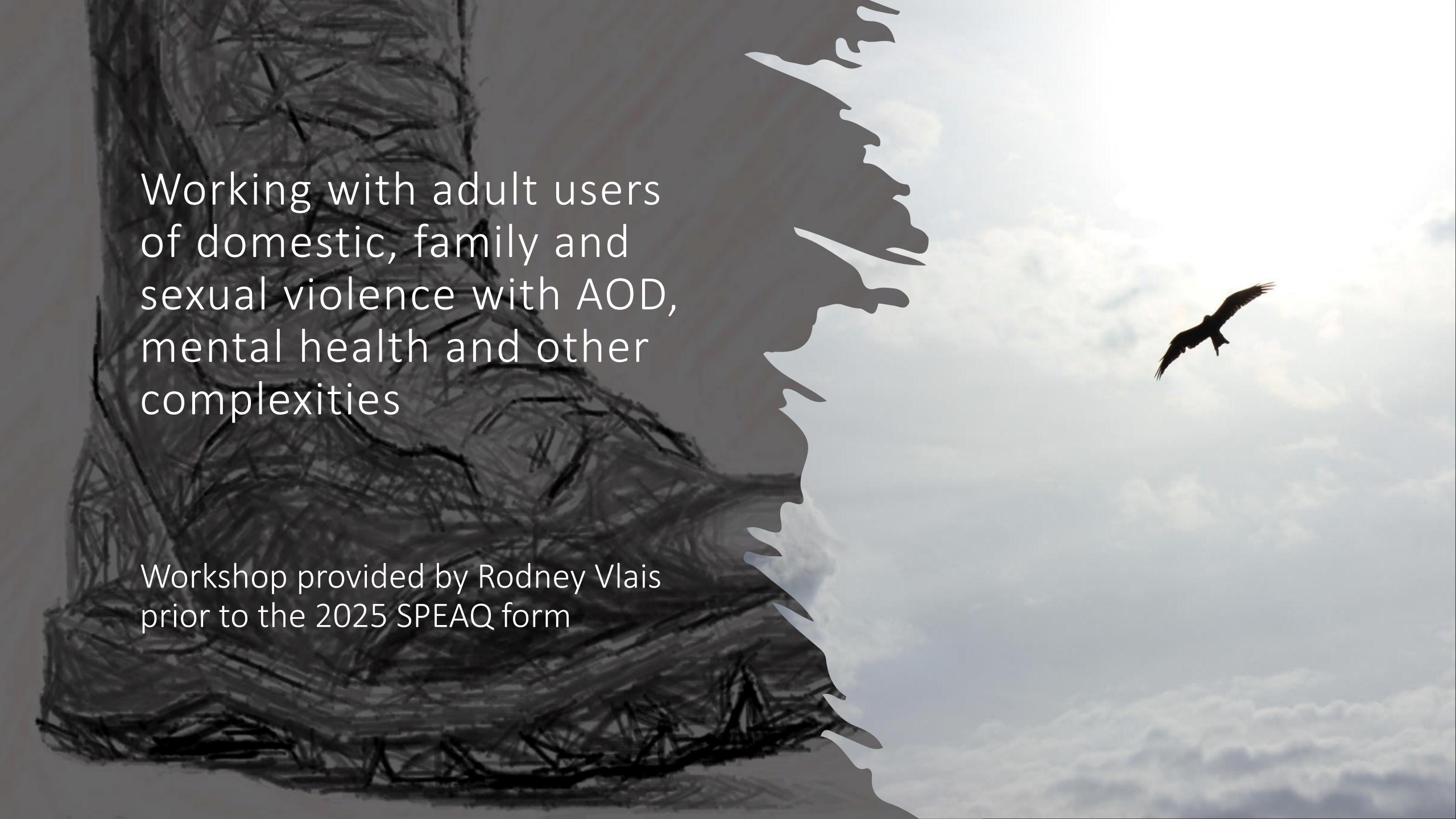


Working with adult users of domestic, family and sexual violence with AOD, mental health and other complexities

Workshop provided by Rodney Vlais prior to the 2025 SPEAQ form

Today we will explore working with:

Different motives for adult perpetrator use of power and control

Adults who cause harm with trauma backgrounds, integrated within a gendered understanding

Substance using lifestyles and coercive control

Mental health complexities

Possessive jealousy

Serious-risk users of violence:

- pathways towards severe use of violence
- implications for engagement
- implications for systems intervention

A challenge for all of us:
How to make our practice less collusive with oppressive systemic and structural forces that marginalise peripheralised people



We will do our best to make the workshop applicable to any specialist or concerted response to adult perpetrators of DFSV – MBCPs or otherwise

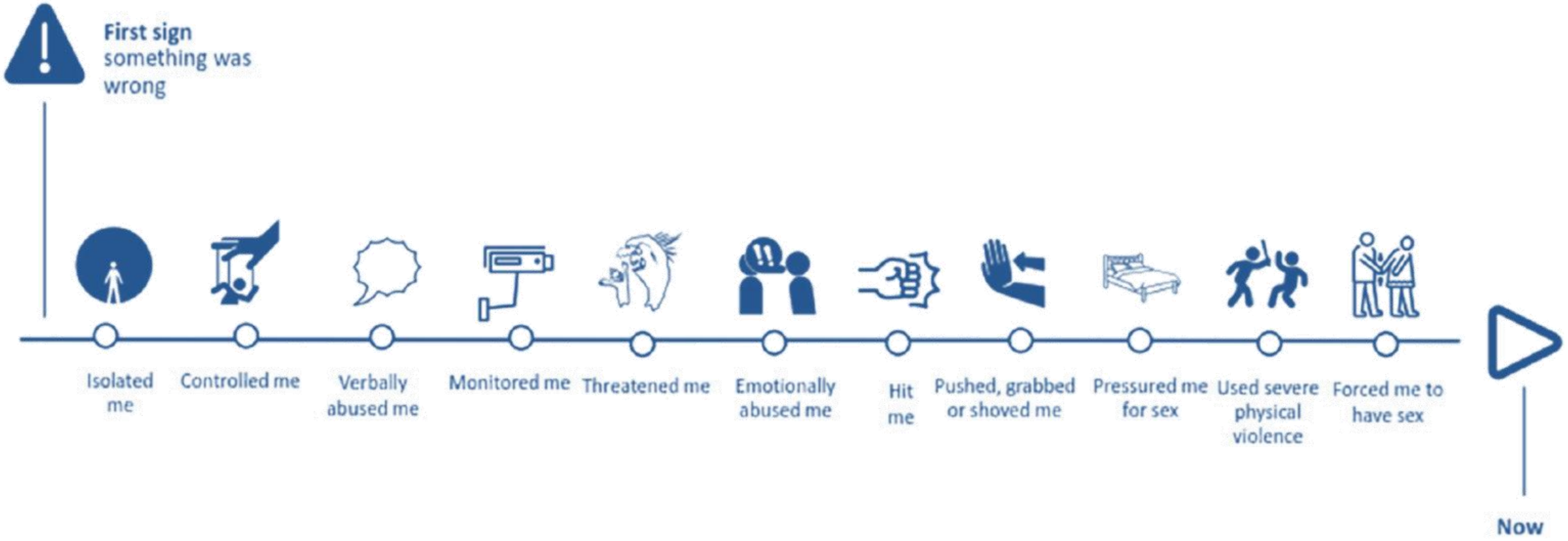
DFV: patterned behaviour, coercive control that the adult invests heavily in biographically, psychologically and patriarchally

if this investment doesn't shift, the user of violence will not want to use his existing or newly learnt skills to loosen his controlling behaviour



Primary desistance	• Behaviour	The cessation of offending.
Secondary desistance	• Identity	The adoption of a non-offending identity.
Tertiary desistance	• Belonging	The recognition by others that one has changed, along with the development of a sense of belonging.

Timeline of psychological and social entrapment



https://theconversation.com/he-stopped-me-from-talking-to-male-colleagues-new-research-shows-how-domestic-violence-so-often-starts-with-isolation-and-control-257457

