

WORKING WITH FAMILIES AFFECTED BY **DOMESTIC AND FAMILY VIOLENCE**



SUPPORTING GOOD PRACTICE

Child and Youth Protection Services

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ACT
Government

Community Services



ACKNOWLEDGEMENT OF COUNTRY

The ACT Government acknowledges the traditional custodians of the Canberra region, the Ngunnawal people. We acknowledge and respect their continuing culture and contribution they make to the life of this city and its surrounding region.

THE PURPOSE OF THIS GUIDE

This guide outlines Child and Youth Protection Services (CYPS) approach to understanding and managing domestic and family violence in the context of child protection and youth justice work in the ACT. It is intended for use by CYPS staff and its partners working with the ACT's children and young people.

Specifically, this guide will tell you about:

- > what is domestic and family violence drawn from latest research
- > risk factors of family violence and understanding different relationship and cultural contexts
- > the impacts of family violence on children and mothers
- > our practice approach to the assessment of family violence
- > our approach to working with impacted families and people who use violence through effective partnerships and safety planning
- > the role of child protection and community partners in addressing family violence in our work
- > our commitment to supporting children and families affected by family violence and keeping children at home with their birth parents wherever possible.

This guide has been informed by various publications (see 'References'), but most notably from:

- > Dwyer, J and Miller, R (2014). *Working with families where an adult is violent: Best interests case practice model*
- > Victorian Department of Human Services (2012). *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3.*



READING THIS GUIDE

In reading this guide, the terms 'child' and 'children' also refer to 'young person' and 'young people'. The term 'Act' refers to the *Children and Young People Act 2008*.



Throughout this guide you will notice this leaf symbol. It represents a direct link between the guide's information and our CYPS practice standards. Our practice standards translate the legislation and principles that guide our work into expectations about what it means when we work with children and their families, carers and other agencies. They guide our daily work and it is important to consider our practice standards in conjunction with this guide.

This guide forms part of a suite of guides developed to provide valuable information to you in your role.

Other guides in the suite include:

- > Working with families affected by cumulative harm or neglect
- > Working with families affected by physical abuse
- > Working with families affected by sexual abuse.

Together these guides provide a complementary collection of information to enable you to understand and respond to different forms of child abuse and neglect in the ACT.

The guides have been informed by, and are consistent with, research, legislation, policies and procedures. Together with our practice standards and Case Management Framework, these guides set the benchmark for the delivery of high-quality practice in child protection.

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DOMESTIC AND FAMILY VIOLENCE – WHAT IS IT?

The ACT Government considers domestic and family violence one of the most serious issues we face as a community.

A DEFINITION

There is no single definition for ‘domestic and family violence’. Instead the two are defined separately with a central element linking them together.

Domestic violence is any act of violence that occurs between people who have, or have had, an **intimate** relationship.

Family violence is broader. It is any act of violence **between family** members, **as well as** violence between intimate partners (domestic violence).

The **central element** of both domestic and family violence is an ongoing **pattern of behaviour** aimed at **controlling** another person through **fear**. This may include using violence, threatening violence or other forms of coercive behaviour.

Domestic and family violence includes physical, sexual, emotional, psychological and economic abuse. In most cases, the violent behaviour, whether real or threatened, is part of a range of tactics to exercise power and control over **women** and their **children**. Children **do not** need to directly witness the violence for its impacts to be felt by them and therefore to be harmed by it (s342, emotional abuse, *Children and Young People Act 2008*).

The definitions of domestic and family violence are provided in the following legislation:

- > *Domestic Violence and Protection Orders Act 2008* (s13)
- > *Family Violence Act 2016* (s8).

A more detailed description of what may constitute domestic and family violence is provided in section ‘**Understanding risk factors**’ and at Appendix 1. Further, for Aboriginal and Torres Strait Islander communities, what is considered family violence is broader than the definitions above (see section ‘**Family violence in different relationship and cultural contexts**’).

A GENDERED ISSUE

Data indicates domestic and family violence are the **most pervasive** forms of violence experienced by women in Australia. The *National Plan to Reduce Violence against Women and their Children 2010-2022* identifies domestic and family violence as a **gendered** crime that has an **unequal** impact on women. Further, a gendered analysis of domestic violence by Adams (2015) recognises the underlying causes of violence toward women may be embedded in society’s views about gender, masculinity, relationships and power.

While national and international evidence acknowledges a **small** proportion of men are victims of domestic violence, **most** people who experience this violence are women, in a home, at the hands of men they know. Data from the Australian Bureau of Statistics in 2016, shows **one in four women** reported experiencing violence by an intimate partner, compared to **one in 13 men**.

The experience of violence for men and women is also different. The Lookout, a Victorian website assisting professionals respond to family violence, states:

- > Around 95 per cent of victims of all types of violence – whether women or men – experience violence from a male perpetrator (Diemer, 2015).
- > A man is most likely to experience violence in a place of entertainment and a woman is most likely to experience violence in the home (Cox, 2015).
- > Women are more likely to have experienced violence by a known person rather than a stranger. The reverse is true for men (ibid).
- > Men’s violence against women is more likely to inflict severe injury and to result from attempts to control, coerce, intimidate and dominate than women’s violence against male partners which is more likely to be in self-defence when the male partner is violent (Bagshaw & Chung, 2000).
- > Women are also more likely to live in fear before, during and after separation from a violent partner while male victims are less likely to be afraid or intimidated (ibid)

(as cited in The Lookout, 2016).



PRACTICE TIP

When working with children and families it is important to understand the gendered nature of domestic and family violence and the risk factors that increase women’s vulnerability. This will help you effectively assess and respond to their circumstances and implement appropriate supports for both mum and child.

‘MUTUAL’ VIOLENCE

While domestic violence by women towards their male partners is uncommon, women are often accused of ‘mutual’ violence. Understanding the concept of mutual violence is especially important when recording domestic violence.

‘Mutually violent’ is a label often **unfairly** given to women who **defend** themselves or their children by ‘fighting back’ or taking steps to assert themselves against their violent partners.

When men accuse women of violence, it can be genuinely difficult to determine if someone is **perpetrating** or **experiencing** violence. In such cases, it is extremely important to assess **patterns of control** in the relationship and separately interview both parties, plus carefully question children to develop a clearer picture of risk in the home and family functioning.

When women are accused of violence, the context for the violence and the purpose or message of the violence must be clearly understood. Research strongly indicates the concept of mutual violence can be used by perpetrators to justify their **own** violence and to reframe a woman’s attempt to protect herself and her child (Bagshaw & Chung, 2000).

Mutual violence **cannot** exist in a power dynamic where one partner physically and psychologically dominates the other. Women’s violence towards men is also generally far less significant and almost never fatal.



IMPORTANT

When addressing acts of aggression, it is important not to confuse an act of resistance or self-defence, with an attempt to overpower or control. Where an act of violence is an isolated response to a partner’s patterned and systematic use of violence against them, this should not be confused with mutual violence.

Advice for how you are to record violence is provided in section ‘**Practice principles**’.

THE IMPACT ON CHILDREN

Any violence in a child's family life has the potential to affect them. Children **do not** have to see, hear, or even know about violence to be harmed by it or to feel afraid.

Research by Fox and Benson (2004) as cited in Bromfield (2010), highlights the multiple ways children may be affected by family violence in Australia. These include:

- > 37% of children are accidentally hurt during family violence.
- > 26% of children are intentionally hurt during family violence.
- > 49% of mothers are hurt while protecting their children.
- > 47% of people who use violence use a child as a pawn to hurt the mother.
- > 39% of people who use violence hurt mothers as punishment for a child's behaviour
- > 23% of people who use violence blame mothers for their own excessive punishment of their children.

Children living in homes characterised by family violence are much more likely than the average child to experience physical or sexual abuse. The co-occurrence of domestic and family violence with other forms of child maltreatment, including physical, emotional and sexual abuse, is well established in international research (Campo, 2015). Further, Edleson's study in 1999, estimated domestic violence is present in 30 to 50 per cent of families involved with the child welfare system (as cited in Metheny, 2011).

Studies have also found between 23 and 70 per cent of men who use violence against their partners also abuse their children (ibid), and one study estimated 50 per cent of women who are victims of violence have been abused while stopping their partner from abusing the children (Mbilinyi et al., 2007).

In 2008, a review by Herrenkohl and colleagues, examined the intersection of child abuse and family violence. Their analysis of over 500 studies found a considerable overlap between domestic and family violence and other forms of child maltreatment. They concluded child abuse **compounds** the effects of domestic and family violence and **increases** the likelihood of psychosocial problems in youth and adulthood (Herrenkohl et al., 2008).

There is growing recognition that **outcomes** of experiencing different types of maltreatment are hard to differentiate. Long-term exposure to multiple forms of child maltreatment is thought to result in what has been described as '**cumulative harm**', which has similar effects to trauma, but with more specific outcomes for children's development and behaviour. These include aggression towards self and others, self-hatred, lack of awareness of danger and disturbed attachment behaviours (Price-Robertson et al., 2013).

There are essentially many ways children can be affected by family violence (Dwyer & Miller, 2014, p.13) and it is important for you to be able to recognise these. It can include:

- > loss of attachment between the child and mother
- > loss of parental focus on the child's needs
- > parenting in a 'fox hole' – non-violent parent unable to relax and provide guidance to the child in an environment free from fear and anxiety
- > hypervigilance in the child
- > increased stress levels that can impact the child's development
- > child exists in a state of fear and blame
- > development of post-traumatic stress
- > child may not develop impulse control
- > child may use violence and aggression themselves
- > difficulty in forming attachment relationships with others
- > interpersonal problems
- > behavioural problems.

