I want to talk with him about his behaviour and it's impacts on his ex/partner and family

I want to talk about what's been done to me... by my other half / my ex, by the cops, by the feminazis...

I must hold him accountable!

A practice model for responding to the "I'm the victim here!" thinking of adults who perpetrate violent and controlling behaviour

practitioner / responder

adult user of domestic, family and sexual violence





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

"She makes me so jealous!"

"It's her fault!"

"She knows how to push my buttons!"

"She never gives me a break!"

"It's for her own good, I'm just trying to protect her!" "The kids will grow up soft if I let her parent her way – they need to know right from wrong"

How he winds himself up to choose to use violence

"I keep telling her not to... she just doesn't listen"

> "She did that deliberately to piss me off..."

victim stance

"How dare she!"

"She knows I'm a jealous guy!"

"I've got to stop her from

doing that to me again"

"She can't treat me like that!"

"I just can't trust her"

"She can't continue to treat me like that"

"She needs to know her place, she can't humiliate me like that!"

"She gets me so angry!"

"I'm not putting up with this anymore!"

> "I just can't take it anymore, it's her fault that she made me lose it"

thinking

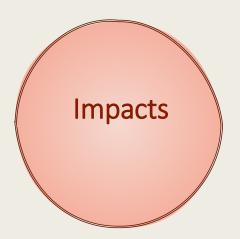
Some adult users of DFV are able to conceal their behaviours from service systems, and from other potential responders in their extended families, natural networks and communities. However, in other situations, their harmful behaviours become more visible over time, due to the problems that their behaviours cause for family members and for their own lives. As their harmful behaviours become 'bigger' and cause greater impacts – and as service systems and other responders possibly begin to intensify their responses to the adult's behaviour – the adult can tend to 'double down' in their victim stance orientation.



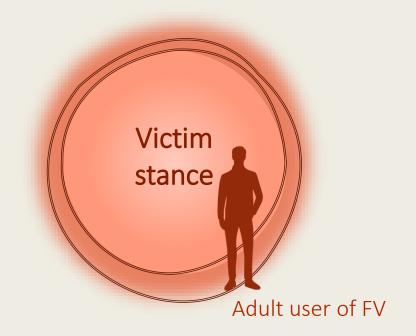
Much gratitude to MBCP practitioner, supervisor and trainer Phil Jones for introducing me to an earlier version of this 'four circles' model, that he in turn developed from practitioners in Western Australia. Thank you also to Sarah May (MBCP practitioner, supervisor, trainer, anti-violence mobiliser) who helped me work through some of the nuances and complexities.

Family violence behaviours



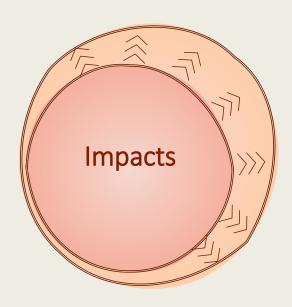


It is quite common for adult persons using DFV to interpret actions by police, courts, corrections, child protection and other authorities in response to their behaviour as an 'injustice'. For First Nations, LGBTIQA+SB folks, and for communities of colour, the structural and systemic violence from these institutions has indeed been colonial and highly destructive (even genocidal). These institutions also respond, however, to attempt to manage risk and build community safety. The accountability and risk management mechanisms enacted by these service system responders often result in the adult feeling more aggrieved as they retreat further into their victim stance.

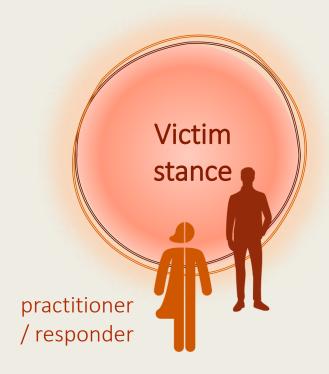






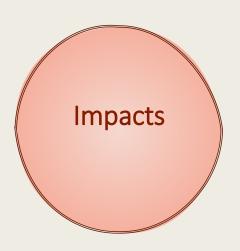


The adult is likely to be very enmeshed in victim stance thinking when a program starts work with him. While some adult users of DFV will deliberately 'play up' their victim stance orientation to win your agreement that they have experienced a series of grave injustices, to a greater or lesser extent, their victim stance thinking is the 'sea that they swim in'. Many adult users of DFV genuinely believe that they have been treated highly unjustly both by their ex/partner and by service system responders.



Family violence behaviours





Gender neutral practitioner icon courtesy of Dan Brunston via The Noun Project Conversational container

One approach is therefore to patiently create a conversational container that scaffolds and supports the adult user of DFV to venture out from his victim stance orientation to a place where he can begin to take a look at his behaviour and its impacts, and to explore his values and aspirational self.

