Engaging adults who use domestic and family violence in the context of AOD and mental health services

Rodney Vlais

Presentation for the
Matilda Centre for Research in Mental Health and Substance Use

August 2026

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

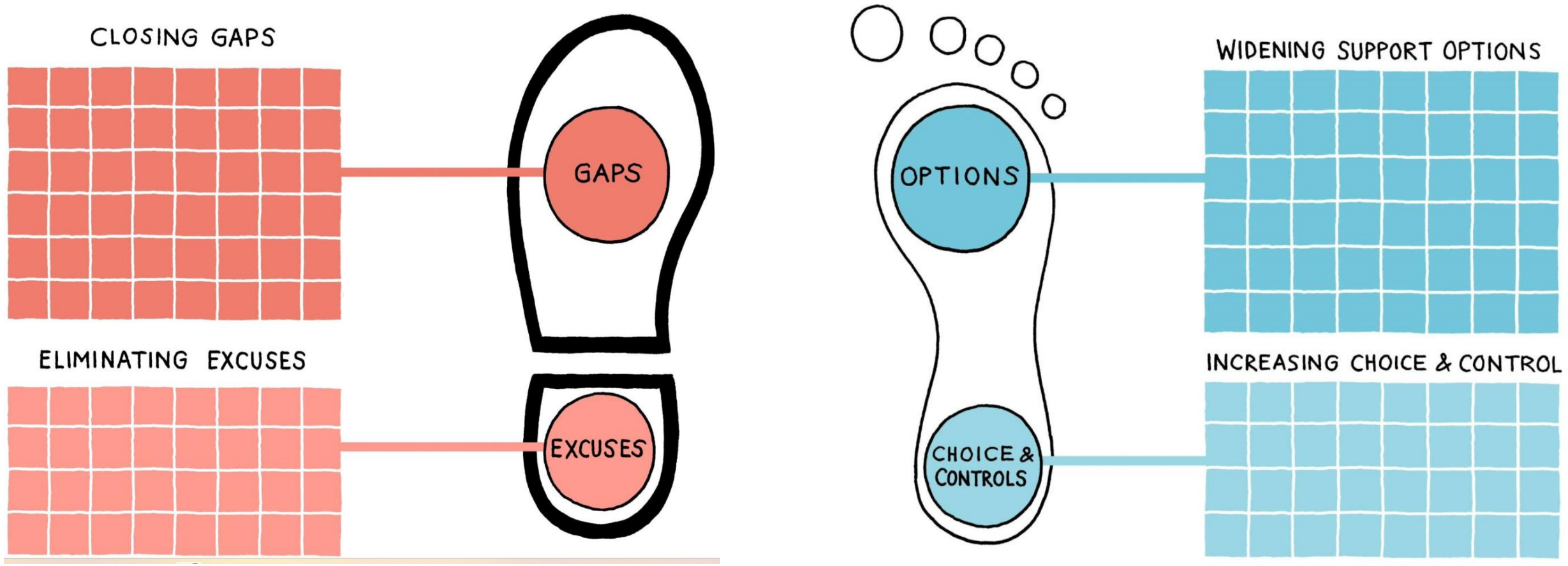
Creating safety

Unsilenced

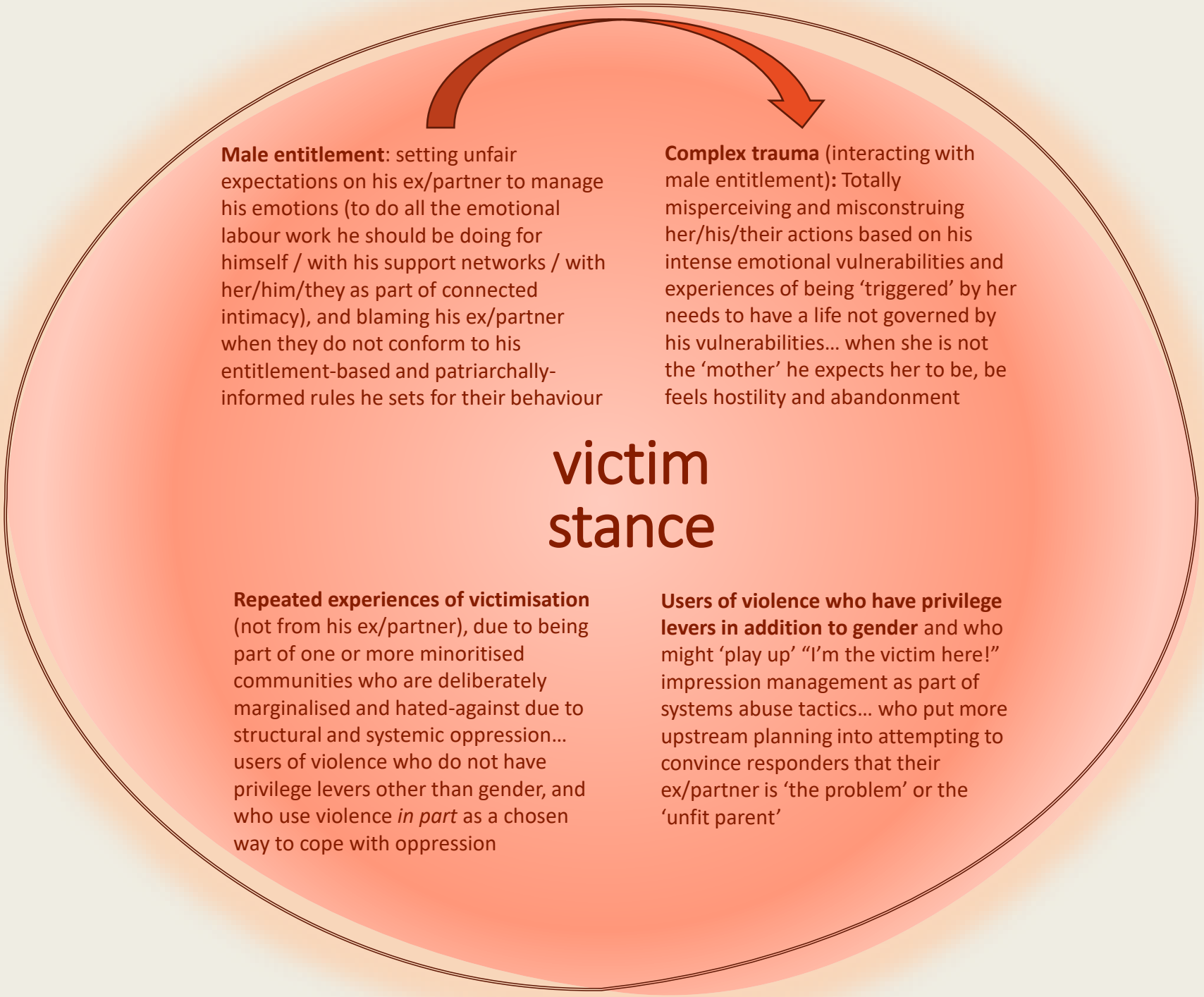
Being together in our ways.
In our **understanding.**

Our actions

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



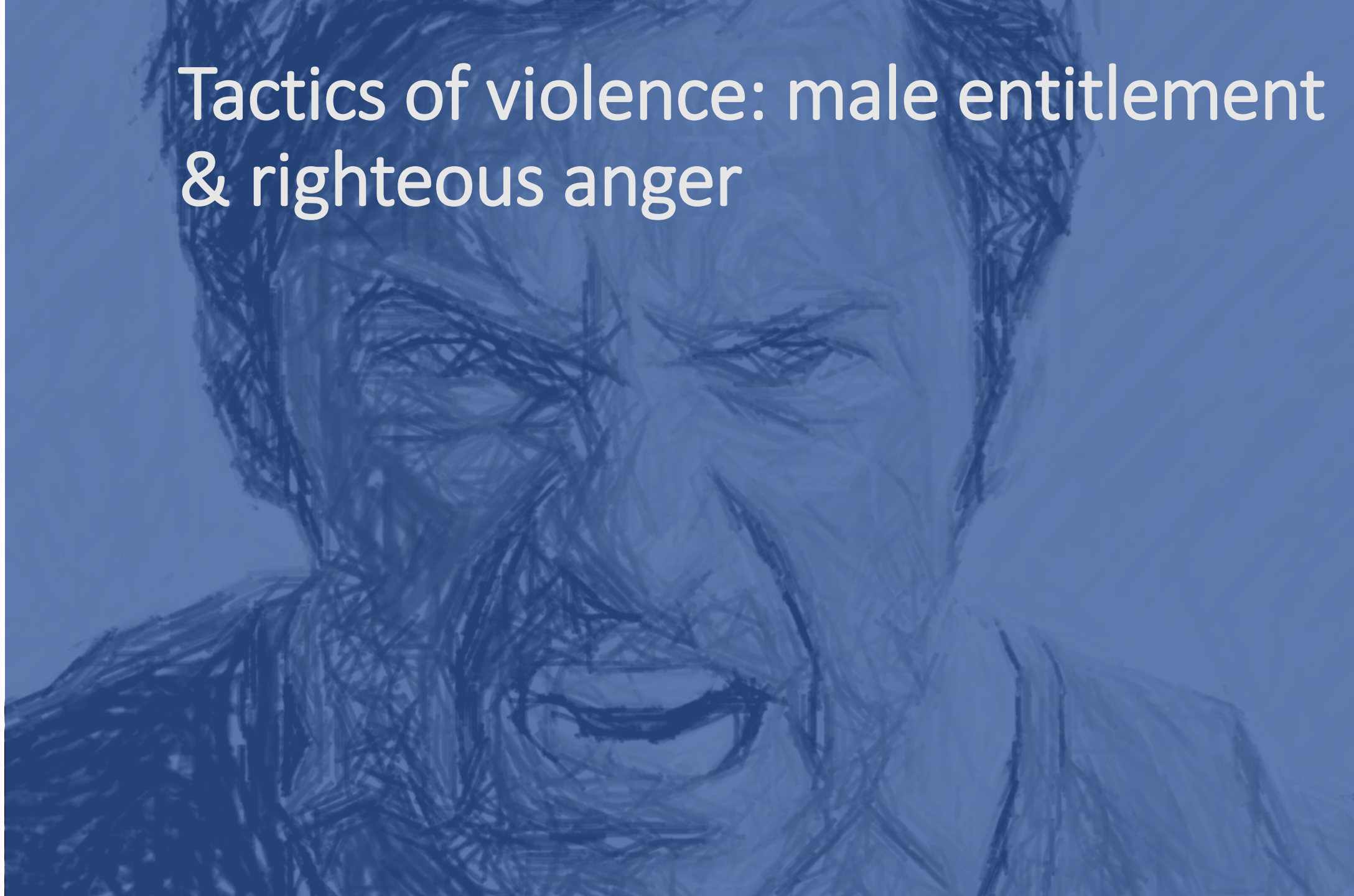
Pyramid of shame experienced by some adult users of DFSV who have a trauma background


