**Practice examples of bridging to a discussion about DFV with a client who is causing DFV harm: A hypothetical worker-client exchange for practitioners without specialisation in DFV**

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July 2021**

**Bridging Script 1 – Worker initially unaware but develops suspicions that the client is using DFV**

In this script the worker is initially unaware that their client is using DFV. The context is a 2nd assessment meeting with the client, and during the first session they developed some suspicions that the client might be using DFV based on a few subtle/indirect indicators.

Hi Pat thanks for coming in today

No problem, sorry l was a bit late, l couldn’t find a park.

That’s fine, it can get really busy around here at lunchtime. Before we jump into our session for today l just wanted to check in with you, how have you been since l saw you last week?

Yeah, yeah no issues, everything is fine, all good.

Ok and did you have any questions for me?

Well I really need that attendance letter, I have to have it for my boss or he will go off at me. Like we talked about last week my new boss doesn’t trust me after I turned up half cut. I need to show him l’m doing something about it, I told him l was so he’s given me a chance. I really can’t lose this job.

I hear how important this is to you, l will send that letter by email after our session today so that you can have a copy on file if that suits?

Ok yep please send it straight away, I need it… So what are we doing today.

Today is really us continuing our conversation from the first session. Last time we covered a lot of ground around your current situation, your substance misuse, what you were hoping for from our work together to assist with that and some of your current health concerns. Does that sound right?

Yep yep that’s right.

Today l’m keen to learn more about other aspects of your life so that we can get a full picture. That will enable us to get a full assessment and then figure all the different ways we might be able to assist you. For example it would be great to learn more about your relationship with Michelle as that sounds like another big part of your life. Does that all sound ok?

Yeah fair enough, ok.

Great, well then perhaps you could start by telling me about how you and Michelle met?

Oh well a mate introduced us at a party and it all happened pretty quick. This was maybe 8 years ago and we moved in together pretty much a month later and have been there ever since. We had Grace (daughter) a bit over 3 years ago.

Can you think of any other significant events for you and Michelle over the last 8 years?

Nah not really, never married. I already owned the house.

Patient listening is the key to build these types of explorations. We are satisfied for the client to establish some comfort in talking about the relationship. We are not looking to ‘jump on’ anything in particular that the client says, we can note emerging risks as we talk.

Look to ask some more probing questions once the conversation has established. Some questions won’t go anywhere and we do not need to press for answers and become oppositional. Quite often it can be a matter of timing, reframing or rewording, and/or a calm persistence in a line of questioning, that can open up a discussion into DFV behaviours.

Note that a relationship history can be something that can be explored at short or long detail depending on what is deemed appropriate in your setting, demands and timing. There is no need to attempt to map a full pattern of perpetrator abuse – this will not be possible due to the perpetrator’s denial and minimisation of his behaviours (and the fact that he probably won’t consider much of his harmful behaviour as DFV). Attempting to explore his DFV behaviour in full is also not your role as a worker with no specialisation in engaging perpetrators of DFV. In this situation it will be a matter of identifying if DFV is present and looking to bridge the conversation increasingly in that direction. From the outset we are also aware that this bridging process might not all happen in the one session.

What are the things you like best about the relationship?

She’s alright l guess, though she stresses out too much l reckon

The practitioner notes that the client responds to this question with something negative about Michelle.

[Leaves some silence to see if man can return to answer original question in more detail]

….Um l guess Grace is the best thing, that’s been really good, she’s a pretty good mum, l love being a dad and playing with Grace and stuff like that. We’re a good family.

What are the things that come to mind for when you say good family?

Well just we own our own home, Grace is healthy, I’ve got full time work still, oh, that reminds me, I just need that attendance letter from you so I don’t lose my job. If l lose it, it will fuck everything. But right now l have a job and wife and plenty of people wish they could say that I reckon.

I can see that you are really grateful Pat for what you have, for your family. Yes, I’ll email you that letter of attendance this afternoon. Can I ask, are there challenges associated with the relationship for you?

Nah it’s alright, it’s ok.

Here we can see that a generalised yes/no question allows the man to shut the avenue down. The practitioner reminds himself not to feel discouraged nor to feel like they have failed. We always have other ways of moving through this calmly by re-framing our question or by showing the man we have been listening to him by mentioning something from earlier.

Ok, can l ask what you meant earlier when you said ‘Michelle stresses out too much’?

