissistic traits can result in feeling devalued, discarded, idolised, admired, bored, pulled in, invited to cross boundaries, and feelings of wanting to rescue the adult.
- Effective work with these adults can, at times, be counter-intuitive. For example, to maintain their sense of highly-inflated self-worth, and to protect themselves from felt humiliation and ego deflation, it is not uncommon for these clients to criticise their practitioner/therapist, or to swing dramatically from seeing the practitioner in highly positive ('you are as exceptional as me') to negative terms ('I'm much better than you, and I deserve to work with someone more competent / who is my equal'). Practitioners can feel tempted to defend themselves and their competence in these situations, whereas sometimes with a narcissistic client, especially in the lengthy initial phase of building a working alliance, it can be better to go with the flow of the adult's ego-defence strategies than combat them head on (provided that clear boundaries are maintained).
- Model emotions that the narcissistic adult finds difficult to experience (gratitude, humility, remorse, etc.)
- Model that it's possible to make mistakes and maintain a positive self-image at the same time.
- The adult might, over time, take more interpersonal disclosure risks with you, if you can keep him in the program and if your alliance survives his fragility.
- There are risks associated with bringing his harmful behaviour into the centre of your work with him too early. Direct confrontation of his harmful behaviour can result in the adult feeling criticised and demeaned, leading to hostility and/or withdrawal.
- The main goal is risk management, to make it less likely he will use severely violent and controlling behaviours in the short to medium term.
- If the adult has strong narcissist traits, attempt to find ways to reduce short to medium-term risk without focusing directly on his most harmful, violent and controlling behaviour. For example, there might be various stabilisation factors you can work on in his life to reduce risk.
- If his narcissist traits are only moderately elevated (not to the extent of approaching 'Narcissistic Personality Disorder'), you will have room to focus more centrally on his use of violent and controlling behaviour, earlier in your work with him.⁷
- If he is experiencing a 'narcissistic wound', help him to restore a sense of feeling OK without him needing to resort to his usual maladaptive, harmful behaviour to restore his ego. This might require creative case management approaches. Work with him to develop more adaptive, less harmful options.
- Take identity loss in the adult's life seriously – develop strategies to address it.⁸
- You might over time be able to help the adult find an 'authentic self' that they develop confidence in without requiring narcissistic supplies to defend.

⁷ Mental health support is important to determine the severity of the adult's narcissism. MBGP practitioners who over-inflate the adult's level of narcissism might needlessly avoid a direct focus on his harmful behaviour, which can of course be collusive.

⁸ See the section on identity loss in *Case planning for adult users of domestic and family violence* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/-> - a linkedin account is required to access).

4. Sadistic cruelty

Users of DFSV differ in the degree of **sadism**, the extent to which they take pleasure out of hurting their intimate partner.⁹ While many users of DFSV engage in behaviours that deliberately degrade and humiliate the victim-survivor, only some experience pleasure while producing these impacts.

Sadism is beyond feeling justified or vindicated through the act of causing hurt, which many or most DFSV perpetrators do when causing harm. Sadism refers to the actual enjoyment of inflicting harm through cruelty, which is less common. It's often referred in the literature as *everyday sadism*, defined as pleasure-driven aggression involving the infliction of physical and emotional pain on others to humiliate, punish and/or control them.¹⁰ This concept of everyday sadism distinguishes it from severe forms of sexual sadism (obtaining sexual gratification through inflicting pain on others).

Sadism is correlated with narcissism, and can also be highly associated with psychopathy. However, many adult users of DFSV with elevated narcissistic traits do not necessarily have a strong sadistic enjoyment of hurting others. Some of those who engage in sadistic cruelty have an over-exaggerated sense of self-importance and/or lack empathy, enabling them to purely focus on their own pleasure at the expense of others. For others, the pathway towards sadism might occur through repeatedly engaging in antisocial behaviour that over time desensitises the adult, resulting in them beginning to enjoy hurting others.¹¹

5. Exerting power and control for 'psychological survival' in the context of substantial dependency on their partner / former partner

A further motive more or less present in a DFSV perpetrator's decision-making to exert power and control is the degree to which they are **dependent on their ex/partner for their psychological survival**. Many perpetrators with high dependency, like those with elevated narcissism, have a complex trauma background. They might exhibit significant possessive jealousy (though importantly, possessive jealousy can also be associated with other perpetrator motives to use power and control).¹² These perpetrators might:

- have an intense attachment to the victim-survivor(s) for their own self-worth,
- have difficulties imagining a life for themselves out of their relationship with their partner,
- invest little time working towards goals in their life independent from their partner (in other words, their partner is their life),

⁹ People with elevated psychopathy traits, as distinct from sadism, might or might not gain pleasure in hurting others, but do so to obtain a desired outcome, and tend not to feel empathy or remorse for their actions. Some people with sadism, however, can feel bad after the cruel act has been enacted – see <https://theconversation.com/from-psychopaths-to-everyday-sadists-why-do-humans-harm-the-harmless-144017>

¹⁰ Saravia Lalinde, I. A., Longpré, N., & de Roos, M. (2023). Everyday Sadism as a Predictor of Rape Myth Acceptance and Perception of Harassment. *International Journal of Offender Therapy and Comparative Criminology*, 67(13-14), 1323-1342.

¹¹ Lobbestael, J., Slaoui, G., & Gollwitzer, M. (2023). Sadism and personality disorders. *Current psychiatry reports*, 25(11), 569-576.

¹² See the resource *Addressing violent and controlling behaviours associated with possessive jealousy amongst adult users of domestic, family and sexual violence - updated* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access).

- experience a significant increase in suicidal ideation and risk should the relationship end or be at risk of ending,
- be at heightened risk of enacting homicide-suicide in these circumstances,
- appear highly suspicious about who his partner is seeing and what she is doing,
- talk freely about his suspicions that she is unfaithful,
- justify his controlling behaviours and ‘repercussions’ on the basis of those suspicions,
- be highly anxious and very fearful of ‘losing her’ / the relationship,
- justify his controlling narratives and behaviours as ‘expressions of love’ (“we are destined to be together for the rest of our lives”),
- have used violence against other men who he sees as a threat,
- leave you with a feeling that he might think ‘If I can’t have her, nobody will’, and/or
- have a history of driving previous partners away, of high surveillance behaviours across relationships, due to possessive jealousy.

Many users of DFSV have a notable degree of psychological dependency on their partner. For male users of violence, this is often associated with making their partner responsible for their emotional states, including blaming their partner for ‘causing him’ to feel anger, jealousy, shame, humiliation or other undesirable feelings. Some DFSV perpetrators, however, have substantial psychological and other forms of dependency on their partner, and cannot see a life for themselves if their relationship with this particular person was to end. Disruptions to childhood attachment with a safe caregiver and a complex trauma background are common features of these adults.

Practice implications for engaging perpetrators of DFSV who depend on their partner for ‘psychological survival’ include:

- Adopt strategies to address possessive and obsessive jealousy if required.¹³
- Assess risk for suicide and homicide-suicide on a regular basis, and engage the adult in suicide safety planning if indicated.¹⁴
- Help him to build meaning and identity in his life that is not dependent upon his ex/partner.
- Address mental health issues such as depression, and promote practices of self-care for his emotional and physical health needs.
- Work with the adult to significantly increase his social supports.
- Work with the adult on his distress tolerance strategies. Adopt both a strengths-based approach focusing on the distress tolerance skills he already has and might use in some situations, and new ones he can learn. Borrow from DBT and ACT toolkits. If safe to do so, work with him on how to apply these strategies in situations where he is likely to misinterpret or make hostile meaning of the victim-survivor’s choices and responses.

¹³ See above.

¹⁴ See the resource *Practice suggestions for identifying & responding to male perpetrators of domestic, family and sexual violence who pose a risk of severe harm* (available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access).

Individual case management, or at least supplementary individual sessions, will often be required to work on these issues; participation in group-work alone might not be sufficient to address risk.

These adults can be highly susceptible to slipping back after making initial behaviour change gains (if such gains are made). It is not uncommon for the intensity of their anxiety and distress to resurface after they have completed a men's behaviour change program, creating challenges for them to continue to choose non-violence in the face of this emotional intensity. **Follow-up engagement with these adults after they have completed a program can be critical.** Some might need post-program trauma-focused counselling.

6. Generalised violence as a means of survival

Finally, some users of DFSV have a history of using violent behaviours in a range of settings and contexts, not only against intimate partners. These DFSV perpetrators might **display an 'attack first' mentality**, of needing to make sure that others know they are 'not someone who can be messed around with.' They might have engaged in patterns of behaviours whereby they 'strike first' under perceived threat.

Some perpetrators of DFSV with this motive to exert power and control have experienced violence, and been in situations where violence has been normalised, for much of their lives. They might have had periods of homelessness, significant substance misuse and been part of peer groups or street life situations where violence served as a self-protection mechanism. Some might have histories of incarceration, and might be considered by criminologists to have 'anti-social tendencies'.

For these adults, violence and coercion both within relationships and in other contexts becomes an accepted means to:

- resolve conflicts, persuade others to do things and achieve personal and social goals (self-advancement)
- gain respect from others
- to make others listen
- maintain agency and status in a violent world
- secure a fragile self
- defend oneself or others (e.g. in-group peers) when threat is perceived, including 'preventatively'
- secure a sense of identity amongst a peer group or gang when feeling not part of the majority in society
- maintain social identity and obtain social kudos, and achieving a positive outcome for his social group, by physically assaulting those who 'deserve' to be punished
- protect group identity, and/or reinforce personal and collective criminal pride.

Adults with significant histories of using generalised violence might or might not be willing to entertain giving up the use of violence as a strategy to 'stay safe' in the world. Some, after significant periods of incarceration, might be motivated to work towards a 'new me' that is no longer associated with a life of using violence. Others might be unwilling to give up on the strategies they've used to achieve the goals dot-pointed above.

Some adults who remain highly invested in an 'attack first' mentality might be willing to engage with the concept of 'overdoing' their survival strategy. That is, that they apply the strategy in situations where it is not warranted, and in the process move themselves further away from what they value and aspire to in their lives.

Adult perpetrators of DFSV with significant histories of using violence in a wide range of situations still require a gendered response. The existence of generalised pro-violence beliefs is often overlayed with highly gendered and entitlement-based beliefs. However, ignoring the general function of the use of violence in the adult's life can compromise the effectiveness of behaviour change work with these adults.

A concluding word

The six motives for the use of power and control by adults who cause DFSV harm overlap. Any given user of DFSV might have a combination of two, three or more of the above motives, each to varying extents. A significant proportion of MBCP participants will not have elevated levels of any of the motives. DFSV perpetrators whose violent and controlling behaviour is strongly motivated by any one or more of these six motives are likely to pose a serious risk to adult and child victim-survivors.

While this resource has only dipped into the practice implications of engaging DFSV perpetrators based on their profile of motives, understanding the source of their decision-making to exert power and control can assist in developing risk management plans and strategies.

Users of DFSV who do not have significant degrees of any of these motives are still generally using power and control. Their perpetration of violent and controlling behaviour is still intentional. Rather, as outlined at the beginning of this resource, they differ from highly entitled perpetrators in that while they still benefit (significantly) from gender-based entitlement, they do so as part of the patriarchal see that we all swim in, as distinct from 'milking' their entitlement to the nth degree.

Case planning for adults
who perpetrate domestic
and family violence
to reduce risk and harm
for adult and child victim-survivors

Rodney Vlasis

April 2025

Key general takeaways¹

- Behaviour-focused case planning can be an important part of efforts to interrupt opportunities and inclinations of an adult to continue to make choices to use domestic, family and sexual violence.
- Case planning is best done as part of a multi-agency, collaborative approach towards disrupting these opportunities and inclinations, and providing genuine support for victim-survivors and maximising their choice and control.
- Where possible, case planning with those who cause harm should be informed by the needs and experiences of adults and children experiencing the person's violence, and what will help them to increase their space for action in their lives.
- Case planning has a practitioner-facing component, involving case planning processes and documented case plans that the person using violence often will not see; and a client-facing component, involving violence disruption safety planning with the person using violence.
- The practitioner-facing case plan will guide your direct engagement objectives and goals. Consider carefully which components of the plan are safe to share with the adult, and how you might word these case plan goals.
- Ideally, case planning processes incorporate perpetrator behaviour pattern mapping, behind the scenes DFV risk management, and direct safety planning with the user of violence.
- Sound DFV risk assessment using an evidence-based risk assessment framework and guidance is essential to inform a risk management plan. Serious risk needs to be addressed through a collaborative, multi-agency approach.
- Case plans need to be reviewed and modified on an ongoing basis. For example, anticipate how the adult's achievement of particular case plan goals might result in new stresses and challenges that you'll need to incorporate into the case plan.
- For some adults, case plans will be mostly limited to maintaining or enhancing visibility for purposes of ongoing risk assessment, and to attempting to work towards some degree of preliminary safety planning.
- Consider direct engagement case goals that will help to decrease risk of serious injury or lethal violence, as well as those designed to address aspects of the person's behaviour causing *current* harms. Perpetrator pattern-mapping processes can help you identify case goals that focus on reducing your client's harmful impacts on child and family functioning.
- Proactively share information with other services about the adult's progress (or lack thereof) towards case goals. This includes services engaging with either the victim-survivor(s) or the user of violence who are involved in assessing and managing risk. Consider using proximal behaviour change process indicators to determine if any current reductions in the use of violent and controlling behaviours are likely to be only temporary.
- Bear in mind that reducing risk by addressing complex needs and contributing factors might also increase risk at the same time. This can happen by providing the adult with a more stable platform to resume and expand their use of violent and controlling behaviours.

¹ Written by Rodney Vlasis 2023 - 2025. Thank you to Dr Karen Gelb who edited parts of an early draft.

Key takeaways on engaging with shame²

- Adult users of domestic and family violence often will go to great lengths to avoid experiencing shame.
- This can include problematic substance use. Adults who use substances can also experience a shame addiction cycle, where the stigma surrounding their substance use further increases their experience of and anxieties around shame.
- Some high risk, high-harm users of DFV can experience *chronic shame* and pervasive shame anxiety. For these adults, chronic shame is not ‘just’ an intense emotional reaction related to a discrete event or situation. It’s when a person has a globally negative self-evaluation, always being on the alert to the possibility that they’ll experience shame. Many of these adults have a trauma background.
- Learn how to identify and assess the subtle signs of chronic shame. When it’s present, you may need to adopt a gentler approach than when working with other adults who use DFV, being careful not to trigger acute and overwhelming feelings of shame.
- High-risk, high-harm users of DFV can be overwhelmed with acute shame. Intensely activating their shame anxiety can lead to acute escalations in the risk of injury-causing violence to victim-survivors and/or to self-harm. It can also lead to their withdrawal from services and from other supports.
- Shame is not just a psychological phenomenon. Marginalised social groups are often targeted through structural racism, cis-hetero-sexism, and ableism. They are made to feel invisible, which can lead to whole communities feeling devalued, dehumanised, and degraded. This is known as ‘collective shame’.
- For some adults who use DFV, shame does not only reflect transgression of one’s individual self-identity. Shame can also have a strong cultural and community component.
- A measured approach towards engaging with shame requires an ongoing assessment of each person’s shame tolerance, with gentle and gradual pushing up against their shame barrier.
- Shame tolerance varies from person to person. Assessing shame tolerance involves observing nuanced reactions from the individual.
- When working with high-risk, high-harm adult users of violence, it is crucial to build their capacity to experience shame safely, *before* facilitating explorations of how the individual’s behaviour isn’t aligned with their aspirational self and core values.
- At times this tension-creation strategy might be too shame-provoking for some serious-risk adults. This approach then becomes unsafe. In these situations, attempt to focus initial safety planning strategies in areas that might be less likely to activate intense shame.
- When an adult user of DFV can safely experience a reasonable degree of shame, seek to create a positive emotional space for the adult to productively engage with shame. In effect, this assists them to feel ‘good’ about feeling bad as they bring more of their harmful behaviour and the impacts on family members into view.

² Thank you to Mark Kulkens whose thinking, writing and practice heavily informed parts of the section on engaging with shame.

Key takeaways for case planning and substance use³

- The use of alcohol and other drugs (substance use) by adults who use domestic and family violence can be a powerful reinforcer and contributing factor, and influence the risk that these adults pose to adult and child victim-survivors.
- Adult users of violence who are experiencing co-occurring substance use or addiction and mental health issues are at heightened risk of using lethal violence.
- The mechanisms through which substance use increases risk and harm can be varied and complex. Understanding the adult's patterns of substance use and substance use behaviours associated with domestic and family violence tactics will help you to target your case planning and management efforts effectively.
- Consider the behaviours associated with the person's substance use – not only the substance use itself – in contributing to risk and harm. This includes the person's thinking, motivation for use, and behaviours associated with: cravings; acquiring the substance; planning its use; withdrawal; and maintaining connections related to use.
- Multiple aspects of the individual's substance using lifestyle can be associated with patterns of coercive control. The DFV perpetrator might use particular coercive controlling tactics, in part, to maintain aspects of their substance use. Choices around substance use can also be intended to restrict or coerce the victim-survivor's behaviour.
- These tactics can be heightened when the victim-survivor(s) is also using substances. There's also growing evidence that adults who use domestic and family violence can choose relatively more severe forms of physical violence when a victim-survivor uses substances.
- For adult users of violence who also have long-term substance use, it is important to understand the function(s) that substance use has served at different stages of their life, and how this might relate to experiences of complex trauma and/or the use of violence in general.
- Adopt a collaborative approach with AOD service providers so that the AOD practitioner can reinforce some aspects of your work with the individual, and you can reinforce some of theirs. Learn about the range and different types of AOD services in your catchment area, and any common approaches or overlap in your practice models or in how you go about working towards change.
- Men's behaviour change program providers, and other specialist DFV services that engage users of violence, should try where possible not to turn down referrals of adults with heavy substance use. Rejecting these referrals can reinforce the adult's narratives that their use of violence is caused by drugs or alcohol and that they lack choice. If the adult is not suitable for behaviour change group-work, try to keep them engaged and visible through individual sessions and contact.
- A significant proportion of adult users of DFV, and a significant proportion of adults struggling with substance use, have a cognitive impairment or disability. Become informed about how to adjust your work with these adults: there are some highly useful resources to assist you.

³ Thank you to Joel Palmer who provided feedback and suggestions on an earlier draft of the AOD section in this guide: joelpalmerconsulting.com.au

Key takeaways for case planning and mental health issues⁴

- Like substance use, the mechanisms through which an adult's mental health condition(s) intersects with their use of domestic and family violence are varied. It is important to know how the mental health issue(s) contribute to DFV risk and harm as part of your case planning.
- The use of violent and controlling behaviours is always a choice. There are no excuses for violent and controlling behaviour. 'However', there are a range of ways in which mental health complexities can make it harder for an adult user of violence to choose non-violent behaviours. While not a cause of violence, addressing mental health struggles can be an important part of the case plan.
- Some mental health issues can interact with male entitlement and the operation of core violence-permitting beliefs to intensify the adult's patterns of coercive control.
- Adult perpetrators of violence can use their mental health struggles as an excuse for their harmful behaviour. Some will weaponise their mental health condition to manipulate the victim-survivor and to further reduce her space for action. This can include using children as an age-inappropriate support, sometimes criticising the children's mother in the process, and making children feel that they and their mother are responsible for his poor mental health.
- Treating depression is not likely in and of itself to make the adult much safer for those who experience his violence, but can be a very important part of an overall set of strategies to reduce serious risk.
- Significant depression including a felt sense of hopelessness that the adult user of violence has about their life and future is essential to address.
- Like depression, various forms of anxiety 'disorders' can contribute to the nature and intensity of violent and controlling patterns used against family members.
- Suicide rates are much higher amongst men who use domestic and family violence than amongst men generally. Be equipped with up to date skills in identifying and responding to suicide risk, and learn about risk factors for domestic suicide-homicide and homicide.
- Consider and respond to identity crisis, particularly for high-risk, high-harm perpetrators who experience significant identity loss due to consequences arising from their use of violence. A 'vacuum' of identity, lack of routines / considerable free time, and a fixated grievance towards the victim-survivor is a dangerous combination.
- Many mental health services do not understand the gendered and entitlement-based drivers of domestic and family violence. It is important wherever possible to work collaboratively and to attempt to influence how your client's behaviours are understood, so that mental health issues are responded to without providing excuses for violent and controlling behaviour.
- Conducting a reflective holistic health assessment, and supporting your client to address acute and long neglected health and lifestyle issues, can be a useful part of case planning with high-risk, high-harm users of violence.
- Ongoing risk assessment and risk management is critical, including through information sharing and collaboration between services.

⁴ Thank you to Nathan DeGuara for contributing much of the text in this guide on responding to identity crises and the role of reflective holistic health assessments.

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Introduction to this practice guide

This practice guide is written to assist a range of practitioners in case planning responses to adult users of domestic, family and sexual violence. As such, you might be a:

- specialist domestic and family violence behaviour change practitioner who is case planning and case managing responses to perpetrators of violence,
- practitioner or practice lead in an alcohol and other drugs (AOD) or mental health service with a particular focus on engaging adult users of violence, or a
- practitioner in another setting where you have skills, training and organisational support to work with perpetrators of domestic and family violence who have complex needs.

The guide *makes a start* in addressing some of the complex issues involved in case planning with adults who cause harm. Only some intersecting issues with choices to use violence and control are addressed, and in incomplete ways. Consider your own experience and that of your colleagues to build upon the start made in this resource, and to adapt and ground the guidance offered.

This resource focuses on case planning processes, with some areas of overlap into perpetrator-focused *case management* practice. Many important areas of case management practice, however, are not covered by the guide.



Remember that specialist domestic and family violence behaviour change programs or responses are an essential component of case plans.

Your service or organisation might or might not be in a position to offer specialised men's behaviour change programs or interventions that focus directly on the adult's use of violent and controlling behaviours.

Or your client might not be ready to participate in a specialist program or intervention, due to a lack of personal capacity arising from unmet or insufficiently met complex needs, and/or to a lack of readiness to contemplate participation in a specialist program or service.

However, building your client's capacity to do so, and actively linking them into and supporting their participation in a specialist men's behaviour change program that meets minimum standards of practice, is an essential component and goal of case planning with these adults.

This resource does not focus on specialist domestic and family violence behaviour change programs and interventions, **but assumes that they are a critical component of case plans for users of violence**, at least as something to work towards.

Be wary of inappropriate and unsafe interventions for adult users of DFV. Generic 'anger management' programs that are not linked in with services directly supporting victim-survivors can often make things worse (DFV use is not about 'lacking control over anger'), as can relationship counselling and family therapy when the adult is still adopting significant patterns of violence and control (violence is not a mutual responsibility). Most individual psychologists, psychotherapists and counsellors have not had specialist training and support to work safely with adult users of violence, except for those who have been or are specialist practitioners in the field. Consider your referrals for behaviour change work carefully.



Accompanying resources

This practice guide should be read in conjunction with the following resources:

- *Our Actions* Insight Exchange video (7 mins)⁵
- *Being Safety* Insight Exchange booklet⁶
- *Four Considerations in Understanding and Assessing Choices to Use Violent and Controlling Behaviours* practice article⁷
- *Working with Adult Users of Domestic and Family Violence with a Trauma Background* practice guidance⁵
- *Safety Planning with Adults who Cause Domestic and Family Violence Harm* practice guidance (detailed slides set)⁶
- Various written and video demonstration resources on safe and purposeful engagement with adults who perpetrate domestic and family violence⁷

Keeping victim-survivor safety and well-being – for adults and children – firmly in mind

In your work with an adult user of domestic and family violence, you might or might not have information about his behaviours and harm sourced from those who experience his violence. This will depend on whether your service or organisation works directly with victim-survivors, or has information sharing and collaboration arrangements with those who do.

Even if you have no direct or indirect links to those who experience his violence, it is vital to keep victim-survivors in the forefront of your mind as you case plan with the adult causing harm.

Read the Insight Exchange booklet *Being Safety*

- Use the booklet to reflect on how perpetrators of violence restrict space for action for adult and child victim-survivors to go about their lives and to meet their fundamental human rights and needs.
- Reflect on what this means for understanding victim-survivor resistance to violence and coercive control, and what they do to attempt to restore dignity and some space for action.
- Consider how easy it is for society and services to blame victim-survivors (especially when there are children involved) for their decisions and actions if we do not understand the violent and controlling behaviours and patterns they are responding to.
- Explore how your engagement with clients who use DFV can improve through a nuanced understanding of the lived experience of adult and child victim-survivors in general, even if you do not and will never know the victim-survivors of the client you are working with.

⁵ Scroll down insightexchange.net/animationsvideos/ to locate this video resource.

⁶ Download from insightexchange.net/beingsafety/

^{7,5,6,7} Accessible for from the Featured section of [linkedin.com/in/rodney-vlais/](https://www.linkedin.com/in/rodney-vlais/) (a linkedin account is required to access) – scroll through each of the available resources to locate.

Watch the Insight Exchange video *Our Actions*. This powerful resource describes effective responses to domestic and family violence, through:

- providing genuine support to victim-survivors that follow their lead and that expand their **options**, **choices** and **spaces for action**, and through
- reducing the **excuses**, **gaps** and **levers** that perpetrators of violence have to continue behaviours that frighten, dominate, isolate, humiliate, punish, degrade, monitor, regulate or subordinate the victim-survivor (and her children).

Keeping victim-survivor lived experience firmly in mind does not mean taking a persecutory approach towards the adult causing harm. See the [accompanying resources](#) for further guidance.



Practice tip

In your work with an adult user of violence, you might or might not have information about his behaviours and harm sourced from those who experience his violence. This will depend on whether your service or organisation works directly with victim-survivors, or has information sharing and collaboration arrangements with those that do.

Make sure you are aware of the information sharing and privacy guidelines that apply to your jurisdiction. Know under what circumstances you can share information with another service about a perpetrator's current and past behaviour, and about other perpetrator information related to risk, without requiring the client's consent or knowledge that you are sharing this information.

Do not automatically assume that the consent of the person using violence is required to share information about domestic and family violence risk with other services, including services that are working with those who experience the person's violence. You might be covered by legislation enabling you to share information about risk that you learn from engaging with the adult user of violence, without his consent or knowledge.

Adults who use domestic and family violence often deny, minimise and justify their violent and controlling behaviours. You are likely to significantly underestimate risk if you take his minimised disclosures or denials at face value. However, you might discern a range of 'red flags' or important information about risk through your engagement with him, including:

- evidence-based risk factors for serious risk,
- hostile, critical or highly grievance-fuelled narratives about family members,
- attitudes and beliefs that he uses to condone violent and controlling behaviours, and/or
- current or upcoming situational variables or changes that are unsettling for him and that might be associated with acute spikes in risk.

Sometimes, the most important thing you can do when working with an adult user of domestic and family violence is sharing what you are learning about risk and harm with other services who are working directly with those experiencing his violence. This can assist them in their efforts to support victim-survivors and manage risk.

Practitioner-facing and client-facing case planning documentation

Most case planning documentation is practitioner-facing. While aspects of this documentation might be appropriate to share with the adult (perpetrator-facing case planning documentation), other aspects will not.

Case planning documentation for adult users of DFV should include behaviour change goals, irrespective of whether the behaviour change work is provided by another specialist DFV service or by yourself if your service is set-up for this. It can include:

- succinct statements of the specific risk-related information you'll be seeking to directly or covertly obtain through direct engagement with the adult
- what you're looking to monitor over time about their narratives, mood, etc.
- direct engagement implications of the coordinated multi-agency risk management strategy you're developing in partnership with other services involved in managing risk
- direct engagement goals related to reducing the likelihood of escalation in the use of violence over the near-immediate, short- and/or medium-term, some of which might not have been discussed with the adult
- behaviour change goals that you or another specialist service have discussed with the adult
- behaviour change goals that you or another specialist service has established as a priority to work towards but that haven't been discussed with the adult, or that has been discussed with them only in part
- goals related to addressing (directly or through case management) contributing factors to their use of violent and controlling behaviours, and complex needs.

It's not appropriate to share with your adult user of violence the entire case planning documentation. It can, however, be good practice to share (and collaboratively determine) some behaviour change goals. Together you can identify what he's expected to change and work towards. You can also collaboratively develop a safety plan for him to be safe for others and for himself.



Be careful about creating risk for victim-survivors

Much of this case planning documentation could create risk for victim-survivors if it were shared with the adult user of violence.

To ensure victim-survivor safety, it's crucial that any information they provide to inform responses to the adult user of violence is not documented in the case plan or anywhere that may be shared with the adult.

Case planning is an **ongoing process**. Case plans evolve and mature as we observe how the user of violence responds to our and other attempts to engage him, and the efforts he makes (or does not make) to work towards early case goals.

Initial case plans are important, but they are often based on very incomplete information. It often isn't until about one-quarter or one-third into our and other services' work with an adult user of violence that we might have more of the information that we need. This might include information from other services who have engaged the user of violence, or with those experiencing his violence.

Practice detail

The following are examples of ways to share information from case planning documentation with your client who is using violence:

- Together, complete a form that outlines the goals and agreed steps for your collaborative work.
 - Highlight what the individual thinks are the biggest risks he presents to his ex/partner and/or to other family members.
 - Explore what they consider to be situations in which they're at risk of escalating their use of violence. This can sometimes reveal important new risk assessment and case planning information. For example, it's not uncommon during these explorations for an individual to respond with some (variable) degree of honesty.
- To the extent that it doesn't create a safety risk for victim-survivors, the case plan should include your assessment of the greatest risks to victim-survivors and mitigation steps concerning these risks. For example, you could include:

“X is very hesitant to attend AOD support and is confident in quitting cold turkey, yet when he has attempted this in the past, he has returned to alcohol use. X identifies that much of his use of physical violence in the past has occurred while intoxicated, and therefore despite his hesitancy to participate in AOD treatment his AOD use is a very important case goal.”
- This then becomes an agreement that your client signs. It prepares your client to talk about these risks throughout your work together. This transparency helps avoid later surprises or client feelings of being ambushed or judged by you with sudden revelations of concerns.
- A written agreement also provides the basis for ongoing review of progress and modifications to the plan as additional steps and behaviours to work on are identified.

Always considering changes in risk to victim-survivors

‘Upstream’ stabilisation and contributing factors – housing, mental health, AOD use and other immediate and complex needs – are often a major focus of case plans and safety planning with adults who pose a particularly serious domestic and family violence risk to victim-survivors. **At all stages, it is crucial to consider how success in addressing these factors might *increase* the person's capacity to cause harm to victim-survivors.**

Outcomes that improve the adult's capacity to engage in services (and make safer choices) can, paradoxically, give them a stronger platform to widen their tactics of coercive control and harm. For example:

- The adult who, due to your case management efforts and collaboration with housing services, now has more stable accommodation might present themselves as the more ‘stable parent’ in family law matters, especially if their former partner is still facing a long wait for social housing.
- The adult you've helped secure mental health care might now be in a stronger position to weaponise their former partner's mental health struggles – caused in large part by his use of domestic and family violence – to present himself as the ‘more fit parent’.
- The adult you've helped with AOD issues might now be better able to adopt particular stalking and online social violence behaviours, given his sobriety and clearer thinking.

These are not necessarily reasons *not* to incorporate into your case plans goals related to contributing factors, complex needs and stabilisation. However, it's critically important to consider, on a case-by-case basis, how doing so might inadvertently contribute to the resumption of prior behaviours (or the incorporation of new ones) that cause domestic and family violence harm.

Once you've anticipated some of the possible inadvertent negative outcomes of stabilisation, you can, in collaboration with victim-survivor-facing and other services, put risk mitigation strategies in place to reduce their likelihood and impact.

Case plan development

Ideally, case plans are informed by the following three casework processes focusing on the adult user of violence:

- The person's (perpetrator-focused, practitioner-facing) **risk management plan** that has *not* been shared with the person.
- **Perpetrator pattern-mapping** that is *not* to be shared with the person.
- The **safety plan** that you've developed collaboratively with the person.

All three of these documents are works in progress, to be updated continuously throughout your direct and indirect engagement with the adult. This means that your case planning documentation will also be updated periodically.

The form and content of case planning documentation

Case planning documentation doesn't need to follow any particular template. Use whatever structure for documenting case goals that works for you and your team.

It is a *succinct description and summary* of case goals for your work with the adult, including the *strategies* or *actions* you plan to take to work towards these goals.

Both the practitioner-facing and client-facing aspects of case planning documentation need to be living documents that are regularly reviewed and modified during your work with the adult user of violence. The practitioner-facing aspects of case planning documentation will change based on your ongoing risk assessment, and how your client responds to your safety planning and behaviour change work.



Case planning documentation is *practitioner-facing*.

It's for use to share with other practitioners in your service, and if appropriate with other agencies and services working with the adult user of violence to ensure you are all on the same page about priority goals.

You'll need to modify the content significantly before including it in case planning documentation presented to your client for signed agreement, so as to prevent risk escalation.

Balance transparency with your client, with the potential for increased risk to the victim-survivor(s) should your client become aware of information that the victim-survivor has disclosed to your or other services.

