

Resisting Collusion & Motivating Change:

Working with Men Who Use Intimate Partner Violence

A Safe-Enough Learning Environment

Uphold the dignity and privacy of the people we work with

Commitment to participation but with the right to pass

Respectful conversations

Attitude of curiosity

Practice self-care

Permission for trainer to move the group along

We can't be articulate all the time

Resist the temptation to multi-

Keep your camera on



Outline

Today:

- Context setting: What is family violence?
- Perpetrator Accountability
- What is Collusion?
- Actions to Resist Collusion
- Core Beliefs
- Identifying Smokescreens

Tomorrow:

- The Nature of Collusion
- Shame: Motivating Change
- Invitational Approaches
- Finding the Mid-Point
- Safety & Accountability Planning
- Motivating Change and Referral Readiness



What is Family Violence?

Family violence is 'a pattern of coercive control that one person exercises over another in order to dominate and get their way. It is behaviour that physically harms, arouses fear, prevents a person from doing what they want, or compels them to behave in ways they do not freely choose'.



Context for Family Violence

Gender inequality sets the necessary context for family violence to occur – it is both the cause and the consequence of violence against women.

In addition to gendered drivers, drivers of family violence are also reflective of **structural inequality**, including, but not limited to, colonisation, racism, ableism, classism, ageism, homophobia, biphobia and transphobia.



Context for Family Violence

- Intersections of power, discrimination, marginalisation and bigotry create barriers for victim survivors in accessing the services and resources they require for safety, justice and recovery, and men who use violence know this.
- Men who use violence choose to target victim survivors where the location and circumstances allow them to be in control.
- Victim survivors are not inherently vulnerable or at risk but are vulnerablised by policies, structures and systems.



Activity One: Perpetrator Accountability

- 1. What do you mean when you talk about 'perpetrator accountability'?
- 2. When working on an individual level with men who use violence, how can you be accountable to victim survivors?



Scaffolding Pathways to Accountability

'...service systems can place restraints around a perpetrator's behaviours, using incarceration, monitoring, supervision, assertive contact and other consequences or processes...

However, this is not the same as perpetrator accountability.

Ultimately, accountability needs to be embraced by the individual perpetrator over time, with different services supporting and scaffolding the potential for genuine accountability to develop and be sustained.







What is Collusion?

'Any response of another person to a perpetrator that inadvertently or deliberately, indirectly or directly, indicates agreement with or support for any of the beliefs or thinking that the perpetrator uses to avoid taking responsibility for his violent and/or controlling behaviour.'

What Collusion Looks Like

Collusion can take many forms.

At the **practitioner** level it can be expressed through a nod of agreement or a sympathetic smile (whether inadvertent or deliberate) when a man expresses a violence-supporting attitude or belief, or through not raising the issue of a client's use of family violence when the client knows the practitioner is aware of his behaviour.

At the agency level it can take the form of policies that approach family violence as a mental health issue and/ or as a by-product of adverse childhood or other traumatic experiences.

At the **system** level collusion can occur when a father's rights are elevated over what is in the best interests of their child, or when the mere fact of attending and completing an MBCP is automatically seen as a sign of change, irrespective of whether the man has actually demonstrated any change'



Core Beliefs

There has been widespread community collusion with men's violence against women for several generations, which can make it difficult to notice and avoid invitations to collude.

We must develop skills in identifying and responding to <u>core</u> <u>beliefs</u> that underpin abusive behaviour and support violence against women.



Core Beliefs

Core beliefs held by men who use violence:

- Male entitlement
- Victim stance
- Violence supportive narrative

These beliefs are shaped by the gendered drivers of family violence, where the choice to use violence is condoned and excused.

They are further shaped and reinforced by patriarchal social norms and structures, masculine peer and organisational culture, and men's family-of-origin experiences.

His behaviour is primarily conscious, however the underlying thinking that drives his behaviour is largely unconscious.



Male Entitlement

'Male entitlement is the conviction that men are owed something by virtue of their gender. It is the belief structure that tells men they deserve to have their whims catered to both culturally and interpersonally'

One of the most harmful elements of male entitlement is the blind belief in the right to control, commodify and have power over women.