his use of violence

dominating

isolating

intimidating

Shaping our beliefs and perceptions of each other

obscured from seeing all his strategies

secrecy

dividing and deceiving us

disconnecting us

keeping us far apart

Being Safety

https://www.insightexchange.net/beingsafety/

We **live** in the spaces

Connecting between the trap wires

Creating safety

Unsilenced

Being together in our ways.
In our **understanding.**

Impacts on children

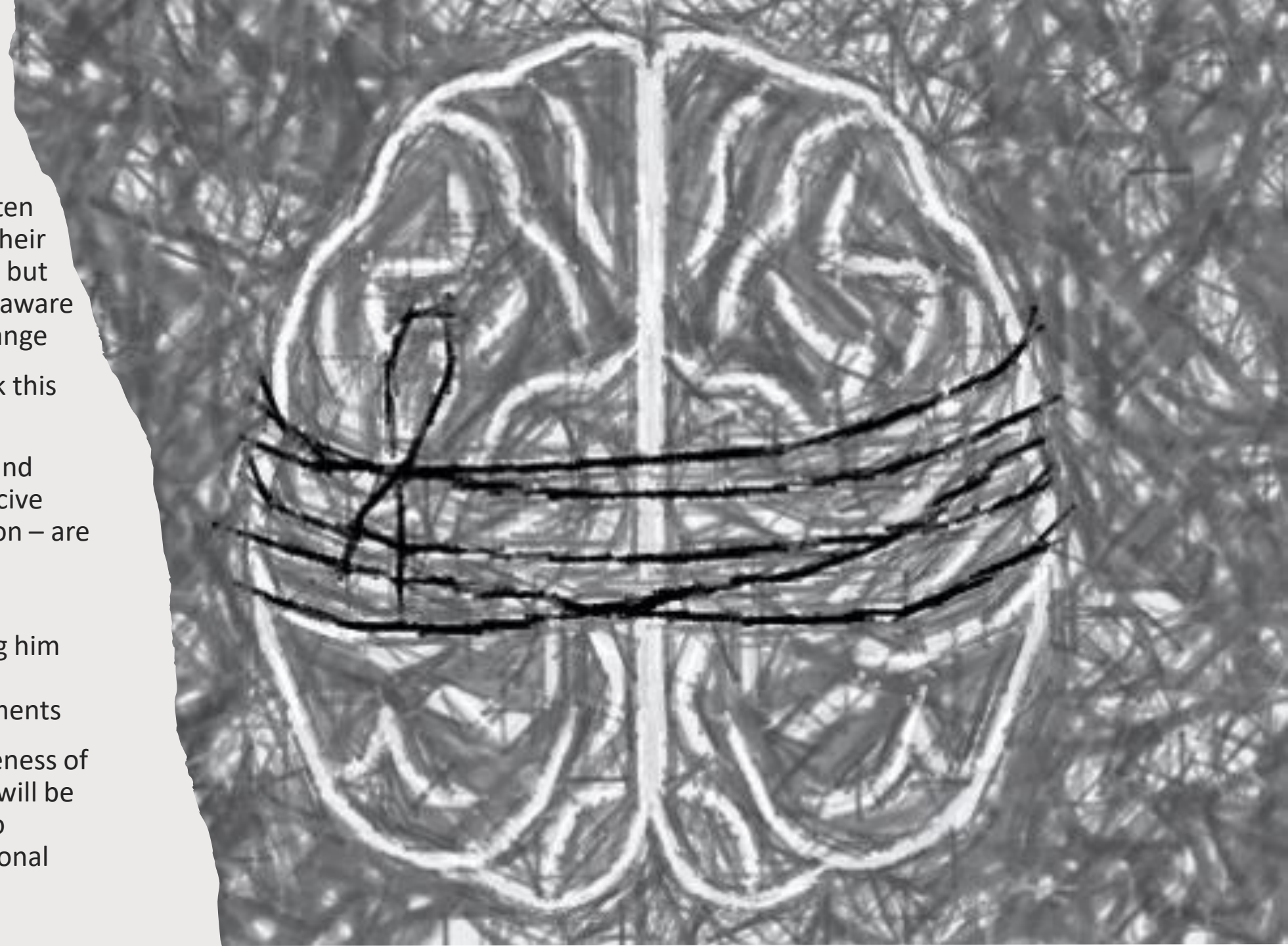
Fathers who use DFV are often unaware of the impacts of their behaviour on their children, but differ in whether becoming aware of impacts will motivate change

Sometimes shame will block this awareness.

Sometimes their historical and current investments in coercive control – for whatever reason – are too strong.

Sometimes growing this awareness, without flooding him with shame, can create motivational light-bulb moments

Sometimes increased awareness of children's emotional needs will be weaponised by the father to enhance his systems, emotional and financial abuse tactics.



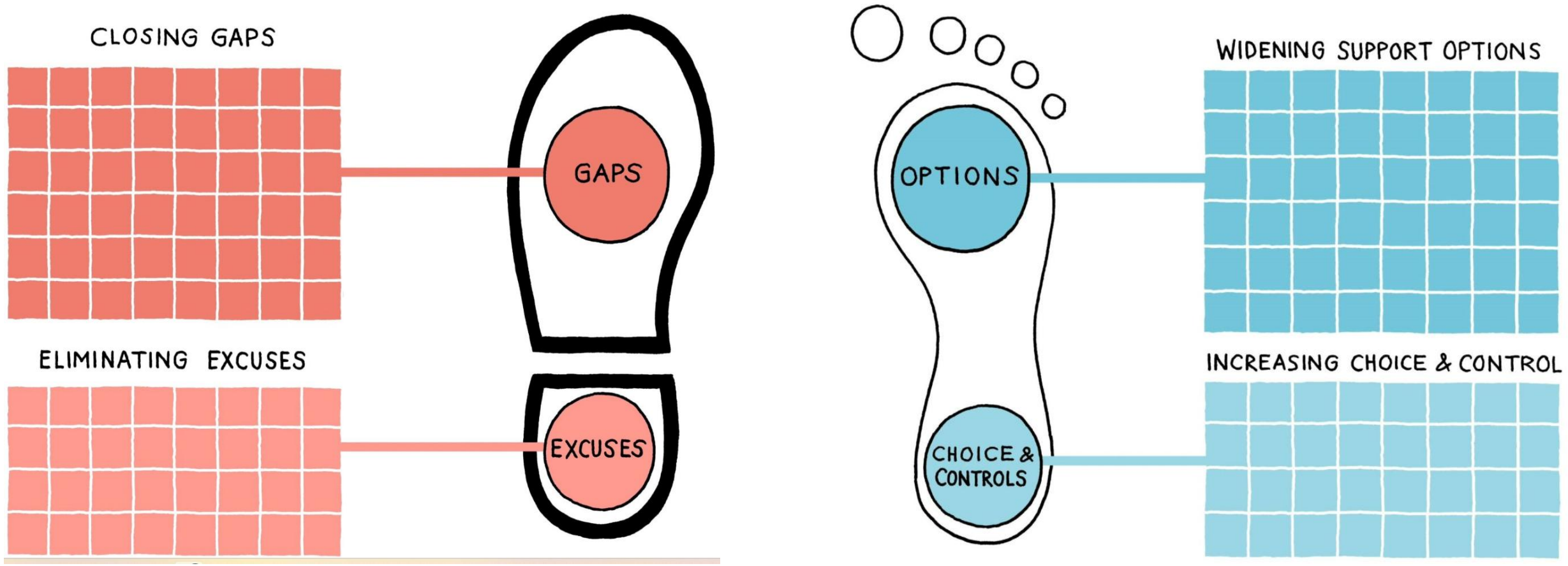
How does the user of violence respond to suppress the victim-survivor's attempts to gain space for action for herself and her family? To her and the children's attempts find spaces of normality and dignity across various domains of personal and family life?

What *meaning* does the user of violence make out of the victim-survivor's responses to his behaviour, and the responses by service system and other responders?

