

Safety planning with adults who cause domestic and family violence harm, to attempt to prevent and interrupt choices to use violent and controlling behaviour



We can combine our direct safety planning with an adult user of DFV, with two types of very important behind-the-scenes actions.

The first is to consider indicators that he might be posing an escalating risk to those who experience his violence.

Are there new or changed circumstances that's up ahead, that he might make hostile meaning of or respond to with escalated violence and control?

For example, the victim-survivor separating from him, or starting a new relationship after separation…
the victim-survivor increasing her resistance to his violent and controlling behaviours…
or something else changing where he feels that his control is slipping, or that something he believes he is 'entitled to' is being 'threatened'?

Are there other signs of escalating risk or harm?

In most situations, in most localities, we can share this information with other services and responders who are supporting the victim-survivor and their family, without the person causing harm knowing that we are doing so.



A second area of our behind-the-scenes work can be seeing if there's anything we can do to limit the harms he's causing. It's not 'only' the risk of the violence escalating and of the threat to physical safety. What is the adult doing now that's causing harm to the victim-survivor, their children, and to their family?

What is he doing that's reducing her and the children's space for action? How is he limiting their options to go about various aspects of their lives freely, and without fear? How is he impacting their social connections and supports? The children's schooling? The adult survivor's finances and ability to meet her children's needs?

Are we able to do anything that can help to limit any of these harms? Do we know what the user of violence is using or manipulating to perpetuate these harms? Is he trying to manipulate systems? Using friends or levers of influence?

Trying to do things that limit harms when we don't know the victim-survivor's situation, when we aren't guided by her, can sometimes be risky. For example, if the person has persuaded the school that the victim-survivor is an 'inept' or 'troubled' mother, us barging in there to try to correct their misunderstandings of the situation might make things worse.

We should always, where possible, be guided by what the victim-survivor would like us to do, what she feels would be safe, what might help rather than make things worse. She is already resisting the violence, trying to prise open some space for action for herself and her children. We want to add to her efforts in sensitive ways, not cut across them.

Of course, there are legal options to try to limit the perpetrator's space for action to continue to cause harm → domestic and family violence protection orders, criminal justice system responses, etc. But sometimes these responses aren't enough to limit his harmful actions. Sometimes the victim-survivor might be part of a community that has faced structural and systemic oppression from state authorities, making it genuinely difficult to trust them.

So, these two forms of behind-the-scenes actions are vital. But in addition, sometimes we can engage the person causing harm in direct upstream, midstream and downstream safety planning towards being safer with others.

Three levels of safety planning strategies

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. Supports to interrupt build-up towards choices to use violence, or safe distractions.

Downstream

Strategies to use when the choice to use violent or controlling behaviour is close, or when this behaviour has begun.

Safety planning strategies

Upstream

Addressing contributing factors (these aren't causal):

- Alcohol and other drugs
- Mental health (depression, hopelessness, suicide risk, agitated anxiety)
- Lifestyle habits and stability

Protective factors
Routines and daily structure
Distractions / interests or goals that draw him away from fixations with the victim-survivor
Enhancing accessibility / reducing barriers to service use
Supports to contact 24/7

Midstream

Avoiding risky situations
Arrangements to bypass discussion of sensitive matters
Social supports that have ears and eyes open
Strategies to nip winding-himself-up in the bud
Daily reminders about what he's got to lose by continuing to use violence

Downstream

'Heat of the moment' strategies
Planning how to behave safely in higher-risk situations
Taking a breather (not mis-applied 'time out')
Circuit breakers
Immediate CBT/DBT strategies

All three tiers are important – but for users of DFV who are less willing or able to talk 'downstream' about their harmful behaviour, upstream and midstream strategies have a bigger role in the mix (at least to start off with).

Initial safety planning with the person causing harm

… safety in terms of what he can do to stay safe around those who have experienced his violence

Groundwork is required to make safety planning meaningful for the person causing harm. His commitment to a safety plan is likely to wax and wane, it's not static… the plan also needs to evolve across your work with him to remain meaningful and responsive

Establish first some safety-focused *steps* that the person has some (internal and/or external) motivation to work towards

- *Steps* as part of a much longer and broader behaviour change journey towards *goals* that are influenced by *values and ethical strivings* (and by victim-survivor needs and preferences)
- These steps might represent only a tip of the iceberg of his harmful behaviours, but you can build upon this over time, extending into other behaviours using a wider array of (deeper) strategies
- Often, we need to start with one or two 'simpler' steps, from which he can build motivation and confidence to work on 'more ambitious' ones
- Steps, even if 'simple', should focus on changes that would be meaningful for those experiencing his violence
- If he has little confidence or motivation to work on downstream safety-focused steps , focus on midstream strategies and upstream contributing factors.

A risk management approach should *not depend solely* on safety planning with the person causing harm:

- If the person causing harm takes genuine and multiple steps towards self-responsibility for his behaviour, then over time safety planning with him can become a major part of the overall risk management approach.
- To begin with, however, safety planning steps are often modest… and are not as important as behind-the-scenes information sharing and risk management actions that the adult user of DFV might not be aware of.

A focus on contributing factors (AOD, mental health) is of course not sufficient in the longer-term… and a sole focus on these factors can provide the wrong messages as to what causes the person's violent and controlling behaviour… but it might be an important starting point.