Section '**The impacts of domestic and family violence**' provides detailed information on some of the possible impacts to children affected by family violence. Section '**Practice principles**' outlines our practice approaches to working with these children and their families.

UNDERSTANDING RISK FACTORS

People who use violence often exhibit behaviours that are warning signs for future, more serious events. These warning signs are also strong indicators of future risk to mothers and their children. Understanding such risks is instrumental to conducting an effective risk assessment to determine a child’s safety needs.

Research shows some risk factors are associated with **greater likelihood and severity** of family violence (see Table 1). When considering these factors, it is important to keep in mind they may interact in many complex ways. Despite the co-occurrence of

certain factors with family violence, none is causal. It is important that you understand family violence occurs in a **diverse** range of households across the **entire** community and remains largely undetected and under reported (DHS Vic Framework, 2012).

Table 1: Risk factors impacting on the likelihood and severity of family violence.

Risk factor	Explanation
Risk factors for people experiencing violence	
Pregnancy/new birth*	Family violence often starts or intensifies during pregnancy and is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Family violence during pregnancy is a significant indicator of future harm to the woman and her child.
Depression/mental health issue	People with a mental illness may be more vulnerable to experiencing family violence.
Drug and/or alcohol misuse/abuse	People who experience violence may use alcohol or other drugs to cope with the physical, emotional or psychological effects of family violence. This can lead to increased vulnerability.
Suicide threats or attempts	Suicidal thoughts or attempts indicate the person is extremely vulnerable and their situation has become critical.
Isolation	A person experiencing violence is more vulnerable if isolated from family, friends and other social networks. Isolation also increases the likelihood of violence and is not simply geographical. Other examples include systemic factors that limit social interaction or support (for example lack of available services or inability to access transport) as well as the perpetrator not allowing the person experiencing the violence to have social interaction.

Risk factor

Explanation

Risk factors indicating a possible escalation in a perpetrator's behaviour	
Use of weapon in most recent event*	Use of a weapon indicates a high level of risk because previous behaviour is a likely predictor of future behaviour. A weapon is defined as any tool used by the perpetrator that could injure or kill a person or destroy property.
Access to weapons*	Perpetrators who have access to weapons, particularly guns, are much more likely to seriously injure or kill a person than perpetrators without access to weapons.
Has ever harmed or threatened to harm the person	Psychological and emotional abuse has been found to be a good predictor of continued abuse, including physical abuse. Previous physical assaults also predict future assaults.
Has ever tried to choke the person*	Strangulation or choking is a strong predictor for future domestic homicide. It is a common method used by men to kill females.
Has ever threatened to kill...	<ul style="list-style-type: none"> > The person experiencing violence – Evidence suggests a perpetrator's threat to kill the person is often genuine. > The children – Evidence suggests where family violence is occurring, there is a likelihood of increased risk of direct abuse of children in the family. Children are adversely affected through experiencing violence directly and by the effects of violence, including hearing and/or witnessing violence, or through living in fear due to a violent environment. > Other family members – Threats by the perpetrator to hurt or cause actual harm to family members can be a way of controlling the person experiencing violence through fear. > Pets or other animals – A correlation between cruelty to animals and family violence is increasingly being recognised. Because there is a direct link between family violence and pets being abused or killed, abuse or threats of abuse against pets may be used by perpetrators to control family members.
Suicide threats or attempts*	Threats or attempts to commit suicide have been found to be a risk factor for murder-suicide.
Stalking of the person*	Stalkers are more likely to be violent if they have had an intimate relationship with the person. Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours.
Sexual assault of the person*	Men who sexually assault their partners (including rape, coerced sexual activity or unwanted sexual touching) are also more likely to use other forms of violence against them.
Previous or current breach of protection order	Breaching protection order conditions indicates the perpetrator is not willing to abide by the orders of a court. Such behaviour should be considered a serious indicator of increased risk of future violence.
Drug and/or alcohol misuse/abuse*	A serious problem with illicit drugs, alcohol, prescription drugs or inhalants leads to impairment in social functioning and creates a risk of family violence. This includes temporary drug-induced psychosis.

Risk factor	Explanation
Obsession/jealous behaviour	Obsessive and/or excessive jealous behaviour toward a partner is often related to controlling behaviours and has been linked with violent attacks.
Controlling behaviours	Men who use controlling behaviours and think they 'should be in charge' are more likely to use various forms of violence against their partner. Examples of controlling behaviour include the perpetrator telling the person how to dress, who they can be friends with, how much money they can access, and determining when they can see friends and family or use the car.
Unemployment*	Unemployment is associated with an increased risk of lethal assault, and a sudden change in employment status, such as being terminated and/or retrenched, may be associated with increased risk.
Depression/mental health issue	Murder-suicide outcomes in family violence have been associated with people who use violence who have mental health problems, particularly depression.
History of violent behaviour	People with a history of violence are more likely to use violence against family members, even if the violence has not previously been directed towards family members (such as directed towards strangers, acquaintances and/or police). The nature of the violence may include credible threats or use of weapons and attempted or actual assaults. Men with a history of violence generally engage in more frequent and more severe family violence than perpetrators who do not have a violent past.
Risk factors related to relationships	
Recent separation*	Women experiencing family violence are most at risk immediately prior to taking separation action, and during the initial stages of or immediately after separation. Those who stay with the perpetrator because they are afraid to leave, often accurately anticipate leaving would increase the risk of lethal assault. The data on time-since-separation suggests women are particularly at risk within the first two months after separation. See section 'Post-separation' below.
Escalation*	Violence occurring more often or becoming more severe has been found to be associated with lethal outcomes for people experiencing violence.
Financial difficulties	Low income (less than that required to provide for basic needs) and financial stress, including a gambling addiction, are risk factors for family violence.

* May indicate an increased risk of the person experiencing violence being killed or almost killed.

(DHS Vic Framework, 2012, pp.26-28)

POST-SEPARATION

The period following a separation is one of increased risk of injury to women escaping violence. The NSW Domestic Violence Review Team (2017) reported, 65 per cent of women killed by a former intimate partner between 2000 and 2014 had ended their relationship within three months of being killed. Further, a report by ANROW and AIFS (2017) found even after separating more than two years prior, a high rate of continued conflict and control remained. The risk of violence was also higher if there was violence prior to separation.

Threats to hurt or kidnap children, stalking and harassment affect up to one-third of women who leave violent relationships (Hardesty & Ganong, 2006; Saunders, Faller & Tolman, 2012). Hooker et al. (2016) state: 'Abusive men have been reported to use children to get back at their partners, manipulating situations for their own gains and to control and disrupt family dynamics. Intense undermining of the mother's authority, threats, and manipulating children's favour are common tactics of perpetrators post-separation'.

Hooker et al. go on to say: 'Women are often the initiators of separation and/or divorce proceedings from abusive men. This separation challenges their partners' control over them, resulting in an escalation of violence (Hardesty & Ganong, 2006) and the use of children as tools to continue abuse and to pressure women for reunification (Bancroft & Silverman, 2004; Bancroft et al., 2012)' (as cited in Hooker et al., 2016).

Australian population survey data collected in 2012 for the Longitudinal Study of Separated Families (n=9028) reveals just over two-thirds of separated mothers reported experiencing emotional abuse from their ex-partner in the 12 months before the survey (five years post-separation) (Qu et al., 2014).

Data also indicates post-separation shared parenting arrangements may also compromise child safety. In a survey involving 65 Australian children, almost half the children reported not feeling safe in shared arrangements and felt three times more unsafe with their father than with their mother (Bagshaw et al., 2011). Women and children may continue to be at risk when abusive fathers have ongoing and unsupervised contact with their children.

There is considerable research related to violence or risks of violence following separation. In addition to the above, some further key findings are:

- > increased risk of child abduction and child homicide (Bancroft & Silverman, 2004; Cussen & Bryant, 2015; Kirkwood, 2012)
- > false and vexatious claims about mothers to police, lawyers and child protection authorities aimed at separating mothers from their children (Hardesty & Ganong, 2006; Saunders, Faller & Tolman, 2012)
- > more women reported safety concerns for themselves and their children than men (7.3% versus 2.3%), with 92 per cent naming the father as the source of their concerns – men who reported were more likely to name another adult or the mother's new partner (Qu et al., 2014).



PRACTICE TIP

It is important when working with children of separated families to realise a child's risk does not necessarily reduce because separation has taken place. Mothers can continue to be coerced by violent ex-partners regardless of living separately. This may manifest in ways such as mothers breaking terms of a Domestic Violence Order and allowing their violent ex-partner to come to her home. Such situations need to be carefully considered from an **informed** perspective that recognises a person's control over another may take a **long** time to lose its power.

THE ROLE OF CHILD PROTECTION

Family violence is a fundamental violation of human rights and **unacceptable** in any form, community or culture. **All** family violence should be considered a **risk** and **must** be responded to.

The most effective way to create safety for a **child** is to create safety for their **mother**. Creating safety for women and children means **taking action** to address and prevent the violence being used against them. This means working to assess and strengthen the parenting capacity of **both** parents, and to engage with the perpetrator as a **father** to address the impacts of their behaviour.

Family violence occurs because of a **choice** made by the perpetrator, and responsibility for that choice rests solely with them. Remember, this choice exists in a particular cultural and social context that includes a **power imbalance** between men and women.

Best practice in working with families experiencing family violence requires you to help the violent person to take responsibility for their violence and its impacts. When a violent parent becomes **accountable** for their use of violence and is challenged to take **responsibility** for their actions, there is potential for growth and development and therefore positive change.



PRACTICE TIP / IMPORTANT

Any CYPS response to family violence **must** be informed by a risk assessment of the nature and patterns of the coercive control and violence.

