ATTACHMENT RM-4

This is the attachment marked '**RM-4**' referred to in the witness statement of Dr Robyn Maree Miller dated 14 July 2015.

human services

Working with families where an adult is violent

Best interests case practice model
Specialist practice resource

State Government Victoria

Working with families where an adult is violent

Best interests case practice model
Specialist practice resource

2014

Authors

Dr Jenny Dwyer is a therapist in private practice and a human services consultant. She has worked extensively with families who have experienced violence and other trauma.

Robyn Miller is Chief Practitioner Human Services, Director Office of Professional Practice, Department of Human Services

Acknowledgments

The authors also acknowledge the contribution of **Elizabeth Callinan**, Senior Practice Advisor, Office of Professional Practice, Department of Human Services.

Lizzie provided invaluable assistance as a research assistant and project manager in the preparation of this resource.

The following people gave valuable feedback and input into the resource:

Detective Superintendent Rod Jouning, Sexual and Family Violence - Crime Command, Victoria Police

Detective Inspector Kerryn Hynam, Family Violence Coordination Unit - Crime Command, Victoria Police

Rachael Green, Principal Policy Officer, Office of Women's Affairs, Department of Human Services

Malia Dewse, Senior Policy Officer, Office of Women's Affairs, Department of Human Services

Rodney Vlais, Acting Chief Executive Officer, No To Violence and Men's Referral Service

Beth Allen, Assistant Director, Child Protection Statutory and Forensic Services Design Branch, Department of Human Services

Gwendolyn Ellemor, Manager, Service Development and Design, Child Protection, Statutory and Forensic Services Design, Department of Human Services

Anna Sandt, Child Protection Practice Leader (Family Law Liaison), Office of Professional Practice, Department of Human Services

If you would like to receive this publication in another format, please phone the Office of Professional Practice 9096 9999 or email officeofprofessionalpractice@dhs.vic.gov.au or contact the National Relay Service 13 36 77 if required.

This document is also available on the Internet at: www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers

Published by the Victorian Government Department of Human Services, Melbourne, Australia, June 2014.

© Copyright State of Victoria and the Commonwealth of Australia 2014.

This publication is copyright. No part may be reproduced by any process except in accordance with the provisions of the *Copyright Act 1968*.

ISBN 978-0-7311-6683-1 (print)
978-0-7311-6684-8 (online)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

Print managed by Finsbury Green, printed by Ability Press, Keysborough.
June 2014 (3051112).

Contents

About Specialist practice resources 5

Overview 6

What is family violence? 6

Gendered patterns of violence 7

Adult-to-child family violence 8

The co-existence of family violence and other forms of abuse 10

Family violence: Children, Youth and Families Act 2005 14

An integrated family violence service system and a common approach to assessing risk 15

Keeping the perpetrator in the picture and avoiding mother blame 18

Why do women stay? 20

How are children affected by family violence? 22

The impact on Infants 22

The Impact on children's development 23

What is Post Traumatic Stress Disorder? 24

The effects of violence on women's parenting: Compromising the mother-child relationship 26

Women with disabilities 32

Aboriginal families where an adult is violent 33

Cultural competence 34

CALD families where an adult is violent 35

Assessing risk associated with violent behaviour 37

Effective Intervention: Men's behaviour change 37

Filicide as an extension of family violence 41

Couple counselling? 44

Allegations of family violence in family law disputes: messages from the research 46

Investigating and enforcing breaches of an Intervention Order 50

Family law and child protection – an overview 51

Violence and children with a disability 51

Practice tool - Working with families where an adult is violent 53

Information gathering 54

What information is needed? 54

Unpacking family dynamics in relation to family violence 55

Preliminary assessment 57

How to gather information: engaging family members 60

Noticing content and process *60*

Establishing safety *61*

Who to interview first? *61*

Interviewing the perpetrator *62*

Engaging the non-offending parent *70*

Engaging Children *74*

Analysis and Planning **79**

Introduction 79

Risk assessment *80*

Characteristics to consider when assessing risk *81*

Current risk assessment *81*

Analysing perpetrator behaviour – what does it mean for parenting? 86

Contact with the perpetrator *86*

Overcoming recent information bias *88*

Safety planing *89*

Action **94**

Be practical and use trauma-informed case practice skills *94*

Working in partnership with other services *94*

When parents can't or won't change *96*

Tips on collecting evidence where breaches are occurring 97

Reviewing outcomes **101**

Appendix: Family law and child protection **104**

Reports to Child Protection from the FCA and FCC *104*

Memorandum of understanding *106*

Contacts *109*

Resources **110**

Preliminary assessment *111*

Safety plan for older children and teenagers 115

References **116**

About specialist practice resources

The Best interests case practice model provides you with a foundation for working with children and their families. *Specialist practice resources* provide additional guidance on: information gathering; analysis and planning; action; and reviewing outcomes in cases where specific problems exist or with particular developmental stages. This resource is informed by current evidence related to family violence and its impact on children and families.

Part One focuses on defining family violence and exploring the prevalence and gendered patterns of violence. The research relating to how children are impacted by family violence is outlined. Part Two looks at ways of working with children and their families where an adult is violent. The resource will provide you with information, strategies and tips to engage children, non-offending parents and perpetrators. For child protection practitioners, the Child Protection Practice Manual contains information about procedural requirements, practice standards and advice. This Specialist Practice Resource does not replace the Child Protection Practice Manual, rather complements it and helps you to be an effective practitioner as you fulfil your statutory requirements.

Overview

The best interests case practice model seeks to ensure children's safety, stability and development; each of these may be compromised by living with violence. This resource is intended to provide practical assistance to practitioners in child protection, placement and family services in their work with children and families.

The resource acknowledges the gender-based nature of family violence and focuses primarily on assessing and responding to family violence and the impact of family violence on children and parenting. It summarises some important conceptual frameworks to help make sense of family violence and to guide practice. It advocates an integrated response to family violence consistent with current directions nationally and internationally.

This resource should be read in conjunction with other specialist practice resources, notably *Infants and their families*; *Children and their families*; *Adolescents and their families*; and *Families with multiple and complex needs*. The *Child development and trauma* resource also provides a summary of key indicators of trauma at each age and stage and helpful practical guidance.

What is family violence?

Family violence is 'behaviour that controls or dominates a family member and causes them to fear for their own or another person's safety and wellbeing' (Department of Human Services 2012, p. 3). While anyone can be a victim or perpetrator of family violence, it is most likely to be committed by men against women, with recent data showing approximately 78 per cent of reported family violence victims in Victoria are women (Victoria Police, 2012).

Family violence is a fundamental violation of human rights and is unacceptable in any form, in any community and in any culture (Department of Human Services 2012).

Victoria's *Family Violence Protection Act 2008* (s. 5) defines family violence as behaviour by a person towards a family member of that person if that behaviour:

i. is physically or sexually abusive; or

ii. is emotionally or psychologically abusive; or

iii. is economically abusive; or

iv. is threatening; or

v. is coercive; or

vi. in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or

vii. behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, [the above] behaviour.

Gendered patterns of violence

It is often argued that discussions about family violence can stereotype men as perpetrators and women and children as victims. However, it would also be a mistake to adopt a gender-neutral analysis. The facts are that men may be more likely to experience violence outside the home, but in family violence, men are most likely to be the perpetrators and women and children the victims (see Table 1).

Table 1: Comparison of experiences of violence by men and women

Adult to adult violence	Percentage of men reporting violence	Percentage of women reporting violence
Assaulted by a stranger	69% occurred on licensed premises or in the open	15% assaulted by a stranger
Assaulted in the home	4.4% committed by a current or former partner	46% committed by a current or former partner

Source: Australian Bureau of Statistics 2006

Data from the 2012 Personal Safety Survey (ABS 2012) further supports these gender disparities.

Some women face a greater risk of violence than others:

- Women with disabilities may be at least twice as likely to be assaulted or raped as non-disabled women.
- Aboriginal women are 45 times more likely to suffer family violence than non-Aboriginal women.
- Aboriginal women are 10 times more likely to die as a result than non-Aboriginal women (Domestic Violence Victoria 2006).

Other groups at higher risk of violence include women who are young, who live in rural areas, or are from culturally and linguistically diverse (CALD) backgrounds.

The Lookout (www.thelookout.org.au) is a website where Victorian professionals working with family violence and people experiencing violence can go to find information, resources and services aimed at preventing and responding to family violence. Refer to the fact sheets on The Lookout website for regularly updated statistics regarding family violence.

Humphreys and Stanley (2006) reviewed the evidence related to gender and violence. They concluded that the prevalence of men's and women's violence was more similar if a broad definition was taken, including emotional and financial abuse, threats and physical force. However, when indicators of severity of violence were used, including the frequency, the forms of violence used and injuries caused, they concluded that, 'women are overwhelmingly the most victimised' (p. 12). They cited a range of British studies demonstrating:

- 89 per cent of those subject to four or more incidents of violence were women.
- 81 per cent of victims of violent attacks in 2001–02 were women.

- Women were twice as likely to be injured and three times as likely to be living in fear of their partner.
- Women were more likely to be killed by partners or former partners, with 37 per cent of homicides against women and eight per cent of homicides against men falling into this category (Mirrlees-Black 1999; Walby and Allen 2004).

A range of Australian data is also available which supports family violence as perpetrated predominantly by men (Meyering and Braaf, 2013).

So called 'minority patterns of abuse' do occur (Humphreys and Stanley 2006), including: women's violence and abuse towards children or female partners; men's violence towards male partners or relatives; adolescent violence to parents or siblings; abuse of the elderly; violence involving extended family members; abuse by both partners to each other; and women's violence to men.

> Violence that is instrumental and aimed at maintaining control is overwhelmingly perpetrated by men, [and this] is broadly in accordance with almost all the literature that has examined this category of violence.
>
> (Moloney et al. 2007, p. 9)

Adult-to-child family violence

The one area where women are commonly the perpetrators of violence is in relation to children. The US Department of Health and Human Services (2007) reported that in 2005 'female parents acting alone' were the most common perpetrators of child abuse. However, these figures included all types of maltreatment, including neglect and emotional abuse. Since women are commonly the primary carers of children, and child protection intervention predominately focuses on the extent to which women are able to care for or protect their children (Humphreys and Stanley 2006; Krane 2003), it is not surprising that they are highly represented in child maltreatment figures.

The presence of family violence increases the risk of other forms of maltreatment to children, including from the mother:

- Women's violence to children is highly correlated with the presence of partner violence; 'women were eight times more likely to hurt their children while they were living with a violent partner than when they were safe from violence' (Department of Human Services, 2013)
- A history of violence is also relevant: 'Women who were abused were at least twice as likely to physically abuse their children, with depression playing a major role in whether they did so' (Department of Human Services, 2013)
- Victorian research noted the co-occurrence of family violence, substance abuse and mental health problems in child deaths reviewed (Frederico et al. 2014; Office of the Child Safety Commissioner 2012).

Past or current family violence has also been identified in the rare cases where females have sexually offended; Gannon et al. (2008) identified the following characteristics in one cohort of female sex offenders:

- They are likely to have had more severe and more frequent negative childhood experiences of physical, sexual or emotional abuse than male perpetrators.

- 91 per cent had experienced family violence prior to the onset of sexually abusive behaviour that appeared to exacerbate existing vulnerabilities.
- 50 per cent offended in the presence of a man and of these 23 per cent were considered 'male coerced' and 27 per cent 'male accompanied'.
- Some male co-offenders groomed the women to abuse children, and these women tended to seek intimacy with their partner through the abuse. Other women were forced to co-offend with fear of violence, including death.

Prevalence – Key facts

More than half of Australian women experience some form of physical or sexual violence in their lifetimes (Mouzos and Makkai 2004, p. 2).

A survey of 5,000 Australians aged 12–20 years showed that almost a quarter of young people have witnessed physical domestic violence against their mother or stepmother (Indermaur 2001).

More than half of women who experience partner violence in their lifetime will be caring for their children during the time they are in the relationship (Australian Bureau of Statistics 2006). The report of the Protecting Victoria's Vulnerable Children Inquiry (Department of Premier and Cabinet 2012) found that children aged under 16 witnessed the violence in 40 per cent of family violence cases recorded in Victoria in 2009–10.

Increasingly, children are being identified as victims of family violence in their own right.

- 2009–10 data showed three times as many children were recorded as affected family members in police family violence incidents reports (2,775 children) compared with 1999–2000 data which showed only 915 children as affected family members (Department of Justice 2012).
- The number of protected children as part of a family violence intervention order has seen a marked increase of 295.4 per cent between 2004–05 and 2011–12 (Sentencing Advisory Council 2013, p. 19).
- Children previously represented one of the smallest age groups of protected persons, however, now represent the largest single age group of protected persons (46.1 per cent) (Sentencing Advisory Council 2013, p. 20).

Violence during pregnancy

Pregnancy is a time when women may be more physically and emotionally dependent upon their partner for support; however, research suggests pregnant women are at an increased risk of experiencing family violence (McCosker-Howard and Woods 2006; Taft 2002), and abuse during pregnancy is more common than other pregnancy-related complications (Campbell et al. 2000). Furthermore, violence perpetrated during pregnancy is associated with higher risk of future severe violence (Mederos 2004).

The Personal Safety Survey (Australian Bureau of Statistics 2012) found that 21.7 per cent of women reported experiencing violence during pregnancy. 13.3 per cent reported the violence occurred for the first time during pregnancy.

Further, the survey found that 53.9 per cent of women who had experienced violence by a previous partner from the age of 15 were pregnant at some time during the relationship. Of these women, 25.4 per cent reported the violence occurred for the first time during pregnancy (Australian Bureau of Statistics 2012).

A study based in a Melbourne public obstetric hospital found that 20 per cent of women interviewed reported experiencing violence during their pregnancy (Walsh 2008, p. 97).

Both Australian and overseas studies have linked exposure to violence in pregnancy to low-birthweight infants, miscarriage and perinatal morbidity (Berenson et al. 1994; Bullock and McFarlane 1989; Campbell 2001; El Kady et al. 2005; McFarlane et al. 1996; Newberger et al. 1992; Quinlivan 2000).

The co-existence of family violence and other forms of abuse

There is a strong correlation between the presence of family violence and other forms of abuse, with co-existence rates identified in the literature ranging from 30 per cent to 70 per cent (Bancroft and Miller 2002; Dietz and Craft 1980; Edelson and Williams 2007; Forman 1995; Goddard and Hillier 1993). This can involve direct physical abuse of the child, neglect, using the child to frighten or punish other victims, or using violence to facilitate sexual abuse.

Direct physical abuse of the child

- This occurs when women are abused while holding infants, when older children intervene, or by the child being inadvertently or intentionally hit.
- The presence of adult-to-adult family violence increases the risk of adult-to-child violence, and the more frequent and serious the partner violence, the higher the likelihood of severe child abuse (Slep and O'Leary 2005). They found that in 92 per cent of families where severe partner violence occurred, severe violence against the child was also reported.
- 40–70 per cent of battered women reported that their children were also physically abused, including substantial numbers suffering bruises, broken limbs or broken noses (Bancroft and Silverman 2002, p. 43).
- In his sample of 6,000, Straus and Gelles (1990) found that 49 per cent of men who beat their partners also physically abused their children, compared with only seven per cent of men who did not beat their wives.
- Women who are subject to violence are up to twice as likely to abuse their children (Straus and Gelles1990).
- Edleson's (1999) meta-analysis of 31 studies found that 30–66 per cent of physically abused children were living with family violence.
- American research found almost 100% correlation between the most severe abuse of women and the men's physical abuse of children (Ross, 1996 in Laing and Humphreys 2013).

Neglect

Laing and Humphreys (2013) point out the correlations between neglect and family violence. They cite Hartley's (2004) study that showed, 'the more severe the violence the greater the lack of supervision and neglect of children in the family' (Laing and Humphreys 2013, p. 81).

Using the child to punish or frighten others

- Actual or threatened harm to the child is one means by which a perpetrator may attempt to control other victims, especially the mother.
- Hester et al. (2007) point out that 'child abuse' and 'spouse abuse' may be difficult to separate since the abuse of one may be used with the intention to hurt or intimidate the other.

Research based on reports from mothers highlighted the multiple ways children may be involved in family violence (cited in Bromfield 2010). This included:

- 37 per cent of children accidentally hurt during family violence
- 26 per cent of children intentionally hurt during family violence
- 49 per cent of mothers hurt while protecting their children
- 47 per cent of perpetrators using a child as a pawn to hurt their mothers
- 39 per cent of perpetrators hurting mothers as punishment for a child's acts
- 23 per cent of perpetrators blamed mothers for their own excessive punishment of children.

The relationship between family violence and sexual abuse

- Girls whose fathers batter their mothers are 6.5 times more likely to be sexually abused by their fathers than are girls from non-violent homes (Bowker et al. 1998).
- Goddard and Hillier (1993) found that 40 per cent of sexually abused children in their study also experienced family violence.
- While rare, some women have been involved in sexual abuse of children 'in the context of extreme coercion from violent and abusive partners' (Gannon et al. 2008, p. 366).
- In one study of 20 women whose children had been sexually abused, all of them disclosed some form of violence towards themselves: 17 of the 20 were subject to physical violence; a third had been forced to take part in unwanted sexual activity, with seven having been raped by their partners (Forman 1995).
- Bedi and Goddard (2007) examined a range of Australian research and estimated that 55 per cent of children experiencing physical abuse and 40 per cent experiencing sexual abuse were exposed to family violence.

Violence may also be used to intimidate a child into maintaining secrecy. In one UK study, child victims of sexual abuse indicated that 58 per cent of perpetrators lived in their house and also physically abused their mothers. The authors found that this made it more difficult for children to disclose the sexual abuse due to fear for themselves or their mother (Kellogg and Menard 2003).

Forman (1995, p. 9) summarised her findings as follows:

> … where children are being sexually abused their mother may also be suffering from domestic violence. This is not to suggest that the two will not also exist separately or that children will always be abused by men who abuse their partners. However, the proportion is significant … For example some men may use the domestic violence to facilitate and hide the sexual abuse.

