Practice suggestions

for identifying & responding to male perpetrators of domestic, family & sexual violence who pose a risk of severe harm

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How to use this resource

This resource is intended for:

- specialist behaviour change and perpetrator response practitioners
- practitioners who, at least from time to time, directly engage with adult users of DFSV who pose a serious risk of severe harm to adult and/or child victim-survivors
- practitioners in AOD, mental health and other services who engage serious-risk clients
- representatives of multi-agency high-risk DFSV teams and integrated responses
- specialist victim-survivor services seeking to reflect on their understanding of pathways towards men's use of lethal violence against intimate partners and children
- lived experience experts, researchers, policy writers and others with an interest in preventing men's lethal violence.

The first two-thirds of the resource deliberately has no headings. It is not the type of document that readers can cherry-pick from, and is best to read from start to finish, even if over multiple sittings.

Pages 18-22 considers the importance of understanding the different motives that serious-risk perpetrators might have in using power and control, and the implications for serious risk.

Pages 23-24 focus on risk of severe harm when the adult is experiencing a concurrent mental illness.

Pages 25-33 comprises a discrete section on assessing and responding to homicidal ideation and intent. If you intend to read this resource in two sittings, page 18, 23 or 25 might serve as a good demarcation point.

If you do not have time to read the whole resource, focus on the practice tips and be aware boxes throughout the document, and the one-page summary of intervention goals on page 14.

There are practice suggestions throughout the resource. At the same time, this guide is as much about identifying very serious risk and understanding the nature of this risk, as it is about providing ideas on ways to respond.

As emphasised on the next page, the resource covers only a small proportion of what we might need to know to prevent men's lethal violence against women and children. The guide is no replacement for a comprehensive risk assessment and risk management framework. Readers, however, might find the resource useful to affirm and extend their existing knowledge, and to help plan interventions and responses to serious-risk adult users of violence.

This resource is not a complete practice guide (though does contain a number of practice suggestions and tips). It is not a comprehensive review of what we know about men who pose a serious risk of severe outcomes for women and children experiencing their violence. It is not an attempt to outline all or even most of the pathways through which men decide to use lethal violence against an ex/partner or other family members, or engage in other severe behaviours such as kidnapping their children.

This document shares some thoughts about some of the pathways towards severe outcomes, and how we might be able to intervene to prevent them.

I make no attempt here to cover the wealth of knowledge found in risk assessment and risk management frameworks, and in contemporary research into domestic homicides. My thoughts however do benefit from, and build upon, this vital knowledge.

I am a training provider, supervisor, writer and former practitioner in direct and indirect work with men who perpetrate gender-based violence. Through this, I have come to see a pattern that seems to explain, or partially explain, a pathway towards serious risk of severe outcomes. This is only one of multiple pathways, that might relate to a small or at most modest proportion of cases where men use lethal or very severe violence. My thoughts here are just one piece of the much bigger understanding we need.

This resource is influenced by and builds upon the vital work of the Homicide Timeline from the UK,[1] and of the ANROWS research on pathways to intimate partner homicide from Australia.[2] My thoughts build upon what I've learnt through various risk assessment and risk management frameworks, conversations with supervisees focusing on very high risk male users of violence, the wisdom of experienced colleagues, and lived experience experts. To make sense of my thoughts, it is important that you are familiar with your local or regional common DFSV risk assessment framework and tools, including evidence-based risk factors that point to heightened risk of lethality.

This is not an easy read. Focusing on the ugly truth of some men's severe decisions never is. If you are a survivor, if you live in fear, if as a child you lost your mother or a loved one to domestic homicide, read this with the care and support that you need. Of course, you might have one hundred times the capacity to read and reflect on this compared to those of us who have not endured what you have. You might already know ten or a hundred times more than me or any other 'leader' in the field who does not have your lived experience.

The pattern that I have seen 'begins' with the adult user of violence developing an intense grievance. Of course, many users of violence feel aggrieved about the victim-survivor, in the sense of holding victim-stance beliefs that they are the ones who have been 'wronged'. This "I'm the victim here!" thinking makes it easier for them to choose and feel justified in using violent and controlling behaviours.

[1] https://homicidetimeline.co.uk/

[2] https://www.anrows.org.au/project/pathways-to-intimate-partner-homicide/

Some serious-risk users of violence, however, develop a particularly intense grievance. They not only feel 'wronged', they might also feel betrayed, humiliated, stripped of their rights, perhaps even stripped of what they feel they need to survive. They might feel that the victim-survivor has taken away something crucially important to them that's 'theirs'. This might be their children, their masculinity, their dignity, their honour, their standing in the community or in their work, their status, their money, their emotional survival, or what they need to feel OK or stable about themselves and their life.

Sometimes, the grievance is based in part on intense or repeated felt experiences of humiliation. This might arise when the perpetrator feels he has been reduced to becoming 'less of a man' as a result of actions taken by the victim-survivor. Sometimes felt experiences of humiliation reverberate off childhood trauma, and/or an intersectional lack of power to be a 'real man'. Alternatively, humiliation can be felt due to loss of status, standing and reputation that the perpetrator feels he cannot recover.

The serious-risk adult feels stripped of one or more of these things not because the victim-survivor has done anything wrong, but because of the adult's righteous beliefs fed by entitlement, and in some cases by a trauma background. Serious-risk adults can easily feel shamed, humiliated, threatened and reduced. Through the victim-survivor protecting herself and her children, and attempting to create some space for action in their lives in spite of his coercive control, the perpetrator can feel deeply aggrieved.

Practice tip

The most important source of information about the intensity of a perpetrator's grievance is the victim-survivor, who knows him like no other. But sometimes we can get a sense of this through direct engagement with the perpetrator.

When there are signs of an intense grievance, consider the limited use of strategic collusion to attempt to assess the extent of this.

This does not mean agreeing with the perpetrator's hostile, pathologising, "look what she's doing to me!" narratives. It might, however, mean giving him more space than usual to talk about his perspectives and feelings. When we are particularly worried about risk, it might be appropriate to 'trade off' some limited, strategic collusion to help us assess the extent of the grievance. Of course, in doing so we need to stop well short of reinforcing his views.

Consider using externalising language to encourage the adult to talk more. This can help both to minimise collusion, and plant some seeds for safety planning work. For example, you might ask or reflect "would it be fair to say that you feel a lot of bitterness towards... is that the best word to use, or would you call it something else?"... "on a scale of 0 to 10, how strong does this bitterness get?"... "when the bitterness is a 9, what impact does the bitterness have on you?"... "it sounds like this bitterness gets quite a hold on you, that it's overwhelming at times?"

This approach can help you to explore a bit about the grievance, including the situations and circumstances in which it's at its strongest. It can also sow seeds for later work to attempt to focus him on how the intensity of the grievance (e.g., the bitterness) is the problem that is threatening him and his needs, not the victim-survivor.

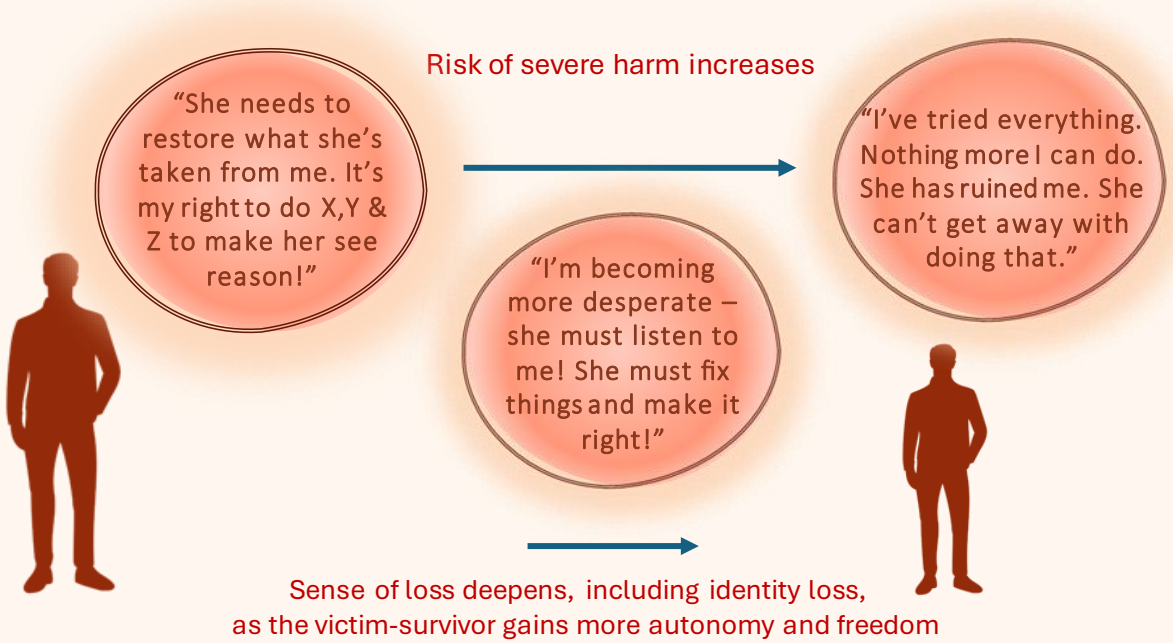
Risk can be particularly high when the serious-risk adult feels that he will not be able to recover from the 'injury' caused to him and his life by (in his view) the victim-survivor, and by any third parties (e.g. police, courts) that he believes have 'acted on her behalf'. That the 'harm' caused to his honour, his mental health, his masculine identity, etc. cannot be recovered – that he has been stripped and reduced irrevocably.