Below is an example of what your *practitioner-facing* case planning documentation could look like:

Goal	Timelines
Monitor and safety-plan fluctuations in suicidal ideation / risk	Ongoing (and immediate priority)
Monitor narratives about his ex-partner's new relationship, including hostile thoughts about the new partner	Ongoing (and immediate priority)
Monitor presence of shame anxiety when attempting to focus on client's behaviour	Ongoing
Assess degree of criminal pride thinking; lay foundations to focus on values reflecting pride in non-violent behaviour	Upcoming
Support client to adopt a more active lifestyle to distract from obsessive ruminations related to possessive jealousy	Major current priority
Attempt to 'soften' hostile attitudes towards police, given upcoming increase in police presence in client's life (violence disruption tactics)	Coming month; unrealistic to expect major attitude changes, goal is to take edge off usual hostility to authorities
Safety plan preliminary distress tolerance / emotional regulation strategies	Build gradually
Prepare for focus on respectful co-parenting	Medium-term
Develop relapse prevention plan for methamphetamine use	Medium term (currently high motivation not to re-use; isn't <i>currently</i> associating with previous friends who used)

It is very unlikely that any one service would be able to work towards each of the above case goals. Different services working collaboratively, each within their own areas of specialisation, would be required. Working towards all of the elements of a case plan such as above is likely to take some time. Each service has a part to play, even if they become involved at different stages.



Practice tip

The adult's achievement of particular case goals can lead to other case goals arising. Case planning is a highly dynamic process.

For example, finding stable housing with the help of a housing provider can result in new stressors, vulnerabilities and challenges for the adult. They'll face a degree of financial management and responsibility that they might not previously have had, or at least not recently. They'll have different routines and requirements of daily living. They might also experience isolation due to disconnection from peers who used to 'look out for each other'.

As another example, achieving sobriety can lead to a range of emotions – including difficult ones – that were previously avoided through the use of substances.

Where possible, anticipate new challenges and difficulties that might arise as case plan goals are successfully met. Doing so will reduce the likelihood of a return to unhelpful behaviours and situations caused by becoming overwhelmed with the 'new reality' of a more stable life.

Creating case planning documentation for sharing with the adult user of violence

In balancing transparency with your client with preventing risk from escalating, the version of the case planning documentation that your client signs will be significantly different from your version. It will address only some of the points in the larger practitioner-facing document. And there will be differences in the wording you use for those aspects of the case plan which you represent in the client-facing plan.

It's important to remember that some adults can be considered to operate largely in 'survival mode'. This is especially true for those who have experienced complex trauma and/or who have a significant history of unmet or poorly met complex needs. They may have had numerous experiences where 'being vulnerable' has been associated with being harmed by others.

In these contexts, the client-facing aspects of the case plan might initially need to be kept relatively simple. They can focus on 'little successes' that your client can achieve in upstream and midstream safety planning. They can cover practical aspects of day-to-day life, allowing your client to build some early confidence. After this, you can start to introduce behaviour change goals.

As your work with the adult progresses, they *may* make genuine steps towards addressing goals in the case plan and *may* start taking more responsibility for more of their behaviour. If this occurs, you'll then be able to bring more of your practitioner-facing case planning documentation into view with your client. Over time, the client-facing plan might come to resemble more of the practitioner-facing plan.

Risk management planning

Safety planning and risk management are often conflated, yet they are not exactly the same. Safety planning is one form of risk management, involving direct engagement with a client. Whereas risk management concerns a broader range of actions that might include direct safety planning with a client, *and* additional 'behind the scenes' actions that the client might or might not be aware of.

A risk management plan often involves a combination of direct actions engaging the person causing harm, and behind the scenes actions that they are often not aware of. Managing risk through behind the scenes actions can often be as, if not more important than direct safety planning with the adult.

This is particularly the case when the user of violence poses a serious risk to the safety and wellbeing of victim-survivors, and/or engages in substantial patterns and wide-ranging tactics of coercive control and social entrapment. Managing risk in these situations requires effective collaboration across multiple services.

Risk management responses directed at the person using violence should be informed by the needs and wishes of victim survivors, wherever possible. Obviously, **we have a duty of care to respond to imminent risk**. But in situations where **risk is serious, but not necessarily immanent**, knee jerk or routinised, formulaic reactions that are not informed by the victim-survivor's own risk assessment and wishes can compromise her and her children's safety and well-being.

Risk management is an ongoing process and should be informed by ongoing risk assessment. The information you gather as part of ongoing risk assessment process will inform your risk management approaches directly with the person using violence and indirectly (behind the scenes) through collaborative multi-agency actions. Key action points in a risk management plan should be documented, updated as events transpire, and ideally checked with an experienced co-worker, team leader or practice supervisor/manager.

Practice detail

Behind the scenes risk management actions can include:

- Collaborating with specialist DFV services, and with any local or regional multi-agency triage or other structures established to respond to escalating DFV risk.
- Requesting information from other services to develop a shared and up to date understanding of risk, consistent with applicable information sharing and privacy laws.
- Documenting perpetrator behavioural patterns in case files, so that there is written information concerning the specifics of the adult's behaviour and the impacts on adult and child victim-survivors.
- Proactively sharing information with other agencies and services engaging with the victim-survivor(s) and/or the perpetrator about the nature, level and changes in risk – consistent with applicable information sharing laws.
- Providing information to law enforcement, justice system and child protection authorities to assist with statutory responses designed to monitor the perpetrator's behaviour, and to attempt to limit his opportunities to continue to use violent and controlling behaviour. That is, risk management responses that raise the personal costs for him, and that try to limit his options, to continue to use DFV.
- Participate in multi-agency high-risk team meetings and in other informal/ad hoc and formal multi-agency collaborative processes to address serious risk.
- **Anticipating the circumstances in which risk might escalate – and sharing your understanding with other services involved in managing risk for the victim-survivor(s).**



In the case of serious risk adult users of domestic and family violence, risk analysis should consider the questions:

What are the potential pathways through which this could end badly?

What would be the steps towards the adult engaging in severe or lethal violence?

Given what we know about the severity of his violence-supporting beliefs, the depth of his grievance, and what he believes has been 'taken away' from him that he strongly feels entitled to, what current or upcoming circumstances might he make particularly hostile meaning about? How might he respond to any police, courts, corrections or child protection attempts to 'hold him accountable'?

What can we put into place in a risk management strategy that would make pathways towards causing (further) severe harm less likely?

Sound DFV risk assessment is crucial. Know your options for your service to become skilled in an evidence-based domestic and family violence risk assessment framework and approach.



See the **Homicide Timeline** homicidetimeline.co.uk and the **Pathways to Intimate Partner Homicide** report and resources anrows.org.au/project/pathways-to-intimate-partner-homicide to help you understand what to look out for.

Perpetrator pattern mapping

Perpetrator pattern mapping is often used in child and family-focused services that work with domestic and family violence issues. Drawing on tools such as the Safe and Together Model perpetrator pattern mapping tool,⁸ this process helps services and practitioners to identify:

- patterns of coercive control used by the person causing harm
- the impacts of these patterns on child and family functioning
- resistance to the behaviours (and other strengths) exhibited by adult and child victim-survivors.

The mapping processes support analysis of *current harm*. They also provide useful information to assist with assessing the risk of the adult using lethal or serious-injury violence in the future.

Perpetrator pattern mapping is particularly useful to identify behaviours that affect family functioning and children's social, emotional and physical development and wellbeing. It should also focus on other aspects of a child's 'developmental ecology', including:

- the family's connections to health, educational, community sector and other services
- extended family, cultural and informal supports.

Perpetrator pattern mapping also assesses violent and controlling behaviours that affect the adult victim-survivor's parenting capacity and bond with their children.

In developing case goals for your work with an adult using violence, consider goals that help decrease the risk of serious injury or lethal violence *and* goals that address aspects of the person's behaviour causing current harm.

Keep in mind, however, that your work with the adult might only go a small way towards addressing patterns of behaviour that have the greatest impact on child and family functioning. For example, the adult might be using a pattern of behaviour that includes attacking an adult victim-survivor's dignity through tactics intended to humiliate and degrade. The opportunity for greatest impact might lie in rebuilding her sense of confidence to withstand these attacks. This could be achieved by supporting the victim-survivor to have more safe options to embark on new creative pursuits. It might or might not be possible to work with the adult towards reducing his use of behaviours that aim to humiliate and degrade; at the very least, however, understanding his patterns of behaviour can inform work with the victim-survivor.

Safety planning with the adult user of violence

Safety planning involves direct work with the adult user of violence to support him to take steps that might help to prevent, or interrupt, some of his choices to use violent and controlling behaviours.

In safety planning with the adult using violence, you are likely to be able to only bring in the 'tip of the iceberg' of his use of violent and controlling behaviours into view. Particularly in the early stages, he is not likely to disclose or admit to much about his behaviour, and you might know details sourced from the victim-survivor that you cannot raise in discussions with him.

You might start with small, realistic goals, that if achieved might at least reduce a bit of the risk faced by those experiencing his violence. Or that might result in these victim-survivors having a little more space for action or choice in their lives, or experiencing a bit less harm in a significant way.

⁸ <https://safeandtogetherinstitute.com/tools-for-systems-change/practice-toolkits/mapping-tool/>

Safety planning occurs at three levels:

- **Upstream:** Changes to the person's lifestyle, habits, related behaviours or complex needs that might make it (somewhat) less likely that they will continue to choose to use certain forms of violent behaviour.
- **Midstream:** Strategies the person can use to interrupt common pathways towards choosing to use violence, when they notice early warning signs. This includes supports to interrupt build-up towards choices to use violence, or safe distractions.
- **Downstream:** Strategies to adopt when the choice to use violent or controlling behaviour is close, or when this behaviour has begun.



Safety planning resources designed for adult users of DFV

See ***Safety Planning with Adults who Cause Domestic and Family Violence Harm***⁹ for more detailed guidance, and for links to additional highly useful resources.

These resources are particularly suited to safety planning with adults who are at a very early stage of accepting responsibility for their violent and controlling behaviour, and who greatly deny, minimise and justify their harmful behaviour.

For those users of violence who progress towards more meaningful acceptance of responsibility, more advanced safety planning tools are required, drawn from specialised men's behaviour change program work.

Sharing information with other services about progress towards case goals

Keep other services informed about the adult's progress (or lack thereof) towards case goals.

This is particularly critical when the adult isn't genuinely participating in active safety planning measures or isn't stepping into core elements of a behaviour change process.

In some cases it's crucial to be proactive in sharing information about a lack of progress. This should include information on implications for the continued risk to victim-survivors. Such cases include those where the adult:

- doesn't turn up to most sessions of your service
- is continuously lying about their behaviour and circumstances
- is continuing to use violent and controlling behaviours.

In such cases, the continued danger presented by the adult is clear. You might also need to make explicit that this lack of engagement means you've not been able to maintain visibility of the person.

In other situations, the adult's lack of progress might be more subtle. If so, consider the use of *proximal indicators* to judge whether they're stepping into some of the necessary elements of a behaviour change process.

⁹ This resource is a PDF set of detailed powerpoint slides, accessible from the Featured section of [linkedin.com/in/rodney-vlais/](https://www.linkedin.com/in/rodney-vlais/) (a linkedin account is required to access)

Practice detail

After several months of working with you and other services, a hypothetical adult has stopped using many of their patterned violent and controlling behaviours. But they're still denying ever having used most of these behaviours – or are still blaming their ex/partner or external factors for those behaviours they do admit to. In such a case, it's likely that the current pause in violent and controlling behaviours is due to *temporary* factors that will change, such as:

- a temporary separation from their partner
- the motivation to remain out of prison in the context of current criminal matters
- the realisation that their behaviour is currently quite visible to statutory authorities
- the need to be on their 'best behaviour' to win back support from family or friends, or to 'prove' to the family court that they are the most 'capable' parent.

Once these external conditions change (for example, an order ends or they're reunited with their partner), it's very likely that their use of high-harm domestic and family violence will resume. This is because there are clear indicators that the individual has not stepped into the necessary elements of a productive behaviour change process.

Behaviour change – beyond choosing to be on one's 'best behaviour' while being watched by the system – is unlikely to occur when the adult continues to deny or justify most of their violent and controlling behaviour, and/or appears unwilling or uninterested in exploring the impacts of their behaviour. Genuine behaviour change work requires the adult to sit in considerable discomfort, and to reflect on their beliefs, attitudes and ways of seeing and being in the world that give rise to their choices to use violence. They will need to be open to new possibilities for themselves, and work actively to 'de-commission' their entitlement-based grievances. **This is a gradual process that takes time – proximal indicators concern whether the adult is stepping into the journey.**

When an adult is *not demonstrating proximal indicators* of genuinely stepping into required elements of a behaviour change process, **it is critical to notify other services that they remain a significant risk for resuming their high-harm domestic and family violence behaviours.** This has to be done *even if* they're attending your sessions and not currently engaging in their usual patterns of violent and controlling behaviour.



Be careful about using proximal indicators as signposts

Using proximal indicators as signposts is complex. Doing it in a superficial or ill-considered way can result in wrong conclusions being drawn and communicated to other services involved in collaborative assessment and management of risk. See <https://cij.org.au/news-and-views/signposts-to-perpetrator-change/> for further guidance.

Proximal indicators are easiest to use to observe and document when an adult user of DFV is not embarking on a concerted change process. They are much more difficult to use to affirm positives when an adult might appear to be stepping into the necessary elements of a change process.

This is because there are numerous instances of users of violence appearing to say the right things, and appearing to demonstrate the right things, who are being manipulative or who know what to say or do to make it seem as though they are changing, when they have little or no genuine intent to do so. Some users of violence make poor and obvious attempts at 'faking change', but others are much more highly skilled at this.

Engaging with shame

Shame occurs when there is a discrepancy between a positive self-evaluation that an adult would *like* to make (an aspect of their ‘aspirational self’) and a negative self-evaluation they’ve made of their behaviour. That is, when there is misalignment between a person’s aspirational self and their behavioural self.

Shame can be associated with negative self-evaluations akin to “I am bad”, or at least that “Given what I’ve done, I’m not the good person that I thought I was / would like to be.”

Adults who use domestic and family violence often deal with their shame by trying not to think about it – effectively denying their shame and its cause. This may take many forms:¹⁰

- Denial of fact (e.g., “I didn’t do it” or “I wasn’t there”)
- Denial of culpability (also called blame; e.g., “I did it but she made me do it” or “If he hadn’t [done X] then I wouldn’t have [done Y]”)
- Denial of responsibility (also called justification; e.g., “I did it but it’s not my fault” or “everyone has a blue now and then”)
- Denial of harm (also called minimisation; e.g., “I did it but it wasn’t that bad” or “at least I didn’t...”).

Shame isn’t the only reason that adults who use DFV deny their behaviour. Other reasons can include:

- The desire to manage how the practitioner and others view them (as a deliberate impression management strategy).
- The perceived need to withhold information that might incriminate them (in the context of criminal matters) or that might affect family law outcomes.
- The belief that certain aspects of their behaviour are justified (“there’s nothing to feel shame about”).

Adults who use DFV may deny their violence repeatedly. They may acknowledge their violence at one point, only to retreat back into denial at a later point. They may also admit to single instances of violence but deny it’s part of a broader pattern of using power and control. They will acknowledge their violence *to the extent that they can manage the private and public shame they feel for their behaviour*.

But while a sufficient degree of ‘shame tolerance’ or ‘shame resilience’ is a *necessary* condition for an individual to be able to acknowledge their violence in an ongoing way, it’s not a *sufficient* condition. **They might still deny most aspects of their violent and controlling behaviour for other reasons that are unrelated to shame.**

When working with high-risk, high-harm users of domestic and family violence, it’s especially important to:

- allow their denial, to an extent, to serve the protective function for which it’s designed
- be aware that their engagement in the process of change need not be wholly confrontational or threatening to their sense of ‘self’

¹⁰ Kulkens, M & Wheeler, E, 2013, ‘Shame and denial: Engaging mandated men’, *Ending men’s violence against women and children: The No to Violence Journal*, Spring, Vol 1, p. 91.

- be aware that confronting or threatening their sense of self can lead to shame overwhelm and the experience of humiliation
- be mindful that experiences of shame overwhelm and humiliation can increase risk to victim-survivors and/or of the risk of self-harm.

There are important differences in the way shame is experienced across adults who use domestic and family violence:

- For many adults who use DFV, their shame manifests as 'feeling bad' about their behaviour (to some degree), and then attempting to repair the relationship (though often towards a distorted notion of what a healthy relationship should be).
- For some adult users of DFV who have a lack of empathy and grandiose or superior self-view or self-worth, there will be little in the way of remorse. **Instead, their drive to protect themselves from experiencing shame is so intense that they relentlessly target victim-survivors.**

When working with individuals whose biggest source of shame is their use of domestic and family violence, practitioners can focus specifically on this violence-related shame. The individual might feel very uncomfortable experiencing this shame and might have a strong shame barrier. Nonetheless, there's potential to push against their shame barrier gently and progressively over repeated sessions to expand their ability to experience shame. This can then be used as motivation for behaviour change.



Be careful about exploring shame too soon

Adults using DFV who have a fragile sense of self often have very low shame tolerances. Significant care is therefore needed when pushing up against their shame barrier. For these individuals, it's not just shame about their behaviour that they're defending against. They're also defending themselves from feeling overwhelmingly bad, feeling like a failure, and potentially feeling self-hatred. Many of these adults have a trauma background.

High-risk, high-harming adults can strongly hold onto justifications for their violent and controlling behaviour. Sometimes they hold onto these justifications so strongly that they believe their behaviour is not something to feel shameful about. When they do feel shame, it's often an impending, overwhelming sense of shame that may have been generated through a history of trauma or experiences of social marginalisation and structural oppression, and is not necessarily tied to their behaviour.

When a high-risk, high-harm perpetrator of violence is overwhelmed with this feeling of shame – and when that shame is witnessed – the resulting humiliation can lead to a major increase in the risk of escalating severe violence or may result in the adult disengaging from the program or other services.

When working with high-risk high-harming adults, **it is crucial to build their capacity to experience shame safely, before facilitating explorations of how the individual's behaviour isn't aligned with their aspirational self.** For some high-risk, high-harm users of DFV, it will **never be safe** for you to lead them to a state where they feel 'bad'. For others, you might need to spend considerable time first laying the foundations so that you can safely focus on shame.

Felt experiences of humiliation can make it very difficult to build rapport with a client. While transparency and directness can be important aspects of your engagement style with many high-risk, high-harming adults, be mindful of the potential for them to feel humiliated if you challenge their denial too strongly.

AOD use and shame

Shame experienced by adult users of DFV can be accentuated if they are a heavy user of substances. Not only might the adult use substances as a way to cope with, and avoid experiencing, shame arising from their use of violent behaviour. The heavy use of substances can in itself induce further experiences of shame, due to the social stigma, lack of personal dignity & self-respect, and the secrecy and isolation associated with substance use in some contexts.

Some adults who struggle with substance use enter a 'shame addiction spiral', with shame and substance use feeding off each other. Add the use of DFV, and the adult can experience a 'double whammy' of shame.

While you might or might not work directly with the adult user of violence on issues of shame, it is very important to understand how your client might experience shame, and how this might influence their choices related to DFV and substance use.

Understanding chronic shame and shame anxiety

For most adults who use DFV, the shame they experience can be acute but then subsides. They might still feel overwhelmed by their experience of shame, and this overwhelm still might not be safe if they disengage from the service, stop disclosing their behaviour, or harm others they hold responsible for 'exposing them' to this shame. In these circumstances, practitioners need to take a careful approach, so as not to trigger acute and overwhelming feelings of shame.

But the experience of *chronic shame* complicates this. High-risk, high-harming adults can be more likely to experience chronic shame. Chronic shame is not 'just' an intense emotional reaction related to a discrete event or situation. It's when a person has a **globally negative self-evaluation, always being on the alert to the possibility that they'll experience shame**. This can lead to powerful feelings of unworthiness, despair, powerlessness, and self-hatred.¹¹ When shame is this intense, it's hard to use it productively in working towards behaviour change.

Adults who experience chronic shame will do whatever they can to avoid it. In other words, **they frequently experience 'shame anxiety' – anxiety that 'at any moment' they'll be judged, ridiculed, humiliated, or rejected by others**.

Shame anxiety may be understood in the following ways:

- People with shame anxiety aim to steer clear of relationships, circumstances, events, and conversations that might induce shameful experiences.
- It's not necessarily or always shame that they experience, but fear, worry and dread.
- It creates a desire to escape or hide, along with intense feelings of inadequacy.
- It can be particularly pronounced when the person fears that others have social standing or positions of power to judge them (and therefore belittle, ridicule, or reject them).

¹¹ Dolezal, L, & Gibson, M, 2022, 'Beyond a trauma-informed approach and towards shame-sensitive practice', *Humanities and Social Sciences Communications*, Vol. 9, pp. 1-10.

High-risk, high-harm users of DFV may attempt to avoid experiencing shame anxiety by:

- lashing out to attack others, and/or self-harming
- isolating themselves or withdrawing from social connections, sometimes to the extent of hiding and disappearing or placing themselves in ‘exile’
- withdrawing and disconnecting from services so their deficiencies (such as coping behaviours or past decisions) aren’t exposed to a helping professional who has the power to judge, ridicule or reject them
- staying emotionally flat or numb (hypo-arousal)
- avoiding taking up new responsibilities or fulfilling current responsibilities.

Attempts to avoid shame anxiety may be more common among people who have experienced complex trauma. Connecting with others raises the prospect of experiencing shame and humiliation if ‘defective’ aspects of their selves are exposed. They fear that others will judge or ridicule them. There is a strong association between complex trauma and chronic shame.

Some adults may put so much energy into avoidance that they might not identify with describing their experiences as shame. That is, they aren’t necessarily *aware* that what they’re doing is avoiding shame anxiety.

Cultural dimensions of shame

Shame is not just a psychological phenomenon. Marginalised social groups are often targeted through structural racism, cis-hetero-sexism, and ableism. They are made to feel invisible, which can lead to whole communities feeling devalued, dehumanised, and degraded. This is known as ‘collective shame’.

For some adults who use DFV, shame doesn’t only reflect transgression of one’s individual self-identity. Shame can also have a strong cultural and community component.

Much of the guidance in this resource is based on the cultural assumption of an individualistic, ‘bounded’ sense of self. It assumes that one feels shame in relation to feeling bad about this ‘independent self’. But shame may be experienced in more complex ways across different communities and cultures. **Be aware of your own assumptions and biases so you can be open to these different understandings of shame.**

Some communities and cultures may view the ‘self’ not purely in individualistic terms, but as more inter-dependent. Identity may be defined in terms of community and be far more relational – both a collective identity and an individual identity. In these communities and cultures, shame can be experienced in different ways:

- Shame goes beyond an individual feeling bad about themselves or letting themselves down.
- It’s brought on by behaviours that are inconsistent with mutual responsibilities for one another.
- It’s experienced as letting down one’s family or community, as people collectively feel shame for the actions of others with whom they’re connected.

Shame can play a powerful role in these communities and cultures. It regulates people’s behaviour, so they comply with accepted roles and responsibilities. The fear of shaming their whole family or community acts to inhibit behaviour that sits outside the norm.

Sometimes adult users of domestic and family violence will experience this inter-dependent sense of shame and use it to fuel their victim stance. For example, they may accuse their partner of bringing shame on to the family by going to the police, or even bringing shame on to the whole community by opening it up to scrutiny about a perceived cultural or religious ‘sanctioning’ of violence. The norm that the victim survivor(s) has supposedly transgressed will also be influenced by the perpetrating adult’s interpretations of their culture (for example, a patriarchal interpretation that ascribes certain attributes or roles to women). The resulting shame may be used as an excuse to use violent and controlling behaviour.



Practice tip

The ways in which shame is experienced across different communities and cultures can be complex. If you’re working with an adult user of DFV with a background that is different to your own, **consult with a DFV service that specialises in working with culturally and linguistically diverse communities or a bicultural DFV worker** if possible. This will help you to understand how shame manifests in ways that might be different from your own community or culture, and will help you to challenge some cultural assumptions that you may make about the adult’s use of family violence.



Be careful to avoid seeing an individual’s community or culture as an ‘either/or’ concept

The adult users of DFV you are working with are not subject *solely* to their particular community and cultural norms, or to their interpretations of these norms. They’re also living in a westernised society that often frames identity in terms of the individual.

Try not to see them *only* through the eyes of their particular ethno-culture. Be open to understanding its influence but be aware that they may also have a strong individual sense of self that they feel deep shame about.

Also remember that identity can be complex and multifaceted. Ethnocultural associations might not be the most powerful influence on the serious-risk adult using family violence’s identity. Different aspects of their identity might be associated with particular (and not always complementary) sets of values and norms.

Taking a measured approach towards addressing shame

Shame can be debilitating when the gap between the person the adult wishes to be and the person they see themselves to have been (as evidenced by their behaviour) becomes too large. Flooding adult users of DFV with shame by being too confrontational can be counterproductive. This can happen when attempts to ‘force’ the individual to ‘face up’ to or become accountable for their violent and controlling behaviours push up too firmly against their shame barrier. How far and how fast (or how gradually) you can push up against shame barriers will vary from person to person.



See the demonstration video associated with the post “Here is a video of some skills when engaging men who use domestic, family and sexual violence...” located in the Featured section of <https://www.linkedin.com/in/rodney-vlais/> (you will need to create a linkedin account to view) for practice tips on engaging with shame and denial.

It is very important **not to overwhelm** high-risk, high-harm perpetrators of DFV with experiences of shame.¹² The experience of shame overwhelm can lead individuals to:

- Harm those they blame for causing them to feel shame (e.g., their partner for, in their view, directly or indirectly ‘making them’ participate in a program). In some instances, overwhelming shame can cause the adult to feel what is known as ‘humiliated fury’, which can lead to their choices to use injury-causing physical violence.¹³ **Some DFV perpetrators will use severe violence when they feel that the victim-survivor has humiliated them, even though the perception of humiliation arises out of the perpetrator’s distorted view of the victim-survivor’s actions based on a highly entitled and righteous lens.**
- Harm themselves, due to the shame activating feelings of low self-worth (sometimes self-hatred). Shame can also create or intensify a loss of hope for the future.
- Increase their level of denial, minimisation, and justification for their behaviour, while also closing down those aspects of their harmful behaviour they’ve been willing to disclose and discuss.
- Withdraw from engaging with programs and services due to the ‘felt humiliation’ created when the practitioner witnesses their experience of shame. People with intense shame reactions often prefer to ‘hide themselves’ from others when they are experiencing shame.
- Adopt harmful behaviours to protect themselves from chronic shame.

Behaviour change work aims to help adult users of DFV to identify their values and aspirations that are consistent with non-violence and to make better behavioural choices that are aligned with these values. Emerging values, growing self-awareness, and changing self-identity means that they may evaluate their prior violent and controlling behaviours in an increasingly negative light.

Over time, the adult might come to recognise and acknowledge more of their violent and controlling behaviours, including intimate partner sexual violence. As the process of behaviour change and their focus on their behaviours and its impacts on others deepens, the experience of shame can substantially increase.



Be careful when exploring values with those experiencing chronic shame

Extra care needs to be taken when exploring values and aspirations with some high-risk, high-harm users of DFV who experience chronic shame:

- tread gently in early explorations of values and aspirations
- sometimes even an initial positive focus on values can trigger shame anxiety, if the individual feels a loss of hope about being able to live up to these values
- in the beginning stages of your work, consider focusing on values or modest aspirations that appear within reach for the adult, that might operate as a guide in the near-term, rather than a long-term ‘becoming a new me’ aspiration that might seem to the client to be out of reach
- monitor for the experience of shame throughout your work with the client

¹² Kulkens, M & Wheeler, E, 2013, ‘Shame and denial: Engaging mandated men’, *Ending men's violence against women and children*, Spring, Vol 1, p. 95.

¹³ Watch [this video](#) for a definition of ‘humiliated fury’, also known as ‘shame-rage’.

A major challenge in behaviour change work with adult users of DFV is to avoid overwhelming the individual with shame while *at the same time* scaffolding journeys of accountability and supporting the safety of victim-survivors. **This requires a *measured approach* – one that gently pushes up against the adult’s shame barrier, while also attempting to expand their shame tolerance.**

Practice detail – considerations when taking a measured approach

Skirting around behaviour or going too ‘softly’ can be collusive. But if adult user of DFV feels flooded with shame their main focus can become protecting their sense of self from attack (e.g., “I am not a wife bashing monster!”). This can distract them from the behaviour change process, and from other components of your practitioner-facing case plan.

Take a measured, gradual approach towards addressing shame by considering the following:

- Work with what the adult is willing to reflect on at the time. The adult will not acknowledge most of their use of violence to begin with, and perhaps never will. Push gently and progressively against their shame barrier towards discussing more.
- Shattering their sense of self can be counterproductive. Build a solid foundation from which they discuss more details of their behaviour over time. Go at the pace that they can manage. Regularly assess their current shame tolerance. Identify supports and processes available to increase their capacity to tolerate greater degrees of shame.
- While scaffolding them to expand their shame tolerance, there remains the need to engage in safety planning to build safety and interrupt their current and future choices to use violence.
- If they’re experiencing chronic shame, taking a measured approach can be more challenging at first. This is because there’s less room to focus on accountability goals and to bring the person’s behaviour into view without overwhelming them with shame.



See various written resources and demonstration videos located in the Featured section of <https://www.linkedin.com/in/rodney-vlais/> (you will need a linkedin account to view) for practice suggestions in taking a measured approach, including the use of mid-point and conversational container skills. Begin with *Concepts, Models and Skills in Engaging Adult users of DFV*.

Assessing shame tolerance

Shame tolerance varies from person to person. Assessing shame tolerance involves observing nuanced reactions from the individual, including:¹⁴

- physical cues (e.g., covering their face, blushing, downcast eyes)
- using synonyms for shame (e.g., ‘self-conscious’, ‘embarrassed’, ‘foolish’, ‘worthless’, ‘inept’)
- paralinguistic cues (e.g., stammering, silence, long pauses)
- shame avoidance behaviours demonstrating ‘bypassed shame’ (see ‘[the compass of shame](#)’).

¹⁴ Dolezal, L., & Gibson, M, 2022, ‘Beyond a trauma-informed approach and towards shame-sensitive practice’, *Humanities and Social Sciences Communications*, Vol. 9, p. 7.



Practice tip

Be aware of your language, behaviour, demeanour, questioning style and interpersonal dynamics, as they may inadvertently be shame-inducing. Choose your language carefully when working with the adult (e.g., use 'feeling judged', 'feeling self-conscious' or 'feeling embarrassed' rather than the term 'shame').

Restoring dignity

Some adult users of DFV might have experienced major attacks on their dignity. These might have arisen in the context of:

- experiencing structural oppression/violence focusing on issues of race, gender, or sexuality
- a history of struggling with mental health and/or AOD issues.

In these circumstances, a measured approach involves working to create a dignified environment for the individual, while not losing sight of the degradation and loss of dignity their behaviour has caused for victim-survivors. This can include:

- acknowledging and supporting the individual's efforts to resist and counter the impacts of structural oppression and marginalisation on their and their community's lives
- taking time to understand how they work towards restoring dignity for themselves and their community in the face of oppression and marginalisation
- understanding your own privilege and biases that might make it difficult for you to see and appreciate important aspects of the individual's experience.

In some circumstances, you might be able to help the adult to draw parallels between their own struggles for dignity and the loss of dignity experienced by family members due to their use of domestic and family violence.

If the adult has significantly expanded their capacity to experience shame safely

Adults who use DFV may feel somewhat ambivalent about their use of violence. They might feel entitled to use violent and controlling behaviour in their families, while also feeling ashamed by it.

Expressions of shame and remorse can be evidence of an individual who's pre-occupied with their own pain and with avoiding responsibility. But they can also be potential opportunities to invite the individual to distinguish between:

- irresponsible expressions of remorse, such as repeated 'hollow promises and apologies' for the violence, and
- responsible expressions of shame that may lead to sincere apologies and genuine steps towards stopping the violence.



Practice tip

Throughout engagement with the adult user of DFV – and **when it's safe to do so** – look for opportunities to make space for the second type of expressions of shame and remorse.

This can be done by asking questions to draw these experiences of shame and remorse forward, to have them more richly described in the conversation, and by exploring together what is 'absent but implicit' in these expressions of shame. For example, you can ask a question such as: “What does the fact that you feel really bad about your behaviour say about what you actually prefer and value?”

In this way, expressions of shame become entry points to conversations about the individual's preferences for their life and for their intimate and familial relationships.

Assist the adult user of DFV to reflect on their feelings of shame and remorse. Do this in ways that support them to take a stand against the violent and controlling behaviour that caused them to experience these feelings. Explore with them that experiencing these feelings means they:

- know that they – or at least a strong part of them – want to behave in different ways
- can take action to face their violence
- can take action to reduce the likelihood of further harm.