Even when not directly sexually abused, children can be exposed to developmentally inappropriate sexual experiences that leave a traumatic impact and have a detrimental effect on their psychological and sexual development. These experiences can include:

- witnessing sexual activity or rape of their mother
- being sexually denigrated, such as being called derogatory names and being accused of 'sleeping around'
- intentional or negligent exposure to pornography, or exploitation of normal, appropriate curiosity in order to desensitise a child to sexual activity as a prelude to direct sexual abuse.

How are children exposed to family and domestic violence?

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. It is important to recognise the full extent of ways that a child or young person might be exposed to family and domestic violence, for example:

- being hit or otherwise directly physically abused in utero
- being subjected to a raised, angry or hostile voice while in utero
- sharing their mother's physiological reactions to fear or injury while they are in utero
- being hit, yelled at, or otherwise directly abused
- being injured
- being sexually abused
- experiencing fear for self
- experiencing fear for another person, a pet or belongings
- seeing, hearing, smelling, perceiving or otherwise sensing violence directed against another person
- seeing, hearing, smelling, perceiving or otherwise sensing the aftermath of violence (such as broken furniture, smashed crockery, an atmosphere of tension)
- knowing or sensing that their mother is in fear
- being told to do something (such as to be quiet or to 'behave') to prevent violence
- being blamed for not preventing violence
- attempting to prevent or minimise violence
- attempting to mediate between the perpetrator and their mother
- being threatened or co-opted by the perpetrator into using violent behaviour against their mother
- being co-opted into supporting the perpetrator or taking his side
- being isolated or socially marginalised in ways that are directly attributable to the perpetrator's controlling behaviours.

These many and varied ways that family and domestic violence may be experienced by children means that family and domestic violence is always considered to be a form of child abuse.

(No To Violence and Red Tree Consulting 2013).

Family violence: Children, Youth and Families Act 2005

The grounds for statutory intervention when a child is in need of protection are set out in the *Children, Youth and Families Act 2005* (CYFA) s. 162. In the case of family violence, it is likely that s. 162 (c) and/or (e) will be considered as the ground(s) for intervention.

The CYFA states that the best interests of the child must always be paramount when making a decision or taking action regarding a child. When determining whether a decision or action is in the child's best interests, there are a number of needs that must always be considered:

- the need to protect the child from harm
- the need to protect the child's rights
- the need to promote the child's development (taking into account his or her age and stage of development).

Of particular relevance to cases characterised by family violence will be a focus on s. 10(3)(e), which states consideration must be given to 'the effects of cumulative patterns of harm on a child's safety and development'.

The *Cumulative harm and Families with multiple and complex needs best interests case practice model specialist practice resources provide further information on the impact of cumulative harm on children.*

An integrated family violence service system and a common approach to assessing risk

There is a growing international trend towards developing integrated family violence service systems and common standards and practices among service providers (Day et al. 2009; Department of Human Services 2012).

Keeping children safe requires an effective partnership between police, courts, specialist family violence services, family services, universal services, other secondary services such as mental health and disability services and child protection. A consistent approach to assessing and managing family violence to enhance the safety of victims across all services is critical.

Family violence risk assessment and risk management framework

In Victoria the *Family violence risk assessment and risk management framework* (often referred to as the common risk assessment framework, 'the CRAF') has been developed to support coordinated and integrated work in the challenging area of family violence.

Victoria's whole-of-system approach places women and children at the centre of the response to family violence.

The *Family violence risk assessment and risk management framework and practice guides 1–3* is a manual that aims to support a consistent approach for assessing and managing family violence. It is available at <www.thelookout.org.au>.

It consists of three key elements:

- the framework
- contextual information necessary to use the framework effectively
- practice guides 1–3 (Department of Human Services 2012, p. 3).

The framework comprises six components to effectively identify (risk assessment) and respond (risk management) to victims of family violence:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to recognising and assessing risk
3. appropriate referral pathways and information sharing
4. risk management strategies that include ongoing assessment and case management
5. consistent data collection and analysis to ensure the system is able to respond to changing priorities
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement (Department of Human Services 2012, p. 13).

The *Family violence risk assessment and risk management framework* strongly informs the practice section of this guide and is discussed in more detail later.

Victoria Police

Police responses to family violence in Victoria are governed by the *Code of practice for the investigation of family violence*, which was updated in March 2014.

See <www.police.gov.vic.au> for a PDF copy of the code of practice.

> 'We are empowering all victims, giving them a voice and supporting them to stay safely in their homes and communities.
>
> We are using our options and holding perpetrators to account, laying charges against them, bringing them before the courts, sending a clear message that family violence is a crime and will not be tolerated.
>
> We are using our powers under the Family Violence Protection Act 2008 and affording victims protection through the application of family violence intervention orders and family violence safety notices.
>
> We are taking a stand against contraventions of these orders and notices, applying new legislation with harsher penalties.'
>
> (Foreword by Police Commissioner Ken Lay in Code of Practice for the Investigation of Family Violence 2014, p. ii).

The code of practice has a number of aims consistent with the integrated response to family violence. These include increasing safety for victims, providing early intervention, increasing identification and arrest of perpetrators, minimising trauma to victims, and encouraging reports of family violence.

Under the code of practice, police attending incidents of family violence have three options:

- the criminal option of utilising appropriate legislation to bring offenders to court
- the civil option of seeking a family violence intervention order under the Family Violence Protection Act, with options including
  - family violence safety notice
  - application and warrant
  - application and summons
  - application for a family violence interim intervention order
- the referral option, which may be followed in all cases, whereby police refer victims and offenders to appropriate support services.

These options are not mutually exclusive and all three may be used.

The code of practice states:

> The risk management strategy is not only aimed at making affected family members safe and supporting their wellbeing, but also should assist with breaking the cycle of violence and hence reduce the risk of repeat incidents. For the continued safety of [affected family members] and their children, police must choose the most appropriate process to initiate actions from one or more of the option pathways.
>
> (Victoria Police 2014, p. 20)

Police who attend incidents of family violence are required to file a *Family violence risk assessment and management report*, known as the L17 form. This is also faxed to child protection where children have been present and to family violence services when making reports or referrals.

The L17 form requires the police to note the presence of risk and vulnerability factors from a checklist of known risk indicators. They must also identify a risk management strategy, again by selecting actions from a checklist. The strategy 'must address not only the immediate and ongoing risks but also any identified criminal behaviour.'

(Victoria Police 2014, p. 20).

Keeping the perpetrator in the picture and avoiding mother blame

The family violence risk assessment and risk management framework helps keep perpetrator behaviour and risk assessment at the centre of analysis. There is evidence that child protection practice has unwittingly contributed to a process that has held women accountable for the safety of themselves and their children but left the perpetrator invisible (Burke 1999; Edleson 1998; Humphreys and Stanley 2006).

Several Australian studies found that men were frequently not interviewed after a child protection report even when the concerns related to family violence (Frederico et al. 2014; Heward-Belle 1996 in Laing 2003). One study noted that a pattern of scrutinising women and failing to include men was so pronounced that it was suggestive of a gender bias in the cases studied (Frederico et al. 2014).

> As a consequence of the lack of focus on the perpetrator, women have often been blamed for not protecting their children or for not leaving violent relationships. The most commonly asked question is not 'why do men abuse?', but 'why don't women leave?'
>
> (Family Violence Professional Education Taskforce 1991).

The importance of holding the perpetrator and his behaviour at the centre of analysis cannot be overstated. Edleson (1998, p. 294) noted that while 'the legislated goal of child protection is child safety this is unlikely to be achieved if the child's primary caregiver is unsafe … and the person perpetrating the violence against her and/or her children is so often left untouched by our interventions'.

What causes violence?

Research shows there are a number of underlying individual, community, organisational and societal determinants of violence against women including:

- belief in rigid gender roles and identities (weak support for gender equality)
- male dominance and control of wealth in relationships
- culturally specific norms regarding gender and sexuality
- institutional and cultural support for, or weak sanctions against, gender inequality and rigid gender roles.

(VicHealth 2007, p. 34).

Most perpetrators do not have a mental illness and there is no single psychological profile. Poverty is associated with higher rates of violence but is not a *cause* of violence and family violence occurs in every social class. However, access to economic resources can help women leave and protect themselves and their children.

Substance abuse can be a disinhibiter and may be associated with family violence but of itself does not cause family violence. It may well be a part of the excuses that perpetrators can use to minimise their responsibility.

Family violence 'usually gets worse over time and does not go away on its own' (Mederos 2004, p. 8). An important goal of intervention is to assess the pattern of coercion controlling behaviour and violence and plan appropriate steps to ensure the safety of women and children. Engaging the perpetrator can assist with this assessment, and planning this engagement with the police is critical to good outcomes.

Effects of family violence can be lethal

The effects of family violence on women and children can be lethal. Every year, women are killed by a current or former partner. National data shows that 78 per cent of Australian female victims of homicide in 2007–08 were killed by an offender with whom they shared a domestic relationship (Virueda and Payne 2010, p. 19). Similarly, in Australia about 25 children each year are killed by a parent; many of these after a history of family violence (Domestic Violence Resource Centre Victoria (DVRCV) 2012).

The risk factors for filicide and intimate partner homicide are consistent where the perpetrator seeks revenge and retaliation (Jaffe et al 2014). This is discussed in detail from page 41).

Patterns of family violence: Family is organised around the violence

Different patterns of violence lead to different dynamics within the family. There is no single cycle of violence. Women and children do not dictate the cycle; **it is the perpetrator's behaviour that organises the dynamics in the family**. In every family it is essential to understand the specific pattern of violence and the way it dictates relationships. The examples below are common dynamics that occur around a partner's attempts at coercive control:

- The man, fuelled by a sense of over-entitlement, demands compliance. Psychological abuse erodes the woman's self-esteem and isolates her from support. Violence cements his control and exacerbates the psychological intimidation.
- Threats and further violence may lead to the woman changing her own behaviour to 'keep the peace' and avoid 'triggering' violence. She may change her parenting to keep the children safe and avoid 'setting him off'. The man's over-entitlement is affirmed and he demands further compliance. The woman and children can feel responsible for causing the violence.
- Some dynamics include a period where the violence is followed by the man expressing remorse and promising never to do it again. For the woman and children, the 'good partner and father' may be as important in their lives as 'the demanding, self-entitled' side of the man.

Women and children may subtly or openly resist the violence, and engage in quite remarkable (even if subtle or indirect) actions to keep themselves safe. These are strengths that can be built upon in safety planning and support for the mother-child bond.

Why do women stay?

It is commonly asserted that women are unable or reluctant to leave violent relationships and this is seen as evidence that they are not 'protective mothers'. This has been challenged by research, which has demonstrated that **leaving or staying is not a reliable indicator of protectiveness**. Moreover it does not attend to the risks involved in leaving violent relationships, nor the complexity of decisions women face and the many ways they attempt to deal with these constraints (Laing and Humphreys 2013).

Leaving an abusive relationship may seem a simple solution; however, there are many reasons why women remain in such relationships (adapted from DVRCV 2014):

- She is afraid of what the abuser will do if she leaves. The person who is abusive may have threatened to harm her, the children, her relatives, her pets or property.
- If she has tried to leave previously, the perpetrator may threaten to commit suicide if she talks about leaving.
- Many victims find that the abuse continues or gets worse after they leave.
- She still loves her partner because he is not abusive all of the time.
- She has a commitment to the relationship or a belief that marriage is forever – for 'better or worse'.
- She hopes her partner will change.
- She thinks the abuse is her fault.
- She feels she should stay 'for the sake of the children', and that it is best that children live with both parents.
- Her partner may have threatened to take or harm the children.
- A lack of confidence. The abuser will have deliberately tried to break down their partner's confidence, and make her feel she is stupid, hopeless, and responsible for the abuse. She may feel powerless and unable to make decisions.
- Isolation and loneliness. The abuser may have tried to cut her off from contact with family or friends. She might be afraid of coping on her own. If English is not her first language she might feel particularly isolated.
- Pressure to stay from family, her community or church. She might fear rejection from her community or family if she leaves.
- She may feel that she can't get away from her partner because they live in a rural area or because they have the same friends, or are part of the same ethnic, Aboriginal or religious community.
- She doesn't have the means to survive if the relationship ends. She might not have anywhere to live, or access to money, or transport, particularly if she lives in an isolated area. She may be dependent upon her partner's income.
- If she has a disability, she may depend upon the abuser for assistance.
- She is financially dependent and fearful of the future without him.
- There is shame and stigma in the form of 'what other people will think of me if they know what I've put up with'.
- Secrecy avoids the embarrassment and humiliation of being socially exposed.
- A belief that, despite his bad moods and occasional violence he is 'a good father'.

Post separation risk

Women and children may be at greatest risk at the time leading to and following separation. Even post separation, a woman may find she is unable to truly escape a violent relationship as a partner may use the children as a means of continuing the abuse.

Research has found that harming the child and/or harassing, controlling and impoverishing the mother through repeated court appearances, ('battery by law') are abusive tactics that can be used by violent ex-partners.
(Radford and Hester 2006, p. 83).

A UK study tracked 251 incidents of family violence and included a review of police and children's services records. The study found that 54% of family violence incidents occurred after the couple had already separated.

How are children affected by family violence?

All children can be affected by violence, from the unborn to young adults. Violence is frequently accompanied by other problems that are detrimental to children's safety and development. These may include parental substance abuse or mental health problems, neglect, disrupted living arrangements and direct abuse (Dube et al. 2002 in Edleson 2006; Office of the Child Safety Commissioner 2014).

Children living with violence are at increased risk of a range of negative outcomes including:

- depression
- anxiety
- post-traumatic stress symptoms
- interpersonal problems
- behavioural problems (Cutajar et al. 2010; Edelson 2006; Hester et al. 2000; Humphreys et al. 2008).

There is growing evidence that the emotional impacts of exposure to violence may be similar to those experienced by children who have been directly physically abused (Kitzmann et al. 2003). Psychological forms of aggression, such as 'extreme hostility and restrictive behaviours', create a home environment 'characterised by fear, hostility and insecurity' that also directly impacts on children's wellbeing (Panuzio et al. 2007, p. 182).

The range of negative effects of living with violence are not always well recognised including the association between family violence and:

- young people involved in the youth justice system (Greenwald 2002)
- those who exhibit sexual behaviour problems (Duane and Morrison 2004)
- an increase in the risk of psychosis in child victims of sexual abuse who have also been exposed to family violence (Cutajar et al. 2010).

It is clear that family violence constitutes a trauma to those who are direct victims and to those who live with it. Children fall into both of these groups. Not all children will be affected by violence in the same way. Impacts may be influenced by:

- characteristics of the child (age, temperament, gender, developmental stage)
- characteristics of the abuse (nature, length of exposure, identity of perpetrator, severity of violence)
- the attachment experiences of the child preceding and following the violence (presence or absence of other forms of abuse or neglect, availability of support and nurturance)
- the impact on the primary carer (Ryan and Associates 1999).

The impact on Infants

The unborn, infants and toddlers 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 due to exposure to fluctuating adrenalin and cortisol levels. In the case of physical violence, the unborn child may also be at risk of injury via physical injury sustained by the mother or directly, for example, if the mother's abdominal area is targeted by the perpetrator.

From two weeks of age, infants have been observed 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, an inability to be soothed or displaying unusually high anxiety when separated from caregivers.

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

The Impact on children's brain development

The development of a child's brain is highly influenced by the child's environment. Secure attachment contributes to the development of neural pathways that build the child's capacity to soothe, regulate emotions and contribute to healthy growth and development.

> Overwhelming stress, such as the trauma of violence, leads to neural pathways being established in the brain that are highly responsive to threat. Because children's physical, social, emotional and cognitive development is a cascading process that interacts with each domain in a complex and dynamic way (Tronick 2007), family violence interferes with the basic building blocks of development.

'Learning' is not just a cognitive process. It relies on and builds on the child's developing ability to form secure relationships, regulate their emotions, and explore their world (Centre for Early Childhood Mental Health Consultation 2012). Therefore, at its most basic, trauma 'interferes with a child's capacity to successfully engage in learning – whether this is an infant learning how to feed and sleep, a toddler learning how to explore the world through play, or a child learning to read and relate to peers' (Dwyer et al. 2012, p. 2).

As Perry (2006, p. 32) explained:

> Children exposed to significant threat will 'reset' their baseline state of arousal, such that even at baseline – when no external threats or demands are present – they will be in a physiological state of persisting alarm.

What are the behavioural indicators of exposure to trauma in children?

Children will demonstrate their distress in different ways depending on their age, developmental stage and the quality of care available. There may also be gender differences, with boys more likely to show externalising behaviours like aggression and girls more likely to have internalising symptoms such as depression or anxiety. The *Child development and trauma specialist practice resource* (Miller and Noakes 2007) summarises the symptoms of trauma in children including:

- In infants and young children – regression and loss of recently acquired skills; disturbance to sleep and feeding; clinginess and indiscriminate attachment; fussiness, difficulty in soothing, hyperactivity, withdrawal and lack of responsiveness; and developmentally inappropriate sexualised behaviour.
- In older children – sleep disturbance, nightmares; difficulty in seeking or accepting comfort; regression; loss of self-esteem and confidence; aggression; problems with anxiety and fearfulness; poorer academic performance; developmentally inappropriate sexualised play or behaviour.
- Adolescents may show their distress in the ways above. They frequently demonstrate behavioural changes and interpersonal difficulties that may be misinterpreted and simply put down to 'adolescence'. These include changes in personality and important relationships; problematic sexual behaviour such as promiscuity and exploitation; withdrawal and loss of enjoyment in activities; risk taking; running away from home; suicidal and self-harming behaviours; mental health problems such as depression and anxiety; and attempts to manage overwhelming feelings with substance use or numbing out and dissociating.

What is Post Traumatic Stress Disorder?

One complication of the response to overwhelming danger is 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 a variety of 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 that they had previously mastered (Dwyer et al. 2012, p. 16).