Ah…well I dunno, she just gets worked about stuff and cracks it at me. It happens all the time, she’s got a really bad temper (Pat chuckles to himself wryly).

We can see that the man is engaged in partner blame and do need to maintain a balance between letting this go and not colluding. We are very conscious of our body language in not nodding along with Pat’s story or smiling at his enjoyment. In this case we are interested in trying to garner some information about the nature of this situation and/or Pat’s behaviour in it. Either of these may give us a starting thread that we can tug on a little to gain more insight.

What does it look like when you and Michelle argue?

She goes off and l then l crack the shits as well.

What would ‘cracking the shits’ look like for you?

[cautious] Oh just yelling and stuff, both of us yelling and then it goes away eventually. Just usual relationship stuff.

We can see that these conversations can take time and the man will consistently look to blame his partner and minimise his own behaviour. Since we are ready for this to be a possibility we do not express frustration that an opening has not turned into what we might have hoped it would. We can keep gently and consistently probing, and see if a particular aspect of partner blame can start to expose the man’s own behaviour. We are managing a delicate balance with attempting to avoid collusion whilst working towards the goal of exploring the man’s own behaviour.

The practitioner notes that Pat is very hesitant to talk about what ‘cracking the shits’ looks like. This is something that the practitioner will come back to at a later time in the discussion, but makes the decision not to explore this at this specific point. The practitioner decides initially to go down a different pathway to explore other indicators of DFV perpetration.

Can l ask for an example of what an argument might be about?

It is usually about money these days. She stresses out about money because she’s no good with it. She would just spend money on anything if l let her.

We notice the various opportunities here, and words such as ‘let’ can emerge as you enter an extended conversation and the man becomes less on guard. Depending on the situation you might wish to explore possible indicators of financial abuse further, such as Pat’s attitudes toward financial decision-making, ownership of money, etc. Not only are types of ‘non-physical’ abuse like financial abuse important forms of DFV in their own right, and crucial in indicating a pattern of coercive control, they can also be areas where men might be less defensive as compared to physical abuse.

Can l ask how you and Michelle make decisions about money in your relationship?

Oh well that’s my go, she’s no good with money like l said, so l pay all the bills, take care of the banks and she gets an allowance each week for doing the grocery shopping. I set up the whole system. [Pat then pauses, and adopts a concerned look on his face]. Is this stuff really part of what we need to talk about? I mean what’s this got to do with me not drinking?

Thanks for letting me know that this had started to feel less clear to you, I really appreciate that. For my part l think this discussion about your relationship is giving me a sense of a really important part of your life. As we started last week an important part of our work is to focus on some specific strategies to help you manage the urge to drink. Another important part is to focus on how your life can be as healthy, satisfying and connected as possible, so that you don’t feel the urge to drink as much. Healthy relationships are a big part of that, including what you can do to make these relationships strong and fulfilling.

This kind of interaction is to be expected. The man may come along for a while and then question why it has gone in this direction. This may be because he is unclear or even uncomfortable with where the conversation is heading. Connecting these explorations about Pat’s relationship with the core treatment goals (in this case, AOD) is important to create a rationale and space for these explorations. If the client is perpetrating DFV, and these explorations appear to him to be ‘out of the blue’, he might start to become suspicious about whether his partner has contacted your service to disclose his use of DFV, or who else she might have disclosed his use of violence to. This could place her at increased risk.

The practitioner deliberately ends with “… including what you can do to make these relationships strong and fulfilling” to decrease the likelihood that Pat would respond with or think “Yeah, too right, Michelle’s the one who’s been driving me to drink!”

Yeah fair enough, yeah it is a big deal for me and it’s not going great at the moment. Alright then. What else do you want to know?

We were talking before about how you and Michelle make decisions together about how money stuff is handled in the relationship. You were saying that you’ve set up a whole system?

Oh well I don’t remember exactly. I mean she knows she’s no good with money so it just makes sense if l do this stuff. I mean we both have different stuff we do, I think it just makes it simpler, if we take care of different stuff each and then there is less confusion. Plus we are good at different things.

At this point, a specialist men's DFV practitioner might respond to Pat by exploring/unpacking this further – there is potentially a longer discussion to be had regarding Pat’s likely control over financial decision-making and of Michelle’s access to finances. However, the role of a worker without specialisation in engaging DFV perpetrators is not to unpack these issues in any detail; but rather, to keep the conversation going so that you can obtain some indications of risk and lay the foundations to try to nudge your client closer towards accepting a referral for a MBCP or other specialist intervention.