These explorations can assist the individual to work towards the self-respect and respect for others that comes from bringing their behaviour into line with their values. Indeed, the intensity of the shame can come to be equated with the intensity of their commitment to wanting loving, non-violent relationships.

The following types of questions can be useful in efforts to help the adult develop self-respect through responsible expressions of shame:

“I wonder, would you have more respect for yourself if you were addressing the violence, rather than avoiding it?”

“What courage and strength does it take to face these issues rather than run away from them and pretend they don't exist?”

In some ways, a focus on shame and remorse can create a conversational space with two simultaneous components:

- one in which the individual feels increasingly 'bad' – for gradually facing up to their violent behaviour
- another in which the individual feels increasingly 'good' – both for feeling 'bad' and for connecting with their self-respect as they work to end their violence.

Seek to develop both components of this conversational space simultaneously. **Doing so creates a *positive emotional space* for the user of violence to engage productively with the shame and discomfort of acknowledging their harmful behaviour and its impacts.**

With a user of violence who has (developed) sufficient shame tolerance, a direct focus on feelings of remorse, regret or shame can be very beneficial in working towards change. However, do so in a way that supports them to draw *positive meaning* from the fact that they're experiencing these feelings. Frame them as *signposts* of efforts towards self-respect and behaviour change.

This simultaneous exploration reduces the chance of leaving the individual feeling negative and without hope. It allows the feelings to act as entry points for further exploration of their hopes and wishes for their relationships and for their life, and to develop and strengthen commitments towards choosing behaviours based on safety, non-violence, kindness and respect.

Case planning and substance use

Understanding the interplay between substance use and the perpetration of coercive and controlling behaviours is highly important for case planning.

There is substantial evidence that substance use can be associated with increased frequency and severity of domestic and family violence tactics.¹⁵ There's also growing evidence that individuals who have co-occurring addiction and mental health complexities are at heightened risk of using lethal violence.¹⁶ This combination of factors, as well as significant substance use alone, are implicated in the *persistent disorderly* pathway towards domestic homicide.¹⁷

Addressing substance use alone will rarely, if ever, be sufficient to substantially reduce domestic and family violence risk and harm. However, several studies suggest that specialist AOD treatment with adults who use DFV can result in significant reductions in physical violence. Conversely, relapses in substance use are associated with a renewed increase in risk.¹⁸



Be careful not to adopt a judgmental or moralistic tone when talking about substance use with your clients.

Use person-centred language, rather than stigmatising language that reinforces negative stereotypes. Read the Alcohol and Drug Foundation's [Power of Words](#) language guide and the Network of Alcohol and Other Drugs Agencies (NADA)'s [Language Matters](#) language guide for guidance on how to use non-stigmatising language.

It is important to ask the adult user of violence about their patterns of substance use, so you can understand when best to engage with them. Try to negotiate session times based on the individual's availability (such as late afternoon after they usually wake up) or negotiate for the individual not to use substances within a particular window of time before a session (depending on how long the effects of the substance usually last). There might be other nuance to negotiations, depending on the individual's preferred substance and their patterns of use.



Practice tip

Try to develop an understanding of what the pattern of substance use looks like for your adult client using DFV. This will help you to assess why and when they engage in substance use, and how different stages of their substance use may contribute to the use and escalation of violence and controlling behaviours. Some considerations might include:

- What type of substance(s) is used and how is it used (the modality of use)?
- What quantity of the substance(s) is used and how often is it used?

¹⁵ Mayshak, R, Curtis, A, Coomber, K, Tonner, L, Walker, A, Hyder, S, Likhaitzky, P & Miller, P, 2020, '[Alcohol-Involved Family and Domestic Violence Reported to Police in Australia](#)', *Journal of Interpersonal Violence*, Vol. 37, No. 3–4.

¹⁶ Oliver CL & Jaffe PG, 2021, '[Comorbid Depression and Substance Abuse in Domestic Homicide: Missed Opportunities in the Assessment and Management of Mental Illness in Perpetrators](#)', *Journal of Interpersonal Violence*, Vol. 36, No. 11-12.

¹⁷ See anrows.org.au/project/pathways-to-intimate-partner-homicide

¹⁸ Gilchrist, G, Potts, L, & Radcliffe, P et al., 2021, '[ADVANCE integrated group intervention to address both substance use and intimate partner abuse perpetration by men in substance use treatment: a feasibility randomised controlled trial](#)', *BMC Public Health*, 21,980.

- Who is the substance(s) used with (alone or with friends and/or family)?
- How is the substance(s) procured, how much money is spent on it, and has a debt been incurred?
- What is the cycle of use and withdrawal (e.g., sleeping day 2,3, agitated on day 4)?

Note that many DFV perpetrators many use multiple substances. Poly-substance use is common among people who use drugs. They might use one substance (e.g., alcohol) to manage come-down after the use of another (e.g., methamphetamine). Poly-substance use is a risk factor for overdose.

Assessing the mechanisms by which substance use contributes to DFV use

There are different mechanisms by which substance use can increase the likelihood and/or severity of domestic and family violence. These must be assessed on a case-by-case basis.

It is important to assess both the *function* that substance use performs in the person's life, and how their substance use *contributes to and is a part of* their patterns of abusive and controlling behaviours.

Some relevant considerations for this assessment include:

- What is the motivation behind the substance use (e.g., to maintain use, reduce, access withdrawal)?
- What function does substance use serve in terms of self-soothing, emotional regulation and/or supporting mental health? How does it impact on feelings of self-worth and power?
- Does substance use correlate with choices to use – and severity of – violent and controlling tactics?
- How do behaviours associated with substance use (i.e., patterns of physical, psychological, and emotional behaviours related to craving, planning to use, acquiring the substance, intoxication, after-effects and attempts at withdrawal) impact particular tactics of coercive control?
- Are substances used with the victim-survivor(s)? Have attempts been made to pressure the victim survivor(s) in substance use (e.g., keep them dependent on substances or to interfere with their efforts to seek counselling or treatment?)
- Are substance(s) used around children and young people?
- If such attempts have been made, are they designed to entrap the victim-survivor(s)? Or as part of systems abuse tactics to make them out as unreliable or as an unfit parent? Or 'simply' so that the adult perpetrating DFV has someone to use substances with?
- How are substance(s) used to instil fear in the victim-survivor(s)?
- How are substance(s) used to trigger conflict and provide a justification to use abusive and controlling behaviour? Or used as a justification to use DFV in other ways?
- Does substance use result in an increase in particular types of obsessive thinking and rumination of negative thoughts?

Understanding the individual's current patterns of substance use can help us develop a plan for positive engagement as well as analyse risk. Any number of these considerations might also be relevant to the role that substance use plays in patterns of violent and controlling behaviours. By assessing which mechanisms are involved in any given case, you'll be in a stronger position to case and risk manage and address the individual's substance use.

Assessing the adult's DFV behaviours associated with substance use

A DFV perpetrator's substance use or withdrawals can be associated with increased risk for adult and child victim-survivors. Substance use or addiction can lead to the adult's misidentification or misreading of environmental cues, resulting in them attributing threat to another person's intentions or behaviour where no actual threat exists. Considerations that in other circumstances might inhibit abuse, such as the presence of onlookers, might not come to mind when intoxicated. All this can result in conditions that are conducive to the adult's choice to escalate their violent behaviour.

But it's not only intoxication that increases risk for victim-survivors. **It's vital to consider the whole spectrum of behaviours associated with the perpetrator's substance use** – not only substance use itself – in terms of the dynamics associated with risk and harm. Substance use behaviours include thinking, restricted focus, obsessions, and other behaviours associated with:

- dependence on and cravings for the substance(s)
- accessing and acquiring the substance
- connections and relationships with others in relation to securing access
- planning substance use
- actual use of the substance (intoxication)
- connections and relationships with others who use the substance with them
- coming down from the substance – immediate after-effects
- any attempts at withdrawal from the substance, or in moderating its use.

There are multiple ways in which an individual's substance use might be implicated in their patterns of controlling and violent behaviour.¹⁹ For example, an adult user of violence might:

- express increased irritability and have lowered distress tolerance during intense periods of withdrawal, increasing their likelihood of choosing to use domestic and family violence when feeling 'annoyed' by victim-survivors
- use threats, intimidation, and other coercive controlling behaviours to force victim-survivors to acquire substances for them, including through illegal activity and sex work
- engage in sexualised violence, including forcing their partner to do unwanted sexual acts during periods of hyper-sexuality that can be associated with some substances
- use financial violence to ensure that their partner contributes financially to their substance use, or to control finances in other ways that enable them to fund their use
- adopt secretive behaviours to fund and maintain their substance use

¹⁹ Gilchrist G, Dennis F, Radcliffe P, Henderson J, Howard LM & Gadd D, 2019, 'The interplay between substance use and intimate partner violence perpetration: A meta-ethnography', *International Journal of Drug Policy*, Vol. 65, pp. 8-23.

- escalate their use of physical and other forms of family violence in ‘retaliation’ when the victim survivor(s):
 - refuses to engage in actions that support the individual’s substance use (e.g., refuses to hand over money or cover for the adult when too intoxicated to follow through with a commitment)
 - pushes back against the individual’s expectations that the victim(s) survivor puts their, and their family’s needs, second to the individual’s substance use
 - attempts to directly limit the individual’s substance use.
- behave unpredictably when using substances and/or intoxicated, leading the victim-survivor(s) to need to monitor constantly the adult’s moods for signs of impending violence
- create an unsafe environment for the victim-survivor(s) by exposing them to situations where they are in the same space as the user of violence and his friends who are very intoxicated, where they have contact with people with links to drug-related organised crime, or where they are around drug paraphernalia which the adult could use as a weapon.
- be extremely irritable and lack emotional regulation during periods of withdrawal – some victim-survivors report that periods of withdrawal can be the highest-risk times that they experience.



Practice tip

It is important to assess and map the constellation of lifestyle factors and behaviours linked to the perpetrating adult’s substance use. This will help you, and any AOD services that also work with the individual, to understand how particular factors and behaviours are implicated in the adult’s patterns of coercive control.

When the victim-survivor is also using substances

Coercive controlling tactics used by the adult perpetrator of violence can be heightened when the victim-survivor(s) is also using substances. There’s growing evidence that DFV perpetrators choose relatively more severe forms of physical violence when the victim-survivor(s) uses substances.²⁰ Many adults who use DFV adopt tactics to interfere with efforts by victim-survivors to reduce or recover from substance use,²¹ an example of broader patterns of **substance use coercion**.²²

When their partner is also using substances, the adult causing DFV harm might:

- use domestic and family violence to create unequal access to the substances they both use, and various tactics to control their household’s drug supply
- control their partner’s access to the substance such that the DFV perpetrator becomes the only feasible option for supply, effectively trapping their partner in the relationship
- further entrap their partner by trying to sabotage attempts to withdraw or obtain treatment

²⁰ Coomber K, Mayshak R, Liknaitzky P, Curtis A, Walker A, Hyder S & Miller P, 2021, ‘[The Role of Illicit Drug Use in Family and Domestic Violence in Australia](#)’, *Journal of Interpersonal Violence*, Vol. 36, No. 15-16.

²¹ Gilchrist G, Dennis F, Radcliffe P, Henderson J, Howard LM & Gadd D, 2019, ‘[The interplay between substance use and intimate partner violence perpetration: A meta-ethnography](#)’, *International Journal of Drug Policy*, Vol. 65, pp. 8-23.

²² theconversation.com/how-perpetrators-of-domestic-violence-use-drugs-and-alcohol-to-control-their-victims-236865

- force their partner into degrading behaviours in return for providing them with substances (e.g., coerced sexual activity as an ‘exchange’ for drugs)
- threaten to report her to authorities for illegal activities used to fund/obtain substances
- combine coerced sexual activity with emotional abuse to make their partner feel degraded and humiliated for engaging in these activities, and coerce her into using substances to heighten her sexual activity against her will
- use social violence ostensibly to ‘protect’ her from ‘unscrupulous’ peers with whom she wants to use, but motivated in reality by feelings of jealousy and obsessive behaviour.

Victim-survivor resistance to the adult’s use of domestic and family violence can increase when the victim survivor(s) is intoxicated. Perpetrators are likely to meet this resistance with an increase in physical and/or other forms of violence in order to suppress it. This is due to the hostile meaning the adult user of violence makes of acts of resistance based on their **victim-stance thinking**.²³



Victim-survivor success in overcoming their substance use can be a time of increased risk, if this provides her with more choices, options and ‘independence’ that the perpetrator finds threatening to his control. Some users of DFV would prefer that their partner remains substance dependent so that they can be more easily controlled, and if she has children, more easily demeaned as an unfit parent.

Taking a lifespan approach

For adults who have been using substances for a period of time, it is important to understand the function(s) that their substance use has served at different stages of their life, and how this might relate to experiences of complex trauma and/or the use of and experience of generalised violence.

Recent research has identified two different lifespan pathways relevant to understanding how an individual’s substance use relates to their violent and controlling behaviours.²⁴ While both pathways relate to the impact of trauma on an individual’s use of substances, it’s important to note that not all people who use substances have experienced trauma in their lives.

Rule breaking pathway

The *rule breaking pathway* is where the individual, as a young person, begins engaging in substance misuse and generalised violent behaviour (both within and outside family contexts) as a response to childhood trauma such as parental physical and emotional abuse. Significant substance use may have begun early in childhood, not so much as a means to cope with experiencing trauma, but more to obtain a ‘buzz’, and in the context of engaging in antisocial and rule breaking behaviours.

The violence of these individuals is sometimes very severe, characterised by motives of entitlement, power and control, male dominance, disrespect of women and sexual jealousy. These individuals also appear to have little empathy for people whom they consider have ‘allowed themselves to be victims, and to be vulnerable’. Their substance use can intensify in certain situations, such as during relationship breakdowns.

²³ See *Responding to perpetrator “I’m the victim here!” thinking* at [linkedin.com/in/rodney-vlais/](https://www.linkedin.com/in/rodney-vlais/) (from the Featured section – a linkedin account is required to access)

²⁴ Gilchrist, E, Johnson, A, Thomson, K et al., 2023, ‘Substance Use and Intimate Partner Abuse (IPA): A Descriptive Model of the Pathways Between Substance Use and IPA Perpetration for Men’ *Journal of Family Violence*, Vol. 38, pp. 855-868.

Sometimes the substance use is associated with the use of domestic and family violence. On other occasions, power, and control motives and highly sexist (often misogynist) beliefs manifest in DFV in the absence of any substance use. **Individuals in this pathway are likely to be violent and controlling even without the use of substances.**

The recent and rapid growth of the online ‘manosphere’ can perform an important reinforcing function here. Entitlement-based beliefs can become accentuated when young men become engrossed in a sense of collective grievance fuelled by online influencers.

Individuals who exhibit a rule breaking pathway towards substance use and domestic and family violence might require intervention components that aim to:

- identify unhelpful beliefs and patterns of thinking and behaving arising from how the client has processed childhood experiences
- enhance distress tolerance and self-regulation
- address cognitions stemming from male entitlement and a need to control.

Entrenched substance use pathway

Individuals who follow an *entrenched substance use pathway* also experience traumatic childhoods, but typically involving *sexual* abuse. For these individuals, the trauma is more severe, degrading and humiliating. Their substance use begins at a very early age as a way to cope with their experiences of trauma. A chaotic and unstable lifestyle emerges based on drug and/or alcohol dependence.

These individuals may have poor coping skills, significant mental health problems, cognitive disability or impairment, and multiple struggles in life. These might include:

- poor physical health or chronic illness
- involvement with the criminal justice system
- housing instability
- experiences of physical violence

In this context, substance use is their primary coping mechanism. It becomes a way of self-medicating intense emotions arising from traumatic backgrounds and poor mental health.

Individuals in this pathway don’t necessarily engage in antisocial or criminal activity before their drug dependence. But once entrenched in heavy substance use, some engage in criminal activity to fund their use. **Individuals in this pathway are more likely to be in relationships with a partner who’s also using substances, and to feel trapped within their entrenched use of substances.**



Practice tip

These individuals need a strong focus on interventions designed to improve their mental health, as well as treatment for their substance use.

They also need sustained efforts to strengthen their distress tolerance and emotional regulation skills. Without these, treatment to address their substance use might fail.

Adopting the principles of *trauma and violence informed practice* are particularly crucial for these adults.



Read the practice resource ***Working with Adult Users of Domestic and Family Violence with a Trauma Background*** for guidance on addressing trauma in ways that are consistent with intersectional feminist understandings of DFV.²⁵

The resource explains how trauma and violence informed practice builds upon trauma informed care, and explores the nuanced interplay of trauma backgrounds and (male) entitlement in creating pathways for DFV use.

Case managing an adult perpetrator of DFV who uses substances

Adults who cause domestic and family violence harm may blame their violent behaviour on their substance use. Some claim they become a ‘different person’ or they ‘black out and can’t remember’ when under the influence – that in other circumstances they’re not violent. There’s always a tricky balance between the need to take substance use very seriously as a major contributing risk factor, while not colluding with this narrative.

Consider building your own capability to understand substance use directly with adult users of violence. Often, you’ll still need to refer them to a specialist AOD service. But there might be situations where you can work directly on substance use-related issues with the individual, with the help of secondary consultations from an AOD specialist.



Practice tip

Some adults who cause DFV harm might not have a current acute substance use issue but might have in the past. Due to the discomfort and heightened experience of shame that can arise through a DFV behaviour change process, an adult who has overcome their substance use might be at risk of returning to it to cope with these feelings and experiences.

It is important that you work towards defending against this risk of relapse. Explore the strategies the adult uses to prevent themselves returning to substance use, when they face challenging situations and intense emotions in their life. If they’ve engaged in treatment for addiction in the past, they might have a relapse prevention plan that you can remind them of. If they were receiving substance use treatment relatively recently, you can use, if possible and appropriate, information sharing powers provided by your jurisdiction’s information sharing and privacy legislation to request a copy of this plan from the treatment provider.

In some situations, you might not need to have experience or specialisation in providing substance use treatment to work with DFV perpetrators on substance use relapse prevention strategies. Obtain a secondary consultation from an AOD service to assist you. Take a strengths-based approach focusing on the individual’s existing strategies and be guided through secondary consultation in how you might be able to bolster these strategies.

²⁵ Downloadable from the Featured section of [linkedin.com/in/rodney-vlais/](https://www.linkedin.com/in/rodney-vlais/) (accessible with a linkedin account).

There are a wide variety of different types of AOD services – the sector is very diverse. These include drop-in services, addictions medicine and pharmacological support, day programs, non-residential rehabilitation support, residential rehabilitation centres, care and recovery / addictions counselling, and therapeutic communities. Explore how you can support each other’s work, given the intersect between DFV and AOD use.

Work closely with the AOD services to which you refer adult users of violence. Explain your analysis to them of how the individual’s substance use is implicated in their violent behaviours and coercive controlling tactics. Adopt a collaborative approach so that the AOD practitioner can reinforce some aspects of your work with the client, and you can reinforce some of theirs.

Learn how the AOD service works towards goals (such as building capacity to emotionally regulate, prevent relapse, and develop harm reduction strategies), and towards assessing and managing risks (such as overdose and relapse).

There might be strategies that can be used by both you and the AOD practitioner in their respective work with the client, such as cognitive-behavioural therapy (CBT) distress tolerance, emotional regulation techniques, or specific motivation-building approaches (e.g., Motivational Interviewing). Find the commonalities, overlap or theories that intersect, so that both your service and the AOD service provide opportunities for the individual to practice and refine some similar skills.

Men’s behaviour change program providers, and other specialist DFV services that engage users of violence, should try where possible not to turn down referrals of adults with heavy substance use. Rejecting these referrals can reinforce the adult’s narratives that their use of violence is caused by drugs or alcohol and that they lack choice. If the adult is not suitable for behaviour change group-work, try to keep them engaged and visible through individual sessions and contact.



Practice tip

For some adults using violence, the ‘hooks’ to motivate change are most likely to focus on their enlightened self-interest, at least to begin with. Help the individual realise that **safety planning their substance use and reducing their behaviours associated with domestic and family violence can both support working towards similar goals**, including improved physical and mental health, fewer life crises and the potential at least for healthier relationships.

For others, the impacts of DFV and AOD use on their children can be a motivating factor. If the adult is a parent, you could test out whether focusing their attention on some of these impacts might increase their motivation to take steps towards change. Do so carefully, mindful of the adult’s tolerance to experience the shame that might arise if they allow themselves to sit with these impacts.



Where possible, be informed by the victim-survivor’s situation and the ways in which they resist violence and work towards safety, when case planning substance use goals with the adult causing harm. It is not uncommon, for example, for some victim-survivors to, in certain situations, encourage the adult’s substance use as a means to sedate or incapacitate them during periods of escalating risk.

Following the victim-survivor’s lead means interrogating your automatic assumptions regarding what will, or will not, make things safer.

Substance use and cognitive impairment and disability

A significant minority proportion of adult users of DFV have a cognitive disability or impairment, most notably an ABI/TBI or the cumulative impacts of a childhood developmental delay; others might have neurocognitive deficits due to long-term substance use or other causes, mild intellectual disability or Foetal Alcohol Syndrome Disorder. Many adults struggling with substance use also have a cognitive impairment, even more so amongst long-term substance users.

Co-occurring impacts of substance use and cognitive impairment can include lowered impulse control, impaired flexibility of thought, lower distress tolerance, and reduced ability to solve problems through verbalisation. The use of violence and aggression can become an attractive choice for adults with these limitations.



Practice tip

Neuropsychological assessments can be highly helpful when working with users of domestic and family violence who have cognitive disability or impairment. A neuropsychological report (and subsequent engagement with the neuropsychologist who conducted the assessment) can provide concrete and specific strategies regarding how best to engage the person. Neuropsychological assessments delineate aspects of a person's cognitive functioning (for example, attention, new learning and memory, information processing speed, verbal skills and executive functioning), and outlines how the cognitive impairment affects the way they think, act and deal with the demands of everyday life.



Resources for engaging clients with cognitive impairment or disability

Responses to adult users of domestic and family violence with cognitive disability or impairment are becoming more specialised. There are several innovation trials in Australia (Victoria, NSW and Queensland) of men's behaviour change programs being adapted specifically for men with a cognitive impairment.

The Victorian MARAM (Multi Agency Risk Assessment and Management framework) contains a number of sub-sections and a tool focusing on the intersect of DFV use and cognitive impairment or disability. The tool focuses on screening criteria to help detect the presence of an impairment if not already identified upon referral.²⁶

The Alcohol and Drug Cognitive Enhancement (ACE) program,²⁷ produced by the NSW Government Agency for Clinical Innovation, provides a range of program screening and assessment tools for working with people with cognitive impairment and disability, and includes a brief intervention and cognitive remediation program to support case planning and clinical intervention goals. These are highly useful for working with adult users of DFV with a cognitive impairment or disability.

²⁶ See <https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-3> - specifically 3.3.1 *Practice considerations for people with cognitive disability and impairment, when assessing and managing risk*; and Appendix 5 *Screening questions for cognitive disability and acquired brain injury* which can be used to help detect the presence of cognitive disability when suspected but not verified.

²⁷ aci.health.nsw.gov.au/projects/ace-program

Case planning and mental health

Like substance use, mental health issues can be interwoven through some of the violent and controlling behavioural patterns of an adult user of DFV. Mental health issues and challenges generally aren't a cause of violent and controlling behaviour, but can contribute significantly to risk and to harm.

When a person using violence is experiencing mental health issues or complexities, it is important to try to assess the mechanisms or processes through which they impact upon choices to use violence. Understanding these will assist you in developing and evolving your case plan, and in collaborating with mental health services so that you aren't working in opposing directions.

Mechanisms through which mental health complexities contribute to risk and harm

→ Mental health issues can make the adult's 'task' to choose non-violence more difficult. Violence is always a choice, and we need, 100% of the time, to expect the adult to not use violent and controlling behaviours, irrespective of the circumstances, irrespective of his trauma background, and irrespective of what he is experiencing in the moment.

'However', it is not a 'level playing field' across users of violence in terms of how 'easy' it is to make non-violent choices. Backgrounds of trauma, substance use and/or mental health challenges can make this task more difficult for a user of violence, even though we need to assume that they are always capable of making safe and non-controlling choices.

Mental health complexities can make this task more difficult in a number of ways. For example:

- depression can result in reduced care for self and for others, and increased irritability
- anxiety patterns can intensify the adult's focus on violence-facilitating ruminations
- 'disorders' associated with *under*-control can make emotional regulation more difficult (in a range of situations, not only with intimate partners and family members)
- 'disorders' or generalised patterns associated with *over*-control and limited cognitive flexibility can become tied into coercive controlling patterns, for example to force family members to comply with the adult's rules that he sets in various domains of day-to-day life; generalised patterns of over-control can also interact with male entitlement to lead the adult to feel particularly threatened when he believes that his ex/partner or family member is accusing him of wrongful behaviour or of making a mistake²⁸
- chronic shame and shame anxiety associated with trauma backgrounds can combine with entitlement-based beliefs to 'overwhelm' the adult user of violence and lead him to feel convinced that his partner is 'victimising' him.²⁹

²⁸ Generalised patterns of over-control can include the adult habitually avoiding realisations that they have made mistakes, and avoiding or not responding well to feedback. This can be associated with limited cognitive flexibility and openness. For men with highly entitled gender-based beliefs, generalised patterns of over-control can accentuate existing choices that the adult makes to escalate violence when they feel 'threatened' by feedback or criticism.

²⁹ For further information, see *Working with Adult Users of Domestic and Family Violence with a Trauma Background* accessible with a linkedin account through the Featured section of [linkedin.com/in/rodney-vlais/](https://www.linkedin.com/in/rodney-vlais/) - scroll through each of the available resources to locate.

- In some cases, mental health complexities can result in significant disorganisation in the adult's daily living, associated with marked fluctuations in thinking and mood. They can also result in periods of homelessness or housing insecurity. These forms of instability in the perpetrator's life can contribute to heightened risk for victim-survivors, and make it more difficult for the adult user of violence to focus on behaviour change work.
- General agitation and/or emotional lability due to mental health issues can create additional fear and distress for victim-survivors (e.g., leaves them 'walking on eggshells'). **Knowing this, some adult users of violence with mental health complexities make deliberate choices to alter their mood in the presence of family members as a controlling tactic.** This can be through portraying 'moodiness' as well as choosing to make their agitation more visible.
- Mental health issues can intensify violence-supporting narratives and 'thought stacking'. Depression and/or anxiety can serve a similar function to substance use in this respect, narrowing the adult's attention, removing his ability to notice cues in his environment, and intensifying his ruminations. Due to their entitlement-based and other core beliefs, these adults often exhibit rapid thought processes focusing on what their ex/partner or other family member has 'done unfairly to them'. They then habitually dwell, stew and invest in this "I'm the victim here!" thinking, and in doing so give themselves permission to use violent and controlling behaviour to shut down the victim-survivor's options and spaces to continue the behaviour that the adult perceives is 'harmful', 'unfair' or that interferes with his entitlements or rights.³⁰

Some mental health complexities, in some circumstances, can intensify this process. For example, as jealousy can be experienced as agitated, anxious worry, an adult who struggles with an anxiety 'disorder' and who therefore has a highly tuned antennae towards any (small) possibility of a catastrophic outcome might ruminate more intensely on jealous thoughts.

- The adult user of violence might genuinely have limited self-efficacy due to their mental health struggles, and have little confidence that they can make things work for their own life or for their families. This might limit their efforts to work towards behaviour change, especially if they feel that they don't have the ability to make changes to their behaviour, or that they are not able to become the man or father/parent they really want to be.

If the adult has identity aspirations or values consistent with non-violent, non-controlling ways of being, but has little confidence that they can put these values into practice and take steps towards this 'new me', motivational enhancement and behaviour change strategies based on carefully stimulating cognitive dissonance between the adult's behavioural self (his violent and controlling behaviours) and aspirational self (who he really wants to be as a man or father/parent) might have limited impact.

³⁰ Victim stance thinking, or victim stance orientation, refers to the beliefs and thinking adopted by adults who cause DFV harm through which they give themselves the 'green light' to use violence. Paradoxically, many adult users of violence perceive that rather than themselves doing wrong, that they have been wronged. In large part, this is due to the adult's adoption of entitlement-based belief systems drawn from patriarchal culture – he sets highly unreasonable and entitled expectations of his (ex)partner, based on gendered belief systems. When she understandably fails or refuses to meet the full extent of these expectations, he believes that he has been untreated unfairly and that he is the 'victim' of her unreasonable behaviour. Based on this thinking, he therefore believes that she 'deserves' to be punished and controlled. Victim stance thinking enables men to avoid the shame involved in owning up to their behaviour. However, for many men, victim stance thinking in part evolves from violence and abuse suffered at an earlier point in their lives (often family of origin). **Crucially, for men from minoritised communities, their victim stance orientation is also reinforced from everyday experiences of structural and systemic oppression.**



Adults perpetrating DFV might use their mental health history and current struggles as excuses for their behaviour, and to expand their repertoire of coercive controlling tactics. They might:

Play upon having ‘poor self-esteem’ as a reason why they need to focus on ‘self-care’ with ‘limited capacity’ to attend to the needs of their family members.

Make their partner feel sorry for them due to mental health struggles, in a way that limits her ability to raise issues about their behaviour or to negotiate having more say or control (“Oh, I can’t talk about that now, I’m too depressed”).

Blame their mental health issue on things they want the victim-survivor to stop doing.

Use their mental health struggles to do little or none of the emotional heavy lifting in the family, absolving almost all responsibilities to their partner and other family members (while still vehemently defending his ‘rights’ and perceived entitlements).

Use their mental health struggles as an excuse for social isolation tactics, making it difficult for their partner to bring friends and her family into the home, and interrupting her attempts at social connections through requesting her help to ‘care for him’.

Attempt to coerce her into engaging in behaviours against her will to help him cope with or alleviate feelings of depression or anxiety.

Threaten not to take his medication for a mental health issue as a means of making her comply with a demand or rule that he sets.

Make inferences or threats in relation to attempting suicide.

Deliberately play upon their partner’s goodwill and values of care and love, to elicit ongoing feelings and an overall narrative of sympathy for the adult.

Confide in one of their children (perhaps most likely a daughter) and share their mental health struggles and vulnerabilities in ways that are inappropriate for the age of the child. In some situations, this can be a deliberate tactic to alienate the child against their mother/parent, and to place a wedge in their relationship (“Your Mommy shouldn’t get me upset like that, she knows I feel really bad inside of myself”). It can also make the children feel responsible for the perpetrator’s mental health.

Depression

Depression is highly important to include in a case plan when working with an adult user of domestic and family violence. Perpetrator depression is an evidence-based risk factor for the lethal use of violence, particularly when co-occurring with substance use and/or with ‘personality’ characteristics such as jealousy, possessiveness, paranoia, irritability, impulsivity, rigidity, low trust in others and avoidance.³¹

For some high-risk, high-harm adult users of violence, depression can be experienced with a significant degree of hopelessness about the future, associated with one or more of the following:

- the adult sees little reason to adopt non-violent and respectful ways of relating as part of making a better life for themselves and others

³¹ Lawler, S., Boxall, H., & Dowling, C. (2023). The role of depression in intimate partner homicide perpetrated by men against women: An analysis of sentencing remarks. *Trends and issues in crime and criminal justice*, (672), 1-16.

- has a *deteriorating life situation* (e.g., in terms of employment prospects, relationships and social connections, physical health, housing stability, AOD use)
- has an increasing sense of desperation
- experiences (and might express) substantial resentment and bitterness towards their (ex)partner or other family member(s) (e.g., perceiving that she has ‘won’ and her life is going well while his is deteriorating).

This type of depression and hopelessness about the future can signal very serious risk. It can be associated with the adult user of violence changing the intent behind their harmful behaviour from attempting to control the victim-survivor(s) they feel aggrieved towards, to attempting to punish or destroy them through severe actions.

Collaborating with mental health services so that the adult’s depression can be treated needs to be a very high and urgent priority for these adults. Some high-risk, high-harm adults will avoid mental health services, so you might need to be gently yet proactively persistent.



Practice tip

It is crucial that you **obtain secondary consultations from mental health specialists** for guidance on how to approach your conversations with the adult as part of encouraging and supporting him to engage with an appropriate mental health service.

Active outreach and warm referral processes might be required, including accompanying the adult to the service and building in other scaffolds to support his attendance. *This is not the time to adopt the approach that the adult needs to take full responsibility for accessing and following through with services himself.* When risk is this high, do what you can (within reason) to scaffold his participation in appropriate mental health services. Lowering serious risk to victim-survivor safety is the paramount priority.

Of course, in many situations the adult’s depression will not be as strong. It might be possible to reduce its effects through a combination of GP management and a contained focus on mental health self-care and supports through your work with the adult.



In doing so, **always be mindful of how the adult might be using depression and mental health issues as an excuse or smokescreen for his violent and controlling behaviours.** Try to work with him in ways that avoids strengthening these excuses, and that does not inadvertently expand his options to control his ex/partner and family members.