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 addition, the brain development of children and adolescents means that the neocortex, which helps interpret and make sense of experience, is not well developed; this is the last part to reach maturity and is associated with complex and abstract thought. It is important in processing whether a situation is threatening, and in calming the body down.

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 (bodily feelings or even emotions, such as feeling powerless or vulnerable). This can lead to behavioural and cognitive problems that compromise normal development. Many of the behaviours associated with children who are exposed to violence and abuse – such as aggression or anxiety – can be seen as related to a traumatic response. In other contexts when stressors are introduced, such as concentrating in the classroom or dealing with interpersonal conflict, children in a state of hyperarousal will react as though under threat.

Not all victims of violence or abuse will develop full symptoms of PTSD. In general, younger children are more likely to meet the diagnostic criteria for PTSD than older ones (39 per cent of preschoolers compared with 27 per cent of adolescents (Fletcher 2003)). However, in another study of children aged 7–12 who had witnessed family violence, 52 per cent suffered intrusive reminders and 42 per cent experienced arousal symptoms, although only 26 per cent met the full criteria for PTSD (Graham-Bermann and Levendosky 1998).

The 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 due to the state of persistent alarm and the disruption to living and family relationships, as well as the way the trauma interferes with normal development processes.

Conditions such as conduct disorder and ‘hyperactivity’ may be associated with or exacerbated 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.

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 be reviewed once the context of family violence is known.

Coping, recovery and resilience

Despite these negative effects, children demonstrate remarkable resilience after family violence and professionals must be careful not to pathologise them (Humphreys et al. 2008). Research supporting the evidence of children's recovery and resilience includes:

- Kitzmann et al. (2003) noted that while a significant proportion of children who witnessed family violence fared worse, one-third of these children fared as well as or better than children who had not witnessed violence.
- Martinez-Torteya et al.'s (2009) study found that more than 50 per cent of children aged two to four years showed positive adaptation and resiliency despite witnessing violence against their mothers.
- Edleson (1999) reported that several studies found that as more time passes since the experience of domestic violence, children demonstrate fewer problems. He also discusses the reframing of perceived behaviour and psychosocial problems as coping strategies in a traumatic and complex environment. For example, it is very adaptive to be on alert and hypervigilent in a chaotic and violent environment.
- Children's recovery improves the longer the period they are free from violence (Edelson et al. 2004).

The effects of violence on women's parenting: compromising the mother–child relationship

The effects of violence on children are mediated by the quality of care provided by the non-violent parent. For this reason any attack on the woman has potential consequences for the child. The relationship between the child and the non-offending parent, usually the mother, may be affected by abuse and violence in many subtle or overt ways. These can include:

- how the perpetrator directly undermines the relationship
- the way in which the mother's distress related to the violence affects her functioning, particularly her ability to effectively parent
- the effects on the child and the way these are experienced by the non-offending parent
- the process of intervention following disclosure.

Tactics of violence used toward children and women as mothers

Many tactics of violence simultaneously involve children and directly or indirectly target women in their mothering role. A wide-ranging literature review on women's parenting in the context of family and domestic violence found that perpetrators of family and domestic violence commonly use tactics such as:

- making their child witness the violence or otherwise involving them in the violence, as a means of deliberately adding to women's distress and trauma
- attacking women's confidence in their capacity or effectiveness as mothers
- undermining women's actual and felt relationships with their children
- dominating women's attention and time so that they have little to spend with their children
- making women physically or psychologically unavailable to parent
- harassing women via child contact and financially exhausting them by pursuing repeated family court appearances
- repeatedly denigrating women's characters and worth as a mother – to her and/or to her children
- undermining women's felt and actual parental authority (for example, by constantly over-ruling them in front of the children)
- using the family law and child protection systems against women (for example, by threatening to expose them as 'bad mothers' or to report them to child protection) (DVRCV 2009).

Radford and Hester (2006) list a range of effects of violence on women including injuries, death, miscarriages, poor health and substance abuse problems, with women victims of family violence 9–15 times more likely to experience drug or alcohol problems.

Radford and Hester (2006) also highlight the conditions under which women in violent relationships become pregnant, give birth and attempt to raise their children. These women are less likely to be in charge of their own fertility, may have little choice about having children (especially when the man may control the woman through keeping her 'barefoot and pregnant') and will most likely have little support after birth or in child rearing, since keeping the woman isolated is a common condition of violence. Humphreys and Stanley (2006) also cited high rates of self-harm, suicide attempts, depression and PTSD in women subject to violence. In particular they noted the symptoms of flashbacks, emotionally shutting down and hypervigilance.

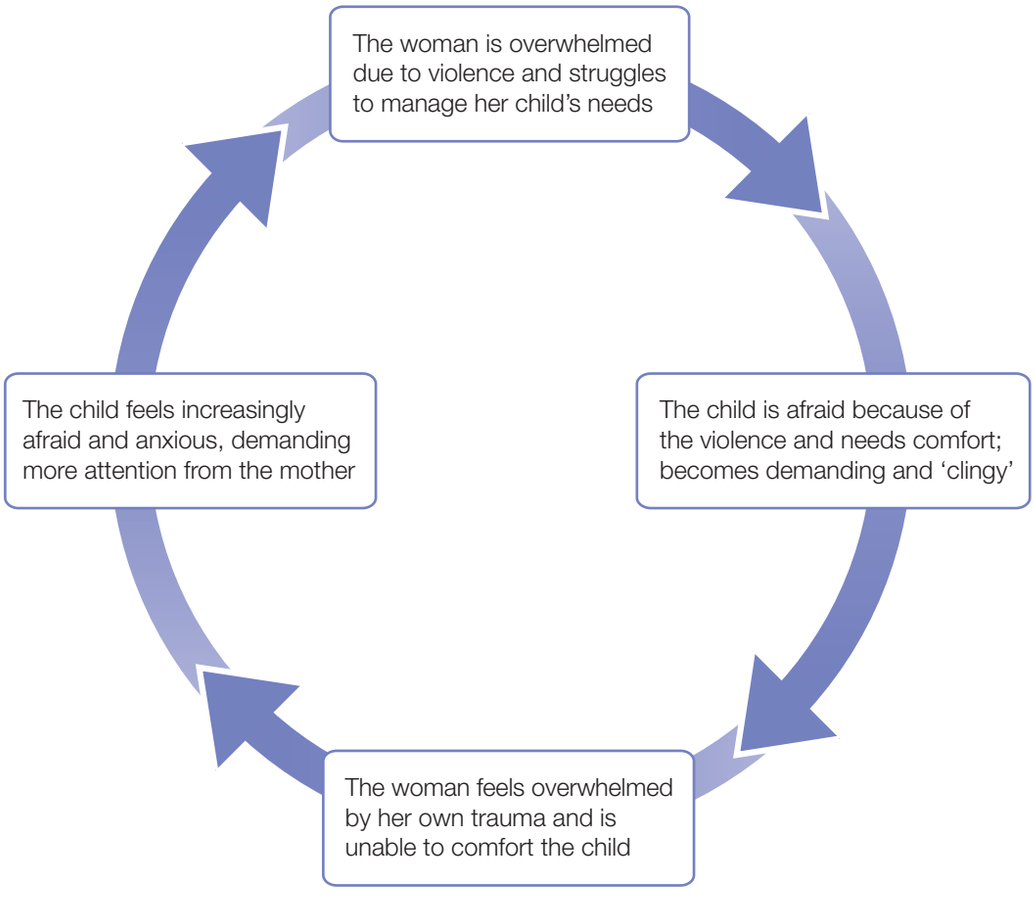
Therefore, from the children's perspective, when violence occurs they may 'lose' their mother at the time they need her most; from the mother's perspective, she needs to be available to her children and be an attuned, competent parent at the time she is most vulnerable (Dwyer 1999). It is not surprising that the presence of PTSD symptoms in a mother subject to violence or abuse is closely correlated with behaviour problems in children and that maternal stress appears to be the mediating factor (Levendosky et al. 2003; Panuzio et al. 2007).

Significant stress or PTSD in women does not occur only when they have been subject to life-threatening physical assault. In fact, emerging research suggests that women subject to psychological aggression, particularly restrictive, denigrating and 'hostile withdrawal behaviours', may be at even greater risk of developing PTSD symptoms than women subject to physical violence (Panuzio et al. 2007, p. 182).

When the trauma is not a single, isolated event but an ongoing reality in the lives of the victim, these effects become compounded; this is further exacerbated when a woman has also been exposed to violence, abuse or neglect as a child. As noted, the term 'complex PTSD' is often used to describe these responses (Herman 1997). It is not difficult to imagine how these impacts of the violence on an adult or child may begin to affect the mother–child relationship, or how these problems become compounded when they are experienced over a long period of time.

The impact of the violence on the parent will impact on the child; the way the violence affects the child's behaviour will impact on the parent. For example, a woman who is in a state of hypervigilance or who numbs out (through dissociation or substance abuse) cannot respond to her child in a predictable and attuned way. If the child cannot be comforted s/he will remain in a state of fear. A child who is fearful may be clingy, crying or withdrawn and this may further distress a parent suffering her own trauma response. She may struggle to respond to the child's needs and become more overwhelmed. The child in turn may become more clingy or demanding. This particular dynamic is represented in Figure 1.

Figure 1: impact of family violence upon the mother-child relationship: a common interactional pattern



Other trauma-fuelled dynamics may emerge as a result of the violence. For example, the mother may become hypervigilant and seek to control the child's behaviour to avoid upsetting the man, which may lead to a spiralling escalation of conflict between the woman and child. In each case it is important to understand the way in which the violence and abuse has impacted on the woman and child and how this in turn affects their relationship.

In the dynamic around the violence, the child's adaptation will also be apparent, including how this impacts on the child's developing attachment. The nature of the attachment relationship with the violent or abusive parent will be affected by the age of the child, the availability of an alternative secure attachment figure and the dynamics surrounding the trauma to which the child has been exposed.

The child's relationship with the abusive parent will be formed within the context of the violence, but this may not be readily apparent to the untrained observer. While it may be assumed an abused child will avoid an abusive parent, this is only one possible outcome. Indeed, due to the primacy of a child's attachment needs, the child may form a traumatic attachment to the abusive parent. In such cases a child may dissociate from the 'terrifying father' and might not show obvious signs of fear in the presence of the abuser, or a child seductively groomed by a sexually abusive father may show a preference for that parent.

Due to these complex dynamics, care should be taken not to make premature judgements about the quality of an attachment relationship between a child and parent based on superficial or a-contextual behavioural observations.

Family violence is an assault on the mother–child relationship:

> 'It is not an accident that abusive men attack women's abilities to mother; they know that this represents a source of positive identity, the thing above all else that abused women try to preserve…'
>
> (Mullender et al. 2002).

Much research has highlighted the impacts of family violence on the health of women in general; however, only relatively recently has attention been given to the impact on their mothering more specifically. Not all women who have been abused have a diminished parenting capacity (Levendosky et al. 2000); however, the following impacts have been noted:

- The frequency and severity of the violence influences the impact it has on a woman's parenting.
- They may find it more difficult to be engaged and energetic parents (Cassaneuva et al. 2008; Margolin, 1998 cited in Bancroft and Silverman 2002, p. 67; Osofsky 1998).
- Family violence may lead to a physical incapacity and emotional difficulties like a loss in self-confidence, being emotionally drained or depressed (DVRCV 2009).
- Women who are victims of violence are more likely to use aggression in their parenting; however, they are less likely to continue this behaviour when they are safe (Edelson et al. 2003).
- The numbing aspects of trauma can lead to mothers being emotionally distant from their children (Humphreys 2007).
- Family violence may have a significant impact on the sleep patterns of women and children. Women may feel the need to remain vigilant to protect their children (Lowe et al. 2007) and may organise their sleeping arrangements to ensure their children feel secure, such as sleeping with them or being alert to assist them should they wet the bed. This inability to sleep can lead to a reduction in a woman's mental and physical resilience, in turn impacting on their capacity to mother (Humphreys et al. 2009).

However, there is also evidence of resilience in women's parenting despite the violence:

- Many women increase their nurturing behaviours to compensate for the violence (Edelson et al. 2003).
- Women's decisions about staying or leaving frequently depend on what they think is in the interests of their children. Protection of children is a strong motivator for leaving an abusive relationship but conversely others stay because they believe it is safer for their children (Edelson et al. 2003).

An extensive body of research has demonstrated that the majority of women respond protectively to their children, sometimes despite great risk and cost to themselves; in addition, mothers have a central role in children's wellbeing and recovery from violence and abuse.

(Hooper and Humphreys 1998; Humphreys and Stanley 2006; Miller and Dwyer 1997).

The impact on the mother's relationship with her adolescent children

The impact of family violence is not only felt before and during separation; it can continue years later when their past trauma is triggered or when new developmental challenges arise. This can result in very challenging behaviours and significant conflict, disrespect and even violence towards the mother.

It is not uncommon for this to be played out by the adolescent, who may well be:

- confused and acting out the male 'head of the house' in a misguided parentified role
- loyal to the father who may be separated from the family and is perceived as the 'needy' parent by the adolescent who acts as his agent to undermine the mother
- frightened to show allegiance to their mother in case they 'cop it'
- sad and distressed, grieving the loss of the good aspects of dad blaming the mother for not 'fixing it' because our culture has embedded beliefs about mothers
- anxious the family is falling apart and trying to control everything so there is some predictability
- emotionally dysregulated because of their own PTSD
- bullying and over-entitled in their attitudes towards women because their social learning has consistently reinforced that this is the ego-centric 'familiar' way to act; in other words, 'it's how things are and they have never learnt to respect others'
- expressing the internalised views of the father, which has dominated family life; for example, the disrespectful beliefs of the offender can be expressed by the adolescent accusing their mother of being 'an idiot' and 'a lazy cow'
- holding the belief that dad is the victim and that their mother 'caused' the violence; for example, she 'spent too much money, didn't look after the house enough, didn't take care of dad, always nagged him, always started the fights, was moody, was crazy, was stupid and if she had been okay, dad would never have hit her and anyway she is exaggerating – it wasn't that bad and she would just 'go him'; 'it's her fault'
- seeking pain relief through drugs and alcohol
- overwhelmed by the conflict and apparent rejection by their mother.

These internalised disrespectful attitudes and behaviours towards their mother need to be worked with and cannot be ignored. However, it is also important to not demonise the adolescent and to understand the context and the complex dynamics that were historically set up by the perpetrator and may well continue after separation.

A woman's response can unwittingly be part of the pattern that maintains the problem behaviour from the children. She may feel so guilty and distressed about 'what the children have been through' that she may have excused bad behaviour or inconsistently enforced boundaries, limits or consequences. Some women may over-compensate and lower their expectations of the children to behave appropriately because she may also feel too drained and exhausted to have the energy or emotional strength to enforce good parenting limits with the adolescent.

Alternatively, the mother's past trauma may intrude on her parenting of the adolescent and cause her to be over-reactive to his or her normal adolescent challenging behaviour or testing of boundaries. The mother may be reminded of her former violent partner by the disrespectful tone, angry body posture and 'look' of the adolescent. It could trigger an overwhelming fight or flight response, which may result in rejection and avoidance of the adolescent.

In engaging in these difficult discussions with mothers, practitioners need to be careful to put the perpetrator at the centre and hold him accountable. He must be answerable for the way these dynamics have become a pattern because of his violence and the impact it has had on her parenting and on the children's responses.

Externalising the violence as the problem, rather than the mother's parenting, frees up the conversation to explore the mother's power to be different and to change the pattern. She will need support from you and family therapy can be very useful in these circumstances. Where family therapy is utilised, ensure the family therapist is aware of the feminist critique of family violence and the importance of not increasing danger by having joint sessions with the perpetrator. The point here is that family therapy can assist in the mother-child relationship supporting the child's recovery and post trauma symptoms.

Child protection, family services and out-of-home care practitioners are often ideally placed to have very empowering conversations with parents about the way forward and about the way the perpetrator has affected them in the past, and the legacy of this in the present. Helping the mother to be more empowered as a parent and to set appropriate boundaries on the children's behaviour is critical (Miller 2014).

Women with disabilities

It is recognised that both within and outside the home, women and children with disabilities are often at greater risk of violence, injury, abuse, neglect, negligent treatment, maltreatment or exploitation (United Nations Convention on the Rights of Persons with Disabilities 2008).

Poverty can make women more vulnerable to violence, in addition to their impairment (such as an inability to communicate using conventional means), dependence on others, and fear of disclosure. They often lack knowledge of their rights and of existing services and supports (Women with Disabilities Australia 2010).

Jennings discusses the 'triple disadvantage of being a woman, having a disability and being a victim survivor of violence' (2003 p. 11). Indeed mothers who have a disability and are living in an abusive relationship may face particular challenges in leaving the relationship such as being unable to physically leave the house and being dependent upon their partner to meet their care needs (DVRCV 2009).

The threat of child protection involvement

Practitioners need to be alert to the threats that violent partners may have made that if women tell professionals, the child would be 'taken off them'. The fear and stigma of child protection becoming involved is present in most mothers experiencing partner violence but predictably is more heightened for women with a disability. Practitioners' sensitive, proactive engagement and support are critical.

Aboriginal families where an adult is violent

A foundational component of the CYFA is the best interests principles, which promote the need, in relation to an Aboriginal child, to protect and promote his or her Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community (s. 10). Sections 12–14 of the CYFA provide guidance on principles for engaging Aboriginal families. The *Best interests case practice model summary guide* lists and discusses these principles.

When working with Aboriginal children and families, advice should always be sought from Aboriginal cultural experts. **Child protection practitioners must consult the Aboriginal Child Specialist Advice and Support Service (ACSASS).**

Family violence is an issue of serious concern to Aboriginal families and communities in Victoria and throughout Australia. Indigenous family violence encompasses a range of acts that are criminal, such as physical and sexual assault, and non-criminal, such as emotional and spiritual abuse.

Community violence or violence between the Aboriginal communities (often between Aboriginal families), which may be referred to as lateral violence, is also an emerging concern for local areas in Victoria. This violence contributes to overall levels of violence reported by Aboriginal people and the trauma experienced within families and kinship networks (Department of Human Services 2012, p. 23).