Wherever possible, our involvement will seek to protect a mother and her child from violence while **keeping them together**. Separating a child from their non-violent parent is always an action of **last resort** and hopefully a **temporary**, safety solution. We are committed to working effectively with survivors of family violence to keep their children safe at home. We understand to do so, we need to work with fathers who use violence to help them **understand** the impact their choices have on their child, partner, family and rights as a parent.

See section '**Practice principles**' for more information and practice advice about how you are to conduct a risk assessment.



OUR STANDARD IN PRACTICE

Child and youth-centred practice

Recognise early intervention is better for children and families and ensure linkage to services and supports as early as possible.

Identify parental and family strengths and support them to meet the child's needs.



FAMILY VIOLENCE IN DIFFERENT RELATIONSHIP AND CULTURAL CONTEXTS

Family violence can occur in all kinds of families and family relationships extending beyond intimate partners, parents, siblings and blood relatives. It includes violence by older relatives, younger family members, a same-sex partner or from a carer towards the person they are looking after.

Family violence can involve overt or subtle exploitation of power imbalances. This exploitation may form patterns discernible over time, for example it may escalate over time, intersect with other stressors like drug or alcohol abuse, or be associated with triggers in a victim or child's behaviour. Family violence exists in all areas of society, regardless of victim or perpetrator location, socioeconomic and health status, age, culture, gender, sexual identity, ability, ethnicity or religion (DHS Vic Framework, 2012, p.3).

In these contexts, family violence can manifest in ways specific to the relationship or cultural context in which they happen. Some of these are discussed below.



IMPORTANT

Remember, children **do not** need to directly witness the violence for its impacts to be felt by them and therefore to be harmed by it (s342, emotional abuse, *Children and Young People Act 2008*).



OUR STANDARD IN PRACTICE

Relationship-based practice

Recognise building relationships takes time and is central to effective practice.

Appreciate the potential for change a professional relationship can influence by building trust to explore sensitive areas, acknowledge difficulties, actions to protect and work in partnership with families.

VIOLENCE BY AN ADULT TOWARDS THEIR LGBTIQA+ PARTNER

There are many aspects of domestic violence unique to LGBTIQA+ relationships, such as threats to 'out' information about the person experiencing the violence, like their sexual orientation or HIV status, or to cut off their contact with LGBTIQA+ communities.

In LGBTIQA+ relationships, the perpetrator might tell their partner their allegations of violence would not be believed, perhaps suggesting the police and justice system are homophobic, or that family violence only occurs in 'straight' relationships.

If the perpetrator does not feel completely comfortable with their own sexuality or gender identity, their abuse might include homophobic or transphobic elements. Violence against transgendered people might also include withholding hormones or other essential medications or access to medical or support services (DHS Vic Framework, 2012, p.22).

VIOLENCE TOWARDS AN OLDER PERSON IN A FAMILY OR FAMILY-LIKE RELATIONSHIP

Elder abuse is any behaviour that causes physical, psychological or financial harm to an older person. It occurs in the context of a relationship of trust between the older person and the perpetrator. When the perpetrator is not the older person's partner or carer, they are most commonly their adult son or daughter.

Some forms of abuse are criminal acts, for example, physical and sexual abuse. Other forms, such as financial misappropriation, may not reach the level of criminality but may require redress through guardianship or civil proceedings.

Elder abuse does not always have a dimension of power and control. For example, it sometimes occurs as a result of ignorance or negligence (DHS Vic Framework, 2012, p.22).

VIOLENCE BY A CARER TOWARDS A PERSON LIVING WITH A DISABILITY

People with disabilities (including frail adults and young children) experience forms of violence unique to living with a disability. They may experience violence by a partner, relative, paid or unpaid carer, co-patient, co-resident, staff member in a residential or institutional setting, or a service provider. This violence may take various forms such as withholding food, water, aids (such as wheelchairs or walking sticks) or medication.

If the perpetrator is a carer, they might also withhold assistance with toileting, showering, dressing, travelling, shopping or eating. They might be rough with intimate body parts or engage in inappropriate handling, or they might demand or expect sexual activity in return for helping. They may also take advantage of the person's physical weakness and inaccessible environment.

People with communication impairments can also be hampered in their ability to disclose abusive experiences, thereby increasing their risk of abuse occurring (WHO, 2017).

Other forms of violence towards people with disabilities include:

- > threatening to punish, abandon or institutionalise them
- > threatening police or other services will not believe their reports
- > threatening to report them to child protection authorities and/or have their children taken away
- > financial abuse
- > abuse that focuses on the disability itself

(DHS Vic Framework, 2012, p.22).

VIOLENCE BY AN ADOLESCENT TOWARDS A FAMILY MEMBER

Adolescent violence against parents and siblings includes any physical, emotional, psychological or financial act that makes the family member feel threatened, intimidated or controlled.

While there is little research on adolescent violence, available data does suggest it is more common in single parent families and boys are more likely to be physically abusive while girls are more likely to be emotionally or psychologically abusive. Many of these adolescent perpetrators have experienced family violence themselves.

Violence by young people with a disability towards their parents is also a concern for some families (DHS Vic Framework, 2012, p.23).

VIOLENCE IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

In Australia, Aboriginal women are five times more likely to experience family violence compared to non-Aboriginal women. Further, hospitalisations of Aboriginal women due to family violence are 35 times more likely than for non-Aboriginal women.

The definitions used by Aboriginal and Torres Strait Islander communities to describe the nature and forms of family violence are **broader** than those used in non-Indigenous communities. The Victorian Aboriginal Family Violence Task Force defined family violence as:

'An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide' (DHS Vic Framework, 2012, p.23).

It is important to recognise family violence is one of many negative by-products of colonisation and is **not** a culturally appropriate or culturally sanctioned dynamic between Aboriginal or Torres Strait Islander men and women. It is also important to understand Aboriginal and Torres Strait Islander men are traditionally loving fathers who play an **important** role in child rearing and parenting practices.



PRACTICE TIP

When interacting with Aboriginal and Torres Strait Islander families ensure you consult with our **Aboriginal Cultural Services Team** as early as possible and consider the role the family's **extended** kinship network and community may play in safety planning and addressing risk to the children involved.



OUR STANDARD IN PRACTICE

Culturally responsive practice with Aboriginal and Torres Strait Islander communities

Acknowledge the complex underlying issues that contribute to Aboriginal and Torres Strait Islander people being more susceptible to disadvantage.

Work in partnership with local Aboriginal and Torres Strait Islander organisations to prevent child harm and keep children safe in their families and connected to culture and community.

VIOLENCE IN CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES

It is critical to challenge notions of family violence being more acceptable in some cultures. Women from **all** cultures leave or take steps to protect themselves from family violence, and in doing so, assert such violence is **unacceptable**.

All communities, including Anglo-Australian ones, have violence-condoning and violence-supporting values, systems and practices – these are different in different communities. Some CALD communities might define family violence differently to those in Anglo-Australian communities, while other CALD communities may have very similar views and definitions to Anglo-Australian communities. For example, community leaders might play a greater role in engaging with or challenging people who use violence, alongside a criminal justice approach (DHS Vic Framework, 2012, p.23).



OUR STANDARD IN PRACTICE

Culturally responsive practice with culturally and linguistically diverse communities

Work hard to understand the family's culture and migration nor refugee experience and consider these factors in assessment and planning.

Recognise refugees or people who have migrated as a result of adversity may be suffering from undiagnosed or untreated trauma.

Develop a good working knowledge of local cultural communities and services.

THE IMPACTS OF DOMESTIC AND FAMILY VIOLENCE

The impacts of domestic and family violence on women and children are often profound. Once a week in Australia, family violence ends in the death of a woman (Bryant & Bricknall, 2017). In other cases, it can result in physical harm, disability, mental illness or many other serious health problems. Family violence can also affect other aspects of their wellbeing, including housing security, employment prospects and educational achievement.

Where a woman is already vulnerable, for example her mental health is fragile or she uses drugs and alcohol, her experience of domestic violence is highly likely to escalate (or cause) these problems. Sometimes perpetrators of domestic violence manipulate such vulnerabilities to gain **more** control and to threaten their partners with reporting them to authorities such as child protection.

IMPACTS ON CHILDREN

Children are first and foremost our focus. Children are **always** affected by family violence, even if they do not physically see or hear it happen. For example, they may see the family member's injuries or damage to property, or they may experience an environment of fear.

Exposure to family violence can take the form of:

- > witnessing or hearing the violence
- > being aware of the violence
- > being used or blamed as a trigger for the violence
- > seeing the consequences of the violence.

Exposure to family violence is a risk factor for other forms of abuse and neglect. On its own, it is likely to have **long-term** psychological, emotional and behavioural consequences for children, such as trauma, sadness, shame, guilt, confusion, helplessness, despair and anger.

There is now strong evidence that shows:

- > **early childhood development and wellbeing** provides the **foundation** for learning, behaviour and health through school years and into adult life
- > **negative experiences** in the first three years of life have **long-lasting** effects on brain development

- > children who have **negative experiences** in their early years are **more likely** to have behavioural and learning problems and poor physical health, plus, are more likely later in life to abuse substances, be involved in crime and have poor parenting practices.

Family violence is a **key cause** of stress in children and can significantly disrupt healthy brain and personality development. Evidence indicates **ongoing** exposure to traumatic events as a child, such as witnessing or being the victim of family violence, results in **chronic over-activity** of the body's stress response (including the over-production of the stress hormone cortisol), which can cause **permanent changes** to their brain's architecture. This can lead to externalising behaviours such as hypervigilance and hyperactivity, or internalising behaviours such as disassociation and frozen watchfulness. These can then impact children throughout their lives leading to deficits in learning, behaviour, and physical and mental wellbeing (DHS Vic Framework, 2012, pp.24-25).