Men who use violence often vehemently deny the existence of male entitlement.



Victim Stance

When these perceived rights are not met, men who use violence can feel like a victim. A 'victim stance' is a righteous moral position whereby he feels that he is always right, and any challenge to this authority causes him to feel victimised. He may then behave in ways that are controlling, frightening, silencing and dangerous for women and children.

He may feel as though she is controlling him if she argues, disagrees, fights back, sets limits on how he behaves or insist that he meet his responsibilities.



Violence Supportive Narrative

An attitude that conceals, supports, trivialises, condones, excuses, minimises, and mutualises men's use of violence or control, or blames other factors.

This could occur in relation to his own behaviour as well as the behaviours of others. He may also police, criticise or ostracise men who do not hold this belief.



Violence Supportive Narratives: Smokescreens

Denial	Minimising	Justifying	Blaming	Mutualising	Normalising	Storytelling	Joker/ Charmer
'I didn't do anything!' 'Men can't do anything these days'	'It only happened once!' 'I just gave her a little tap'	'I've been under a lot of stress at work and just snapped' 'She cheated on me'	'She kept nagging me and nagging meI just couldn't take it any more' 'She knew what would happen if she pushed me'	'She gives as good as she gets' 'We need to learn how to communicate'	'All couples have a blue once in a while' 'I just snapped – it happens when people are pushed too far'	'We met 10 years ago and went travelling, then came back, bought a house together, then she got pregnant 3 times in 3 years, then I had a back injury'	'Thanks so much for explaining that to meyou're much better than the previous worker'

- My parents argued all the time, it never done me any harm...
- I have to take charge of the bank accounts, otherwise we'd be broke...
- Nothing even happened the neighbour over-reacted and called the cops...
- Yes, I did track her phone, but she's cheated on me before, so what does she expect...?
- Of course the cops wouldn't listen to my side of the story the system is all for women...
- I'm not proud of raising my voice, but the other stuff she's accusing me of is just outrageous!
- To be honest, I really don't remember, I was so drunk.
- I only pushed her...she fell over and hit her head...
- It was a pretty toxic relationship.
- Its normal in my culture for the man to make all the decisions.
- Young people today are different, for my generation, the man of the house is in charge.



What do Invitations to Collude Look Like?

- Use of smokescreens
- Using charm, humour, manipulation, coercion and grooming
- Seeking validation
- Presenting as calm, collected and reasonable
- Saying his partner is mentally ill or a drug user
- Speaking on behalf of his partner
- Lying about known facts or presenting a partial picture
- Claiming his partner is lying or fabricating evidence
- Claiming 'the system' is out to get him
- Blaming his behaviour on a mental illness or drug use
- Claiming the violence is mutual
- Acknowledging some wrongs while not accepting responsibility



Activity Two: Identifying Core Beliefs

You meet with Andy, who is currently living in crisis accommodation. Andy's partner is Bernie, and they have two children, Dean (5) and Fred (6 months)

During the appointment, Andy discloses the following:

"I'm out of the house because my Mrs took out an IVO on me – who does that to their husband!? I haven't seen my kids in three weeks, I mean, they're my kids! I don't even know how this happened! One minute we're arguing because I lost a bit of money on the pokies, the next the cops are taking me away...

I'd had a drink, and I raised my voice a little, but she just kept coming at me, nagging and telling me I'd ruined Christmas for the kids. I shouldn't have thrown the glass, that was wrong of me, but she really knows how to push my buttons – she knows how much I love my kids, and she said it right in front of them!

I mean, it's my money anyway, it's not like she goes out and earns it. You know what it's like mate, I work so bloody hard and just needed to let off some steam – I did it to get a bit more money, so we could have an even better Christmas. Now I'm homeless, my parents don't want to know me, and it's all because she wont trust me to do what's right for my family.

Thank you so much for helping me – I can tell you really know your stuff. I hope you don't think I'm some low-life woman basher?"