Earlier you said Michelle is stressed about money, what is it that she is stressed about?

Well sometimes she just stresses out about seeing bills come in or seeing a bill reminder or stuff like that. I tell her she doesn’t need to worry about it, I’ve got it taken care of. Sometimes she whinges she doesn’t have enough allowance money.

Oh, allowance money, could you say more about that? [practitioner shows some concern on their face]

Allowance money is the wrong term, haha she’s not a teenager, I just mean the money l budgeted that takes care of all her jobs like the shopping.

While not wanting to attempt to unpack Pat’s financial abuse tactics in detail, the practitioner asks Pat what he means by “allowance money” to indicate some dissent – being silent about this could signal to Pat that they are agreeing with his narrative that Michelle is incompetent in handling money, thereby inadvertently condoning his financial abuse tactics.

Oh, OK, I can see that you are saying that like everyone, Michelle has strengths and weaknesses around money stuff.

This is not exactly what Pat was really saying; however, again the practitioner decides that this is necessary to minimise inadvertent collusion with Pat’s violence-supporting narratives. The practitioner choses this approach carefully so that it doesn’t appear as a put down.

When you mentioned that you and Michelle are both good at different things what are some of the things Michelle is good at?

Oh all the house and mum stuff. I work all week and she looks after the house. She does all the cooking and cleaning so everything is in good shape when l get home. She looks after Grace when she’s not at preschool during the day.

The practitioner is observing Pat’s narratives, and privately notes his highly gendered beliefs about roles within the family. It’s likely that these roles were not negotiated, or at least not fully negotiated, between Michelle and Pat – but rather, that they are laid down by Pat as rules. The practitioner attempts to obtain a bit of a sense through the conversation with Pat about how roles and decisions like this are determined/made in the relationship, and whether (and to what extent) there is a power imbalance.

The practitioner, however, decides not to query or raise the issue of Pat’s highly gendered beliefs with him. This would be going out of the practitioner’s depth and role as a worker without specialisation in DFV. Addressing men’s sexist and other underlying violence-supporting beliefs is the work of specialist men’s DFV services such as men’s behaviour change programs. It is sufficient for the practitioner to observe Pat’s narratives and underlying beliefs (without giving signs of agreement) – and, after the session, to discuss with a team leader what these might mean in terms of considering the DFV risk he might pose to his family.

Of concern is what DFV behaviours Pat might be using to enforces these rules, and how he responds to Michelle when she does not meet his ‘expectations’. The practitioner is only likely to get a ‘tip of the iceberg’ window into this through his conversation with Pat. The practitioner and the team leader will discuss after the session what their information sharing responsibilities are so that an appropriate service might be able to safely reach out to Michelle to conduct a risk assessment.

What about socially, do you both go out much, do you go out together?

Nah not really, Michelle needs to look after Grace of course, she’s still only just turned 3. I go out after work sometimes just to de-stress, blow it all out and then go home. Or at least l used to but like I said last week it fucked everything up when l started to hit the piss too much. I lost my best job, and then ended up in trouble almost straight away the new one. I fell out with my brother like l said. I just got really down on everything. So these days it’s all pretty quiet and staying home.

So that’s not something you are doing at the moment, what about Michelle does she go out then or do you go out together at all?

Nah like l said it’s time to hunker down really, that’s the plan now. It’s Michelle’s gig to look after Grace, she looks after her feeding and she puts her down at night as well. Plus Michelle had some useless friends in the past, she would go out too late, talk too much shit, drink too much, l wasn’t into it at all.

Was that something you and Michelle talked about?

Yeah l just told her that I thought they were dickheads and she should be staying home with Grace. We can’t really trust her Mum either, she’s always stickybeaking and she’s never liked me so there’s no one else that can stay home and look after Grace properly anyway.

We are now aware of some indicators and concerns in relation to financial, emotional and social abuse. This is a first conversation between the practitioner and the client about these behaviours, none of which has been labelled explicitly at this stage as DFV. Whether we can press forward or have reached the limit for this session in exploring these indicators and behaviours depends upon observations of the client’s discomfort in the conversation, the practitioner’s confidence and the degree of practitioner-client rapport.