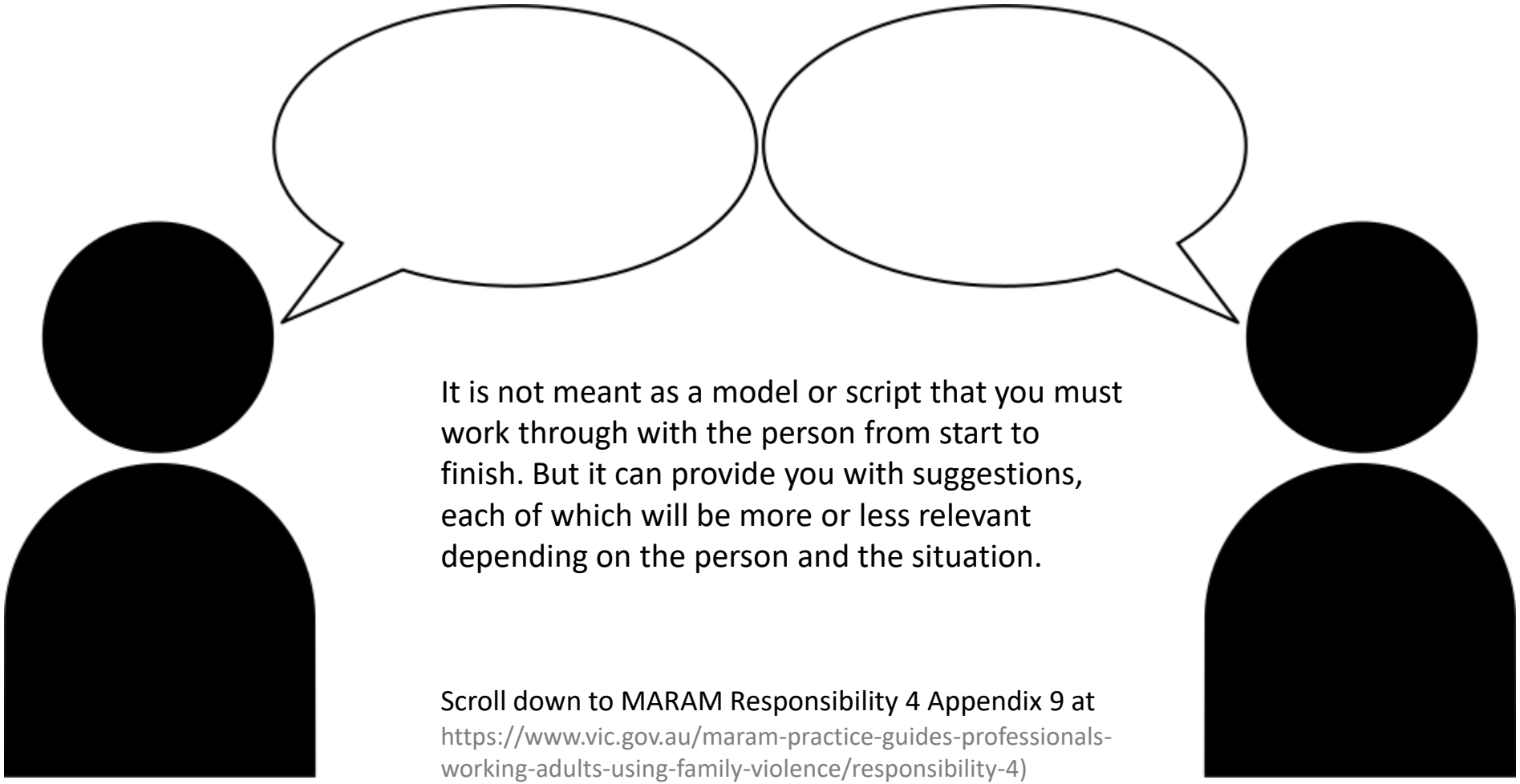
Establish a conversational container for the safety planning conversation:

"What is your plan to not cross the line into becoming abusive?... How are you planning to stay safe with your partner… safe around your kids? Can we spend some time talking about this?"

Safety planning focuses on:

- Addressing short-term safety – what he can do over the coming days and weeks to be and stay non-violent
- Contributing factors and complex needs
- Motivating compliance with any court orders and other external requirements
- Managing himself and his behaviour in *specific* situations
- Building self-responsibility