Skills to build and maintain the container

Mid-point skills (not collusive, not persecutory)

Invitational practice

Searching for the contradictions

Scaffolding the client's self-management

Managing self as the practitioner

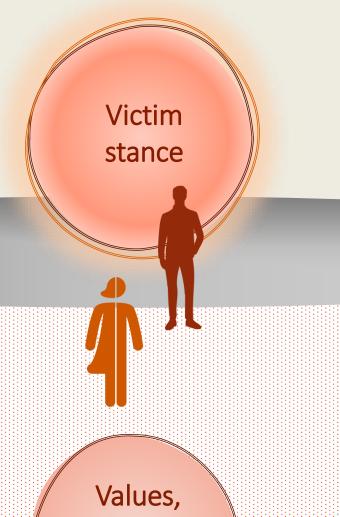
Intersectionality, sensitivity and responsiveness

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

Family

violence

behaviours



SHAME BARRIER

Values, hopes, aspirations **Impacts**

To do so, assess the adult's shame tolerance, and gently push up against his shame barrier over time. You might need to patiently expand the adult's ability to experience and sit with shame, in ways that do not overwhelm him nor lead him to disengage or become unregulated. Don't blanketly assume, however, that he can't sit with shame – DFV perpetrator abilities to sit with shame vary substantially... some are very able to if they choose to... others genuinely become dysregulated.

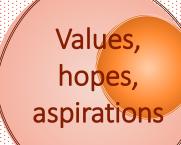


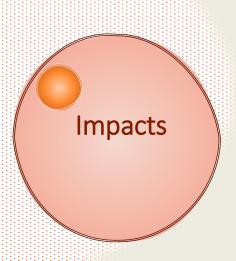
For some, this might require early work to strengthen their distress tolerance skills, due to their limited capacity to tolerate any intense emotions including those that might arise during the course of your attempts to focus them on their behaviour and impacts. For others, the process of patiently expanding the adult's focus on a more meaningful proportion of his harmful behaviour and impacts, over time, might be sufficient to expand their ability to experience shame.



SHAME BARRIER

Family violence behaviours





The paradox of drawing the client out of their victim stance orientation to look at their behaviour and impacts is that this needs to be done both slowly *and quickly* at the same time. On the one hand, the process needs to be gradual, so that the client is not overwhelmed with shame, and so that they do not experience your approach as too confrontational. On the other hand, due to the high-risk high-harm nature and impacts of the adult's behaviour, early safety planning with the adult, where possible, needs to focus on meaningful DFV behaviours.

Victim stance

The adult might, during the early stages of his journey, be only willing to focus on 'tip of the iceberg' aspects of their violent and controlling behaviour — and 'tip of the iceberg' aspects of the impacts of this behaviour on his family members. Over time, you or a specialist practitioner/program will (hopefully) be able to expand the focus on a wider range of their violent and controlling behaviours. However, to begin with, attempt to focus on tip of the iceberg aspects that would make a meaningful difference to victim-survivors should these behaviours and impacts begin to shift.



Family violence behaviours

Values, hopes, aspirations

You might be able to adopt a strong early focus on the adult's values, hopes, aspirations and strivings. To the extent possible, create a significant conversational space with your client that enables them to identify, explore and unpack what these are for them. Doing so lays the foundations for the adult to experience dissonance between violent and controlling behaviours and their impacts, on the one hand, and his hopes and aspirations, on the other. That is, dissonance between his behavioural and aspirational selves.

Enlightened self-interest

You might also be able, even from the start, invite the adult to focus on a wide range of impacts of their violent and controlling behaviour on themselves – that is, to appeal to 'enlightened self-interest'. Sometimes self-interest will be the most important initial motivators to take steps towards change, before other-centred motivations to stop harming others (might) arise or strengthen.

Over time, you or a specialist program or practitioner will be aiming to expand their focus on their violent and controlling behaviours, the impacts of these behaviours, and their values and aspirations inconsistent with these behaviours. This will involve both supporting them to focus more deeply on the behaviours, impacts and values they have already begun to explore, and to focus on a (much) greater proportion and range of their behaviours and impacts.



Engagement with shame might if anything deepen over time. As the change process continues, the adult will need to confront more and more of his violent and controlling behaviour. He will need to come to terms with, for example, his likely use of intimate partner sexual violence, and the multiple ways he has harmed (and possibly traumatised) his children. This is one of the reasons why change is often nonlinear, and why some men stop or pause their journey (for lengthy periods) when they still have so much work left to do.



SHAME BARRIER

Family violence behaviours





Internal motivations to take further steps towards change will hopefully replace initial external motivators, and a focus on impacts on others will hopefully become more important than just self-interest.

If he sticks with the journey, his victim stance and violence-supporting narratives and beliefs – and his associated denial, minimisation and justification for his violent and controlling behaviour – will hopefully gradually decrease. His shame barrier will hopefully also weaken, and he will choose to face up to more of his harmful behaviour. He might begin to genuinely explore what it means to make amends to the best extent possible, and what he now needs to do to try to repair some of the harms he has caused. He will hopefully become more other-centred and feel driven towards non-violence as a core part of his identity.



However, many men who participate in a single men's behaviour change program or other specialist intervention don't get this far. This is why these programs can't just be about attempting to change the men's behaviours – the outcomes are too variable for this to be the sole aim. Quality programs that meet minimum standards need to include other pathways through which adult and child victim-survivors can benefit from man's participation in the program – for example, through the partner contact / women's and children's advocacy / family safety contact component, improved risk assessment and risk management, greater collaboration between services and responders, and the ability to keep the man and his behaviours within view.