Male entitlement: setting unfair expectations on his ex/partner to manage his emotions (to do all the emotional labour work he should be doing for himself / with his support networks / with her/him/they as part of connected intimacy), and blaming his ex/partner when they do not conform to his entitlement-based and patriarchally-informed rules he sets for their behaviour
Complex trauma (interacting with male entitlement)**:** Totally misperceiving and misconstruing her/his/their actions based on his intense emotional vulnerabilities and experiences of being 'triggered' by her needs to have a life not governed by his vulnerabilities… when she is not the 'mother' he expects her to be, be feels hostility and abandonment
victim stance
Repeated experiences of victimisation (not from his ex/partner), due to being part of one or more minoritised communities who are deliberately marginalised and hated-against due to structural and systemic oppression… users of violence who do not have privilege levers other than gender, and who use violence *in part* as a chosen way to cope with oppression
Users of violence who have privilege levers in addition to gender and who might 'play up' "I'm the victim here!" impression management as part of systems abuse tactics… who put more upstream planning into attempting to convince responders that their ex/partner is 'the problem' or the 'unfit parent'

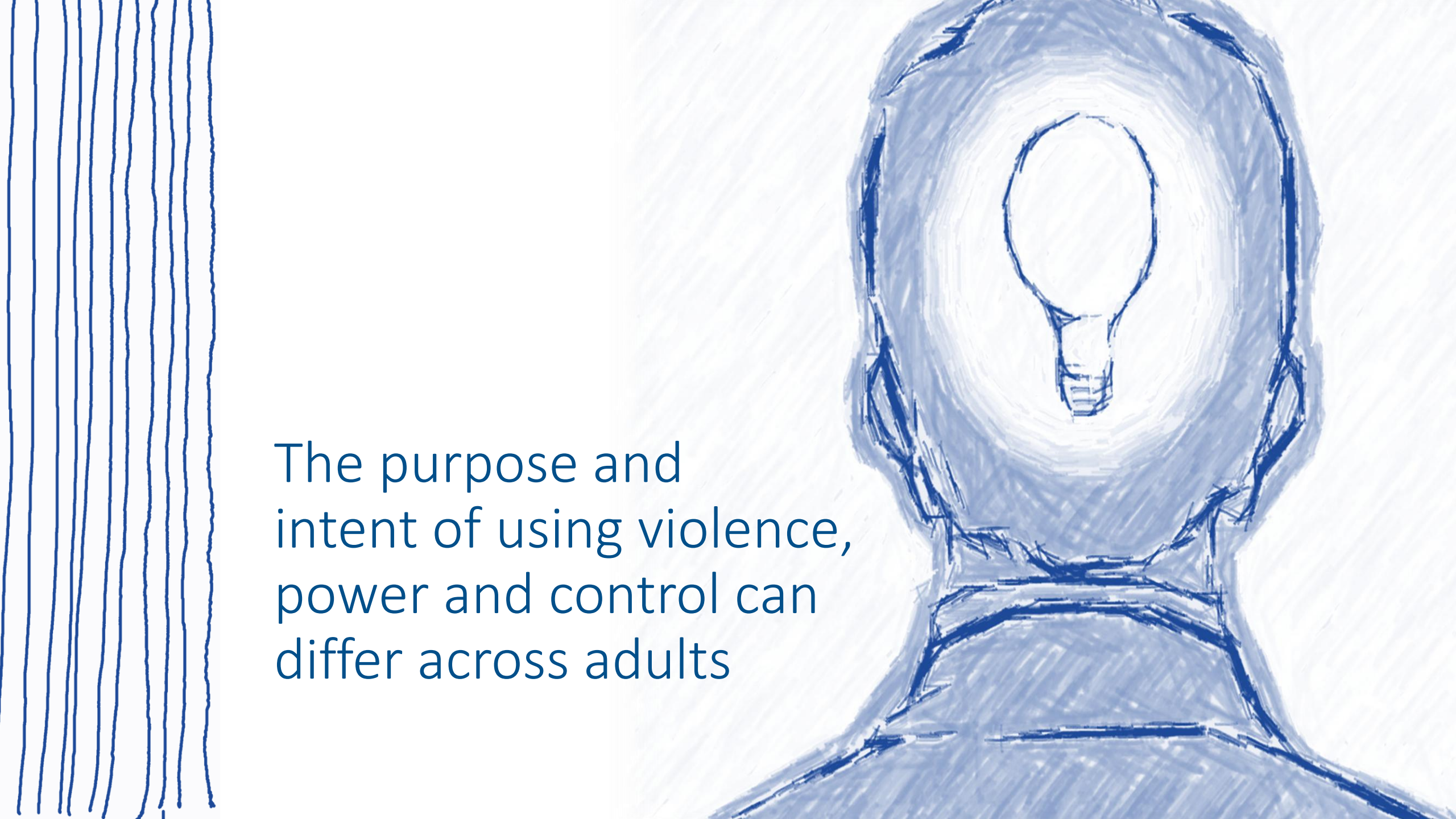
These thoughts, fed by entitlement-based beliefs (sometimes intersecting with the meaning he makes of and his responses to any complex trauma he might have experienced), provides himself with permission to use a range of coercive controlling tactics to shut down behaviour that he sees as ‘unfair’, ‘unreasonable’, ‘defiant’, or as ‘victimising’ or ‘bothering’ him

How he winds himself up to choose to use violence

Tactics of violence: male entitlement & righteous anger



The purpose and intent of using violence, power and control can differ across adults



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

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

Adult user of FV tactics that impact his partner's parenting capacity and relationship with her children

- sabotage the other parent's bond with her children
- destroy her worth as a mother
- limit her capacity to parent
- manipulate the children against her
- punish her through harming or negatively affecting the children
- sever, gatekeep, manipulate or control the family's connections with health and social services
- gatekeep, manipulate or control the family's connections with cultural networks and supports

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

Choice

Capability

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

Levers

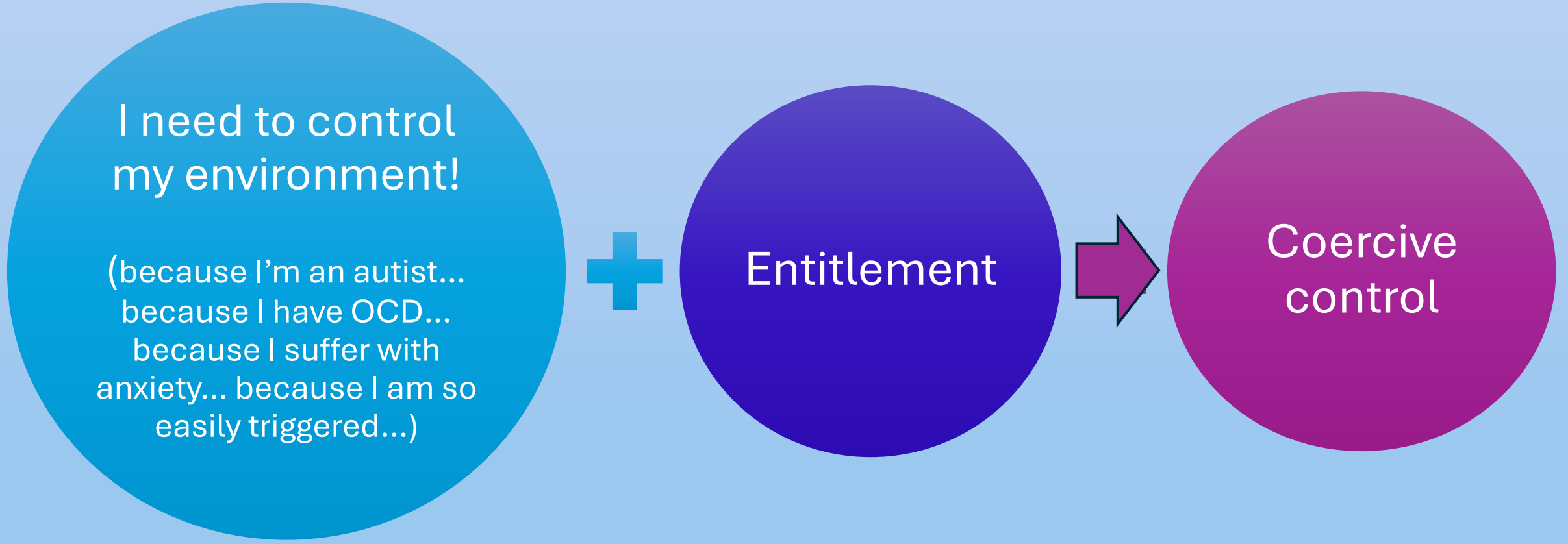
- Privilege-based levers
- Cultural, extended family or community-based levers
- Peer group association levers

Planning

- Degree 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 change his behaviour?


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

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.