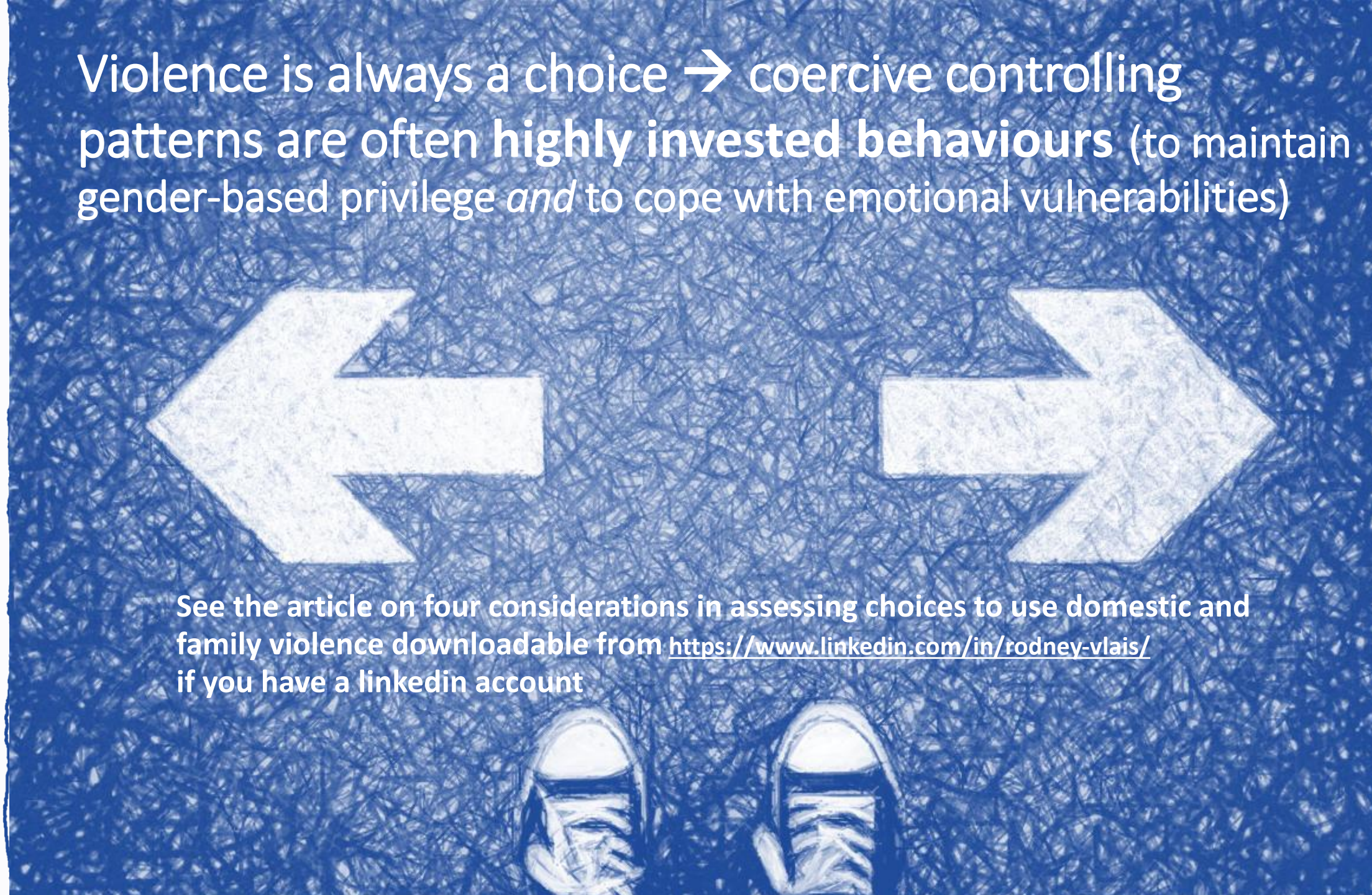


Our actions

https://www.insightexchange.net/our-actions/



Violence is always a choice → coercive controlling patterns are often **highly invested behaviours** (to maintain gender-based privilege *and* to cope with emotional vulnerabilities)



See the article on four considerations in assessing choices to use domestic and family violence downloadable from https://www.linkedin.com/in/rodney-vlais/ if you have a linkedin account

Choice

Capability

- What intersecting factors (AoD, MH, complex trauma) might be making it harder for the adult to choose non-violence?
- To what extent do they have existing non-violence skills (but choose not to apply them)?

Levers

- Privilege-based levers
- Cultural, extended family or community-based levers
- Peer group association levers

Planning

- What degree and type of planning and premeditation that has gone into executing particular DFSV tactics
- How much time is spent planning how to humiliate, punish, degrade and/or terrorise the victim-survivor?

Intention → specific impacts

- How much of the impacts of his use of DFSV – on the adult(s) and child/ren experiencing his violence – is he already aware of, but still chooses to use violence anyway?
- What impacts does he **intend** to deliberately produce? What impacts is he aware of but **doesn't care about**?
- What impacts doesn't he know about, that if he knew about, might motivate him to take steps towards changing his behaviour?

Fitzgerald, R., & Douglas, H. (2025). Domestic violence and the role of imprisonment as a response: men's post-conviction talk about strangling women. *Current Issues in Criminal Justice*, 1-21.

Qld incarcerated DFV offenders talk about their use of non-fatal strangulation



'I didn't want to hit her, so I choked her instead, it's not as bad as hitting her!'

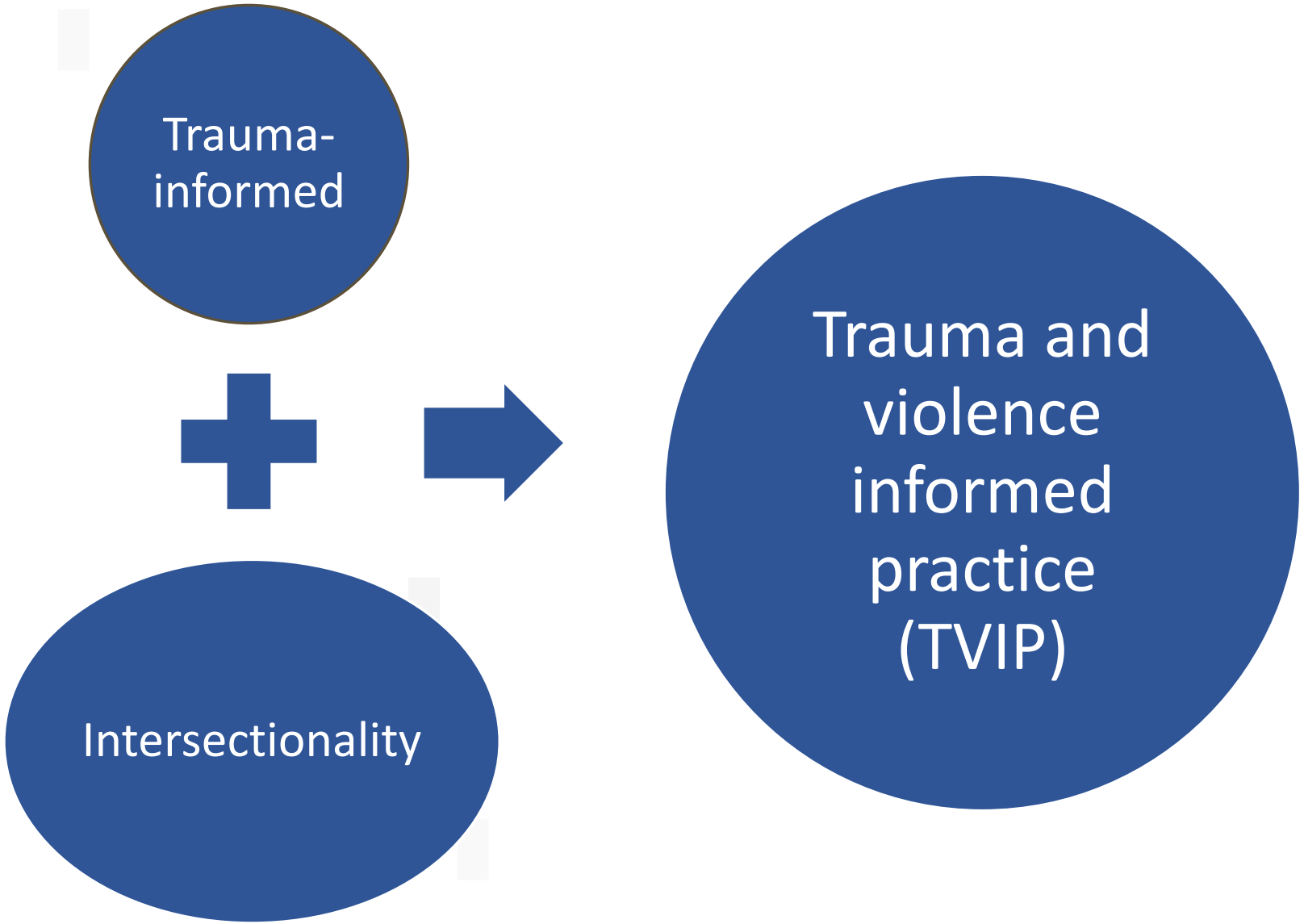
'I had to shut her up, she was just going off, hysterical, I needed to control that woman or she just would have kept going at me'

'This whole non-fatal strangulation charge, it's further proof that women and all those femo-men now rule the world and want to victimise us real men'

'There are so many other men here in prison on domestic charges, the place is full of men like me, treated unfairly. They all agree with me. And I'm learning so many new ideas about how to keep her under check when I get released.'

These are made up quotes that accurately represent what the men were saying in the research. Implications for intervention:

- Educate about the harms caused through NFS
- Assess function of using NFS in each case – some men want to traumatise and terrorise the victim-survivor into silence
- Attempt to counter collusion between DFV offenders in prison, as they confirm and embolden each other's sense of grievance
- Post-release work with DFV offenders is vital, as some will be more dangerous after release

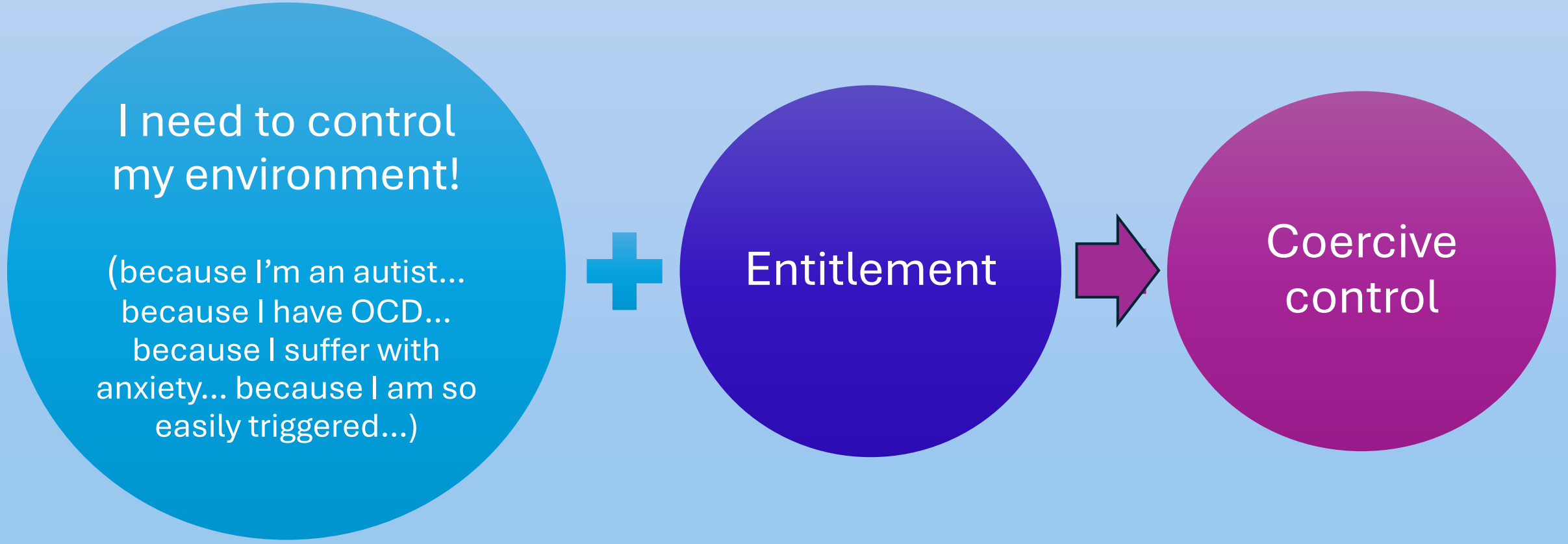


Some clients with complex trauma backgrounds continue to be exposed to traumatic events (e.g., hatred directed towards their identity/community; violence when living on the streets associated with homelessness, addiction, poor mental health)