In break out room groups, discuss...

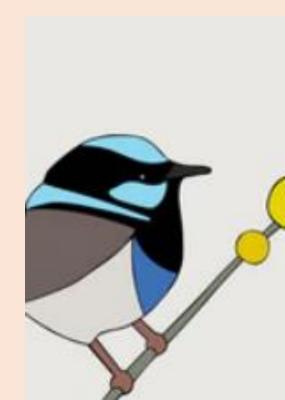
- 1. Locate the three the core beliefs within Andy's narrative
- 2. Identify the different smokescreens which Andy employs to avoid responsibility
- 3. Identify any invitations to collude
- 4. Identify ways in which you could be accountable to Bernie, Dean and Fred in this interaction



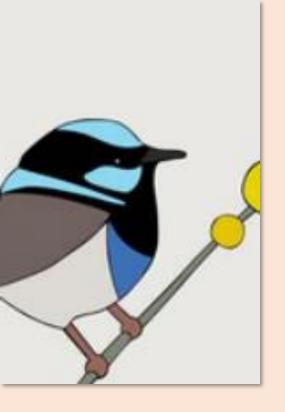
Check Out & Reflections

Use the Chat:

In one word, sum up your experience of today's session.







Resisting Collusion & Motivating Change:

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Day Two

Outline

Yesterday:

- Context setting: What is family violence?
- Perpetrator Accountability
- What is Collusion?
- Actions to Resist Collusion
- Core Beliefs
- Identifying Smokescreens

Today:

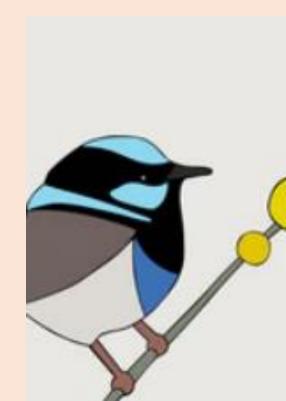
- The Nature of Collusion
- Shame: Motivating Change
- Invitational Approaches
- Finding the Mid-Point
- Safety & Accountability Planning
- Motivating Change and Referral Readiness



Recap of Day One

Pairs Discussion:

What have you been reflecting on since yesterday?



Ways that we Collude

- Agreeing with or ignoring disparaging comments about his partner's mental health, AOD use, social life or parenting skills
- You blame his violence on his upbringing, mental health issues, substance use or trauma that he has experienced
- Nodding, laughing, or smiling at his jokes about women or others
- Agreeing with comments about provocation
- Ignoring comments that reinforce gender stereotypes and gender role expectation
- Congratulating him for 'changing' or 'being honest'
- Taking disclosures on face value
- Presenting him as a 'good dad' despite his choice to use family violence
- Over-challenging
- Focusing your service response solely on the victim/survivor



Activity: The Nature of Collusion

1. Why do men who use violence invite us to collude with their behaviour?

2. When and why might you collude with a man who uses violence?



Shame: Motivating Change

'...denial in all its forms can be used as an indicator of a man's sense of shame. That is, a man will acknowledge his violence to the extent that he can manage the private and public shame for his behaviour.

It is also apparent that denial is not altogether bad in that it serves the function of (attempting to) protect the man from being overwhelmed by his shame and indicates that the man holds values according to which certain violence is shameful.'



Responding to Shame: Using an Invitational Approach

- Respectful collaboration and a competency focused approach
- Supporting men to explore and articulate their ethical preferences
- Supporting men to identify what restrains them from living in accordance with their ethical preferences
- Supporting men in experiencing their shame in an environment that is curious, non-judgmental and safe
- Where appropriate, supporting men to name their violence and explore how it has affected him, his partner and their children



Responding to Shame: Using an Invitational Approach

- 'I'm curious to know more about...'
- 'Is it possible that...'
- 'I'm wondering if...'
- 'I can see you're having some strong feelings about what you've told me, can I ask what's going through your head right now?'
- 'Can I give you some information that I've learned from working with other men in your situation?'
- 'Can you help me understand what you have realized about what you did?'
- 'Can I invite you to consider the impact on your family how do you imagine they experienced your behaviour in that moment?'