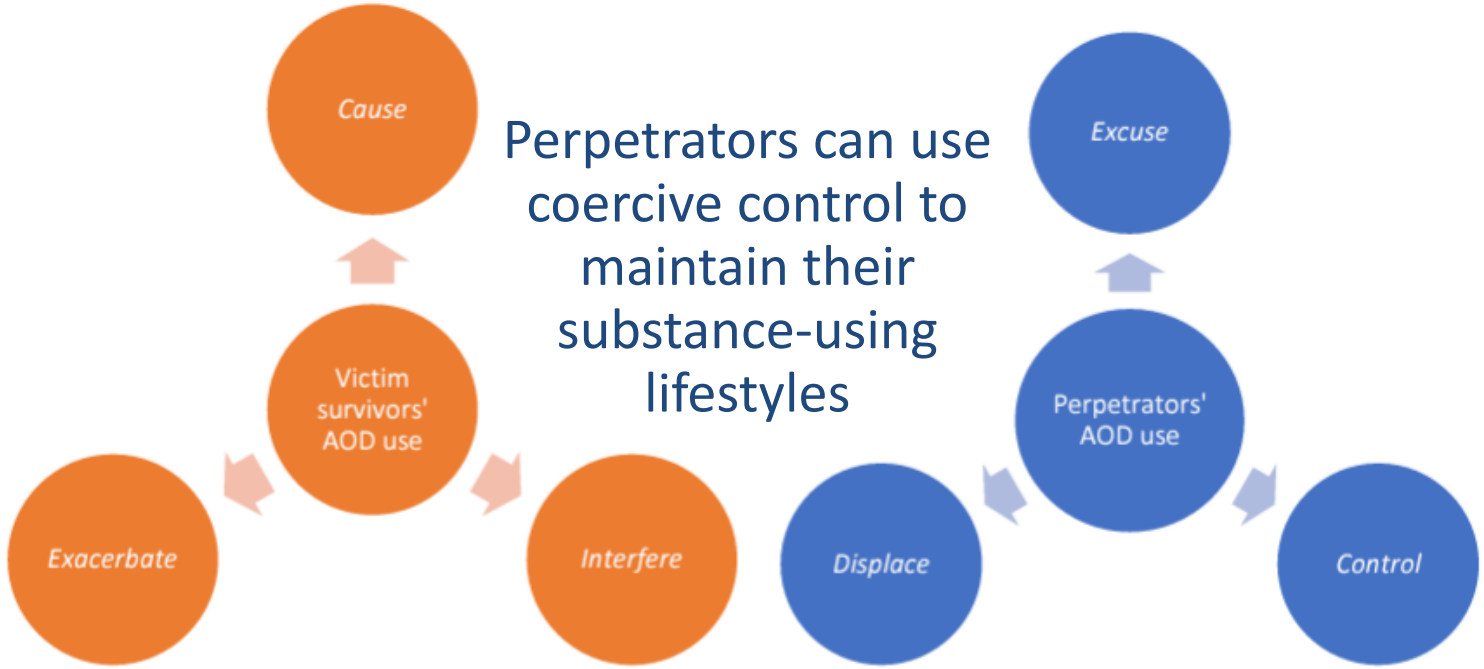
It is not just intoxication that can increase risk and be associated with increased harm

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.

Substance use coercion

Introducing substances to the survivor

Coercion directly related to survivor's substance use

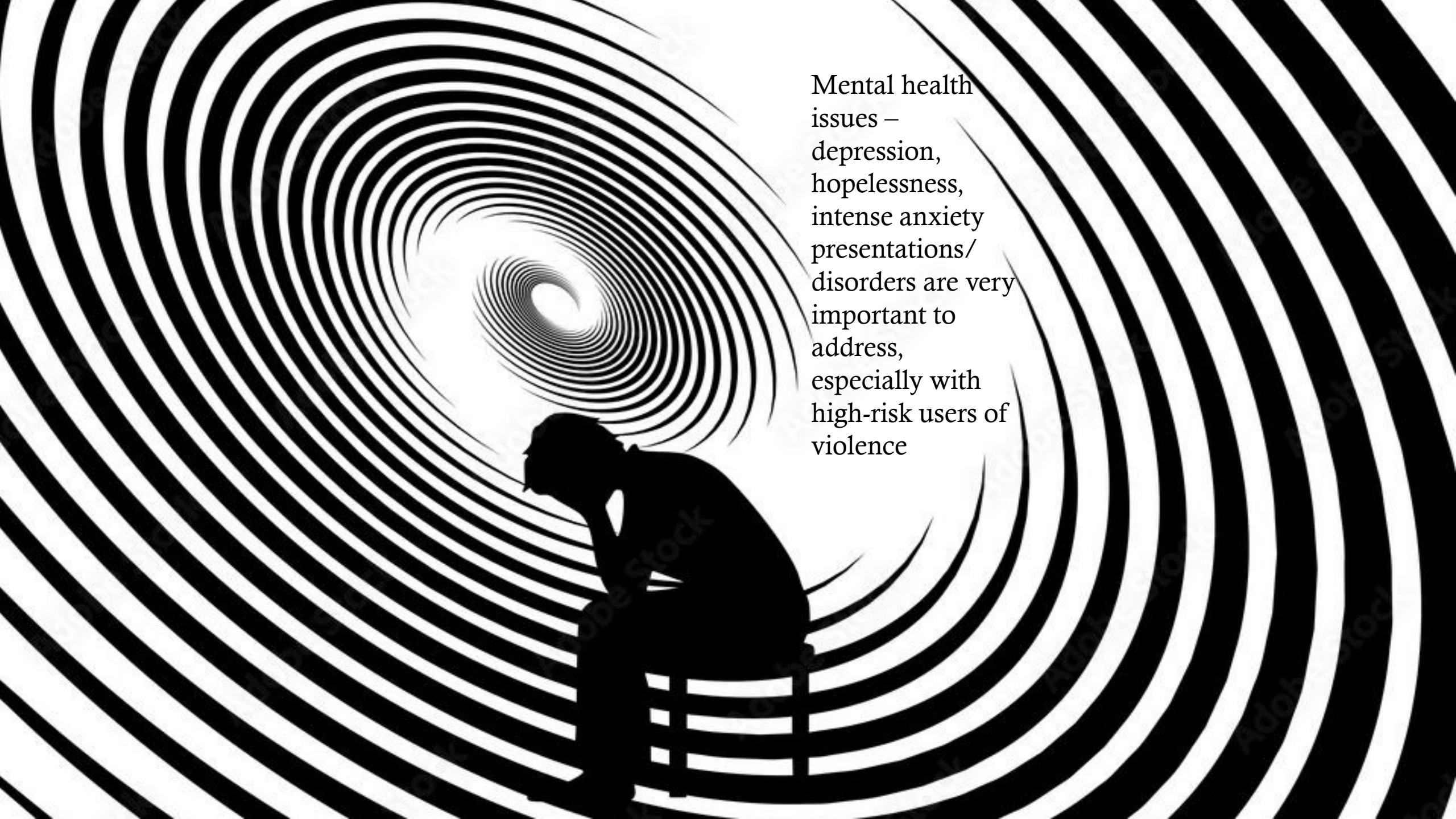
Coercion related to supplying and controlling substances

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



Mental health issues – depression, hopelessness, intense anxiety presentations/ disorders are very important to address, especially with high-risk users of violence

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

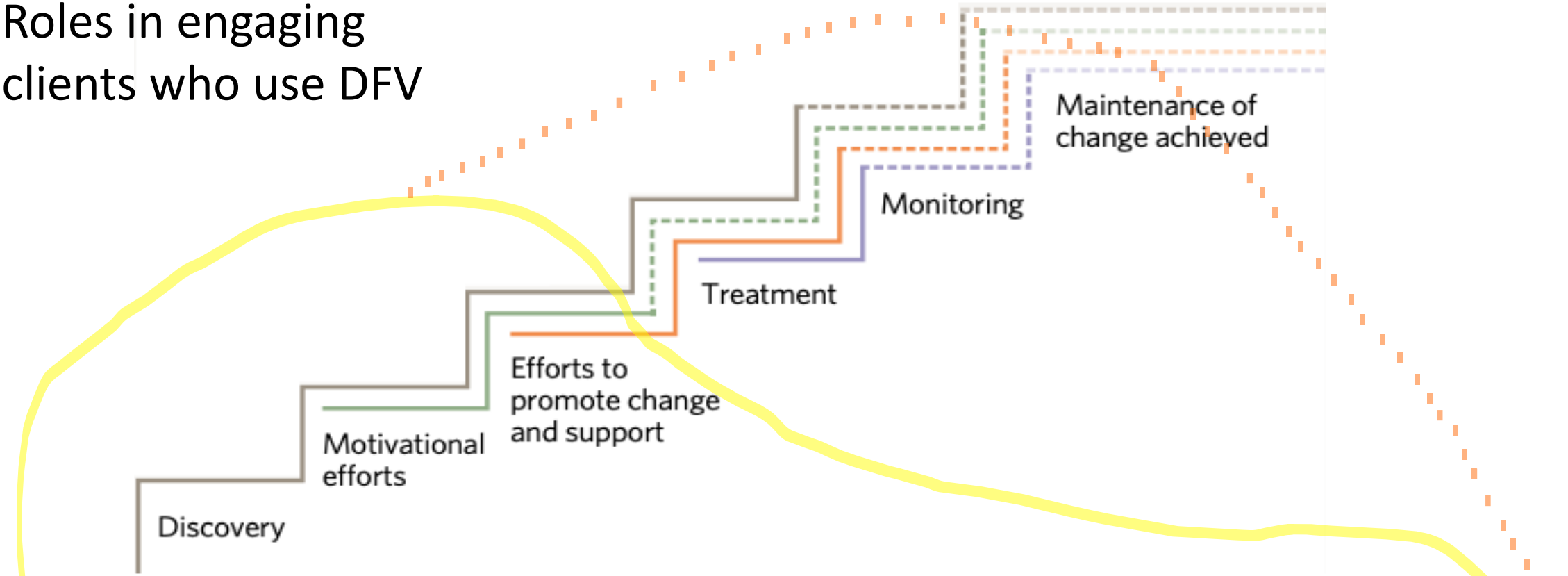
Recognising and responding to identity loss/crises

- 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’

What does it mean to hold the perpetrator accountable?