Institutionalised responses can be re-triggering

Experiences of *collective* shame – when a whole community (based on identity or common experiences of oppression) has been stigmatised

Lateral violence – aggression within systemically exploited groups


I need to control my environment!
(because I'm an autist... because I have OCD... because I suffer with anxiety... because I am so easily triggered...)
Entitlement
Coercive control

Entitlement and other factors in contributing to coercive control



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

What are some of the ‘new’ or growing complexities that you are aware of in your work with adult users of DFSV?

Or complexities that were always there but that you are becoming more aware of?

Be specific and unpack a few on depth, rather than brainstorm a long list



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?

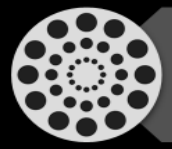
Is the adult's contemplation, preparation or action in relation to these behaviours conditional on any circumstances or self-centered goals?

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

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

Coercive control	Psychological and emotional violence	Physical violence & harm
Sexualised violence	Economic abuse	stalking
Social violence	Image based abuse	Technology facilitated abuse
Systems abuse	Cultural and spiritual abuse	Reproductive violence

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



<u>Starts</u> 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

build **R**apport



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 Vlais, 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."

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.

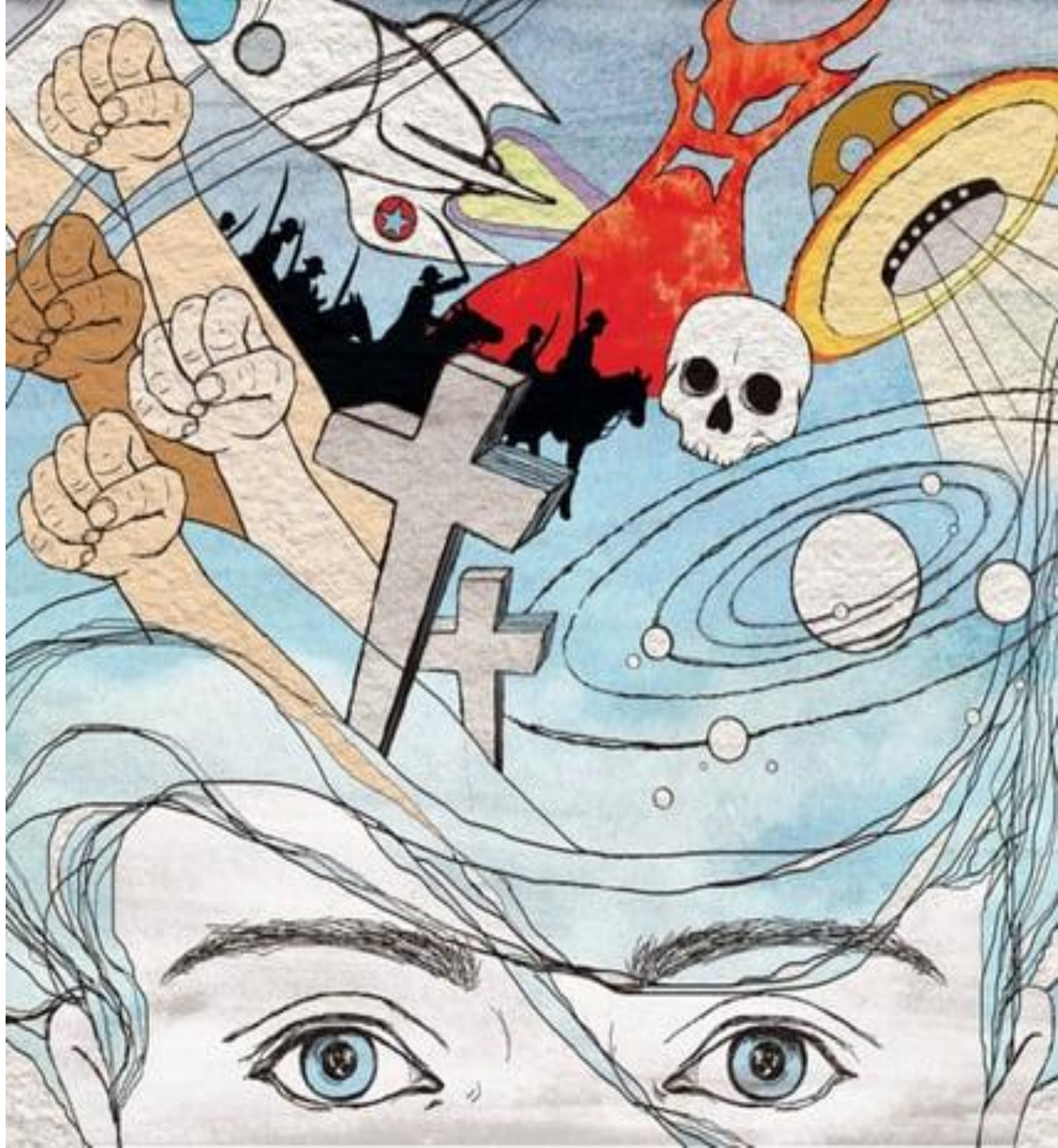


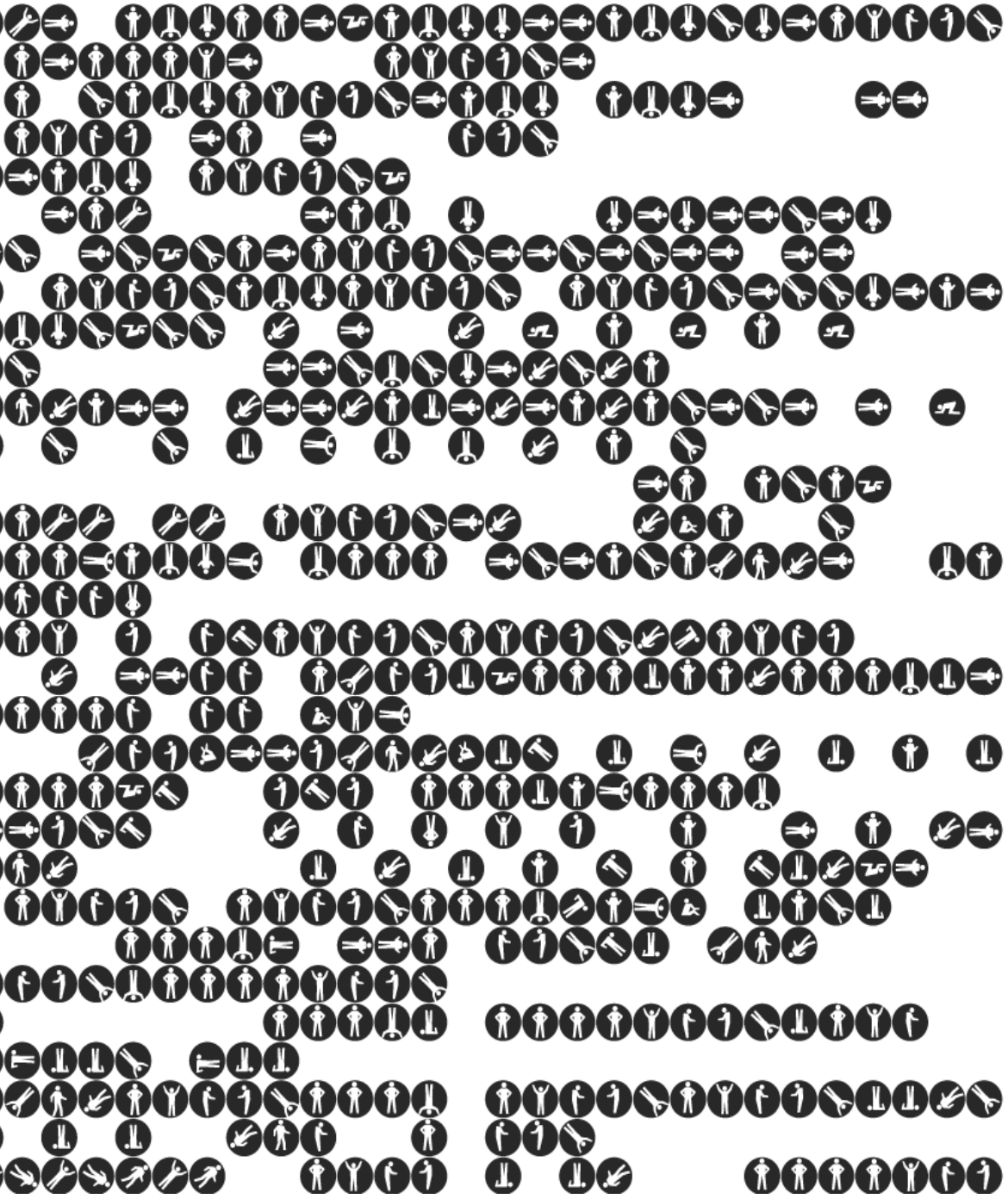
General beliefs about violence (not DFV-specific) have a role for *some* offenders – to *varying degrees* – in contributing to patterns of coercive control… violence and coercion as an accepted and normalised means to:

- resolve conflicts, persuade others to do things and achieve personal and social goals (self-advancement)
- gain respect from others
- 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 when feeling not part of the majority
- 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
- reinforce personal and collective criminal pride
- 'let off steam' – 'I have no control, I just lose it…'

Which of the above apply differs from offender to offender

See research by Devon Polaschek and others on different types of implicit theories used by different violent offenders
https://www.researchgate.net/publication/5473475_Linking_Violent_Thinking_Implicit_Theory-Based_Research_With_Violent_Offenders





Dr Karen Mitchell (2024) – Common attributes of Persistent Predatory Personality

- Driven by a need for control, power and dominance
- View of self as superior, special and entitled
- Explosive inner response to being compromised or challenge
- Vengeful
- Uncompromising
- Predatory and exploitative
- Sadistic
- Low regard for laws, regulations, agreements, social and moral codes
- Sexual/relationship boundary violations
- Unreasonable expectations of others
- Major impression management: “I am normal!”
- Chameleon-like
- Dishonest
- Devious, manipulative and ferociously calculated
- Unwillingness to accept responsibility for the harm they cause to others’
- Emotional deficits, acted rather than authentic emotions
- Callous and unremorseful
- Unremorseful
- Self-interested
- Brazen

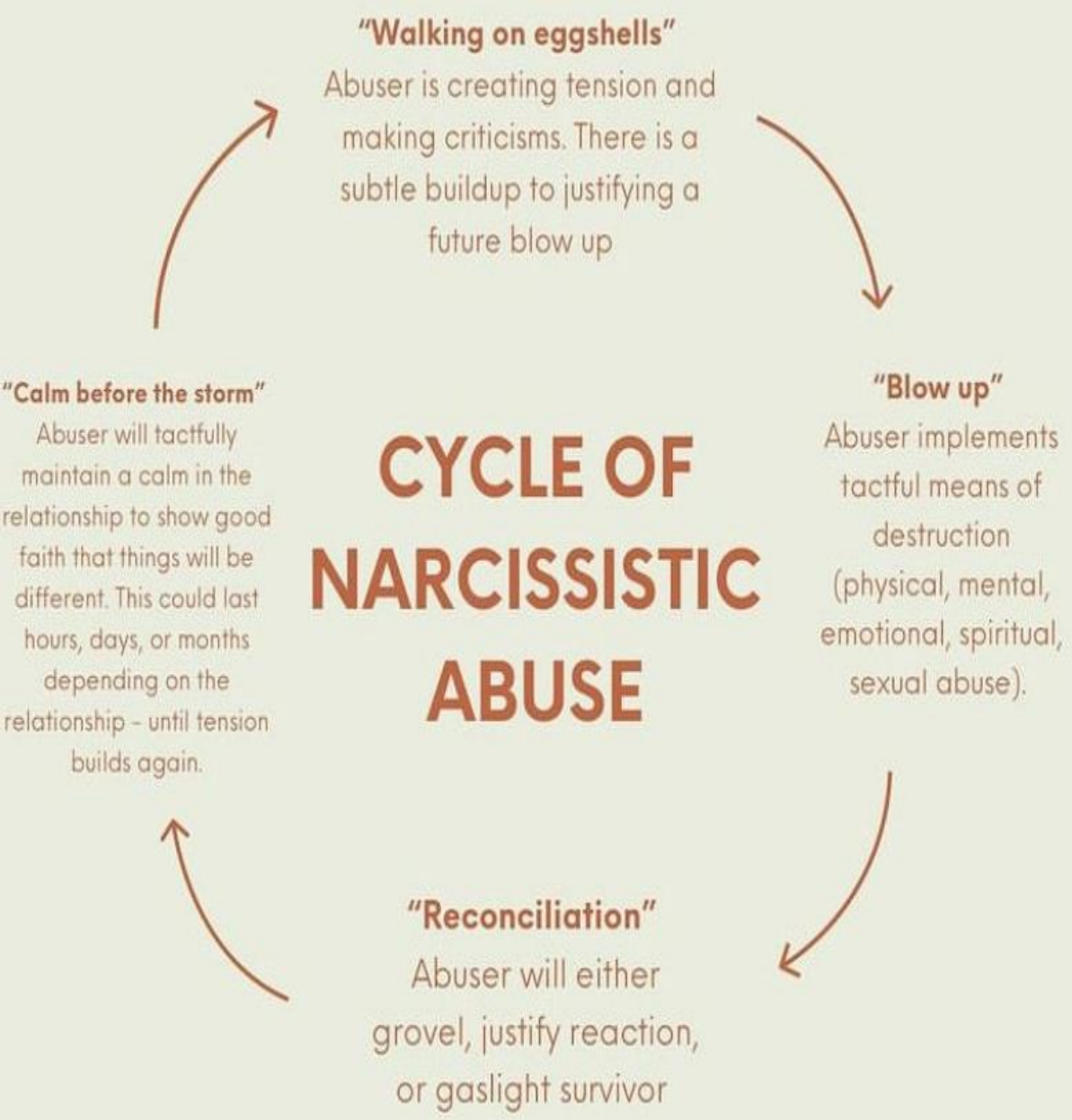
What are the implications of considering the different motives that adults who cause DFSV harm might have in using power and control?

What does this mean for your programs or practice?



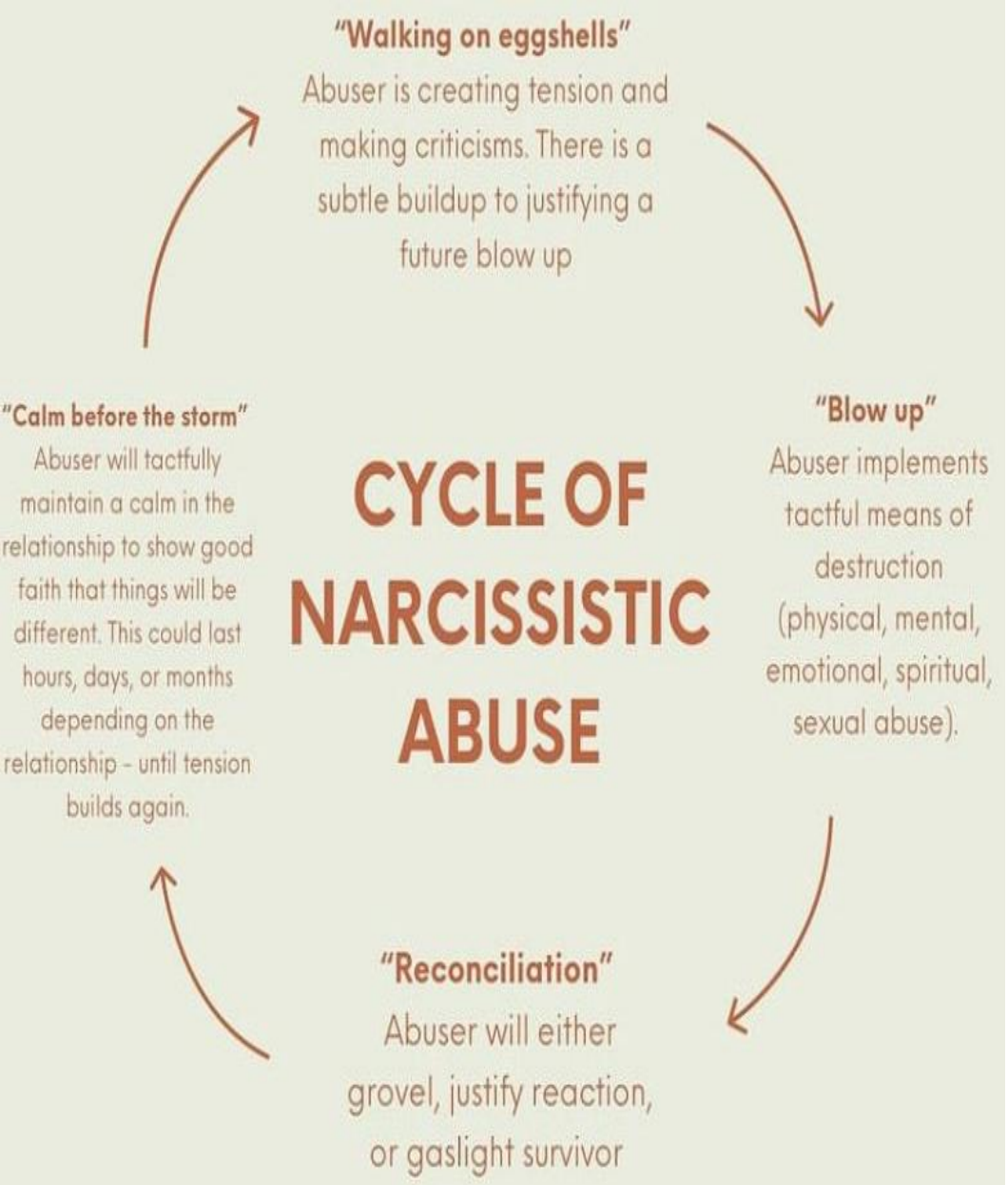


It's even more complex! I can't do this alone – where's Bitser?