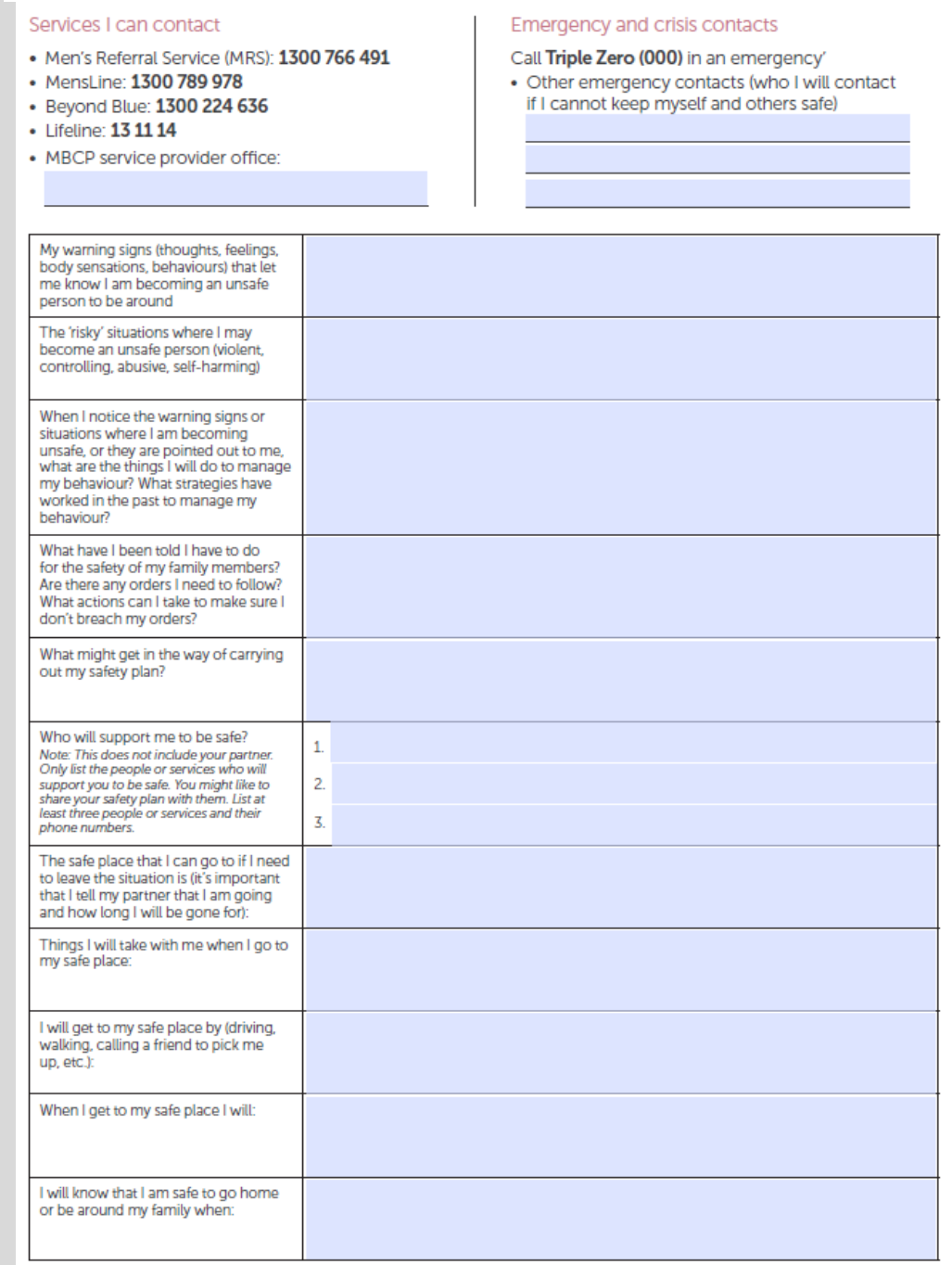
The **Safety Planning Conversation Model** from Victoria, Australia is an excellent resource on how to approach a safety planning conversation with an adult who is causing harm.



It is not meant as a model or script that you must work through with the person from start to finish. But it can provide you with suggestions, each of which will be more or less relevant depending on the person and the situation.

Scroll down to MARAM Responsibility 4 Appendix 9 at
https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-4)

My safety plan: How I will keep myself and others safe



Services I can contact

- Men's Referral Service (MRS): **1300 766 491**
- MensLine: **1300 789 978**
- Beyond Blue: **1300 224 636**
- Lifeline: **13 11 14**
- MBCP service provider office:

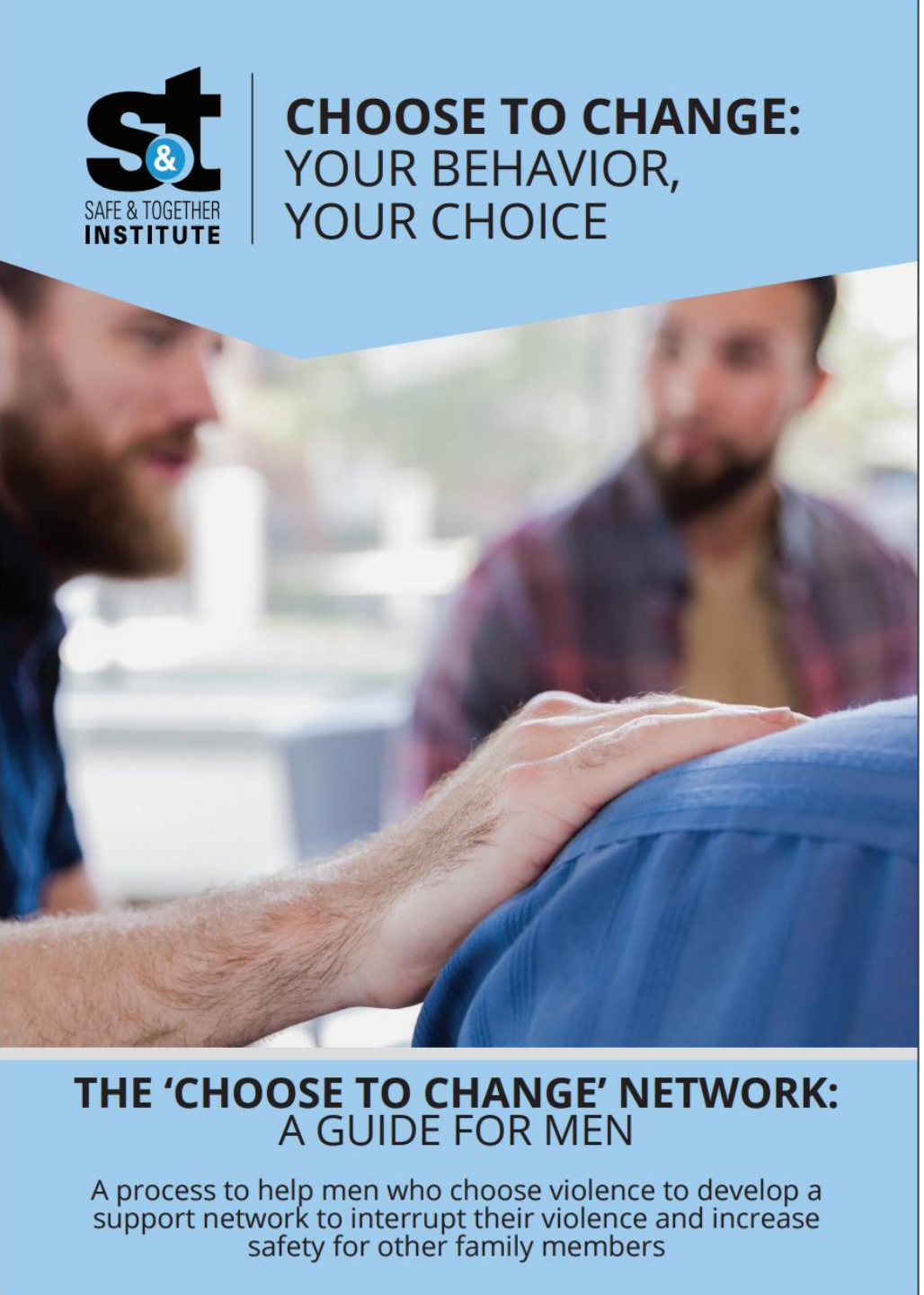
Emergency and crisis contacts

Call **Triple Zero (000)** in an emergency'

- Other emergency contacts (who I will contact if I cannot keep myself and others safe)

My warning signs (thoughts, feelings, body sensations, behaviours) that let me know I am becoming an unsafe person to be around	
The 'risky' situations where I may become an unsafe person (violent, controlling, abusive, self-harming)	
When I notice the warning signs or situations where I am becoming unsafe, or they are pointed out to me, what are the things I will do to manage my behaviour? What strategies have worked in the past to manage my behaviour?	
What have I been told I have to do for the safety of my family members? Are there any orders I need to follow? What actions can I take to make sure I don't breach my orders?	
What might get in the way of carrying out my safety plan?	
Who will support me to be safe? *Note: This does not include your partner. Only list the people or services who will support you to be safe. You might like to share your safety plan with them. List at least three people or services and their phone numbers.*	1. 2. 3.
The safe place that I can go to if I need to leave the situation is (it's important that I tell my partner that I am going and how long I will be gone for):	
Things I will take with me when I go to my safe place:	
I will get to my safe place by (driving, walking, calling a friend to pick me up, etc.):	
When I get to my safe place I will:	
I will know that I am safe to go home or be around my family when:	

DFV safety plan tool for users of violence from the Risk Safety and Support Framework New South Wales (Australia), focusing specifically on some downstream strategies



The Choose to Change Network Toolkit describes a four-step process to help men develop strong, safe support networks to help them interrupt their violence and increase safety for other family members. It includes a Professionals Booklet, Information for Partners and Information for Network Contacts. The Toolkit scaffolds processes for men to identify upstream (check-in), midstream (worry) and downstream (crisis) contacts.

https://safeandtogetherinstitute.com/tools-for-systems-change/practice-toolkits/choose-to-change/

A check-in contact - you are in a good space and want to stay in touch and check in with your network. A check-in contact might be a quick chat on the telephone or a text.

A worry contact - you are worried about your mood and thinking, are concerned it may escalate into negative behavior. When you or someone else is worried you may be abusive. A worry contact could include a long phone call or to arrange to meet face-to-face.

A crisis contact - you are being abusive or controlling and other people are scared of you. A crisis contact could mean you need the person to speak to you or see you straight away.

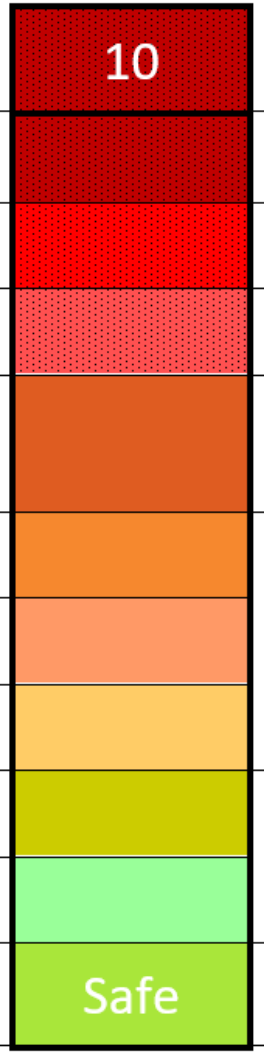
Tension scale tool focusing on strategies to prevent build-up towards a violent or controlling behaviour

This scale is designed to help you begin to notice how tense you are on the way to choosing a harmful behaviour. It is your individual alarm system to warn you when you are getting closer to making that choice. As you get better at noticing what is happening inside you, you will start to recognise patterns of build-up towards choosing harmful behaviour – patterns that you can interrupt and divert towards behaviour you and your family will feel better about.