The user of violence might not be able to articulate his whole sense of what has been 'stripped away' from him. Some things he will be very clear and fixated about – e.g., "she has taken my children away from me!", "my life is going down the tubes while she enjoys the spoils of all my hard work". But there might be other aspects to his grievance that he cannot articulate so well, particularly any loss of a solid sense of self that he feels due to a trauma background.

Intense grievance can come with a strong sense of loss, including identity loss. Due to consequences stemming from his use of violence – resistance by the victim-survivor, her actions to build safety for herself and her family, responses by law enforcement and justice systems, etc. – he might have reduced access to his children (experienced as lost identity as a father), lost a job, lost his status, lost unfettered access to 'his' family home, etc. He might feel *reduced*.

Adult users of violence generally do not see these losses as reasonable consequences resulting from the harm they have caused, and the risk they continue to pose. Rather, they see their entitlements and rights being stripped away by the victim-survivor. Further, while they might not be able to verbalise this in as many words, they might see the very platform they have relied upon for inner survival taken away from them.

This grievance can deepen over time, as pictured below:



Adult users of DFSV engage in a range of controlling behaviours they feel justified enacting, that they might not think of as violence. When the victim-survivor's actions 'threaten' his sense of entitlement, or 'trigger' intense emotional reactions arising from his emotional vulnerabilities and/or a trauma background, he blames the survivor and believes he has the right to shut down her behaviour that he feels has 'wronged him'.

Of course, the user of violence is making totally unfair demands of the survivor, that she should never do anything that in his view 'makes' him feel angry, jealous or humiliated, or that threatens his control and power in the relationship.

Separation and the possibility of separation is an evidence-based risk factor for severe injury-causing or lethal violence, in part, because the perpetrator's ability to control the survivor's actions might, in some respects and not others, decrease (of course, he might post-separation be able to open up new avenues and tactics to exert power and control). Further, the user of violence might experience accumulating losses due to the impacts of his violence, and as a consequence of what his family members need to do to try to stay safe in spite of his behaviours.

In these situations, the user of violence often tries to find new ways to control the victim-survivor, to force the outcomes he is seeking. This might include attempting to manipulate her to return to the relationship. Or it might include attempting to coerce or force her to take actions that he believes she needs to take to restore what he sees as having been 'stripped away' from him.

Importantly, it is not only post-separation that the serious-risk adult might feel a sense of actual or impending loss. Some users of violence develop an intense grievance even while still in a relationship with the victim-survivor, for example when she refuses to abide by his demands and rules, or when he feels that she has 'humiliated' him. Serious-risk adults can feel *righteous anger* and *humiliated fury* even with the victim-survivor still in the relationship.

Risk can escalate when something, or some things, happen that threaten the perpetrator's ability to control the victim-survivor. It might be separation. It might be the involvement of authorities if he feels that he has a lot to lose (such as his status in his community). It might be a forced change in parenting circumstances where he has reduced access to his children. Risk can escalate even more intensely if he starts to experience losses that he blames on the victim-survivor.

The significance of new or changed circumstances in terms of increased risk depends in part on particular characteristics of the person using violence. For example, the advent of a victim-survivor commencing a new relationship at some point after separation might be particularly salient for the adult user of violence who struggles with intense possessive jealousy. This might also be a significant event for the user of violence who has strong entitlement-based attitudes in relation to his children, and who is incensed that someone other than him is fathering them. It depends greatly on the meaning that he makes out of the new or changed circumstance.

On some occasions, the changed circumstances associated with increased risk concerns the way that systems respond to his attempted systems abuse tactics. For example, a perpetrator might have become used to being able to successfully pathologise and discredit the victim-survivor, or in making her out to be the aggressor, winning over police, child protection and other responders. And then, as these agencies and responders start to share information and realise what he is trying to do, they no longer succumb to his efforts to make her out as the one with the problem. The user of violence then ups the ante, putting even more time and effort into trying to discredit her, but to no avail. He starts to become fixated on trying to restore his previous power.

Practice tip

Continuously assess new or changing circumstances and the meaning that the adult user of violence is making of them. These can include changes in the nature and intensity of victim-survivor resistance to his regime of control, new or changed responses from services and agencies, upcoming court dates, or changes to his work, community or social circumstances that he might perceive as representing a significant loss. Changes in parenting status or circumstances can also be a very significant new event, if the user of violence has strong entitlement-based attitudes about his children.

Source information about new/changing circumstances and the perpetrator's possible reactions to them from the victim-survivor, other services engaging with the perpetrator and, where possible/safe, from the perpetrator himself.

Many adult users of violence are able to restore or maintain substantial power and control, even if the victim-survivor does not return to the relationship. However, some are not able to do so, or are only able to restore moderate control. If the perpetrator's repeated and escalating efforts to control the victim-survivor fail, and if he is unable to restore what he believes that the victim-survivor has 'taken from him', his grievance can become more fixated and intense.

For these serious-risk adults, the victim-survivor is seen as the *one person* who can make things right for him. In his mind, she holds the 'key' to his life. And that unless she takes action to restore what he has lost, he might see little or no way forward in his life.

Sometimes, this can slide towards increasing desperation. As the adult begins to think or realise that he can no longer control the victim-survivor, or make her restore what she has 'stripped' him of, his motive might change from attempting to control her, towards severely punishing her for, in his view, the irrevocable 'harm' she has caused him.

Adults who perpetrate DFSV often use punishment as a controlling tactic, to greater or lesser degrees, to attempt to prevent the victim-survivor from making choices he doesn't want her to make. Serious-risk adults who are giving up on trying to control the victim-survivor, and who seek to 'make her pay' for what he perceives as irrevocable harm and loss, can engage in particularly severe punishment. When he has given up hope that she will 'make things right for him' and fix the predicament in his life that 'she has created', the punishment can have a different tone to how he used it before. The motive behind the use of punishment is different. He now uses punishment 'to make her atone for what she has done to him.'

At this point, the adult might intensify his stalking behaviours, or begin them in earnest.

He might become fixated that there is no way out of his predicament, that the damage that 'she has done' cannot be repaired, and that she refuses to do 'the right thing' by him. He begins to feel morally justified in using severe violence, that his 'back is against the wall', that he has 'no other option'. He feels entitled to take severe action because in his view, the victim-survivor holds the 'key' to his life but is refusing to restore what she has 'taken away' from him. Additionally, If any attempted systems abuse tactics fail to invoke other agencies and responders to (in effect) punish her, he might feel justified in resorting to take action into his own hands.

Of course, this is all highly distorted thinking. The victim-survivor has not stripped the user of violence of anything. He interprets her actions to free herself from his entrapment, and the actions of services and responders supporting her and the children, as victimising him. The losses he experience are a consequence of his harmful behaviours. While his sense of loss might have been heightened by his vulnerabilities stemming from a trauma background, she of course should not be blamed for this.

Risk might be heightened when one or more of the following occurs:

- → Evidence-based risk factors for lethality were present in the perpetrator's recent or past behaviour towards his current *or* previous partners (it is crucial to be aware of these risk factors from the DFSV risk assessment framework endorsed by specialist DFSV services in your jurisdiction); while recent behavioural indicators of lethality risk carry great weight, even if against a previous partner, these behaviours show what he is capable of.
- → The victim-survivor expresses fear that he will use severe violence.
- → He has used / uses patterns of wide-ranging coercive control involving significant amounts of forethought, planning and effort.
- → He is engaging in stalking behaviours, online and/or offline. Stalking is a common feature in escalating risk towards severe violence.
- → He struggles with intense possessive jealousy (with agitated anxiety).
- → The amount of planning and effort he puts into attempting to coerce and manipulate the victim-survivor is increasing.
- → He withholds children beyond agreed or stipulated return times after scheduled access – withholding children is on a continuum towards kidnapping.
- → His life appears to be deteriorating, for example through increased substance use, worsening mental health, homelessness, brushes against the law, reduced self-care and/or increasing desperation.
- → There appears to be a vacuum of meaning in his life – there is little to distract him from ruminating on his grievance.
- → He engages in highly problematic substance use.
- → He struggles with depression, particularly with a significant degree of felt hopelessness about himself and/or his future.
- → He reports suicidal ideation, and/or engages in reckless behaviours.
- → He appears particularly fixated on his rights, expresses hostile narratives about the victim-survivor 'violating' these rights, and/or appears to hold deeply on to grudges.
- → He appears highly dependent on the victim-survivor, with "I can't live without her" attitudes.
- → He expresses sympathy for men who have engaged in severely violent behaviours against women and/or children, or shows any sign of positively evaluating or excusing a severe behaviour (even if only indirectly or subtly).
- → He has deeply misogynistic attitudes.
- → He uses violence against her in public (does not care what others think).
- → He has demonstrated capacity to engage in cruel and degrading behaviour.