Family violence includes inter-generational violence and abuse, and affects extended families and kinship networks. An individual can be both a perpetrator and victim of family violence. Consultations in the Victorian Aboriginal community reveal continuing high levels of:

- partner abuse
- elder abuse (physical, psychological and financial)
- youth abuse (assaults involving Aboriginal and non-Aboriginal young people)
- assaults between extended families as a consequence of drug and alcohol misuse
- Aboriginal people presenting at court on assault charges
- sexual abuse
- child abuse and neglect (Department for Victorian Communities 2003).

Individual, family and community problems associated with unresolved trauma in Aboriginal and Torres Strait Islander communities have also been associated with child abuse and neglect and include alcohol and drug abuse, family violence, pornography and overcrowded and inadequate housing (Berlyn and Bromfield 2010).

Aboriginal women are 45 times more likely to suffer family violence and 10 times more likely to die as a result than non-Aboriginal women.

(Domestic Violence Victoria 2006, p. 14).

In addition to higher rates of violence, Aboriginal families may be more fearful of seeking help and may be particularly distrusting of child protection services due to the legacies of the stolen generations.

From an Aboriginal perspective, the causes of family violence are located in the history and impacts of white settlement and structural violence of race relations since then such as:

- dispossession of land and traditional culture
- breakdown of community kinship systems and Indigenous law
- racism and vilification
- economic exclusion and entrenched poverty
- alcohol and other drug abuse
- the effects of institutionalisation and child removal policies
- inherited grief and trauma
- loss of traditional roles and status (Department for Victorian Communities 2003, p. 6).

The *Aboriginal cultural competence framework* is a joint publication between the Victorian Aboriginal Child Care Agency and the Department of Human Services. It is a key resource to guide all of your work with Aboriginal children in the integrated family violence system.

Also refer to the *Indigenous family violence 10-year plan: Strong culture, strong peoples, strong families: towards a safer future for Aboriginal families and communities* (Department of Planning and Community Development 2008).

Indigenous Family Violence Regional Action Groups and the Indigenous Family Violence Regional Coordinators are useful sources of advice and information when working with Aboriginal families. They are responsible for developing local solutions and community-based responses to Aboriginal family violence.

(Department of Human Services 2013).

Cultural competence

For Aboriginal children, their families and communities, cultural competence is a means through which they can be given due respect and honour in the context of a history of racism and cultural abuse. It enables the broader community to understand the resilience and appreciate the pride that Aboriginal people have in their culture. It also enables the broader community to celebrate and take pride in this the oldest continuing culture (VACCA 2008).

Cultural competence, sensitivity and respect are essential in any intervention with families. For Aboriginal families, culture and the maintenance of culture is central to the healthy development of children. Traditional Aboriginal culture is inherently inter-relational and inter-dependent; it is important to see child and family needs holistically and seek the family's definition of who should be involved in assessments, interventions or activities (Miller 2010).

CALD families where an adult is violent

There is limited research on the prevalence of family violence against women from CALD backgrounds (Morgan and Chadwick 2009). The available research does, however, highlight that cultural values and immigration status add to the complexity that would ordinarily expect to be found in a family violence case (Pease and Rees 2008).

> Always use an accredited interpreter for any interaction with someone who shows hesitation or difficulty in understanding and communicating in English, or who requests an interpreter. Always explain that an interpreter is bound by a code of conduct that includes confidentiality. Request an interstate telephone interpreter if a person remains concerned about confidentiality in their community.
>
> InTouch, the Multicultural Centre against Family Violence, is a statewide service that can help you to understand and take into account how a child's or parent's culture, context or migrant or refugee experience might be impacting on a child's safety, stability and development. InTouch has the capacity to provide secondary consultations and case management to address cultural complexities. Its staff can also provide counselling and information direct to women to complement the services of mainstream family violence services and universal services.
>
> (Department of Human Services 2013).

Women from CALD backgrounds are less likely than other groups of women to report family violence (Morgan and Chadwick 2009; Tually et al. 2008). Factors influencing these lower reporting levels are thought to include:

- the limited availability of appropriate translator/interpreter services and access to support services
- limited support networks and reluctance to confide in others
- isolation
- lack of awareness about the law
- continued abuse from the immediate family
- cultural and/or religious shame
- religious beliefs about divorce (Benevolent Society 2009; Morgan and Chadwick 2009; Pease and Rees 2007)
- fear of deportation (Office of Women's Policy Victoria 2002)
- differing definitions of family violence (Taylor and Mouzos 2006).

Women from newly arriving migrant communities are clearly grappling with a range of fundamental survival issues for themselves and their families. While settling in a new community inevitably involves difficulties and complications, if they have no access to information and few relationships outside the home, culturally and linguistically diverse women who face domestic violence are left with few or no choices for action.'

(Immigrant Women's Domestic Violence Service 2006, p. iv).

Refugee and migrant communities may have fled from war or oppression, may have spent considerable time in refugee camps and in transit and may have been exposed to considerable trauma and violence. Some parents may attempt to explain or minimise family violence as a cultural practice; however, all children, whatever their cultural background, have a right to live free from violence.

Key message

Consulting and seeking advice is critical. Developing solid partnerships with cultural experts with whom you can consult will allow you to develop a balanced, culturally competent assessment. InTouch, via The Lookout (www.thelookout.org.au) is a good place to start.

Assessing risk associated with violent behaviour

Attempts have been made to categorise violent behaviours in order to identify high-risk and low-risk perpetrators. While it is possible to identify behaviours associated with levels of risk, it is important to emphasise that risk is dynamic and it is not a stable process.

Risk factors can be static (that is, they are characteristics that do not change, such as the previous pattern and history) or dynamic (meaning they are subject to change or fluctuation). An escalation in the frequency and severity of risk factors needs vigilant review, and in some cases immediate action to increase safety.

While the best predictor of future violence is past behaviour, the severity or frequency of violence can escalate in the presence of other dynamic risk factors. Both static and dynamic risk factors need to be understood; intervention needs to ensure monitoring of changes in the dynamic risk factors and effective intervention.

Some changes may alleviate risk (such as a perpetrator successfully engaging in a behaviour change program) or can increase risk (such as a man's threats in response to his partner leaving the relationship).

Men who pose a particularly severe risk

Family and domestic violence perpetrators often share more similarities than differences, and it is not useful to categorise them. Attempts to divide perpetrators into particular typologies have not proven useful in terms of assessing or treating them (Jones et al. 2010; Vlais 2011).

However, there is a category of family and domestic violence perpetrators—approximately 10–20 per cent—who have particularly severe histories of using family and domestic violence that are somewhat distinct from the majority of perpetrators. These men might have significant criminal histories, and are the most difficult to change through treatment (Gondolf 2012).

These men pose a particularly severe risk and require enhanced supervision, containment and monitoring from the civil and criminal justice systems. While referral to a Men's Behaviour Change Program (MBCP) is still important for these men, the ability to change their behaviour might be limited.

Effective intervention: men's behaviour change

The safety of women and children is best achieved by ensuring:

- clear referral pathways are provided for men who use violent and controlling behaviour;
- intake processes are clear;
- men's behaviour change work is undertaken in a skilled and systemic way (Victorian Government 2009).

Men's behaviour change programs (MBCPs) have incorporated a focus on the effects of men's use of family violence for some time (No To Violence 2006). Indeed, research shows that for some perpetrators, being invited to consider the effects of their use of family violence on their children (Donovan and Vlais, 2005) or on how they perceive themselves to be as a father (Stanley, Fell, Miller, Thomson and Watson, 2009) can help motivate their help-seeking behaviour to address their violence. Child protection practitioners can work towards motivating men to participate in a MBCP through emphasising how these programs can help men be better fathers and have better relationships with their children.

The men's behaviour change peak body No To Violence (NTV) sets out minimum standards for running men's behaviour change programs, these can be accessed at <www.ntv.org.au>.

MBCPs are for men who are violent and controlling towards a current or previous partner and who show at least some readiness to work on their behaviour, even if they are mostly still minimising, denying, justifying and blaming others for their behaviour.

Participants talk, share information and challenge and support each other to be better men, partners and fathers. An important aspect of men's behaviour change programs that are provided by NTV members is that they are *accountable* and *responsive* to the needs of women and children (No To Violence 2012). The programs involve a number of components:

- assessment of men who self-refer, are referred by others or who are mandated to attend a program
- one or more men's behaviour change groups through which they engage in processes and practices that encourages them to take responsibility for their use of violent and controlling behaviour, and to change these behaviours
- in some situations, and when resources allow, additional individual work with some group participants
- work with partners and ex-partners to maximise their safety and to support their journeys of healing and empowerment (No To Violence 2012).

MBCPs have a positive effect in changing the behaviour of some perpetrators, but not others. However, their effectiveness is enhanced when they act in a coordinated way as part of a systems approach, in particular, when police, courts, corrections, child protection and family services act together to place restraints around the perpetrator's behaviour and to encourage him to see the benefits of change for himself and his family.

Caution:

Providing realistic expectations of outcomes in men's behaviour change work

Many women experiencing family and domestic violence express some, or considerable love for their partner, but want his behaviour to change. The combination of love, hope and expectations that he might change, and the barriers and risks involved in ending the relationship, are powerful motivators for many women to stay (Opitz 2012).

In this context, some women express considerable relief when their partner finally agrees to attend an MBCP or other intervention to address his use of violence. Given that many men who commence a program or individual violence-focused counselling do not make significant changes to their behaviour, it is important to discuss with women their expectations of him changing. Overly optimistic expectations can result in women relaxing their safety plan, or committing themselves to stay in the relationship rather than considering a broader range of options. However it may be also be an important step in men taking responsibility and the women receiving contact support. A balanced realistic approach is the key!

The Men's Referral Service (www.mrs.org.au) is able to provide information and support in identifying an appropriate behaviour change program, and take calls directly from men themselves, or from practitioners seeking advice on how to engage or refer a perpetrator. See the 'Resources' section at the end of this guide for further information.

Assessing the fathering of men who use violence

Men as fathers are important in children's lives. Research shows that in two-parent heterosexual couples, fathers' engagement – in the form of play, reading, outings or care-giving activities – positively affects the social, behavioural, psychological and cognitive outcomes of children (Sarkadi et al. 2008). Most children who are affected by family violence will continue to have contact with the perpetrator of the violence, at the time of assessment or in the future. Thinking about his capacity to keep the children safe, and even to help them heal, is an important task in family violence assessment.

Children can be an important motivating factor for some men to seek help to stop using violence. However, it is important that professionals are cautious about accepting men's claims about the nature of their relationships with the children in their lives. Many perpetrators go to great lengths to present themselves as 'good fathers' and this is often an important part of their identity; it is also a big part of why many women stay. Yet in reviewing relevant research, Hunt (2010) and Bancroft (2002) found men's construction of love and care for their children to be based largely on their own needs, not the children's, and that men often represented their child as their possession or 'investment'.

The research found that men who used violence:

- tended not to acknowledge its impact on children
- would often prioritise their right to contact over consideration of the child's potential trauma
- often had a romantic notion of their children's unconditional love for them
- although the men considered violence against children less acceptable than violence against their (ex)partner, *they were unaware that the latter also constitutes abuse towards their children.*

There exists a continuum of more or less harmful parenting practices among perpetrators of violence. Hunt (2010) and Bancroft (2002) found that violent men often see abuse, violence and force as sometimes acceptable features of good parenting. This is largely because they expect rigid compliance with their rules and expectations and focus on their own needs, with the needs of their children considered secondarily or not at all. They are also generally uninvolved in parenting, expecting mothers to take responsibility for day-to-day care.

Bancroft (2002) identified a number of characteristics often found in the parenting styles of men who use violence:

- *authoritarianism*: expecting to be obeyed; being intolerant of children's behaviour or needs; being unwilling to accept feedback or criticism from family members (these factors appear to contribute to increased risk of child abuse)
- *under-involvement, neglect and irresponsibility*: being less physically affectionate; leaving childcare and knowledge of the child to their mother; unrealistic expectations about children's behaviour; and inconsistent involvement and/or interest (lack of attention to the child is seen as a risk factor for child abuse)
- *undermining of the mother*: being contemptuous during arguments with her; insulting, degrading and ridiculing her; overruling her parenting decisions
- *self-centredness*: being unwilling to modify their lifestyle to accommodate children's needs; insensitivity to children's feelings and experiences; a lack of emotional boundaries with the child; theatrical displays of his own distress; taking credit for the children's successes and blaming 'failures' on the mother
- *manipulation*: creating confusion in children about who is responsible for the violence
- *being able to perform under observation*: behaving in a gentle, caring and attentive manner in public and during supervised access.

Assessment of men's parenting capacity requires considerable care and must be significantly informed by their (ex)partners and children. Parenting capacity cannot be assessed independent of an assessment of the violence and other risk factors.

Contact between fathers and children after violence

Assessing men's parenting cannot be done separately from an assessment of their past and current violence, the current risk factors and a risk assessment of the mother/carer. An assessment of parenting contact should **never** be made without considering the woman's views and concerns. The focus must be on the best interests of the children. There should be no assumption about whether contact is automatically indicated or not indicated. As previously noted it is important to use **multiple** sources of information when deciding risk.

An assessment of a man's fathering and plans to promote appropriate fathering should be a part of all cases. Planning and intervention with men who use violence need to be based on:

- an assessment of their violent behaviour
- their willingness and ability to change
- the implications for their parenting immediately and in the longer term.

Bancroft and Silverman (2002, cited in Judicial Council of California 2003) highlighted the risks associated with ongoing contact between a child and a violent father as including the risk of:

- undermining the mother's parenting and the mother–child relationship
- ongoing exposure to the father's authoritarian or neglectful parenting
- exposure to new threats or violence, psychological maltreatment or direct victimisation by the violent parent
- learning beliefs and attitudes that support violence
- being abducted or otherwise used as a tool of the perpetrator
- exposure to violence in the perpetrator's subsequent relationship(s).

Filicide as an extension of family violence

Recent research, focusing on retrospective case analyses of homicides that occurred in the context of family violence, highlighted the following key messages for practitioners:

- Paternal filicide is a rare event that is often hard to predict and prevent.
- Warning signs may be overlooked by some professionals and agencies that do not foresee the direct harm to children.
- Child homicides in the context of domestic violence are often motivated by revenge against the mother for leaving the abusive relationship.
- There is a need for close coordination amongst family and criminal court professionals to ensure that the safety plan for a parent in these circumstances extends to the children as well.

(Jaffe et al 2014, p. 142)

More recently, a further risk associated with contact is being recognised – the risk of a child being killed by a parent, or 'filicide'. Although a relatively rare event, approximately 25 children in Australia are killed by a parent each year (Tyson and Brown 2009). International research suggests that risk factors for child protection involvement, such as family violence and mental health problems, are also present in situations of filicide (Frederico et al. 2014). One UK study found seven per cent of children killed by carers or parents were on current child protection orders and 57 per cent were known to social services (Channel 4, 2009).

Studies identify five typologies of filicide including 'mercy killing or altruism, having an unwanted child (including neonaticide), accidental filicide, retaliation or revenge against a spouse and mental illness. Incidents that also involve the perpetrator's death (filicide-suicide) are very rare and are more often motivated by altruism' (The University of Manchester, 2009, p. 6).

Younger children are most at risk, with 90 per cent of victims under 10 years of age and 75 per cent under five years. Mothers are responsible for approximately 48 per cent of filicides and fathers/stepfathers for 52 per cent (University of Manchester 2009); however, the literature recognises that there are significant gender differences in motivations of mothers and fathers and the circumstances in which they kill their child(ren).

An analysis of the cases of 12 Australian children killed by parents, six of whom were in Victoria, found a strong pattern of previous family violence with fathers frequently perpetrators and mothers frequently victims (DVRCV 2012).

Just as separation in the context of intimate partner violence can increase the risk of a woman being killed, so-called 'separation filicide' indicates that the period before, during and after separation may also be a time of increased risk for some children (Brown and Tyson 2011; DVRCV 2012). This can be related to undiagnosed depression in a parent but may also be a 'retaliatory' or 'revenge' filicide, where a child is killed in response to a separation to punish a parent (DVRCV 2012; Tyson and Brown 2009; University of Manchester 2009). Cases of retaliatory filicide are almost always perpetrated by males (DVRCV 2012; University of Manchester 2009).

Tyson and Brown (2009) suggested symptoms of depression in men are often minimised as a normal response to separation and therefore can be left undiagnosed and untreated. DVRCV (2012) also observed symptoms of emotional distress in men but suggested this was consistent with patterns of control inherent in family violence, and based on a sense of entitlement that was threatened by the separation.

The DVRCV (2012) report identified the presence of three themes common to cases of separation filicide by men. Fathers are more likely to:

- have a history of controlling and violent behaviour towards their partner
- be angry at the partner and desire revenge
- intend to harm the mother by killing the children.

This is different from cases of maternal filicide where, the report argues, there is no evidence of previous violence by the woman:

> The gendered pattern of retaliatory filicides are similar to those found in intimate partner homicide: they are predominantly perpetrated by men seeking to hurt their intimate partners. Both these kinds of killings occur when the female partner attempts to leave the relationship.
>
> (DVRCV 2012, p. 80)

The report concluded that the intentional killing of children in the context of separation is different from other forms of filicide and may be an extension of violence against women that is perpetrated by some ex-partners (p. 10).

The high rates of family violence in the child protection population and the presence of other violence risk factors such as substance abuse and mental health problems all suggest that child protection and family services need to consider the risks of retaliatory filicide in assessment and safety planning (Dwyer 2013).

One of the difficulties posed for child protection is that in these cases there is usually no prior violence towards the children, and the women themselves may not believe the child is at direct risk with his/her father. Indeed, the analysis of cases by DVRCV (2012) suggested that a lack of direct violence towards the child may be one of the reasons that courts and/or mothers allow fathers unsupervised access to children. In many cases of filicide there were indicators of risk that were not understood or were overlooked; these have included:

- not identifying the seriousness of stalking behaviours
- escalation in the man's fears of losing the woman or child
- increased illicit substance use
- undiagnosed mental health problems
- evidence of obsessive jealousy many months after separation
- contact visits that had inadequate safety planning.