You cannot control how the adult might manipulate or misrepresent your work with him in ways that disadvantage family members. But you can try to minimise these possibilities by being mindful of how you frame your work with him on things that he can do to keep the depression at bay.

You might, for example, try to link work with him on mental health self-care with how this can help him to adopt more responsibilities to notice the needs of, and to care for, others. Or on how this can place less pressure on his partner to care for him, and role model taking responsibility for one’s health to his son(s).

Anxiety patterns

Depression can often co-occur with significant levels of anxiety; however, there are also of course specific anxiety ‘disorders’. There is less research about intense patterns of anxiety as a risk factor for adult users of domestic and family violence, compared to depression or mental illness in general. Certainly, some adult users of violence have been, or are diagnosed with anxiety conditions such as generalised anxiety, panic disorder, social phobia or OCD.

A feature of many anxiety conditions is the desire of the person experiencing the anxiety to attempt to make 100% certain that the circumstances or events they are worried about will never happen. This constant search for 100% certainty paradoxically feeds their anxiety. The more the person attempts to achieve 100% reassurance, the more the anxiety builds. Overcoming anxiety requires the adult to live with the uncertainty that the feared outcome could conceivably happen (though in many instances, might be very or extremely unlikely).

In this case of sexual jealousy, for example, this need for certainty can form part of what the adult user of violence can experience as ‘driven behaviour’ to ensure that their fears about their partner’s ‘infidelity’ never eventuate. This need for certainty can be a central characteristic of anxious, agitated worry associated with jealousy; anxiety in general is fuelled, in part, by actions to attempt to make certain that the feared outcomes at the centre of the anxiety have no chance of occurring. Choices to use social violence and associated controlling tactics can be made with the intent to *make 100% sure* that the man’s partner has *no opportunity* to ‘cheat’ on him. Obtaining 100% certainty however is not possible (unless he chooses intimate partner homicide); attempts to obtain absolute uncertainty only fuels the man’s anxiety further.

A perpetrator’s struggles with anxiety, therefore, can increase their risk of using controlling and violent behaviours to attempt to ‘make sure’ that their partner does not engage in a behaviour they are highly anxious about. **Male entitlement much more than anxiety is the cause of this behaviour; however, the two can combine to increase risk even further.**

OCD is a case in point. It is not uncommon for adults who experience OCD to attempt to influence the actions and choices of family members. A certain degree of compliance might be ‘required’ for family members not to engage in actions that interfere with the adult’s compulsions or ‘need’ to have things arranged in particular ways. If the adult who experiences OCD is using domestic and family violence, however, they might choose to cross the line into using patterns of violent and controlling behaviours to ensure family member compliance.

Recognising and responding to identity loss and identity crises

Adult users of DFV will often have experienced significant stressors in their lives. Many of these are a consequence of their violence and others’ responses to their behaviour. These stressors might include relationship breakdown, financial troubles, problems at work and breaking the law. Such consequences tend to build over time.

As the violence and its consequences become more visible, the way others view the adult may change. This can then lead to feelings of shame and tension in how they define themselves as a man. These may all combine to create a sense of loss of identity.

Feelings of loss of identity – as husband, father, provider – are common among adult users of DFV. When combined with other significant life stressors, an identity crisis might set in. This might be even more so if they are beginning to acknowledge at least some aspects of their use of violence and come to see themselves as some version of a ‘woman beater’.

Such a profound realisation and its impact on one's sense of self can make a person more vulnerable to pre-existing, recurrent or new mental health or substance use problems. These can include problems that the adult previously had under control but are now at risk of resurfacing.

Recognising identity loss and identity crisis

The effects of an identity crisis may become evident during initial presentation or assessment. They may manifest in 'catastrophic' or 'all-or-nothing' thinking, with no middle ground. Common examples include:

"I'll never see my kids again"

"I have nothing left to live for"

"I have nothing left to lose"

These types of responses to identity crisis can indicate very serious risk.

Responding to identity loss and identity crisis

It can be helpful to raise the question of identity crisis explicitly with the adult user of violence. Discussion of the impacts of this crisis can focus on ways to reduce its negative effects. Sometimes this discussion will be necessary to allow meaningful engagement around the use of violence.

In these situations, particularly when risk is serious, it can be useful to conduct a **holistic health assessment** to support the adult in making choices that will improve overall well-being. Other responses to identity loss can include:

- linking back to existing or previous psychological support
- recommending a GP visit for referral to psychological support
- identifying current supports who may have been forgotten, such as family, friends or colleagues.



Be aware of the positive and negative aspects of further identity loss and crisis

It's not uncommon for adult users of violence to express feelings of loss slowly, over the course of many sessions.

If positive shifts in behaviour take place, the adult may realise that they need to end some friendships that are having a bad influence. They may also realise that they need to change their employment situation / job to make a fresh start.

Together, these major shifts can trigger further experiences of identity loss. They can also deepen identity loss to the point of becoming an identity crisis.

This may be expressed in terms of 'becoming a new person' who 'doesn't recognise himself anymore'

These changes can result in profound experiences of disconnection, confusion, vulnerability and loss. Support and scaffolding are needed to enable the adult to navigate them safely, as distinct from spiralling down into depression and a lack of care about how his actions impact others or himself.

These changes can also be positive. They can be important in re-shaping an identity to one that has no place for the continued use of violence. They can support finding new connections and social supports who value the 'new person' who is emerging.

In these scenarios, it can be helpful to create healthy ‘replacements’ for the adult user of violence, particularly when he poses a serious risk to those who experience his violence, and/or to himself. An effective option is to facilitate an interview with an agency that links people with volunteer jobs. Such work can offer a positive, self-affirming activity that increases social ties.

Another option is to provide information for activities they can join in the local area. These could be practical endeavours like sporting/hobby clubs. They could be groups associated with the man’s cultural or other links to community, or involve local cooking or language courses. This can help increase the breadth of social ties and replace a lost sense of identity with new connections.



Some users of violence will attempt to fill the vacuum of identity loss in unhealthy ways. Relapse into substance use, or new substance use, can be a significant risk.

If identity loss is related to separation by their recent/former partner, not only might they escalate their violent and controlling tactics to attempt to coerce or manipulate her to return, they might also rapidly seek out a new partner.

Some of these adults **feel that they cannot survive** without a partner – emotionally, psychologically, financially and/or practically. Some feel that they cannot survive without the particular partner who has separated from them – others need a relationship in general to feel ‘okay’ within themselves, and possibly also because they lack fundamental life skills.

Some high-risk, high-harm users of violence have a pattern of starting new relationships soon after their former partner has separated. This does not mean, however, that the risk to their former partner has necessarily reduced. Some perpetrators maintain a strong grievance against their former partner(s) for years, and continue to use behaviours to punish, control and limit their space for action. This can of course have major consequences for both the former partner and her children.



Some high-risk, high-harming adults have privilege levers that they can use to ‘protect’ themselves from identity loss, and to isolate and marginalise victim-survivors. These might include high-profile leadership positions, positive reputation in the community, connections with people of influence, or holding occupational roles with access to resources.

These adults are able to protect themselves from experiencing many of the public-facing and legal system consequences stemming from their use of violence that others with less privilege might find harder to avoid.

Some adult users of violence with significant privilege levers might escalate their use of violent and controlling behaviours if they feel that their identity, status and positive reputation is at threat.

Follow the victim-survivor’s lead regarding what risk management responses might be safe or unsafe to enact, including under what circumstances, if the user of violence is likely to experience identity, status and reputation threat as a result.

Identity threat can be particularly dangerous if the user of violence feels that they will experience humiliation through the loss of status or reputation. **High-risk, high-harming adults can sometimes choose severe forms of violence when they experience humiliation or the threat of humiliation.**

Responding to identity loss might not be a component of case plans with many adult users of domestic and family violence. But particularly for those who pose a serious risk to victim-survivors, the vacuum created by identity loss can be filled with an increasing sense of grievance fuelled by “I’m the victim here!” narratives. Leaving him in this vacuum is not safe, even more so if he lacks routines and has a lot of time on his hands.

Suicide risk amongst DFV perpetrators

There is growing research demonstrating that men who use domestic and family violence are at a substantially higher risk of suicide than general populations of men. A UK study, focusing on high-risk, high-harm users of violence, found the rate to be over 20 times higher.³²

There is also evidence that DFV perpetrators who have a history of suicidality are at increased risk of committing intimate partner homicide.³³

Threats and inferences of suicide are significant evidence-based risk factors for serious outcomes of domestic and family violence, including serious injury and homicide. A threat or inference of suicide can reflect a genuine intent to suicide or self-harm. At the same time, it can also be used by perpetrators as a deliberate tactic of coercive control.

Regardless of the underlying intent, threats or inferences of suicide should always be taken seriously. This is particularly true if there is an escalation in the individual’s threats or attempts to suicide, or greater specificity in the threats they make.

If a high-risk, high-harm user of violence feels that the threat of suicide and/or other coercive controlling tactics have not been sufficient to control the victim-survivor’s behaviour, they may use their successful suicide as a way to punish and control the victim-survivor through ongoing guilt and grief even after they have died. In a context where the adult perceives their life as unravelling, suicide can be a ‘last ditch’ act to maintain power over the victim-survivor.

Suicide can also reflect the individual’s loss of hope for the future and the extent of their emotional pain, depression, and anxiety. Some adult users of violence who feel an intense loss of hope may conclude that death is a better alternative than living a life in which they believe there is no prospect of a positive future. This negative view on life can be a significant risk factor for suicidal behaviour.



Practice tip

As some adults who perpetrate DFV can use threats and inferences of suicide as a coercive controlling tactic, it can be tempting to assume that the risk of suicide is not real. This can be a dangerous assumption.

Some adults who cause DFV harm use threats and inferences of suicide as a controlling tactic *and at the same time* are at genuine risk of suicide, or even of suicide-homicide. They might engage in suicidal behaviour to manipulate or punish their partner or former partner *and* be in a genuine state of feeling hopeless about themselves and their future.

³² Knipe, D., Vallis, E., Kendall, L., Snow, M., Kirkpatrick, K., Jarvis, R., ... & Bickham, V. (2023). Suicide rates in high-risk high-harm perpetrators of domestic abuse in England and Wales. *Crisis*.

³³ Fitz-Gibbon, K., Walklate, S., Maher, J., McCulloch, J. & McGowan, J. (2024) Securing women’s lives: examining system interactions and perpetrator risk in intimate femicide sentencing judgments over a decade in Australia. Monash University and University of Liverpool.

Check in with yourself about how open you are to acknowledging the intense psychological pain that the user of violence might be experiencing, associated with suicidal ideation. Obtain supervision and secondary consultations with mental health and/or DFV specialists to support your ability to respond genuinely to a perpetrator's suicide risk, in ways that do not collude with his intense grievance against his partner or former partner, or with his entitlement-based beliefs.

It might not be safe to 'challenge' his grievance (e.g., that 'she is ruining his life') or entitlement-based beliefs (e.g., that 'she is keeping my kids away from me'). Without colluding, you might be able to help him understand **how being dominated and controlled by this grievance or beliefs is harming him**. That there are practical things he can do to gradually push the grievance or beliefs away from always being in the centre of his thinking and view.

By doing so, you and other services can offer him a pathway towards reducing his psychological pain, in ways other than harming the victim-survivor and/or himself. And you might be able to sow some seeds for any later behaviour change work, that might attempt to help him explore how his sense of grievance and underlying/core beliefs (fed by entitlement and/or a trauma background) are the enemy, not his ex/partner.



Watch the highly informative Work with Perpetrators – European Network webinar on identifying, understanding and responding to suicide risk amongst high-risk, high-harm users of domestic and family violence. The whole webinar is valuable; however, the final half zeroes in on suicide risk safety planning with adult users of DFV.

Google [WWP EN Annual Conference 2023](#) and scroll down to the workshop 6 YouTube video: **Suicide Prevention in high-risk, high-harm domestic abuse perpetrators.**



Practice tip

Periodically screen for whether an assessment of suicide risk is required. This will be especially important if there are significant changes in the perpetrator's circumstances, presentation, and/or evidence-based risk factors common to DFV and suicide risk (for guidance on these commonalities, see Appendix 6: Recognising suicide risk in the context of adult people using violence at vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-3). A suicide risk assessment is also strongly recommended if you become aware that the user of violence has been making threats to suicide.

Collaborating with mental health services

Your adult client using DFV with mental health needs might or might not have a formal diagnosis. When you have a formal diagnosis, there might be a psychologist, psychiatrist or other specialists already involved with client, either in the private or public system.

When this is the case, prioritise obtaining consent from your client to speak with them, and pursue a collaborative relationship to proceed alongside your work with the client. Remember however that depending on your jurisdiction's information sharing and privacy laws, in some situations, and with some mental health services, you might not need your client's consent to share information related to collaborating with the mental health service to assess and manage DFV risk.

Where someone is not involved or no longer involved with an appropriate mental health service, it may be important to facilitate the client to re-establish contact, or to obtain a referral from their/a GP to establish a new appropriate support for their mental health.

Many mental health services do not understand the gendered and entitlement-based drivers of domestic and family violence. It is important wherever possible to work collaboratively and to attempt to influence how your client's behaviours are understood, so that mental health issues are responded to in a way that does not provide excuses for violent and controlling behaviour.



Some specialist mental health supports can be difficult to get in regular contact with due to time constraints. Some might have quite a different view of domestic and family violence, not seeing it as a gendered issue, or adopting a mostly forensic view of violence and inadvertently colluding with some of the problematic belief systems held by the adult user of violence.

In these situations, the client may be inclined to 'side' with the mental health professional, diluting the power of any discussions you or specialist behaviour change services might have with the client.

When this occurs, it is useful to draw upon or bring in other DFV-informed services into the case mix, where possible and appropriate. This can help to increase the strength of a consistent counter-narrative that the client (with support) is capable of making – and is expected to make – safer choices for their family and for themselves.



Practice tip

It can often be important to explore and keep tabs on medication compliance and any other potential barriers to engagement or causes of concern for escalated risk; for example, AOD use may have been or become a complicating factor. Situational changes can have an intensified impact on someone already facing multiple challenges; practical case management can sometimes take priority to mitigate these influences. This can include a focus on housing, pending criminal charges, new life stressors, financial crises, and basic needs such as access to food and healthcare.

When multiple services are involved, it can be tempting to assume that someone else is attending to these case management needs. Or there might be two or three services focusing on different complex needs of the adult user of violence, with each doing 'bits' of broader case management. Service coordination meetings can be highly important here, to ensure that important needs of the adult that contribute to the risk they pose to victim-survivors (and to themselves) do not fall between the cracks.

If your service has brokerage funding, and if there are indicators that something is present in your client's cognitive functioning that is impacting their ability to work productively with you, consider arranging a neuropsychological assessment. This process can generate valuable recommendations for how to adjust your work with the adult. Note that some mental health conditions can become associated with changes in cognitive functioning that your client might not know how to describe. For example, an ABI, drug-induced cognitive disability or even a random aneurysm can have very specific effects that might have a substantial impact on functioning but might not have been noticed in other settings. Sometimes impairments such as these can remain unidentified or undiagnosed for years.

Conducting a reflective holistic health assessment

Addressing the health needs of an adult user of DFV will not always, or even often, be a high priority. However, for some, including those who pose a serious risk to victim-survivors, doing so can be a part of [upstream safety planning strategies](#).

Men are less likely than women to seek help for physical or mental health issues. This tends to be even more common in men who use violence. Over time this can have a wide range of impacts that can reduce a person's ability to concentrate, to reflect, to regulate their emotions and to self-monitor. These issues can also inhibit memory.

For example, the experience of chronic pain is not entirely uncommon amongst men who use domestic and family violence. This might have arisen from a workplace injury, with the adult dependent upon long-term use of pain killers.

Men who have recently separated/divorced are even less likely to be looking after themselves properly. This is partly due to having relied on their partner to look after many of their health needs.

Addressing health issues can ultimately increase engagement with services focusing on behaviour change.

Health status is generally a non-confrontational topic. Discussing it can position the practitioner as providing welcomed support. It can therefore help develop rapport and trust.

Be wary of attempts by the client to frame a health narrative as an excuse for violence, or attempts to blame their ex/partner as causing or exacerbating their health issue.

Breaking down health challenges into manageable steps creates an opportunity to obtain some 'quick wins on the board'. This can then help increase the adult's confidence in their ability to make changes. And it can increase trust in the practitioner's ability to help them do this.

The health assessment process can create opportunities to bring in additional professionals such as a GP, psychiatrist, psychologist or counsellor. They can then (potentially) provide reinforcing messaging in their work.



Practice tip

There are many ways to go about conducting a reflective health assessment. It's useful to incorporate visual messages. One easy way is to draw a large picture of scales. Helpful behaviours and choices are written on the right scale and unhelpful behaviours and choices are written on the left.

This can help your client to gain a quick visual representation of how out of balance their lifestyle is. As they make changes to replace unhealthy and destructive choices with more self- and other-respecting ones, they can see how the scale rebalances.

Topics to include in the health assessment

There is no real limit to which aspects of health you might want to include. **But remember: you are probably not a health professional specialising in any or all of these areas.** This process is about using common sense and, where relevant, referring to health professionals. A practical range of subjects might include:

- **Sleep:** Does your client feel like they're getting enough sleep? If yes, write it in the right side of the scales. If the answer is no, write down about how much sleep they're getting on average. It's worth asking for thoughts about why this is happening, but don't get distracted. If your client says he's spending hours on pornography sites, for example, acknowledge that this will be useful to discuss later and move on.
- **Diet:** Does your client feel like they're eating well? Relying on junk food and drive-thru is common in the weeks and months after separation or divorce.
- **Exercise:** Does your client do any exercise, and has that changed recently? It's very common to hear that they used to exercise but have stopped. Merely asking the question can inspire some people to take action. There are many benefits of exercise, and it will support improved engagement.
- **Alcohol:** How much does your client drink on average? Are there particular patterns such as a six-pack or two per day or binge drinking every weekend?
- **Drugs** (either illicit drugs or prescription medication abuse): How much does your client use on average? Are there particular patterns?



Practice tip

Adults who use domestic and family violence are likely to 'play down' their alcohol and/or drug use. This is especially likely during an initial assessment, when questions about their violence can make them feel defensive. In the context of a general health discussion, though, they're more likely to be honest.

- During initial assessment of factors contributing to their use of domestic and family violence, it can be helpful to flag that you'll revisit some issues:
 - *"I'm going to ask you a few initial questions about some health-related issues. We'll just make a start on these now, then come back to explore them in more detail later on."*
 - Discussion of the issues can then be extended one or two sessions later via the reflective health assessment.
 - Taking this two-step approach means that your client is more likely to give honest responses.
- A reflective health assessment is **a chance to have a second go at assessing these sorts of important issues.**

- **Medications:** When did your client last have a medication review?
 - It's not uncommon to have been prescribed a relatively high dose of something years ago, and they've been taking it ever since.
 - Ask if there are medications they've stopped taking, especially recently. It's not uncommon for the use of important medication to drop off following separation or other major stressful events or life changes.
- **Gaming:** How much time does your client spend gaming in an average week? Are there particular patterns? Which device do they use? (using a phone in bed can disrupt sleep).

This can take some prodding, as there's often an element of shame about the real amount of time spent gaming. It's not uncommon to hear 30 or more hours per week: gaming can be a significant addiction for some adult users of violence, but it's often overlooked. A substantial gaming addiction has significant health impacts, and like other addictions, can be a contributing factor to their use of violence when this excessive, at least indirectly.

- **Gambling:** How much time and money does your client spend gambling in an average week? Are there particular patterns? What % of their income do they spend? What have the impacts been?
- **Financial stress:** Does your client have major debts hanging over their head?
- **Recuperative activities:** Recuperative activities help the brain move into an alpha state. They offer genuine relaxation. These might include:
 - meditation/mindfulness
 - reading a novel
 - playing a familiar musical instrument
 - listening to music
 - playing with pets
 - gardening
 - being in/looking at nature
 - watching a flickering candle or fireplace

Non-recuperative or 'comfort' activities are not necessarily bad – they are just not helpful in terms of genuine relaxation. These might include watching TV, drinking energy drinks, and gaming. You should be working with your client to replace at least some comfort activities with recuperative ones. This can be done visually using the scales, adding helpful recuperative activities to the right scale and unhelpful 'comfort' activities to the left.

- **Mental health:** Has your client been diagnosed with a mental health condition? Are there suspected but undiagnosed issues, such as hallucinations, paranoia, unpredictable mood swings, self-harm ideation, depression or anxiety? Are they seeing a counsellor or any other supports? Have there been recent changes in their mental health?
- **Physical health:** Are there known or suspected physical health problems, such as diabetes, disabilities, chronic pain, obesity, immune diseases or other vulnerabilities? Have there been any recent changes in physical health?
- **Social supports:** Does your client have anyone whom they can call at 2am if they're in trouble? Are they involved in any clubs or other social networks? Do they see their friends or family?



Practice tip

Once you've run through the health assessment and added helpful and unhelpful behaviours to the scales, invite your client to share any thoughts they have. Ask them to consider the steps they could take to move some of the items from the unhelpful to the helpful side. Some of these steps might be quite simple, others more complex.

Support your client to **choose one or two things to make a start on**. Trying to address everything at once would be overwhelming and is more likely to fail. A small beginning, like cutting down ecstasy use while returning to playing basketball (or something else they used to love or enjoy), can be measured and built upon.

You should also conduct short reviews with your client, coming back to the scales diagram for a few minutes every couple of sessions.

The impact of a health assessment on the use of violence

Addressing health issues such as these can be an important part of an overall risk management approach for adult users of violence, particularly for those posing a serious risk. Addressing these issues can make it easier for the adult to choose non-violent behaviours in situations and circumstances when they've previously chosen violent and controlling behaviour.

Conducting a reflective health assessment and working with your client to improve their physical and mental health can help to achieve these aims, as an upstream safety planning strategy. While helpful in the early stages, it isn't, of course, sufficient in itself as a risk management strategy.

Improving physical and mental health routines can also benefit safety planning and violence-interruption strategies. For example, a high-risk, high-harming adult who is constantly tired and preoccupied due to a gaming addiction will find it harder to apply the violence-interruption strategies you've worked on together, or that they've learnt from other services. They'll also find it harder to self-monitor or notice physiological and cognitive signs of build-up.

Focusing on lifestyle habits can help generate some initial small 'wins'. Building up a 'bank of confidence' can support clients as they undertake more challenging behaviour change work. This can be particularly important for adult users of violence who have limited self-efficacy about making changes in their life.

Behaviours related to physical and mental health are highly gendered. Working with male users of DFV on their health goals can sow the seeds for later work on men and masculinities.

This can happen through the male client taking responsibility for identifying and managing self-care and health-related behaviours, and through obtaining the necessary healthcare supports to do so. Efforts that a man makes to take responsibility for his life more generally, including his health, can, *in some circumstances*, help to step him slightly/moderately forward towards taking responsibility for his violent and controlling behaviour.

Improvements in how the man takes responsibility for his health-related behaviours can be steppingstones towards exploring unhelpful masculinities. It can help him to identify the gendered beliefs that underpin his choices to use violence.



Be careful: don't assume this work will always reduce risk

Supporting the physical and mental health of an adult user of domestic and family violence won't reduce risk in all cases. In some situations, it might have both helpful and unhelpful impacts.

Sometimes an adult user of violence will use their improved physical and mental energy to extend controlling behaviours, to isolate, degrade and/or punish the victim-survivor.

Other times, a focus on physical and mental health self-care might inadvertently serve to reinforce the adult's modus operandi that 'you have to look out for number one!' (irrespective of the impact on others).

As always, whether and how much you focus on particular strategies depends on the specifics of your ongoing risk assessment and analysis.

Working with adult users of domestic and family violence who have a trauma background

Rodney Vlasis

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Key takeaways¹

- A person's experience of trauma can change the likelihood, frequency, pattern, intensity and/or nature of their use of violence. Trauma backgrounds can contribute to the development of core beliefs from which an adult chooses to use violence, but these backgrounds do not in and of themselves cause the perpetration of violence.
- Practitioners need to apply an intersectional lens when considering the exposure and response to trauma by an adult using violence. They may have been exposed to systemic discrimination and structural violence.
- The meaning that the individual has made about their childhood abuse – both when still a child and into adulthood – can play a powerful role in the beliefs they form about their own use of violence as an adult. This can include beliefs about women, about how children should and shouldn't behave, and about their role as fathers and partners. Experiences of complex trauma intersect with gendered drivers of domestic and family violence.
- Some people who have experienced complex trauma can tend to enter high-dependency, low-trust relationships with others who have also experienced complex trauma. For adults using domestic and family violence, this 'explosive' relationship context can be associated with frequent choices to use violence, and in some cases, choices to exploit and manipulate the victim-survivor.
- It is important to recognise the difference between trauma-informed practice (TIP) and trauma- and violence-informed practice (TVIP). Assessing the broader structural and social conditions to which the adult using violence has been/is being exposed to is a critical aspect of TVIP.
- Don't await disclosure before applying the principles of TVIP when working with adults using substantially harmful patterns of domestic and family violence.
- It is crucial to undertake regular assessment and monitoring of shame tolerance and shame anxiety with adults using violence who have a complex trauma background.
- Avoid relying solely on a case management approach of referring violent, traumatised adults to specialist trauma counsellors. Determine if this is a safe option by carefully assessing whether intense emotions that may arise through trauma counselling could be managed.
- Trauma is ongoing and current for some adults using domestic and family violence who have trauma backgrounds. A thorough safety assessment must include not just the individual's propensity to use violence and control, but also their current circumstances.
- Finding safe ways to acknowledge childhood trauma is important. It might be unrealistic to expect adults who use violence to address their harmful behaviour if they feel no one has taken seriously their experiences of harm done to them.
- It's important to work with the adult using violence to recognise and manage trauma symptoms and associated hyper-arousal and hypo-arousal. This includes helping them to identify these as symptoms arising from past experiences, rather than as reflections of their current situation.
- Supervision, discussion, and collegiality are vital in this work. Training needs to focus on ways of digesting and processing the trauma encountered.

¹ Written by Rodney Vlasis 2023 - 2025. An earlier version of this resource was edited by Dr Karen Gelb to provide guidance for the Changing Ways project funded by Family Services Victoria.

Some adults who use domestic and family violence will have a background of trauma. This experience can change the likelihood, frequency, pattern, intensity and/or nature of their use of violence. This resource explores different types of trauma and ways in which trauma may affect adults who use violence. It also provides considerations for trauma and violence informed practice (TVIP) when working with individuals in such circumstances.

The potential impacts of different types of trauma backgrounds

An individual's experience of trauma symptoms in the context of post-traumatic stress disorder (PTSD) increases their risk of using severe forms of violence.² This can be due to the individual's:

- intense fear of abandonment
- narrower distress tolerance
- propensity to enter into high-dependency low-trust relationships with other trauma survivors.



Practice tip

Trauma should be considered as *contributing* to the use of violence, rather than necessarily *causing* it. A key driver for adults' use of family violence is *entitlement*. This is what gives them permission to manage their trauma symptoms by choosing to use controlling and violent behaviour. Trauma and entitlement interact in complex and nuanced ways.

Experiences of inequality, systemic discrimination, and structural violence

Many adults using domestic and family violence who interact with service systems have experienced some form of trauma. This often involves significant trauma in their developmental years, but can also be beyond.

Some adults who perpetrate violence continue to experience violence and trauma in their lives. This is particularly true for those who:

- have extensive experience of the criminal justice system
- are experiencing homelessness
- are in treatment for drug and alcohol issues, and/or mental health problems.

Some adults who use violence (and often their families) have been exposed to institutional racism or other forms of discriminatory practice by authorities and systems. They may have experienced complex trauma resulting from repeated experiences of feeling unsafe, humiliated or degraded in the context of their social group. Such experiences can affect the individual's sense of collective shame. These experiences may also mean that **institutional responses by statutory authorities have the potential, in themselves, to trigger traumatic experiences.**

Some adults using violence will continue to experience re-traumatising circumstances due to structural violence and institutionalised oppression. For these individuals, the threat is ongoing; it is not in the past.



Be careful about assuming that all adults who perpetrate domestic and family violence have experienced trauma.

² Scott, K, & Jenny, A, 2022, 'Safe not soft: trauma- and violence-informed practice with perpetrators as a means of increasing safety', *Journal of Aggression, Maltreatment & Trauma*, Vol. 32, No 7-8, pp. 1088-1107.

Adults using violence who have experienced trauma are more likely to come to the attention of service systems than those who haven't. This is due to the 'highly public' nature of the problem behaviours that can be associated with extensive trauma. This is especially true when combined with socioeconomic or other forms of disadvantage, and when substance use and mental health issues are present.

Service systems might not encounter adults using domestic and family violence who don't have trauma backgrounds as they're better able to remain hidden from view, especially when they're privileged. This can lead us to 'forget' that there are adults using violence *without* a trauma background.

We shouldn't assume that *all* or even most adults using domestic and family violence have experienced trauma.

Experiences of physical and sexual abuse

Experiences of sexual and physical abuse as a child are of great significance for the adult who uses violence. There is a well-established link between childhood experience of sexual abuse and men's elevated risk of perpetrating domestic and family violence in adulthood.³

Men who have been sexually abused find it very difficult to talk about their experiences of being abused; it takes more than 25 years on average for men to report that they were sexually abused during their developmental years.⁴ They may experience feelings of isolation and shame, such as 'not being a real man' by not 'fighting off' their attacker, or being 'a latent homosexual' and 'therefore' inviting the abuse unconsciously.

These feelings can be heavily reinforced by rigid norms around masculinity.⁵ The sexual abuse can contribute to cementing these norms (e.g., "If I had been a "real man", no one would have abused me, therefore I will always be a "real man" in the future"). This can then create a significant paradox: focusing on gentleness and kindness with these adults who use violence can trigger memories of sexual abuse, particularly if a period of 'grooming' by the abuser was involved. This does not of course mean that these men should not be treated kindly, sensitively and respectfully.

Men who have witnessed domestic and family violence or been physically abused often draw conclusions about their experiences and about themselves. These conclusions may create barriers to acknowledging their experiences and seeking help to deal with them:

- They may conclude that they were targets for abuse because they were unable to 'stand up for themselves' (that is, to use violence to end violence).
- They may equate gentleness and respect with failings in manhood and therefore likely homosexuality.
- They may conclude that they deserved the abuse, viewing the violence as appropriate punishment, and an indication of just how 'bad' they were.

³ Jung, H, Herrenkohl, TI, Skinner, ML, Lee, JO, Klika, JB, & Rousson, AN, 2019, 'Gender Differences in Intimate Partner Violence: A Predictive Analysis of IPV by Child Abuse and Domestic Violence Exposure During Early Childhood', *Violence Against Women*, Vol. 25, No. 8, pp. 903–924.

⁴ Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, Final Report – Preface and executive summary.

⁵ Brush, LD, & Miller, E, 2019, 'Trouble in paradigm: "gender transformative" programming in violence prevention', *Violence Against Women*, Vol. 25, No.14, pp. 1635–1656.

In many cases, violence would have been endemic in their childhood lives. It would have been witnessed at home, in their extended families, in their neighbourhoods and at school. For many of these adults, the very real threat of violence has persisted long into their adult lives.

The meaning that the individual has made about their childhood abuse – both when still a child and into adulthood – can play a powerful role in the beliefs they form about their own use of violence as an adult. These meanings can be influenced by patriarchal social norms. For example, adults using domestic and family violence who experienced physical or sexual abuse as a child may form a belief that they weren't adequately protected by their mothers. They may readily come to accept cultural discourses that patronise and blame women, expressing hostility and mistrust for women as adults.

As children, these adults using violence may have viewed their fathers instrumentally ("what can I get out of him?"), particularly if the parents appeared to contend for their child's allegiance (pre- or post-separation). Such a father might have continued to insert himself into the family's life and continue to cause harm to the mother.

Again, this can *distort the child's conceptions* of fathering and relationships later in life:

- During childhood, the adult using violence may have lacked appropriate modelling of how a father figure relates respectfully to a mother.
- The adult using violence may have formed a belief that their father 'needed' to take the approach he did to 'protect' them from their 'unwell' or 'vexatious' mother.



Be careful about attributing the use of violence entirely to experiences of trauma

While many adults have experienced some form of trauma, trauma *on its own* is not sufficient to drive someone to use family violence. It's crucial to keep in mind that **complex trauma intersects with gendered drivers of domestic and family violence.**

Adults who perpetrate domestic and family violence who have survived violence often lack the words to reflect on their experiences. They may have problems identifying, understanding, and labelling emotions. An entire emotional vocabulary might need to be learned for the individual to participate meaningfully in behaviour change work.

The trauma in these individual's backgrounds can be considered 'home-delivered' oppression. Usually gender-based, it's an adult's use of oppressive and hierarchical power over a child. Despite this, the child is often required to maintain a relationship with their abuser for years, while simultaneously protecting themselves from that abuser.