Perpetrator suicide – as distinct from suicide-homicide or homicide – can be a severe outcome in some of these cases. There is UK research showing that serious-risk men who perpetrate DFSV are at more than twenty times the risk of completed suicide than the general population of men.[3]

Adult users of violence who pose a serious risk of severe violence against the victim-survivor, based on an intense sense of grievance, do not always plan the severe violence in advance. While the use of severe violence like all violent and controlling behaviours is a choice, this choice can be made at different points.

Some plan these behaviours days, weeks or months ahead, referred to as the fixated threat pathway to domestic homicide in recent Australian research.[4] Others, however, do not wake up on the morning of the day in which they engage in severe behaviour planning or intending to do so. Rather, they make rapid choices to use severe violence after confronting the victim-survivor and demanding that she reverse the action through which the perpetrator feels that they have been 'wronged' or 'reduced'. This is referred to as the persistent disorderly pathway in this research.

Adults who perpetrate severe violence through the persistent disorderly pathway might be those with significant or long term substance use and/or mental health struggles. They might be likely to use violence in a range of situations, not only against family members, and might have had periods of criminal justice system involvement.

These users of violence might enter (force themselves into) the space of the victim-survivor – in spite of any protection order or other conditions prohibiting this – perhaps after a period of stalking and surveillance. The perpetrator makes demands of the victim-survivor that she engage in actions to make right or fix the predicament that he is in (that he believes she has caused). He might, for example, demand that she drop family law court proceedings, ask for the protection order to be rescinded, resume a relationship with him, or publicly 'apologise' to their cultural community or to the police that she 'lied and made up allegations' about him using violence. These demands are designed to restore what he believes she has taken away from him (his access to his children, the relationship he needs to 'survive', his standing in the community, etc.).

When she refuses (as his demands are totally unreasonable and abusive) and holds her ground, he makes quick decisions to use escalating violence. In some situations, he makes rapid choices to use severe violence, that he might not have been planning to make when he entered into her space.

Unlike the fixated threat pathway, those who perpetrate severe violence under the persistent disorderly pathway might not be quite at the stage where they believe that 'she has ruined my life'. Or if they are at this stage, they might not continually obsess on this grievance to quite the same degree. While they still hold an intense grievance, they might (or might not) have other things in their life drawing their attention (including other grievances).

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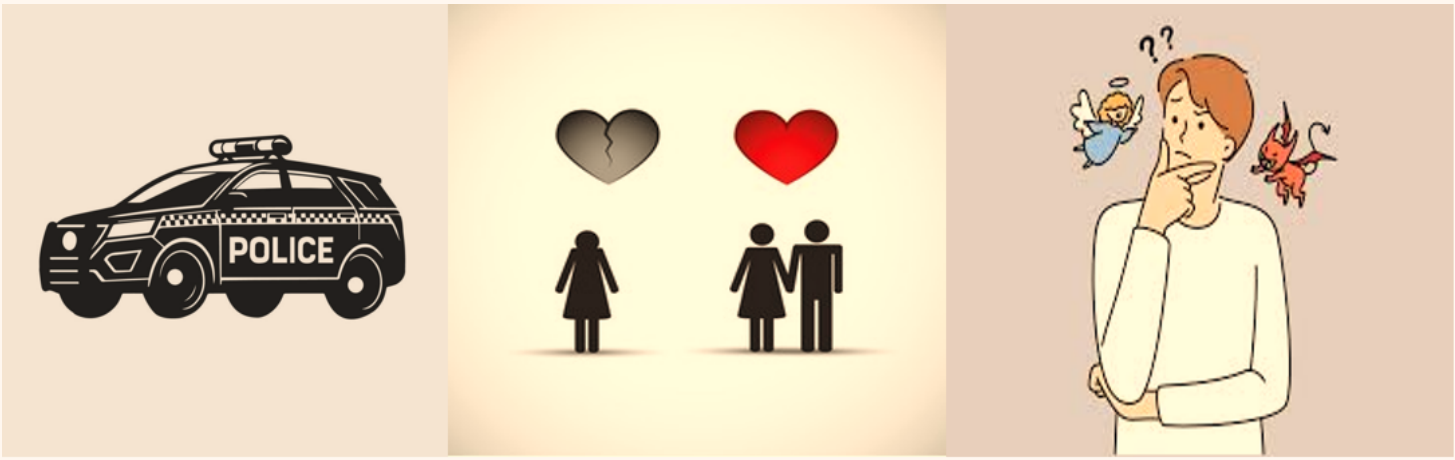
[3] For a highly practical webinar on identifying and responding to male users of violence at risk of suicide, see workshop 6 at http://www.youtube.com/playlist?list=PLRmYyMTndST6hXFK3FcK6IpX3pKvditfZ

[4] https://www.anrows.org.au/project/pathways-to-intimate-partner-homicide/

However, their grievance against the victim-survivor is still very strong. In the context of a chaotic life associated with substance use, mental health struggles and/or other instability, they might have a degree of unpredictability and the potential to focus rapidly and intensely on their grievance against her.

What might be some of the possible pathways when a user of violence gets to this stage of intense grievance, of either a fixated threat or persistent disorderly nature?



The user of violence escalates his violent and controlling behaviours, potentially towards severe outcomes for his family members and/or for himself. These escalated behaviours might be planned or occur through rapid decision-making and choices. Any friends or his extended family members who see possible signs of his desperation dismiss them because they can't reconcile that the man they love, work with or respect could possibly use severe violence.

Soon after the victim-survivor separates, the user of violence moves on to a new relationship. His grievance towards his ex-partner remains, and he might continue to use violent and controlling behaviours to punish her (e.g., increasing economic and co-parenting abuse), 'but' some of his attention moves towards his new partner. He might engage in rapid courtship and initially show his best self to his new partner, and persuade her that his ex-partner 'did him over' and is 'bad news'. It might not take long before his behaviour starts to create problems in his new relationship: if his life then falls down 'like a pack of cards', he might re-intensify his grievance towards his ex-partner.

Through engagement by a skilled worker, the user of violence begins to see that the intensity of his grievance is the problem, and there is hope to regain meaning and fulfillment in his life if he does not let the grievance control him. This requires, however, him developing a sense of hope that he can turn things around without demanding that the victim-survivor 'restores what he has lost.' With support, he addresses his identity loss in healthier ways and rebuilds meaning in his life. He remains a serious risk, however, for quite some time.

In the case examples I am thinking of, the second of these pathways has appeared reasonably common. Some serious-risk users of DFSV engage in quite rapid courtships, and might, over time, use violence across several family configurations impacting significant numbers of children.

Few of these serious-risk perpetrators are engaged by an appropriately skilled service. Many are not participating in a men's behaviour change or equivalent DFV perpetrator program – and even if they are, the chances of behaviour change might not be high. This is why we need more trials of initiatives adapting the Drive Project, that adopt a clinical case management approach based on individual sessions with the user of violence, integrated women's and family safety advocacy, and located within a multi-agency integrated high-risk response.[5]

[5] See https://drivepartnership.org.uk/about-us/the-drive-project/, including the highly promising three-year evaluation results.

Practice tip

A multi-agency, integrated service system approach is absolutely essential towards managing the risk posed by these serious-risk adults. This requires much more than a quick triage discussion. Perpetrators who pose a serious risk to this extent often need to be the focus of several consecutive high-risk meetings (not just a single one), focusing on questions such as:

What severe behaviours are we concerned that the user of violence might perpetrate?

If the user of violence was to enact these behaviours, and we were conducting a retrospective review of the events and steps leading up to this, what would we discover?

What stage is the user of violence at in the Homicide Timeline?

What new or changing circumstances might occur, or are likely, that might be associated with him moving towards the next stage(s)?

What is our plan to attempt to interrupt the perpetrator's opportunities and inclinations to use severe violence? What strategies might be immediate or near-immediate? What strategies might we need to build over the short-medium term?

What are the victim-survivor's thoughts regarding these strategies?

What might be the unintended risks if we choose to enact these strategies? How might these be mitigated, or reduced?

How might we assist the victim-survivor to build more options over the coming months, so that things she can't do now to work towards safety (because of how the perpetrator is likely to respond) might become safer and more feasible in the medium-term future? What forms of assistance can we provide so that we can make these real options?

Keeping the perpetrator within view in these ways, developing strategies to attempt to reduce his opportunities and inclinations to use severe violence, and offering genuine support to the victim-survivor that expands her and her children's options, requires a collaborative, multi-agency approach focusing on the case over a time scale of a few to several months. When risk is this high, developing and enacting a risk management plan is a dynamic process involving information sharing and collaboration between services beyond just one or two meetings.

Resources tip

The practice guide *Case planning for adults who perpetrate domestic and family violence: to reduce risk and harm for adult and child victim-survivors* includes useful information for engaging serious-risk adult users of violence. The resource *Working with adult users of domestic and family violence with a trauma background* might also be helpful.[6]

[6] These and other potentially relevant resources are accessible from the Featured section of https://www.linkedin.com/in/rodney-vlais/ (a linkedin account is required to access them).

It is highly important that all responders working together to prevent severe violence are on the same page. A common understanding is essential by focusing on the question:

Given what we know about the user of violence, his past and recent patterns of behaviours, the meaning he is likely to be making about current events and circumstances, and the meaning he is likely to make about newly arising or changing circumstances, how might we see him getting to the point of choosing severe violence? Either in terms of justifying this violence as 'the last resort' and planning the violence over days, weeks or months, or through making in-the-moment choices to use severe violence in the context of rapid escalation?