PRACTICE TIP

When working with children exposed to family violence, be aware of their age when the violence occurred and consider this in the context of their current development. Are they achieving their developmental milestones and if not, what could be a possible cause?

INFANTS

Infants, toddlers and unborn children in utero are **not** too young to be affected by family violence. The growth and development of unborn children has been found to be adversely affected in utero by their exposure to fluctuating adrenalin and cortisol levels. In the case of physical violence, unborn children may also be at risk of injury indirectly as a result of their mother's sustained injuries, or directly, for example, if the mother's abdominal area is targeted by the perpetrator.

From two weeks of age, infants have been seen to make 'organised attempts to defend themselves when caregivers do not' (Groves et al., 2000). Infants and toddlers who have witnessed or experienced prolonged family violence are likely to develop disorganised attachments to their mothers (Zeanah et al., 1999). Indicators of disorganised attachment could include the infant avoiding eye contact, their inability to be soothed or displaying unusually high anxiety when separated from carers.

The development of a disorganised attachment means an infant will find it difficult to obtain comfort when needed (and when they seek it) and are frequently frightened by the presence of their mother and the perpetrator of the violence (McIntosh, 2002).

CUMULATIVE HARM

Living in an environment where a recurring cycle of violence exists, forces children into a way of life where they are continually waiting for the cycle to 'explode' so the tension in the atmosphere can be relieved. Children growing up in this kind of environment are **unable** to focus on developmental tasks appropriate to their age, instead developing abnormal coping strategies.

Research on cumulative harm has shown children can be as **severely harmed** by the **cumulative** impact of less severe risk factors and incidents (for example, prolonged exposure to family violence), as by a single severe episode of abuse. Further, the Victorian Department of Human Services states:

'Cumulative harm refers to an accumulation of risk factors. It recognises the existence of compounded experiences by way of multiple levels or 'layers' of neglect or maltreatment. By the time abuse/neglect is identified as having caused cumulative harm, its unremitting daily impact on the child is wide ranging, profound and exponential, covering multiple dimensions of child and family life, causing damage to the foundations of a child's sense of safety, security wellbeing and development, which can be irreversible' (DHS Vic Framework, 2012, p.25).



PRACTICE TIP

When working with families experiencing family violence, make sure you refer to our CYPS guide [Working with families affected by cumulative harm or neglect](#), available on our Knowledge Portal, to ensure you have a thorough understanding of cumulative harm, its impacts and considerations to be made during your risk assessments.

POST-TRAUMATIC STRESS DISORDER

Children exposed to overwhelming danger, whether family violence or another form of danger, are at risk of post-traumatic stress disorder (PTSD). PTSD is characterised by four symptoms:

- > intrusion – re-experiencing the event through flashbacks, nightmares, thoughts
- > arousal/hypervigilance – looking for signs of threat, sleep disturbance, startle response
- > avoidance – numbing, amnesia or avoiding reminders of the trauma
- > distress – fear, helplessness, horror.

PTSD symptoms in children may be visible in many ways, including:

- > re-enacting the trauma through play or drawing
- > talking about the event
- > worrying about siblings or a parent
- > experiencing nightmares or other anxiety
- > hyperactivity and aggression
- > loss of skills they had previously mastered.

Traumatic memories are stored as fragments of sensory data – images, sounds, emotions, smells and physical cues. These cues are perceived as threatening and can be easily triggered by situations that resemble the traumatic event but do not actually pose any danger.

In the situation of family violence, a range of cues may be mistakenly stored as dangerous. These can be external (the sound of a car coming in the driveway, the slam of a door, bedtime) or internal (body sensations or even emotions, such as feeling powerless or vulnerable). This can lead to behavioural and cognitive problems that compromise normal child development.

Not all children experiencing violence or abuse will develop full symptoms of PTSD. Research suggests PTSD is a more common response to **isolated** experiences of trauma, whereas more pervasive developmental impacts are more common with children who face **ongoing** traumatic events. The term 'complex trauma' (van der Kolk et al., 2005) is a more appropriate description of the complicated set of responses often observed in people subject to prolonged, multiple and/or chronic traumatic events, such as persistent family violence (Herman, 1997).

COMPLEX TRAUMA

Children with complex trauma show a range of problematic behaviours because of their state of persistent alarm (hypervigilance), the disruption to their living and family relationships, and the way trauma interferes with their normal developmental processes. Conditions such as 'conduct disorder' and hyperactivity may be associated with or intensified by a complex response to trauma. It is important to **remain curious** where children have these labels as often the presence of family violence or the impact of past trauma has been overlooked or is not known.



PRACTICE TIP

Complex trauma or 'complex PTSD' (Herman, 1997) is also observed in adults who often attract diagnoses of 'borderline personality disorder'. **Assessments** of children and adults should therefore be **reviewed** once the context of family violence is known (Dwyer & Miller, 2014).

IMPACTS ON WOMEN

Family violence has been found to be the **greatest contributor** to poor health and premature death in women under the age of 45 years. Impacts can include physical injuries, disability, miscarriage, sexually transmitted diseases and homicide. Less direct physical health impacts can include headaches, irritable bowel syndrome and self-harming behaviour, such as engaging in unprotected sex. Women who experience family violence might also experience depression, fear, anxiety, low self-esteem, social isolation, financial debt, loss of freedom and feelings of degradation and loss of dignity. Pre-existing disabilities and mental illnesses may also be exacerbated by experiences of family violence.

Women who experience family violence are also likely to have trauma responses or be diagnosed with post-traumatic stress disorder (PTSD). Symptoms include nightmares, flashbacks, emotional detachment, insomnia, avoidance of reminders (triggers), extreme distress when exposed to these triggers, irritability, hypervigilance (watching for anger or signs of violence), memory loss, excessive startle response, clinical depression and anxiety, and loss of appetite. Further, women with family violence experiences are up to six times more likely to use substances. This 'self-medication' can be their way of coping with and managing the impact of their trauma (DHS Vic Framework, 2012, p.24).

WOMEN AS MOTHERS OR OTHER TYPES OF CARERS

Women who are mothers or other types of carers (such as kinship carers or guardians) who are traumatised by the ongoing impact of family violence, are often **less** able to provide for their own or their children's needs in the short-term or may prioritise immediate action to minimise harm. It may also be they are too traumatised, victimised or desensitised to violence to appropriately respond to it.

The relationship between the parent experiencing the violence (usually the mother) and their children is almost **always** affected by family violence. Mothers trying to parent in an environment characterised by fear of retaliation, are generally distressed, scared and anxious for a large part of their day. This can cause their children to question if their mother can protect them.

Often, women go to significant lengths to try to minimise or prevent their perpetrator's violence impacting their children. Sometimes these actions have their own impact on the child's **actual** or **perceived** safety, and on their relationship with their mother (DHS Vic Framework, 2012, p.24).



PRACTICE TIP

When working with mothers, it is essential to **listen** and take a **strengths-based** approach to help her recognise all the ways she is **already** acting to protect her children.

EFFECTS OF POWER AND CONTROL TACTICS ON A MOTHER

In most cases, violent behaviour is part of a range of tactics used by perpetrators to exercise power and control over women and their children. Such tactics can affect a mother's parenting in many ways. Some of the ways power and control can affect a woman's parenting are listed below.

How might power and control tactics affect a woman as she parents her children?

1. Mother believes she is an inadequate parent
 - > mother portrayed by abuser as unfit, cause of children's deficits
 - > fears having her children taken by child protection
 - > is frustrated in attempts to create structure or be consistent
 - > children may have problems at school, in neighbourhood, fuelling her belief she is a bad parent.
2. Mother loses the respect of some or all children
 - > some children see her as legitimate target of abuse
 - > children disregard her parental authority, don't follow her rules
 - > children may grow to devalue or be ashamed of their mother.
3. Mother believes twisted excuses perpetrator provides for his behaviour
 - > believes abuse is her fault so tries to modify her behaviour
 - > believes abuse is her fault so feels guilty about its effect on children
 - > believes abuse is linked to alcohol or stress
4. Mother changes her parenting style in response to perpetrator's parenting style
 - > is too permissive in response to authoritarian parenting of perpetrator
 - > is too authoritarian to try and keep children from annoying perpetrator
 - > makes age-inappropriate or unreasonable demands on children to placate perpetrator
 - > is afraid to use discipline because the children have been through so much
 - > left to do all the demanding parts of parenting while he engages in fun parts.
5. Mother's capacity to manage is thwarted or overwhelmed
 - > depression, anxiety, poor sleeping, etc. compromise mother's capacity to care for children and provide for their daily needs
 - > if denied the use of birth control, too many children are born too close together
 - > may be denied sufficient money to meet children's basic needs for food etc.
 - > reactive rather than pro-active parenting, responding to crisis not preventing problem.
6. Mother may use survival strategies with negative effects
 - > may use alcohol or drugs to excess
 - > may maltreat children, physically or verbally
 - > may leave them with inadequate caretakers to get a break
 - > may avoid being at home (for example, working double shifts).
7. Mother's bond to children is compromised
 - > children may be angry at mother for failing to protect them or evict perpetrator
 - > mother prevented by perpetrator from comforting distressed child
 - > one child assumes care-taking role for mother
 - > children anticipating a mother's deportation or leaving may become anxious or may emotionally disengage to protect themselves from impending loss.

8. Mother gets trapped in competition for children's loyalties

- > perpetrator attempts to shape child's view of himself as good and mother as bad
- > perpetrator is fun parent who has no rules
- > after separation, perpetrator entices children to support his bid for custody with promises of great life at his house
- > perpetrator has more money and can offer more material goods and nicer home

(Adapted from Centre for Children and Families in the Justice System, 2004)



PRACTICE TIP

When working with women (or children) actively seek to understand their situation and recognise different people may behave in different ways in response to CYPS involvement. Understand, people who are afraid may appear reluctant to engage.