High-dependency, low-trust relationships between people with trauma backgrounds

Traumatized people who use violence often find themselves in relationships with others who have experienced trauma. This happens for various reasons; it's not because the victim survivor 'selects poorly'. Experiences of trauma can be part of the bonding process, as people seek partners who understand them.

Some adults who use violence also deliberately target people who appear to them as vulnerable or 'needy' when searching for a prospective partner. Choosing a 'vulnerable' partner can enable the adult to feel relatively more powerful in the context of their own frequent experiences of powerlessness. They can also believe that they'll more easily be able to control, manipulate and entrap someone who they judge as being particularly vulnerable. In other words, they exploit the other person's neediness arising from their own trauma experiences.

These relationships often have a high degree of explosive conflict. This may be due to an inability to navigate disagreements respectfully, and to repair ruptures in relationships in healthy ways. **These relationships are marked by high dependency and low trust.** Low levels of trust can result in the adult who uses violence choosing to accentuate particular tactics of coercive control they use towards their partner, such as social, sexualised and reproductive violence. It also exacerbates the causal factors of domestic family violence, such as sexist attitudes and beliefs, and male entitlement.

The nature of these relationships also has implications for emotional regulation and distress tolerance. In heterosexual relationships where both partners have trauma backgrounds:

- It's not uncommon for the female partner to use force on multiple occasions, though generally not in a way that leaves the male partner afraid, or at least not systematically afraid (e.g., throwing things at the male partner but not in a context where he feels intimidated or really worried for his safety).
- The likelihood that the male partner will choose serious injury-level violence can be high if he has poor emotional regulation and distress tolerance.
- Choices to use serious-injury violence are also more likely if the male partner often experiences distress from frequent and 'messy' conflict.

It's not uncommon for the male partner in these relationships to have multiple affairs. This can happen while he experiences extreme jealousy of his partner, exercising coercive control over her in the apparent fear that she might also be having or will have affairs. Many men secretly feel their partners could 'do better' and would leave them at the first opportunity. They do everything they can to limit these opportunities, combining possessive jealousy with coercive control.

Although characterised by cycles of 'explosion', separation and reconciliation, these high-dependency low-trust relationships may be long-term. They may also be marked by frequent breaching of domestic violence protection orders. This may happen when the adult who uses violence initiates the breach, but may also arise through the adult taking advantage of their partner wanting them to 'ignore' the order.

Both partners may also resist separate counselling sessions because neither trusts the other to talk to a counsellor outside of their presence. **Couple counselling when one adult is using coercive controlling or significant violence is generally not safe for the victim-survivor.**

Trauma- and violence-informed practice with adults who use domestic and family violence

Violent men with trauma backgrounds will generally not seek traditional forms of counselling to deal with these experiences. They may not even disclose these experiences to someone assessing their eligibility for programs. **Practitioners working with adults who use highly harmful patterns of domestic and family violence should not await disclosure before applying the principles of TVIP.**



Practice tip

If the adult using violence presents with substance use and mental health problems (and often physical health problems, homelessness, and other complex and interlocked issues), you should assume that they're also likely to have a trauma background.

Working with adults using domestic and family violence who have experienced trauma requires a close understanding of the nature and impact of shame. **Practitioners should know how to engage with shame** when working with adults using violence, as it's a key component of adopting a trauma- and violence-informed approach.

Practice detail

Applying the principles of a trauma- and violence-informed approach requires the following:

- Regularly assess the individual's **shame tolerance, shame anxiety and the presence of chronic shame**. Avoid taking an approach that's too confrontational for the individual's current level of shame tolerance.
- Stretching the individual's shame tolerance will still be an important goal. However, as they might have a very strong shame barrier, you might need to work on directly expanding their distress tolerance and emotional regulation skills during your early work with them. This will include taking them through and providing opportunities for them to practice these skills during sessions, and other ways of scaffolding this skill development. Building distress tolerance might be required for you to be able, in subsequent sessions, to (gently) push up against their shame barrier without causing shame overwhelm.
- You'll need to be patient to establish a working relationship with the adult using violence. Forming relationships can be very threatening to the highly traumatised individual. Chronic shame and shame anxiety mean they'll prefer to avoid developing meaningful relationships with (almost) anyone.

Addressing trauma via counselling

Even if an adult using violence does seek counselling for their trauma, challenges may remain:

- Many trauma counsellors won't feel sufficiently safe or knowledgeable to deliver the counselling, if the adult has a background of using serious violence.
- Counselling that *concentrates on childhood traumas* can, if not carefully managed, **increase** a person's sense of anger and their sense of entitlement and justification to use violence.



Be careful about referring traumatised adults who use domestic and family violence

Given the challenges of providing counselling for traumatised adults using violence, it would be **unwise to rely solely on a case management approach** of assessing and referring violent, traumatised individuals to specialist counsellors.

Determine if this is a safe option by carefully assessing how the individual is likely to manage the intense emotions that can arise through trauma-focused counselling.

If counselling goes ahead, collaborate closely with the counsellor to minimise the risks of client escalation.

Supporting trauma survivors on a journey of healing can contribute positively to their behaviour change journeys towards ceasing the use of violent and controlling behaviours. However, commencing a therapeutic healing relationship with an appropriately skilled trauma counsellor should not be entered into lightly.

Many traditional approaches to working with trauma lose their potency and increase the level of harm and danger when there has been substantial developmental trauma. Spot counselling around specific issues such as emotional regulation works better for highly traumatised people than the traditional tri-phasic approach to trauma.

Providing spot counselling around emotional regulation requires a great deal of patience. It's often long-term, with small bits of counselling done at key intervals, rather than an in-depth, 'head-on' approach towards addressing the trauma.

Instead of 'merely' encouraging adults using violence to talk about past harms, **be sure to give them the experiences of respect, and in particular rupture and repair**, that were lacking in their developmental years.

Addressing ongoing trauma from structural violence and current social conditions

Traditional trauma counselling often assumes that the trauma has ended but the brain and body remain in a high-alert survival mode. It doesn't consider that trauma may be ongoing and current. This means that any gains made in assisting a client to process past traumas can easily be lost.

For some adults who use violence, trauma is ongoing and current. It may have arisen in the context of long-term structural violence and discrimination, or be related to current conditions of social or economic disadvantage. This means that **safety assessments need to include consideration of current circumstances**.



Practice tip

A thorough safety assessment must include not just the individual's propensity to use violence and control, but also their current social, economic and health circumstances:

- their circle of 'support' (such as friends and family of origin)
- their current living conditions
- issues such as substance abuse and mental health that also put them in danger.

Assessing the broader structural and social conditions to which the adult using violence has been/is being exposed is a critical aspect of TVIP (as distinct from TIP). It can be both strategic and compassionate to address these concrete safety issues *early in your work with the individual*.

It's also crucial to **avoid making assumptions about trauma experiences**. Just because their abuse has stopped, for example, or they no longer have contact with their abuser, doesn't mean that they're no longer being victimised. Some individuals are vulnerable to experiencing hostility or even violence frequently in their lives, due to issues such as:

- their substance use
- their mental health issues
- their peer associations
- their general demeanour
- social marginalisation and discrimination/the colour of their skin.

With their ‘threat detector’ always on high, these adults using domestic and family violence might respond in ways that further escalate these situations.

The following is an example of a flexible approach that takes into account TVIP:

<p>Ben* 28 year old male</p>	<ul style="list-style-type: none"> • Person of colour originally from the Horn of Africa. • A survivor of complex trauma, including through his experiences as a refugee. • Has a very high threat detector as a result of his trauma. • Regularly attracts attention from train security due to institutionalised racism, and due to being perceived as ‘big and loud’. 	<ul style="list-style-type: none"> • Ben is on the train to a behaviour change session. • The practitioner Ben has been working with knows that he has had altercations with train security in the past, due to the trauma-related hyper-arousal he experiences when security personnel look at him suspiciously. • The practitioner is aware that Ben may not get to the appointment that morning without intensive support to manage his hyper-arousal. • The practitioner therefore sends Ben a text message before he gets on the train to remind him of the strategies they have worked on to manage his hyper-arousal.
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* Not his real name

Key practice considerations when working with adults using domestic and family violence who are experiencing ongoing trauma from structural violence include:

- interactions must not be dehumanising or transactional
 - consider that they might have experienced dehumanising responses from courts, police and other authorities who have treated them mechanically or labelled them a ‘perpetrator’
 - avoid reproducing these experiences, as they can trigger trauma symptoms.
- take an intersectional approach towards creating space for the adult using violence to talk about their experiences of marginalisation and being devalued by society
- apply an intersectional lens when considering their exposure and response to trauma, acknowledging the barriers and challenges they face due to structural oppression.

Practice detail

Once you’ve created safety for the adult using violence to discuss these barriers and challenges, you might be able to explore what meaning they make out of their current-day experiences of racism or other forms of marginalisation and oppression, if appropriate. For example:

- How do they deal with their feelings of powerlessness that might result? Feelings of being degraded?
- How do they deal with the fear they experience in these moments?
- What are healthy ways for them to regain a sense of feeling self-respect and dignity? Of dealing with feeling unsafe in certain situations?
- What are unhealthy ways?
- Do they have role models within their community of people who find healthy, self- and community-affirming ways to restore dignity?
- What are unhealthy ways that might result in them addressing feelings of powerlessness by attempting to use power over others in their lives?

If you're in a position of privilege relative to the adult using violence, you can acknowledge that you have no idea of the challenges they face. Remember that these current-day experiences can be re-traumatising for them. But in some situations, you might safely be able to help them make the connection between their own experiences of marginalisation and lack of felt safety, and how those who experience their own use of violence might feel.

Working with adults using domestic and family violence who experienced childhood physical and sexual abuse

When working with adults using violence who experienced childhood abuse, **it's crucial, if safe to do so, to acknowledge their experiences of violence.** Acknowledging their *experiences* of violence can help increase their preparedness to acknowledge their *use* of violence. Failure to do so could leave them feeling unheard or misunderstood, and risks deepening their sense of shame.

Many trauma survivors feel a deep sense of shame in relation to what happened to them – ignoring their experiences can inadvertently strengthen their sense that these experiences are inherently shameful. Shame-overwhelm can increase the likelihood that a person who uses violence will escalate their harmful behaviour; creating a sense of shame by failing to acknowledge their abuse can increase the likelihood that they'll use violence against family members.

Addressing trauma and violence in the individual's past models a consistent attitude towards their own use of violence. It sends a message that using violence is an important issue that needs to be addressed. Ignoring their experiences would create a double standard – of expecting them to address their use of violence when they're receiving the message that their experience of violence doesn't matter. Of course, such acknowledgement needs to be done sensitively and empathically.



Practice tip

Finding safe ways to acknowledge and address childhood trauma is very important, yet challenging. It requires you to engage with – *and demonstrate* – empathy.

This is complex work. It needs you to apply nuanced skills to scaffold explorations of accountability with the adult using violence in ways that don't withhold empathic engagement. Don't shy away from empathy out of a fear of colluding. Adopt a balanced approach to engagement.

Empathy enables you to explore how others in their life weren't accountable for when they didn't uphold their responsibilities to your client. You can compassionately explore, if safe to do so, how the individual as a child depended on their father (or other adult who used violence or abuse) to enact responsibilities of safety, love and respect – and acknowledge that that person didn't live up to their responsibilities. You can acknowledge the injustice that the individual feels about that person's lack of accountability for the harm they caused.

This can open a door for the individual to consider what accountability means when *they* are not living up to their responsibilities to create safety, trust and stability for their family members.

Working with people in high-dependency, low-trust relationships

Despite the violence, despite explosive and dramatic separations, and despite victim-survivor awareness that they and their children may be in danger, high-dependency, low-trust relationships endure. When working with traumatised adults using violence, and in particular where their partner has also experienced trauma, the bond the couple shares also needs to be considered.

As TVIP sees all ‘symptoms’ as in fact survival strategies, **the use of violence and control must also be addressed as a survival strategy**. But it’s a maladaptive survival strategy that’s *shaped* by a sense of gender-based entitlement that sees the individual controlling others as a way of regulating intense experiences of trauma.



Practice tip

Consider what the use of violence is achieving for your client. How might they be able to meet these needs in better, safer and less controlling ways?

Adults using domestic and family violence who have experienced significant trauma might genuinely want love and intimacy in their life. They may feel, however, that it is undeserved and therefore must be coerced. To some extent, work with these adults must address their needs, not just their behaviours.

Recognising and managing symptoms of trauma

Adult users of violence who have experienced trauma need support in learning to recognise symptoms of trauma and to manage them ‘in the moment’. This is an important intervention goal, as experiencing trauma symptoms can contribute to choices to use more severe violence.

There are two key aspects to focus on with this work:

- identifying and reducing hyper-arousal (e.g., the ‘fight or flight’ response and some aspects of ‘freeze’)
- responding to hypo-arousal (e.g., when the person becomes less ‘present’ in a situation – shutting down, zoning out or dissociating).

The aim is to expand the person’s ‘window of tolerance’ to deal with potentially triggering situations, by helping them learn to take responsibility for managing hyper-arousal and hypo-arousal.⁶

Working in this way also helps them learn to identify these arousal patterns as symptoms arising from *past* experiences, rather than as reflections of their *current* situation. And it addresses their tendency to assume that they’re feeling unsafe because of something their partner is doing or has caused.

Entitlement and trauma intertwine in nuanced ways. Our patriarchal society provides men with opportunities to assume that their emotional vulnerabilities are caused by women ‘treating them unfairly’. Traumatized men (and men more generally) are shouldered up in our society to form very unreasonable expectations of women needing to never ‘make them’ feel jealous, angry, vulnerable, ashamed or humiliated, even though none of these feelings is her fault.

⁶ For more information on the window of tolerance, and strategies to expand a person’s window of tolerance, see <https://csasurvivors.home.blog/2020/03/30/hyperarousal-hypoarousal/> and <https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/>

Adults who have trauma backgrounds can hold a ‘double or triple whammy’ **victim stance**, through which they feel justified and entitled to use violence and control:

- Their victim stance arises through the same types of processes generally involved with all adults who use violence.⁷
- It can also be heightened by their traumatic backgrounds, which lead them to readily interpret their partner’s behaviour as threatening them in some fundamental way. The enormous underlying emotional energy (feelings and experiences of violation, abandonment, deprivation, etc.) that the adult user of violence has towards those who harmed him during childhood and towards those who he believes did not protect him, is directed towards his partner or former partner. **As it is not her role to heal his trauma, inevitably just by exercising her fundamental human rights to go about her life and social connections, he is likely to experience threat that strengthens his victim stance through a male entitled lens.** He develops impossible expectations for her to meet about her behaviour and her ‘responsibility’ to manage his feelings, and enforces these expectations (rules) through patterns of violent and controlling behaviour.⁸
- For adult users of violence from marginalised communities, their victim stance can be heightened further by a history of unfair treatment and targeting by statutory authorities. This includes their community’s experiences of state-sanctioned structural and systemic violence.

Practice detail

This work can be conducted in parallel with work to assist adults with complex trauma backgrounds to identify and shift their violence-supporting thinking.

- Begin with trauma-focused emotional regulation work. Help the individual to understand where their current agitation and feelings of being unsafe come from, and how to manage these symptoms. This uses a ‘bottom-up’ approach: starting with physically managing symptoms to allow better connection with their body, leading to feeling greater control over physiological experiences. The aim is to increase awareness of internal states and to expand tolerance of emotional and physiological arousal.
- You’ll need to introduce distress tolerance and emotional regulation strategies into the sessions with the individual. Take them through these strategies, allowing plenty of time for practice and refinement while you’re with them. Remember: the person might need to build their distress tolerance skills to participate meaningfully in the sessions, particularly if they find it difficult to tolerate any intense experience of emotion.
- Then turn to narrative or cognitive work. Help the individual to identify their violence-supporting thinking when they enter into hyper- or hypo-arousal. This can then be used to identify and ‘challenge’ their victim stance thinking (e.g., ruminative thinking that it’s their partner who’s causing them to feel this way). This uses a ‘top-down’ approach: focusing on narrative / meaning-making approaches using higher brain functions. The aim is to assist the person to interpret their partner’s actions in more healthy ways, rather than out of a sense of threat.

⁷ To understand adult user of violence ‘I’m the victim here!’ thinking and beliefs, see section 2.5 of <https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-2> or the practice resource at <https://nada.org.au/resources/engaging-men-who-perpetrate-domestic-and-family-violence-in-the-alcohol-and-other-drugs-treatment-context>

⁸ <https://www.sheisnotyourrehab.com/>

Identifying harmful trauma-based beliefs

Depending on the extent of your connection and rapport with the adult, it might be possible to do some deeper beliefs-based work concerning trauma. People who experience complex trauma often develop survival strategies based on particular beliefs. They use these strategies in their lives to protect themselves from further experiences of trauma or threat.

For men who have experienced complex trauma, a patriarchal world heavily influences these beliefs and the way they're translated into behaviour. For example, beliefs such as "I have to act tough to survive" or "kindness and vulnerability make me unsafe" will influence the survival strategies adopted.

It might be possible to identify such beliefs that were developed in the past – helping them to survive and respond to trauma at the time – but which have now outlived their usefulness and cause harm in current relationships.



The process of identifying trauma-based beliefs is not just cognitive

Adults who have experienced complex trauma can have intense underlying emotions related to those who have caused them harm, and to those who they think did not protect them. They can, however, be cut off from some or much of this emotionality, as it might be too overwhelming and threatening for the adult to experience it. Chronic shame, even intense self-hatred and feelings of worthlessness, can be swirling in this emotionality, as can strong embodied, somatic reactivity.

Creating a **safe container** for exploration of trauma-based beliefs is crucial. This includes considered and strengths-based support for the person to manage their emotional intensity and somatic reactivity as they start to consider the legacy beliefs they have been left with, or formed, as a result of the harm they experienced.

It can take a lot for people with trauma backgrounds to trust any new significant relationship, including with a practitioner. Relationships can be threatening, as the person is just waiting to be exposed as unworthy and unlovable, as inherently 'bad'. The working relationship you have with the adult might be one of the few places where they are willing to risk trust.

Setting transparent boundaries around your work with the adult is important. However, behaviour change work exploring violence-supporting beliefs that have arisen in part through a person's trauma background is not just cognitive.



Practice tip

Remember the influence of **entitlement**. Some adult users of violence with a trauma background are more entitled, and have more privilege levers, than others. However, there is almost always at least some element of male entitlement in situations where the adult user of violence is male.

Trauma experiences can shape core beliefs that powerfully contribute to an adult's choices to use violence. Be mindful, however, regarding the role of entitlement.

Watch the practice toolkit video from the Family Peace Initiative at

<https://www.familypeaceinitiative.com/blog/core-beliefs-the-shadow-and-golden-shadow-message>

While a very appropriate approach to working with adult users of domestic and family violence, consider some of the dangers of utilising a *simplistic* version of this model with men who are highly entitled, and/or highly intent on exploiting and punishing.

Reflective practice

To work with adults using domestic and family violence on symptoms of trauma, and to bring the trauma into the foreground, it's useful to reflect on your approach. For example:

- How do I assess the impacts on current functioning of my client's complex childhood trauma?
- How do I assess for hyper- and hypo-arousal?
- How do I avoid a biomedical approach, and assumptions that traumatic experiences trigger particular symptoms in a biomechanical way?
- How do I work with trauma in a way that's feminist-informed? That explores the meaning my client has made of traumatic experiences, and how these meanings are influenced by a range of factors including structural patriarchy?
- What do I look for to assess and understand how entitlement intersects with trauma, and the influence of entitlement independent of the adult's trauma background?
- Should I even bring the client's history of trauma into the foreground of our work? Would it be best that I work on things that will help him to address the hyper- and hypo-arousal that might be associated with his traumatic experiencing, but not in a way that overtly labels these as traumatic symptoms? How do I know which approach is safest?
- What does it mean to think about these questions for clients who have experienced collective traumatisation experiences and ongoing attacks on their dignity?

Summary of specific principles of TVIP

The following table summarises specific principles of TVIP and their application to working with adults using domestic and family violence who have trauma backgrounds.⁹

Principle	Application
Trauma Awareness: Understand experiences of trauma to inform understanding of risk to others	<ul style="list-style-type: none">• Practitioners can recognise elevations in risk for using violent and controlling behavior associated with trauma• Practitioners' judgments of risk are aligned with the reality of trauma• Practitioners are able to assist their clients to identify specific situations in which they might be most dangerous to their partner and children• Practitioners recognise and are aware of intersecting structural realities in the lives of their clients
Safety: Avoid re-traumatisation and create safe environments for clients that are also safe for everyone else	<ul style="list-style-type: none">• Practitioners recognise that unintentional triggering of clients' trauma is likely to create additional risk to victim survivors• Practitioners are able to create safe environments that are appropriate and responsive to clients' identities and context• Practitioners are able to avoid re-traumatising clients through depersonalising them, requiring them to retell their story or failing to offer them opportunities to provide feedback

⁹ Adapted from Table 1 in Scott, K, & Jenny, A, 2022, 'Safe not soft: trauma- and violence-informed practice with perpetrators as a means of increasing safety', Journal of Aggression, Maltreatment & Trauma, Vol. 32, No. 7-8, p. 6.

<p>Choice, Collaboration, and Connection:</p> <p>Meet people where they are at in order to name the violence and harm</p>	<ul style="list-style-type: none"> • Practitioners maximise opportunities for clients to have choice and autonomy throughout the intervention process, including on elements of the intervention approach • Practitioners adopt motivational interviewing as a starting point for intervention • Practitioners help their clients recognise the values in themselves that turn them away from harming those close to them and that lead them into healthier and non-violent choices
<p>Trauma-informed behaviour change:</p> <p>Help clients understand and integrate trauma to create insight and prompt strength-based change to keep themselves and others safe, without collusion</p>	<ul style="list-style-type: none"> • Practitioners consider integrated trauma-based models of practice for serious-risk clients who use family violence • Practitioners teach their clients about trauma and associated psychophysiological impacts • Practitioners empower their clients to choose different behaviors in the face of traumatic arousal while maintaining a focus on clients' responsibility for their violence

It is vital to avoid unintentionally triggering the traumatic experience of the adult using violence. Practitioners should ensure that:

- there is privacy and confidentiality in physical spaces – not only in offices, but also when conducting proactive outreach and seeing the client in a community setting
- agency spaces, waiting rooms, etc. are welcoming and comforting, including things that signal that people with particular identities are welcomed and safe
- policies and procedures are clearly communicated, predictable and consistent in their application.

The importance of supervision when working with adults using domestic and family violence who have trauma backgrounds



Practice tip

Supervision, discussion, and collegiality are vital in this work with adults using violence who have trauma backgrounds. No one should be left doing this work alone; this would be very dangerous for everyone. It's crucial to share and learn from – and have the support of – a caring circle of colleagues.

Trauma counselling is a high-risk occupation. It becomes even more so when one is trying to contain those with violent behaviours and intense emotions. The risk increases as engagement becomes successful and the counsellor is 'trusted' with these emotions.

Appropriate training is vital. It needs to focus not just on self-care, but on **ways of digesting and processing the trauma encountered.**

Masculinity, trauma, humiliation, entitlement and intersectionality: An annotated poem from the perspective of an adult user of domestic, family and sexual violence

How dare you make me less of a man.

Being a MAN is the only thing I have.

You women chatter and scheme, you never stop. I keep to myself. Trust no-one but myself, it's got me through this far.

Being a MAN is the one thing that protects me from entering the black hole. You want to take that shield away from me?

Being a MAN dullens the shame of who I was, who I must have been, what I must have deserved.

Dullens the shame of who I have become... or so I whisper, too softly for me to hear.

If I was man enough then, I would have stopped him. He would not have done what he did to us, to me, to my sisters.

Yes, I was a boy. But a boy needs to be a man in moments like that. Not a sis. Not running to the bedroom with his tail between his legs.

If I was a full man, I would have confronted my Mum. She was never there to protect me. Women are weak, indecisive.

My mates were right back then. My new mates are right now. You can't trust them. Sleeping around. Manipulating us, going behind our backs. At least us men, we fight it out.

I learnt my lessons early, what you need to do to survive.

How dare you make me less of a man.

So what if my skin isn't exactly white. Or if I can't get a stable job or a deposit on a house. I can still be a full man, just as much as any other man, can't I?

I can, I must, I have to, what am I if I'm not? A girl?

You make me shake with anger. You make my insides collapse.

You don't know the half of what I do to manage this, to manage you. I need to make you feel crazy. To stop those idiots from egging you on. How else do I disarm you?

And you blame me for exploding when everything I try doesn't work and you still challenge me!

I'm hurt. Don't you care? Why do you twist the knife?

I survive through you I whisper inside, and cry out loud to your mother heart.

You think you can see through me. You think you can call me out. You seemed to be different – no, you're just like all the other women controllers in the world. Backing us into a corner. Getting all the big wigs on your side.

No more! I'm getting back what's mine, what's been taken away from me.

How dare you make me feel less of a man.

[end of poem → annotation starts on the next page]

How dare you make me less of a man.

Being a MAN is the only thing I have.

Many men who use violence are very sensitive to 'being made' to feel less of a man. Being a 'full man' can be a highly important part of their identity. Of course, being a 'full man' can mean different things to different men, and in different cultural contexts.

For reasons partly revealed through this poem, these men can feel significant masculinity threat and sometimes deep humiliation when their masculine identity is not affirmed. The patriarchal society they swim in, funneled through their entitlement-based worldview and the rules they set for their partner, mean they can get away with holding her / him / them 'responsible' for his felt humiliation.

You women chatter and scheme, you never stop. I keep to myself. Trust no-one but myself, it's got me through this far.

Misogyny is not just an attitude, it's structural, it's in the fabric of our society. Sexist attitudes both feed and are fed by misogynist structures, systems and myths. Some men affirm their sense of being a full man at the expense of women. 'I am not her, I am better than her, I don't stoop to her level.' They define their masculinity through being not-woman.

For some men, particularly those with a complex trauma background, genuine intimacy can be frightening. They might yearn deep down to truly connect with someone, rather than only demand things from them, but that yearning can be suppressed. It's not a simple case of 'teaching them' emotional literacy skills. Whether we call them beliefs or embodied schema, they can hold a black-and-white sense of how the world works based on entitlement and on protecting themselves from emotional pain.

Being a MAN is the one thing that protects me from entering the black hole. You want to take that shield away from me?

Being a MAN dullens the shame of who I was, who I must have been, what I must have deserved.

Dullens the shame of who I have become... or so I whisper, too softly for me to hear.

Shame can come in many forms. It can mean different things in different cultures, and be expressed and felt differently. For people who have experienced complex trauma and shame-inducing events repeatedly in their childhood, the shame can be chronic. It can be an overwhelming sense of "I am bad... unlovable... worthless... undeserving..."

This sense of 'I deserved what happened to me' can set them up to blame victim-survivors for the harmful behaviours they perpetrate against them. It's like the father who says "my old man was harsh, but I was a little sh.., he did what he needed to do", who takes this attitude into blaming his children for the harsh parenting he uses against them. Of course, it's not just the meaning the adult makes out of his own painful childhood experiences that sets him up to blame those who experience his harm. His victim stance thinking is also a product of entitlement: blaming women is something he is expected, as a man, to do.

People who experience chronic shame due to a trauma background will try very hard to avoid feeling it. Of course, shame can also be experienced when one's behaviour contradicts deeply held values or cherished aspects of identity ("I can't control myself, I beat women, I am a monster."). Whether it be chronic shame or the more acute shame that might occur as a result of their harmful behaviour, the identity of being a 'full man' 'protects' him from it.

If I was man enough then, I would have stopped him. He would not have done what he did to us, to me, to my sisters.

Yes, I was a boy. But a boy needs to be a man in moments like that. Not a sis. Not running to the bedroom with his tail between his legs.

Responses to traumatic experiencing, and the meaning made out of it, can be gendered to a degree. Boys who experience domestic and family violence, and/or sexual abuse, can experience this as a major threat to their sense of developing masculinity. They might find it hard to feel like a 'real man' if they believe that a 'real man' would have somehow been able to stop the abuse. Of course, these types of experiences are deeply humiliating and degrading, 'but' there is a particular thread to the humiliation that some boys experience. A humiliation to their developing masculine identity where they inherently feel 'less of a man', and subsequently struggle into their young adulthood and later years to restore a sense of being a 'full man' and to avoid impending humiliation.

If I was a full man, I would have confronted my Mum. She was never there to protect me. Women are weak, indecisive.

My mates were right back then. My new mates are right now. You can't trust them. Sleeping around. Manipulating us, going behind our backs. At least us men, we fight it out.

I learnt my lessons early, what you need to do to survive.

Sexist attitudes and misogynist structures and systems can influence the meaning that boys make out of their traumatic experiences. It's not uncommon therefore for boys who experience violence and abuse from their father to blame their mother. Our society still often blames mothers for 'not protecting' children rather than holding responsible the father or other adult causing harm.

And children often do not get to see or understand the full range of controlling and entrapment tactics used by the father against their mother, and how this can severely limit her options and safe choices. Fathers are often able to manipulate family law and other systems to pathologise their ex-partner – it's still not uncommon for violent and abusive men to win majority or full custody of their children.

The boy's hostility towards (or at least, distrust of) his mother can be reinforced by the sexist attitudes of male peer groups, resulting in highly problematic and harmful gendered beliefs into young adulthood and beyond. Beliefs that women cannot be trusted.

Some boys and young men are of course also influenced by a sense of collective grievance pipelined through the 'manosphere'. A grievance that it is now 'women who pull all the strings', and who are denying men the opportunity to be 'full men'. Masculinity threat becomes amplified through this sense of collective grievance, of women taking away a masculinity that men are entitled to by virtue of their biological sex.

Attempts to restore a sense of being 'a full man', and the practices of male supremacy, can become a heavy investment. The young man's use of coercive control becomes a way to protect himself from the humiliation of 'being made' to feel less of a man, and from chronic shame. He learns that being a 'full man' is to expect that he can extract sexual and other benefits from his partner, and that he can punish her for 'causing' him to feel humiliation.

How dare you make me less of a man.

So what if my skin isn't exactly white. Or if I can't get a stable job or a deposit on a house. I can still be a full man, just as much as any other man, can't I?

I can, I must, I have to, what am I if I'm not? A girl?

The quest to be a 'full man' is not a level playing field. Some men have substantially more privilege levers than others. Men who lack white, able-bodied and/or cisgender privilege might still feel that they should succeed as a 'full man', but in reality the odds are stacked up against them. Rather than focus on the structural and systemic causes of socio-political, economic and other forms of marginalisation and disadvantage, influencers manipulate fear, bigotry and sexism to scapegoat immigrants, women and 'elites'.

The experience of humiliation and structural violence due to oppressive social conditions and power structures becomes further fuel to reclaim a 'lost masculinity'. In a world seen in black-and-white terms, the alternative (to be like a woman) is unconscionable.

You make me shake with anger. You make my insides collapse.

You don't know the half of what I do to manage this, to manage you. I need to make you feel crazy. To stop those idiots from egging you on. How else do I disarm you?

And you blame me for exploding when everything I try doesn't work and you still challenge me!

For those men who use violence with a trauma background, the somatic disruption experienced when feeling 'triggered' can be quite intense. However, they still choose to give themselves the green light to use violence, via the meaning they make of their partner's actions. The choice is made in the moment, like many times before, to cause fear, terror, humiliation, psychological injury or degradation to control her behaviour. He might lack distress tolerance and emotional regulation skills to a degree – but he gives himself permission to not use the skills he has.

He also makes more upstream choices to 'manage her' that form patterns of coercive control. To stop her from doing things that 'threaten his masculinity', whether that be expressing her intelligence about something (that he takes as being made to feel wronged), spending time with male friends, dressing up for others, not following a rule he has set, or attempting to call him out for his harmful attitudes and behaviours. He can't tolerate her being 'right' and him being 'wrong', in his black-and-white worldview. He won't accept being challenged for his harmful and entitlement-based behaviour, blaming her for 'making' him feel humiliation.

I'm hurt. Don't you care? Why do you twist the knife?

I survive through you I whisper inside, and cry out loud to your mother heart.

Men who use violence with a complex trauma background can experience intense psychological pain. They can also use emotional displays strategically to entrap their partner into taking care of him emotionally. Living their emotional world through their partner, rather than maturing as an emotional adult, is an entitlement our society offers to men in general, not only to those who use violence. An entitlement that results in his partner becoming heavily objectified, an object to restore his sense of being a full man, and to restore a parental attachment he might not have had securely as a child.

Why does he so desperately want the relationship to continue, if he sees her as a threat, and as constantly 'wronging him'? On his own, he would no longer have her to live his emotional life for him. He would have to face what he currently avoids facing through controlling her. He would no longer be able to force the emotional and other benefits he extracts from her.

You think you can see through me. You think you can call me out. You seemed to be different – no, you're just like all the other women controllers in the world. Backing us into a corner. Getting all the big wigs on your side.

No more! I'm getting back what's mine, what's been taken away from me.

How dare you make me feel less of a man.