Last resort thinking is a significant indicator of homicide risk

This refers to when a person has crossed a 'moral boundary' into believing that using lethal violence against the person 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 where they believe they have 'no options left' to resolve the situation other than using lethal violence. The thinking is characterised by the adult believing that his situation is hopeless, that there are no options available to improve their life, and as such, that it is 'morally defensible' to use lethal violence against the person who has 'ruined' their life.

Many DFSV services, and agencies that respond to a high volume of DFSV, come across considerable numbers of clients and families where there is significant risk. Some serious risk users of violence clearly stand out as having potential to perpetrate severe violence – unfortunately, in my experience, not all of the key services involved in these cases necessarily see the risk. Workload pressures can get in the way of services acknowledging that risk is not just serious, but *very* serious.

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 believe might happen or are likely (e.g., "Our agency 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 you to believe that there is a serious risk of these outcomes.

Follow with a statement on your call to action – what you'd like the service to do. Explain why this action might help – what it is intended to achieve.

Try to keep this all to within two pages.

Send off and ask the service to acknowledge receipt.

Consider including in your written summary 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 your agency would be seeking to address this at a higher (managerial or executive) level.

Reducing the risk of the persistent disorderly pathway towards severe violence

Many domestic homicides occur without the serious-risk adult exhibiting last resort thinking. Like those who do cross the line into last resort thinking, these serious-risk adults feel highly aggrieved, and believe that the victim-survivor is the one person who can 'undo' the 'harm' and 'predicament' they've 'caused' for the adult.

These adults often use severe violence against 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. When the victim-survivor refuses to acquiesce to their demands, the serious-risk adult escalates their violence to lethal levels, but without having the intention to do so in the hours and days leading up to that time.

These serious-risk adults, like those associated with the fixated threat pathway, exhibit narrow thinking, believing that the victim-survivor is the one person who can 'make right' the 'unbearable injustice' that the victim-survivor 'has caused them.' However, these serious-risk adults use lethal violence against the victim-survivor without having prior (or strong) homicidal intent.

Persistent disorderly risk can remain high for some time.

Importantly, for these serious-risk adults, variable emotional states can result in situational spikes in risk. Risk can escalate quickly due to acutely changing circumstances, and acute changes in the perpetrator's internal state.

Key strategies to reduce persistent disorderly risk include to:

- → **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 to 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. **If possible, help the adult to interpret the victim-survivor's responses to his demands in less hostile ways.**

Many men who pose a serious risk of perpetrating severe violence will evade attempts to engage them. But when a specialist DFSV service is able to, there are some key components to consider, as outlined overleaf. **These components are relevant for both the fixated threat and persistent disorderly pathways.** Services that aren't DFSV specialists might be able to contribute towards or even take a lead in some components, but not others.

Help him to build new meaning and identity in his life, and to fill the vacuum more positively

Identity loss is a common occurrence with serious-risk adults. Some have little in their lives to distract them from their grievance-fueled ruminations. Helping him to build meaning into his life might increase his sense of what he has to lose if he were to use severe violence. Doing so can also create new positive connections and improve mental health. See the practice guide referred to previously – *Case planning for adults who perpetrate domestic and family violence* – for a section on addressing identity loss.

Find the part of him that cares about something(s) that would be harmed if he were to use severe violence

For many serious-risk adults, there is a part that wants to harm, to take 'revenge', to act on a grievance… and there is a part that cares about something or some things (related to self or others) that he would trample over if he were to take this action. Sometimes this part is smaller than the part that wants to harm; other times, it's not as small, or might have faded into the background. Find what he cares about, and draw his focus and energy to his caring. Try to build this part over time, so that it becomes stronger than the part that wants to harm.

Invite him to see the intensity of his angst/bitterness as the enemy he needs to fight

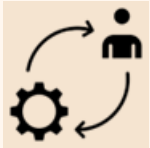
It might be possible, through a supported process over time, for the serious-risk adult to start to focus on the intensity and all-consuming nature of his bitter thoughts and feelings as a/the source of his problems, rather than the victim-survivor. It might be possible to sow this seed and grow it over time, so that through CBT or other strategies he transfers focus towards battling how these thoughts and feelings consume him. Invitational narrative practice might suggest externalising 'the angst', and working collaboratively with him to reduce its influence on his life.

Help him to make less hostile meaning of the actions of others, combined with distress tolerance strategies

If you have the opportunity, work with the serious-risk adult on his distress tolerance strategies. Adopt both a strengths-based approach focusing on the distress tolerance skills he already has and might use in some situations, and new ones he can learn. Borrow from DBT and ACT toolkits. If safe to do so, work with him on how to apply these strategies in situations where he is likely to misinterpret or make hostile meaning of the victim-survivor's choices and responses. See the practice tip box on page 14 for more detail.

Help him to stabilise his life

This might be necessary for any direct engagement strategies to work. Substance abuse, mental health struggles and other complex needs can be potent contributing factors that escalate risk. Clinical case management operating through a collaborative multi-agency approach is the cornerstone of working with these adults.



Monitor new or changing circumstances and the meaning he makes of them

Engaging the serious-risk adult enables his moods, internal states, narratives and circumstances to be monitored. The victim-survivor can also be a crucial source of information on what meaning he might make of changing circumstances.

Assess acute dynamic DFSV risk on an ongoing basis, and calibrate strategies to interrupt and disrupt his opportunities to use severe violence.

Ongoing risk assessment combining multiple sources of information, including that obtained through victim-survivor advocacy, is crucial to identify and predict current or upcoming acute spikes in risk. Risk management strategies need to be updated regularly, to respond to changes in the risk landscape.

Assess and respond to suicide risk; if you have specialist skills, attempt to assess homicidal ideation and intent

Suicide risk can be a means to punish and control the victim-survivor by inflicting ongoing guilt and grief. It can also reflect the individual's loss of hope for the future and extent of emotional pain, depression and anxiety. It might be possible to extend a suicide risk assessment to attempt to assess for homicidal ideation and intent.

Take suicide risk seriously

Threats and inferences of suicide are significant evidence-based risk factors for serious outcomes of DFSV, including severe injury and homicide. A threat or inference of suicide can reflect a genuine intent to suicide or self-harm. At the same time, it can also be used by adults perpetrating violence as a deliberate tactic of coercive control.

Regardless of the underlying intent, threats or inferences of suicide should always be taken seriously. This is even more crucial if there is an escalation in the individual's threats or attempts to suicide, or greater specificity in the threats they make.

If a serious-risk adult feels that the threat of suicide and/or other coercive controlling tactics have not been sufficient to control the victim-survivor's behaviour, they may use their successful suicide as a way to punish and control her through ongoing guilt and grief even after they have died. In a context where the adult perceives their life as unravelling, suicide can be a 'last ditch' act to maintain power over the victim-survivor.

Suicide can also reflect the individual's loss of hope for the future and the extent of their emotional and psychological pain, depression, and anxiety. Some serious-risk adults who feel an intense loss of hope may conclude that death is a better alternative than living a life in which they believe there is no prospect of a positive future. This negative view on life can be a significant risk factor for suicidal behaviour – including homicide-suicide.

It is critical not to minimise the risk of suicide due to the negative judgments you might make about the perpetrator, and because you are rightly appalled about his behaviour. A dismissive or judgmental tone will make it much harder to work with him to assess the extent of his suicide risk, and to manage the risk.

You should periodically screen for whether an assessment of suicide risk is required when working an adult user of DFSV. This will be especially important if there are significant changes in the individual's circumstances, presentation, and/or evidence-based risk factors common to both DFSV and suicide risk.[7]

Resources tip

Google *WWP AC 23: Workshop 6 "Suicide Prevention in high-risk, high-harm domestic abuse perpetrators"* (2023 annual conference of the Work with Perpetrators – European Network) for an excellent and highly practical webinar on identifying and responding to suicide risk amongst adult users of DFSV. While the whole webinar is useful, the final half focuses on a highly practical approach towards working with these adults on a suicide risk management plan.[8]

[7] See https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-3 - scroll down to the link to the resource *Recognising suicide risk in the context of adult people using violence*.

[8] See a large range of other highly helpful resources by WWP-EN at https://www.work-with-perpetrators.eu/

Practice tip

Often when a victim-survivor pushes back against a serious-risk adult's demands, the adult will perceive this as 'provocation', which the adult might use to justify severe or lethal violence. A typical scenario that follows this trajectory may look like:

- The adult attempts to force the victim-survivor to listen to their demands to reverse an injustice that the adult feels the victim-survivor has done to them.
- The victim-survivor refuses to take this action, turns their body away from the adult and/or might raise their voice to assert boundaries.
- The adult interprets the victim-survivor's response as being highly hostile (for example, they might think "she doesn't give a shit about me, she's prepared to destroy my life")
- The adult feels that this perceived 'hostility' gives them the right to use severe violence against the victim-survivor in response.

In addition to working with the serious-risk adult to adopt distress tolerance strategies, you might also be able to help them interpret the victim-survivor's responses to these situations in a less hostile way. This includes helping them to anticipate these situations, identify the meaning they make of the victim-survivor's behaviour, identify the thoughts they have associated with this meaning, and to introduce less hostile meaning and thoughts.