In the light of the emerging evidence about filicide, child protection practice in relation to family violence needs to consider the multiple risks to children including:

- living with violence
- being intentionally or unintentionally injured during incidents of violence towards the mother
- the increased risk of sexual abuse or physical abuse
- the risk of intentional child killing even where the child may not previously have been a direct victim of the violence.

Men with a history of intimate partner violence need to be carefully assessed during and after separation in relation to the risk of filicide, even when there has been no previous violence towards the child. Where there have been threats to kill and there is stalking and breaches of intervention orders or Family Court orders, contact with the child should be stopped and urgent safety plans enacted.

A thorough assessment of the history and pattern of the violence needs to be undertaken, rather than relying on separation as a safety mechanism in itself. Consultation with Victoria Police and other professionals and extended family members is vital. Case conferences and careful assessment of the current risks, pattern and history are essential to understanding the current risk of violence.

A mother acting protectively by seeking a civil order or pursing criminal charges will not necessarily be in a position to provide adequate protection to the children. In these most serious cases, child protection may need to stay involved. Child protection and family support practitioners can provide very important assistance to the court. Women in these circumstances should not be expected to manage on their own or attend court without professional assistance.

Couples counselling?

Violence is not caused by relationship problems and there are many reasons why careful consideration needs to be given to the counselling of a couple together.

Be aware of the potential dangers

(Adapted from No to Violence and Red Tree Consulting, 2013, p 52)

Couple counselling, mediation and family therapy are potentially dangerous in the context of family and domestic violence, as they can increase the risk of further violence. A woman who participates in couples counselling might feel intimidated about speaking or might censor what she says to protect herself. This can reinforce her sense of powerlessness and the sense of secrecy about the violence she is experiencing.

Couple counselling can further enhance the perpetrator's power, especially if he has coerced his partner into participating or is allowed to dominate the agenda and discussion of the session. The perpetrator can use the couple's counselling or mediation session to make demands of his partner or use subtle threatening signals, coercing her compliance due to the fear of retaliation. Her reasons for not complying, based on the need to protect herself and her children, can therefore remain invisible in the couples counselling or family therapy context. This can enable the perpetrator to successfully draw the therapist into colluding with his view (Mederos 2004).

NTV's standard relating to couple counselling states: 'Program providers only provide couple therapy or relationship counselling if the woman is:

- willing to participate
- does not feel threatened in the counselling situation
- feels safe at home.'

They never provide couple therapy or relationship counselling when the man is still using physical violence or significant levels of controlling behaviour.

Inappropriate use of couple counselling might compromise women's and children's safety, in that:

- it has the potential to revictimise a woman both physically and psychologically
- the woman might feel intimidated or otherwise unable to voice her feelings, thoughts or experiences
- the woman might judge that she needs to censor herself in sessions to protect her safety and that consequentially the man may speak more freely than her, thereby exacerbating his domination of the agenda and the issues under discussion and generally reinforcing the skewed power relationship between them
- that the containment and feeling of safety of the counselling will lead the partner to say more about 'risky' subjects than she would normally and that this may lead to increased danger for her outside of sessions

- the man might retaliate against a woman for something she said in the course of couple counselling
- the woman might experience the session as abusive, particularly if the counsellor allows the man to dominate the agenda and the discussion in the session
- couples counselling itself becomes a coercive issue and the woman is pressured to take part in return for the client having attended a violence prevention program
- it might introduce or strengthen a narrative that the man's behaviour is due to a relationship problem, and/or that responsibility for the violence is somehow shared by the woman
- the process might reproduce or accentuate power differentials between the man and the woman in other ways.

Couples counselling may be indicated in the following situations (it is important to consultant with a specialist family violence service regarding whether it is safe and appropriate to encourage engagement in couple counselling):

- following the cessation of violence within a relationship, to address other relationship problems
- where a couple has children, to resolve issues concerning co-parenting
- in order to continue to explore the subtle dynamics of abuse and to highlight alternative non-controlling behaviours
- where it would be useful to have a third person to 'bear witness' to the partner speaking about what she has experienced, increasing her partner's accountability
- where additional safety is sought to broach 'risky' subjects such as separation
- to allow the partner's own self-blame, attitudes and behaviours, which may have protected the abuser, to emerge and be deconstructed and changed
- where the skilful use of authority by the couples' counsellor can assist in further underpinning the message that the use of violence and abuse is not acceptable and alternative ways of managing conflict and differences within relationships can be learnt.

(Adapted from Respect/Relate 2008)

Individual counselling that does not focus on the violence
(No to Violence and Red Tree Consulting, 2013, p. 53)

Individual counselling that does not focus on the violence risks strengthening perpetrators' violence-supporting beliefs. If counselors are not aware of perpetrator dynamics and the impact of violence on the family they can minimize the client's risk and not focus directly on behaviour change.

Many counsellors, unless specifically trained in working with perpetrators, can also tend to collude with the man's violence-supporting narratives, given how persuasive and believable men can be when they talk about their behaviour and their partner. A specific skill set is required to identify men's invitations to collude, and their underlying violence-supporting narratives.

The counsellor's choice of what to work on is also critical. Those untrained and inexperienced in working with men who perpetrate family and domestic violence can tend to prioritise issues such as the man's self-esteem, family-of-origin experiences or other approaches that focus on healing and addressing psychological issues. These approaches can be problematic in an individual counselling context as they communicate that his use of violence is not the most important issue to work on. They also don't involve working with the man on strategies to address his use of violence during the time (months or years) that it takes for these psychological issues to be addressed or healed.

Another fundamental risk with individual counselling is the lack of partner contact associated with this approach. The preferred approach—men's behaviour change programs—offers contact and support to (ex)partners to enable risk assessment, safety planning and risk management. MBCPs are also preferred because men's self-reports of their behaviour are generally unreliable, even after they have begun a process of behaviour change.

Individual counselling that does focus on the violence—termed individual violence-focused counselling in this guide—can be a suitable referral option in those situations where an MBCP is not available.

Allegations of family violence in family law disputes: messages from the research

Allegations about violence and risk to children frequently arise in the context of family law action. In many cases this is the first time allegations of violence are made. Moloney et al. (2007) reviewed the international and Australian research literature relating to allegations of violence and sexual abuse in the context of family law. They found that:

- In custody disputes allegations of family violence occur more frequently than allegations of child abuse (83 per cent compared with 22 per cent).
- However, allegations of both child abuse and other violence do occur; in fact allegations of child abuse are more common when other violence is alleged.
- Fathers are more likely to allege neglect or psychological problems on the part of the mother (Moloney et al. 2007, pp. 17–33).

Families that get stuck in high levels of conflict during divorce and separation and that are unable to reach satisfactory agreements are also more likely to have a range of factors associated with risk to children. These include 'multiple indicators of domestic violence, child neglect, molestation and abuse, parental substance abuse, mental health problems and child abduction' (Johnson et al. 2005, in Moloney et al. 2007, p. 32).

In assessing cases where family law conflict has been present practitioners need to be aware of the potential for heightened risk:

- Do not assume allegations of violence that occur in the context of high-conflict family law matters are probably false. In contrast it appears that there may be an *increased* likelihood of complex and multifaceted risk factors in these families.
- The common accusation that women are more likely to fabricate allegations of sexual abuse in family law disputes is simply wrong and *unsupported* by the research (Moloney et al. 2007).

- Proof of allegations is difficult to attain due to the absence of supporting evidentiary material. Cases where there is no finding about the truth of the allegations pose particular dilemmas for all family members, courts and child protection. However, lack of substantiation in that context does not mean the allegations are false.
- A Family Law Court cannot make informed decisions or formulate sophisticated and tailored responses if it lacks relevant detail about violent incidents. Ensuring that detailed information and evidence is made available to the court in these matters is an important role for all involved, including chid protection, family services and other agencies interacting with the child and family.

Family law legislation amendments

On 7 June 2012 amendments to the *Family Law Act 1975* (Cwlth) came into effect and have particular relevance to cases involving family violence. Some of the key changes to the Family Law Act are to:

- broaden the definition of 'family violence' to include socially and financially controlling behaviour and exposing a child to family violence
- broaden the definition of 'abuse' to include serious neglect and causing a child serious psychological harm, including a child being subjected to or exposed to family violence
- require greater weight to be given to the 'need to protect the child from physical or psychological harm, from being subjected to, or exposed to, abuse, neglect or family violence' (Section 60CC(2)(b)) *over* the benefit of the child having a meaningful relationship with both parents.

When allegations of child abuse, or risk of child abuse, or allegations of family violence, or risk of family violence, are made to the Family Court or the Federal Circuit Court, parties must file a *Notice of child abuse, family violence or risk of family violence* (commonly referred to as 'Form 4'). In addition, where such notice alleges child abuse or risk of child abuse, the prescribed welfare authority (Department of Human Services in Victoria) must be notified.

See appendix 1 in this document which has a full guide to the family law interface.

Family violence intervention orders

Intervention orders are civil orders that are made in the Magistrate's Court. The aggrieved family member is the applicant and the alleged perpetrator is the defendant or respondent. Children can be named on orders as other aggrieved family members and police generally initiate proceedings on behalf of the applicants.

Intervention orders are an important part of an integrated strategy to help protect women and children at risk of violence. However, they can only be effective when the conditions are appropriate and enforced and breaches are reported and acted upon.

The following are examples of conditions listed on the application form for an intervention order and include stopping the respondent from (adapted from Victoria Legal Aid 2014):

- committing family violence against the protected person
- damaging the protected person's property or threatening to do so
- following the protected person or keeping them under surveillance
- publishing on the internet or by email or other electronic communication any material r elating to the protected person or pretending it comes from the protected person
- approaching or remaining within a certain distance of the protected person
- going near the protected person's home or work
- causing another person to behave in a way that is covered by the order.

The applicant can also ask the magistrate to order the respondent to:

- return the personal property of the protected person or a family member
- return jointly owned property that allows the protected person's everyday life to continue with little disruption
- hand in any firearms or weapons to police
- suspend or cancel any firearms authority, weapons approval or weapons exemption.

It is important to note that an applicant can ask the magistrate to change (vary) or suspend a parenting order that was made previously in the Family Court.

Generally speaking, where a parenting order under the Family Law Act is inconsistent with a family violence order, the family violence order becomes invalid (s. 68Q of the Family Law Act).

However, in cases in which a parent seeks to make an interim family violence order whilst a parenting order is in place, a magistrate's court can revive, vary or suspend a parenting order for a period of 21 days. At the end of the period of 21 days or the interim order ceasing, the parenting order in existence will have effect. It is important that practitioners provide information and support to the parent in seeing to vary the parenting order to reflect consistency with the interim intervention order (refer to section 68T of the Family Law Act).

Practical support such as transport, child care and emergency financial assistance are important when you are supporting women to go back to the family court to vary the parenting order. Your emotional support and physical presence is very important as women negotiate the often confusing court experience. Keep in mind that court action of itself can increase dangers and some perpetrators will escalate at this point. **If you are concerned about the risk factors, notify the registrar of the court to advise them of the risk and specific circumstances.**

The applicant can choose as many conditions as they like from the list. The applicant can also talk to the court registrar if they want to:

- include any other conditions that will make them feel safe
- apply the conditions to an associate of the respondent.

If the court decides to make an intervention order, the court must consider whether to include an exclusion condition. There are extra circumstances for the court to consider if the respondent to such an exclusion condition is a child. The Department of Human Services may be asked to provide a report to assist the court if it is considering an order excluding children.

Children's needs may be quite different from those of their parent. Therefore, Victoria Police will assess the best interests of children independently of those of a parent seeking an intervention order.

When a child has been physically or sexually abused by a family member, child protection will be responsible for making an application for a protection order under the CYFA if this is required. This application will form part of the overall case management of the child and the family.

Victoria Police may consider the need to apply for an intervention order on behalf of the child and this decision should be made in consultation with child protection.

In family violence cases, where the non-offending parent is acting protectively, child protection may not consider it necessary to apply for a protection order under the CYFA. However, in these cases, Victoria Police should still conduct a risk assessment and consider applying for an intervention order on behalf of the children if the children are unable to be included on the parent's application and there are concerns for their safety and welfare.

It is important to remember that an intervention order is not a safety mechanism in its own right and that safety concerns need to be continually evaluated and responsively addressed.

Verifying and clarifying court orders - Tasks for the child protection practitioner

In the first instance, child protection practitioners should ask parents if there are any existing or past court orders that may have implications for the child. If the parents state that there are existing orders, the practitioner must ask to see these orders and, if possible, obtain a copy for the child's file. They should be scanned onto CRIS and listed as an ALERT.

- If the parents are unable or unwilling to provide a copy of the alleged order, child protection practitioners must endeavour to verify the existence and content of the order by making enquiries of the relevant court or other authority.
- In the case of a Family Court order, it is appropriate for the practitioner to contact the Family Court registry to seek confirmation that the order has been made, and clarify the dates and terms of the orders and any outstanding matters.
- In the case of an intervention order, the registry of the court that made the order should be contacted to clarify the terms of the order and verify its currency and date of expiration.
- In the case of a bail order or conditions, the practitioner must contact the police informant to clarify details of the order or conditions.
- In the case of a parole order or conditions, the practitioner should contact the parole officer to clarify details of the order or conditions.

Investigating and enforcing breaches of an intervention order

Contravening an intervention order is a criminal offence and needs to be reported to police. It demonstrates the person is not willing to abide by the orders of a court and is a serious indicator of increased risk of future violence.

Multiple and persistent breaches, even those that may at first appear 'low level' such as text messages, may be indicators of increasing risk. Case-based analysis suggests that perpetrators who continue to ruminate and be obsessed in their thinking with their partner may demonstrate this through numerous text messages and other forms of attempted contact. This is consistent with the evidence that stalking behaviour and obsessive thinking are highly related behaviours; stalkers are more likely to be violent if they have had an intimate relationship with the victim; and stalking, when coupled with physical assault, is strongly connected to murder or attempted murder.

For police and services to build up an accurate risk assessment, they need to know the volume and nature of breaches. Women who have been subject to ongoing violence and have become adept at trying to 'keep the peace' may fear escalating the violence if they report these low level breaches. Or they may minimise them because they do not perceive them as being as bad as the physical violence they have suffered. They need to be supported to understand these are risk indicators that are relevant to ensuring they and their children are afforded the full protection of the intervention order.

Breaches of intervention orders can result in the arrest and incarceration of offenders and ongoing documentation of all 'minor' threats and breaches is of critical import to successful criminal investigations and court action.

Family law and child protection – an overview

Allegations about safety, abuse and neglect can be raised in the context of disputes between separated parents about the care of their children. Reports of alleged child abuse when Family Court or Federal Circuit Court proceedings are underway are made under different sections of the Family Law Act according to who is making the report. See appendix one for a summary.

Violence and children with a disability

A review on the prevalence and risk of violence against children with disabilities found that, overall, children with disabilities are almost four times more likely to experience violence than non-disabled children (Hughes et al. 2012).

Children with disabilities are 3.7 times more likely than non-disabled children to be victims of any sort of violence, 3.6 times more likely to be victims of physical violence, and 2.9 times more likely to be victims of sexual violence (Hughes et al. 2012). Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers (Hughes et al. 2012).

When working with families, practitioners need to keep in mind the particular vulnerabilities faced by children living with a disability. It is critical that appropriate consultations occur with colleagues in the disability field and that children and their families have timely access to required supports.

Practice tool

Working with families where an adult is violent

The second half of this specialist practice resource is a focus on practice skills and strategies. The practice tool section provides guidance to your work when gathering information, analysing, planning and intervening with families where an adult is violent.

The opportunity to intervene and stop violence occurs from the very first contact. Your ability to understand the level of risk will be enhanced by engaging all family members. However, from the beginning you need to be mindful that assessing risk from interviews alone is not likely to be reliable. We need to utilise multiple sources of information, which need to be carefully correlated, in addition to clinical judgement.

Information gathering is ongoing throughout the life of them case and includes the information obtained from existing case files, police, professionals involved with the family and, most importantly, from children and families themselves, including the perpetrator and the non-offending parent. While specific tips are provided here in regard to information gathering, also refer to the best interests case practice model summary guide for further guidance on gathering information.

Information gathering

Effective risk assessment is dependent on the quality of the information gathered. In cases of family violence or suspected family violence there is specific information required to ensure risk can be assessed and action taken to ensure safety. This part of the guide will explore what information is needed, from what sources, and how to gather it most effectively and safely.

A complementary resource has been developed for family violence services that has incorporated the best interests case practice model: Assessing children and young people experiencing family violence – a practice guide for family violence practitioners is available at <www.dhs.vic.gov.au>.

What information is needed?

You need to gather enough information to understand the following.

The perpetrator (usually the father) and:

- his violent behaviour
- his level of dangerousness – presence of other risk factors
- his motivation to engage in non-violent behaviour
- his relationship with the non-offending parent
- the impact of the violence on his parenting capacity
- his relationship with the extended family
- the services involved and the outcome of previous interventions.