Significantly adapted Intervention ladder (Swedish Association of Local Authorities and Regions, 2018)

Roles in engaging clients who use DFV



Continuously identifying/assessing indicators of risk, the man's thinking/narratives, new and changing circumstances, and the meaning the user of violence makes from any new and changing circumstances

Safety planning with the user of violence so that he is more likely to make non-violent choices, and risk management planning with other services and responders to make it harder for him to continue to make violent and controlling choices

refer to a specialist DFV behaviour change program

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

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

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

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

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

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

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

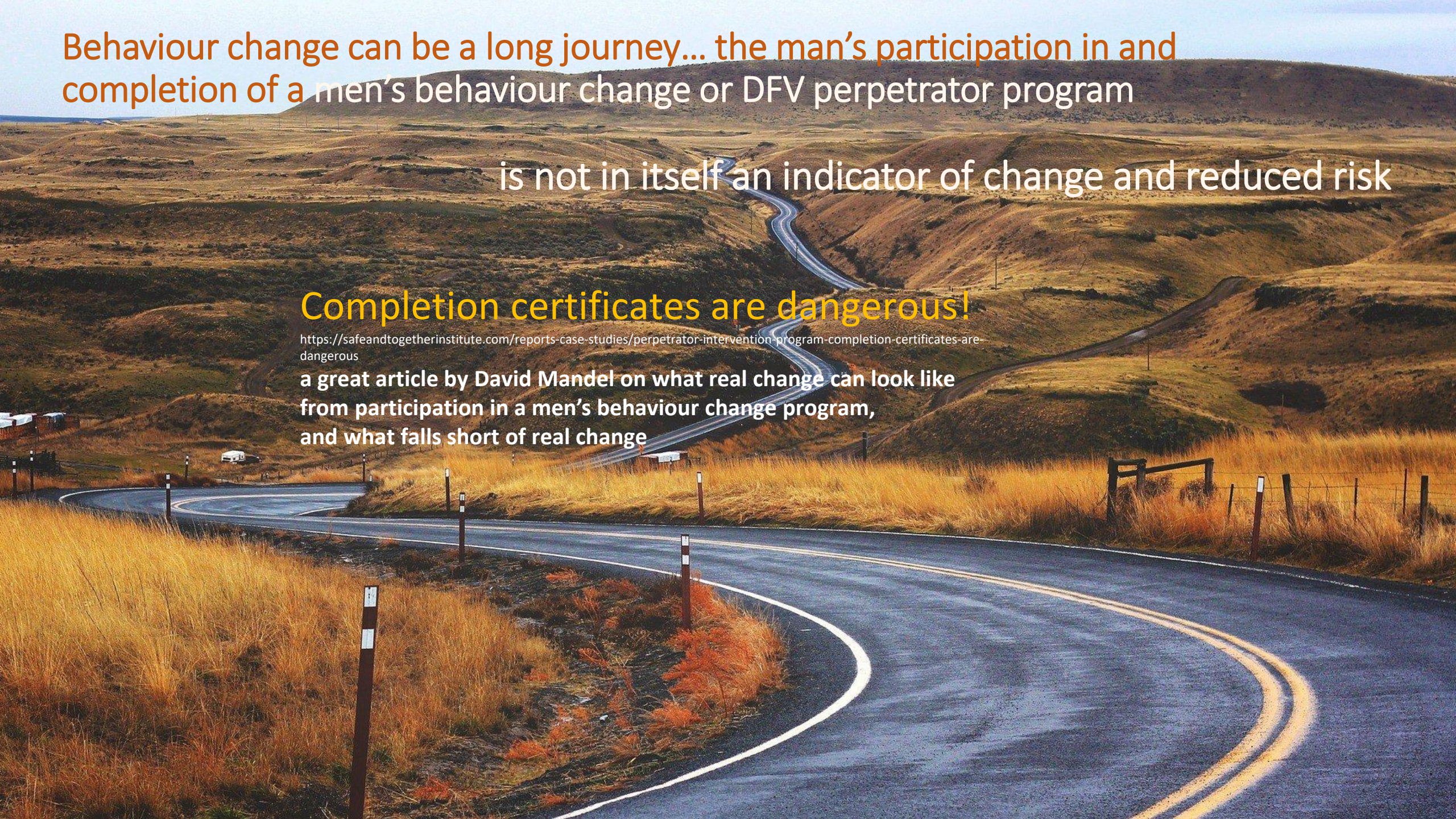
Behaviour change can be a long journey… the man's participation in and completion of a men's behaviour change or DFV perpetrator program

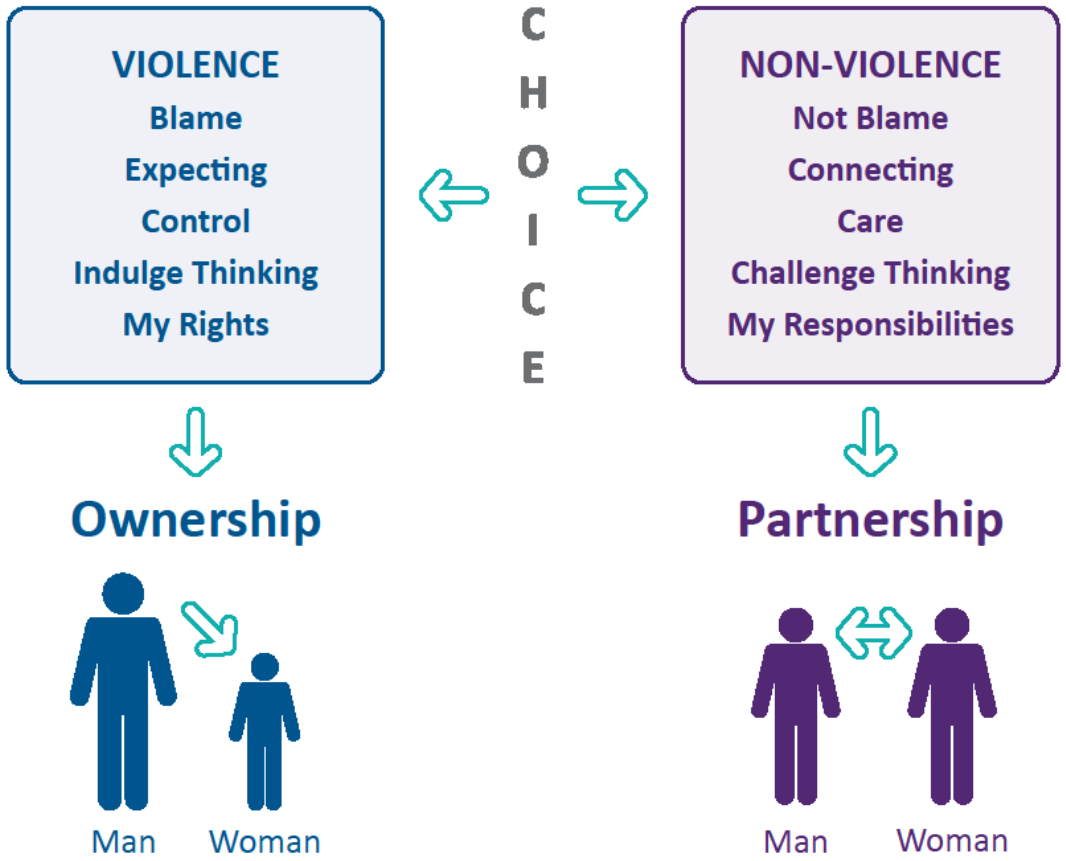
is not in itself an indicator of change and reduced risk

Completion certificates are dangerous!

https://safeandtogetherinstitute.com/reports-case-studies/perpetrator-intervention-program-completion-certificates-are-dangerous

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





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

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

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

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?

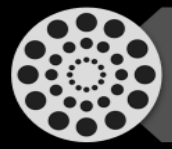
Is the adult's contemplation, preparation or action in relation to these behaviours conditional on any circumstances or self-centered goals?

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

What's missing from the story that the user of violence tells you / wants to tell you?

He's rehearsed his story so much that he wants you to validate it.

We can listen in a way that minimises validation of his victim stance beliefs and accounts, and that invites him to draw attention to, or **plant seeds towards**, aspects of the story that he is not paying attention to, and how others might tell the story differently.

**Resources available for you,
for any practitioners at your agency,
or for any practitioners at any other agencies who respond to adult users of domestic, family and sexual violence**

These resources can be downloaded and freely shared from https://youthcoalition.net/rodney-vlais-resources/

Perpetrator Action Plan Toolkit

Guides and tools for practitioners working with parents and other adults who use domestic and family violence

Toolkit components

Tool 1	**Severe behaviours risk assessment and plan** Supports information-gathering and analysis to aid construction of a practitioner- and services-facing risk management plan	Practitioner-facing For use with APUV who present a serious risk of severe behaviours
Tool 2	**Fathering goals** Supports information-gathering and analysis to aid the development of goals to improve a father's capacity to parent and co-parent safely.	Practitioner-facing For use with fathers who cause harm to children and families
Tool 3	**Case plan** Support to develop a summary description of case goals for working with the APUV, including strategies and actions for working towards them	Practitioner-facing For use with APUV who present an elevated or serious risk of severe behaviours
Tool 4	**Address other responders' & services' unhelpful understandings** Support to gather and analyse information and take action to address the impacts of services, responders or institutions engaging in DFV-destructive or DFV-negligent ways in a case, with a particular focus on outcomes for children	Practitioner-facing For use with all APUV, with a focus on those who present with an elevated or serious risk of severe behaviours
Tool 5	**Evolving safety plan** Guidance and tools to support your work with the APUV on safety planning towards interrupting choices to use violent and controlling behaviour	APUV-facing All APUV with particular relevance to fathers, and with those who present with an elevated or serious risk of severe behaviours
Tool 6	**What works to engage the father** Support to record effective practices in obtaining and maintaining engagement	Practitioner-facing All men who use DFV including fathers

Masculinity, trauma, humiliation, entitlement and intersectionality: An annotated poem from the perspective of an adult user of domestic, family and sexual violence

This is an intense poem highlighting how the above factors can intersect for some adults in their choices to use violent and controlling behaviour against partners and family members – reading this might have an emotional impact.

How dare you make me less of a man.

Being a MAN is the only thing I have.

You women chatter and scheme, you never stop. I keep to myself. Trust no-one but myself, it's got me through this far.

Being a MAN is the one thing that protects me from entering the black hole. You want to take that shield away from me?

Being a MAN dullens the shame of who I was, who I must have been, what I must have deserved.

Dullens the shame of who I have become... or so I whisper, too softly for me to hear.

If I was man enough then, I would have stopped him. He would not have done what he did to us, to me, to my sisters.

Yes, I was a boy. But a boy needs to be a man in moments like that. Not a sis. Not running to the bedroom with his tail between his legs.

If I was a full man, I would have confronted my Mum. She was never there to protect me. Women are weak, indecisive.

My mates were right back then. My new mates are right now. You can't trust them. Sleeping around. Manipulating us, going behind our backs. At least us men, we fight it out.

I learnt my lessons early, what you need to do to survive.

How dare you make me less of a man.