https://www.therapywithab.com/blog/2023/10/12/the-cycle-of-narcissistic-abuse

- Sees oneself as exceptional
- Attuned to others mostly in relation to self-relevance… very externally focused, develops internal goals based on what they think they need to do to achieve admiration & 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
- "I'm exceptional [and entitled]" through capitalist, corporate, hierarchical power… or through being a pillar of the community, a great helper, a heroic leader (who might predate younger people in a helping profession for sexual gain and admiration)
- Deeply traumatised 'ego' (often due to intense childhood trauma experiences)
- Seeks and depends on admiration from others
- Only feels worthy if they are admired, unique, exceptional
- Mines others for love, support, respect & 'kitten strokes' – seeks to extract adoration and support from their partner and others, and to maintain the flow of these "narcissistic supplies"
- Heightened sense of entitlement
- Very, very 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'



https://www.therapywithab.com/blog/2023/10/12/the-cycle-of-narcissistic-abuse

- 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 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) 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
- 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 they 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
- **Narcissism is on a continuum/spectrum**

How to Stop Being a Narcissist

If you're already self-reflecting on your narcissistic traits, this self-awareness will go a long way in helping you stop being a narcissist. Continue focusing on noticing when you display narcissistic behaviors. Ask yourself, "What triggers me to go into a rage" or "What makes me want to be admired constantly"? Noticing the precursors to these behaviors can help you understand your patterns.



- Mental health assessment is crucial to determine the presence and extent of narcissistic traits
- 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 **(as the practitioner, expect to be discarded and devalued)**
- Consider the careful use of immediacy when the adult moves into vague/general territory or avoids focusing on an issue
- 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 of course can be a high-risk time as they will amp up their maladaptive coping strategies to try to restore their fractured ego (e.g., increase their manipulative behaviour to persuade the survivor to return, threaten severe violence, threaten suicide, etc.) → 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 treatment

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- 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, feelings of wanting to rescue the adult…
- Model emotions that the narcissistic adult finds difficult to experience (gratitude, humility, remorse)
- 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 risks with you, if you can keep him in the program / in the work and if your alliance survives his fragility
- If the adult is heavily narcissistic, there are risks in bringing his harmful behaviour into the centre of your work with him too early. Direct confrontation of his harmful behaviour can result in the him feeling criticised and demeaned, leading to hostility and/or withdrawal.

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- The main goal is risk management, to make it less likely he will use severely violent & controlling behaviours in the short to medium term.
- If the adult has strong narcissist traits, and you can find ways to genuinely reduce short to medium-term risk without focusing directly on his most harmful, violent and controlling behaviour, do so.
- There might be various stabilisation factors you can work on in his life to reduce risk.
- Of course, if his narcissist traits are only elevated and not very strong (i.e., not to the extent of approaching Narcissistic Personality Disorder), then you will have more room to focus more centrally on his use of violent and controlling behaviour, earlier in your work with him.
- This is one reason why mental health support is crucial – to help you determine how strong his narcissism is. If you over-inflate it, you might needlessly avoid a direct focus on his harmful behaviour, which can of course be collusive.
- If he is experiencing a 'narcissistic would', help him to restore a sense of feeling OK without him needing to resort to his usual maladaptive, harmful behaviour to restore things and restore his ego.
- This might require creative case management approaches. Work with him to develop more adaptive, less harmful options.
- Take identity loss seriously (see the section on identity loss in my resource *Case planning for adult users of DFV* for details)

Engaging with possessive jealousy



See the resource: *Addressing violent and controlling behaviours associated with possessive jealousy amongst users of domestic, family and sexual violence - updated*

Jealousy is anxious, agitated worry characterised by significant rumination



- Men will often point to experiences of women/partners ‘being unfaithful’, while not disclosing their own
- Women seen as ‘objects’ that can be taken by other men
- **Intensely held, absolute, black-and-white** entitlement-based beliefs (viewed by the men as ‘truths’, not beliefs) cloaked as ‘protecting women’ and ‘saving the relationship’
- Emotional vulnerabilities (for some, from childhood attachment traumas) can feed the intensity of felt jealousy
- Countless circumstances & internal states can trigger ruminations
- ‘Survival perpetrators’ (who depend heavily on either being in a relationship, or on their current specific partner) can be dangerous if the relationship is threatened

Ultimate goal is to address underlying gendered and entitlement-based beliefs that give rise to the ruminations

- Leading up to this, each man needs to develop his own motivation towards taking a stand against the jealous thoughts – for him to see that the ‘real enemy’ is not her, but how much these thoughts consume him
- Physiological and grounding strategies to bring down, or gain a touch of distance from, the intensity of the agitation
- Classic CBT approaches to support men to identify and challenge cognitive distortions can be useful with jealous rumination, even though in general third wave CBT is ‘replacing’ this



Common cognitive distortions associated with jealous ruminations

- *jumping to conclusions* (“she hasn’t returned my texts tonight, something must be going on!”),
- *imagination-based reasoning,* of becoming convinced that she is being unfaithful on the basis of images that the man has in his mind (“it must be that fella she talks about at work, they’re having drinks together now, I just know it!”)
- *catastrophising* (“if she is attracted to someone it means she will leave me”)
- *black-and-white thinking* (“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* (“I need to know for sure that she’s never having an affair, and I need to know now!”, “I need to make absolutely sure that she never cheats on me”).



Addressing the anxiety component → how the continued search for 100% certainty fuels jealous ruminations

The need for certainty can act more powerfully than a ‘cognitive distortion’, and for some men be part of what they 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 decides to murder her); attempts to obtain absolute uncertainty only fuels the man’s anxiety further.



Pathological/morbid jealousy might apply to a few

- Delusional morbid jealousy
- Obsessive morbid jealousy

Pathological/morbid jealousy requires mental health treatment as part of a comprehensive strategy



Addressing possessive jealousy



- Prepare the user of violence – reducing social violence behaviours will often result in an initial/temporary ***increase*** in anxiety
- Use mindfulness strategies drawn from DBT and ACT
- Address cognitive distortions using golden oldies like the Five Chairs Technique
- Address underlying gendered beliefs – if you have space in the program to do this safely and well, support men to reflect biographically when and how these beliefs came into their life → extend this into a *She's not your rehab* approach
- Address possessiveness – see the previously-mentioned practice resource for details
- Use video vignettes to stimulate group and client explorations in the third person – see the previously-mentioned practice resource for details
- Focus on what feeding possessive jealousy and the use of social violence takes men away from that's of value to them – don't assume, however, that all men in the program value genuine intimacy and love → some men are motivated mostly to use intimate relationships for material, domestic, emotional and sexual gain, or to maintain their narcissistic self-protection in the context of a trauma background

Engaging with trust

from the Duluth manual



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 man 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?

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.

Substance use and DFV use

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?)



The dynamics through which AOD use by the person causing harm increases risk and harm can be varied and complex

Substance use & DFV use… ctd

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 instill 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?

Are substance(s) used around children and young people?

Does substance use result in an increase in particular types of obsessive thinking and rumination of negative thoughts?



AOD lifestyle and DFV

- Consider the whole spectrum of AOD lifestyle issues – not only AOD use – in terms of the dynamics associated with risk and harm. This includes the offender's thinking, restricted focus, obsessions and behaviours associated with cravings for the substance(s), securing access to and acquiring the substance, planning its use, withdrawal, and in maintaining connections related to use.

- Multiple aspects of the adult's AOD lifestyle can be associated with patterns of coercive control. The offender might use particular coercive controlling tactics, in part, to maintain aspects of their AOD lifestyle.

- These tactics can be heightened when the victim-survivor is also using substances. There is growing evidence, for example, that adult persons using violence choose, on average, relatively more severe forms of physical violence when a victim-survivor is a user of illicit substances.

- There is also widespread evidence of many adult persons using violence adopting tactics to interfere with efforts by victim-survivors to reduce or recover from substance use.