Find the 'mid-point'

Collusive



Mid-point ►►

Persecutory

You prioritise the relationship with the client above everything else Become matey with the man

Empathise with his victim stance or criticism of her

Signal agreement with sexist comments, even if subtle

You blame his violence on his upbringing, mental health issues, substance use or trauma that he has experienced

You see him as the more 'stable' or 'capable' parent

Client feels validated about his behaviour, and doesn't have to take responsibility for his behaviour or think differently

You avoid tension/ anxiety about raising difficult issues Respectful

Empathise selectively (not with violencesupporting narratives)

Adopt an invitational approach

Tone based on curiosity, not moralising

Sympathetic to and sensitively find out about the oppression and traumatic experiences he might have faced / be facing, but not see these an excuse for his behaviour

Focus on safety of those affected by his violence, his responsibility for his behaviour, that violence is a choice, and that he is accountable for the impacts of his behaviour Oppositional

Butting horns

No empathy

No interest in his life or his circumstances

No interest in the oppression he might have faced, or the traumatic experiences he has encountered

You do not manage your own internal reactions

Client can stay defensive, focusing on 'pushing back' or doubling down, and thereby avoids the need to think differently about his behaviour

You might feel better by 'making the perpetrator accountable' (but the highly challenging and moralising approach acually does the opposite)



Activity Five: Finding the Mid-Point

Watch and listen for how the practitioner:

- Uses an invitational approach
- Maintains the mid-point
- Responds to the invitations to collude
- Builds rapport and safety
- Stays within the limits of her role



Maintaining the Mid-Point

- Resist smiling, nodding or 'Uh-huh-ing'
- Letting some things 'slide to the keeper' to come back to another time
- Using directed, curious, funneling, invitational questions
- Respectful interrupting & challenging
- Reframing
- Keep him within his window of tolerance
- Expressing empathy without colluding with the violence
- Inviting awareness of the victim-survivor's experiences
- Focusing on his behaviour, not him as a person
- Inviting him to see he has a choice about his behaviour
- Centralising safety listening out for risk
- Normalising the conversation
- Naming the behaviour as family violence (where appropriate and safe)



Resisting Collusion

- Centralising victim survivor safety & voice
- Understanding victim survivor responses, including resistance to oppression
- Healthy scepticism
- Unconditional Neutral Regard
- Information Sharing (FVISS/CISS)
- Case Notes and Reports
- Advocacy in Care Team Meetings
- Secondary Consultation
- Critical Reflection
- Clinical Supervision
- Maintain the Mid-Point





Activity Six: Maintaining the Mid-Point

You meet with Andy, who is currently being supported in crisis accommodation. Andy's partner is Bernie, and they have 2 children, Dean (5) and Fred (6 months).

During the appointment, Andy discloses the following:

'I'm out of the house because my Mrs took out an IVO on me - who does that to their husband!? I haven't seen my kids in three weeks, I mean, they're my kids! I don't even know how this happened! One minute we're arguing because I lost a bit of money on the pokies, the next the cops are taking me away...

I'd had a drink, and I raised my voice a little, but she just kept coming at me, nagging and telling me I'd ruined Christmas for the kids. I shouldn't have thrown the glass, that was wrong of me, but she really knows how to push my buttons – she knows how much I love my kids, and she said it right in front of them!

I mean, it's my money anyway, it's not like she goes out and earns it. You know what it's like. I work so bloody hard and just needed to let off some steam – I did it to get a bit more money, so we could have an even better Christmas. Now I'm homeless, my parents don't want to know me, and it's all because she wont trust me to do what's right for my family.

Thank you so much for helping me – I can tell you really know your stuff. I hope you don't think I'm some low-life woman basher?'

In break out rooms discuss...

- What might you let 'slide to the keeper' for now?
- What further information would you need?
- How will you maintain the 'mid-point'?
- What can you say to center Bernie, Dean and Franks experiences and be accountable to them?
- How can you respond using an invitational approach, which re-connects him to his values?