The child and:

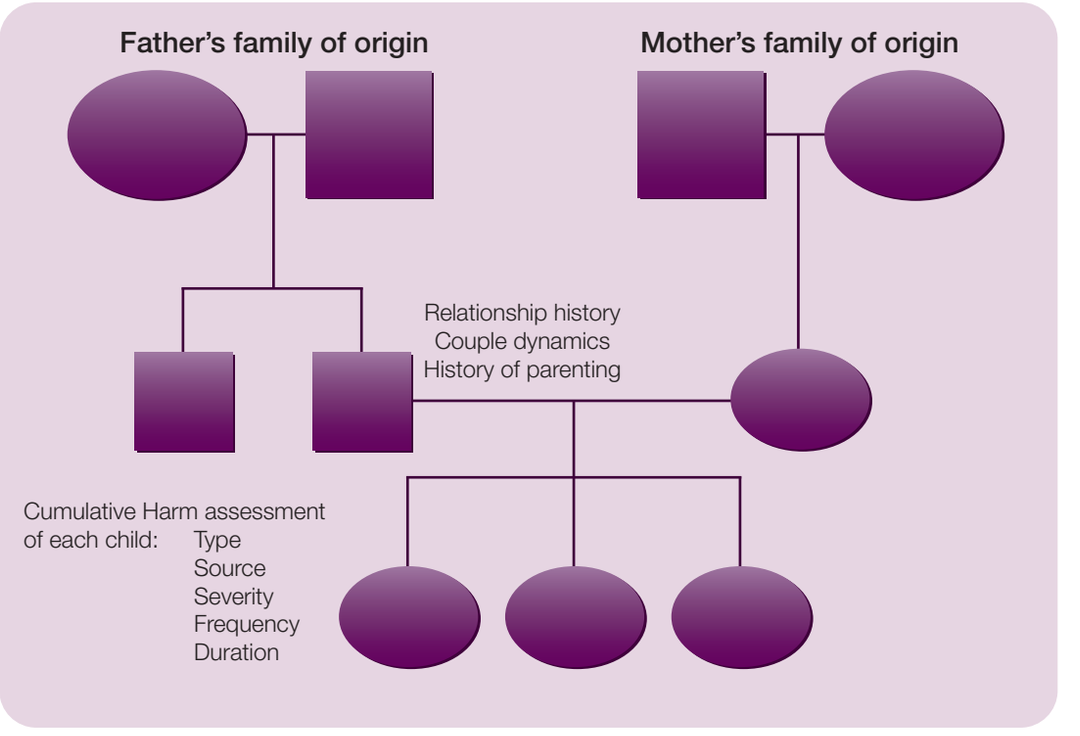
- their immediate safety
- the impact of the violence on their development – social, emotional, psychological and physical
- the impact of the violence on the mother–child relationship
- their relationship with their father.

The non-violent parent (usually the mother) and:

- their immediate wellbeing and safety
- the impact of the violence on her wellbeing
- the impact of the violence on her parenting
- the history of the relationship with the perpetrator
- her level of isolation or support
- the presence of other risk factors.

Unpacking family dynamics in relation to family violence

A genogram can help you to think systemically and to gather the information about the family and relationships history.



Family of origin parents (maternal and paternal grandparents)

How did the mother and father experience being parented themselves?
Were they affected by family violence growing up? Other abuse/trauma history?
What were their family of origin beliefs about women's and men's roles?

Couple dynamic and history of relationships

How does each partner describe their relationship? What is the pattern of violence?
Does this fit with what you observe or what others report?
Talk to each parent about any previous couple relationships – were they characterised by family violence or other trauma?

History of parenting

What is each parent's history of parenting?
Who and where are the other siblings?
Are there court orders in place?

Assessment of each child

How does each child experience being part of this family?
How do they understand the violence?
Do they feel safe?

Multiple sources

An accurate assessment of violence requires information from multiple sources. This ensures an accurate and in-depth understanding as well as protecting family members from being the only source of information. Sources should include:

- family members, especially the woman and children (children should be interviewed separately)
- engagement with and observations of the offender/perpetrator
- police records of a criminal history or attendance at incidents of violence
- court records regarding intervention orders or Family Court orders
- CRIS – previous child protection reports – it is essential to know the previous family history and the experience of other siblings in order to assess the parenting capacity and current risk
- Women's Family Violence Services database – perpetrators may be known by women's services because of their previous partners who sought help (linking this data is critical to an informed assessment of the perpetrators' pattern and history and likelihood of future harm)
- services involved with family members
- extended family
- details of previous attendance at behaviour change programs.

Specific details of the violence are essential in making an accurate assessment. These include:

- pattern
- severity
- exact circumstances
- frequency
- duration
- legal outcome
- impacts on affected family members
- changes associated with factors that may exacerbate risk.

When checking CRIS child protection practitioners should review prior departmental involvement regarding the family. This will assist in providing context (cumulative harm, family history). The file review should include all known family members including parents, siblings and other victims.

Make sure you use all relevant surnames and alternative spelling and that you check the siblings' file.

This page from the Family violence risk assessment and risk management framework can be photocopied and completed to guide your gathering of information

Preliminary assessment

Aide memoire

Note: these risk factors should be explored through the course of a conversation rather than in checklist fashion.

* May Indicate an Increased risk of the victim being killed or almost killed.

	Presence of factor		
Risk factors for victims	**Yes**	**No**	**Comments**
Pregnancy or new birth*			
Depression or mental health issue			
Drug and/or alcohol misuse/abuse			
Verbalised or suicidal ideas, or tried to commit suicide			
Isolation			
Risk factors for perpetrators			
Use of a weapon in the most recent event*			
Access to weapons*			
History of harming or threatening to harm the victim			
Attempts to choke the victim*			
Threats to kill the victim*			
History of harming or threatening to harm or kill the children			
harm or kill children*			
History of harming or threatening to harm or kill other family members			
History of harming or threatening to harm or kill pets or other animals*			
Threatened or tried to commit suicide*			
Stalking of victim*			
Sexual assault of the victim			
Previous or current breach of an intervention order			
Drug and/or alcohol misuse/abuse*			
Obsession/jealous behaviour towards the victim*			
Controlling behaviours*			
Unemployed*			
Depression or mental health issue			
History of violent behaviour (not family violence)			
Relationship factors			
Recent separation*			
Escalation – increase in severity and/or frequency of violence*			
Financial difficulties			

Initial contact

Initial contact regarding a child who has experienced, or is at risk of being exposed to, family violence may be made by the non-offending parent, police, a teacher, a family member outside the home or perhaps even the child themselves. In all cases this is the first opportunity to establish a helpful relationship.

- It is important to assure the caller that they were right to make the call to express their concerns.
- Clarify if they and the victim(s) are currently safe and will remain so until a course of action is decided on.
- Reassure the caller that the focus of any intervention will be on the immediate and ongoing safety of the child(ren) and the non-offending parent and the provision of practical support, legal advice and therapeutic assistance as required.

It is usually helpful to have a conversation about any previous experience of child protection or family services involvement. This can help to clear the air and to establish a working partnership. People need to be listened to so we understand their experience of the system; it also gives an opportunity to clarify your role, their expectations, and the bottom lines regarding safety and wellbeing.

Important note: Should you determine that conditions are unsafe, action must be taken immediately to create safety for a child or children. Contact police immediately. The caller may need support to leave the home with the child(ren).

Threats to kill

In all cases where a threat has been made against the life of a child or young person, parent or carer, whether the threat is included in a report to child protection services, or identified during the course of child protection involvement, a team manager should be consulted immediately.

- The team manager must determine if there is a need to report the threat to the police following consideration of the context and overall circumstances and the assessed significance of the threat to harm the child, parent or carer.
- A rationale must be recorded in CRIS if a decision is made not to report it to police. Where a report is made to police, the outcome is recorded in CRIS.
- An alert should be placed in CRIS if the alleged threat is substantiated and the person making the threat is known.
- The decision to close a case following a death threat may only be made by a team manager or above and recorded by them in CRIS accompanied by a rationale for the decision.

Child protection practitioners should refer to practice advice #1047 for further detail.

Perpetrator **RED** flags

A protective mother and separation from the perpetrator does not necessarily equal safety. Be alert to both the history and any escalation in the dynamic risk factors:

Where the reporter makes allegations of current criminal offences:

1) Contact police as per *Protecting children: Protocol between Department of Human Services – Child Protection and Victoria Police*.
2) Conduct a criminal records check of the perpetrator to confirm the nature of the convictions.
3) Contact Police to determine if any family violence call outs have occurred for this family that may not have eventuated in formal charges.
4) If the offender has been previously incarcerated, access the sentencing remarks from the trial judge. The Office of Professional Practice can assist with this if needed.
5) Access as much information as you can from the Family Law Court Registry. Family consultant's reports can hold very detailed and useful information.

The Office of Professional Practice has a senior practice adviser placed in the Family Law Court to assist child protection practitioners to obtain and provide information.

How to gather information: engaging family members

The way in which you gather information can impact on the quality of the information available. In almost all cases you need to engage the person you are seeking information from. That is true of other services but particularly so with the perpetrator, the woman and children.

Noticing content and process

In conducting interviews as part of the information gathering, be mindful that you need to focus on both **content** and **process**. Content refers to what is being said and observed. The process of the interview refers to the more intangible elements – the mood of the conversation, the way information is conveyed or avoided, non-verbal cues, the way the person provides information, the feelings you notice in yourself and others.

It is important to remember that the information you gain from initial interviews may be incomplete or even inaccurate. Perpetrators will have many reasons to minimise the violence and the women and children may also not be able to give full disclosures. This may not necessarily be related to the person's desire to mislead you but can be a function of trauma, fear or shame.

When people are fearful and traumatised they may avoid conversations that elicit details of the violence and trigger their own fears. It is not uncommon for people to focus only on the latest episode since it will constitute the most recent threat. If they are in a fear response they may not be able to think clearly or remember what has happened in the past.

When child protection is involved women may minimise the violence for fear that they will lose their children. For these reasons you need to focus on engaging women and children and reassuring them you are there to support them. With all family members information gathering will be enhanced by building rapport. How you do this will be different with each family member.

Establishing safety

The first thing you need to do in an interview with any member of the family is to establish as much safety as you can. This means immediate physical safety – ensuring no one can be harmed – but also psychological safety through your tone, by being transparent and non-judgemental, and by staying tuned into the body language and stress levels of the person before you.

It is important to be prepared before you begin the interview. In particular remember that past behaviour is the best predictor of violence. Therefore ensure you are aware of the details of previous violence and the outcomes of intervention. As soon as possible a chronology of past offending should be developed from all available Victoria Police, child protection and corrections files. This will also help you determine if the information you are getting seems reliable.

Finally, you need to be mindful that violence itself is part of a dynamic; the effects of violence, the build-up and the aftermath will be part of a dynamic that will dominate family life well beyond the immediate violent incident. When you are interviewing family members and others you need to be observing clues to the dynamic as well as the current incident.

Family and social environment

All behaviour takes place in a context. Some environments can challenge violence; others may support or enable it. Remember violence is often denied or minimised by offenders. Other professionals and extended family members may have been blind to indicators of violence or minimised the significance of known violence. As you gather information be mindful of the elements of the family and social environment that may be protective or add to risk. For example, new partners may be unaware of previous violence or 'conned' by his denial, minimisations or blame of victims:

- Who knows about the violence?
- What attitudes do others have – partner, other family, peers, neighbours, church or other significant group?

At times you will interview the perpetrator, a non-offending parent and/or the child(ren) within their own homes. When this occurs, observations should include the general state of the home, evidence of alcohol or drug use and non-verbal cues.

Who to interview first?

Determine in what order to interview the non-offending parent, the child(ren) and the perpetrator. If the offender and his family are in the house together, and there is no option to speak to the non-offending parent at a different time or location to the perpetrator, (it is often useful to engage the alleged perpetrator first and give him ample opportunity to speak) care should be taken to separate out family members so that the non-offending parent and the children are not interviewed in front of the perpetrator. If you assess it will place the partner and children in danger by interviewing them at that time, divert attention and take a break, seek consultation and engage them in a different location. Their safety is the priority. **If you ask questions of children and parties in front of offenders, this can place them at more risk when you leave, as the perpetrators might retaliate against family members for speaking up about the violence.**

If you have the opportunity to approach the family members at separate times and separate locations (eg to talk to the mother while the perpetrator is somewhere else) it is best to talk with the non-offending parent first, as this can provide important information to support the interview with the perpetrator.

Gather as much information about the children's context directly from the children, their mother and collateral sources such as the police before you interview the perpetrator. This will help you to know the best circumstances in which to interview him, the degree to which the interview process might increase risk to the children and family members, how likely he might be to retaliate against them for their disclosures, and whether interviewing him might present any safety risks to you.

The non-offending parent and any children should always be interviewed separately to the perpetrator in the initial assessment phase. Where both parents have been violent, seek to interview the children separately so you can gain their experience and understanding of the dynamics between the adults in the home.

Taking a perpetrator's word without checking the evidence
(No to Violence and Red Tree Consulting, 2013)

The combined effects of entitlement-thinking, denial and other violence-supporting narratives mean that you cannot rely on a perpetrator's account to determine the level of risk he poses to his children and (ex)partner. Perpetrators' self-reports commonly understate the amount of violence being experienced by their family members, and women often describe more frequent and severe levels of all forms of abuse than their (ex)partner admits to (Day et al. 2009). Perpetrators of violence also typically focus on physical behaviours and overlook a range of more subtle psychological or controlling forms of violence.

Interviewing the perpetrator

Many workers fear they will make it worse by talking to the perpetrator. However, with careful planning and preparation it is unlikely to increase risk if a few important principles are followed. Child protection and family services workers are often involved in engaging men in thinking about their behaviour and its impact on others, which is the first step in genuine change.

More often than not, perpetrators are able to be engaged in change and may be relieved that someone is finally talking to them and willing to help them.

Tips for interviewing perpetrators

Talking to a perpetrator can be done safely if you are mindful of the basic principles:

- Prepare before the interview – know the history and plan the engagement strategy.
- If possible, interview those affected by the violence first. However, if you become aware that this may escalate the situation, address the perpetrator first. This is particularly important if you are home visiting and indicators of family violence become apparent in unexpected ways.
- Interview him alone – not with those affected by his violence.
- Have realistic and clear expectations.
- Assess safety risks to the practitioner, partner, family and others.
- Structure the interview.
- Stay within the parameters of your role – you may be instrumental in encouraging the man's participation in and completion of a men's behaviour change program (MBCP)and shifting his thinking from pre-contemplative to being more motivated to change – but your role won't be to directly change his behaviour, as this usually requires the involvement of a specialist MBCP.
- Do not disclose to him anything other family members have told you, as this could place them at risk of retaliation.
- Minimise escalation and maximise engagement.
- Focus on engaging in a respectful manner – separate the man from his behaviour while keeping the conversation on the man's responsibility for his use of violence.
- Build and maintain rapport while minimising collusion.
- Do not lock horns or get into arguments.
- Align with a common desire to explore what's in the best interests of the child.
- Be aware of cultural and diversity issues.
- Explore his experience of fatherhood – what being a father means to him, what his goals are in being a father, how important it is for him to be the best father he can be, etc.
- Be cautious about signs of remorse – often this is more self-centred out of concern about the implications for him of others (e.g. police, child protection) finding out about his behaviour, or concern that his partner will leave him, rather than genuine understanding and remorse about how he is harming his family.
- Be cautious in interpreting his progress – men often present themselves as having changed when they indeed might not have.
- Enact an appropriate safety plan and try to engage him in this if possible, but if he is heightened or aggressive don't attempt to do so because it may make the situation more unsafe.

Adapted from Vlais 2009 and Mederos 2004

Preparation and planning – the engagement strategy

The more you know before you meet with the perpetrator the better you can assess risk, and the greater the chance of finding the right strategy to engage him in change. Information about his history can help you consider the best way of conducting the interview to minimise risk to workers and family members. As noted, you need to know his history of violence, whether he has used a weapon and details of the current episode. You also need to know how he has responded to previous disclosures of his violence. Has he ever punished his partner or child after disclosure? Has he intimidated or threatened workers? How has he responded to the current report to child protection? Planning also needs to consider the best place to see him, and who should be present.

Assess safety risks to the practitioner, partner, family and others

Safety is paramount. Keep in mind that feelings of apprehension or fear are natural when preparing for an interview with a perpetrator. An open discussion with your supervisor and detailed safety planning (including consideration of the role of police) will assist in managing any concerns you may have.

A current criminal records check will form part of a worker safety assessment. It is most important that you discuss safety issues and develop a plan to manage any concerns with your supervisor and police prior to a visit occurring.

See practice advice #1524 'Criminal records check' and #1516 'Staff safety in the workplace' for further details.

Safety includes consideration of the best place to conduct the interview. Mederos (2004) recommends that practitioners interview the perpetrator at home if risks are low. If this is unsafe, the man could be interviewed in the child protection office. Security or police can be contacted according to the level of risk.

Safety also needs to be monitored throughout the interview. Notice signs of agitation or threat, such as angry gestures, shouting or standing up. If there are concerns the interview is becoming unsafe, Mederos (2004) recommends avoiding provocative issues and terminating the interview.

> Assessing dangerousness is not a science, though more reliable indicators of continued assaultive behaviour are beginning to emerge from research. It is crucial to treat dangerousness assessment as an ongoing activity rather than a one-time determination.
>
> (Mederos 2004)

Structuring the interview

If an interview is not structured it will leave room for the perpetrator to practise abusive behaviours and attitudes. If it is too rigid, with inadequate room for the man to tell his side of the story, he may feel judged or controlled. A balanced interview will have clear goals and will use a conversational style to explore the important themes. Useful goals for the initial interview could include:

- to see if it is possible to establish rapport with the perpetrator
- to gain insight into his current attitudes and behaviours to his partner, children and workers
- to invite him to participate in changing his behaviour.

It is understandable that practitioners can feel angry or frightened when confronted with the details of a man's violence. However, Mederos (2004) warns that this can lead to two critical errors – using a judgemental and cold approach, or being hesitant and avoidant.

> If the social worker is cold and demanding and comes across as judgmental, many men often respond with increased oppositional behavior and a refusal to meet. If the social worker is avoidant or overly accommodating, the men will feel they have achieved a victory over the system.
>
> (Mederos 2004, p. 44)

It is tempting to challenge perpetrators of violence directly; however, at the point of initial conversation your task is to get him talking and explore his underlying beliefs and attitudes. You don't want to collude but you do want to elicit his narrative, rationalisations and belief system, which will inform the risk assessment (Jenkins 1990).

When interviewing the perpetrator, you can follow the protocol as set out below.

Introduction

As with all interviews for child protection, this includes the department's role and mandate, followed by an explanation as to why child protection and Victoria Police are interviewing them.