If we feel that the discussion has reached a limit we are conscious that we have uncovered some DFV concerns and will look to explore these more comprehensively at a subsequent planned session. We can discuss these concerns with our team leader or supervisor, and take other steps regarding possible information sharing with other appropriate agencies regarding the risk concerns to his family members.

If we do decide to keep going with this exploration of Pat’s behaviour, we could either a) keep exploring other aspects of the relationship which may yield more abusive behaviour or b) look to invoke some reflection from the man on behalf of his partner based on some of what he has discussed to date.

The practitioner in this situation is also mindful of looking for another opportunity to explore what Pat means when he says that he sometimes ‘cracks the shits’ at Michelle – and makes a ‘note to self’ to do so when an appropriate opportunity opens up in the conversation.

The practitioner also recognises that while their role is not to attempt behaviour change work with the client about his underlying violence-supporting beliefs, nor regarding his use of power and control over Michelle, letting these things go entirely ‘through to the keeper’ could be seen by Pat as an indication of condoning them.

If Michelle was sitting here, what do you think she might say about not going out with her friends?

Oh she would complain for sure. She would whinge about it.

Can l ask how you respond when Michelle is upset about this?

Oh well I don’t like it either, no one gets everything they want, but that’s what our family needs, Grace is only 3 and that is what works best for us. If she can’t respect that then she is disrespecting our family. It really frustrates me. She pushes my buttons, she should know not to go on about that stuff.

You mentioned that there are times that you crack the shits at Michelle, what does it look like to her when you do that?

[a bit impatient] As mentioned, just a bit of yelling and stuff.

The practitioner notes Pat’s hesitation and defensiveness again when asked to describe what this behaviour looks like, and decides to again change the approach, picking up on Pat’s focus on values associated with respect and patiently deflecting his attention away from what Michelle (in his view) needs to do to be respectful, and towards what Pat can do to demonstrate respect.

Just going back to what you said a moment ago, it sounds like respect is important for you. What would a respectful relationship look like to you?

Well l guess what we have but Michelle not cracking the shits about it. Sticking to the system that works at least until Grace gets to school and then maybe she can go back to work or whatever. Plus we would have more money so that would probably make everything better as well. So we just need to hold tight for two years and then get to the next stage.

You want a good future for your family, I can really see that. You’ve talked about things you want Michelle to do. If we just try and look at you for a moment, are there things you think you could do better?

Yeah maybe, yeah l guess.

What might some examples be?

Well l guess not cracking the shits when she is whingeing about wanting to see her friends or find out more about what is going on with the money. Especially after a long week at work, when l’m stressed or tired, maybe l could communicate better.

We can see the justifications that Pat uses for his own behaviour, and a pattern of abuse here related to a ‘breaching of standards’, standards created by the man. We know this is a key concern for coercive control and DFV. If Michelle attempts to find out about money or see her friends this is seen by Pat as a violation of what he (unilaterally) considers to be right and necessary; thus Pat can develop a justification for abusing her for this ‘violation’. In this case Pat’s only insight is that maybe he could communicate better ‘when this violation has occurred’; he does not demonstrate deeper insight into his controlling behaviour.

However, this bridging conversation still provide us with a starting point for establishing a) a greater focus on his own behaviour and b) creating some dissonance between his stated behaviour and his preferred or desired behaviour for himself.

This could then lead to an attempt, in a subsequent session, to:

* unpack an incident (another attempt at “What does cracking the shits look like?” / “Can you give me an example of when you cracked the shits?”);
* a focus on building motivation towards a referral to a MBCP or other specialist service that works with men who use DFV; and
* to focus on preliminary safety planning regarding what Pat can do so that he is less likely to ‘crack the shits’ at Michelle.

**Bridging Script 2 – Worker initially aware that the client is a perpetrator of DFV but the client is unaware that the worker is aware**

In this hypothetical example, the worker might have become aware that the client is a perpetrator of DFV via information provided by the referring agency; however, the client is unaware that the worker has been provided with this information. The client is unaware of this aspect of the referral information because the referrer itself was aware only because of disclosures made by the victim-survivor, and it is not safe for the man to be aware of his partner’s disclosures.

This is the fourth session between the practitioner and the client. The practitioner has been focusing on building sufficient rapport before even attempting to bridge to a conversation about his behaviour in his relationship. The strength of this existing working relationship is a key foundation for the practitioner’s attempts to bridge into this conversation – what you will see below might not have been safe to attempt during an earlier session.

Hi Sebastian, thanks for coming in today.