OUR STANDARD IN PRACTICE

Relationship-based practice

Appreciate the potential for change a professional relationship can influence by building trust to explore sensitive areas, acknowledge difficulties, actions to protect and work in partnership with families.



PRACTICE PRINCIPLES

In CYPS, our **primary consideration** is always the wellbeing of children. This is best achieved through working closely with the non-violent parent (usually the mother) to keep them both safe. Only when they are safe from violence can we **accurately** assess the mother's parenting capacity and a child's access to safety and support.

The practice principles outlined below will help you **assess** and **respond** to family violence throughout your practice. They will help ensure your focus remains on the safety and wellbeing of children and support you to work effectively with the non-violent and violent individuals, as well as community partners to provide an integrated system response that is in the best interests of the child.

ASSESSMENT

The main priority for a CYPS response is to:

- > **identify** the coercive control and patterns of violence
- > **assess** the coercive control and patterns of violence
- > **identify** the actions being taken by the mother to protect
- > **assess** the ways this control and violence affects the whole family
- > take **action** to protect children and their mother from the violence.

In the context of family violence, this does **not** mean assigning a non-violent parent with the responsibility to protect their children from the violence. It means assigning the **perpetrator** of the violence with the **responsibility** for using and having the power to stop using violence.

When assessing risk in relation to family violence, you **must** use the **CYPS Risk Assessment Framework** available on our Knowledge Portal. It will guide you through the risk assessment process and includes tools to support your decision-making.

You can also use the **Family Violence Assessment Tool** (FVAT) at Appendix 2. The purpose of the FVAT is to gain a clear understanding of the perpetrator's behaviour and to develop a Safety Plan to appropriately address the risks (safety planning is discussed later in this section). In using the FVAT, use your professional judgement about the appropriateness of individual questions.

Further, when conducting your assessment, it is critical you recognise and respect women and children already have their own knowledge and methods to identify, analyse and evaluate their risk. Research has found people experiencing violence are often good predictors of their own level of risk. As such, your risk assessment **must** be structured and informed by the people experiencing the violence and their own assessment of their safety and risk levels. The FVAT will again help you gather this information.

In general, a risk assessment of family violence is to be based on assessing the:

- > patterns of perpetrator behaviour – violence and coercive control
- > actions already being taken by Mum to protect her children
- > impacts of the violence on the children and family functioning.



PRACTICE TIP

Remember risk assessment is an **ongoing** process. By assessing and reviewing the areas above, you will be able to **identify** and **modify** appropriate CYPS responses including suitable referrals and support options.

ASSESSING PATTERNS OF PERPETRATOR BEHAVIOUR – VIOLENCE AND COERCIVE CONTROL

Documenting the patterns of violence and coercive control men use as parents and partners is central to a proper assessment of the impact violence is having on their children’s wellbeing. When a parent uses violence, the ingredients for successful parenting needed to help children thrive are corrupted, such as routine, stability, emotional availability, empathy and nurturance. Asking men to think about, and talk about, how their children feel, react and experience their acts of violence is part of holding these men accountable as a parent.

It is critical to understand **all** forms of coercive control and intimidation are defined as domestic violence, even when a relationship has ended. Remember, the period after separation can be a **very** dangerous time for the non-violent parent and children, as perpetrators may perceive a loss of control over them and become more unpredictable (DHS Vic Framework, 2012, p.19). This is particularly relevant when conducting a risk assessment of a child whose mother has **recently** separated from a violent partner. In this situation, risk will usually increase for a period following the separation and may not reduce for some time (see section ‘**Post-separation**’).

Previous sections of this guide have already mentioned different ways perpetrators use violence or control. In conducting your risk assessment and determining patterns of behaviour also refer to Appendix 1, ‘Forms of family violence – behaviours’. It provides you a list of behaviours linked with domestic and family violence as well as examples of the behaviours in action.

ASSESSING ACTIONS ALREADY BEING TAKEN BY MUM TO PROTECT HER CHILDREN

Research shows most women in violent relationships make great efforts to **prevent**, **stop** and **escape** their partner’s use of violence. They also go to considerable lengths to prevent or minimise the impact of the violence on their children. Often these women and children are supported by friends and family, but they also need immediate and effective responses from police, courts and family violence services.

No assessment of family violence is complete **without** meeting with the victim of the violence (usually the mother) and taking the time to unpack and validate what she is **already doing** to increase the safety of

her children. It is essential you ask a range of **non-threatening** questions about how she has managed the violence so far, and what she intends to do in the future. It is important to understand a mother’s assessment of risk to her children is probably the most accurate and reliable risk predictor.

When interviewing survivors of family violence, you must be mindful of the **possible consequences** for them in making a disclosure about the violence they are experiencing. Mothers may be fearful of:

- > their children being removed from their care
- > the perpetrator finding out they have reported the violence
- > retaliation by the perpetrator, harming either herself or her children
- > Family Court intervention.

In addition to these fears, the process of involvement with CYPS is likely to cause shame, introversion and defensiveness.

It is therefore important when interviewing mothers experiencing violence to take a **strengths-based** perspective to build rapport and uncover what she is already doing to protect her children.



PRACTICE TIP

Ask her...

- > How have you managed these situations to date?
- > What do you do to reassure the kids afterwards?
- > What do you do to help them understand and to heal?
- > What do you do to try and create stability? Routine?

Efforts made by mothers to minimise the impact of violence on their children may individually be **small** but together create a picture of **positive** parenting under **extreme** pressure. They might include locking children outside or in their rooms, taking them to a neighbour, leaving them with a friend or telling them to run and get help. Also, sometimes at first glance efforts might look like compliance with the perpetrator’s agenda – buying drugs to keep him happy, making sure the house is tidy, providing alcohol or money to placate him. It is critical when working with mothers experiencing violence **not** to make judgements about her **parenting capacity** until safety has been **achieved** for her and her children.



PRACTICE TIP

DON'T say:

'What are you doing to protect your children?'

DO say:

'When you can see he's getting angry, what steps do you take to protect yourself and the kids?'

'What has worked in the past?'

'What did you say to the kids afterwards?'

'That was really brave...'

ASSESSING THE IMPACTS OF VIOLENCE ON THE CHILD AND FAMILY FUNCTIONING

In conducting your risk assessment, it is important to consider the impacts of the violence on the children involved and the family's functioning. As you gather information, it can be very useful to present patterns of family violence by articulating the **physical behaviour** alongside a description of the **impact** of that behaviour on the child and the rest of the family. This can also be a child-centred and affirming way of presenting the **voice** of the child.

Table 2 below is an example of how presenting information in such a way provides a more considered picture of how a child, and all family members, may be impacted from family violence as well as impacts on family functioning as a whole.

Table 2: Recording impacts of physical behaviours associated with family violence

Dad's behaviours	Impact on child / family functioning
Attempted strangulation	Possible long-term health damage to Mum. Mum lives in fear but lies when the police attend the home. She is afraid if she tells the truth, CYPS will take her kids and Dad will kill her.
Threat to harm the kids	Exacerbation of Mum's depression. She feels unable to work and stays in bed a lot. Younger kids don't want to leave Mum. They are afraid if they go to school something bad will happen to her. Jack sleeps with the baby and sometimes they sleep under the bed.
Threats to kill with knives	Mum does all the cooking and tries to keep Dad out of the kitchen. When they fight, Mum tries to get kids out of the way by sending them to her mother's place in the next suburb. Kids are seen out on their own at night.
Property damage – extensive	Debts to ACT Housing – property in Mum's name so arrears are mounting. Possibility of a housing eviction.
Tied mum up with tape	Mum lives in fear, hypervigilant behaviour, always tries to keep Dad calm by doing what he wants.
Loud yelling and swearing	Neighbourhood conflict – complaints to ACT Housing.
Drives too fast with kids in car and scares the kids	Younger children have regressed in toileting and have high levels of anxiety. Poor school performance due to hyper arousal and low confidence.

Recording violence – use of language

Whenever recording information about family violence, your focus must be on the **actions** or **behaviours** and the impact they are having on the child and family functioning. Do **not** use language that **mutualises** or **minimises** the violence as this is both misleading and shifts focus away from the perpetrator and **his** choice to use violence.



PRACTICE TIP

DON'T say:

'The family has been affected by family violence...'

DO say:

'Dad's violence towards Mum has affected the family in many ways. Mum has suffered a broken rib, a black eye and torn earlobe. She has been unable to find work because she is afraid this will upset Dad. James has regressed in his toilet training and started using aggression towards his siblings.'

It is essential you take the time to discuss and record in clear language, **exactly** how a child is experiencing violence. For example, a child might tell you:

- > 'When Dad gets angry, I go and get the baby and we hide under my bed.'
- > 'When Dad starts to drink, Mum sends us to the old lady down the road and we stay there until she gets us.'
- > 'Sometimes I can't sleep because Dad is yelling at Mum. In the morning, Mum stays in bed because she feels sick and I have to get ready for school by myself.'

Often, when gathering information at the **Child Concern Report** or **Child Protection Report Risk Assessment** stages the information will indicate consequences of violence. This may include:

- > the child often misses school
- > the child regularly misses out on... – sleep, support for reading or homework, extra-curricular activities, routine, parenting consistency
- > the family are experiencing housing instability
- > Mum has a mental illness that is impacted the violence – exacerbated, caused by, prevented treatment of
- > Mum's parenting capacity is affected by the violence – attachment, emotional availability, hypervigilance, confidence, credibility in her child's eyes.
- > Mum has a drug and/or alcohol habit that is impacted by the violence – exacerbated, caused by, prevented treatment of
- > Mum's capacity to secure and/or maintain employment is impacted by consequences of violence –not being able to turn up on time, presenting at work tired from sleep deprivation, can't ask Dad to stay home with sick kids so takes time off work herself, receives telephone harassment at work.