So what if my skin isn't exactly white. Or if I can't get a stable job or a deposit on a house. I can still be a full man, just as much as any other man, can't I?

I can, I must, I have to, what am I if I'm not? A girl?

You make me shake with anger. You make my insides collapse.

You don't know the half of what I do to manage this, to manage you. I need to make you feel crazy. To stop those idiots from egging you on. How else do I disarm you?

And you blame me for exploding when everything I try doesn't work and you still challenge me!

I'm hurt. Don't you care? Why do you twist the knife?

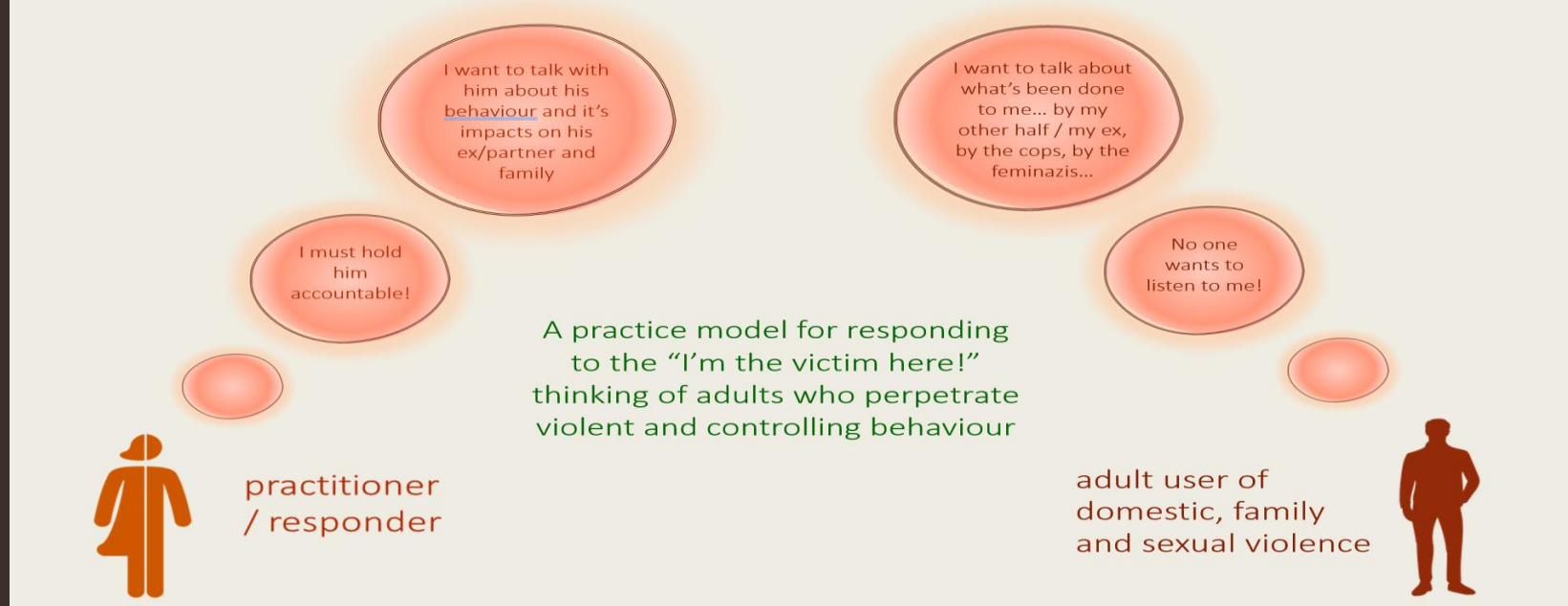
I survive through you I whisper inside, and cry out loud to your mother heart.

You think you can see through me. You think you can call me out. You seemed to be different – no, you're just like all the other women controllers in the world. Backing us into a corner. Getting all the big wigs on your side.

No more! I'm getting back what's mine, what's been taken away from me.

How dare you make me feel less of a man.

[end of poem → explanation of each line in the poem begins on the next page]



Taking the 'pyramid of shame' into account when engaging adult users of domestic, family and sexual violence

Rodney Vlais, March 2026

Please read with care.
The pyramid on the next page provides an intense window into the layers of shame experienced by some users of violence.

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

Rodney Vlais, May 2025

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

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

collusive	mid-point	persecutory
You become matey with the man You emphathise with his victim stance or criticism of her You signal agreement with sexist comments, even if subtle You blame his violence on his upbringing, mental health issues, substance use or stress You see him as the more 'stable'/'capable' parent He feels validated about his behaviour, and there is nothing in the conversation that, even in a small way, invites him to think differently and to take responsibility for at least a bit of his harmful behaviour You avoid tension/anxiety about raising difficult issues You prioritise your working/personal relationship with him above everything else	You are respectful You empathise selectively (not with violence supporting narratives) You adopt an invitational approach Your tone is based on curiosity, not moralising You are sympathetic to and sensitively find out about the oppression and traumatic experiences he might have faced / be facing, but not see these as an excuse / reason for his behaviour You focus, to the extent possible, on the safety of those affected by his violence, his responsibility for his behaviour, that violence is a choice, and that he is accountable for the impacts of his behaviour You invite him to focus on what it would look like for him to be his best self in the situation	You are oppositional and confrontative You butt horns with him No empathy No listening No interest in his life or circumstances No interest in the oppression he has faced, or the traumatic experiences he has encountered You do not manage your own internal reactions The conversation is too tense, or he zones out He can stay in defensive mode, focusing on arguing his own 'truth' – by doing so, he doesn't need to think differently about his behaviour You feel better by 'making the perpetrator accountable' (but the highly confrontational and moralising approach does the opposite)

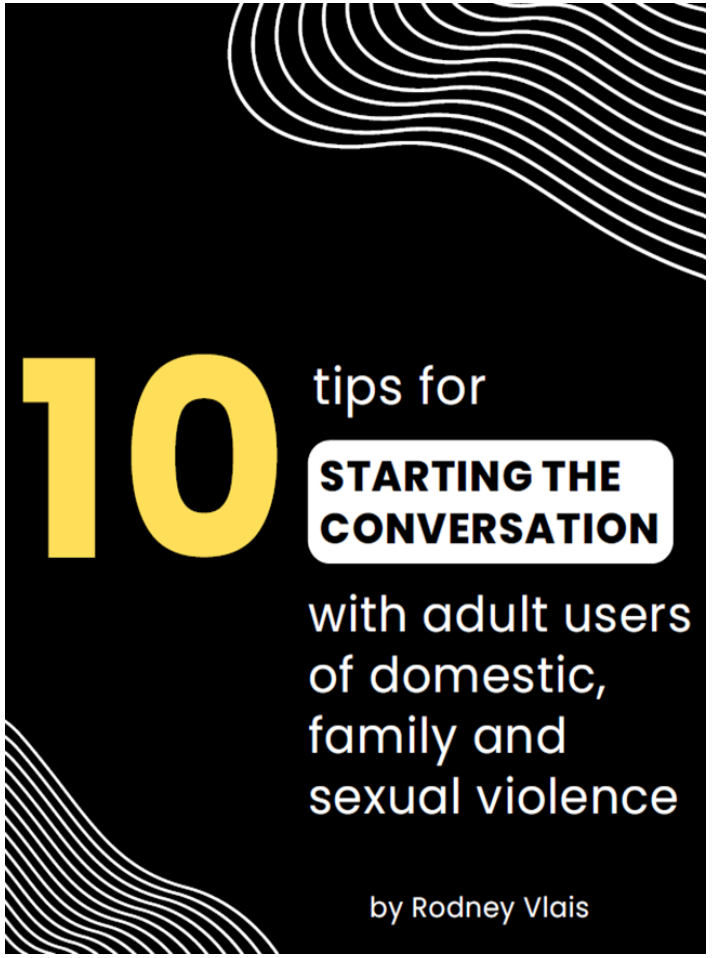
FREE RESOURCES
IN THE COMMONS

Non-collusive listening

when engaging adult users of domestic, family and sexual violence

Rodney Vlais
March 2026

READ MORE ➤



Guidance for professionals and natural responders

March 2026

How to create safety to be more direct with adult users of domestic, family and sexual violence

Rodney Vlais
free resources in the commons

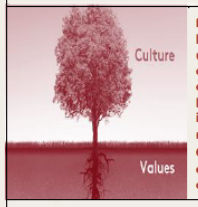
20 practice tips for responding to adults who use ethnocultural identity to justify attitudes and beliefs that condone violence, control and male power

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

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

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

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



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

Create a space of genuine curiosity for the adult to identify and elaborate on collectively held values and pillars to their community & culture that promote safety, empathy and other-centredness.

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

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

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

the BEST-EARS approach

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

Breathe & manage your own anxiety

Empathise Selectively

Turn the conversation towards:

Ethical Aspirations,

Responsibility,

and

Safety.

Written by Rodney Vlais
September 2025

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

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

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

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

Signpost that some degree of discomfort is a normal part of the conversation: "To be the best Dad you can be, to show up for your kids in the ways they need you to, means being open to how you can do better. We talk with many Dads who find sources of strength and courage to learn from situations where they've not been at their best." Help him identify what might support him to sit with the uncertainties involved in trying out new ideas and approaches.

Adopt mid-point skills[2] that attempt to minimise collusion while not being too confrontative and combative. Take a non-shaming approach focusing on curiosity "Could you help me understand…" and through inviting rather than moralising "I'm wondering if… Do you think it might be possible that… I have a thought I'd like to share with you… There's a diagram I'd like to draw for you so that I can explain something visually, and to see if this fits your experience…"

Use conversational container skills[3] to bring him back on track in non-shaming ways if he blames his ex/partner or justifies his behaviour. Try to draw him away from his 'I'm the victim here!' thinking and story that he wants to tell, rather than locking horns against it. Manage your own frustrations, and expect that as you get closer to his shame sore-points, the more he might try to put up smokescreens.