If possible and safe to do so, focus DBT, ACT and CBT distress tolerance skills on the types of situations where the serious-risk adult might feel most aggrieved by the victim-survivor's choices and actions.

Developing a respectful and sensitive working relationship with the serious-risk adult can be crucial in making the previously-mentioned strategies possible. The quality of this working relationship matters. If you are in a position to engage the serious-risk adult over some period of time, and have the specialist skills to adopt a clinical case management approach located within a collaborative multi-agency context, you might be the one practitioner that the adult develops some trust in (or at least, one of the very few). While you will always be looking to minimise collusion, your working relationship with the client can be one of the most important resources that the adult draws upon to create alternative pathways away from the use of severe violence.

Balancing this with the need to share information with other agencies as part of a collaborative risk management approach can be tricky. Sometimes, the most important reason for engaging the serious-risk adult is to assist with monitoring and ongoing risk assessment, and to share information and insights with other agencies. This 'intelligence gathering' can assist in multi-agency planning towards law enforcement and justice system responses focused on reducing the perpetrator's opportunities to use severe violence. Sufficient skill, a reflective practice environment and quality supervision are required to integrate, on the one hand, direct engagement strategies and the building of a quality working relationship with, on the other hand, intelligence gathering and assisting other agencies to enact violence disruption components of a risk management plan.

Different motives for using power and control[9]

The exertion of power and control is a constant feature in men's, and in many other adult's, use of DFSV against intimate partners and family members. However, not all perpetrators of violence use power and control for entirely the same mix of reasons. Their *motives* differ, to an extent, and this can have implications for how to respond, including to adults who pose a serious risk.

There have been various attempts to categorise different 'types' of DFSV perpetrators. While these explorations are important, until a robust and widely used categorisation evolves (if one is possible), it is perhaps most useful to consider each user of violence as having their own combination of motives, with each motive held to varying degrees.

Obtaining entitlement-based benefits is a central motive for the exertion of power and control amongst most users of violence. Men are provided with gender-based privilege by our patriarchal society, and in this context are expected to coerce emotional, domestic labour, material and sexual benefits from women in intimate relationships. As Ellen Pence from the Duluth approach emphasised, male DFSV perpetrators do not necessarily *feel* entitled; rather they *are* entitled, and have a way of making sense of the world and their position in it shaped by patriarchy.

Motives around entitlement can differ amongst users of violence, however. Men benefit from male privilege without needing to consciously be on a mission to maximise their gender-based power. They use power and control to obtain entitlement-based benefits because that is expected of them in being a (traditional) man. They don't need to think "I'm superior to women", "it's her duty to be provide me with…", "women owe men…", "it's my role to be the head of the family who makes the important decisions…" and so on to benefit from male entitlement.

Users of DFSV differ in the extent to which they use power and control, and entrap the victim-survivor, to purposefully maintain and extend these entitlement-based benefits. In other words, they differ in the extent to which they see it as their right to exploit the victim-survivor for their emotional, material, financial and sexual gain.

Perpetrators of DFSV who put more effort into exploiting victim-survivors – as distinct from 'merely' benefitting from male privilege and the gender-based benefits they can take from survivors in the patriarchal sea that we swim in – can tender to pose a higher risk, and cause greater harm. They are perhaps likely to be less interested in genuinely connecting with their intimate partners, less interested in true intimacy and building trust, and more interested in 'consuming' the benefits they can manipulate and coerce from their partner.

Appeals to these men to change their behaviour due to the harmful impacts of their coercive controlling violence on trust, love and connectivity in their relationship might have limited impact, if these men are not interested in, or know little about, true love. They feel deeply invested in continuing to *demand things from* their partner (that they feel entitled to), rather than work towards the intimacy of connecting with them.

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[9] My gratitude towards Dr Ron Frey, Dorthy Halley, Dr Karen Mitchell, David Adams and others whose work I have drawn from for this section.

In this sense, social and psychological entrapment is on a continuum towards enslavement, and in some instances, has some features of the latter. These DFSV perpetrators believe they have the right to engage in enslavement-type behaviours to extract benefits from their partner and from the relationship, even though most would not consider their partner to be their slaves.

These perpetrators can feel justified in going to particular lengths to punish their partner when she attempts to push against the boundaries of her entrapment, or resists the demands he makes of her. Punishment can, at times, be degrading and severe. Some might be prepared to engage in severe violence to make sure that 'she doesn't win' against him, as for her to 'win' in his eyes can result in him experiencing what he considers to be 'unbearable' humiliation.

For men who feel strongly entitled to the benefits they obtain from exerting power and control, this might or might not extend to viewing their children mainly in terms of their property. Some fathers who use DFSV to entrap their partner into providing benefits are interested in genuine connections with their children; others much less so. While most fathers who perpetrate DFSV believe that they have 'rights' to their children irrespective of the harm their behaviour is causing, it is still possible to yearn for genuine connections with their children at the same time. Some, however, are much more invested in their image of being a father than in actually getting to know their children.

Misogyny can be a feature with some men who deliberately entrap victim-survivors to maintain and extend the benefits they feel entitled to. However, not all men with this motive to exert power and control are misogynists. Misogyny exists on a continuum: most men who perpetrate DFSV engage in some degree of misogynist practices along this continuum (for example, the use of derogatory terms as part of psychological abuse). A hatred of women, however, is a primary and intense motive for the use of DFSV only in a minority; these men obviously can pose a very serious risk.

Many men are susceptible to manosphere social media and other messaging that 'gender equality movements have gone too far', that 'women have most of the power now' and that 'men are disadvantaged, and are no longer allowed to be real men'.[10] Right-wing misogynist influencers are contributing towards an intensified sense of grievance amongst some young and older men towards women, who are seen as 'taking away their power' and their opportunities to be 'real men'. Men who use DFSV differ in the extent to which they are influenced by this sense of collective grievance, ranging from a broad nod of general agreement (that's lightly held) to participating actively in grievance-based manosphere online communities.

A third motive that differentiates users of DFSV is the degree of narcissism. Most perpetrators are self-focused, and due to their "I'm the victim here!" thinking and male entitled worldview, are not very other-centred. However, only some have significant elevated 'traits' of narcissism. At the core, these users of violence have very little tolerance for experiencing any degree of shame, often due to traumatic childhood backgrounds. They can use severe violence against a victim-survivor if they believe that she has 'done something that causes him' to feel shame and humiliation.

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[10] For a succinct and clear description of some contemporary men's grievances against gender equality and positive discrimination policies, see the video explanation by author Jason Pargin https://www.facebook.com/watch/?v=9223521494440770

DFSV perpetrators with a high degree of narcissism require certain things to be in place in their life to maintain the image of being successful, and to attract admiration. Some have a range of privilege levers (e.g., reputation and standing in their community or profession) that they use to draw admiration from others, and to make it seem like they would be the 'last person in the world' who would use violence and abuse. Some are quite predatory, seeking partners or women/people to have sex with who they believe can be easily manipulated due to the perpetrator's 'up on the pedestal' power.

These users of DFSV can become dangerous when the positive image they project – that is reinforced by others in their community, professional or societal networks – becomes threatened. This might be through the victim-survivor separating from him, disclosing about his violence to authorities leading to police and justice system involvement in his life, and/or calling him out as a perpetrator in a community or public setting. Not only might these perpetrators become incensed at the potential loss of status and benefits that comes with their standing, reputation and access to various forms of privilege and resources being at risk. They might also experience a deep sense of humiliation, and use severe violence as an act of humiliated fury.[11]

DFSV users of violence with elevated narcissism go to great lengths to avoid self-reflection. Like most perpetrators, they will use denial, minimisation and blaming others to smokescreen responsibility for their behaviour, and adopt a strong "I'm the real victim here, not her!" stance. However, they have additional resources and privilege levers to avoid accountability through embedding their positive self-image in their community, natural and professional networks.

By establishing themselves as someone who 'should be admired at', and in some cases by engaging in genuinely prosocial activities that provide them with significant standing and praise, these perpetrators recruit a number of people who are prepared to defend them, and who either inadvertently or explicitly engage in actions that enable them to continue the abuse undetected. Some narcissistic users of DFSV might have high profile connections and admirers in their community or social settings.

In summary, narcissistic perpetrators of DFSV use power and control to maintain their positive self-image, develop and maintain a network of people admiring them, and to avoid having to experience shame.[12] Many have a significant trauma background.

Users of DFSV also differ in the degree of sadism, the extent to which they take pleasure out of exerting power and control against their intimate partner.[13] While many users of DFSV engage in behaviours that deliberately degrade and humiliate the victim-survivor, only some (fortunately a minority) experience pleasure while producing these impacts.

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[11] See https://www.youtube.com/watch?v=sTdmNjnyaF0 for thoughts on humiliated fury by Jess Hill.

[12] See the section *Engaging with shame* for an analysis of chronic shame and shame anxiety in the resource *Case planning for adult users of domestic and family violence* (available in the Featured section at https://www.linkedin.com/in/rodney-vlais/ - a linkedin account is required to access the resource).