Explain to the perpetrator that a child protection report has been made on [name of child] due to information relating to family violence.

A narrative approach is generally best. Allow the perpetrator to tell his/her own story, guided by your questioning at appropriate times. Focus on ways of building rapport without colluding with his attitudes and belief systems that he uses to minimise and condone his use of violence, and to blame or pathologise others. When you ask about the important issues, keep in mind the indicators of risk. The way in which a perpetrator responds to this area of inquiry will reveal a lot about their attitudes and belief system. Whilst the following list of questions is useful, don't ask questions all the time. Your interview will need to have your paraphrasing and empathic engagement interspersed with more direct exploration.

- Is he able to tell you about the recent incident and what happened? What can he tell you about the pattern of violent behaviour over time?
- What does the perpetrator say about his past behaviour? Does he see a need to change? Why? Does he minimise or distort the story?
- Who does the perpetrator identify as having been affected by his behaviour?

- What is the legal status of the case? Are there any current orders or charges or court proceedings pending?
- What is the parenting status? Who cares for the children on a day-to-day basis? Are there any access restrictions? How does he talk about his children? Does he acknowledge they are affected by the violence? Is there evidence of him abusing or manipulating the children?
- How does he talk about his partner? Is there any evidence of obsessive jealousy and/or stalking? Does he appear to have any empathy for her?
- Does he scapegoat a particular child or have a gendered pattern of beliefs (differentiate his attitudes to sons and daughters)?
- Does he currently work? Does he have a work history? Has there been a recent loss of employment? The employment arrangements of both parents may impact on the vulnerability of the children. Unemployment or underemployment may contribute to increased stress.
- Review his mental health, cognitive capacity and use of alcohol and other drugs. Each of these factors can have a marked impact on the severity of violence and the level of dangerousness. Do you need an expert mental health assessment? Is there any delusional thinking, particularly expressed as obsessive jealousy about his partner?
- Has he attended any behaviour change programs? Did he complete it or drop out? Can he tell you what he found useful or not useful? Being interested in his views can illicit underlying attitudes and values that are associated with the violence (for example, that he is 'not like those violent guys' in the group). The successful completion of such a program (even though it has not resulted in positive or sustained behaviour change) might be a positive sign for the future; however, **dropping out from previous treatment is associated with increased risk**.
- Is he willing to attend a behaviour change program?
- Check whether the perpetrator has a copy of any reports or seek release of information to access this information.
- **Do not disclose anything other family members have told you, as this can increase the risk of him retaliating against family members.**

The following guide provides ideas for conducting the interview while adhering to the principles outlined earlier. **Remember, do not disclose information to the perpetrator that you have gathered from other family members**.

Building and maintaining rapport

- Give a clear explanation of your role and the purpose of the meeting:
  'My job is to understand what happened and help you and your family.'
  'I want to hear your view.'
- Acknowledge him for attending/agreeing to meet with you:
  'How did you feel about meeting me? It takes some courage to come in here/sit here and talk to someone like me…'
- Demonstrate an interest in him.
- Seek to understand how he feels about his life.

- If he is cooperative and it is safe, begin to explore what happened:
  'I understand the police came around last night. Can you tell me what happened?'
- Treat him as someone who has made 'damaging choices' rather than as a liar or monster.

Minimise escalation, maximise engagement

- It isn't helpful at the initial encounter to try to correct everything the man says. You want to engage him without agreeing with his minimisation or denial regarding his use of violence, and without agreeing with his particular attitudes or beliefs that he uses to justify or condone his violence perpetrators, for example, men will often blame their behaviour on what their partner does or doesn't do or say, or on external factors – it's important not to collude with these beliefs that minimise his responsibility for his actions). However, you are also not wanting him to leave the interview agitated, which could then pose a risk to family members.
- You might say something like:
  'I understand everyone's pretty upset, can you tell me how it started?'
- Start broadly and narrow the conversation depending on his responses. Using phrases like these can help build collaboration in a non-threatening way:
  - 'Can you help me understand…'
  - 'Is it okay if I ask about…'
  - 'Can I be up front with you…'
  - 'We need to …' (keep everyone safe; understand what happened)

Respectful exploration

- He may continually want to talk about what his partner did. Acknowledge there is a lot to hear and guide questions back to his behaviour:
  'Okay, that's what you remember she did, now tell me what happened next.
  What did you do?'
- In beginning to explore what happened, acknowledge his cooperation with you, and help him to feel that he is not alone in his situation Offer a chance for change and a willingness to support him:
  'Most men find it pretty hard to talk to someone like me after there's been violence.
  I think it says a lot about you that you are willing to do that.'
  'I've worked with lots of families, where there has been violence. Talking to me is the first step to getting help!
  'In my experience men who have been violent can change. But they need support to do it. I'm hoping I can help you.'
  'If I can understand exactly what happened I can work out how to help.'

  If he tolerates general questions ask more specific questions about the violence. Move from less severe to more severe. Carefully monitor his response and tolerance as you go. These should not be asked in an interrogating fashion.
  'What happened next? When you pushed her what happened? Did she fall?'

  You might notice his demeanour and comment in an affirming way. 'I can see this is difficult stuff to talk about. You're doing a good job being up front.'
  Details are important in assessing risk and may be available from other sources like police reports. However, if done sensitively, exploring the details can be an important moment in a man facing up to the reality of his behaviour.

'It says in the police report you slapped/punched/kicked? Can you tell me about that. How many times? Where did you hit her? Can you tell me what happened next?'
'Would you like to stop this behaviour? Would you like your partner and kids to feel safe?'
If he is being remorseful: 'I can see you feel bad about what you did. That's a good thing. It's the first step to changing it.'

Redirecting

- If he continually complains about his partner, practices denials or minimisations, calmly steer him back to what happened. Demonstrate that you are trying to help him:
  'Can we go back to where we were before? I need to hear more about what happened next. I will be able to help you more if I understand exactly what happened.'
- In an interview you may need to redirect several times:
  'I know you're keen to tell me everything but right now I need to work out how I can help.'
- If he is answering and cooperating with the direction of the interview, acknowledge his efforts. Use collaborative language:
  'How are you doing? I really appreciate you hanging in there. This is really difficult stuff to talk about'

Setting limits

- If he gets threatening or abusive, you need to calmly set limits. Be mindful of your tone and body language. You need to be clear but not aggressive:
  'I'm sorry, I really want to listen but it's hard because you are speaking over me. Can we just take it one at a time?'
  'I'm not sure if you are aware, but you are raising your voice and not focusing on my questions. Can we try again?'
- If he does not respond to the limit setting, try again more clearly:
  'I know you have strong feelings about this. I'd like to give you a few minutes and then we'll try again.'
- In a non-combative way let him know the consequences of not cooperating:
  'I don't want to have to go back to the office without understanding your point of view. Can we have another go at it?'
  'If I can't get the information I need I may not be able to help.'
  'I know this is a tough conversation. How about we take a break for a few minutes?'
- If he doesn't respond to limit setting, adjourn to another time:
  'I'd really like to hear more about what happened, but it seems like it's too difficult right now. I'll call/see you …'
- If he becomes threatening or intimidating end the interview:
  'I will have to leave now. I will give you a call later.'

The way he responds to limit setting is important information. Does he appear to respond differently depending on gender? Does he accept limits? Is he threatening? As far as possible note specific information such as behaviour and statements, not your impressions; for example, 'He stood up suddenly and pointed towards the practitioner and shouted, "You'll get what you deserve"' rather than 'He acted in a threatening manner'.

Explore his relationship to fatherhood

- Most men want to be a good father but they will often mistakenly believe that because a child was not in the room at the time of a violent incident, they will not have heard it or been affected by it. You can provide information to begin to challenge this view:
  'Where were they? What have they seen/heard?'
  'Is it okay if I tell you what we know about how violence affects kids? It might be hard to hear. It sounds like you want to be a good father.'
  'If you thought your kids had been affected would you want to change things?'
  'What kind of family did you come from? Do you want something different for your kids?'
  'What kind of dad do you want to be?'

Explore his beliefs, values and willingness to change

- Look for opportunities to see if he is remorseful or has empathy for his partner and children. The more steadfast, minimising, angry and blaming he is, the more you need to stay with the facts, and elicit his beliefs. Be calm and don't get into a debate.
- If he appears to be remorseful you could explore further:
  'It sounds like things got pretty scary. How do you feel about what happened?
  What do you think it was like for your partner?'
  'Is this how you want it to be?
  'This is a tough question – do you want your partner to do what you say because she respects you or because she's frightened of you?'
- The best indicator that he wants things to change is his willingness to go to a men's behaviour change program:
  'There are services who help men change their violent behaviour. To be honest, I don't think you can be the best father that you want to be, unless you obtain assistance to change this behaviour. It's not possible to be a really good Dad, even a good Dad, while this behaviour continues. Are you willing to get the help you need?'
  'I can refer you to a service that can help. If you want to show you're serious about stopping the violence, we need to get you into one of those programs.'
- Align with him around the shared goal of safety:
  'I can see you want your family back, but it has to be safe for everyone. We can't let your kids or partner be hurt.'

At the conclusion of the interview, thank the perpetrator for his time and advise that you will be following up in due course with him. Advise him (where necessary) of the requirement to speak to others and, dependent on the situation, whether he requires time to discuss the situation with any of the people you have identified as relevant for you to interview (Mederos 2004).

Finally, when you are thinking about the interview you have conducted, think about what the perpetrator's attitude to your visit was. Remember that a perpetrator's attitude to supervision and scrutiny is one factor in determining an overall risk of reoffending. The task is to motivate him to change and to assess his capacity and willingness to change.

When making your judgement check the information and impression gained in the interview against objective evidence in the common risk assessment framework risk assessment checklist. Listen to your thoughts and your feelings and reflect on these with your supervisor. A case conference will assist you to measure your experience of the offender and initial assessment with others' knowledge of him.

Engaging the non-offending parent

Your first task is to create safety. Remember your interview is not an interrogation and **women must never be forced to provide information**. There may be good reasons why she cannot give you all the information you need.

Don't take any initial anger or reluctance personally, instead normalise these responses and show your commitment to the family by listening, paraphrasing and explaining that you want to make sure you've understood and 'got it right'.

Have an open, non-blaming attitude that is respectful and willing to listen to the whole story from the victim's perspective. She may well be very confused, or in shock. She may be angry and already feeling guilty and that she has been disloyal to him, and do her best to minimise the issues because of fear and loyalty to the family unit. She may have been brainwashed by him that everything is her fault and therefore may want to take responsibility and make excuses for him; or she may welcome your assistance as this 'defining moment' may hold the hope of getting real help and the lives of her and her children being different.

There is no one 'right' or 'normal' reaction from a non-offending parent – your job is to listen and engage her in a process where her rights and the children's rights are respected.

It will be very difficult, and sometimes dangerous, for a non-offending parent and the children to speak openly about their concerns and potential fears should they have to do so in front of the perpetrator. If the reason for this is unclear to you, think about what we know about the dynamics of power and control in family violence situations. They may well 'get it worse' when you leave so don't insist on open family conversations where there is a report of family violence. Offenders can be charming and manipulatively devious in the way they can fool professionals. For example, they can draw attention to their partner's mental health problems or the children's bad behaviour and portray themselves as the 'appropriate' and 'coping' parent.

Some practice tips to keep in mind when engaging the non-offending parent, usually the mother, are:

- *Ensure you acknowledge and respond to the mother's reported safety concerns*. She needs to know she is believed.
- *Identify and support the mother's existing coping strategies.* Acknowledge what the mother has done to protect herself and her child(ren) – this assists in returning control to the victimised parent.
- *Support the mother to access specialised counselling to cope with the trauma of abuse.* Mothers who receive counselling and therapy services have shown improvements in PTSD symptoms, psychological distress and parent–child interaction.
- *Strengthen the mother–child relationship.* As discussed earlier, this relationship is often a specific target of perpetrators. Validate, foster and support this relationship.

Commence with your agency's role and mandate, followed by an explanation as to why child protection or family services are involved. Remember engagement is a *process* and is dependent on the quality of the relationship that you develop. Use *both* warmth and empathy and be clear about your role and the bottom lines. The way you ask questions, your timing and your genuine concern are the key to engaging with her. You may be able to 'earn your stripes' by being of practical assistance in regard to material assistance or sourcing appropriate support. Reassure her that assistance is available and that she will be supported in any court process and not be on her own.

Remember when you are interviewing the non-offending parent you are seeking information on the violent behaviours to help assess dangerousness, as well as information to help understand the impacts on her, the children and the mother–child relationship.

The following questions may assist you in your initial discussion with a non-offending parent (adapted from Department of Human Services 2012, p. 83).

Encourage the non-offending parent to tell their story. Broad prompting questions can be useful at this stage including:

- Can you describe what happened last night/week? What are your thoughts, feelings and beliefs about what happened? This will provide us with some understanding of their ability to manage the situation and act protectively. In some cases, the non-offending parent will attempt to minimise the behaviours of the perpetrator. The non-offending parent may express cognitive distortions regarding the violence; for example: 'It was a one-off mistake and will never happen again', 'It was my fault' or 'How can I stop upsetting my husband?'
- What has been happening for you lately?
- Tell me about your home life/relationship with [the perpetrator]?
- What is worrying you?
- Is there someone you are afraid of?
- How safe do you feel with your partner on a scale of one to 10?

Once the non-offending parent has had the opportunity to begin telling their story, you might ask some more specific questions to elicit the severity of the violent acts, including whether she has been injured or if he has used high-risk behaviours such as choking her.

Many women who have experienced family violence fear having their child taken from their care by child protection services. This fear might be particularly potent for Aboriginal women, women with a disability, women with a serious mental illness, women who are not permanent residents and women who were either removed themselves or have had children removed previously. It is not uncommon for perpetrators of violence against these women to threaten they will call child protection to have children removed from them.

You should directly acknowledge a woman's fears. It is helpful to use a strengths-based approach in which you affirm the woman's attachment to her child, and work towards establishing your shared commitment to the child's wellbeing.

(Department of Human Services 2013).

These questions themselves may also elicit fear and you will need to be sensitive to this and ensure you pace the conversation, validate her feelings and move gently in and out of questioning:

- Could you tell me more about the last time he hurt you?
- What else does he do that hurts/scares/controls you?
- How long has this been going on?
- What are you most worried he might do?
- Does he ever get jealous or possessive? Does he check up on you?
- Has he ever threatened to kill or harm you or the children or someone else?
- How exactly did he injure you or the children? Did you get medical help? (reassure her that many women don't tell the doctor the true cause of the injuries and that you are not judging her).

The following questions may assist you in gaining a deeper understanding of the complex bond and loyalty the victim may feel towards the perpetrator. These questions can elicit the constraints to the victim leaving and also enable her to voice the mixed feelings she experiences. By asking these sort of questions non-judgementally the practitioner conveys respect for the complex and confusing experience of the victim. This is engaging and usually helps the victim to open up.

- Tell me about your relationship with [the perpetrator]?
- How did you meet? What was he like when you first fell in love with him?
- What was it that attracted you to him in the first place?
- What role does he play in the family?
- What role does he play with the children?
- What are the good things about him? What good things does he do for you and the children?
- What role does he play in the running of the household/of the family?
- Was there a time when your relationship/family was free from violence? What was that like?
- When was the first time you saw or felt the "controlling" man?

- When did he start to change?
- What does he do to support your role as a mother?
- What does he do that makes it hard for you to be the best mother that you can be? Are there things that he doesn't do that you'd like him to do to make parenting easier for you? Does he try to interfere with you efforts to be the best mum that you can be? In what ways? Does his mood, or his behaviour, affect your ability to parent?

Explore whether the non-offending parent displays a realistic and protective understanding of the perpetrator's behaviour. In order to explore the non-offending parent's level of risk and the risk posed to the children, you might use the following questions:

- How scared did you feel given what has just happened / the latest incident?
- Do you think the violence will continue?
- Is the violence getting worse? Tell me more about that.
- Has there been a change in the level of violence? Why do you think that is?
- How do you think [names of children] are coping with things at home?
- How does [the perpetrator] hurt the children?
- Where are the children when the violence occurs?
- What have the children seen/heard?
- How does he undermine your parenting?
- How has the violence affected your relationship with each of the children?

Ask about the type of safety plan the non-offending parent has in place and assess how realistic it is.

If there are mental health problems or the non-offending parent has a disability, remain curious about how the violence is impacting on their overall functioning as a parent.

Does the non-offending parent give any indication of drug or alcohol issues? (Drugs and alcohol may be disinhibitors for perpetrators of violence and make a situation riskier than without drugs and alcohol. When the non-offending parent is assessed as having issues with drugs and alcohol, this may affect the non-offending parent's ability to keep the children safe.)

Consider past patterns and behaviours (not only the most recent incident) when assessing the response of the non-offending parent and the perpetrator. Obtaining a sense of what the history is of separation and reuniting of the couple will inform your understanding of what may happen in the future. Talk to the non-offending parent about what support they would like. If not already involved, discuss the services and support that a specialist women's family violence service could offer and support the non-offending parent to make contact.

Child protection or family services practitioners can contact a specialist women's family violence service directly for secondary consultation to get support in areas such as safety planning and risk management.

Engaging children

Many adults are concerned that talking with a child about violence or its aftermath might exacerbate its effects. When parents express this concern, it is often accompanied by minimisation and denial about the degree of violence the child has experienced and how much it has affected them. In these circumstances:

- Explain that children are affected by family violence even if they don't see or hear it, and that these effects can be deep and long lasting.
- Explain that research and your experience shows that talking about family violence does not re-traumatise children when done sensitively, and that it can even help with healing.
- Consciously model talking to the child sensitively about their experiences of violence; this gives the parent or caregiver appropriate language to use in talking to the child themselves.
- Ensure adults understand that the purpose of assessment is to ensure the children's future safety, and meet their ongoing needs for help and support.