If you didn't get it right the first time...

If you feel that you may have inadvertently colluded, there are some ways to go back and try again. Be accountable and transparent. For example:

- 'Last week, you said something important, and I didn't respond in a useful way at the time. I wonder if it's ok if we revisit that conversation and try again?'
- 'I want to respond to what you just said, but I need a moment to think of the best way. Is it ok with you if we take a break, grab a cup of tea and come back to this in a minute?'
- 'There's so much that you've told me about what's going on, and I haven't been able to respond to it all. There may be times where I come back to some of our discussions at a later appointment so that we don't miss anything especially regarding safety.'
- 'Last week, when you said it was because of the alcohol, I nodded and agreed, and I worry about the message that sent. Can we speak about this in more detail, because I want to be clear that the alcohol didn't make you do the things that frightened your family.'
- 'I'm still learning about you, and I wont always get it right, so we will come back to particular topics to ensure that we keep the focus on the things you want to address and change, as well as the safety of you and your family.'



The Limits of Your Role

MARAM Responsibility 2: Identification of Family Violence Risk

'You should frame your engagement with the service user around your role and expertise.

By letting them know you can help them with the service that is your core role, you will have the chance to gain insight into patterns of behaviours. These include patterns within their interpersonal relationships and the narratives they use to describe family members, their circumstances, their experiences and themselves.

At this early stage, you are not only identifying family violence risk, but also providing people who use violence with a positive service engagement to motivate them to continue seeking help and further engage with the service system.'

MARAM Responsibility 3: Intermediate Risk Assessment

'Using a balanced approach means you are aware of the purpose of their engagement with your service to address a need, you understand that they may disclose or share information with you that indicates they are using family violence, and you can hold these two narratives in mind when working with them in a way that is non-collusive'



Safety & Accountability Planning

An intermediate safety plan can be used directly with the person using violence where family violence has been identified through self-disclosure.

The MARAM safety plan template does not use direct language about his use of violence, but it does provide a structure for you to engage in conversation.

It focusses on stabilising the person, managing risk and safety (including for him if suicide or mental health responses are needed), and strengthening protective factors.

Safety plan actions should be practical, clear and easy to implement, and reviewed regularly.



Activity Seven: Motivating Referral Acceptance

While watching, consider the following:

- The approach the practitioner uses to motivate referral acceptance
- How she maintains the mid-point
- How the practitioner reinforces the child's experience and respects her as a victim survivor in her own right
- How the practitioner demonstrates respect for the man and those not in the room
- How she stays within the limits of her own role



Referral Considerations

- Refer him to an MBCP and Men's Referral Service
- Stay involved and support his participation in the MBCP
- Ask him to keep a journal to reflect on his learning
- Talk to the MBCP practitioners, let them know you are working with him and ask how you can support their work
- Consider observing an MBC group to get a sense of the work. Observing a group is a great learning opportunity



Referral Considerations

- Do not refer him to an 'anger management' program. Remember, 'anger' is not the problem
- Do not refer him and his partner to couples counselling. Family violence is not a relationship issue, it is about power and control and victim survivors are not complicit. Couples counselling can place the victim at considerable risk
- Private psychologists/counsellors who do not hold a specialisation in working with men who use violence can reinforce his victim stance and increase the risk he poses



Statewide Referrals

Men's Referral Service: 1300 766 491

Motivation For Change (InTouch): 9413 6543

Aboriginal Centre for Males, VACSAL: 9487 3000

Dardi Munwurro: 1800 435 799

ReVisioning (Thorne Harbour Health): 9865 6700

Your local **Orange Door** can be found <u>here</u>.

Men's Behaviour Change Programs in Victoria can be found here.



Wrap Up & Reflections

What worked well today?

What information was new?

What will you do differently as a result of today?

Who will you share your learning with?

What reinforced your current practice?

I still wonder...

What comment/ phrase/moment has stuck with you?

What got creative juices flowing?

The one word that sums up today is...



Contact Details

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