Men who perpetrate violence with a trauma background can experience what has been termed shame anxiety. The experience of shame can be so intense, that they will actively attempt to avoid situations or events where they might feel it. This can be compounded by an underlying sense of masculinity threat, of needing frequent reassurance that they are a 'full man' so as to avoid feelings of humiliation.

When his partner does something that taps into his anxiety about experiencing shame or humiliation, he can feel a very deep sense of injustice. It might be that she stands up to him. That she doesn't accompany him to a cultural event and he feels 'humiliated' having to attend without his wife. Through his entitlement-focused worldview, he feels that he has been 'wronged'. He feels justified using controlling and violent behaviours to prevent her from repeating this 'injustice', from 'making him' feel shame and/or humiliation.

When anxiety is intense, the person experiencing it often wants to make 100% sure that the event or situation they fear will never happen. This is how anxiety can be so self-reinforcing. Absolute assurance is impossible, yet because reassurance seeking can result in a temporary reduction in anxiety ("phew, I've made sure that it can't happen for now"), the fruitless search for 100% sureness can be 'addictive'. The anxiety alleviation is only temporary, as it is only a matter of time before a new or repeat situation arises that evokes the anxiety.

Men who cause violent harm often not only feel driven to avoid shame and humiliation, they feel entitled to use violent and controlling behaviour to seek this reassurance. To control their partner's actions so that she does not threaten his masculinity, nor 'bring him close' to his well of underlying shame.

When a victim-survivor attempts to increase her resistance to his violence, such as by trying to push back against his rules and fence-wires so that she has more moments of being herself rather than his object, risk can increase. Not only might he experience humiliation and shame more frequently. He might also come to believe that his partner has taken something big away from him that he feels entitled to make her restore.

He might blame her for having less access to their children (e.g., due to a protection order). For having suicidal thoughts and for his mental health spiralling down (that's of course not her responsibility). For losing status and privilege if systems and his community start to treat him differently after becoming identified as a perpetrator of violence. In some situations, this blame can build into an intense grievance, that the victim-survivor has taken away something big and enduring that he feels entitled to.

Turning this around can be a long process. There are many interlocking pieces, and change can be approached in different ways.

The combination of entitlement and trauma varies amongst men who perpetrate violence. For some men, the trauma is very large in their pathways into using violence... but the entitlement is even larger. For others, the entitlement might not be as substantial. However, it's rarely *just* trauma when adult men use DFSV. Addressing the trauma alone can be counterproductive (and make things worse). Whereas not uncommonly, it is just entitlement with little or no trauma – sometimes it is sufficient to 'just' focus on entitlement-based beliefs and behaviour.

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Addressing violent and controlling behaviours associated with possessive jealousy amongst adult users of domestic, family and sexual violence

Rodney Vlasis
Updated – August 2025

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Understanding possessive jealousy

Some adult users of domestic, family and sexual violence (DHSV) experience intense feelings of jealousy associated with underlying belief systems of possessiveness. Some may use social violence as an expression of this jealousy, though social violence can also be used when there's no such jealousy involved.

The emotional dynamic of jealousy is often one of angry, agitated worry and anxiety.¹ It can be accompanied by significant ruminative thinking that often fuels this dynamic. Possessive jealousy is an evidence-based risk factor for the use of serious, injury-causing violence, and is often accompanied by the use of significant patterns of coercive control.

Adult users of HSV who are heterosexual men will often point to experiences (their own or those of friends) of women being 'unfaithful', while failing to discuss other men's or their own unfaithfulness. Possessive jealousy involves sustained suspicion and distrust of a partner's 'loyalty', and frequent anxious ruminations about perceived/potential infidelity.

Some adult users of HSV who experience possessive jealousy brood about their perceptions of their partner's imagined or real infidelity on a frequent basis. They escalate this brooding into more agitated ruminations at certain points, related to external events (for example, their partner wanting to go out with friends) or internal states (related to mood, current level of general agitation, substance use, etc).

Social violence is often the behavioural outcome of possessive jealousy. In intimate partner relationships, it involves cutting off or interfering with the victim-survivor's social relations, and closely watching their social interactions.

Feelings and behaviours that might come before some social violence tactics include:

- general agitation and anxiety
- escalating suspicion
- making allegations of infidelity
- fear that the victim-survivor will separate from them.

However, some social violence tactics are conducted 'upstream' of these feelings and behaviours, when the level of brooding might be low or moderate. These might be highly planned behaviours focused on monitoring, isolating or humiliating the victim-survivor.

The choice of heterosexual, male adult perpetrators to use social violence tactics in intimate partner relationships often stems from entitlement-based beliefs – that they have the right to monitor and control who their partner sees and under what circumstances. They often frame this behaviour, however, as coming from honourable intentions:

- to 'protect their partner' from other men
- to 'save their relationship' by keeping their partner from 'running off with another man'.

The desire to 'protect' their partner is riddled with paradox and contradictions. For some, this includes a degree of awareness of their own 'woman-using' behaviours as representative of the predatory sexual behaviours of some other men.

¹ For a more detailed explanation, see Leahy, R., & Tirch, D. (2008). Cognitive behavioral therapy for jealousy. *International Journal of Cognitive Therapy*, 1(1), 18–32.

The men's entitlement-based beliefs are connected to other gendered beliefs; for example, that women can be possessed as an object and, like any object, can be 'taken' by another man.

In addition to holding entitlement-based beliefs, individuals who use social violence tactics may also struggle with anxious attachment or trauma-based vulnerabilities. They can be highly dependent on their partner and feel that it would be the 'end of the world' should the relationship end.²

Entitlement, gendered power, anxiety and attachment

Social violence and other controlling tactics are often chosen by the adult user of DFSV with possessive jealousy as an attempt to *make 100% sure* that their partner will not 'cheat' on them. In this sense, possessive jealousy can have a strong agitated anxiety component.

In general, an anxiety problem is reinforced when the person who experiences the anxiety attempts to achieve absolute certainty that the outcome they are worried about will never happen. When the person does something to attempt to achieve this certainty, they might feel an immediate reduction in their anxiety ("Phew, I've made sure that..."). It is often impossible, however, to achieve *100%* certainty that the feared outcome will never happen. The outcome might be highly or extremely unlikely, but a person struggling with anxiety might feel driven to make absolutely sure, to leave no doubt. This means that the next time the (slightest) possibility arises of the feared event occurring, the person's alarm system fires strongly and they feel 'compelled' to seek reassurance and take immediate action to attempt to ensure no chance of the event occurring.

Men who perpetrate DFSV use their male entitlement, and gender-based power, to engage in controlling behaviours on this fruitless search for 100% certainty. They might choose:

- controlling tactics to try to make it impossible for their partner to 'cheat' on them,
- monitoring actions to attempt to identify any signs or signals that their partner might be unfaithful, and
- violent behaviours to ward off imagined or real infidelity, and to enforce the rules they set about their partner's social interactions.

Jealousy is a common emotion experienced by men who perpetrate violent and controlling behaviours. Some men might perpetrate these types of behaviours in the context of experiencing moderate levels of jealousy. They might engage in frequent brooding that occasionally accelerates into agitated ruminations. Other men ruminate more frequently and vividly about their partner's perceived infidelity or 'potential' to be unfaithful.

The experience of intense anxiety associated with jealousy is not in itself a cause of these behaviours. Many people grapple with intense anxiety without making choices to use violent and controlling behaviours towards their intimate partner and family members.³

² See <https://www.unk.com/blog/3-relationship-reinforcing-cbt-techniques-for-jealousy/> for an analysis of entitlement-based and attachment-based pathways towards men's choices to use social violence tactics.

³ Of course, a person's experience of anxiety can create problems for family members, even in the absence of the use of DFSV. It is not uncommon for people who struggle with chronic anxiety to attempt to influence the behaviours of family members so as to support their constant striving towards absolute certainty that the feared events will not occur.

Furthermore, for some adult users of DFSV, the agitated anxiety associated with jealousy is in part fuelled by sexist and entitlement-based beliefs about women and the roles that women 'should play' to 'serve' men.

The intensity of the agitated anxiety characteristic of possessive jealousy can also be fuelled by the adult's family-of-origin attachment based insecurities. An anxious attachment style, developed through childhood experiences of parental separation or unavailability, or of violence and abuse, can result in an adult experiencing intense fear of abandonment and rejection.

These adults might seek constant reassurance and validation from their partner. They can also easily feel 'threatened' when they observe their partner being potentially sexually attractive to others, or when they are not around to 'supervise' her.

Some adults who struggle with possessive jealousy also experience a general sense of mistrust and suspiciousness about the actions of others, and feel that they need to 'always be on their guard.'

Again, however, an anxious attachment style based on childhood trauma, or a pervasive sense of mistrust about the intent and actions of others, does not in itself cause the adult to use DFSV. Men who perpetrate DFSV frequently draw upon male entitlement and gender-based power to attempt to make 100% sure that they will never be 'abandoned', choosing to use patterns of violent and controlling behaviours to do so.

For example, they might use sexual coercion in an effort to seek 'validation' from their partner, irrespective of their partner's wishes at that moment. They might use emotional violence and other tactics to make it too psychologically and/or physically unsafe for their partner to make an autonomous decision about whether or not to consent.

Jealousy is not a pleasant emotion. It is not uncommon for adults in any situation to blame another person, typically their partner or the person they are dating, for 'making them' feel jealous.

Adult users of DFSV, however, can take this to the nth degree. They might believe that they 'can't stand' the feeling of jealousy, and blame their partner intensely for 'making them' feel this way. In part, they choose violent and controlling behaviours to try to prevent their partner from 'making them' feel this uncomfortable emotion.

Adult users of DFSV, particularly men, commonly attempt to make the victim-survivor responsible for their emotions. This is highly gendered behaviour: even in heterosexual relationships where the male partner is not using violence, men often still leave most of the emotional 'heavy lifting' in the relationship to their female partner.

Furthermore, the perpetrator's entitlement-based expectations might create frequent situations in which he feels he is the 'victim' of his partner's actions in this sense. In the process of trying to make 100% sure that his partner will not 'cheat' on him, the user of violence might set non-negotiable rules about her social behaviours that are unfair and often impossible to follow 100% of the time. When his partner 'breaks' a rule that he has unilaterally set (for example, she has coffee with a male friend who he disapproves of), it is common for the user of violence to perceive that she has done something that makes him feel jealous.

The following hypothetical vignette describes how this might work in practice, and how the perpetrator's "I'm the victim here!" thinking contributes to his choices to use violent and controlling behaviour.

Hypothetical example of “I’m the victim here!” thinking associated with choices to use violent and controlling behaviours when jealousy is experienced

John and his partner Sally go to a club in the centre of town. John is older than Sally and considers himself to be more worldly and tough than she is. He’s pretty sure she has no idea that guys hit on her all the time because of how she looks. On the way to the club, he says to Sally *Stick with me tonight – you know what happened last time. It’s a zoo in there.*

John, who has started drinking, comes back from the loo to find Sally chatting with a guy her own age. She appears friendly and chatty.

John thinks:

I’ve told her over and over again not to go up and talk to guys she doesn’t know. She just doesn’t respect me. I keep telling her, but she doesn’t listen! She knows I’m a jealous guy, she’s doing this deliberately to get at me.

He puffs up and walks in an intimidatory fashion over to Sally and puts his arm heavily around her shoulders. When she starts to shrug him off, he tightens his grip. The man she is talking with stiffens and asks Sally, “Is everything alright?”. John snarls at him and steers Sally away, towards the bar. There, he commands a double vodka and orders Sally to sit down.

Sally sits, but then says slowly and carefully, ‘That was a friend from primary school’. In his head, John says:

Bullshit, you wouldn’t talk to an old friend like that. He must be an ex. She just talked to him to make me react. But if he’s an ex, maybe he’s going to try to get back together with her. What if ...

The evening is ruined, but they spend another hour at the bar while John downs another couple of drinks and broods on Sally’s interaction with her ‘old friend’. He’s particularly pissed off that she doesn’t apologise for going off to talk to someone else.

They leave the club. Upon arriving home, John waits again for Sally to apologise and finally – when she doesn’t – confronts her about “her behaviour” back at the club:

So what was going on back there? You looked real cosy with that guy. Who is he really? You’ve seen him before, haven’t you, you’ve had it off with him?

His voice rises and he clenches his fists:

You’re just a whore, face it. I can’t trust you at all. You’d probably just chat with any guy who wanted a piece of you.

In some situations, men who use violence might start out with ‘honourable’ intentions, in this case to ‘protect’ his partner. However, these intentions can be influenced by sexism, a sense of male superiority and gender inequality.

Here John provides an implicit warning of what might happen if Sally doesn’t abide his rule that she must be at his side throughout the whole night.

It is common for users of DFSV to work themselves up through rapid “I’m the victim!” thinking, stemming from underlying sexist, entitlement-based (and sometimes) trauma-accentuated beliefs.

Using alcohol or other drugs can be a way for DFSV perpetrators to give themselves a licence for violence. It can also be a tactic to make family members afraid.

Substance use is not a driver or cause of DFSV, but can increase the risk of the use of more severe forms of violence. The more that John drinks, the more intensely he might ruminate on his jealous thoughts, to the point where he starts to become convinced that Sally is cheating on him.

John’s thinking follows a number of ‘cognitive distortions’. He jumps to conclusions. He catastrophises. But at the heart of his jealousy is the need to make 100% sure that Sally won’t cheat on him. He now feels threatened, and in his mind, needs to act.

It is common for users of DFSV to focus on themselves, ruminate and feel entitled to enforce their expectations of partners / family members.

Adults who cause DFSV harm often build themselves up for violence, brooding on the story of victimhood they tell themselves.

Perpetrators’ stories and narratives don’t always make sense to outsiders, but provide them with a ‘green light’ to use violence

John’s emotional abuse is intentional. He hasn’t ‘lost it’ at Sally. He is deliberately trying to reduce her sense of self so that she feels too worthless to try to ‘attract other men’. He is also trying to punish her for not following his rules.

Sally, quite frightened by now, speaks quietly and deliberately:

“I knew him from school, we just bumped into each other, it was really nothing. I won’t do it again.”

John is mollified:

Okay. But you know what will happen if you do.

Over subsequent days, John thinks again and again about the incident at the club. He continues to harbour suspicions about the ‘old friend’.

He trawls back through Sally’s social media feeds to see if the guy is there (he’s not) and re-checks her credit card expenses just to make sure there’s nothing out of the ordinary (there isn’t).

One of the reasons perpetrators use violence is that it works. Sally is now unlikely to talk to another man at a club again and John knows this is the consequence of his actions. The violence has also given John a chance to “blow off steam”, relieving him of his difficult emotions – at least for now.

John is not out of control. He can hear and respond to Sally’s assurances. He expects Sally to respect his authority.

Men who perpetrate DFSV use a range of tactics to reassert control when victim-survivors do not comply with their entitlement-based expectations. By blaming Sally for his feelings of jealousy, John sees himself as the victim, and therefore feels entitled to use social violence, financial violence, emotional violence, intimidation and threats to control her behaviour, and to try to make 100% sure that she will not cheat on him.

Men who struggle with possessive jealousy might feel uncomfortable experiencing negative feelings in a relationship. They might believe that a healthy relationship has room only for consistently positive, pleasant and perfect feelings, and that there can never be any room for disappointment and doubt. They might hold up a standard for their partner that she should never feel attracted to or flirt with others to any extent, without him admonishing himself for feeling sexual attraction to various others and for engaging in flirtatious (or even predatory) behaviours.

Of course, the choices made by the user of DFSV to search for 100% certainty that his partner is not being unfaithful and that he will not be ‘abandoned’, often destroys the relationship. Rather than his partner being a source of love and relational security, she becomes an object to be guarded and controlled. His behaviour destroys safety, respect and trust in the relationship. His partner becomes an object not only in the sexual sense, but also, to give her whole self over towards fulfilling his emotional needs.

Underlying beliefs

In the long-term, addressing the use of social violence requires the individual to identify their underlying beliefs, and to reflect critically on those giving rise to the ‘angry, agitated worry’ they experience as jealousy. The *Exploring beliefs via actions and intent* section of this guide provides one approach on how to do this.

It is important in this work to understand the absoluteness and intensity of these beliefs, and to help the user of violence grapple with the impacts on himself and his relationships of holding these beliefs in such black-and-white ways. Men who use DFSV generally do not just believe “women should be faithful in their relationships with men” or that “my partner shouldn’t cheat on me”.⁴ Rather, the beliefs held are often to the extent of “a woman must be faithful 100% of the time, and if not, it’s proof that she is a whore”, “women cannot be trusted”, “it’s my right to know who she is spending time with”, and the like. Connected with this can be other absolute beliefs related to emotional vulnerability, such as “If she leaves me, it would be the end of the world” and “if she leaves me for another man [sic] it’s definite proof that she never loved or cared about me.”

⁴ Of course, the ‘should’ in this statement is on a continuum towards a ‘must’ representative of a rule.

Beliefs as absolute as these can be fed by entitlement, sexism (sometimes as deep as misogyny), and by adverse childhood circumstances. Often, there is a nuanced interplay of these factors in the development of these beliefs.

These underlying beliefs provide validation for men to set rules and to make demands about their partner's behaviour – rules and demands that are not negotiated, but implicitly or explicitly set by the user of violence unilaterally.

These rules are unfair and sometimes impossible to follow – for example, to always validate his emotional needs, never 'make him' feel jealous, always respond to his demands to know who his partner is spending time with and when, and so on. These beliefs also provide the user of violence with perceived 'rights', such as to monitor her movements and to place restrictions when his belief that 'women cannot be trusted' becomes 'validated'.

The role of anxious attachment

In addition to highly gendered beliefs, possessive jealousy can have origins through dysfunctional family of origin experiences where the adult develops an anxious attachment style. Jealousy is a very common experience; adults who experience intense jealousy are more likely than others to have had family of origin experiences where they were not able to trust their caregivers to be available, responsible and responsive to their needs. Of course, this can be associated with the experience of complex trauma, or with forms of family dysfunction.

An anxious attachment style can result in a child, as they become a young adult, feeling a lack of self-worth. An underlying core belief, or schema, that "If I was/am worthy enough, you [my caregiver] would have been there for me." An anxious attachment style can be associated with a lack of trust in intimate relationships, with doubts that others can be counted upon to be faithful and to meet their needs, associated with an underlying sense of lack of worth.

This concurs with the agitated anxiety component of possessive jealousy. A lack of trust, and an ongoing fear of rejection and abandonment, can result in the adult spending a lot of time scanning and monitoring their intimate partner for cues or signs that they are being unfaithful or are about to abandon them.

This is a common characteristic of anxiety: frequent scanning of one's environment for indications that the perceived threats are about to occur. Even amongst adults with intense jealousy who do not use DFSV, it is common to misperceive benign actions or environmental cues as representing signs that their partner is in the process of abandoning them when this is not the case, and to ruminate over these misperceived signals. The advent of the online world has opened up a substantially greater range of opportunities for adults who struggle with intense jealousy to misperceive cues as signalling unfaithfulness or abandonment.

There are direct correlations between an anxious attachment style and behaviours designed to monitor and surveil one's partner for signs and cues of infidelity or rejection. For example, one study found that anxious attachment is associated with significantly higher levels of surveillance of a partner's social media account, especially when the adult was experiencing high levels of jealousy.⁵

⁵ Marshall, T., Bejanyan, K., Di Castro, G., & Lee, R. A. (2013). Attachment styles as predictors of Facebook-related jealousy and surveillance in romantic relationships. *Personal relationships*, 20(1), 1-22.

Intense jealousy associated with anxious attachment can have a very strong somatic component. In addition to cognitive ruminations, the experience of jealousy can be associated with a range of somatic feelings that intensify the experience of anxiety. Adults with an anxious attachment style who experience intense jealousy might feel a strong 'somatic compulsion' to engage in monitoring or other behaviours in response to their ruminations. This is not surprising – any strong feeling of jealousy, even amongst adults without an anxious attachment style, can feel very uncomfortable (for example, the 'knot in the stomach').

To an extent, an anxious attachment style can lay foundations for any adult to use some degree of social intrusive behaviours. This reflects the agitated anxiety component, and the behaviours that adults across genders and circumstances might use in a fruitless attempt to assuage the anxiety and make 100% sure that their intimate partner is not in the process of abandoning them.

The relationship between anxious attachment and social violence behaviours can be mediated by gender, however. For example, a recent study amongst young adults found that high levels of anxious attachment predicted cyberdating abuse more commonly in men who adhered to traditional gender roles in heterosexual relationships.⁶ There are other studies, however, which have found that anxious attachment styles are correlated with increased use of monitoring, surveillance and social intrusive behaviours amongst both men and women, at least in the context of early adult relationships.

More generally, in the context of heterosexual relationships, men are more likely than women to give themselves permission to take surveillance and monitoring behaviours further, and to engage in patterned and multi-faceted systems of social violence.⁷ There is a continuum here from the occasional transgression into checking up on a partner's online communications and social interactions, to moderate degrees of surveillance and monitoring, to significant patterns of coercive control involving a system of behaviours that substantially constrains a partner's space for action. Male entitlement and the availability of gender-based power enabled in a patriarchal society lays the foundations for men to engage in coercive control considerably more frequently than women in heterosexual relationships.

Some adult users of DFSV with characteristics of possessive jealousy, many of whom embody an anxious attachment style, have very high levels of psychological dependency on their partner. These perpetrators:

- have a particularly intense attachment to the victim-survivor(s) for their own feeling of self-worth,
- experience a significant increase in suicidal ideation and risk should the relationship end or be at risk of ending,
- be at heightened risk of enacting homicide-suicide in these circumstances,
- appear highly suspicious about who his partner is seeing and what she is doing,
- talk freely about his suspicions that she is unfaithful,
- justify their controlling behaviours and 'repercussions' on the basis of those suspicions,

⁶ Sánchez-Hernández, M., Herrera, M., & Expósito, F. (2024). Does the digital environment evoke anxiety cycles in romantic relationships? The Roles of social–interpersonal and individual factors in cyberdating abuse perpetration. *International Journal of Human–Computer Interaction*, 40(15), 4003–4020.

⁷ Valdez, C., Lilly, M. M., & Sandberg, D. (2012). Gender differences in attitudinal acceptance of intimate partner violence perpetration under attachment-relevant contexts. *Violence & Victims*, 27(2).

- be highly anxious and very fearful of losing the relationship,
- justify their controlling narratives and behaviours as ‘expressions of love’ (“we are destined to be together for the rest of our lives”),
- might have used violence against other adults who they see as a threat to the relationship,
- leave you with a feeling that they might think ‘If I can’t have her, nobody will’, and/or
- have a history of driving previous partners away, of high surveillance behaviours across relationships, due to possessive jealousy.

These DFSV perpetrators have substantial psychological and other forms of dependency on their partner, and cannot see a life for themselves if their relationship with this particular person was to end.

Possessive jealousy and accelerating risk

Adult users of DFSV with high levels of possessive jealousy have a low threshold for perceiving a threat of imagined infidelity. It does not take much for their frequent brooding to turn into accelerated ruminations.

A range of situations can be associated with an increase in these ruminations, and in the adult’s experience of agitated anxiety. A small sample of these include:

- his partner attempts to expand her world despite his attempts to restrict it, such as re/entering the labour force or increasing her hours at work, going back to study, or wanting to see her friends more often
- he perceives that she does not want to have sex with him or is less interested in sex
- she tires of his need for constant reassurance and validation, and he becomes suspicious as to why he is receiving less attention
- she pushes back against his rules about who she should see and under what circumstances
- he discovers that she has, in his view, been doing things ‘behind his back’, even if totally unrelated to issues of infidelity
- he hears rumours or gossip about who she is spending time with
- he discovers that a male friend has been ‘cheated on’, and although he knows his partner had nothing to do with it, his mistrust of women deepens.

Unfortunately, the range of situations in which the adult user of DFSV can feel heightened jealousy is vast. It is extremely unfair and totally inappropriate, in this context, to consider that victim-survivors do anything that ‘trigger’ the perpetrator’s felt experiences of jealousy.

In post-separation contexts, the perpetrator discovering that his former partner has started dating or commenced a new relationship can be a time of acute risk, especially if he experiences possessive jealousy. For a detailed resource on identifying and responding to very serious risk in situations such as these, see *Responding to users of DFSV who pose a serious to severe risk*.⁸

⁸ Available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access the resource.

Substance misuse

Possessive jealousy and substance misuse is a toxic mix for users of DFSV. Alcohol, and possibly some other substances, can restrict a user's focus on various environmental cues, and result in the perpetrator 'locking on' to his ruminative thoughts. An adult user of DFSV is more likely to follow down well-worn pathways in his thinking when substance-impacted, rather than try new strategies in response to the jealousy.

It is therefore highly important to focus on substance use with adult users of DFSV with possessive jealousy. This includes attempting to obtain agreement to work on reducing (or eliminating) binge drinking episodes.

Mental health considerations

While seeped in male entitlement and highly gendered beliefs and approaches to the world, possessive jealousy can have a mental health component. As already identified, possessive jealousy has a significant component of agitated anxiety. There are some (and only some) parallels in working with DFSV perpetrators to manage their jealousy safely, with assisting clients to manage expressions of anxiety in mental health settings.

The overall mental health of the adult user of DFSV who struggles with possessive anxiety can matter. Many readers – including the author – can attest to expanded ability to respond appropriately to anxiety during times of better mental health. For example, good mental health might make it easier for us to leave our anxious thoughts alone, rather than dive immediately into reassurance seeking behaviours in a fruitless attempt to make 100% sure that the feared outcome will not happen.

Of course, improved mental health is not likely in itself to significantly reduce the perpetrator's use of social violence and other violent and controlling behaviours in response to his felt jealousy. Indeed, improvements in mental health might even be associated with an *increase* in these harmful behaviours, if the perpetrator now has more energy, confidence and social ease to expand into new monitoring and controlling behaviours. Improved mental health might enable the user of violence to put more planning and forethought into his controlling behaviours.

Mental health does matter, however, in terms of the potential effectiveness of behaviour change strategies and interventions. Substance abuse and/or poor mental health will make it more difficult – though often not impossible – for these strategies and interventions to effect change.

Beyond this, in a minority of situations the adult user of DFSV might experience **pathological jealousy**, also known as 'morbid jealousy'. In these situations, the experience of jealousy is heightened by particular forms of poor mental health, in ways that can create even further risk for victim-survivors.

There are two sub-types of pathological jealousy – and for both, mental health treatment is required in parallel with DFSV behaviour change work.⁹

⁹ Kellett, S., & Stockton, D. (2023). Treatment of obsessive morbid jealousy with cognitive analytic therapy: a mixed-methods quasi-experimental case study. *British Journal of Guidance & Counselling*, 51(1), 96-114.

Delusional morbid jealousy has a psychotic component, and might occur in the context of substance misuse, dementia or more acute forms of organic brain disorders, schizophrenia or mood/affective disorders. Sometimes it might be the main delusion that the adult experiences as part of a delusional disorder.

Obsessive morbid jealousy occurs when the anxiety component of jealousy has substantial obsessive and compulsive features. This might include obsessive checking of their partner's fidelity, and monitoring and controlling behaviours that have a strong compulsive component. A distinguishing feature of obsessive morbid jealousy is that the adult feels significant shame and guilt regarding their compulsive behaviours, and they are aware that their fear and paranoia about their partner being unfaithful is (very) excessive. Consistent with other manifestations of OCD, they feel driven to engage in compulsive behaviours even though they are aware that their obsessive thoughts and compulsive behaviours appear 'bizarre'.

Only a very small proportion of adult users of DFSV who struggle with jealousy would be experiencing morbid/pathological jealousy as a mental health condition in either of these ways. While mental health treatment is required in these cases, these adults' use of violent and controlling behaviours are often also influenced by entitlement and gendered beliefs and attitudes. Collaboration with mental health services, rather than handing clients fully over to these services, is required.

Case planning and management

Addressing substance misuse and poor mental health will generally not in themselves result in the adult user of DFSV becoming safer for his ex/partner and family members. However, they can be very important contributing factors to target, especially as part of an overall case management plan to reduce serious risk. See the resource *Case planning for adult users of domestic and family violence* for detailed sections on addressing substance misuse and mental health contributions to risk and harm.¹⁰

Social violence and abuse in consensually non-monogamous relationships





There is substantial mononormative bias within DFSV service systems and in our Western society in general. Monogamy is seen as the 'natural' relationship form, with other intimate relationship arrangements viewed as an 'exotic aberration'. While DFSV service systems are learning to respond sensitively and appropriately to some parts of the LGBTIQ+ rainbow, and are beginning to self-reflect on heteronormative and cisgender bias, multigamous victim-survivors and users of violence remain highly marginalised.

Consensually non-monogamous (CNM) relationships cover a wide variety of forms: polyamory is perhaps the most widely known. Adults enter into these relationship arrangements for a variety of reasons, with a common feature being to work against the possessiveness that can be characteristic of some monogamous relationships. Some adults in CNM relationships rail against the belief that one can meet all of their romantic and related needs through the one partner, and the pressure these expectations can place on this one person. Many attempt to cultivate what is termed as compersion, a form of sympathetic joy experienced in relation to a partner's happiness through finding romantic and sexual intimacy with one or more others.

¹⁰ Available in the Featured section at <https://www.linkedin.com/in/rodney-vlais/> - a linkedin account is required to access the resource.

Many adults who commit to a CNM relationship recognise the extent of inner work required so as not to constrain the freedom and growth of their partners by virtue of their own attitudes, beliefs and behaviours adopted through mononormative influences. A lot of ‘unshedding’ is required in this respect, including in relation to practices of possessiveness.

At the same time, while there is little research and literature focusing on multigamous communities, it is clear that DFSV can occur in CNM relationships. The use of power and control can broadly resemble that in monogamous relationships, though expressed in different forms. The following infographic highlights some of the similarities and differences:¹¹

	CLASSIC SIGNS OF ABUSE	ADDITIONAL ELEMENTS IN POLYAMORY
 <p>Image: Pavle Matic²</p> <p>Social Control</p>	<ul style="list-style-type: none"> • Isolation (“you are not allowed to have friends”) • Cutting the survivor off from family • Control of phone/text messages/online messaging/social media accounts • Demanding an accounting of every minute of the survivor’s time 	<ul style="list-style-type: none"> • Eroding relationships with the survivor’s other partners (slander, “they’re not good enough”) • Controlling sexual and intimate relationships (“you should date who I say,” “if you want to date me you must date that person,” “we are a package deal, if you break up with me your other partner will leave you”) • Shunning members of a polyamorous group • Demanding access to communication with other partners • Controlling time spent with other partners • Veto (demanding end to another relationship)
 <p>Image: Tuyé Project²</p> <p>Coercion</p>	<ul style="list-style-type: none"> • Demands of sexual access to the survivor even when it’s unwanted • Stalking • Controlling access to basic needs such as food, sleep, or medical care • Physical violence: hitting, slapping, choking • Reinforcement of gender roles 	<ul style="list-style-type: none"> • Making sex with one person the cost of emotional support or intimacy from another • Pressuring polyamorous groups do everything together; discouraging independent hobbies or activities • Economic coercion (“all our finances are done by this person/you need to contribute”)
 <p>Gaslighting</p>	<ul style="list-style-type: none"> • Undermining the survivor’s memories or perceptions (“I never said that,” “you never remember things right”) • Trivializing the survivor’s feelings or needs (“you always get so upset over nothing”) 	<ul style="list-style-type: none"> • Enlisting other members of the polyamorous network in gaslighting (“I was there, you never did that/that never happened”) • Group enforcement of one view (“everyone else agrees!”); dismissing other views • “Nobody else has a problem with this; the problem must be you” • Reinforcement of group norms to the exclusion of other opinions • “You’re lucky to be allowed multiple partners, why are you complaining?”
 <p>Emotional Abuse</p>	<ul style="list-style-type: none"> • Insults, verbal harassment or humiliation • Damaging or destroying property • Controlling what the survivor wears • Throwing objects, punching walls • Verbal threats directed at the survivor or at children, family, or pets • Groundless accusations of cheating 	<ul style="list-style-type: none"> • Accusations of violating relationship rules; using this to justify ever more restrictive rules on sex, relationships, intimacy, or time spent with other lovers • Verbal threats directed at other partners, or at those who support the survivor • Controlling what sex acts the survivor is allowed to engage in with other lovers • Demanding detailed accounts of sex with other lovers • Group bullying sessions • Kink shaming

1. <https://www.cdc.gov/violenceprevention/pdf/NISVS-infographic-2016.pdf>
2. images from vecteezy.com

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¹¹ See <https://www.morethantwo.com/blog/2024/05/some-thoughts-on-polyamory-and-abuse>

It is highly important that practitioners immersed in the assumptions and biases of monogamous relationships reflect on monogamy as one, but only one, valid relationship form. This reflection is critical not only to provide an accessible, respectful and sensitive service to victim-survivors and users of DFSV. Bringing these assumptions and biases into practice can result in inaccurate assessments of risk.