I DON'T WANT TO... text [partner's name] repeatedly when she's out with a friend, grilling her about when she will be coming home

I DON'T WANT TO BECAUSE ... I want to be the type of man who can deal with my own jealousy, and I will drive her away if I show no trust

INSTEAD I WOULD LIKE TO ... get to the point where I can genuinely wish that she has a good time, or at least resist the urge to repeatedly text her



BODY OR OTHER SIGNS	STRATEGIES TO INTERRUPT / STOP BUILD-UP
Picking up the phone, shaking	Phone my crisis contact support person instead of texting [partner's name]
Becoming sweaty, clenching my jaw	Remind myself "I can handle this urge" Put the phone somewhere hard to get to for 30 minutes
Thoughts starting to race	Practice my square breathing Remind myself that I'll feel so much better if I don't blow up at [partner's name]
Pacing more quickly	Sit down. Have a bath. Don't drink, that makes my worry worse. Apply my mindfulness strategies. Acknowledge my catastrophising thoughts, the worrying images in my mind → just watch the thoughts, apply the mindfulness strategy, no need to stew on the thoughts, wait till they start to subside.
Can't concentrate on much else	Phone my worry contact support person Remind myself what I want to model to our son about how to handle worries and big feelings – I don't want him to end up getting into trouble like I did at his age
Knot in my stomach, feel a bit sick	
Get up to pace	
Forehead feels tight	Read my goal about trust – *I want to be a man who stands with my family, not someone who always fears the worst about them and stands over them* Put on some music I like
Start to feel a bit "vague"	
Enjoying whatever I'm doing, not thinking much about [partner's name]	Make sure I've got something to preoccupy me while [partner's name] is out

Safety planning is enhanced by engaging the adult on values, strivings and commitments that mean something to him and to those who experience his harm

To be a partner and father who listens to the views of my family members



An "I'm right, you're wrong" attitude

Focusing only on what I want to say

Calling my partner stupid

Thinking that my daughter is trying to upset me

Making time to talk with my partner

Reminding myself that if we don't agree on something, it doesn't mean that she's wrong

Asking myself everyday "What is something new I'm learning about how my partner sees the world?"

Thinking what my daughter might be feeling, what she might need

Practice demonstration video of preliminary safety planning skills with an adult user of DFV

https://nurturing-nonviolence-rccf.sydney.edu.au/safer-children-safer-communities-action-research-project/



Scroll down to **Demonstration Videos** and **Demonstration Video Scripts** (the scripts include skill explanations/commentary)

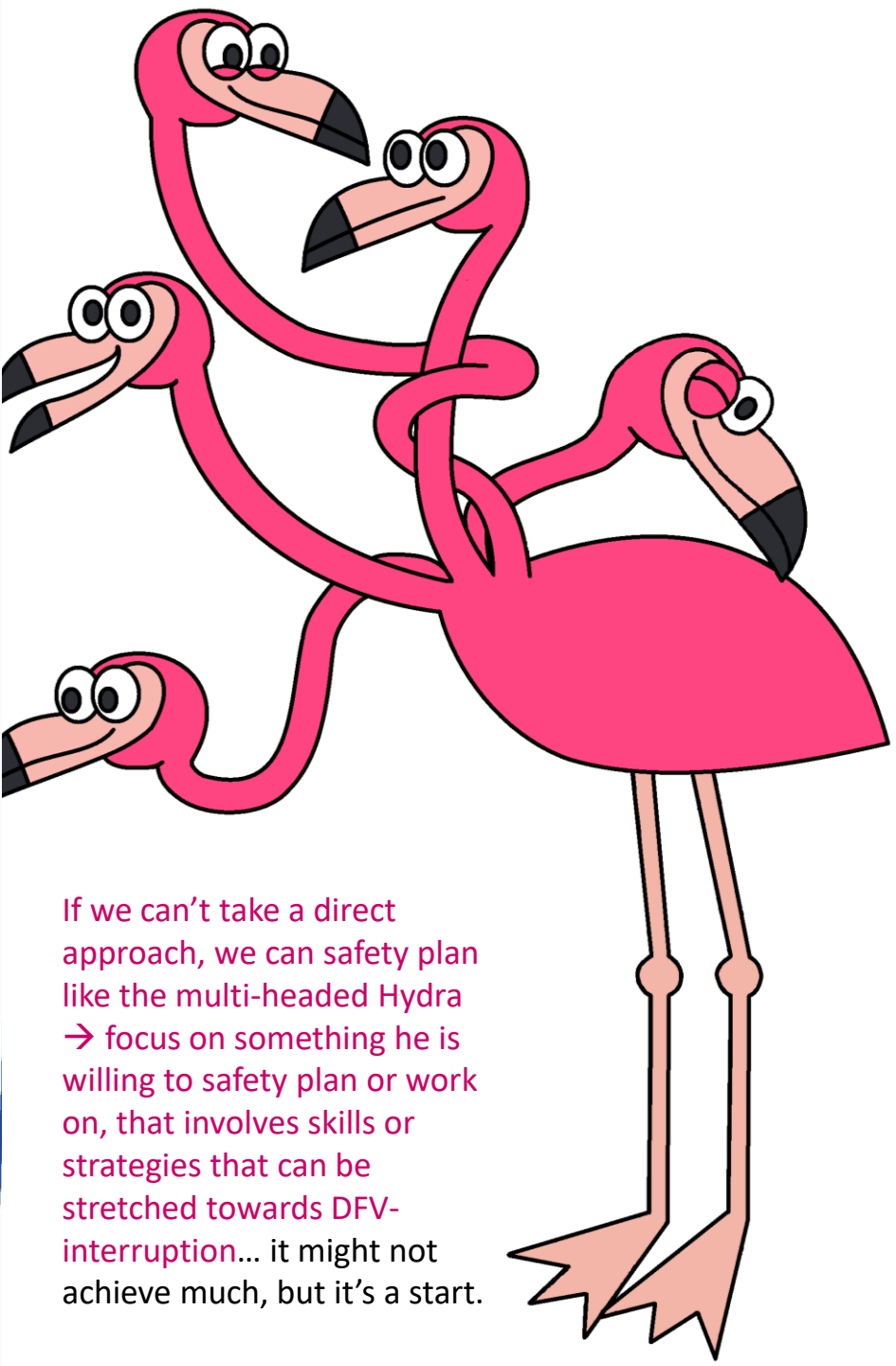
See *Safety Planning* and other practice demonstration videos… these are far from perfect → consider what you might do differently and better