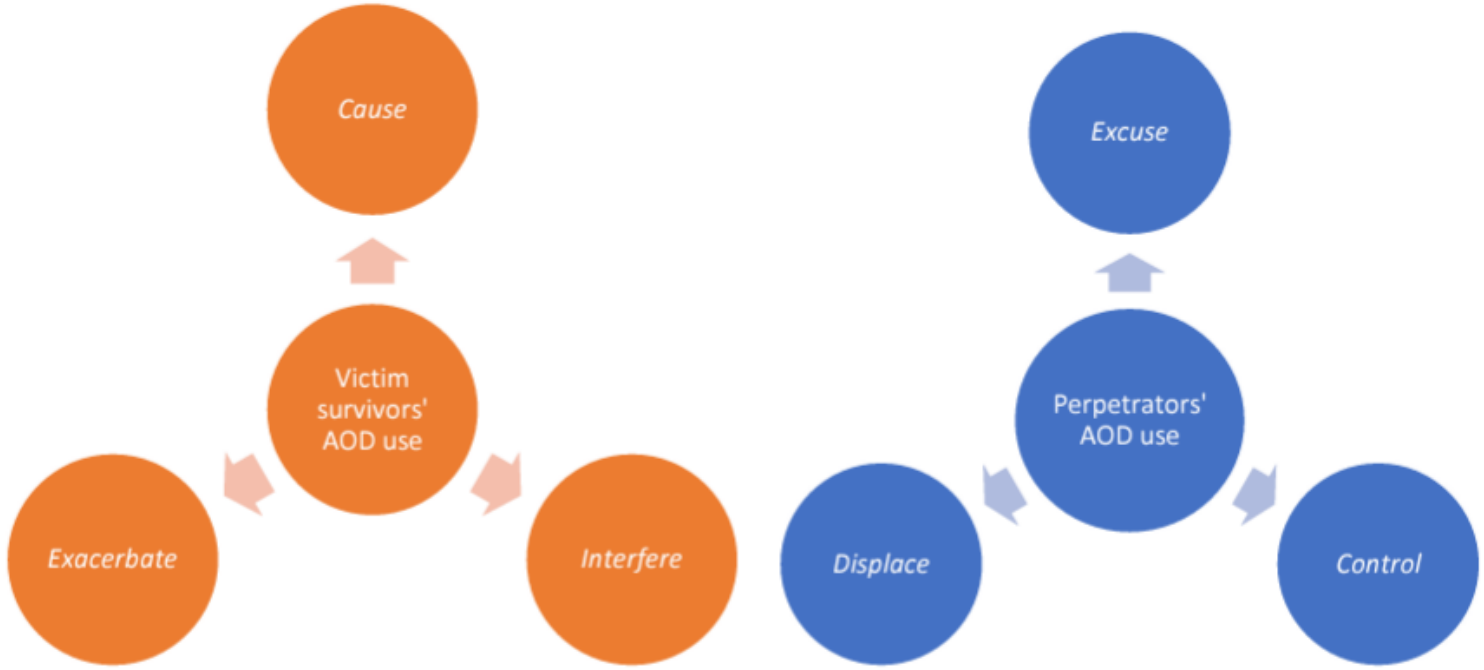
It is not just intoxication that can increase risk and be associated with increased harm

There are multiple ways in which an **individual's AOD lifestyle might be implicated in their patterns of controlling and violent behaviour**:

- express increased irritability and have lowered distress tolerance during intense periods of craving, increasing their likelihood of choosing to use violence when feeling 'annoyed' by victim survivors
- be less able to adopt flexible, other-centred thinking if their attention is narrowly focused on when they will next be able to drink or use drugs – this narrowing of focus can make it easier to operate on 'auto-pilot' based on the well-worn tracks of their violence-supporting narratives and victim stance thinking
- use threats, intimidation and other coercive controlling behaviours to force victim survivors to acquire substances for them, including through illegal activity
- 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

There are multiple ways in which an **individual's AOD lifestyle might be implicated in their patterns of controlling and violent behaviour… ctd**

- escalate their use of physical and other forms of violence in 'retaliation' when the victim survivor:
  - 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 adult's expectations that the victim survivor put their, and their family's needs, second to the individual's obsession with the substance
  - attempts to directly limit the individual's substance use.
- behave unpredictably when using drugs and/or intoxicated, leading the victim survivor to need to monitor constantly the adult's moods for signs of impending violence
- create a threatening environment for the victim survivor by exposing them to situations where the adult using family violence and their friends are very intoxicated and in the same space
- be extremely irritable and emotionally changeable during periods of withdrawal – some victim survivors report that periods of withdrawal can be the highest-risk times that they experience.



Cathy Humphreys, University of Melbourne

Assess perpetrator patterns of coercive control impacting the victim-survivor's use of substances and associated decisions/actions, and on entrapment.

Substance use coercion

Introducing substances to the survivor

Coercion directly related to survivor's substance use

Coercion related to supplying and controlling substances

Coercion related to children, child protection and family law

Coercion into unwanted sex work and criminal activity

Threats to involve justice system authorities

Undermining survivor's recovery efforts and access to treatment / services



How do you currently address substance use in your program or service, including substance using lifestyles? How might this be improved?

Entitlement, trauma, masculinity and humiliation: A poem

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.

How mental health issues can make it easier for some adults to choose violent & controlling behaviours



- impacts of depression
- depression with felt hopelessness
- anxiety patterns and rumination
- anxiety patterns and controlling behaviours
- mental health conditions of under-control
- mental health conditions of over-control
- chronic shame & shame anxiety

Other intersections between mental health and DFSV use



- life disorganisation & instability
- deliberate use of moodiness
- intensified ruminations & thought stacking
- limited self-efficacy to work towards behaviour change
- have little hope for a better self

Mental health issues as an excuse to use violent & controlling behaviour



- poor me / I can only self-care
- “I can’t cope with hearing this” → avoids accountability
- attributes their MH issues to their partner’s behaviour they want to stop/change
- uses his MH issues as an excuse for social isolation tactics
- coerces her into behaviours to ‘improve his MH’
- threatens not to take his medication to coerce her
- makes suicide inferences or threats
- deliberately plays upon his partner’s goodwill
- confides in one or more of his children inappropriately

Recognising and responding to identity loss/crises



- identity loss is common amongst adult users of DFSV due to the consequences of their behaviour
- when combined with other significant stressors → identity crisis
- increased risk of relapse of previous AOD use or MH conditions
- if associated with catastrophic or all-or-nothing thinking, can represent very serious risk
- an identity vacuum can increase obsessive ruminations with who he blames for the identity loss
- particularly dangerous if he is stewing in humiliated fury because he feels reduced to ‘less of a man’

Recognising and responding to identity loss/crises… ctd



- conduct a holistic health assessment and support him to take positive steps towards concrete health & lifestyle improvement goals
- link to previous/existing or refer to new psychological support
- help the adult to reconnect to the supports he might have forgotten
- proactively case manage towards him filling the identity vacuum with healthy ‘replacement’ activities
- work with him towards not filling the identity vacuum in unhealthy ways or by returning to self- or other-destructive habits

How do you currently address mental health issues in your program or service? How might this be improved?



Listening out for indicators of risk when engaging the user of violence



- What you can glean from his narratives, for example:
  - heightened victim stance thinking, blames her excessively
  - hostility towards her
  - dependency, ‘can’t live without her’
  - desperation, nothing more to lose, his life deteriorating
  - revengeful, ‘can’t let her win’, ‘won’t let some other fella parent *my* children’
  - fixated on his rights in a way that makes her invisible
  - disparaging about her as a parent, says the kids are better off with her
- Evidence-Based Risk Factors you can directly or ‘surreptitiously’ assess
  - it is highly unlikely he will disclose EBRFs related to his behaviour, but you might be able to assess psychosocial EBRFs such as mental health, AoD use, employment, major stressors, etc.
  - situational EBRFs (his partner pregnant or has an infant, recent separation, partner isolated, etc.)
- Power imbalances between him and the victim-survivor in addition to gender
  - e.g., he’s much older, she’s living with a disability, he has more local extended family supports than she has, he has racialised or cis-gendered privilege, has networks and resources that he can utilise that she can’t, has status in the community

Listening out for indicators of risk… continued

- What you can glean about coercive controlling behaviours that he might be using
  - from the way that he talks about day-to-day relationship/household/family life, how decisions are made, how he talks about family finances, how he talks about his partner, etc.
- What you can glean about any systems abuse tactics that he might be using
  - pathologises her, tries to influence your narratives about her
  - tries to get services and the system to view her as the perpetrator
  - tries to weaponise involvement of your or other services to his advantage
  - uses family court / family law system to maintain a controlling presence or to punish her
- Major changes in circumstances, new events or stressors, new developments in how the victim-survivor or services/authorities are responding to his violence
- What meaning he makes out of the change in circumstances, new events or responses by others



Purpose of perpetrator-focused risk **analysis**

How likely is the adult causing harm to continue to use DFSV despite the presence of service system responses that attempt to place constraints on their ability, inclination or choices to do so?

In practical terms, this question could mean, for example *How likely will the serious-risk adult abide by DVO / court conditions?*

This purpose is also related to assessing triggers for change or escalation in severity of violence, including a focus on **acute dynamic risk factors**

And it relates to the BIG question – are our service system responses sufficient? Are we doing enough? Are we acting smartly and strategically to reduce and manage risk? Could we be making things worse, inadvertently escalating risk in the short-term or contributing to long-term build-up of risk?



Purpose of perpetrator-focused risk **analysis**… ctd

Under what (new or changed) circumstances or scenarios might the risk posed by the person using violence escalate significantly?

This question relates to the need to **predict** scenarios in which the individual might be at increased risk of using lethal or near-lethal violence, or another form of severe violence such as kidnapping a child from the adult victim survivor. In other words, *What are the pathways from here in which this could end badly?* Predictive analysis allows risk management approaches and actions to be identified that might reduce the chance of such pathways happening.