[13] People with elevated psychopathy traits, as distinct from sadism, might or might not gain pleasure in hurting others, but do so to obtain a desired outcome, and tend not to feel empathy or remorse for their actions. Some people with sadism, however, can feel bad after the cruel act has been enacted – see https://theconversation.com/from-psychopaths-to-everyday-sadists-why-do-humans-harm-the-harmless-144017

Sadism is beyond feeling justified or vindicated through the act of causing hurt, which many or most DFSV perpetrators do when causing harm. Sadism refers to the actual enjoyment of inflicting harm through cruelty, which is less common.

A further motive more or less present in a DFSV perpetrator's decision-making to exert power and control is the degree to which they are dependent on their ex/partner for their psychological survival. Many perpetrators with high dependency, like those with elevated narcissism, have a complex trauma background. They might exhibit significant possessive jealousy (though importantly, possessive jealousy can also be associated with other perpetrator motives to use power and control).[14] These perpetrators might:

- have an intense attachment to the victim-survivor(s) for his own feeling of self-worth,
- experience a significant increase in suicidal ideation and risk should the relationship end or be at risk of ending,
- be at heightened risk of enacting homicide-suicide in these circumstances,
- appear highly suspicious about who his partner is seeing and what she is doing,
- talk freely about his suspicions that she is unfaithful,
- justify his controlling behaviours and 'repercussions' on the basis of those suspicions,
- be highly anxious and very fearful of 'losing her' / the relationship,
- justify his controlling narratives and behaviours as 'expressions of love' ("we are destined to be together for the rest of our lives"),
- have used violence against other men who he sees as a threat,
- leave you with a feeling that he might think 'If I can't have her, nobody will', and/or
- have a history of driving previous partners away, of high surveillance behaviours across relationships, due to possessive jealousy.

Many users of DFSV have a notable degree of psychological dependency on their partner. For male users of violence, this is often associated with making their partner responsible for their emotional states, including blaming their partner for 'causing him' to feel anger, jealousy, shame, humiliation or other undesirable feelings. Some DFSV perpetrators, however, have substantial psychological and other forms of dependency on their partner, and cannot see a life for themselves if their relationship with this particular person was to end.

Finally, some users of DFSV have a history of using violent behaviours in a range of settings and contexts, not only against intimate partners. These DFSV perpetrators might display an 'attack first' mentality, of needing to make sure that others know they are 'not someone who can be messed around with.' They might have engaged in patterns of behaviours whereby they 'strike first' under perceived threat.

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[14] See the resource *Addressing violence and controlling behaviours associated with possessive jealousy* (available in the Featured section at https://www.linkedin.com/in/rodney-vlais/ - a linkedin account is required to access the resource).

Some perpetrators of DFSV with this motive to exert power and control have experienced violence, and been in situations where violence has been normalised, for much of their lives. They might have had periods of homelessness, significant substance misuse and been part of peer groups or street life situations where violence served as a self-protection mechanism. Some might have histories of incarceration, and might be considered by criminologists to have 'anti-social tendencies'.

For these adults, violence and coercion both within relationships and in other contexts becomes an accepted means to:

- resolve conflicts, persuade others to do things and achieve personal and social goals (self-advancement)
- gain respect from others, and to 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 amongst a peer group or gang when feeling not part of the majority in society
- 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, and/or
- reinforce personal and collective criminal pride.

Overall, 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.

These motives overlap. Any given user of DFSV might have a combination of two, three or more of the above motives, each to varying extents. While it is beyond this resource to explore the practice implications of engaging serious-risk perpetrators based on their profile of motives, understanding the source of their decision-making to exert power and control can assist greatly in developing risk management plans and strategies.

Severe risk of harm and concurrent mental illness

Mental illness, or serious to severe mental health problems, are generally not a cause of men's use of violent and controlling behaviours in DFSV contexts. However, they can undeniably complicate and accelerate risk amongst adults who already use DFSV, or who are on a path towards doing so.

A mistake often made is to view the accelerants of risk posed by the adult as either a gendered violence *or* mental health issue, rather than as a combination of both. Seeing the issue purely from a gendered or DFSV sector perspective can result in crucial mental health perspectives being missed, while viewing the risk only from a mental health lens can result in a very inadequate analysis of the risk.

The author of this resource has seen instances where diagnoses of conditions such as delusional disorder[15] – while potentially appropriate given the specifics of the adult's cognitions, beliefs and experiencing – obscures the gendered aspects and drivers of the adult's behaviours. Many men who use violence hold on to their beliefs as 'truths', and use a range of cognitive distortions and 'magical thinking' as 'evidence' that their beliefs are true. This is par for the course in working with these men. If the intensity of these beliefs – for example, the belief that one's partner is 'cheating on him' – evolves to the extent of approaching a diagnosis of delusional disorder, this does not mean that a DFSV approach should be abandoned even though mental health treatment is required.

It is not uncommon, unfortunately, for mental health and forensic psychiatry services to work with DFSV perpetrators with valid diagnoses of psychotic or personality disorders, without inviting the involvement of specialist DFSV perpetrator-focused services. Both lens are often required to manage very serious risk. Understanding the history of the adult's behaviours, both past and recent, through a specialist DFSV lens can be vital in predicting the immanency of current and near-future risk.

Serious mental health conditions can amplify an adult's existing grievance-based beliefs, and increase the felt experience of the grievance. As mentioned, the presence of a delusional disorder can intensify an adult's belief that his partner or former partner serves as a threat to him in some way. Severe depression can add to an adult's belief that his partner or former partner is responsible for 'ruining his life'.

Serious mental health issues can also accelerate the adult's intent and decision-making to act on the grievance. Acute periods of mental health unwellness, or even heightened irritability due to a moderate relapse of a mental health condition, can act as an accelerant in this respect. An acute mental health condition or unwell mental state can reduce the amount of time that a perpetrator with a fixated grievance takes to enact his plans to harm. It can also make it more likely that a persistent disorderly perpetrator without a plan to use lethal violence chooses to do so 'in the heat of the moment'.

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[15] Delusional disorder can be diagnosed when an adult intensely and unshakably holds on to a belief that might be feasible in some circumstances, but where there is absolutely no evidence for in relation to his situation. The belief is not inherently bizarre in general terms, and the adult is able to function reasonably well. However, the belief is clearly at odds with the facts, and the adult draws a series of highly non-credible 'long bows' as 'proof' that the belief is true. Delusion disorder is considered a psychosis even though the adult does not experience most of the features commonly associated with schizophrenic, schizoaffective or severe affective disorder psychoses.

Psychiatric treatment – including the appropriate use of medications – can be an important part of a case management mix when addressing serious risk in these circumstances. Collaborative practice across mental health and DFSV services is vital.

Resources tip

The practice guide *Addressing possessive jealousy and social violence* provides examples of how both a mental health and gendered violence lens can be applied in understanding and responding to adult users of DFSV, including those who pose a serious risk.[16] Jealousy, especially when intense, can have a significant agitated anxiety component. The practice guide outlines strategies to address both the jealousy and possessiveness aspects of possessive jealousy, drawing upon gendered violence understandings and mental health sector expertise in helping clients deal with anxiety.

Personality difficulties and disorders

Most serious-risk adult users of DFSV are not 'psychopaths', nor have a personality disorder. Some, but not all or even most, serious-risk adults have criminal histories to varying degrees. They may be deeply entrenched in criminal lifestyles and cultures, yet they are still capable of affective (emotion-based) empathy and compassion.

In contrast, some (but not all / most) people with personality difficulties have deficits in affective or the felt component of empathy, while potentially being much more adept at *cognitive* empathy. Some of these adults can be quite charming. They can be very skilled at reading other people, and use these skills to manipulate them and cause harm. Helping such clients to understand the specific impacts on, and the perspectives of, people their behaviour is harming can **increase risk for victim-survivors**, because they can use what they learn to *increase their manipulation and control*.

Some adult users of DFSV with personality disorders might have little interest or investment in their relationships, with limited drive to work towards respectful relationships. They might experience very little guilt or remorse so feel untroubled by their behaviour or its impacts.

Resources tip

See pp. 62 – 85 of the resource *Practitioner Guide: Working with people in the Criminal Justice System showing Personality Difficulties* (3rd 2020 edition) by the HM Prison and Probation Service of NHS England for general considerations and tips when engaging clients with various specific types of personality 'disorders' and difficulties.[17] This resource does not adopt a DFSV lens. However, it provides important information on different types of personality difficulties, and can assist practitioners to adjust their practice with serious-risk perpetrators who have been diagnosed with one.

[16] These and other potentially relevant resources are accessible from the Featured section of https://www.linkedin.com/in/rodney-vlais/ (a linkedin account is required to access them).

[17] See https://www.gov.uk/government/publications/working-with-offenders-with-personality-disorder-a-practitioners-guide

Screening for and assessing homicidal ideation and intent

This section provides practice suggestions for specialist DFSV perpetrator response professionals. It might be possible for practitioners without this specialisation, in some circumstances, to use some of these suggestions.

However, attempting to open up a conversation with an adult user of DFSV about the presence of homicidal thoughts is not something to be done lightly – you will need sufficient skill in engaging users of violence, a solid understanding of DFSV risk, and support from a DFSV specialist supervisor. You will also need clear processes for collaboration with specialist DFSV services and other DFSV service system agencies.