No sweat, happy to. What’s the go today?

Well my plan was for us to check in on where things are at for you and then to focus on some goal setting for our work together. How does that sound to you? Is there anything you would like to discuss today?

Nah you’re right, that sounds good, let’s do that.

Ok well how are things with you?

Yeah not bad, not bad.

We know that this is a very broad question, and we are hoping to target some questions to explore DFV in ways that do not alert the man to the fact that his partner has disclosed information to the referring agency. The practitioner is seeking in this session to create an opening for this; an opening might or might not arise.

To begin with, we need to settle the man in and not be too impatient or aggressive such that the man becomes defensive and shuts down. We are working out of our previous sessions and re-establishing the rapport in the client-worker relationship. When we know that a client is using DFV because of victim-survivor disclosure that we do not want the client to be aware or suspicious of, often it’s a case of waiting for a safe opening to attempt to explore his behaviour in his relationship.

How has your last week been in regards to your goal of not drinking?

I haven’t had any, not a drop.

That sounds great, how do you feel about that?

Yeah l do feel pretty good about that, it’s not easy but I’m still sober. I’m really committed this time.

How have you been going with the plan and strategies that we talked about last time?

Yeah ’m not going to lose the battle this time. I think it’s working pretty good, thanks for that. I’ve been talking to my sponsor. I saw my psych the other day as well. l’m doing my swimming. Work is ok, not stressing me out too much at the moment. All that stuff we talked about last time.

You said earlier that it’s not easy. I’m wondering if there are times, places or situations that have been more difficult than others?

Um well yeah l’m not going into Richmond anymore. That helps, just avoiding all those old joints. Honestly the only time lately l’ve felt like having a drink is when Selma is on my case. She’s never happy, l just don’t need that kind of stress when I have this battle on my hands already.

We are aware that we are potentially entering a collusive space with Sebastian. We can also see that there may be an opportunity to open up this discussion and gain more insight into his own behaviour, which we know is abusive. So we remain focused on this goal and shifting the conversation towards his choices of behaviour. We also know that not all of our attempts will open up the conversation in a way we would like. We are always prepared to keep reworking and reframing our curiosity. Sometimes men will work their way back to a question having not as felt comfortable to answer it when first asked. We need to maintain an open, invitational, non-judgemental space.

Can I ask you to talk about these situations with Selma when you have felt tempted to drink a bit more?

Um well it’s just her nagging about whatever I’ve done wrong or haven’t done yet or what l will do wrong next week.

Could you share a specific example that would help me understand this a bit more?

Oh well, l can’t really think of anything off the top of my head. l’m just over it, sometimes I think relationships aren’t worth their trouble, so much can go wrong.

What do you think could go wrong?

Oh just drinking again and getting all worked up. I don’t like ending up there and it’s hard to manage.

Sometimes we need to read where the man is at. We can validate that this is a difficult conversation and re-establish what we are having it for and how it might be useful for the man. We can refocus in on his behaviour, his choices and we can also table new suggestions within this context, or at least broaden the context by not just talking about drinking.

I can hear that this is difficult for you to talk about. I think that it is useful for us to explore these aspects of your relationship to hear how you are dealing with them and whether this is something that you could get some assistance for. Does that make sense to you?

Yeah that’s fair enough.

So given that, can I ask when you say ‘getting all worked up’, what does that look like?

Alright…well, say like the other night, I hadn’t cooked dinner even though it was my night. I just forgot, but Selma was on my case and I snapped at her.

[Practitioner is careful to ask this with soft eyes and some gentleness – any appearance of being persecutory could shut Sebastian down] Can I ask, what you mean by snapped?

Oh well I just felt a bit cornered l guess.

[Practitioner leaves some silence for Sebastian to continue]

I called her some rude names and I dropped two dinner plates on the floor.

You dropped them?

Well l pushed them off the bench as l was pissed off.

Where was Selma when this was happening?

Um she was just there in the kitchen with me.

Ok, so what did you do next?

At this point the practitioner notes that Sebastian appears to feel comfortable enough to unpack this incident a bit further, at least for now.

I said to Selma she could cook her own dinner or words to that effect. She told me to get fucked and tried to leave but I thought we should sort it out as you can’t just leave like that and l was feeling really stressed out. It all blew up too quickly and it wasn’t even that big of a deal.

What did you decide to do when Selma tried to leave?