Considerations when assessing perpetrator-driven risk

- Evidence-based risk factors that focus on the user of violence and their behaviour
- Evidence-based risk factors that focus on the victim-survivor's circumstances and situational variables
- Coercive control and social entrapment patterns and tactics
- Targeting of victim-survivor marginalisation and aspects of identity
- Systems abuse tactics
- Risk indicators and considerations specific to threats to and impacts on safety and wellbeing of children and young people
- 'Characteristics' of the user of violence
- Motives – why he is using power and control
- Changed or new circumstances – acute dynamic risks – *and the meaning that the person causing harm makes of the new or changed circumstance*
- Ongoing monitoring and assessment of the user of violence through an intervention – is he genuinely stepping into the required elements of a behaviour change journey?
- Protective factors and deterrents
- Complex needs



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).

11:25 / 39:32

Perpetrators can take their motives to use DFSV to new levels when particular circumstances change that are relevant to their motive

Actual or pending separation can be a potent 'trigger situation' – risk and severity of violence can increase after separation, particularly if the perpetrator is desperate to try to return things to how they were before, cannot imagine a life for himself without her / his family, is highly dependent on her, and is depressed and/or has suicidal ideation… or if he is very hostile and bitter about how 'she has ruined my life', that 'she won't get away with taking my kids off me', or that 'I'm not letting another man parent *my* kids'.

Once the perpetrator realises he cannot return things to how they were before, or in his view believes that she has 'won' against him, his mission can change from doing everything he can to control her, to destroying her.

The sequence can be:

1. she increases her resistance to the violence and control / separates from him or engages in separation-like behaviours

2. he then escalates his coercive controlling and violent behaviours

3. if this doesn't succeed in regaining control, homicidal thoughts intensify if he can't accept the outcome of her 'winning', and/or suicidal-homicidal thoughts intensify if he sees no hope for his future and blames her.

'Trigger situations' for a highly dependent or hostile/revengeful perpetrator can include suspected or actual infidelity (by her), her re-partnering, child custody disputes / sustained loss of access to children, he loses or is about to lose significant status due to justice system responses, his financial ruin, his life deteriorates and he feels he has nothing to live for.

A significant minority of perpetrators who commit domestic homicide (30 – 50%) have had no known service system history of using DFV (or at least of using serious DFV), but who are highly controlling and who fit the pattern of being highly dependent / potentially suicidal / severely jealous, and/or highly hostile and revengeful.

Intimate Partner Homicide Timeline:



See
https://homicidetimeline.co.uk/
by Jane Monckton-Smith

Fixed Threat (left) vs Persistent Disorderly (below) pathways to intimate partner homicide – ANROWS

https://www.anrows.org.au/publication/the-pathways-to-intimate-partner-homicide-project-key-stages-and-events-in-male-perpetrated-intimate-partner-homicide-in-australia/



OFFENDER

The offender is typically white, middle class and has very low levels of contact with the criminal justice system



VICTIM

The victim and offender start their relationship, which is often characterised by significant power imbalances (favouring the offender), and controlling and abusive behaviours perpetrated against the victim

Offender feels his control over the victim start to slip

Offender blames the victim for his loss of control in other domains of his life

The offender's controlling behaviours escalate, often in the context of the victim refusing to reconcile or acquiesce to his demands

The offender becomes motivated to harm the victim

The offender enters the same space as the victim, often through subterfuge, with an intent to control her



OFFENDER

The offender has complex histories of trauma, AOD, and physical and mental health issues. They have significant histories of contact with the criminal justice system for violence towards other partners, and other offending



VICTIM

The victim and offender start their relationship. characterised by ongoing and persistent patterns of violence and abuse, volatility and persistence

The offender's level of contact with the criminal justice system increases, often leading to a court orders being put in place. The offender and victim may attempted to avoid detection of their continued relationship by friends and family members

The offender enters the same space as the victim without a clear motivation to murder them. However, lethal risk is heightened due to situation-specific vulnerabilities

The offender enters the same space as the victim with an intent to control her

Last resort thinking is characteristic of the fixed threat pathway

The presence of **last resort thinking** is a significant indicator of high homicide risk. This refers to a person who has crossed a ‘moral boundary’ into believing that killing the person who 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 have no other options left to resolve the situation other than killing the person. This thinking is characterised by the belief that the adult’s situation is hopeless, that there are no options available to improve their life, and as such, that it is morally defensible to kill the person who has ‘ruined’ their life.



Homicidal behaviours

- Stalking to reassert into the victim-survivor's life
- When the leap is sudden
- Identify potential trigger points
- Assess any internal and external barriers towards carrying out homicidal thoughts



The leap – *any* action, no matter how small, that represents a step towards researching or making the act more possible – indicates a substantial increase in risk that the adult will carry out the act

Many domestic homicides occur without the serious-risk adult exhibiting last resort thinking.

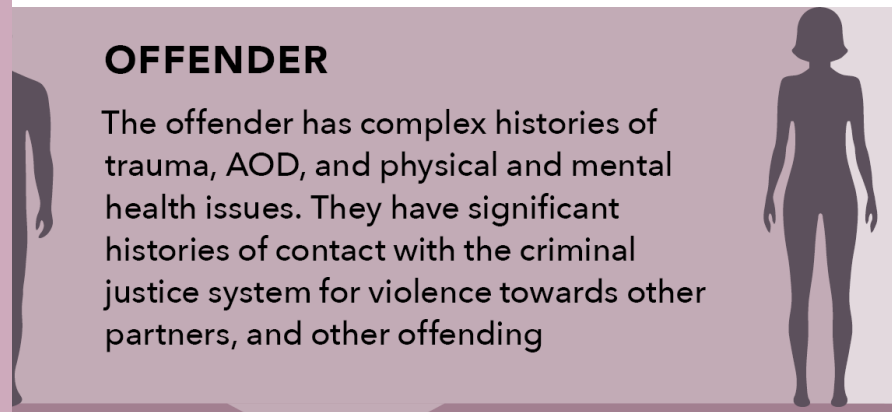
These serious-risk adults also feel highly aggrieved, and believe that the victim survivor is the only person who can ‘undo’ the ‘harm’ and ‘predicament’ they’ve caused for the adult.

These adults often kill 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, and when the victim-survivor refuses to acquiesce to their demands, escalate their violence to the point of killing the victim-survivor, but without having the intention to kill the person in the hours and days leading up to that time.

These serious-risk adults, like those associated with the fixed threat pathway, exhibit very narrow thinking, believing that the victim survivor is the only person who can ‘make right’ the ‘unbearable injustice’ that the victim survivor is caused them.

However, these serious-risk adults kill the victim survivor without having homicidal intent in the preceding weeks.

Persistent Disorderly pathway to intimate partner homicide



Persistent disorderly risk can remain high for some time

Variable emotional states results in situational spikes in risk

→ **Reduce and create barriers to the adult's access to the victim-survivor**

→ **Address contributing factors to distress (substance use, poor mental health)**

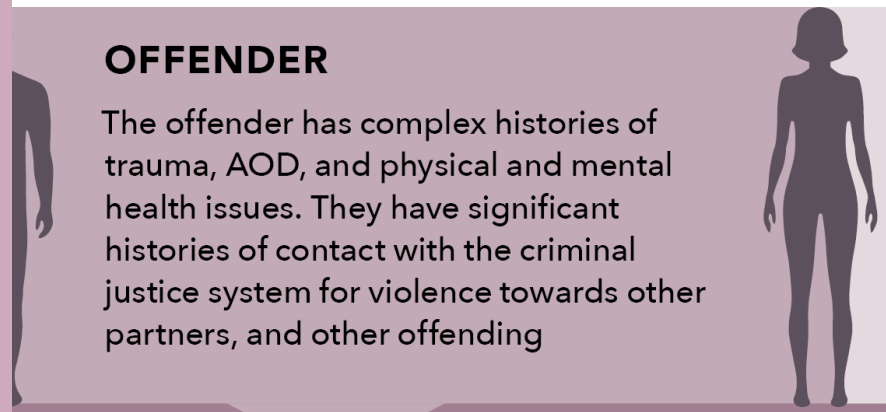
→ **Build distress tolerance**

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

Persistent Disorderly pathway to intimate partner homicide



OFFENDER

The offender has complex histories of trauma, AOD, and physical and mental health issues. They have significant histories of contact with the criminal justice system for violence towards other partners, and other offending

VICTIM

The victim and offender start their relationship. characterised by ongoing and persistent patterns of violence and abuse, volatility and persistence

The offender's level of contact with the criminal justice system increases, often leading to a court orders being put in place. The offender and victim may attempted to avoid detection of their continued relationship by friends and family members

The offender enters the same space as the victim without a clear motivation to murder them. However, lethal risk is heightened due to situation-specific vulnerabilities

The offender enters the same space as the victim with an intent to control her



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 are worried might happen (e.g., “Our service 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 our service to believe that these outcomes might happen, in dot points. The standout indicators of serious risk.

Follow with a statement on your call to action – what you’d like the service to do, even if it is to discuss options with our service.

Try to keep this all to within two pages maximum, one page if possible.

Send this off in email / writing, follow up with a phone call, and ask that they acknowledge receipt.

Consider mentioning 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 our service would be seeking to address this at a higher (managerial) level.