As such, practitioners can consider and recognise that:

- The concept of who is a partner can differ in CNM relationships. It might not be automatically clear who might be experiencing an adult perpetrator's violent and controlling behaviour – and which parts of the adult's abusive patterns and dynamics are used against which partners.
- Adult perpetrators in CNM relationships have particular tools at their disposal to weaponise and gaslight one or more of their partners. As there are considerable (and understandable) expectations for people within multigamous communities to do their own inner work to transform mononormative feelings of jealousy and possessiveness, they can be pressured by the perpetrator (and by others in the community) to ignore their internal feelings and experiences that something is wrong about the perpetrator's behaviour.
- Some adults in CNM relationships have complex trauma histories, similar to those in monogamous relationships. The influence of anxious attachment styles can be similar. However, they can experience the addition of the chronic trauma of marginalisation due to their preferred identities and relationship forms. An unfortunately not uncommon response to multigamous victim-survivors when reaching out to a monogamous friend or service for support is one that infers “but you are in an inherently abusive style of relationship”. This is also not an uncommon response to victim-survivors in BDSM relationships, where practitioners might fail to understand the implications of telling a submissive who is experiencing DFSV that the main action they should take to become safe is to give up an “inherently unsafe style of relationship.” In some respects, this is equivalent to asking a ciswomen experiencing violence to give up their identity as a woman in order to be safe from men.

Strategies to address possessive jealousy

It can take some time to identify, critically reflect on, and change the underlying beliefs that give rise to possessive jealousy. This can take several months, or more, of behaviour change work.

While this process is taking place, a range of CBT strategies can help individuals to make non-violent and non-controlling choices when they experience jealousy.

It is important to prepare the adult that giving up their surveillance and other social violence behaviours might possibly increase their anxiety about their partner being unfaithful in the short term. This is because by giving up these behaviours, they no longer embark on the fruitless search to obtain 100% certainty of partner faithfulness, meaning that they are likely to be experiencing their doubts more intensely.

However, over time, if they continue abstaining from their social violence behaviours, their anxiety is likely to decline. This is because they will be learning to accept that they cannot achieve this certainty – in other words, they will be ‘accepting’ their jealous thoughts without futilely trying to get rid of them through surveillance and other social violence behaviours.

Once their jealous thoughts are experienced as less of a threat – confirmed by the cessation of immediate action designed to try to get rid of them – the anxiety and compelling nature of the thoughts is likely to decrease.

Mindfulness and other physiological grounding strategies

Agitated worry associated with jealousy can be intense. Some adult users of violence might need to apply initial physiological and grounding strategies *before* they can apply cognitive strategies. These might include mindfulness activities drawn from Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT).

If you are not familiar with these activities, there are numerous DBT and ACT workbooks freely available on the internet, from which you can select different types of mindfulness activities to try out with your client. Mindfulness skills can help the adult user of violence to watch their jealous thoughts without attempting to struggle or get rid of them.

Help the adult to understand that while the initial jealous thought they experience might be intrusive, they *have a choice in what they think next*. They have the choice either to indulge or stew in the jealous thinking, stacking the initial jealous thought with further jealous thoughts, or to use mindfulness and other strategies that enable them to watch the thoughts ‘passing through’ their mind.

Adult users of DFSV have often developed ingrained patterns of engaging with their jealous thoughts. This engagement takes the form of repeating, ruminating and expanding on the initial thought, increasing his anxiety and ‘drawing him into’ wanting to engage in behaviours that attempt to make 100% sure that his partner is not and could not be unfaithful to him. Of course, the adult’s violent and controlling behaviours are a choice. ‘However’, he is less likely to choose violence and control if he is able to experience the jealous thoughts without pushing the ‘red alert’ button that the thoughts represent danger requiring immediate action to ameliorate.

Mindfulness strategies – and various detachment and defusion strategies drawn from DBT and CBT – attempt to ‘re-teach’ the adult’s brain that the jealous thoughts do not represent a threat. And that he can learn to observe the thoughts and ‘leave them alone’, rather than become alarmed and make decisions to engage in actions in the futile attempt to get rid of the thoughts (such as texting his partner 20 times to check up on her).

Acceptance of uncertainty

Giving up attempts to make 100% sure that the adult’s partner is not, and could not, be unfaithful means accepting the uncertainty that this outcome is always possible. And accepting that it is always possible that the relationship might not work out.

Adult users of DFSV with possessive jealousy might not easily come to this point. For some, the thought of living alone and not in a relationship can be highly distressing. For others, the thought of not being in a relationship with their particular partner might be unconscionable. These perpetrators, who feel they cannot survive without being in a relationship, or without being with a particular partner, can pose a particularly serious risk to victim-survivors.

As such, it can be highly important to, over time, build the adult’s confidence that he can live alone without his partner if the need arises. Acknowledge that the adult might/does not *want* this to occur. However, that he would be *able* to if the relationship ends.

Building this confidence is easier said than done, especially in situations where the adult has:

- an anxious attachment style based on adverse family of origin experiences,
- low self-efficacy and low self-confidence, and/or
- spent little of his adult life outside of a relationship.

Individual work to help the adult user of violence to build this confidence can be an important adjunct to behaviour change strategies. If the adult believes there is no future for him should the relationship end, he might have little motivation to attempt anything other than futile efforts to achieve absolute certainty that his partner will not be unfaithful. While the adult might be hesitant to enter into these explorations of what life might be like should his current relationship end at some point in the future, gently persist if it is safe to do so.

An adult user of DFSV might also find it difficult to tolerate uncertainty if they are heavily committed to male supremacist beliefs that men ‘own’ women. Of course, these beliefs can be held to varying degrees. For these men, a partner’s unfaithfulness can represent ‘insurgent behaviour’ that in their view, cannot be tolerated.

Addressing cognitive distortions

Many contemporary approaches to CBT violence-interruption work help individuals to identify their self-talk when they experience a build-up of strong emotions such as anger, jealousy or humiliation. These approaches help the individual to:

- determine whether the thoughts associated with this self-talk are unhelpful
- challenge unhelpful thoughts.

This can be very potent in working with ruminative thoughts associated with jealousy and the use of social violence.

In addressing jealousy, there can also be value in the classic CBT approach of helping the individual identify *cognitive distortions* to their thinking. Choices to use violence are often preceded by ruminative and thought-stacking chains. These chains are, in turn, associated with:

- **jumping to conclusions** (Client: *“she hasn’t returned my texts tonight, something must be going on!”*)
- **imagination-based reasoning**; for example, becoming convinced that the partner is unfaithful on the basis of images the individual has in mind (Client: *“it must be that fella she talks about at work, they’re having drinks together now, I just know it!”*)
- **catastrophising** (Client: *“if she is attracted to someone it means she will leave me!”*)
- **black-and-white thinking** (Client: *“I should have known she was like all the other women, I thought she was different. Nah, she’s loose like the rest!”*)
- **need for absolute certainty** (Client: *“I need to know for sure that she’s never having an affair, and I need to know now!”* or *“I need to make absolutely sure that she never cheats on me”*).

This need for certainty can act more powerfully than a ‘cognitive distortion’. As mentioned previously, for some DFSV perpetrators, using violence can be part of what they experience as ‘driven behaviour’ to ensure that their fears about their partner’s infidelity never eventuate.

Choices to use social violence and associated controlling tactics can be made with the intent to *make 100% sure* that the person's partner has *no opportunity* to 'cheat' on them. But, because obtaining 100% certainty is impossible, attempts to obtain absolute certainty only fuel the person's anxiety.

When using violence interruption-strategies in response to jealousy, it can be useful to:

- identify cognitive distortions such as the ones above
- help the person using violence to challenge their self-talk based on an understanding of the distortion. For example:
 - Client: *"there can be a dozen reasons why she's not returning my texts – maybe she feels that I'm harassing her"*
 - Client: *"that's just an image in my mind, that doesn't mean that it's true"*
 - Client: *"look, she can be attracted to other men but that doesn't mean that she will leave me... heck, I come across women I find attractive all the time but it doesn't mean that I'm hitting on them"*
 - Client: *"no-one is perfect, and what if she flirts a bit with someone else, that doesn't mean she doesn't love me or doesn't want to be in the relationship"*
 - Client: *"I can't be 100% certain that she will never cheat on me, all I can do is trust her not to, and hope that the relationship succeeds"*

Activity: The five-chair technique

This can be a useful CBT activity for a range of family violence behaviours where jealousy is a feature, including social violence.

PART ONE

Arrange five chairs in the room. They should be labelled, in this order: **episode**,¹² **thoughts**, **feelings**, **behaviour**, **outcome**.

The adult user of violence sits in one chair at a time, moving along the sequence. Support them to talk about the episode, then the thoughts, etc. Their responses should be white-boarded, or they could be written on a big piece of paper behind each chair.

Discussion in each chair involves:

- **Episode chair** – they describe the situation leading up to their use of violence.
- **Thoughts chair** – they are supported to identify the unhelpful thoughts leading up to their use of violence.
- **Feelings chair** – they are helped to identify some of the underlying feelings, not just jealousy or anger, they were experiencing at the time. A list of feeling words can be used as a prompt.
- **Behaviour chair** – they describe the family violence behaviours they used.
- **Outcome chair** – they are supported to identify the short-term negative outcomes of their behaviours, and then the long-term negative outcomes.

¹² 'Episode' can be a better word than 'incident', as it encompasses a range of harmful behaviours.

PART TWO

Take the individual through the sequence again. But this time, help them to see things differently.

- **Thoughts chair** – draw on the cognitive distortions analysis to help them come up with different thoughts they could have had in the situation, that peel away the cognitive distortions.
- **Feelings chair** – unpack how different thoughts might have influenced their range of feelings.
- **Behaviour chair** – discuss the different choices they might have made with their behaviour, had they had these different thoughts.
- **Outcomes chair** – explore the different outcomes that might have resulted from these different behavioural choices.

Use of iceberg and ‘volcano’ analogies

Iceberg and volcano analogies are frequently used in group-based behaviour change work. They are about exploring:

- the **behaviours** that the person uses that have an impact on others
- the **feelings** that sit on the surface, and sometimes those that lay underneath
- the **thoughts** that underpin or lie below those feelings.

You can conduct exercises to help the adult user of violence to explore these behaviours, feelings and thoughts. For example, provide them with an extensive list of emotion words and ask them to draw a volcano representing the behaviours that ‘come out’ when they experience those emotions. Have them draw an iceberg representing the feelings behind those behaviours and the thoughts lying beneath the surface.

Be careful however in the use of the volcano as an analogy. Many users of violence consider themselves to ‘explode’ when they ‘cannot take it anymore’, with ‘it’ being the ‘unreasonable actions’ of their ex/partner. They use this explanation as an excuse for their harmful behaviour, believing they had no choice but to ‘erupt’. If you use the volcano analogy, draw out the benefits while paying active attention towards minimising these risks.

Case example (name and particular details amended to ensure anonymity):

John was asked to draw a volcano to represent his anger and feelings of jealousy, and behaviours he chose to try to manage these feelings. He drew a series of mobile phones that erupted out of the volcano, which represented his constant texts and calls to his partner to check up on her.

As he discussed what he drew, he realised that all that anger came from loneliness and from thinking he was not ‘good enough to hold down a relationship’. He thought that his partner would become aware of all his shortcomings if she were to meet other people – and he would be alone again.

This insight led John to see his texting and calling as problematic, and he developed some motivation to work on it during the behaviour change sessions. The insight also helped him to face the shame he experienced when acknowledging the harm such behaviours had caused.

Social violence with or without jealousy

Social violence tactics are not only used out of jealousy or the agitated worry associated with it. They can (also) be a pervasive part of the overall coercive control and social entrapment efforts of the adult user of violence. Social violence tactics are used to isolate the partner from supports to make them easier to control and so others don't find out about the violence. These tactics can be indicative of underlying beliefs about trust that are unrelated to issues of jealousy.

Where possible, invite the individual to consider how social violence behaviours sit with their values and strivings for themselves and their relationships. Inconsistencies between the use of these tactics and these strivings can often be easily drawn.

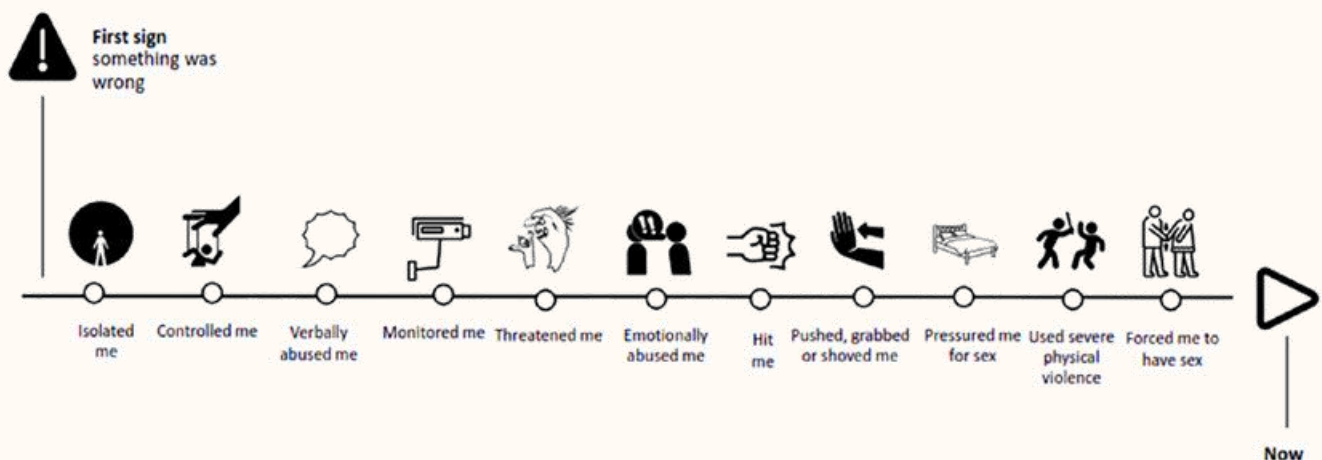
Most social violence tactics are based on beliefs that women (and specifically their partner) can't be trusted, yet many men will identify trust as an essential element of an intimate relationship. In this respect, the very act of social violence destroys what the men are seeking in their relationships. Again, find ways to draw this understanding out of the user of violence.

Be careful not to discuss some types of social violence tactics. It's not appropriate to discuss some types of social violence tactics in your work with the individual, such as tactics of cyber-monitoring or technology-assisted abuse. The adult user of violence could learn about these tactics via such discussion.

Social violence tactics and patterns of entrapment behaviours

Many social violence behaviours are chosen by the user of violence when they are not experiencing jealousy, or at least not intensely, during their planning and implementation. Recent Australian research with 815 women victim-survivors from across the country has demonstrated how DFSV perpetrators often use social violence tactics early in the relationship with the aim to socially and psychologically entrap their partner.¹³

The researchers constructed the following timeline of the progression of violent controlling tactics throughout the relationship, based on these women's accounts about which particular types of violence and abuse arose (if at all) and at what point in their relationship:



¹³ McLindon, E., Kyei-Nimakoh, M., Giles, F. C., FitzPatrick, K., Tarzia, L., & Hegarty, K. (2025). Timelines of psychological, physical and sexual intimate partner violence among a nationally representative sample of Australian women. *Women's Health*, 21.

The researchers found that:

The early warning signs of abuse are: isolation, controlling behaviors, and verbal abuse. These were followed by a constellation of monitoring acts, threats, and emotional abuse. Emotional abuse (gaslighting, being frozen out) and verbal abuse (insults, humiliation), were tactics that participants most frequently [experienced]... The perpetration of psychological entrapment generally occurred before couples got married or moved in together, perhaps during the accelerated commitment seeking phase... For the survivors with children, physical and sexual abuse often first emerged after they had made a commitment to their partner through marriage or cohabitation.

... on average, childbirth was followed by increasingly severe sexual violence. This is consistent with other studies that have found changes or escalations to women's experience of violence in the years after childbirth. For many survivors, concern about the impact of the abuse on their children occurred around the same time as they left their relationship and tried to get help, which was preceded by identifying that their child/ren were being used to manipulate them.

... [In summary] The first set of tactics were psychological, breaking connection with others, freedom, safety, reality, and sense of self. Nonphysical violence was perpetrated against nearly all survivor participants, reinforcing the concept that psychological tactics may be considered a foundational harm. Consistent with previous research, for about half of the survivor participants in this study, psychological coercion appeared to provide the enabling environment in which physical and/or sexual violence could be introduced and maintained. Research with survivors has highlighted the loss of agency, autonomy, self-trust, and self-belief that psychological tactics engender, leading to mental entrapment.

The second set of behaviors used against survivors encompassed attacks to their body. The onset of physical violence—hitting, pushing, grabbing, and shoving—may signal an escalation in coercive control and perpetrator dominance as the survivor is both literally constrained and mentally diminished through the bodily violence.

The final tactic to emerge was the attempt to control the survivor's spirit via sexual violence. Survivors of intimate partner sexual violence have described it in previous research as a deeply dehumanizing and uniquely harmful form of abuse that "kills something inside you" and causes "damage from the inside out". The macro sequence of abusive behaviors suggests that the stepped introduction of coercive violations beginning with separating the survivor from others and becoming increasingly intrusive and degrading to the point of sexual violence. (pp. 9-10)

Many perpetrators adopt a pattern of social and emotional violence behaviours, commencing before they progress to physical and sexual violence somewhat later in the relationship. Isolating and socially controlling behaviours are likely to occur sometimes or often without the perpetrator experiencing intense jealous ruminations at the time of the behaviour.

Trust and respectful relating

The use of violent and controlling behaviours in response to jealousy destroys the foundations of safety, trust and respect required for a meaningful relationship. Jealousy arises out of the adult's fear of losing trust. The more that the adult is afraid of being betrayed, the more they cling to control and suspicion, undermining the relationship and eroding the trust they are trying to protect.

This behaviour can result in the very outcomes that they try desperately to prevent: a self-fulfilling prophecy where the more that the adult mistrusts their partner and uses monitoring and controlling behaviours, the more that the relationship erodes.

Invite the adult user of violence to consider the positive intents and behaviours they might adopt to replace their violent and controlling ones. This can include a focus on trust and support. Consider the following from the Duluth curriculum:¹⁴

“Many of the men in our classes often say that they don’t trust anyone, or that they trust a few people, namely a friend and perhaps their father or mother. They also have difficulty trusting themselves... the challenge to become more trusting, trustworthy, and supportive when they haven’t been that way can seem overwhelming to the men in class. They aren’t sure it’s safe to be that way. Many of the men have had the opposite experience growing up. They’re afraid of being used and abused – the exact thing they are doing to their partners.

As they explore the theme of trust and support, they begin to recognise the risks involved in choosing not to be trusting and supportive as well as the risks of choosing to be trusting and supportive, and the consequences for both choices. What price are they willing to pay? What kind of relationship with a woman do they want? It’s their choice.

Another challenge to their willingness to be trusting, trustworthy, and supportive revolves around their thinking that if they are trusting, trustworthy, and supportive there should be a similar response from their partner – that it should be mutual. Here the dialogue can move in a couple of directions. One is about understanding that they don’t have control over anyone else’s choices. They only have control over themselves and their choices. A common question we ask is, “What kind of man do you want to be no matter how anyone else responds to you or treats you?”

The other aspect of this discussion is about their past abusive/untrustworthy behaviour and the effects. We often ask, “Why should your partner trust you? What are you willing to do to try to earn it back?”

Exploring what trust and support look like in daily living is a way to help the men begin to understand the depth and breadth of the choice to be trusting, trustworthy, and supportive. We begin to list the actions that are trusting and supportive: accepting her choices of friends and how she spends her time; listening to her as she shares her day; following through with his commitments; and coming home when he said he would.

We then move on to think about why he might do those things, the beliefs that support those choices, and the effects of those choices” (2011, p. 152).

It’s not likely that these issues can be explored quickly. For serious-risk adults who have experienced complex trauma in their family of origin, these explorations can be particularly challenging and might take considerable time. An intense fear of abandonment and an anxious attachment style can make this work difficult, but still very possible.

¹⁴ <https://www.theduluthmodel.org/product/creating-process-change-men-batter-facilitators-manual/>

Practitioners should also bear in mind that some adult users of violence might not desire genuine intimacy in their relationships. Some men might be in a relationship mainly for the material, financial and logistical benefits – someone who will take care of the ‘back of house’ aspects of their lives, ‘give them children’ and ‘give them sex’. Other men might want a certain degree of closeness with their partner, but not to the extent of others. These men might seek a degree of ease or harmony in their relationship, but perhaps view their partner as a ‘woman who they struggle to understand and need to learn how to manage’ rather than wanting to get to know her as a unique human being. Men’s desires for, and understanding of, genuine intimacy and connectedness can vary significantly on a case-by-case basis.

Addressing possessiveness

Entitlement-based beliefs can be a significant driver of social violence (including social violence associated with jealousy). It may be necessary to draw on behaviour change processes that focus on beliefs (see, for example, *Exploring beliefs via actions and intents* later in this guide).

Activity: Exploring possessiveness, including through a cultural lens

- Ask the person using violence what they love about their partner.
- Unpack their answers. Through further questioning and careful listening, sensitively identify the presence of any righteous ownership, entitlement and privilege (while not necessarily using these words with your client).
- Ultimately, the person’s possessive forms of love for their partner might create a desire to protect and control her.

The following is an example of how to unpack their answers:

When asking someone who’s *not* possessive about their partner what they love about them, responses will often focus on their partner’s qualities. This might be “*She’s so generous... smart... self-sacrificing... creative... funny...*”. The person will be able to respond quickly and easily. But when you ask this of someone who’s *possessive*, they’ll often need to think for a while about their answers. Then they’ll provide a list that’s more about their *own needs, expectations and demands*. For example, they might respond:

Client: “*She shares my values with money*” (he might be attempting to control her finances to limit her spending while he spends widely on alcohol, gambling, etc.)

Client: “*She respects traditional values*” (that ‘the man is boss’)

Client: “*She’s a good Christian/Muslim/Catholic*” (implying that the man is the head of the house)

Client: “*She’s a great homemaker*” (she’s expected to – and does – take full or most responsibility for domestic work)

Client: “*She’s devoted to me; I’m her life*” (he’s potentially using a range of tactics to isolate her from others).

This line of questioning can elicit useful content for reflection and discussion. It’s particularly helpful with a very controlling/jealous person who professes their love while being very critical or negative about their partner. You can then invite the individual to reflect on their responses, with an element of directness if appropriate and safe:

Practitioner: *"Some people will say that they love how smart and funny and generous their partner is, etc., which are all statements about her. I'm curious what you love about your partner as you've been quite critical of her during our discussions. Your reasons for loving her don't seem to be about who she is as a person, but more about what she provides you and does for you".*

A desire to control their partner is a common motive among adult users of violence, including those with power over the victim-survivor in ways additional to gender (for example, when the person using violence is white and the victim survivor is a person of colour, or the person using violence is middle-aged and the victim-survivor in their twenties). The motive to control can also be strong in those feeling they have little control in many *other* aspects of their life.

Take what you have learned from the adult user of violence further:

- Explore the costs (to the person using violence, to their partner, and to their relationship) of approaching her as a possession that needs to be controlled.
- Discuss how the person using violence came to believe that loving a partner means possessing them.
 - This can lead to a focus on unhelpful masculinities, and/or on influential men from whom this approach to loving a partner was modelled.
 - If you have established enough trust in your working relationship, you could support the adult to take a life history approach towards exploring how, and from whom, they learnt about romantic relationships. This can include what they learnt from their father/parents, from how they interpreted particular experiences in their early relationships, from their peers, etc.
 - Sensitively and respectfully explore any influences from their cultural community, if applicable. **If the adult defends possessiveness as a 'normal' part of their culture**, you could take the following approach:
 - Enquire about the *genuinely positive aspects* of how women are viewed in their culture, the roles that women play in their communities. Practitioner: *"Could you help me understand how women are respected and valued in your community – what does this look like in practice? How are women cherished?"*
 - Ask how their community is grappling with an issue facing *all* communities – how to progress women's choices and opportunities when historically women have been disadvantaged.
 - If it is clear that the client adopts manosphere views that 'gender equality has gone too far and now men are the ones disadvantaged', or if he is very strong in claiming that 'in my culture, men have the right to... women know that their roles should be to ...', respectfully and non-shamingly contrast the absoluteness of these views with what he has said about how women are valued in his culture. Practitioner: *"On the one hand, you are telling me that women have a central and vital role in your families and community, yet on the other, that women should have less freedom than men. Could you help me make sense of this?"*
 - Invite him to consider what other views exist in his community about this. You might frame it as a given that a diversity of views exist about these issues *in every community*. Or you could invite him to consider how others in his community are trying to navigate both what they inherit from their parents and grandparents about family relationships, and Australian norms and expectations.

- Try not to frame the issue as gender equality, unless the client seems comfortable with this. Some men from some cultures can become quite defensive and animated in pushing back against the goal of gender equality. You might need to work very hard to not be seen as trying to ‘impose Western values’ onto his culture. The client and his family might be from a community that experiences structural, systemic and everyday racism; male users of DFSV from these communities can rigidly defend their (patriarchal) interpretations of their culture as cultural ‘truths’ that are under attack from the dominant white culture.
- It might be best to keep the focus on possessiveness, possessive love and related issues. Invite him to talk about what it looks like in his community when men stand with their partner, rather than stand over them.
- Take time to understand the client’s view about what is important about his culture and community – collectively held values, and what his community strives for. Find values and strivings that appear to exist, at least in part, outside or beyond the realm of patriarchal interpretation. Invite the client to see how possessiveness and possessive love can contradict those values and strivings. Practitioner: *“I can see that family means everything in your community, in ways that are perhaps richer or different to how families operate in my culture. Families living in harmony. I wonder whether your possessiveness towards your partner is taking your family away from trying to find harmony, as you all grapple with being [name of their culture] in Australian society.”*
- Discussions can then be steered to cover:
 - the costs of equating love with possession
 - what loving a partner might look like if the love wasn’t so possessive – using a strengths-based approach incorporating the individual’s own ideas.
- Find the client’s own language for what the opposite to possessiveness might be, or when possessiveness isn’t so strong. Ask them to brainstorm what being less possessive might enable, or enable more of in their relationship with their partner.
- Summarise the explorations as a continuum. Practitioner: *“You are saying that by being possessive, you are less able to truly connect with your partner. What things can you do to move away from being possessive of your partner, and towards connecting with him?”*
- You might represent this visually as a line with two ends. Under the possessive end, invite him to outline the harmful behaviours (that he is willing to disclose) that occur when he is being possessive. At the other end of the line, what different behaviours he would use if he was being, for example, connecting.
- This visual continuum can serve as the basis for future explorations and deeper elaborations of the difference between (for example) connecting with his partner and possessing them. This can include a focus on the thinking and underlying beliefs inherent at each end.
- Ensure that you also scaffold motivational explorations as to how moving towards the non-possessive end is in tune with the client’s values, aspirations and strivings.
- Based on the above or other exploratory processes, discuss what steps can be taken to demonstrate a love that doesn’t equal possession. This would include:
 - both actions and commitments
 - things they need to *stop* doing to give this type of love a real chance to surface.

Possessiveness without jealousy

The exertion of power and control is a constant feature in men's, and in many other adult's, use of DFSV against intimate partners and family members. However, not all perpetrators of violence use power and control for entirely the same mix of reasons. Their *motives* differ, to an extent, and this can have implications for how to respond, including to adults who pose a serious risk.

There have been various attempts to categorise different 'types' of DFSV perpetrators. While these explorations are important, until a robust and widely used categorisation evolves (if one is possible), it is perhaps most useful to consider each user of violence as having their own combination of motives, with each motive held to varying degrees.

Obtaining entitlement-based benefits is a central motive for the exertion of power and control amongst most users of violence. Men are provided with gender-based privilege by our patriarchal society, and in this context are expected to coerce emotional, domestic labour, material and sexual benefits from women in intimate relationships. As Ellen Pence from the Duluth approach emphasised, male DFSV perpetrators do not necessarily *feel* entitled; rather they *are* entitled, and have a way of making sense of the world and their position in it shaped by patriarchy.

Motives around entitlement can differ amongst users of violence, however. Men benefit from male privilege without needing to consciously be on a mission to maximise their gender-based power. They use power and control to obtain entitlement-based benefits because that is expected of them in being a (traditional) man. They don't need to think "I'm superior to women", "it's her duty to be provide me with...", "women owe men...", "it's my role to be the head of the family who makes the important decisions..." and so on to benefit from male entitlement.

Perpetrators of DFSV differ in the extent to which they use power and control against their intimate partner to:

- entrap the victim-survivor to purposefully maintain and extend the gender-based benefits and rights they believe they are entitled to – as distinct from 'merely' benefitting from everyday male privilege – without having a real interest in forming a relationship with their partner based on genuine connection;
- express misogynistic hatred, and participate in a sense of collective grievance that some communities of men have against women;
- maintain a positive, narcissistic image of themselves, and ensure that they have a relationship and standing that 'ticks the boxes' of what they need to feel admired;
- express sadist cruelty;
- psychologically 'survive' in the context of substantial emotional dependency on their ex/partner; and/or to
- maintain an 'attack first' mentality associated with patterns of generalised violence behaviours.

These motives overlap. Any given user of DFSV might have a combination of two, three or more of the above motives, each to varying extents. The fifth of these motives has been explored to some extent in an [earlier section](#).

While it is beyond this resource to explore the practice implications of engaging serious-risk perpetrators based on their profile of motives, understanding the source of their decision-making to exert power and control can assist greatly in developing risk management plans and strategies.

An adult user of DFSV who entraps the victim-survivor to purposefully maintain and extend the gender-based benefits and rights they believe they are entitled to might be highly possessive of their partner, even without experiencing intense jealousy. Perpetrators who put more effort into exploiting victim-survivors – as distinct from ‘merely’ benefitting from male privilege and the gender-based benefits they can take from survivors in the patriarchal sea that we swim in – can tender to pose a higher risk, and cause greater harm. They are perhaps likely to be less interested in genuinely connecting with their intimate partners, less interested in true intimacy and building trust, and more interested in ‘consuming’ the benefits they can manipulate and coerce from their partner.

Appeals to these men to change their behaviour due to the harmful impacts of their coercive controlling violence on trust, love and connectivity in their relationship might have limited impact, if these men are not interested in, or know little about, true love. They feel deeply invested in continuing to *demand things from* their partner (that they feel entitled to), rather than work towards the intimacy of connecting with them.

In this sense, social and psychological entrapment is on a continuum towards enslavement, and in some instances, has some features of the latter. These DFSV perpetrators believe they have the right to engage in enslavement-type behaviours to extract benefits from their partner and from the relationship, even though most would not consider their partner to be their slaves. They are possessive of their partner in the sense that they believe they have a right to treat them as their possession.

These perpetrators can feel justified in going to particular lengths to punish their partner when she attempts to push against the boundaries of her entrapment, or resists the demands he makes of her. Punishment can, at times, be degrading and severe. Some might be prepared to engage in severe violence to make sure that ‘she doesn’t win’ against him, as for her to ‘win’ in his eyes can result in him experiencing what he considers to be ‘unbearable’ humiliation.

DFSV perpetrators with a high degree of narcissism can also be possessive of their intimate partner. These adult users of violence require certain things to be in place in their life to maintain the image of being successful, and to attract admiration. Some have a range of privilege levers (e.g., reputation and standing in their community or profession) that they use to draw admiration from others, and to make it seem like they would be the ‘last person in the world’ who would use violence and abuse. Some are quite predatory, seeking partners or women/people to have sex with who they believe can be easily manipulated due to the perpetrator’s ‘up on the pedestal’ power.

These users of DFSV can become dangerous when the positive image they project – that is reinforced by others in their community, professional or societal networks – becomes threatened. This might be through the victim-survivor separating from him, disclosing about his violence to authorities leading to police and justice system involvement in his life, and/or calling him out as a perpetrator in a community or public setting. Not only might these perpetrators become incensed at the potential loss of status and benefits that comes with their standing, reputation and access to various forms of privilege and resources being at risk.

They might also experience a deep sense of humiliation, and use severe violence as an act of humiliated fury.¹⁵

DFSV users of violence with elevated narcissism go to great lengths to avoid self-reflection. Like most perpetrators, they will use denial, minimisation and blaming others to smokescreen responsibility for their behaviour, and adopt a strong “I’m the real victim here” stance. However, they have additional resources and privilege levers to avoid accountability through embedding their positive self-image in their community, natural and professional networks.

By establishing themselves as someone who ‘should be admired at’, and in some cases by engaging in genuinely prosocial activities that provide them with significant standing and praise, these perpetrators recruit a number of people who are prepared to defend them, and who either inadvertently or explicitly engage in actions that enable them to continue the abuse undetected. Some narcissistic users of DFSV might have high profile connections and admirers in their community or social settings.

Adults with high levels of narcissism see themselves as exceptional. They are attuned to others mostly in relation to self-relevance: they are very externally focused, developing internal goals based on what they think they need to do to achieve admiration and validation. They have a deeply traumatised ‘ego’, often due to intense childhood trauma experiences, and often only feel worthy if they are admired and affirmed as ‘unique’ and ‘exceptional’.