Homicidal ideation and intent can be assessed both as an extension of a suicide risk assessment, or separately when the adult's suicide risk is low or minimal, or no suicide risk is determined.

When assessing homicidal ideation and intent, you may explore similar issues as when you assess for suicidal ideation and intent. For example, you may explore the frequency, intensity, and persistence of the adult's homicidal thoughts, how they feel when having the thoughts, the extent and nature of their planning to act on the thoughts, and the availability of means to enact their plan. But there are also some important additional considerations and factors to investigate when assessing homicide ideation and intent.

This section provides guidance on screening for and assessing homicidal ideation, assessing threats to kill, identifying the factors involved in making the leap from homicidal ideation to intent, identifying 'last resort thinking' as a characteristic of the fixated threat pathway, and managing an adult's homicidal ideation.

Screening for homicidal ideation

Some serious-risk adults who have homicidal ideations will disclose, or partly disclose, this when asked. They may also be willing to provide some details about the nature of these homicidal thoughts. Some adults may disclose this in recognition that things are not going well for them and that they need help. They may also acknowledge that although they might want to end the person's life that they have homicidal thoughts about, they have reasons why they should not act on these thoughts.

However, many serious-risk adults who have thoughts of using lethal violence against their ex/partner and/or other family member(s) will deny having them. Even if they do not intend to act on them, many adults won't disclose their homicidal thoughts because it will trigger practitioners to respond in a way that is outside of their control (e.g., alerting authorities). And adults who have significant intent to act on their homicidal thoughts will often not want to disclose this intent, as they might not want to be stopped.

There are at least three possible ways to directly ask the serious-risk adult about the presence and nature of any homicidal ideation:

1. If the adult expresses any suicidal ideation, you can assess for homicidal ideation by asking the adult whether they've also ever had thoughts about killing another person as well as themselves.

2. If the adult has disclosed that they have made a threat to kill another person, or if you are aware that they have made a threat through other sources and it will not increase risk to the victim-survivor to bring that information into your discussion with the perpetrator, you can use this as a starting point to ask about any homicidal ideation.
3. You can directly ask the adult whether they have ever had thoughts about killing another person (in the same way that you might ask a direct question about their suicide risk).

A client who has homicidal ideations might be more likely to disclose these thoughts if you:

- Adopt a non-judgmental approach, ask questions, and talk matter-of-factly about their thoughts. If the person feels judged, they will be (much) less likely to tell you about their true thinking and intentions.
- Emphasise that you are interested in and focused on the adult's wellbeing and welfare, but that this should be achieved in a way where everyone in their life can also be safe.
- Make it clear that you are working with the adult on things that will make a positive, tangible difference to their life. Emphasise that experiencing homicidal thoughts is a sign that there are important improvements that could be made to their life.
- Are transparent about your concerns and emphasise that your role is to maintain safety for the adult and the safety of his family members / others. Emphasise that your focus is on the safety of everyone.
- Attempt to come to an agreement that using lethal violence is not something that they ultimately want to do. In the short-term, it does not matter if their motivation for coming to this agreement is not that lethal violence is morally wrong. For example, they may agree that they don't want to use lethal violence against the person because they don't want to spend their life in prison, or never be able to see their children. Use whatever motivation they have to come to an agreement that it is in their best interest to work with you (and other relevant services) to make sure they don't act on their thoughts. Find the part of them that cares about something or some things (related to his own life or that of others) that would be destroyed if he were to engage in severe violence.
- Develop strategies to manage your own anxiety about assessing and talking about the adult's homicidal thoughts, so that you come across as calm as possible in your discussions.
- Remember that the aim of assessing homicide risk is to understand the factors that will help you to develop a risk management strategy and safety plan. When there is a serious risk of severe violence, your role is to reduce the immediate, short- and medium-term risk of the adult enacting this. This might be (much) more important in the short-term than attempting behaviour change work focusing on the adult's violence-supporting attitudes and beliefs.

Practice tip

It is important to manage your own anxiety about colluding with the serious-risk adult when assessing their homicidal ideations. To assess whether they also have an *intent* to kill – an intent to act on their thoughts – create opportunities for them to openly share their thoughts.

In cases where there may be an actual homicide risk, it is more important to open a window into the adult's thinking so that you can assess the degree and nature of risk, than it is to worry about whether they might misinterpret you to be supportive of their thinking.

Be transparent about your concerns that the adult may engage in behaviour that will harm people, including themselves. This will help to counter the potential for them to misunderstand your discussions as agreement with their violence-supporting beliefs.

Remain supportive of your client. You may emphasise that you are concerned about everyone's safety, including their own. You may also remind the adult that hurting or killing another person would have a substantially negative impact on their life and their family, and that you have a responsibility to take steps to stop this from happening.

Assessing homicidal ideations

Homicidal *ideation* is more frequent amongst adults using violence than the actual *act* of homicide. Some serious-risk perpetrators who have homicidal ideations will not take the leap towards using lethal violence against their family member(s). In some situations, having thoughts and fantasies about using lethal violence against someone that they feel has wronged them is a way for the adult to regulate distressing emotions and to feel powerful and in control in a context where they feel disempowered and lacking control.

As part of your assessment of the adult's homicidal ideations, attempt to determine whether their thoughts serve as a form of emotional regulation, or whether they are associated with an intent to use lethal violence. In some circumstances, the adult's homicidal thoughts might serve both functions.

If the serious-risk perpetrator discloses that they have had homicidal thoughts, you may ask them:

- Whether this is the first time they have had thoughts of this kind about the person.
- Whether they've had any other thoughts of this kind about the person.
- What other thoughts they've had about using lethal or severe violence against the person.
- When they first started having these thoughts about the person.
- How often they have these thoughts.
- Whether they spend time thinking about how they could enact lethal violence.

- Whether they picture how they might do so in their head.
- Whether the homicidal thoughts are situation-specific (e.g., when they're upset or intoxicated).
- How their homicidal thoughts make them feel (e.g., whether they make them frightened or calm).

Depending on the adult's responses, you can follow these questions with a further series of explorations:

- How often they have homicidal thoughts.
- Whether the thoughts are repetitive or persistent.
- How the thoughts have been playing out in their head recently.
- Whether they can easily turn off the thoughts, or if they are intrusive.
- If the thoughts are unwanted or if the adult enjoys or takes satisfaction out of having them.
- Whether they fantasise about ending the person's life and how elaborate the fantasies are.

Assessing threats to kill

Making a threat to kill is not quite the same as homicidal ideation and intent. A serious-risk adult can make a threat to kill another person without necessarily having homicidal thoughts or intent. Nevertheless, making a threat to kill is an important evidence-based risk factor of homicide, even in the absence of homicidal thinking and intent.

It is important to note, however, that a serious-risk adult can have homicidal thoughts and an intent to use lethal violence against another person without ever having made threats to kill them. Even if you know from the victim-survivor(s) that the serious-risk adult has never threatened to kill them, this does not mean that the adult has not thought about killing them.

If a serious-risk adult has made a threat to kill, attempt to find out the following. Sources of information can include the victim-survivor, the perpetrator, or agencies who have engaged either the victim-survivor or the perpetrator (for example, police might have copies of threatening text messages):

- What did the adult user of violence specifically say or write?
- What was the context of the threat?
- What did the adult mean at the time?
- Was the adult serious about the threat?
- What was the emotional state of the adult at that time?
- What was the purpose of the threat (i.e., what was the adult intending to achieve)?
- How credible is the threat (i.e., were the actions threatened feasible or unrealistic)?

If a serious-risk adult makes a threat to kill that is intended as a warning of what they might do in the future, it can indicate that they are building a justification for the use of severe violence. For example, they might seek to justify their behaviour along the lines of, "I warned you, but you chose to ignore my warning and keep behaving this way. What's coming to you now is your fault."

Frequently made threats to kill can also indicate an even higher risk of homicide. The more that a DFSV perpetrator verbalises a threat to kill, the more real the possibility of them carrying through with it can become. That is, the adult might make the threats as a way of motivating themselves to follow through.

If the user of violence has made repeated threats to kill at different times, attempt to explore (again by seeking multiple sources of information):

- Are the threats becoming more graphic?
- Are the threats escalating or changing in other ways?
- How frequently are the threats being made?

Assessing behaviours associated with homicidal intent

It might be possible to explore whether the serious-risk adult has taken any steps to put their thoughts into practice. If the adult has started to take *any* steps from homicidal thoughts to homicidal intent, the risks to the victim-survivor(s) has substantially increased. **Even if these steps are small, or don't require much time or effort, they should be taken very seriously.** Any step taken to research or plan acts of lethal violence, even if only taking a moment or two to 'idly' explore an idea about a potential method, represents a substantial leap in risk.

Sometimes taking the initial steps from homicidal ideation to intent can be 'triggered' by a sudden deterioration in the adult's mental health or life circumstances. In these situations, when their usual coping strategies no longer work, the adult may escalate their violent behaviour to try to fix their predicament.

For example, in the context of a recent separation when they no longer have as many levers of control, serious-risk adults may resort to online and offline stalking behaviours as an attempt to reassert themselves back into the victim-survivor's life.