Factors to consider in assessing the extent to which a protection order, corrections or other court order will act as a deterrent for the person causing harm



- The person's knowledge of the conditions of the order
- His attitude towards each of the main conditions of the order
- His understanding of the consequences of breaching the order
- The degree to which he believes that these consequences would arise if he does something that breaches the order
- The degree to which these consequences would matter to him or act as a deterrent
- Any other reasons and motivations that matter to him for not breaching 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 do something that breaches the order

Talk with him about the order and its conditions… look for holes and gaps in his understanding of the order… see if you can focus on any of the above to motivate a greater likelihood of compliance



If we can't take a direct approach, we can safety plan like the multi-headed Hydra → focus on something he is willing to safety plan or work on, that involves skills or strategies that can be stretched towards DFV-interruption… it might not achieve much, but it's a start.

Covert and indirect safety planning that can be stretched towards a focus on violent and controlling behaviour

If the person is not willing to enter into a conversation about any aspects of his DFV behaviours, or if the time isn't right to open this conversation up, you can still commence safety planning 'covertly'… consider ways of building in some alcohol and other drug or mental health treatment work or other strategies that, if put into practice, might indirectly help to reduce the DFV risk he poses to family members… strategies that can be stretched and built upon over time to get closer to some of his violent and controlling behaviour… 'life skills' he can use to stay calm or resist urges to be preoccupied by things…

For example, focus on CBT strategies he can use to manage difficult feelings when withdrawing from a substance (as this is often a time when DFV behaviours escalate).

Safety plan on mental health issues, positive (non-misogynist) social connections, daily habits of self-care, or other upstream safety planning strategies.

Maybe he will be motivated to focus on how he can model calmness to his children when experiencing big feelings.

These covert and indirect safety planning strategies won't make him a safe man and won't interrupt most of his use of violent and controlling behaviours but might make a start.

Help him to then stretch these skills closer to his use of violent and controlling behaviours… e.g., towards how he can use them when he finds himself 'getting heated' with his partner… or when he is feeling agitated and has an urge to repeatedly text his partner to check up on her…

The Drive Partnership

Work with Perpetrators European Network – 2023 Annual Conference – workshop on responding to suicide risk amongst serious risk DFV perpetrators
https://www.youtube.com/watch?v=-NCOs3gYMS0&list=PLRmYyMTndST6hXFK3FcK6IpX3pKvditfZ&index=9



See from minute 18 onwards for twenty highly useful minutes on developing a suicide prevention plan with someone at risk

To the best of our knowledge this is the first study in the UK to estimate the rate of suicide in perpetrators of domestic violence.

In this population of high-risk high-harm perpetrators of violence who are in touch with services, we estimate an annual rate of suicide of **461 per 100,000**.

In 2021 the rate of suicide in males in England and Wales was **16 per 100,000**, and the highest rate of suicide was observed in males ages 45-64 at **20 per 100,000** (Office for National Statistics, 2022).

Research from Victoria, Australia shows that DFV perpetrators are 11 times more likely than the general population to seek emergency mental health services. https://pubmed.ncbi.nlm.nih.gov/38195457/

The rate in high-risk high-harm perpetrators of violence is **23 times greater** than the highest age specific suicide rate in the general population (Knipe et al., 2023).