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

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

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

build Rapport

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

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

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

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

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

Rodney Vlais, October 2025

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 his 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

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

Rodney Vlais, September 2025

RODNEY VLAIS
APRIL 2026

How to identify users of domestic, family and sexual violence who are not genuine about a change journey...

and how to communicate this to others

FREE RESOURCES IN THE COMMONS

Journal of Aggression, Maltreatment & Trauma

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wamt20

Safe not soft: trauma- and violence-informed practice with perpetrators as a means of increasing safety

Katreena L. Scott & Angelique Jenney

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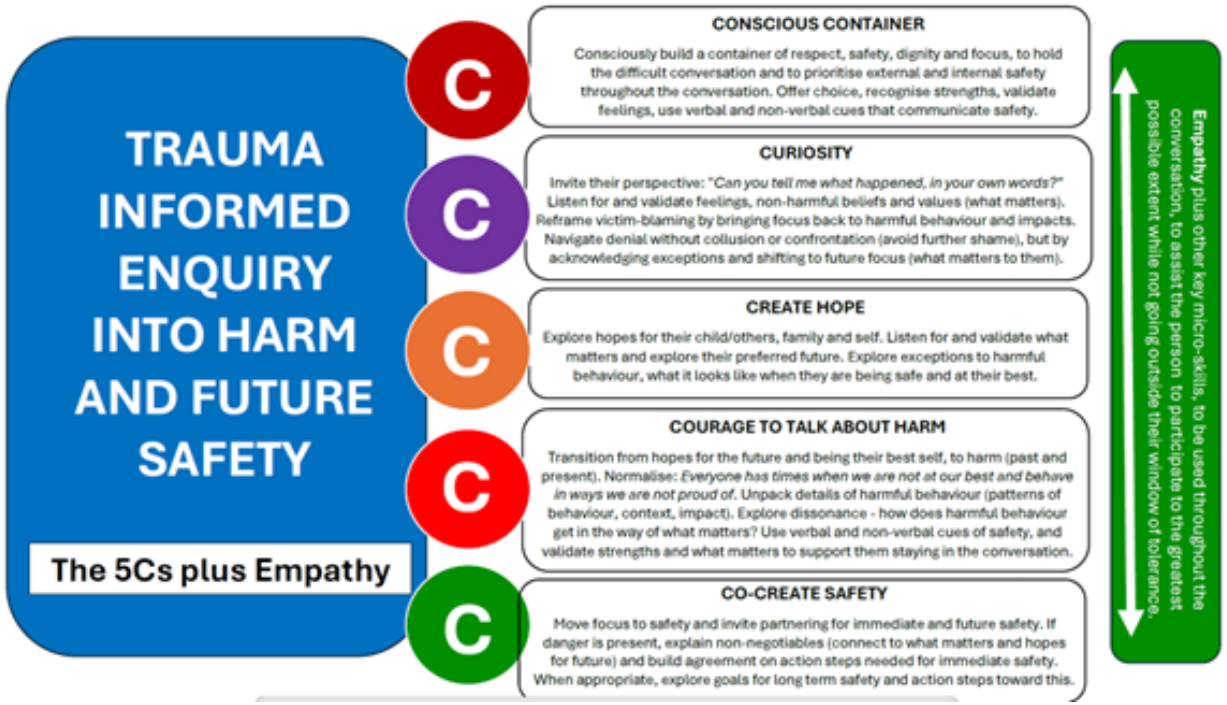
TRAUMA-INFORMED ENQUIRY INTO HARM AND FUTURE SAFETY

Moving from Disconnection toward Connection



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

… but first, 8 fundamentals

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

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

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

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

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

Risk assessment assists us to consider:

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

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

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

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

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

See, for example:

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

Assessing and responding to serious risk and harm caused by adult persons who perpetrate domestic, family and sexual violence

Rodney Vlais, February 2026

Four considerations in understanding and assessing choices to use violent and controlling behaviour

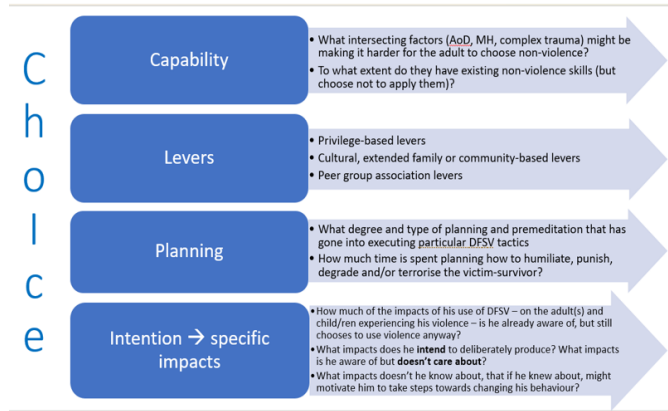
This is an intense and dense read (conceptually and emotionally), designed for practitioners and other responders to adults who cause domestic, family and sexualised violence harm. It is not something that can be read lightly, and is perhaps best to absorb when you have a bit of space.

Adult users of domestic, family and sexualised violence (AUV) are of course not all the same. There are strong commonalities in the violence-supporting (victim-stance) thinking and narratives that many adopt to minimise, deny and rationalise their violent and controlling behaviour (and often, to call it something else), in ways that give themselves the 'green light' to continue to cause harm. However, there are also important differences between them.

Understanding where a user of violence currently sits in relation to these differences can help us adapt our work to be more responsive to the choices he is making, and to the harm caused to adult and child victim-survivors. This understanding can also help us in our ongoing assessments of risk, and of the harm caused by his patterned behaviours.

One set of differences between AUV concerns the nature of the choices they make to use violent and controlling behaviour. The 'little' and big choices involved in creating regimes and systems of coercive control are of course numerous - made daily, sometimes hourly. At the same time, choice is a complex issue.

Unpacking the notion of choice in the context of using DFSV would take a thesis. There's four considerations, however, that I'm finding particularly useful in my supervision (including case discussions), skill-sharing and training provision.



This case note documentation resource was created by Tim Kelly

How to use the technique of funnelling to bridge towards a conversation with an adult about their use of domestic, family and sexual violence harm

Engaging fathers who use domestic and family violence

Rodney Vlais, November 2024

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

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

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

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

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

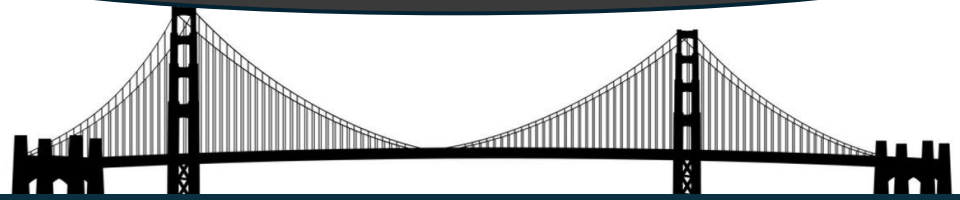
The good news, and the bad news, is that we don't need to load ourselves up with impossible expectations either. This is good news because it's important to know the limits of our role, and to recognise that some fathers have gone too far down the rabbit holes of believing that they are the victim, of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

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

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

Bridge into the conversation in a way that makes sense to him – so that it doesn't come out of the blue and lead him to think "What did she tell you!"

At this point in a first meeting with a client, we usually ask about how relationships at home are going. We do this because… … Is that OK?



I notice you've been feeling really tense of late, and I wonder how things are at home. You know I'm your friend and you can tell me anything…

Can we start with how things are going with your partner Jane – how would you describe the relationship?

It's going OK I guess, we have our ups and downs, like every couple.

Can I ask you about some of the good things in the relationship, that you want to keep hold of?

[Practitioner explores the client's aspirations for his relationship, what a healthy relationship might mean for him, etc., then continues:]

You mentioned that you have some ups and downs, what happens when things aren't going so well?

We have fights over money. She spends it like there's no tomorrow.

I can see that you're feeling financial stress.

Yeah, it's like she's never heard that there's a cost-of-living crisis.

I'd like to ask about these arguments, how things are going at home can really matter for our work together on…

Okay

On a scale of 0 to 10, how bad do some of the worst arguments get?

A seven, I guess

When it gets to a seven, if I was a fly on the wall at the time, what would I see?

Jane just goes off at me when I try to explain why she shouldn't be spending money on shit.

I can see that finances is something that you worry about. When you're feeling really worried about money, and you are starting to argue, what does Jane see you say or do?

She's got such a thin skin, she yells and screams at me and I can't get through to her.

This doesn't sound easy to talk about John, I know you want the best for your family. I'm wondering, when you are feeling this stress, do you ever say or do things you later regret?

Practitioner might now explain that he's asking these questions to see if it's possible that Jane might be feeling unsafe when they 'argue' …

10 tips for STARTING THE CONVERSATION with adult users of domestic, family and sexual violence

by Rodney Vlais

1 Check for safety

Are you and the adult in a private place, away from those experiencing the adult's violence?

How might the survivor be wanting you to have this conversation?

What does the adult know that you know about the adult's behaviour?

What must you be careful not to let slip, as otherwise you might put the survivor at risk if the adult finds out what the survivor has disclosed to you or to others / other services?

Do you have time to end the conversation safely?

2 Prepare

Are you clear on what you hope to achieve from this conversation? Are your goals realistic?

Have you thought how you would like the adult to experience the conversation?

Have you found out what you can about the adult's behaviour from other sources?

Can you learn from others / other services, or from the survivor, what engagement strategies and contexts might work best with this adult?

Have you anticipated how the adult might respond, and worked through with a colleague what you would then say?

Are you clear on what's safe and not safe to discuss with the adult?

3 Manage yourself

Under what circumstances, and with which types of adults, might you be more likely to drift towards colluding with their violence-supporting narratives and “I’m the real victim here!” beliefs that they use to excuse their harmful behaviour?

When might you drift towards the opposite end of the spectrum, and be too confrontational and persecutory?

Have you checked in with and centred yourself before the conversation? Are you grounded, and able to tune in to what your body might tell you about the adult?

Have you calmed your anxiety so that you can listen, look out for opportunities and contradictions, and learn how much to push up against their shame barrier?

4 Bridge

Have you thought how to bridge into the conversation in a way that will make sense to the adult, so that it doesn't come out of the blue and make them suspicious about what the survivor might (or might not have) disclosed and to whom?

Is there something tangible you can begin with, such as an aspect or occurrence of their behaviour they know that you know about?

Can you ask them intake or assessment questions that you present as routine, that will bring the conversation closer to the violence you know or suspect they are using?

Is there a more general opening you can use, such as asking them how they are responding to the stress they are facing? Can you find a non-shaming way to ask them what it looks like at home when they aren't at their best?