If possible, explore what has prevented the adult from taking further steps to put their homicidal thoughts into action. You may assess whether any barriers that they identify are *internal* (for example, "I just don't know if I can actually go through with it" or "I'm not sure if I want to throw my life away like that") or *external* (for example, "I would have done it by now but I can't find her"). A lack of any significant internal barriers is a further indication of substantial homicide risk.

Identifying last resort thinking

As outlined previously, the presence of 'last resort thinking' is a major indicator of a serious-risk adult's homicide risk. This type of thinking is characterised by a belief that their situation is hopeless, they 'have nothing left to lose', and they have no other option but to do something drastic to make the victim-survivor 'atone' for what 'she has done'.

Engaging in last resort thinking is particularly concerning because it is often a way for the serious-risk adult to remove all remaining internal and moral inhibitions against using lethal violence. In many cases, last resort thinking is also accompanied by suicidal ideation, or by not caring whether the adult dies alongside the person they intend to use lethal violence against.

Last resort thinking is characteristic of the fixated threat pathway towards domestic homicide. However, it is important to remember that a major leap is required for DFSV perpetrators to go from justifying violence towards a victim-survivor to justifying using *lethal* violence. Furthermore, as mentioned previously, many serious-risk adults will follow the persistent disorderly pathway toward domestic homicide without exhibiting last resort thinking.

Directly managing homicidal ideation and intent

If possible, assess any circumstances associated with a greater frequency and intensity of the adult's homicidal thoughts. This will help you to adopt safety planning and risk management targets that aim to disrupt circumstances in which the adult is more likely to put their thoughts into action. For example, if the adult ruminates on homicidal thoughts more when they are drinking alone at night, or when searching the internet for manosphere blogs, you can prioritise strategies that address their alcohol use and the unstructured use of their smartphone.

The risk management strategies you put in place will also depend on the degree of the serious-risk adult's homicidal intent.

If the adult has significant motivation not to carry out their homicidal thoughts, safety planning that includes a direct focus on their thoughts will be an important part of the overall risk management approach.

This safety planning can include:

- Mapping out when the adult has homicidal thoughts, or when they are more frequent and intense.
- Strategies that the adult can use during these periods until the intensity of the thoughts subside (riding through the wave of the thoughts).
- Assisting the adult to develop a support network of people who can distract them from their homicidal thoughts: note, these supports might not need to become aware of the adult's homicidal thoughts (as the adult might be very hesitant to tell them and might not use them as supports if they needed to know), but rather, can be primed to be available 24/7 to offer 'emergency mental health support.'
- Informing the adult about 24/7 help services, and addressing hesitations they have to use them.
- Removing any access that the adult has to weapons.
- Other strategies similar to those used to help clients manage their suicidal thoughts.

Establish as many guardrails as possible that make it difficult for the serious-risk adult to act on their homicidal thoughts.

If the serious-risk adult is considering whether to act on their homicidal thoughts but has not made a decision to do so, in addition to the above safety planning and guard-railing, agreeing on a motivation not to act on them is a critical risk management goal.

For some adults, their single-minded focus on their homicidal intent can be so consuming that they completely lose awareness of the other goals they have been working towards. Focussing on the aspirations and vision that the adult has for his life, and how using lethal violence against the victim-survivor would undermine them, can help to motivate him to not act on his homicidal thoughts.

Their fixation on ending the victim-survivor's life as the only solution to what they see as the unsolvable problems impacting their life can also mean that some serious-risk adults lose sight of the much bigger problems that taking this action would cause for the rest of their lives. You can work with them to expand their consideration of these consequences, and help them to understand that their homicidal ideations are the real problem that need to be addressed.

By engaging serious-risk adults in these conversations, you can help them to gain some distance from their homicidal thoughts, rather than being immersed in them. You can then encourage them to work with you to develop joint strategies to address their thoughts and prevent them from having a catastrophic impact on their life.

It is important to note that some serious-risk adults, particularly those with significant suicidal as well as homicidal intent, will not respond to this approach. The adult might struggle, due to depression and/or acute or chronically low self-efficacy, to believe that they will ever be able to make anything of their lives. **Risk management strategies for these adults may need to focus predominantly on completely removing their ability to physically access the person they are intending to use lethal violence against**.

Mental health strategies to treat depression can also be important here. A case management approach that supports the serious-risk adult to achieve small goals might instil a degree of hope and possibility for the future. A serious-risk adult with an intense grievance and little care or hope for his own life is potentially very dangerous.

Strengthening meaning and value in the adult's life

Reducing the risk of DFSV perpetrators acting on their homicidal thoughts can require helping them to realise that doing so would destroy the things that add value and meaning to their lives. This means attempting to draw their awareness back to these things – such as their caring role for an elderly parent, their mentoring role for boys in their extended family, or their leadership role in their workplace or community – so that they realise what they have to lose by acting on their thoughts to use severe violence.

Some adults may struggle to identify things that add meaning and value to their lives. In these situations, engage in a rapid and intensive case management process to connect them to roles and activities that are meaningful to them. This may require frequent contact with the serious-risk adult and proactive outreach and follow-up over a short-space of time. It might also require working with him to achieve some confidence in meeting small but meaningful goals, even if these do not seem directly related to the DFSV risk he poses.

To help the serious-risk adult to identify and engage in meaningful roles and activities, you can explore some of the values that underpin their life. While they may feel detached from these values, they may still feel motivation to take part in activities that bring these values back into their life.

Working with the adult on improving their coping skills and outlook on life may take some time. In the meantime, it is important that they have access to other meaningful supports. This can include re-establishing connections to things that they have stopped engaging with due to the deterioration of their life and fixation on the victim-survivor, such as their extended family, employment, education and/or recreational pursuits.

These strategies to build meaning and identity, and to reduce the amount of unoccupied time the adult has to ruminate on his grievance, might require highly proactive scaffolding. One session or contact per week with the serious-risk adult might not be sufficient.

During the Covid pandemic, for example, it was not uncommon for some specialist DFSV behaviour change programs to contact high-risk perpetrators two or three times per week (or more), during periods in which agencies were closed to group-work. Some of these contacts consisted of 20-minute phone calls, to help the adult organise their day and ride through the vacuum in their lives. This type of approach might be required with many serious-risk adults who have got to the stage of experiencing homicidal ideation – though many, of course, will seek to evade such engagement.

Practice tip

When working with a serious-risk adult who has significant homicidal intent, it can be beneficial to focus in on the 'two parts' of the person. You may start this conversation along the following lines:

"… it seems that there are two parts to you. One part that wants to take this drastic action against [name of victim-survivor]. And another part that doesn't. The part of you that doesn't is currently winning. Your thoughts about taking this drastic action have become a habit, you're used to them now, and one part of your brain doesn't want to let go of them. Let's talk about what we can do to not let that part of your brain win."

In the immediate and short-term, your goal will most often *not* be to try to stop the adult from thinking homicidal thoughts. This is unlikely to be realistic within these timeframes. What you might be able to achieve, however, is to work with the adult on how he responds to these homicidal thoughts when they arise.

Attempt to help the adult *gain increasing distance from the thoughts*, by using, for example, DBT/ACT/CBT or narrative externalising strategies. The adult might be more willing to attempt and practice these strategies if he has some value and meaning in his life that he would like to protect.

Of course, it is also important to work with the adult towards him not taking any actual (further) steps towards putting these thoughts into practice.

If the adult appears to have made a clear decision to act on their homicidal intent, the immediate risk management goal should be to physically prevent them from having access to the person they intend to use lethal violence against.

This can involve priority liaison with police to:

- determine if the adult has engaged in any criminal behaviours (of any kind) through which they could be charged and remanded by a magistrate, or
- potentially invoke the relevant section of your jurisdiction's mental health act to apprehend them for involuntary treatment to prevent immanent, serious harm.

Practice tip

Addressing a serious-risk adult's mental health issues can often be an important part of a homicide risk management strategy.

For those at risk of committing homicide through a fixated threat pathway, improved mental health can help them to find value and meaning in their life, and to develop a sense of hope and self-efficacy despite the problems that they feel the victim-survivor has caused them.

For adults who follow a persistent disorderly pathway, poor mental health can tax their already compromised distress tolerance skills. Reversing a gradual or sudden deterioration in their mental health can therefore be critical to preventing homicide.

Many publicly funded mental health services generally focus on people with a serious mental illness. You will therefore need to clearly explain and advocate for why your client – despite not necessarily falling into the serious mental illness category – needs priority mental health support in the context of a homicide prevention strategy.

Do not handle serious risk of severe behaviours alone

Once you have identified a significant risk of homicide or other forms of severe violence, even if the risk is not imminent, share the risk:

1. Inform your supervisor of the risk of homicide or homicide-suicide.
2. Activate a serious-risk (or crisis) intervention involving relevant agencies.
3. Organise a multi-agency case conference with other practitioners involved in the case (within a day or two if it's a crisis intervention).

Always discuss an adult's homicidal ideations with your supervisor or manager, even if the adult has not formed an intent to act on them.

It is important that all practitioners are offered the opportunity to debrief after completing a homicide risk assessment with a serious-risk adult. You should never have to go into late nights or weekends questioning whether you did enough or did the right thing. Sharing your concerns with your colleagues, and being offered priority debriefing, will help you to leave them when you transition away from your work time.