PRACTICE TIP

At whatever stage you receive information about family violence, you are to record it in the following ways:

- > clearly and in the child's language where possible
- > with clear accountability to the perpetrator
- > in terms of the impact on the child, survivor and family functioning
- > never in a way that mutualises or minimises the violence.



OUR STANDARD IN PRACTICE

Documentation in casework

Ensure you write with clarity and accuracy in a structure, logical and analytical manner using respectful, non-biased and straight forward language that is sensitive to the child and family.

Clearly articulate the rationale for decisions and actions and the source and status of information.

More broadly, the following practice standard is relevant to **all** your assessment work:



OUR STANDARD IN PRACTICE

Holistic assessment and planning

Use the CYPS Risk Assessment Framework and sound judgement to establish immediate safety and future risk.

Think holistically about a child's experience by considering all aspects of their situation and seek to understand them.

Assess the risk and protective factors that exist in a child's life and use this information to develop effective strategies.

Establish a realistic Case Plan to reach agreed goals on all known factors, using a strengths-based and evidence-informed approach.

SAFETY PLANNING

Safety planning should be used as part of a structured, medium-term response (usually a Family Preservation response following appraisal) that **does not** ask a non-violent parent to take responsibility for stopping or preventing their partner's violence. Child protection systems are required to move away from reinforcing 'society's double standard toward parenting, with low standards for fathers and higher standards for mothers' (Metheny et al., 2011). This standard results in a failure to address the person who has created the risk and safety concerns for the children. Research evidence is conclusive on the point that it is in the children's best interests to remain safe and together with the non-violent parent. It is the role of child protection to 'partner with the parent who is most committed to the safety and well-being of the child' (Graham-Bermann et al., 2007).

Safety planning **must** be focused on **partnering** with the non-violent parent (usually Mum) to develop strategies that will protect their child and themselves in a way that clearly assigns responsibility for the violence with the perpetrator. Therapeutic interventions for children who have experienced family violence should build on strengthening the relationship between the child and their mother (and siblings) and developing the mother's resilience and support networks. Effective safety planning builds on the mother's current efforts to protect her children, based on what she knows about the perpetrator's patterns of violence and control. Any issues that may have been intensified by the violence, such as mum's mental health or drug misuse, must be addressed over time, understanding these concerns have likely been affected by the domestic violence.

Be aware a parent's capacity to implement a Safety Plan can be significantly impacted by controlling and violent behaviour – even post-separation. Safety planning must support the mother to live safely with her children by addressing the causes of violence honestly with the father. Men who use violence should be held accountable for their violence through skilful engagement that discusses how their functioning as a father is impacting each child (Metheny et al., 2011). Safety planning should involve the perpetrator of violence wherever possible, regardless of their location. Engagement needs to hold fathers to the **same** high standards of parenting we apply to mothers. Further, fathers must be required to demonstrate parenting capacity in the **same** way we would assess a mother's capacity.

In developing a Safety Plan, it should:

- > ask the perpetrator to leave the home, **not** the mother or child
- > ask the perpetrator to make decisions based on the needs of his child, such as continuing:
 - financial support for his partner and child
 - to pay household bills while he is out of the home
 - to pay the costs of a car and/or education
- > clearly stipulate the behavioural expectations of CYPS – for example, stopping **all** violence, threats, name calling and criticism, and completion of a perpetrator intervention program
- > engage where possible extended family, kin, community elders and/or respected friends to hold the perpetrator to account.

An example of a Safety Plan is:

Dad's plan to keep his family safe

- 1 No acts of violence or aggression to anyone in the family.
- 2 No threats or insults to anyone in the family.
- 3 No use of physical discipline with the children.
- 4 Complete the Room for Change program at Domestic Violence Crisis Service (DVCS).
- 5 Stay with brother-in-law for the next 12 weeks and then review progress.
- 6 Respect the terms of the existing Domestic Violence Order.
- 7 Continue to pay for the children's food at \$60 per week (with details about how he will transfer the money to the mother).
- 8 Continue to pay for utilities at home at \$30 per week (with details about how he will make arrangements to pay these accounts).
- 9 Keep attending AA meetings three times a week (with brother-in-law).
- 10 Attend Relationships Australia for counselling (six sessions).

Safety planning must **always** be considered in response to family violence, even during the post-separation period. However, sometimes a Safety Plan is not an appropriate tool in the family violence space, particularly where the perpetrator is unwilling to take steps to address their behaviour.

In these situations, you need to consider seeking **legal protection** for the non-violent parent and children through the ACT Childrens Court. An application for a Domestic Violence Order under the *Children and Young People Act 2008* is often appropriate so the mother is not required to take responsibility for making such an application herself in the Magistrates Court.



IMPORTANT

Remember. Safety planning should **never** 'ask one family member to be responsible for limiting another family member's use of violence. It is unreasonable to assume one parent can control the actions of another' (FACS, 2012).

Ensure you refer to the **CYPS Safety Planning Guide** available on our Knowledge Portal for more information on developing an appropriate Safety Plan to support children and their families.

WORKING WITH COMMUNITY PARTNERS

Our ability to work with community, government and all relevant services is critical to providing an **integrated system response** that can **holistically** and **best** serve the ACT's vulnerable children and their families.

In family violence matters, this may include:

- > ACT Together
- > Women's advocacy and support providers, such as DVCS and Canberra Rape Crisis Service
- > ACT Government's Health Directorate, Education Directorate and Housing staff in the Community Services Directorate, plus community providers
- > Perpetrator intervention providers
- > Drug and alcohol services
- > Criminal justice system, such as the police and courts.

Our role in an integrated system response is to help facilitate and deliver:

- > an integrated and coordinated service to families
- > decision-making made on the basis of evidence available to the system as a whole
- > appropriate information sharing to ensure we and our partners have the most current information to make the best informed decisions.

In your practice, you **must** share appropriate information at appropriate times to help the **whole** system recognise the risks and to work to reduce them. Also ensure you use our case conferencing and other collaboration mechanisms to build these partnerships and help develop multi-perspective, interagency Safety Plans.



PRACTICE TIP

It is important to remember CYPS is not the expert in all aspects of family violence and while our focus is always on achieving best outcomes for children, this must be done in consideration of the whole family.

'...services that work with and help protect women and children must engage effectively with each other as well as with services that work with men who use violence. Interagency communication, referral and information sharing is essential to responding to risk and to ongoing case management' (DHS Vic Framework, 2012, p.43).



OUR STANDARD IN PRACTICE

Collaboration

Promote high standards of collaboration, information sharing and communication with all those involved with families to ensure a holistic statutory service response that values the knowledge base and perspectives of all.

Ensure plans aid the child and family to identify and engage with appropriate services, and identify each agency's role and responsibilities.

PRIVACY AND INFORMATION SHARING

It is important you understand the function of CYPS and the reasons why you collect information **prior** to making any decision about whether and what information is to be shared with other agencies.

Privacy and information sharing provisions are outlined in the *Children and Young People Act 2008* (Chapter 25). These provisions are governed by the principle **all** information exchanged will be in the **'best interests'** of a child. This means, whenever you believe providing information to another person or service is in the best interests of a child, it is **legally appropriate** for you to share this information (except for a narrow set of information called 'sensitive information' (s845)).

You must familiarise yourself with your legal obligations regarding information sharing. If you do share information, you must **record** what information was shared, with who and under what legislative (or consent, see below) provision. This can be as simple as documenting the above information and placing it on the child's file.

Gathering and sharing information with the **informed consent** of a parent, guardian, young person or person with parental responsibility reflects **best practice** and is our preferred method to be adopted in your practice. Having informed consent allows you to share most information – with the exception of sensitive information.

In the context of family violence, there may be times when it is **not** possible to seek consent to share information. Examples include when:

- > there is a serious and imminent threat to an individual's life, health, safety or welfare
- > there is a serious threat to public health, public safety or public welfare
- > there is a suspicion of unlawful activity and the information to be shared is a necessary part of investigating the matter or in reporting concerns to relevant persons or authorities
- > a person cannot be contacted, or contacted in a timely fashion
- > it might exacerbate risk to a person experiencing violence (including the mother or child)
- > a person's capacity to give informed consent is temporarily diminished (in these circumstances, seek guidance from the Office of the Public Advocate)

(DHS Vic Framework, 2012, p.47).



PRACTICE TIP

Ensure you understand the provisions under the *Children and Young People Act 2008*, and review the procedures, guides and e-learning courses available from our Knowledge Portal.

Also familiarise yourself with the following legislation regarding the seeking, sharing and storing of personal information:

- > *Health Records (Privacy and Access) Act 1997*
- > *Information Privacy Act 2014*
- > *Commonwealth Privacy Act 1988.*

CASE CONFERENCING

Case conferencing is a valuable tool you can use to facilitate and support collaboration. It enables information sharing between individuals and services, while encouraging collaboration and interagency decision-making. In general, the more complex a child's situation is, or the more services involved, the greater the likelihood case conferencing will be useful.

Case conferencing can be used to meet various case management functions, including:

- > discussion and resolution of issues
- > coordination of involved services
- > development and/or review of a child's Case Plan.

To ensure information is shared in compliance with the *Children and Young People Act 2008*, a Declared Care Team should be convened before or at the start of a case conference. More information on case conferencing, Declared Care Teams and information sharing is available on our Knowledge Portal.