She wanted to go out to the car but it was late at night and we needed to sort it out. All l did was tell her that and stand at the back door. She tried to push past me and I just held her by the arms to try and talk sense to her. I didn’t hit her or anything like that.

Can l ask how you think Selma was feeling at this time?

Um a bit freaked out maybe. She screamed and said don’t you dare touch me. The she stormed off to the bedroom and that was it basically. She went to sleep and I watched TV. I called my sponsor the next morning as l was feeling pretty shaky. That was a few days ago and it’s been ok since. We just pretended like nothing happened, it just got a bit out of hand.

Sitting here now how do you feel about the way you chose to behave in that situation?

Not great, I just stressed out, I panicked. I didn’t mean it to get that far. I didn’t hit her I was just trying to sort it out really.

You were trying to sort it out, but sounds like you didn’t handle it how you had hoped?

Yeah, well, I shouldn’t have put my hands on her and freaked her out. But I didn’t mean anything by it, she should know I was just trying to sort it out, I reckon she probably does know that because she hasn’t really said anything since, so it must be ok.….I dunno, l’ve just been trying not to drink and stay focused on that.

Thanks for sharing this with me Sebastian. We’ve been working together for a few weeks now and I want to be clear with you that l am concerned about some of the behaviours you’ve talked about here today and the impacts on Selma, and indeed yourself. It seems like those choices haven’t worked well for anyone?

Well, no, but Selma knows that I was just trying to sort it out. I reckon it’s OK.

Sounds though you would have preferred to have handled that differently. Perhaps we could have a discussion about what might be able to help you make safer choices in that kind of situation?

In other situations, the practitioner might have responded with invitational questions such as “Is there a possibility, however, that Selma might not have been feeling OK about it?” or “I wonder if there will be a growing impact on Selma if you continue to handle these types of situations in this way?”. The practitioner refrains from this, however, being very careful to minimise any suspicion that Sebastian might develop of Selma disclosing about his use of violence.

**Bridging Script 3 – Worker becomes aware that the man is using DFV, due to an incident reported by the client**

This exchange occurs in the context of a practitioner and client who have been working with each other for two months. The practitioner-client working relationship is well established, and up until a few days prior to the session, the practitioner was not aware that the man is a perpetrator of DFV. The client was able to successfully keep this hidden from the practitioner.

Hi Tony, thanks for coming in today

Hello

So you said on the phone that there was an incident last Friday with Gemma and that you wanted to talk about this?

Yes that is correct. Unfortunately there was a most frustrating incident last Friday that has led to some negative consequences for myself. I am here for your considered advice to assist me with this. As you know any unsettling incidents could present a risk to my sobriety and undo the considerable work that l have done, with your excellent assistance of course.

Could tell me more about last Friday night?

The practitioner notes the compliment provided by Tony, and males a mental note not to be ‘sucked into’ colluding with him. In DFV contexts, the use of compliments by a client can be part of an invitation for the practitioner to collude. The practitioner is careful regarding their response to his request for advice in this context, and wonders what is it that Tony wants from them here?

The practitioner also notes that despite being informed that there was an ‘incident with his family’ Tony is operating with a narrow view of concern for himself only. It will therefore be necessary to broaden the discussion to see if he has other concerns or has taken other steps (or other steps are required) to better manage risk or safety. Whilst we know an incident has occurred with his former partner (based on the phone call) we are not sure what has happened since, what Tony thinks about his own behaviour, whether Tony has sought any assistance, what the impact has been on Gemma and the children, and whether Gemma and the children each feel safe since.

Well. In simple terms l was doing the standard drop off with the kids to Gemma for the weekend. Things escalated somewhat and it ended up with the police attending. Thus we find ourselves here today.

Could you walk me through what happened at the drop off Tony? If l was there what would l have seen?

I drove the kids to Gemma’s house. I was somewhat late, I had lost track of time, these things happen. It was not intentional no matter what she may come to claim. Certainly not a breach of our agreement in any substantial form. Gemma was considerably upset at this delay, and abused me to that effect.

I took offence to this and asked her to move away from the car. She refused to do so. I was concerned at the language the children were hearing, as it was particularly offensive. Once again she has started something and will bear no responsibility no doubt.

Just coming back to what you were doing, what did you do after Gemma refused?

Well in order to protect the children, I escorted Gemma back into the house and then before I knew the police had arrived, which of course scared the children and suddenly I, the man, am in trouble. I understand that this is how it goes these days, the man is never believed and always blamed.