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Risk levels can change quickly and at any time, reviewing risk and risk management strategies should be part of your normal practice of engagement

What to monitor as you engage with the person using violence over time

- Narratives or behaviours related to the DFV event or pattern, intensity of his victim-stance orientation, changes in the nature or degree of his violence-supporting narratives
- How he engages with your service
- Stability or instability related to presenting needs and circumstances, such as change in use of alcohol or drugs, mental health, housing, financial stability, pending court hearings etc.
- Narratives/behaviours indicating shame or remorse in relation to (some aspects of) his behaviour, and/or narratives of denial, blame, minimisation, justification, etc.
- Repeat incidents or patterns of violent and controlling behaviours (where identified in risk assessment and information sharing)
- Readiness to engage with specialist supports and services
- Internal and external changes in motivations and motivators, such as related to pending court hearings, court orders, parenting arrangements, relationship status, etc.



Over time across multiple contacts with the client:

ask about any changes to their circumstances, new significant events, etc.

explore any changes in their mood or feelings about things, changes in irritability or anxiety, etc.

explore any changes in their coping strategies

build on previous conversations and disclosures, e.g. *"Last time we met you said things at home were really difficult, and that you were needing to go for walks to get away for a bit. How is that going now?"*

Share information with other relevant professionals and services as the risk changes or escalates.
Do not hold the risk alone.
Talk to a specialist domestic and family violence service about what you should do.

Remember: sometimes the most important action you can take is to share information with other services, so that you can collaboratively work out how to support the victim-survivor and her efforts to be safe.

refer to a specialist DFV behaviour change program

- Anger management programs are different from men's behaviour change programs and are not an appropriate referral option. They do not focus on coercive controlling behaviour, are not as focused on identifying and responding to risk, generally do not offer parallel safety support and advocacy for affected family members and are not part of integrated DFV service systems.

- Most private psychologists / psychotherapists / counselling practitioners do not have specialist skills in engaging men who use DFV. Without specific training and experience in this, are likely to engage with perpetrators in ways that compromise the safety of victim-survivors.

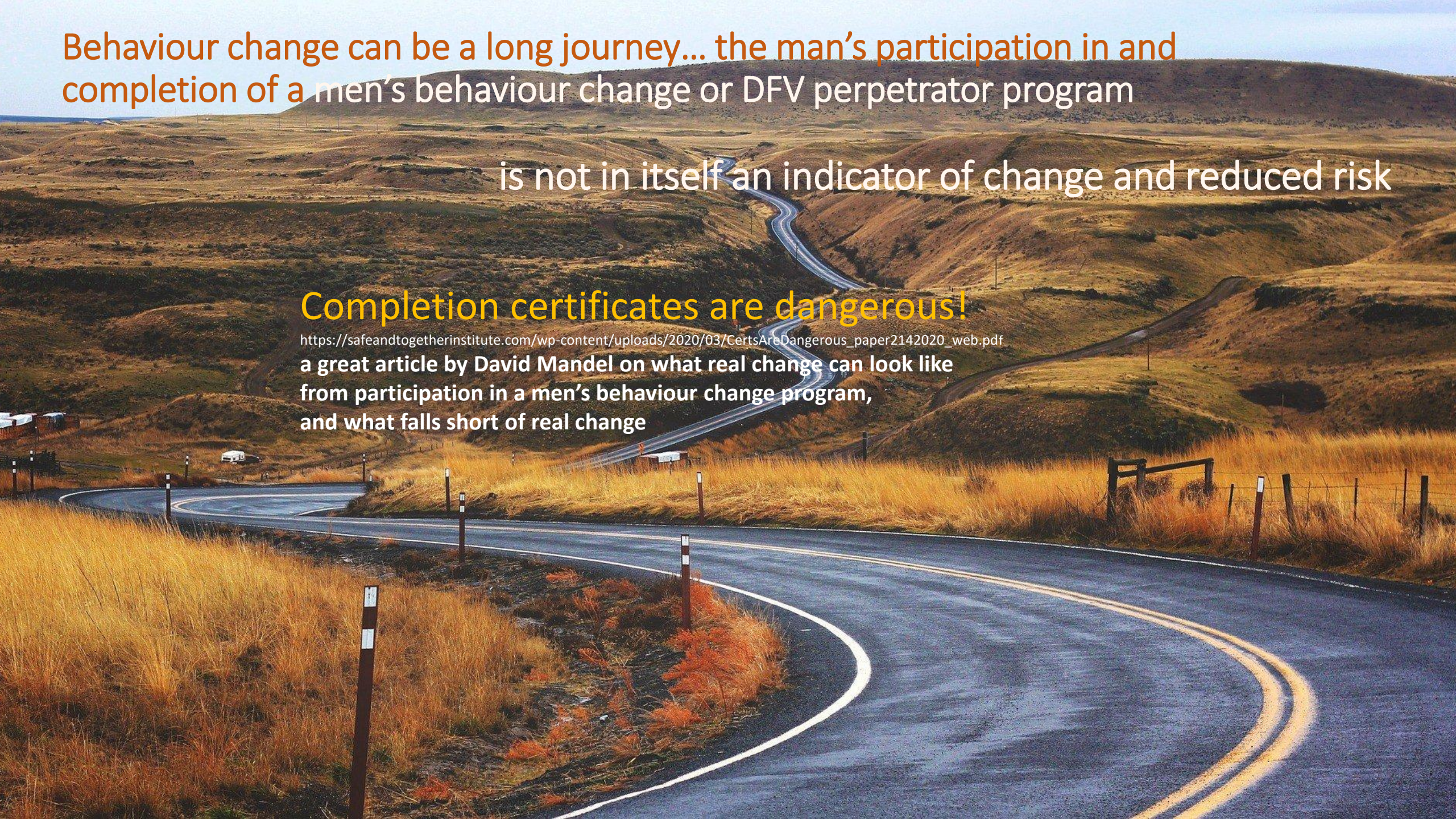
- Relationship counselling or family therapy mutualise responsibility for the violence (even if they do not directly focus on his violent and controlling behaviour), and places the victim-survivor in the highly difficult position of either risking retaliation by disclosing his use of violence in front of him and the practitioner, or censoring herself due to this fear (and having yet another experience of being disempowered).