REFERRALS

While professionals across the justice, health and community sectors have skills and knowledge to help people experiencing violence, **specialist** family violence service providers are best placed to coordinate or provide a holistic response. As such, it is critical you provide all families you work with who are experiencing family violence the option of using specialist family violence services. These services can help them obtain the legal, practical, financial and emotional support they need. Also, if a child or parent

identifies as Aboriginal or a Torres Strait Islander, a specialist Aboriginal service should be offered.

Depending on the family's situation and the concerns held by CYPS, other referrals to other agencies may also be needed, such as:

- > if **child sexual abuse** or **physical abuse** is suspected or detected, ACT Policing's Sexual Assault and Child Abuse Team (SACAT) needs to be involved
- > when **any crime** has been or is likely to be committed, the police need to be involved
- > when **protection** is required, the police and/or courts need to be involved
- > if a child or family requires any **help to communicate**, for example a translator or support person, this should be organised before any meetings begin.

It is also possible other specialist referrals may be needed to address specific issues, particularly if those issues are contributing to a child's risk. Examples include:

- > substance abuse or addiction issues
- > visa or immigration matters
- > cultural differences between you and the family
- > urgent psychiatric or medical care needs

(DHS Vic Framework, 2012, p.43).

Specific to **all** your work with community partners, the following practice standard applies:



OUR STANDARD IN PRACTICE

Sharing risk

Identify and be clear with the child, family, agency partners and other professionals what everyone's role and responsibilities are to reduce risk, improve safety and enhance the child's wellbeing.

Use case planning meetings and other collaboration mechanisms as ongoing decision-making forums.

Balance the principles of family support and preservation with a child safety approach.

Work to mobilise family, cultural and community supports for the child and non-violent parent.

WORKING WITH PEOPLE WHO USE VIOLENCE AND CONTROL

Although you may feel reluctant to engage with people who use violence, there is increasing recognition of the **very need** for such engagement. Attempts need to be made to hold these people **accountable** for their actions, but most importantly is the need for you to discuss with them the **health and wellbeing** of their children.

PERPETRATOR INTERVENTION PROGRAMS FOR MEN

Intervention programs working intensively with men who use domestic or family violence are often referred to as '**Men's Behaviour Change Programs**' (MBCPs). These are highly specialised and differ from anger management or general counselling. MBCPs include consideration of power and control dynamics, gender socialisation and safeguards against collusion. They also often include risk management and safety planning considerations (UQ, 2017).

Men referred to a MBCP typically engage in an assessment phase to determine their suitability. At that early stage, most men only have limited understanding or acceptance of responsibility for their use of violence, and limited empathy for its impact.

Most MBCPs work with men over three to six months using a group format. This format provides the men opportunity to help one another develop attitudes, language and a mutually supportive culture consistent with non-violence. A variety of methods are often used, such as:

- > feminist and gender-based psychoeducational techniques to address the men's perception of entitlement and use of power and control
- > cognitive-behavioural strategies to target violence-supporting attitudes and behaviours
- > narrative approaches to support the development of non-violent ways of being.

MBCPs are suitable for most men over 18 years old who use domestic or family violence. A small percentage referred are assessed as not suitable, or not suitable at that time, for reasons including:

- > high levels of chronic, trait-based psychopathy (such as severe personality disorders)
- > acute mental illness
- > severe substance misuse problems
- > significant cognitive impairment
- > the absence of any self-recognition of their use of domestic or family violence.

Generally, manageable mental illness or substance misuse issues, and others such as housing insecurity and problem gambling, can be addressed concurrently with a MBCP, either by the same provider or by another specialist. In the most severe cases, the MBCP assessment process may identify the need for substance misuse or mental health intervention prior to and in preparation for MBCP participation.

MBCPs also offer support to the men's current and/or former partners, either by the MBCP provider or a collaborating women's service. This can include risk assessment, safety planning and recovery counselling, as well as a focus on how children are affected by the violence, even if the provider does not work with the children directly (UQ, 2017).

How to make a referral

Processes for referrals to MBCPs are specific to each local program. Refer to our Knowledge Portal for information and check with individual providers for their latest requirements and processes.

PROGRAMS FOR WOMEN WHO USE VIOLENCE

Intervention programs are also available for women who use domestic or family violence – these differ to MBCPs. For example, they are almost exclusively provided as individual counselling rather than group programs because of low referral numbers. Also, for most women, prior experience of violence is a significant factor in their offending. See our Knowledge Portal for referral information.

WORKER SAFETY FEARS

When working with families where domestic or family violence exists, it is vital your practice is **balanced**, working with **both** the perpetrator and non-violent parent to **properly** assess, understand and respond to the child's risk and the family's functioning.

Avoiding contact with the perpetrator due to personal fear will result in a **skewed** view of risk and family functioning – this can be against the perpetrator or the non-violent partner. Worker safety fears can result in:

- > victim blaming – focusing on the non-violent parent and their 'failure' to protect their child, rather than the behaviour of the perpetrator
- > over or under-estimating the child's exposure to risk – leading to Case Plans that focus on 'safer' issues like substance abuse or mental health issues and avoid a direct focus on violence and abuse
- > perpetrator manipulation – opportunities for perpetrators to manipulate the system, such as maintaining contact with their children when it is not safe for this to happen
- > perceived collusive or placating behaviour by professionals – non-violent parent thinks professionals are just as scared as she is and loses faith in their ability to make things better (Mandel, 2019).

Worker safety fear can be physical and emotional. It can be a result of:

- > personal and professional experiences of violence and abuse
- > fear for own psychological safety
- > fear for own physical and emotional safety as a result of the perpetrator's actions towards the worker (Mandel, 2019).

If at any point you are concerned for your safety, whether because of the perpetrator, your own history or any other reason, discuss this as part of your regular **supervision**. Your supervisor will work with you to develop strategies to support you personally, help you safely and confidently engage with the perpetrator and ensure holistic and effective case management is maintained.

Role of supervisors

Worker safety is a **supervisory** issue. Therefore, supervision is a key mechanism for identifying and addressing worker safety concerns and must be discussed regularly.

It is important **all** supervisors ask their case managers the following questions whenever domestic or family violence is involved, and continue to do so:

- ❓ What do we know about the perpetrator's patterns of violence and control as it relates to responding to outside interveners? For example, his response to any prior:
 - child protection involvement
 - law enforcement involvement
 - interventions by extended family and friends to help the non-violent partner and children?
 - ❓ What safety concerns does this information raise for us? Where do we have gaps in our knowledge about his pattern toward outsiders that we need to address to fully assess worker safety in this case?
 - ❓ Are there any prior experiences you have had that you think are impacting (or will impact) your sense of safety for yourself and the family?
 - ❓ How are we partnering with the non-violent partner around how our involvement may impact her and the children's safety?
 - ❓ Do we have any concerns about the perpetrator targeting you based on your demographics, such as gender, sexual orientation, race, ethnicity?
- (Mandel, 2019).

Home visits with children and families

It is important you maximise your safety whenever undertaking home visits with children and their families where family violence exists – this is regardless of whether the visit occurs in the community or the family’s home. Being prepared by always considering and assessing what risks you are exposing yourself to before going on a visit will help strengthen your safety and wellbeing and limit your exposure to unnecessary risks.



PRACTICE TIP

Ensure you understand and follow our practice guideline ‘Staff safety and wellbeing during home visits’ available from our Knowledge Portal. It will help you identify high and medium risk visits and what to consider and do in these and all visit situations.

The following practice standard applies to **all** areas of worker safety:



OUR STANDARD IN PRACTICE

Critical reflection and supervision

Provide and participate in regular supervision and reflective practice – Asking questions about worker safety should always be part of reflective supervision when family violence is involved. Unaddressed worker safety fears can increase victim blaming through avoidance of perpetrators.

Plan how to approach interactions, conversations and visits and consider the context for that child and family.

MEASURING POSITIVE CHANGE

Evaluating a perpetrator’s readiness to return home, or commence contact with his children in an unsupported, unsupervised manner, **must** be based on an **updated risk assessment**. This assessment needs to be **specific** to his past acts and behaviours (pattern of violence and coercive control) and how his behaviour and attitude towards violence is **now** different. The perpetrator’s capacity to understand and focus on the needs of his children **must** be central to the assessment.

Other relevant questions to be answered by your new risk assessment are:

- ❓ How is he now supporting the children’s mother in parenting?
- ❓ What is his current relationship with the children’s mother?
- ❓ How does he describe the appropriateness of his past behaviour?
- ❓ How does he now describe the impact of his past behaviour on his children?
- ❓ How does he now describe the impact of his past behaviour on his family’s functioning?
- ❓ What kind of father does he want to be?
- ❓ What steps has he taken to become this kind of father?
- ❓ What will he continue to be doing in the future?



OUR STANDARD IN PRACTICE

Holistic assessment and planning

Examine all information and think through all possibilities about what has occurred and why.

Assess the risk and protective factors that exist in a child’s life and use this information to develop effective strategies.

SUMMARY

Working with children affected by family violence can be some of the most challenging work you do.

This work requires you to draw upon all your skills as a child protection practitioner, to make informed risk assessments regarding the likelihood of a child's exposure to violence and consider the consequences of past, present and future exposure on the child's social, emotional and cognitive development.

Familiarising yourself with the variety of ways people who use violence can exert power and control over family members, as well as understanding the enduring impacts of family violence as outlined in this guide, is necessary for you to make sound decisions and judgements.

Using the CYPS Risk Assessment Framework, reviewing legislation and collecting and sharing appropriate information with agency partners will further help you make evidence-informed risk assessments. Referring to specialist services who have expertise in the area of family violence (for both the person experiencing the violence and the perpetrator) and utilising Declared Care Teams, case conferences and other practice tools, will also ensure a shared, coordinated and cohesive community response to family violence and the protection of children.