The practitioner is aware of the danger of moving into a collusive space, as focusing on ‘trouble’ could be seen by Tony as representing singular concern for him (which is where Tony’s clear focus is). The practitioner therefore decides to address this by remaining focused on the safety of everyone, what Tony’s behavioural choices have been and the potential impacts to everyone around him (whilst letting Tony’s broader blame of his former partner and of the system ‘go to the keeper’).

You said that you are in trouble, what did you mean by that?

There is to be an upcoming court date tomorrow, Gemma has applied for a DV order. No doubt egged on by the police to do so. FACS are apparently to make contact to assess whether I can have access to the children. The entire system is working against me and thus I am facing considerable stress and pressure. I have been feeling overwhelmed all week.

We can continue to unpack this incident however doing so is a matter of timing. Tony has already disclosed enough for the practitioner to know that DFV has occurred and that his family members face at least some risk of being exposed to continued/further violence. The practitioner decides to first attempt to broaden Tony’s focus to the impacts of his violence, particularly on to his children. The practitioner decides that doing this first might make it easier to unpack the incident a little more and through this to obtain further indications of risk.

Overall we are conscious that checking in with Tony is not a matter of collusion but of safety. The practitioner seeks to calmly and consistently show concern for everybody involved.

Can l ask Tony how you are feeling right now?

Thank you for asking, I am certainly ill at ease and frustrated but l shall overcome it. I have made contact with my GP and arranged a mental health care plan. I shall be proceeding with this from tomorrow. I believe l can manage, l am a capable man as you know. I am however concerned about the fall out for the children. I am concerned regarding the risk of my drinking again and moreover am seeking the advice of those whose counsel l respect such as yourself.

The practitioner once again makes a mental note of the invitation for collusion via compliment. We could respond more directly but for now we attempt to message to Tony where our interest and concern lies by moving to focus on the children.

It sounds like you have taken a healthy step contacting your GP there. It would be good to talk further about your concerns about your drinking and we will certainly do that today. You said you were concerned about the children. If it is ok first l would also like to check in on how Octavia and Simon are?

I am not sure, l have had no contact with them since the incident.

How do you think they felt during the incident?

Yes they were, the whole scene was most upsetting for them, Octavia was crying. I was ashamed to have them see me led away by the Police. I think it was most excessive and told them so in no uncertain terms. I was prepared to leave but they would not listen to me either.

It sounds like it would have been distressing for Octavia and Simon. How was Gemma at the time?

She was upset as l have said. She was not injured despite what she may have claimed to the police. I believe it has all been overblown.

When you say it has been overblown and that Gemma claims she has not been injured can you tell me more about that?

Gemma claims that l hurt her when l escorted her to the car. I do concede that l did hold her arm back and move her away from the car. I escorted her back to the house as she would not listen to reason. I felt it was necessary to restrain and move her as she was so emotional as she is wont to be. I considered it inappropriate for the children to see. When she reached the steps she pushed back against me quite aggressively. This surprised me, I was unbalanced and moved my arms forward to steady myself. Unintentionally this led to Gemma stumbling forwards and tripping down a step or two at most. She claims l pushed her and l have been charged with assault. This will be disputed in court of course.

These kinds of intricate and confused defences regarding a particular physical action can be common. For workers without specialisation in engaging perpetrators of DFV, it can be a trap to try and unpack this too deeply – often this can end up with an argument and a defensive man who claims not to be believed. Specialist DFV perpetrator intervention workers have skills and techniques to explore men’s use of physical violence underneath their denial and minimisation without resulting in ‘locking horns’ with the client; as a worker without this specialisation, this however is beyond your role.

Oh [showing concern]… Is Gemma ok?

Yes she is fine.

Can I ask how were you speaking to Gemma whilst you were doing this?

We were both heightened and yelling. I told her if she spoke like that to me again she would regret it. I believe she misunderstood me as l was simply worked up at the time. It was not intended as something serious and she should understand that now.

I’m wondering whether she may have felt scared or intimidated whilst you were behaving in this way?

It is possible yes, it was a heighted situation. I do regret that element. However it has been overblown.

When you say you regret it, how else do you think you could have behaved?