- **Premature** relationship counselling or family therapy work (that is, conducted while he is still using violent and/or controlling behaviour) will end up benefitting him and his power structures at the expense of his family – again, even if the focus is not directly on his behaviour.

- Referring him to a generic parenting program – one that is not DFV-informed – can result in him learning more 'behaviour management strategies' to control his children and in him having more ammunition to criticise his partner's parenting.

    - Refer him to Caring Dads or another DFV-informed program that is based on an understanding of DFV as coercive control, and that will work with him to become more child-focused and to support rather than sabotage family functioning.

    - These programs will also help him with parenting skills – however, his belief system and self-focus on his rights rather than on his responsibilities needs to be addressed first.



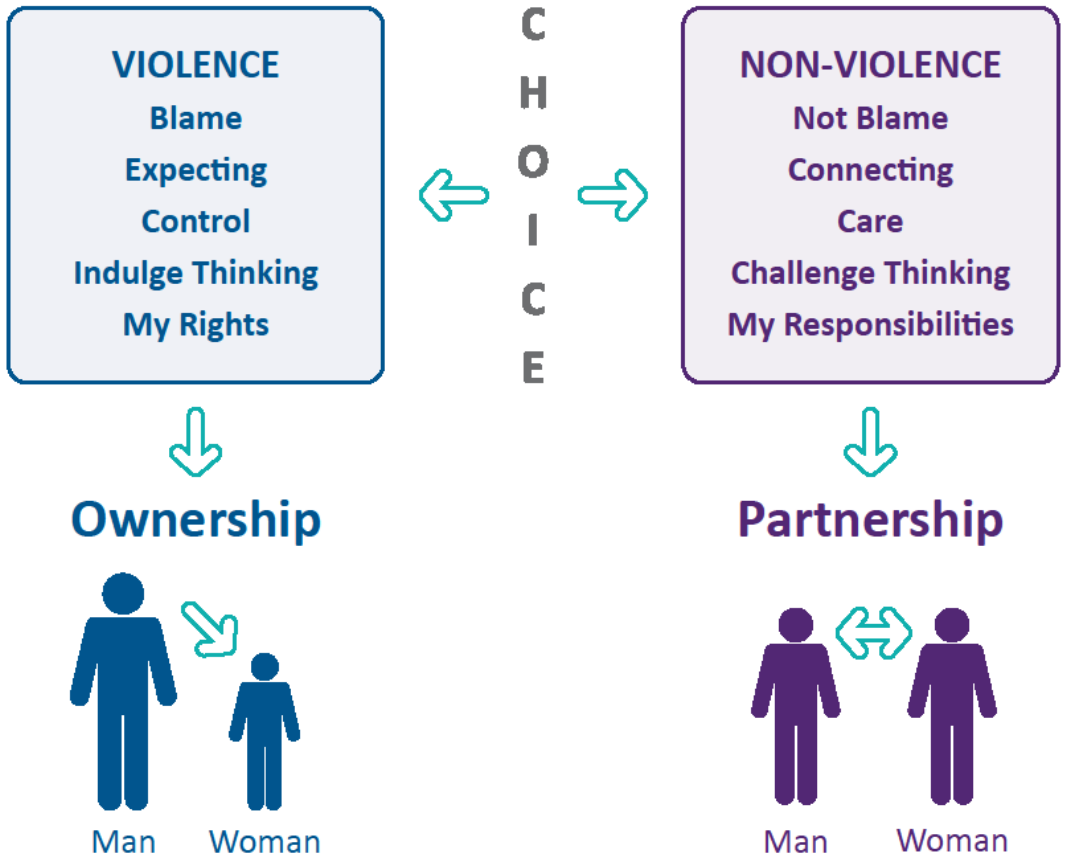
Behaviour change can be a long journey… the man's participation in and completion of a men's behaviour change or DFV perpetrator program

is not in itself an indicator of change and reduced risk

Completion certificates are dangerous!

https://safeandtogetherinstitute.com/wp-content/uploads/2020/03/CertsAreDangerous_paper2142020_web.pdf

a great article by David Mandel on what real change can look like from participation in a men's behaviour change program, and what falls short of real change



Some men need to make significant shifts in their underlying belief systems to make sustainable changes in their behaviour

We need to be realistic regarding what any one intervention – for example, a men's behaviour change program – can achieve in this context

The mere fact of a man participating in and completing a men's behaviour change program / DFV perpetrator program is by no means a guarantee that he has made shifts in his behaviour, and that he poses less of a risk to those impacted.
Outcomes from program participation and completion vary substantially from man to man.