KEY MESSAGES

- ✓ Family violence occurs in **all** kinds of families, family relationships and cultures – but **never** is it acceptable.
- ✓ Children do not need to **witness** family violence for it to impact them.
- ✓ Violence is a parenting **choice**. Safety planning must assign responsibility for the violence, its impacts and having the power to stop it with the perpetrator, not the non-violent parent.
- ✓ The most effective way to **create safety** for a child, is to create safety for their **mother**.
- ✓ Separation does **not** equal safety.
- ✓ Mothers and children are the **experts** of their situation and their own assessment of risk must be heard and taken into consideration.
- ✓ **Engage with perpetrators** to map their patterns of control and hold them accountable as 'fathers' to stop their harmful behaviour – this is necessary for effective case management.
- ✓ **Partner with mothers** to understand their responses, efforts to protect and the impact of the violence on them. Remember they have been parenting under extreme pressure and fear.
- ✓ Use the CYPS Risk Assessment Framework and Family Violence Assessment Tool
- ✓ When **recording information** focus on the actions or behaviours and the impact they are having on the child and family functioning. Do not use language that **mutualises** or **minimises** the violence. Where possible use the child's words.
- ✓ Collaborate with **community partners** and share appropriate information to provide an integrated system response to children and their families.
- ✓ **Keeping children with non-violent parents is our priority.**



PRACTICE TIP

Ensure you complete the domestic and family violence training and e-learning courses available from our learning management system. These will further ensure you are equipped to effectively respond to domestic and family violence matters in the context of your practice.



REFERENCES

Where to find more information:

> Policies, procedures and practice guidelines

- Knowledge Portal: actgovernment.sharepoint.com/sites/Intranet-CSD/CYPS/Pages/Front-Page.aspx

> Services

- Domestic Violence Crisis Service: dvcs.org.au
- 1800Respect: www.1800respect.org.au
- Canberra Rape Crisis Service: www.crcc.org.au
- Victims Support ACT: www.victimssupport.act.gov.au
- Women's Health Service ACT: www.health.act.gov.au/community-health-centres/womens-health-service
- EveryMan: www.everyman.org.au

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APPENDICES

APPENDIX 1: FORMS OF FAMILY VIOLENCE – BEHAVIOURS

Note: This is not an exhaustive list. In this table, the term ‘person’ refers to the person experiencing the violence (except where quoting legislation).

Form	Definition / Examples
Intimidation	<ul style="list-style-type: none"> > Smashing things, destroying possessions > Putting a fist through the wall > Handling guns or other weapons in the presence of the person > Using intimidating body language such as angry looks, raised voice > Questioning the person in a hostile way > Recklessly driving a vehicle with the person in the car > Harassing the person by making persistent phone calls, sending text messages or emails, following her, or loitering near her home or workplace
Verbal abuse	<ul style="list-style-type: none"> > Screaming, shouting, making put-downs, name-calling, using sarcasm > Ridiculing the person in public or private
Physical abuse	<ul style="list-style-type: none"> > Pushing, shoving, hitting, slapping, choking, hair-pulling, punching or using weapons > Destroying possessions > Showing a lack of consideration for the person’s physical safety (such as dangerous driving) <p>Note: Acts are physically abusive even if they do not result in physical injury</p>
Emotional or psychological abuse	<ul style="list-style-type: none"> > ‘Behaviour by a person [perpetrator] that torments, intimidates, harasses or is offensive to the family member including by the person’s exploitation of power imbalances between the person and the family member.’ (s8(3) Family Violence Act 2016). <p>Examples:</p> <ul style="list-style-type: none"> > Any behaviour that deliberately undermines the confidence of the person experiencing violence (for example, that leads her to believe she is stupid, a ‘bad mother’, useless or even crazy or insane) > Stopping the person from visiting or having contact with family or friends > Acts that humiliate, degrade and demean the person > Repeated derogatory or racist comments > Threatening to disclose personal information about the person > Threatening to harm the person, her friends or family members > Threatening to abduct the person’s children > Silence and withdrawal as a means to abuse > Threatening to report the person to authorities, such as Centrelink or Immigration

Form	Definition / Examples
Social abuse	<ul style="list-style-type: none"> > Isolating the person from her social networks and supports, either by preventing her from having contact with her family or friends, or by verbally or physically abusing her in public or in front of others > Continually putting friends and family down so the person is slowly disconnected from her support network > Preventing the person from having contact with people who speak her language and/or share her culture
Economic abuse	<ul style="list-style-type: none"> > ‘Behaviour by a person [perpetrator] that is coercive, deceptive or that unreasonably controls the family member without the family member’s consent including by the person’s exploitation of power imbalances between the person and family member – <ul style="list-style-type: none"> • (a) in a way that takes away the financial independence or control the family member would have but for the behaviour • (b) if the family member is wholly or predominantly dependent on the person for financial support to meet the living expenses of the family member or the family member’s child – by withholding the financial support.’ (s 8(3) <i>Family Violence Act 2016</i>) <p>Examples:</p> <ul style="list-style-type: none"> > Denying the person experiencing violence access to money, including her own > Demanding the family live on inadequate resources > Incurring debt in the person’s name > Making significant financial decisions without consulting the person > Selling the person’s possessions <p>Note: These can be contributing factors for women becoming ‘trapped’ in violent situations.</p>
Sexual abuse	<ul style="list-style-type: none"> > Sexual assault, sexual intercourse without consent, incest, maintaining a sexual relationship with a young person. (For full definitions refer to Part 3 <i>Crimes Act 1900</i>) <p>Examples:</p> <ul style="list-style-type: none"> > Being pressured to agree to sex > Non-consensual touching of sexual or private parts > Causing injury to the person’s sexual organs (for example, female genital mutilation) > Acts of indecency (for example, exposing oneself to another person) > Grooming a child > Bestiality (for example savagely cruel or depraved behaviour) > Possessing or trading in child exploitation material > Using a child for the production of child exploitation material > Intimately observing the person, or capturing intimate or indecent images of the person

Form	Definition / Examples
Controlling behaviours	<ul style="list-style-type: none"> > Dictating what the person does, who she sees and talks to, or where she goes > Keeping the person from making friends, talking to her family, or having money of her own > Preventing the person from going to work > Not allowing the person to express her own feelings or thoughts > Not allowing the person any privacy > Deprivation of liberty (for example, forcing the person to go without food or water)
Spiritual abuse	<ul style="list-style-type: none"> > Ridiculing or putting down the person's beliefs and culture > Preventing the person from belonging to or taking part in a group important to her spiritual beliefs, or practising her religion
Stalking	<ul style="list-style-type: none"> > Loitering around places the person is known to frequent, watching her, following her, making persistent phone calls, sending mail including unwanted love letters, cards, gifts, sending unwanted and persistent text messages or messages via social media sites. <p>Note: Stalking is a criminal offence. The ACT's <i>Crimes Amendment Act 2000</i> (No 4) defines stalking widely.</p>
Spousal homicide	<ul style="list-style-type: none"> > The death of the person directly attributed to family violence

(DHS Vic Framework, 2012, p.19)

APPENDIX 2: FAMILY VIOLENCE ASSESSMENT TOOL

This tool is based on the Domestic Violence Safety Assessment Tool used in New South Wales.

RISK IDENTIFICATION CHECKLIST					
VIOLENCE TOWARDS CLIENT					
Risk indicator	Yes	No	Unknown	Decline to answer	Source of information
Has your partner ever threatened to harm or kill you?					
Has your partner ever used physical violence against you?					
Has your partner ever choked, strangled or suffocated you or attempted to do any of these?					
Has your partner ever threatened or assaulted you with any weapon (including knives or other objects)?					
Has your partner ever harmed or killed a family pet or threatened to do so?					
Has your partner ever been charged with breaching an apprehended violence order?					
RELATIONSHIP BETWEEN CLIENT AND PARTNER					
Risk indicator	Yes	No	Unknown	Decline to answer	Source of information
Is your partner jealous towards you or controlling of you?					
Is the violence or controlling behaviour becoming worse or more frequent?					
Has your partner stalked, harassed or repeatedly texted/e-mailed you?					
Does your partner control your access to money?					
Has there been a recent separation (in the last 12 months) or is one imminent?					

BACKGROUND OF PARTNER					
Risk indicator	Yes	No	Unknown	Decline to answer	Source of information
Does your partner or the relationship have financial difficulties?					
Is your partner unemployed?					
Does your partner have mental health problems (including undiagnosed conditions) and/or depression?					
Does your partner have a problem with substance abuse such as alcohol or other drugs?					
Has your partner ever threatened or attempted suicide?					
Is your partner currently on bail or parole, or has served a time of imprisonment or has recently been released from custody in relation to offences of violence?					
Does your partner have access to firearms or prohibited weapons?					
CHILDREN					
Risk indicator	Yes	No	Unknown	Decline to answer	Source of information
Are you pregnant and/or do you have children who are less than 12 months apart in age?					
Has your partner ever threatened or used physical violence toward you while you were pregnant?					
Has your partner ever harmed or threatened to harm your children?					
Is there any conflict between you and your partner regarding child contact or residence issues and/or current Family Court proceedings?					
Are there children from a previous relationship present in the household?					
SEXUAL ASSAULT					
Risk indicator	Yes	No	Unknown	Decline to answer	Source of information
Has your partner ever done things to you, of a sexual nature, that made you feel bad or physically hurt you?					
Has your partner ever been arrested for sexual assault?					
	TOTAL NO	TOTAL NO	TOTAL UNKNOWN	TOTAL DECLINE	
TOTAL number of indicators	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1 or more 'yes' response = At threat					
12 or more 'yes' responses = At serious threat					