5 Explain

Are you clear why it is in the best interests of the user of violence to attempt the conversation? (your bridge will work better if you can appeal to their self-interests)

Are you clear on what self-interests you should not focus on, as appealing to these might contradict what survivors need for safety and to regain dignity and freedom?

Can you explain why you feel that the conversation matters, in a way that won't automatically make the adult feel hugely defensive?

Can you link the conversation in some way to their presenting issue, so that you can explain it as something you often talk with your clients about?

6 Funnel

If you know that the adult is using violence, but it's not safe to take a direct approach (or doing so would be futile because you are sure they would outright deny if you are too direct), try the technique of funnelling.

Funnelling can also be used when there are circumstances or presentations that lead you to suspect that the adult might be using violence, or where they are more likely than other clients to be doing so.

See the demonstration video on funnelling from my LinkedIn home page www.linkedin.com/in/rodney-vlais/ - open the Featured section and scroll down the 40+ resources to find the video (accessible with a free LinkedIn account).

7 Signpost

Scaffold the conversation.

Signal where you are hoping to take the conversation next, rather than just barging into the next bit.

‘Normalise’ what you ask the adult to talk about next. Explain that it’s a routine part of the conversations you have with service users who are not being their best selves in their relationships.

Prepare the adult for the next bit of the conversation that might be hard for them. Acknowledge that it might not be comfortable, but that you wouldn’t be doing the best for the adult or their family if you avoided it.

8 BEST-EARS

Breathe & manage your own anxiety when the user of violence puts smokescreens in the way of taking responsibility.

Empathise **S**electively – listen in a way that humanises them, but that minimises collusion. Pull out some things that he says or make some inferences that enable you to shape the next bit of the conversation.

Use selective empathy to **T**urn the conversation towards the adult's **E**thical **A**spirations, **R**esponsibility for the aspects of their harmful behaviour they are willing to start to take responsibility for, and towards **S**afety: steps they can take to be safe for others & for themselves.

See the BEST-EARS practice resource for more details (resource #6 in **https://heyzine.com/flip-book/07a4c8688a.html**), and the demonstration video (find "In this video I explore a few more skills" from the Featured section as described previously).

9 Mid-point skills

Learn the skills to help you stay in a conversational zone that minimises collusion while avoiding persecutory confrontation - **selective empathy, selective validation, conversational container micro-skills, reframing, open-directed questioning, focusing on values, attention to non-verbals,** and **self-management.**

See resource **#7** for explanations and example scripts of these mid-point skills at **heyzine.com/flip-book/07a4c8688a.html**

10

Explain again

Think of the conversation like a non-linear railroad track. One where you might need to double-back, take the longer route...

Keep building the railroad track as you go along. Explain why you are asking particular things. Help the adult to sit with the discomfort required to talk about how the behaviours and the impacts they are willing to discuss are letting down their values and who they want to be.

Continue to apply mid-point skills to resist the temptation either to collude or to butt horns, when the adult comes back (as is very likely) to blaming the victim-survivor or minimising or justifying their behaviour in other ways.

the BEST-EARS approach

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

Breathe & manage your own anxiety

Empathise **S**electively

Turn the conversation towards:

Ethical **A**spirations,

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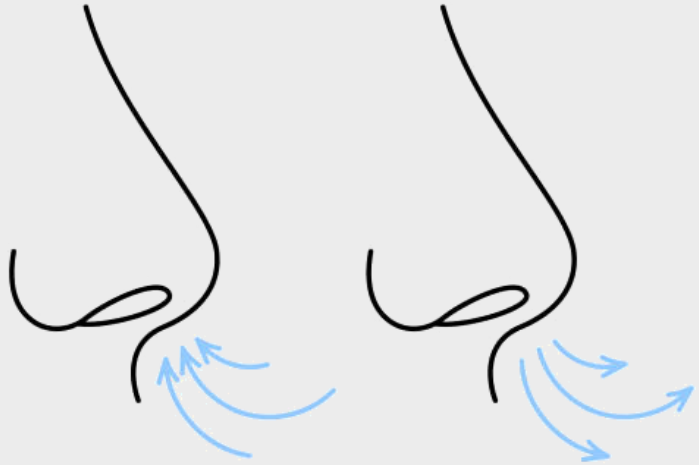
and

Safety.

Written by Rodney Vlais
September 2025

Breathe and manage your own anxiety



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

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

Ground your senses, soften your tension

Breathe through the force of his BMD

You can turn the focus, rather than push back

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

Empathise selectively

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

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

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

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

"She knows how to hurt me by removing the kids!"	"Being the best Dad you can be means a lot to you..."
"She was hysterical, she was right up in my face!"	"Sally was really upset and wanted you to know it."
"She wastes all my money buying stuff we don't need."	"Sounds like money is tight, and you worry about what to buy."
"She always going behind my back, I'm sure she's cheating on me!"	"You're anxious about keeping the relationship. Can I ask, how do you manage that anxiety?

turn to exploring
Ethical Aspirations

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

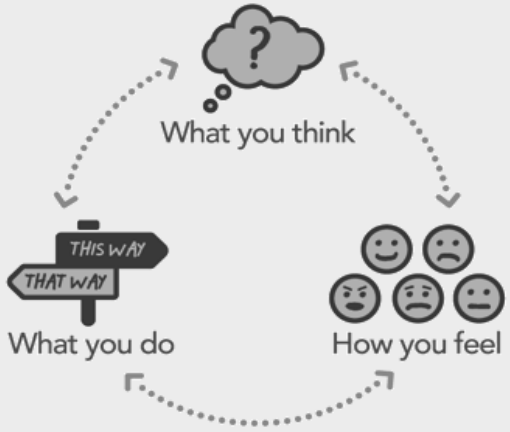
"If she hadn't have... I wouldn't have..."; "The police got it wrong, I didn't..."; "It was only a ..."

"It sounds like X is something you don't want to do. Can you tell me why?"

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

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

turn to exploring
Responsibility



Take a 'curious and dumb' approach which:

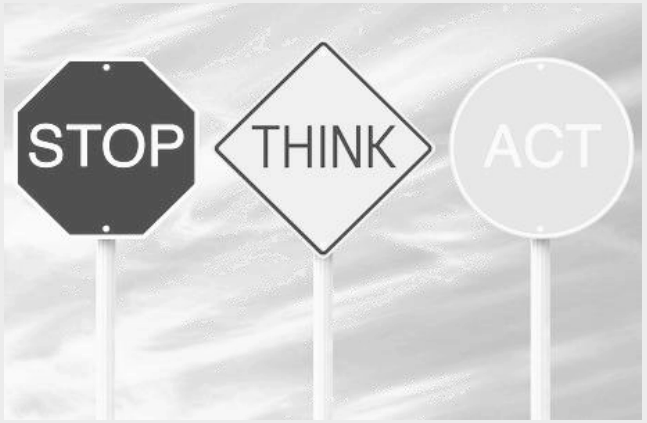
- ✓ Infers that he has a choice in the situation about how he acts, and what he thinks
- ✓ Infers a difference between the emotion he experiences in the situation (anger, jealousy, frustration, anxiety, etc.) and the behaviour he uses responding to the emotion
- ✓ invites him to talk about his actions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

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

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

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

turn to exploring
Safety



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

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

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

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

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

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

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

Listening out for indicators of risk

- 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 without 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

Three levels of safety planning strategies

Upstream

Changes to the person's lifestyle, habits, related behaviours or complex needs that might make it (somewhat) less likely that they will continue to choose to use certain forms of violent behaviour.

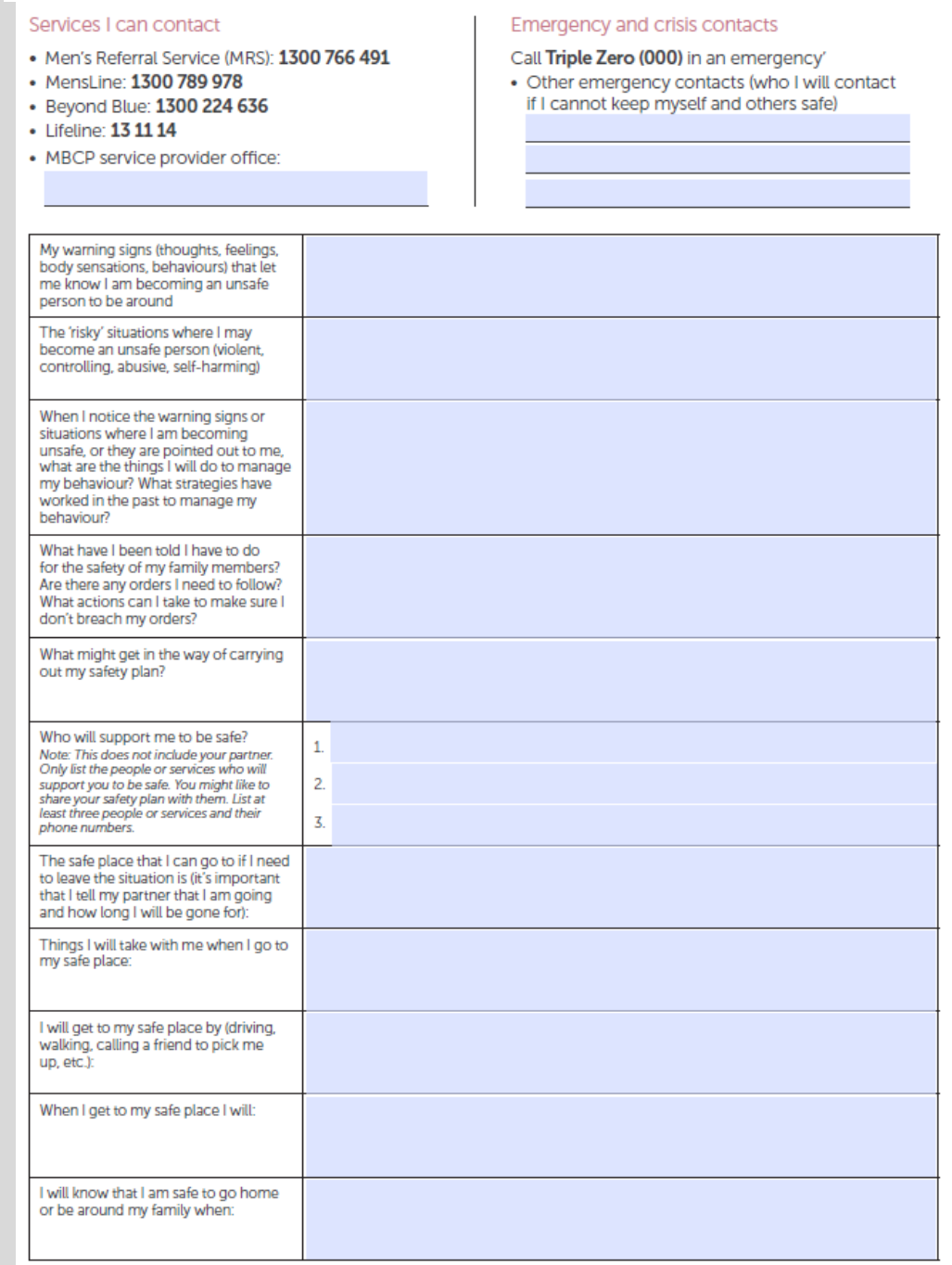
Midstream

Strategies the person can use to interrupt common pathways towards choosing to use violence, when they notice early warning signs. Supports to interrupt build-up towards choices to use violence, or safe distractions.

