Working with adult users of domestic and family violence who have a trauma background

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Key takeaways[1]

- 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.

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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 treaded 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

Traumatised 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:

Ben* 28 year old male	• 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'.	• 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.

* 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'. Traumatised 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	• 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	• 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.

Choice, Collaboration, and Connection: Meet people where they are at in order to name the violence and harm	• 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
Trauma-informed behaviour change: Help clients understand and integrate trauma to create insight and prompt strength-based change to keep themselves and others safe, without collusion	• 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**.