It was a heightened situation. Gemma’s language in front of the children concerned me. However I concede that my behaviour was perhaps not ideal and that I overreacted somewhat. I should have simply driven off, not listened to Gemma at all. It is certainly not worth the trouble that it has caused. I am most concerned about FACS having opened a case and making contact with them. They have the potential to take the kids away from me altogether. My lawyer has advised me to complete some kind of counselling in order to get in front of it all, to beat the court charge. Thus l find myself in need of your counsel, someone who is on my side as it were. What do you think l should do?

At this stage the practitioner knows that Tony is appearing at court tomorrow in relation to an application for an ADVO, which by the sounds of the information provided (noting there is likely to be much more to Tony’s behaviour than what he is willing to disclose) is likely to be granted. The practitioner also knows that there is an assault charge. The practitioner also suspects that the Tony’s behaviour must have impacted significantly on the children in order for a report to child protection to have been made (we assume by police). After the session with Tony, the practitioner will contact police and DCJ to request information about the incident and the assessments of DFV risk made, which the practitioner’s service is able to do consistent with Part 13A of NSW’s DFV information sharing legislation.

However, your role is not to prosecute the case yourself. The practitioner has established some emotional impact of the children (generalised by Tony) and Gemma (specific to Tony’s actions), and can direct the conversation and Tony’s focus on to this.

It will also be very important to direct the conversation towards a referral to a specialist MBCP, and also on some immediate safety planning steps. The practitioner can, at a later point in the conversation, do the latter by pre-empting the likely application of the ADVO, and engage Tony in motivational interviewing towards the importance of him complying with the order.

It could be tempting to assume that with these other agencies involved – police, court, child protection and his lawyer – that you do not need to become involved in explorations of his behaviour and the impact on family members. However, to not do so after Tony has disclosed the incident would be highly collusive – your silence would inadvertently but strongly communicate agreement that the situation has been ‘overblown’. Furthermore, it is likely that none of these agencies are likely over the following days or weeks to be engaging Tony in this type of discussion – hence the responsibility for you to commence explorations concerning referral to a MBCP and immediate safety planning.

In situations such as these, you have an opportunity to explore the client’s thoughts or feelings about how he has behaved. These explorations might prove important initial steps bridging him to involvement in a specialist service that will be working with him towards safer behaviour and decreasing risk for all.

However, this needs to be done in a non-collusive manner; Tony clearly sees the practitioner as ‘his worker’ and his potential ‘ally against the system’. Tony has developed an external strategic motivation underlying his decision to report the incident to the practitioner, to obtain his help as an ‘ally’. In this situation it would be collusive of us to support Tony in this manner. To avoid collusion the practitioner is clear and direct in their focus on generating concern for Tony’s behaviour and its impact on his family members.

Well firstly l should be clear that I won’t give you any legal advice, that is not my role and I don’t have any expertise in this. I also want to make clear that l’m not on ‘anyone’s side’ as it were. What I am focused on right now for you, for everyone, is safety and how we can best make sure that something like this does not happen again.

Well it will not happen again.

You’ve asked what l think you should do?

Tony nods

My primary work with you has been regarding your drinking. I would certainly like to talk further with you regarding that in a moment. However I want to also be clear that working with you in regards to this kind of incident, and the assault charge is not my role. I do think that there are programs that could help you directly with this.

Well l was hoping for some kind of letter from you, a reference for example stating that you know that l am not a violent man, and referencing all of the efforts that l have been making here. My lawyer feels that this kind of professional support might assist me to make all this go away. Are you saying that you won’t support me here?

I’d need to talk to my team leader about providing a letter about your attendance at our service, I just want to check in our organisational policy. If we can provide a letter, it would just list the attendance dates, and would be clear what our work has and hasn’t focused on

But I can hear that you are concerned about the assault charge and the upcoming court date tomorrow. That’s for the DV order, I’m guessing the court date for the assault charge will be later?

That’s my understanding.

Just for a moment I’d like to take a step back from that if l may? What l do hear from you is that you believe you acted in a way that you are not comfortable with, your children were scared and Gemma was also. You have expressed regret about the way that you chose to act. Would you agree with that?

Yes… Well… l also do not wish or intend it to happen again. It’s is a one off.

I can hear that you are intending and hoping to not choose to act in this way again and l think this is a really significant and important motivator for your own change.To me that is something of significant value.

In order to assist you to do that I believe that a referral to a Men’s Behaviour Change Program would be the most appropriate course. I have no idea how this would or would not be received by the court and of course you can talk to your lawyer regarding that. I do however think that it could assist you with that wish to not act in this way again.