Downstream

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

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



Services I can contact

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

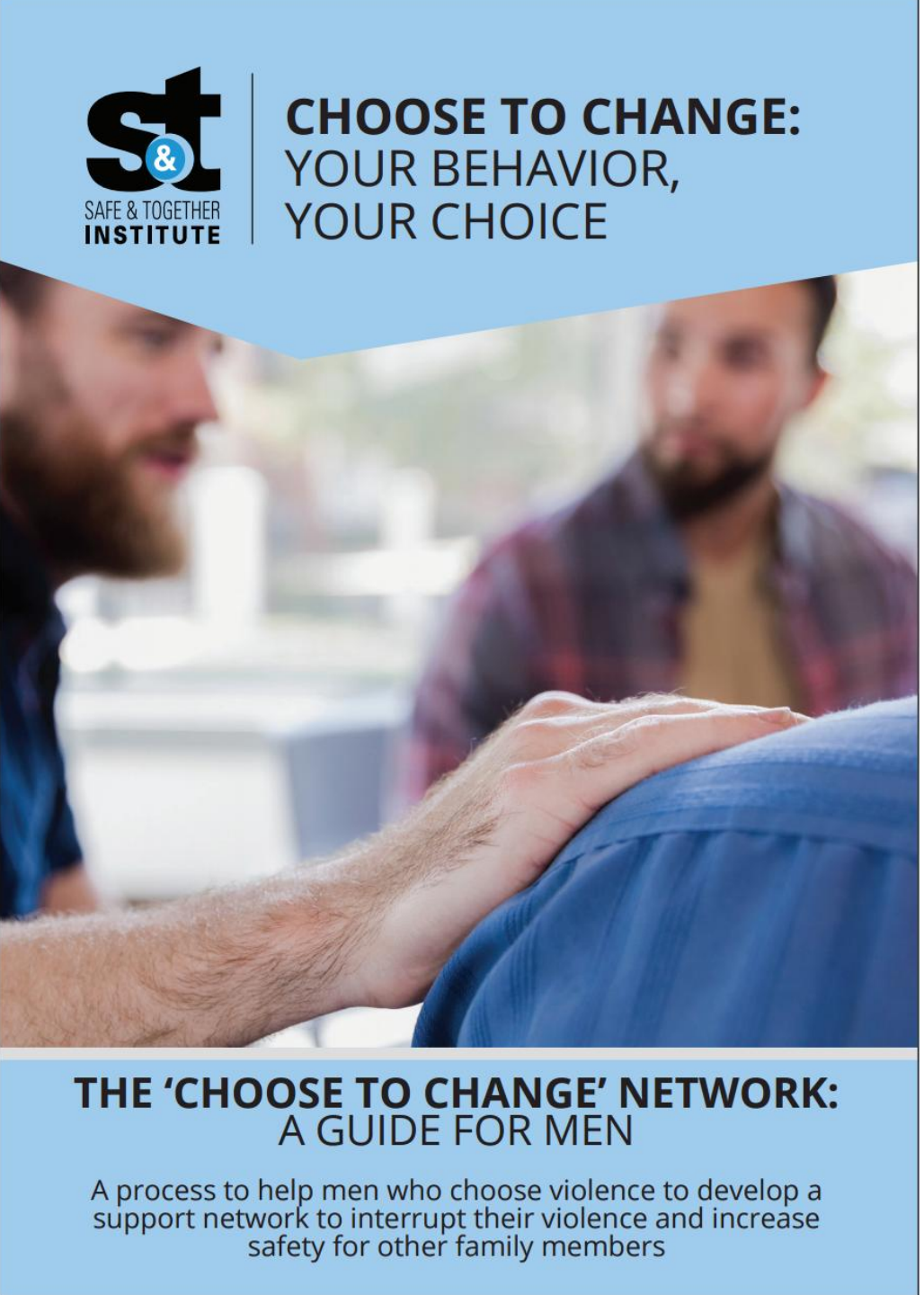
Emergency and crisis contacts

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

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

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

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



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

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

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

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

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

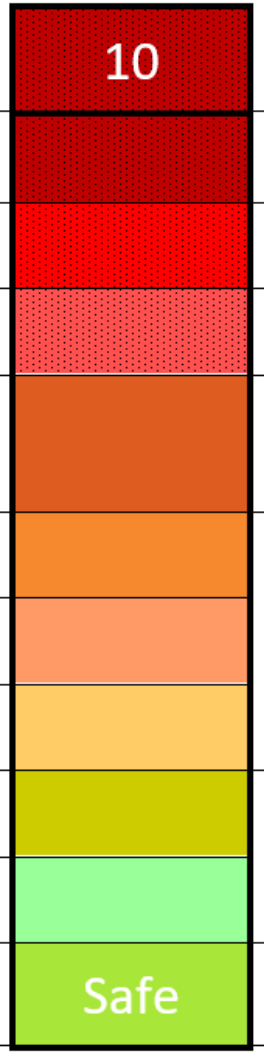
Tension scale tool focusing on strategies to prevent build-up towards a violent or controlling behaviour

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

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

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

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



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

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

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

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

Focusing only on what I want to say

Calling my partner stupid

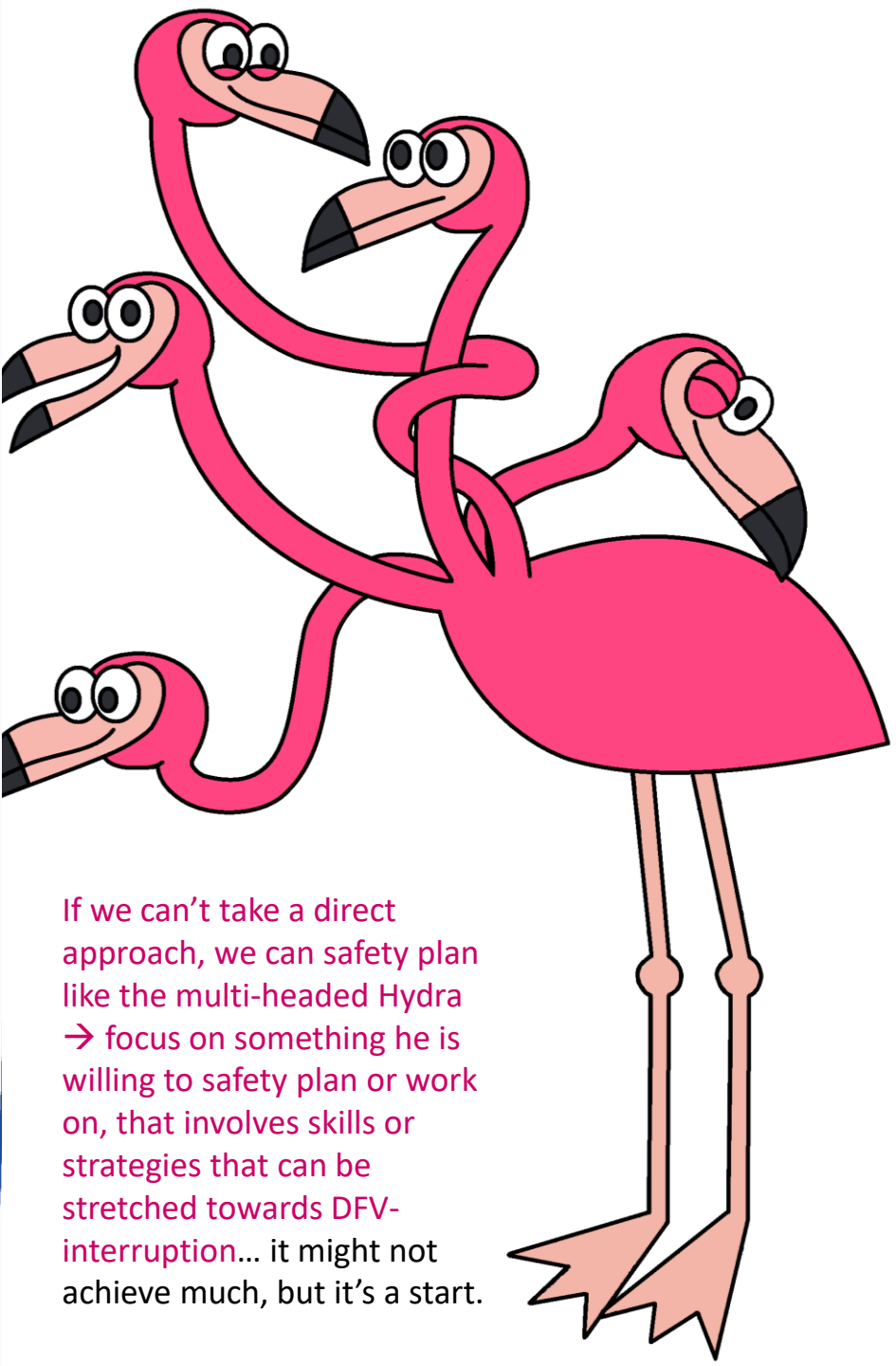
Thinking that my daughter is trying to upset me

Making time to talk with my partner

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

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

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



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

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

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

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

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

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

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

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