Narcissistic adults ‘mine’ their intimate partner and others for love, support, respect and ‘kitten strokes’. They seek to extract adoration and support from their partner and others, to maintain the flow of these ‘narcissistic supplies’. They can be highly possessive of their intimate partner, treating them as an object they are entitled to manipulate and control in order to maintain the flow of these supplies.

Individuals with high levels of narcissism are very susceptible to ‘ego bruises’ and to feeling wronged. They can be easily overwhelmed by shame, and seek a constant flow of narcissistic supplies to avoid shame. Feeling isolated, abandoned or criticised in the slightest can lead to ‘narcissistic rage’ and the use of violence against the person who they think have lessened them, such as their intimate partner.

Many adults with highly elevated narcissistic traits have an underlying acknowledgement of dependence on others for admiration, and an acknowledgement that this ultimately leaves them in a weak and fearful position. They have an underlying fear of being exposed that can be triggered by intense feelings of envy. This can result in a shift from expressing admiration to someone (you’re almost as exceptional as me; idolising and joining with you highlights my own exceptionality) to intense criticism (you’re a phony, you’re way beneath me) as a way of restoring feelings of superiority and worthiness. These adults can engage in intense patterns of gaslighting, blame-shifting and emotional manipulation.

Behaviour change work with highly narcissistic DFSV perpetrators can be very slow. The practice suggestions and activities outlined in this resource, and other standard behaviour change strategies, might have limited to moderate impact. There are learnings from psychotherapists who specialise in working with these adults that you can draw from. When you suspect that a user of DFSV might have elevated narcissism traits, obtaining a mental health assessment can be crucial. You might also need specialist supervision.

¹⁵ See <https://www.youtube.com/watch?v=sTdmNjnyaF0> for thoughts on humiliated fury by Jess Hill.

Use of video resources and vignettes

If you have access to them, consider the use of video-based resources developed by DFSV behaviour change specialists that focus on men's violent and controlling choices when experiencing jealousy.

Scene 7 of *It's Just a Choice*, for example, focuses specifically on social violence in the context of jealousy.¹⁶ There are a number of ways in which you might be able to engage an adult user of violence with possessive jealousy with this resource:

- Ask your client to identify the behaviours the man used against his partner that reflect possessiveness. Explore the range of behaviours – emotional, social and physical violence.
- Ask what the impact of these behaviours might be on her and on their relationship, particularly if they were to reflect a pattern of behaviours over time.
- Check in whether the man's thoughts shown in the video might be indicative of some of your client's jealous thoughts. Explore what other jealous thoughts your client might have in situations such as these. Sometimes the use of a video vignette can open up a client's awareness of their thoughts, especially if they find identifying their thinking difficult.
- Work with your client towards identifying the *cognitive distortions* apparent in the man's jealous thoughts in the video, and why these distortions are unhelpful.
- Explore why the man's partner might not be returning his texts. If your client says "because she's having an affair!" ask what other possibilities might exist. Focus your client's attention on how the man's partner might be experiencing his repeated texting, and why it makes sense that she chooses not to reply. **These explorations can be particularly important as adult users of DFSV with possessive jealousy will often misinterpret their partner's resistance to his social control tactics as 'proof' that she is being unfaithful or has something to hide. It can be crucial to help the adult user of violence to make less hostile and suspicious meaning out of their partner's resistance to their violence.**
- Invite your client to consider what beliefs the man in the video might have that gives rise to the jealous thoughts shown. *Practitioner: "What beliefs might the man hold – beliefs about himself as a man, beliefs about women or his partner specifically, or beliefs about relationships – that could lead him to be having the jealous thoughts shown?"*
 - Doing so can be a way of opening up an exploration of underlying beliefs.
 - Ask your client what he thinks of the beliefs he identified.
 - Adopt a curious approach rather than moralise at him which beliefs are right or wrong.
 - Invite him to consider where he might have obtained these beliefs from. Depending on the client and your relationship with him, you might explore what he learnt from his father or other men while growing up, peer group expectations about men and women in relationships, from traditional and social media influences, etc.
 - Invite him to consider the costs of adopting these beliefs, or at least adopting them so strongly – costs to himself, his relationships, to what matters in his life. Support him to do the work involved in identifying these costs.

¹⁶ See <https://vimeo.com/showcase/4484717> for the full series of video resources, each focusing on different aspects of violent and controlling behaviours. This resource was developed through a collaboration between Relationships Australia and Films4Change.

- Help him to grapple with the beliefs. Men who use DFSV often hold their beliefs as absolute ‘truths’. They might not consider them to be beliefs at all, but rather, as truths (‘that’s just the way it is!’). Scaffolding explorations where the adult starts to entertain other possible beliefs, and starts to allow some doubt into the ‘truths’ that he has held, is an important step.
 - Invite your client to consider what beliefs the man might hold in the rewind version, when he attempts to interrupt his build-up towards violent and controlling behaviour, and respond more respectfully. Ask what beliefs these safer behaviours might be indicative of.
 - Again, help your client to grapple with beliefs consistent with more respectful behaviours. It is not a simple case of adult users of DFSV replacing harmful beliefs with more helpful ones in a single discussion. Your client might be uncomfortable with, or have significant doubts about, these new beliefs – attempting to paint over discomfort and doubt might only result in your client sticking with the beliefs he is familiar with. Invite your client to consider how these new beliefs might benefit him and his relationships.
- Before the point of the video where the scene rewinds, ask your client for his views on strategies the man could use to interrupt the pathway towards escalating violence.
 - Take your time in doing this. Identify multiple points and opportunities for the man to make different choices, from the early point of build-up, to stewing and ruminating on his jealous thoughts, to his use of checking-up behaviours, to when he was justifying the potential use of physical violence. You could easily spend a half-hour engaging your client in identifying and elaborating on the client’s strategies at each of these points, if you take the discussion slowly and thoroughly.
 - Then show the final part where the scene rewinds and the man uses cognitive strategies and social supports to interrupt his pathway towards violent and controlling behaviour. Invite your client to reflect upon the strategies used – what strategies would they use in similar situations, what would they do differently, and why.
 - Expand the early focus of build-up on in-the-moment grounding. In the rewind version, the video portrays, perhaps somewhat unrealistically, the man engaging in rapid cognitive challenging strategies without a clear prior step of grounding himself once he identifies that he is in danger of using violence. Engage your client in the physiological and sensory strategies he might use in the heat of the moment to remind himself that he has a choice in how he responds to his felt jealousy.
 - If you have sufficient time, and your client is ready for this, zero in on the point in the rewind version where the man shares his emotional vulnerability. Brainstorm with your client ways of doing this so that he does not communicate to his partner that she is responsible for his experience of feeling threatened. **Be cautious however if your client has a pattern of using sophisticated emotional abuse to control his current or former partners** – in these situations, this process might result in your client understanding new ways to emotionally manipulate his current or future partner.

The use of video vignettes such as this allows your client to explore the behaviours, impacts and beliefs of a hypothetical man. This can be an initial step towards them exploring *their* own behaviours, impacts on their ex/partner and the relationship, and their underlying beliefs.

Exploring beliefs via actions and intents

Assisting men to identify and challenge entitlement-based, gendered and sexist beliefs that underpin their use of violent and controlling behaviour is a crucial aspect of behaviour change; however, it is also one of the most difficult processes to take men on a journey through. Merely listing commonly held beliefs and ‘moralising’ that men should change them will generally produce little if any change – and most likely, will create resistance.

Demonstrations of resistance is often thought of as reflecting the men not being willing to take responsibility for their behaviour. This of course might be, and often is, true. However, it can also/additionally reflect practitioner approaches that ‘attack’ the men’s beliefs head-on, or that are seen by the men as coming from a ‘high moral ground’. Resistance can come from men adopting an (understandable) approach of ‘what right do you have to judge what I should and shouldn’t believe – you know nothing about my life, my circumstances, or how I see the world.’

Change in underlying beliefs can occur through practitioners taking men through a scaffolded, enquiry-based dialogical process using specific examples or incidents of violent and controlling behaviour as a starting point.

The Duluth model has developed and refined an approach towards assisting men to identify and reflect on beliefs over almost 40 years of practice, and has outlined the following steps to do so.¹⁷ Responses can be whiteboarded or recorded on a large notepad to help connect ideas and draw visual links.

1. Invite a man to describe an example or incident of his use of violence: specifically, the situation that occurred, and the specific actions that were violent or controlling (e.g., “grabbed her by the hair”, “slammed the door”, “called her derogatory names”, “took the car keys away from her”, “locked her mobile phone away”, “shouted at her friend in an intimidatory way”).

Focus on the man describing these actions without the man’s usual editorial comment to minimise or justify his use of violence or to blame his partner – ask him to state the actions clearly but succinctly. Record these actions on the whiteboard or notepad using the man’s own descriptions.

2. Ask him *What did you want to happen in this situation?* This is a crucial part of the sequence to explore the man’s intent in engaging in these behaviours in these situations, to challenge the notion that men take these actions because they are ‘out of control’. Exploring intents can occur through the practitioner asking the man about the intents of specific behaviours, or by asking him what he wanted to achieve overall in that situation through the combination of actions he took.

Exploring intents can be tricky, as often the men will present their behaviour as honourable or at least understandable (“I was only trying to...”, “I was wanting to protect her...”, “I didn’t want another man to get the wrong idea and start hitting on to her, she’s really gullible”).

¹⁷ This sub-section is adapted from the 2011 Duluth manual *Creating a process of change for men who batter* by Ellen Pence and colleagues.

To explore this, it can be helpful to focus on the man's specific actions. The Duluth manual provides the following example:¹⁸

Practitioner: John, can you describe to me what your tone was at that time.

John: Well, I guess it was kind of gruff.

Practitioner: Your tone was gruff, OK. Looking at these words on the butchers' paper, what did you say to her or call her?

John: Well, I guess I pretty much called her a slut.

Practitioner: OK, can we act this out to get a better idea of it? Can I ask you to show me at that time, if I was Sally, where you were positioned in relation to me.

John: OK [standing up]. I'm standing, and she was sitting.

Practitioner: [stays sitting]. OK, Sally was sitting, remember, we use partner's first names here, I know it's a new habit to get into. Could you move to where you were in relation to Sally, and show us how you positioned your body.

John: [stands over the practitioner]

The Practitioner then asks John on a scale of 0 to 10, when he called Sally the derogatory names, how loud he was... John reports an 8]

Practitioner: So let me get this right John. Sally was sitting down, and you were standing over her. You called her... with a voice that was an 8 out of 10, and when you called her these names, you were about half a metre away from her face. Sally tried to turn away as you were speaking. How do you think Sally might have been feeling?

John: I guess, yeah, scared.

Practitioner: What were you trying to achieve with these actions?

John: I didn't want her to... [hesitates] I didn't want her to go out with that friend of hers that's bad news.

Practitioner: So your aim was to stop Sally from going out with a friend of hers. Would it be fair to say that your goal was to prevent Sally from leaving the house at that moment, by intimidating her and making her too afraid to leave?

Note: The above dialogue has been truncated to demonstrate the process of exploring beliefs and intent. In practice, John may well minimise or outright lie, for example by saying "just used my normal voice like I am talking to you now" "yeah, like 5 out of 10, if that", "I worked security and I know intimidation and I was not intimidating her at all" etc.

In practice, the practitioner is likely to need to work harder than the above dialogue indicates to get to the point where John is willing to disclose with some degree of honesty about his shouting behaviour.

It is important that these explorations are made in a non-moralising way through a spirit of enquiry, using role play (bringing the past into the present) and the other men's observations and reflections to guide the process.

¹⁸ This hypothetical dialogue has been significantly modified and re-written for use in this resource. While it focuses on a group-work situation, this approach can be modified for individual work with adult users of violence.

3. After exploring actions and intent, the practitioner explores what beliefs the man has that gives rise to his actions and intents. The Duluth manual states:

Discussing beliefs examines the many societal and personal experiences that have shaped men's values and beliefs about men and women and intimate relationships. It helps men name and understand the source of the many beliefs which support and justify abusive behaviour, including the core beliefs about entitlement they possess. (p. 62)

For men who batter, beliefs are more than a collection of ideas and opinions. They are truisms. The truth is equated with rightness, rightness with something to defend or to preserve. Challenging a long-held belief as being neither the truth nor right by a culturally constructed justification to exploit others will cause varying degrees of defensiveness. (p. 65)

At the core of the [change process] is the attempt to structure a process by which each man can examine his actions in light of his concept of himself as a man. That examination demands a reflective process that distinguishes between what is in his nature and what is socially constructed. The things that are socially constructed can be changed. Each belief he holds can be traced back to his experiences in his family of origin, his neighbourhood, his peers, his school, his military service, his fraternities or other male groups, and his exposure to the media and its countless images of what it means to be a man. These experiences shape his response to a basic question we ask men who batter, 'Why do you want a woman in your life?' (p. 66)

Scaffolding dialogue where the man can identify his beliefs underlying his intents to use violence can be a delicate process. In the above example, John might have beliefs such as that:

*A man has the right to choose his partner's friends and who she hangs out with
Marriage gives me the right to intervene if I think she's making bad choices and
hanging out with the wrong people*

To help John identify his underlying beliefs that give rise to his intents to use violence, the practitioner might ask:

Practitioner: John, you're saying that you took these actions because you wanted to prevent Sally from leaving the house to spend time with her friend. You are saying that you are worried that this friend is a bad influence. Is that right?

John: Yes, I don't want her spending time with that loser, she's bad news.

Practitioner: Would it be fair to say John that your goal was to stop Sally from seeing this friend under any circumstance, not just on that occasion?

John: Yes, she's bad news, I don't want Sally to hang around with people like that, I'm sure that so-called 'friend' is using drugs...

Practitioner: I can see you are concerned, that in your view, you think that Sally shouldn't hang out with this friend. It sounds as though, based on the actions you took, that you were doing more than expressing your views to Sally, more than sharing your thoughts respectfully. If we go back to the Rules, Expectations and Hopes activity we did two sessions ago [the facilitator draws the continuum line on the whiteboard], at that moment, where do you think you would have placed your want for Sally to not see her friend?

John: Yeah, it would have come across as a rule... well yeah, it was probably a bit of a rule.

Practitioner: [being careful not to be moralising in their voice, but to use a matter-of-fact tone, while also letting John's ambivalent comment 'go to the keeper'] So John, you were setting a rule for Sally not to see this friend, and your intent then was to ensure that Sally understood this rule and abided by it.

John: Yes, I was really worried...

Practitioner: I hear that. What I'm saying here is that you approached this as a rule that, in your view, Sally needed to abide by. To set this rule about Sally not seeing her friend, what beliefs or ideas might you need to hold about Sally, or about what men or husbands have the right to do?

[John hesitates... the practitioner restates the question, but focuses more on the second part of the question rather than the first – what beliefs or ideas men/husbands might hold rather than focusing initially on John's beliefs – as the practitioner can sense John becoming defensive and decides to keep it in the third person for now].

4. Take one belief or set of related beliefs at a time, the man is invited to critically reflect on the belief through addressing the following themes:
 - An outwards-focusing enquiry into the societal/cultural pressures on men to adopt the belief. *Practitioner: Where do you think men obtain the idea that they have the right to set rules for who their partner should and shouldn't see, and under what circumstances? What does this belief say about what men are supposed to do to be a 'real man'? Is it possible for men not to hold this belief? Where do men pick up this idea that... women need to be 'kept in check'... women are just whores who can easily be won over by other men...?*¹⁹
 - Impacts of adopting the belief. *Practitioner: John, what effect does setting this rule, and using violence to ensure that Sally abides by it, have on your relationship with Sally? ...How might this leave Sally feeling? ...What messages is Sally hearing when you hold this belief?*
 - Relating the belief to values and the men's strivings. *Practitioner: John, how does this belief sit with what you have been saying throughout this program about the man and partner you want to be, and what you want for your relationship? I remember three weeks ago you were saying that... These words on the butchers' paper over here, these are your words, that you want a relationship involving trust. What impact does holding this belief have on building trust in the relationship?*

This is a crucial part of the explorations of beliefs. Again, it is important not to moralise at men to let go of these beliefs. Given how strongly these beliefs can be held by the men – as truisms, not just vague ideas – it can take considerable critical reflection for men to decide to loosen them and replace them with alternative beliefs.

Some men might dismiss attempts to too directly challenge their beliefs as 'proof' that 'men cannot be men anymore' and that "it's the feminists who need to be reigned in, not me!"

¹⁹ Regarding these last beliefs, some men might want to focus on their experiences or suspicions of women being unfaithful in previous or current relationships, which practitioners will need to redirect them away from and towards a focus on male peer cultures, portrayals of women and relationships in mainstream media, etc.

Using skilled questioning, practitioners can scaffold these critical reflective processes where the man engage on their own journey regarding their strongly held beliefs. Practitioners are responsible for scaffolding the process of the enquiry, but not to tell men what they should and shouldn't believe.

Identifying beliefs using men's self-talk as the starting point

Another way to assist adult users of DFSV to identify beliefs is to work backwards from their elicitation of their unhelpful thoughts / self-talk.

For example, in the hypothetical situation outlined above, through a scaffolded exploration the client might identify thoughts that he had at the time such as "I'm not letting you see that loser of a friend...", "I told you before she's bad news, why are you trying to go behind my back...", "For fu..s sake, you never listen to me!"

To use these unhelpful thoughts as entry points to identify the underlying beliefs that give rise to the thoughts, the practitioner can ask:

What does having that thought indicate about beliefs you might have... about Sally... about women... about your role as the male partner... about your expectations of Sally... about your expectations of women... etc.

As per above, once beliefs are identified, the practitioner can scaffold the same processes of critical enquiry to help the man consider where they (and men in general) might have adopted these beliefs from; what this says about the pressures men face to be 'a real man'; the impacts of holding these beliefs (on those who experience their violence, on their relationships, on themselves); and what adopting these beliefs mean in terms of their articulated strivings to be the best partner/co-parent/father/man they can be.

Processes such as the above might sometimes need to be done in short bursts. In group-work contexts, when a user of violence feels stuck at a particular point in the activity, or feels overwhelmed by the exploration, facilitators can turn to other group members for ideas and to take some of the 'heat' off the person. This isn't available in individual work – persisting too long with something that person is stuck with, in this context, can result in increasing frustration and the person feeling shame.

It is also important to note that some adult users of violence will find it difficult to identify their self-talk that occurred during specific situations. They might find it difficult to respond to the question "What were you thinking when...?" and might respond better to questions about their beliefs and explanations of events rather than asking what they thought during the events. For example, it might be more productive to ask "At the time, why do you think your partner..." or "What did that mean to you when that happened?". This often will provide you with enough to enable you to discern the person's beliefs and assumptions that underpin their narratives and interpretations of events.

Overcommitting to and over-stretching beliefs

Serious risk users of DFSV can be highly committed to the beliefs they hold that underpin their choices to use violent and controlling behaviour, including in relation to possessive jealousy. The beliefs may have become too reinforced by too many factors over a too long period to shift through the standard length of a behaviour change program. The goal of shifting these beliefs might be too ambitious for some of these men in this context. These men might feel that they, or their beliefs, are being 'attacked', even if you adopt an invitational approach.

In these situations, practitioners can adopt a different approach than scaffolding explorations of whether to continue to hold the belief; rather, to introduce the concept of *over-committing to the belief*. That is, to explore with the man how holding on to the belief so tightly can result in negative impacts for himself and for others. This can be an alternative to attempting to facilitate a process where the man grapples with whether he should hold the belief.

In some situations, this approach would be unacceptably collusive, particularly in those where even a ‘toned down’ version of the belief would be highly problematic. For example, the approach would not be appropriate with respect to a belief such as “women can’t be trusted.” It might be more appropriate when exploring ideas of masculinity – how the man is overcommitting to particular ideas of what it means to be a man, rather than encouraging the man to grapple with the very nature of masculinity for him.

You can alternatively explain this as stretching a belief too far – ‘over-stretching’ the belief. For example, a belief that “a real man is in control” can be over-stretched to “a real man must be in control all the time”. The absoluteness of this belief leaves no room for doubt and uncertainty, which as outlined previously, perpetrators with possessive jealousy need to learn to become comfortable with. Or this belief might be over-stretched to “a real man never has a ‘failed’ relationship”.

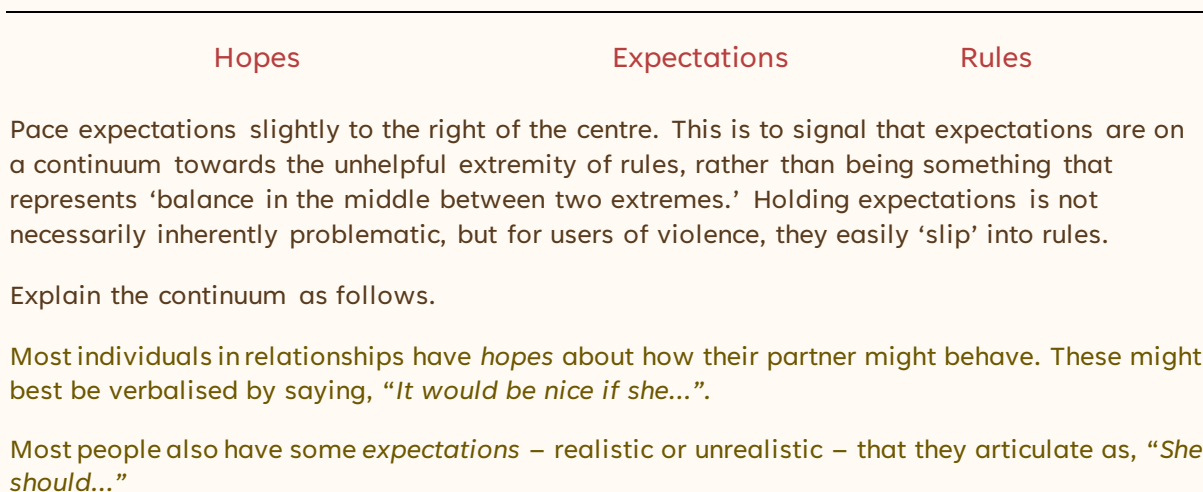
This approach can also be used when focusing on beliefs and intentions that appear, on the surface, to be honourable. For example, a man might defend the need for himself to ‘protect’ his partner. Engaging him in exploration about the impacts of over-committing to the belief that women need protecting might be more palatable to him than attempting to loosen the belief that as a man he should be protective of women.

Activity: Rules, Expectations and Hopes

This activity – related to the concept of over-committing or over-stretching – can highlight how men’s expectations influence their behaviour and impact their partner / former partner and children – in particular, when these expectations are in the form of rules or demands. This activity also continues the exploration of unhelpful beliefs, as often rules and demands are based on underlying, entitlement-based or otherwise gendered beliefs.

Highlight that people go into relationships with their own range of life experiences and hopes for the relationship.

Draw the following on a whiteboard or notepad:



Ask the user of violence:

Why might having expectations about how someone should behave, without discussion and agreement, be problematic?

Why might it be problematic to assume that someone is on-board with an expectation that you have of them, without checking it out with them?

Moving further along this continuum, are *rules* (unspoken and not negotiated). Rules are often made by a person who relatively has the most power, imposed on others without discussion or negotiation. Rules can come with an implied and assumed right by those who sets the rules to enforce them if they are broken, and sometimes to punish the person breaking them. Rules are articulated, “*She must...*”.

Ask the user of violence:

What impact might it have on a family to impose a rule?

Why might it be dangerous when a man who uses violence and abuse sets a rule, and assumes he has the right to enforce it?

This might require some nuanced discussion. Some men might respond “but we all have rules that we need to follow, if there weren’t rules, there would be anarchy!” or “But she sets rules, for example she doesn’t let me go near the kitchen...” One approach to this is to invite some discussion or ‘rule mapping’ that helps the man to see that generally the rules women set for men who use violence do not have much impact on him and affect only a small part of his life, whereas the rules he sets for her impact a much greater sphere of her life.

Invite the man to consider some of the expectations he has had of his (ex)partner. Start with a general discussion of the kinds of areas where people might have realistic expectations and invite him to consider the extent these were negotiated or assumed.

Extend the discussion towards unrealistic, un-negotiated expectations and rules that the men have of their (ex)partner. If you are conducting this activity in a group setting, work towards identifying one example for each man. Depending on the context – for example if you are looking to build towards a focus on intimate partner sexual violence – it might be important for the discussion to include some mention of expectations related to sexual intimacy, as per the list of self-talk statements below.

Ask each the man to put this ‘rule’ or unrealistic expectation into the form of a self-talk statement, for example:

“She must not invite male friends to the house when I’m not there.”

“The least she should do is have a meal ready for me when I get in from work.”

“As my wife she should give me sex at least some of the time.”

Invite the man to consider how far their expectation or rule has stretched, for example, from what was initially a hope into something that’s now a rule, or from something that focused on something fairly specific to now cover a wider range of situations. You could write the statement as a hope on the left end of the continuum, and visually portray how it has become stretched into an expectation or a rule towards the right, rewriting the statement as a rule.

The concept of ‘stretching’ can be used to invite men to consider how a hope has become stretched into becoming an expectation or rule. The concept can also be used to consider how an expectation or rule that might have once been very specific has stretched into something

more global over time – e.g. from “I don’t want you to invite her [a friend I don’t like] into our house” to “I need to know who you are seeing when you go out with friends ...”

Stretching should not be explained as a passive process, as it’s the men themselves who make decisions to tighten and broaden their rules, but this concept of stretching can be useful to introduce to men the idea of how the impact of a rule or demand can increase over time, and can increasingly have a more global impact on the family’s life.

Ask participants what kinds of behaviour they have used to enforce their expectation/rule?

Invite men to consider, how much space is left for women here, to make their own choices?

If running this activity in a group-work session, break the whole group into pairs or small groups, and provide a Rules Expectations Hopes worksheet. Invite each man to record their rule or expectation in the upper section of the sheet.

Ask each group to discuss, and then each man to individually reframe, his rule or unrealistic expectation in any way that is realistic and that would result in behaviour more consistent with the kind of man he wants to be (that is, with his values and aspirations for being his best self, that hopefully you have explored with him in an earlier session). Invite him to record this on the lower left of the handout, below the ‘hopes’ end of the continuum. Examples based on the previous rules/expectations include:

“I want her to be with me because she chooses to. I hope she will not be unfaithful, but it’s not the end of the world if that happens.”

“I hope she will let me know if she’s planning on coming home much later than she initially said, but she doesn’t need to.”

“It’s great when there’s a meal ready, but I know she’s got her hands full and it’s not always possible.”

“I want her to have sex with me but there will be many times when she will not want to. I need to respect that.”

It is likely that your client will need to be guided in recasting rules and expectations into hopes. He is likely to consider his rules as given, and might find the language of holding hopes awkward or uncomfortable. You might need to provide him with examples. Try to keep the language in the hope statements as simple as you can.

Invite him to consider:

What adjustments might you need to make to shift that rule more towards something that is a hope?

How might you need to think differently about the issue?

What might be the benefits of changing this to be more of a hope rather than a rule?

What might you need to give up?

How might changing this help you to be the man / partner / father you want to be?

For example, for a man to change the rule “My partner must not spend money above \$50 without my approval” to “Sometimes we will disagree on purchases because we have different values about money – this does not mean that I am right and Sally is wrong. I hope that if Sally can start to feel safer in discussing financial matters with me, we will be able to talk more about this at a future point.” will represent a significant change.

To make this change, the man would need to take responsibility for managing his financial anxiety himself rather than blaming his partner; cease imposing his own values about money onto the household, and begin to be curious about his partner's values about money (part of the process of *connecting with* her, rather than *demanding* of her); and compromise and negotiate when they have differences over money rather than insist that she adopt his views. These are all big adjustments when he is used to exercising power and control to get his way.

Similarly, and with respect to possessive jealousy, genuinely changing a rule from "My partner must not be flirtatious with anyone other than me" to "I hope that my partner will continue to consider me attractive" is not a small development.

It is therefore highly important that this exercise is not simply about the men learning how to 'parrot' or 'reframe' words differently; but that they also start to explore the implications of what it actually means to change the rules they set.

To maximise the benefits of the activity, focus on examples that involve potentially 'hot' emotional aspects such as jealousy, demandingness or entitlement. It may be that conceptualising their very strong expectations as rules is difficult for some men. Should that be the case, take an example of controlling behaviour that has been given. It should be possible to work "backwards" to the rule.

It is highly important to explore what changing a rule or expectation to a hope enables the user of violence to focus on, that he previously did not. The hope statements listed previously include a degree of other-centredness or consideration for the other person. For example, that there might be very understandable reasons why the man's partner might not want sex when he does, might not let him know when she's coming home much later than planned, or might not prioritise getting dinner ready above other things. **Rules enable no space for the other person's agency, whereas hopes do.**

Men may want to stress that some expectations are reasonable and "normal" and do not need to be negotiated or agreed – for example, about sexual fidelity. If this arises try not to get too stuck on this example, although it is important not to dismiss it. In this situation, ask the man how he would know if this expectation has been agreed. Point out that some couples explicitly discuss their views on sexual fidelity, others do not expect fidelity. Ask where the line is. Does it extend to not having platonic friendships? Not going on nights out? Have these expectations been discussed with his partner? Or are they rules that he has set.

This activity focuses on the risks of black-and-white thinking. **You can't tell men what to believe but you can promote discussion that introduces shades of grey into their thinking.**

This process might require some scaffolding. To segue away from considerations of jealousy and towards financial and economic violence, the following provides an example:

Practitioner: John, you've talked here about how you had an expectation of Sally that she check in with you about what she bought before doing the weekly shopping.

John: Yeah.

Practitioner: How did that stretch into becoming a rule?

John: Well, she kept buying all this stupid shit that we didn't need, that made me very anxious as our finances were tight.

Practitioner: It sounds John that you and Sally had disagreements, or different views, on what was needed. What did you do to stretch this expectation into a rule?

John: Oh, I started to give her an allowance when she went shopping...

This type of exploration can lead into a discussion regarding what the man did when his partner ‘broke’ the rule, for example if she spent more money shopping than the allowance set – that is, what violent and controlling behaviours the man used to enforce the rule.

It is important in this activity to be prepared to focus on some of the justifications that the men use for the rules they set. Attempting to sidestep these justifications without addressing them can, on some occasions, be problematic. This can especially be the case when the activity is run in a group-work context.

In the above example, when a man discloses an expectation or rule, some (or many) other men might think (though not necessarily voice) “yeah, my missus wasted money like it grows on trees too”. These men might become stuck on why the rule seems justified: “I can see why John set this rule, otherwise the family would have gone under financially, I should have done the same with my missus”.

Facilitators therefore should be prepared to make judgement calls during this activity about when it might be important to name and explore some of the justifications that the men might be thinking. For example:

Practitioner: John, this sounds like it became quite a hard and fast rule that you set for Sally. You didn't want to feel anxious about money, and you set this rule.

John: Money is so tight, I can't stop worrying about it. Especially since she, I mean Sally, thinks that it grows on trees. I'm sick of needing to reign her in all the time.

Practitioner: I can see that you don't want to feel this anxiety. One of the things we explore in Making Changes is how when you have a strong feeling like this that you don't want to feel, what actions you take as a result, and what impact these actions have on your family. My guess here John is that you felt justified setting this rule about Sally when she went shopping?”

John: “Yeah, I didn't want her, oh I mean Sally, to waste my money”

Practitioner: “Is it OK John if I write this as an idea up on the board – “she wastes my money” – could we spend a few minutes as a group taking a look at this idea? This is relevant to our discussion because we've been focusing a lot on ideas today.”

Sometimes it will be best to leave the underlying belief unspoken, when any discussion might only serve to reinforce it more. This is always a judgement call by the practitioner. However, if the activity leaves men focusing/stewing on harmful justifications (“yeah, my misses flirted at the drop of a hat, I should have watched her more closely and then she wouldn't have cheated on me”) without some attempt to address them, it could be counterproductive.

When the Rules Expectations and Hopes activity elicits very strongly held beliefs in this respect – beliefs that are rigidly defended as solid truths – consider inviting the men to explore the costs of operating and enforcing a constellation of rules related to their anxiety. Men who use financial violence, for example, generally do not attempt to enforce a single rule – there are usually several, sometimes numerous. To avoid needing to focus on any single rule – if you feel this will be a losing ‘battle’ because of the strength to which the man or men hold onto it and onto their underlying beliefs that give rise to the rule – it might (or might not) be fruitful to facilitate a process where your client considers the impacts of holding several rules at once to restrict his partner's choices.

Invite him to consider the impacts on something(s) he cares about of having so many rules – how the constellation of rules destroys trust in the relationship, his mental health, etc. Do not assume that he necessarily wants a relationship characterised by genuine intimacy and closeness, however. For example, the initial hook might be helping him to realise how his rules are harming his health and well-being, by worsening his anxiety via the fruitless search for 100% certainty that the feared outcome (financial instability, his partner cheating on him, etc.) will never happen.