Table 3: Tips for communicating with a child or young person

Tips for communicating with a child or young person	Examples
Ask for permission to share your views	'Is it okay to tell you what I am thinking?' 'Tell me if I got it wrong.'
Respond to non-verbal cues	'Is this the wrong time to be having this conversation?' 'It looks like this is getting a bit too hard for you. Would you like to take a break?'
Talk about the 'talking about' – help the child or young person to have a sense of control about the timing and pace of a difficult conversation	'If we were to talk about what your dad did last night, what would be bad about talking about it? What would be good about talking about it?' 'I wonder if you might think that if we talked about the bad stuff and the violence at home, it would feel okay or it would feel even worse.'
Try not to ask direct questions – use observations and give space for the child or young person to respond	'Some kids hate talking about the bad stuff, but then they find that they sleep better.' 'Seems like there's a lot of stuff bottled up inside you that just boils over.'
Acknowledge the children's distress, giving words to describe their feelings	'You look really sad at the moment. I wonder if you are finding talking about this really tough?'

Location of discussion

The place where you have your discussions can impact on the level of engagement. Alternatives to office-based settings include the children's home, playgrounds, parks and cafes. Sometimes a car trip, where there is limited eye contact, movement and something neutral to look at, can make it easier for children and young people to communicate. You can also engage and interview while playing or walking with a child.

For infants, checking with their maternal and child health nurse or child carers is essential to obtaining a good assessment. Similarly for older children, contact with the school is very important but should be carefully managed so that the perpetrator is not aware as this may escalate his dangerousness.

Engaging infants

Play is the chief way to engage infants, and infants usually communicate a great deal about themselves through their play. When you communicate with an infant:

- Remember that sudden movements and loud voices may be re-traumatising for infants, even if they are intended to be fun and engaging.
- Where possible, sit at the child's level (often the floor) and play alongside them.
- Remember that infants understand more than they can express verbally – talk about what you are doing as you are doing it.
- Acknowledge what the infant seems to be feeling, consciously modelling ways to validate both the emotions the child has and their expression of them.

Eye contact is a feature of communication in many cultures but not all. Where it is not, even young infants will have absorbed their parents' cultural practices in this regard. However, infants generally look away if they feel overwhelmed.

When interviewing a preschool-aged child:

- Take care to use short sentences.
- Use names rather than pronouns (for example, 'What did Jim [stepfather] do next?')
- Use the child's own terms (for example, if a child says 'Jim whacked Mum', use the word 'whacked' in subsequent conversation).
- Do not respond to each answer with another question; this can be overwhelming. Take the time to simply acknowledge a child's comment.
- A young child may not disclose intentionally but rather in the context of talking about their everyday family life. In your response, attempt to convey that the child is not alone, that this also happens in other families but that this it is not okay.
- Acknowledge and explore the child's feelings.
- It may take some time before a young child feels comfortable to disclose information. Be patient.

When children are too young to verbalise their experience of family violence, their behaviour should be carefully observed because children often 'show' rather than tell. Observation and play can assist in the assessment process together with information gathered from other sources such as a maternal child health nurse, kinder or day care.

Children and young people also tend to engage through age-appropriate play. Children and young people might struggle to find words to describe their experiences and label their feelings. Consider using age-appropriate communication aids such as drawing, dolls, puppets or feelings/strengths cards.

Talking about your role

If a child is old enough to speak with you, talk to them about your role in a way that is appropriate to their age and development. It is usually appropriate to explain to a very young child, 'I am here to help you and your mummy'.

To an older child, you might say, 'I work with families where there have been some scary things happening at home. I'm here to help you and your mum work out what to do.'

To an adolescent, you could say, 'It seems like you might have been through some difficult and frightening times at home. My role is to talk with you and your mum about what's been happening, and to work out some next steps and help. You know a lot about what's been happening and it would be really helpful to have your thoughts and ideas.'

All children need to know that you want what is best for them. Avoid telling children you are 'on their side', as you may ultimately need to take a course of action that they do not like. Some of the perpetrator's tactics might also mean that a child identifies more with his 'side' than their mother's.

When interviewing a primary-school-aged child:

- Help the child discuss his/her feelings. Many children have legitimate fears about what might happen if they share particular information. You can help the child deal with these fears. One fear might be Dad going to jail.
- Follow your instincts. If you feel a child is trying to tell you something, ask a direct question ('I thought you were going to say something else before, is there anything more you wanted to tell me?').
- Ask about any pets in the household (violence against pets can be an indicator of other family violence).
- Be realistic and honest and don't make promises that can't be kept.
- Attempt to find out what the child does during the violence, this will assist in assessing the child's safety needs.

When interviewing an adolescent:

- Listen without judging, expressing shock or making critical comments.
- Ensure you are in a quiet private place where you will not be interrupted; grief and distress is common and you need to allow this expression.
- Help the adolescent understand that s/he is not to blame for the violence.
- Let the adolescent know that this type of problem also exists in other homes, that it is not okay and that s/he has the right to talk about it and to seek help.
- Inform the adolescent that there are safe places that to go with his/her mother.
- Help develop a safety plan for themselves and younger siblings.

Charting the course of the assessment

It is very important to let the child or young person be an expert in their own world – be open to them telling you their story in their own way, rather than according to these questions or your schedule. They should set the pace wherever possible. However, at times there are non-negotiable actions that need to happen because of the unacceptable risk of harm.

If a child becomes fearful or teary, remain calm, warm and patient with them. Explore gently what they are feeling or thinking, paraphrase and reflect it back to them. Leave silence and room for them to expand on the topic if they wish.

It is usually important not to focus on 'hard' topics for too long. You can also talk about 'normal', 'safe' things, but keep in mind that some of these might be complicated for the child, and they may have a range of feelings about the same person or situation such as 'I love my dad but I hate him when he hurts my mum and when he gets drunk and embarrasses us!'.

Overcoming communication difficulties

If the child has a disability or developmental delay that affects their communication or cognition, consult with their primary caregiver and/or a relevant professional about what processes and communication practices might be most suitable. Be mindful that many of the most vulnerable children will need extra help in being able to communicate with you.

See pages 32–35 of the *Children and their families* specialist practice resource for further guidance.

The *Child and family snapshot – practitioner field tool* (available at: <www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers>) can assist you to work creatively with children and their parents to gain an understanding of their worries and strengths.

Content and process

Keep in mind the following issues and behavioural variances:

- How does the child present? Are they excessively outgoing or introverted? While different children have different styles of behaviour, look for some of the more problematic behaviours such as poor personal boundaries with you/others. Have they just met you and are all over you? Are they aggressive? Is their language appropriate for their age? (Can they talk at a level that is 'around' their age? Is abusive or aggressive language present?)
- Do you see signs of fear, anger or confusion?
- What is their understanding of the situation?
- If asked about them, do they appear to favour or appear angry towards the perpetrator and, if so, why and how? (for example: Do they show anger or contempt or practice violence against the non-offending parent?)

Should the responses provided ring alarm bells with you, they will further inform the line of questioning you take, and should lead you to ask more precise questions regarding potential abuse. Such questions could include:

- What happens in your house when there are disagreements?
- What does your dad do when he gets angry?
- What does your mum do?
- And then what happens?
- Did you ever hear your dad hurting your mum?

- Or Mum hurting Dad?
- Did you ever see your dad hurting your mum? What did you do? How did you feel?
- What was the worst time you remember?
- What things worry you or make you unhappy? Who do you tell?
- What kinds of things make you scared? Angry?
- Do you worry about Mum and Dad?
- Who do you worry most about in the family?
- Who is most upset by the fighting?
- Who would you put next? And then who?
- How safe do you feel out of 10?
- What are the good times with Mum?
- What are the good times with Dad?
- Are there good times together?
- If things were better what would be different?

Analysis and planning

Introduction

In analysis and planning, key questions are: What is the priority right now, later today and by the end of the week? What is the overall case direction? Is this still the right direction? What are the legal issues? Your recording of key tasks and outcomes of discussions is of critical importance.

Threats to kill the children or the mother, even if there has not been previous violence towards the children, should be treated with urgency.

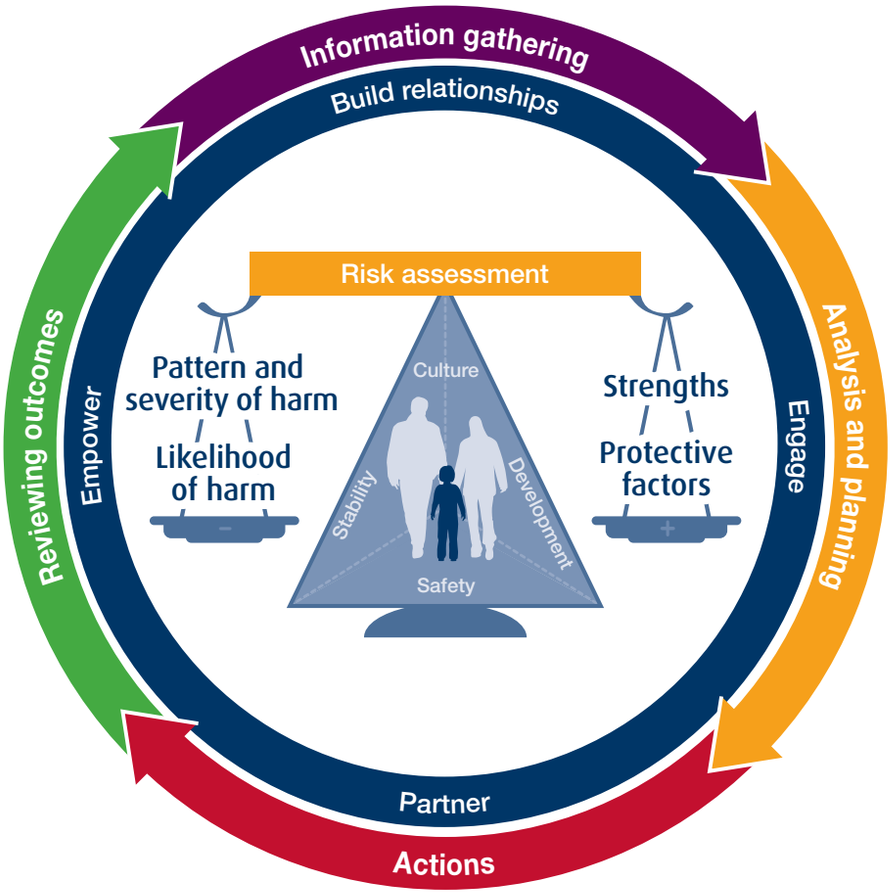
Consultation with police and experienced practitioners should occur.

The details matter and your follow-through on a phone call or a letter will avoid the slowing down of the housing process or the gaining of a vital appointment for the children. The adult chaos and crises can repeatedly distract from the children's developmental, educative and health issues being addressed unless we are helped to hold the whole picture in mind and to think systemically.

We need to keep in mind that our parenting assessments need to be made over time and that we don't make unfair judgements or, alternatively, overlook the acute neglect of the children's needs that urgently need something to happen today. You can do both: respond immediately on some issues and take a long-term view of others.

Your professional organisational skills and discipline in recording good case notes are critical when you are working with family violence that is inherently fragmenting and disorganising.

Figure 3: Risk assessment



Risk assessment

To formulate a risk assessment, you need to be a critical thinker and to consider multiple competing needs, prioritising the child's safety and development. Careful attention needs to be given to balancing risk and protective factors and balancing strengths and difficulties in the family. Your assessment needs to be forensically astute and you should consider all sources of information such as observation, previous assessments and advice from all significant people and professionals. Do not rely on phone assessments or parental self-reports where there are suspicions of non-accidental injury or where there have been previous concerns or offending behaviour.

Synthesise the information you have gathered about the current context and the pattern and history. Weigh the risk of harm against the protective factors. Keep in mind that the desire to change dangerous or neglectful behaviours does not equal the capacity to change and that strengths and protective factors need to be sustained over time. The best predictor of future behaviour is past behaviour. Hold in mind the urgency of the child's timeframes for safety and secure attachment relationships. Imagine the child's experience of cumulative harm. Remember, other than the family's characteristics, the quality of the relationship you form with the family is the single most important factor contributing to successful outcomes for the child.

Characteristics to consider when assessing risk

Based on examination of file records and other data relating to over 1500 children, Reid at al (1995) identified three important organising principles consistently associated with occurrences or recurrences of child abuse or neglect for children:

1. Pattern and history: The first and most important dimension of caregivers' characteristics that should be considered is their prior pattern with respect to the treatment of children. The number of maltreatment events they have initiated, their severity and recency are the most basic of guides to future behaviour. In the absence of effective intervention, these behaviour patterns would be expected to continue into the future.
2. Parental beliefs: If an individual believes they are correct in their opinions about children, they will attempt to continue their behaviour so long as they are not prevented from doing so.
3. Complicating factors: The third dimension concerns the presence of 'complicating factors', most significantly, substance abuse, mental illness, violent behaviour and social isolation. The relevance of complicating factors is the extent to which they, singularly or in combination, diminish the capacity to provide sufficient care and protection to the child or young person.

The best interests case practice model is underpinned by a strengths-based approach that assesses the risks while building on the protective factors to increase the child's safety.

Attention to safety factors within the risk analysis recognises that:

1. Both the potential for harm and for safety must be considered to achieve balanced risk assessment and risk management.
2. Strengths that increase the potential for safety are evident in even the worst case scenarios and these are fundamental building blocks for changes.
3. A constructive approach to building safety can be taken which may be different to efforts to minimise harm.
4. A strengths perspective can be actively (and safely) incorporated into what may otherwise become a 'problem saturated' approach to risk assessment and risk management.

(cf. Turnell and Edwards 1999).

Current risk assessment

Current risk assessment highlights the fact that it is made at a *point in time* and it is therefore limited and will require modification as further information comes to light. Your risk assessment should address the following key questions: Is this child/young person safe? How is this child/young person developing?

- Given all the information you have gathered, how do you make sense of it? Consider the *vulnerability* of the child and the severity of the harm:
  - What harm has happened to this child in the past?
  - What is happening to the child now?
- What is the *likelihood* of the child being harmed in the future if nothing changes? Hold in mind the *strengths and protective factors* for the child and family.
- What is the *impact* on this child's safety and development, of the harm that has occurred, or is likely to occur?
- Can each parent hold the child in mind and prioritise the child's safety and developmental needs over their own wants and constraints?
- From the point of view of each child and family member, what needs to change to enable safety, stability and healthy development of the children?
- If the circumstances were improved within the family, what would you notice was different – what would there be more of? What would there be less of? Who would notice?

The five C's framework, fully outlined in the best interests case practice model summary guide, aims to assist practitioners to integrate the information they have gathered into a current assessment that leads to a well-considered plan. As you're working, always keep in mind the context, the connections between family members, the circular and repeating patterns, culture and the constraints to change and *stay curious*.

Good supervision is a vital aspect of good practice, encouraging clear thinking and challenging judgements that may be in need of revision.

Analyse the power, secrecy and control tactics of perpetrators

The child's relationship with the abusive parent will be affected by the violence, but this may not be readily apparent to the untrained observer. While it may be assumed an abused child will avoid an abusive parent, this is only one possible outcome. Indeed, due to the primacy of a child's attachment needs, the child may form a traumatic attachment to the abusive parent. For example, a child abused by a sadistic offender may have dissociated through much of the abuse and may not show obvious signs of fear in the presence of the abuser. Children learn to adapt and survive terror in different ways.

Some children will seem particularly close and attend to the offender because they intuitively know this is the powerful person that they have to placate and 'keep happy'. This superficially 'close bond' is actually an adaptive survival mechanism for the child that can be misunderstood by professionals who are not trained to understand how violence organises the family dynamics. There have been cases where the most seriously abused children have not been reported to child protection because doctors have believed the child's story and the parent's lies about the injuries 'because the child seemed to be fine with him and the father was so attentive'. These children had learnt to play 'happy families' in public because they would be beaten if they gave any indicator.

In cases characterised by family violence, we need to remain open to the possibility of the potential for change in the attitudes and behaviour of the perpetrator; however, we also need to be realistic about the current risk to the child, particularly in relation to their developmental stage, and guard against an overly optimistic assessment of the situation.

Hold in mind that secrecy and denial impact on children

We need to think critically about the impact the violence is having on the mother's ability to parent effectively and consider this information in conjunction with the particular child's vulnerability. Core to your analysis is your capacity to be forensically astute as to *how* the family dynamics have organised around the manipulative, controlling behaviour of the perpetrator. Secrecy, minimisation and denial are common.

As an example, the child may mirror their mother's survival mechanisms and the secrecy about the family violence; children may align with the perpetrator as a survival mechanism. Observe carefully how the children behave in the presence of the perpetrator:

- their eye contact with him and
- any changes in behaviour when he is not present

Listen carefully to the descriptions of teachers, grandparents and so on who may have highly relevant observations.

The power of the perpetrator can be demonstrated to the child and woman in subtle ways; for example, they might be insistent on remaining in the room with the child during the interview, drive the woman to and from the interview and wait in the car park, or walk up and down the hallway outside the therapist's office so the child is in a state of fear and is reminded that the father is all powerful.

In some families the perpetrator is so deliberate in his grooming and brainwashing of the children that, in order to survive, the children demonstrate the 'right' affectionate display to 'put on' when visitors are present or when the assessment is taking place. 'Playing happy families' can be a form of survival and avoidance of the perpetrator's punishment following any disclosures.

Similarly the mother may appear to be hampering any professional attempt to help the children and to be actively encouraging the children to keep the family's secret. Sometimes this is because she is so victimised and disempowered herself that the perpetrator has dictated her movements, her thoughts and her behaviours with significant others and professionals.

It is telling if the mother has to report to her violent partner phone calls that you make to her, or if she refuses initially to see you anywhere in confidence. Sometimes the offender is monitoring her phone, possibly using technology to monitor her movements, and may even check the mileage on the car or the use of the heater and electricity. Your intervention needs to be scrupulously thought out each step of the way with police and other professionals. If you are not careful, the situation can actually be made worse.

Analyse the co-occurrence of other forms of child abuse

Concurrent physical and emotional abuse of the children can be present. Both Australian and international research confirms that family violence and child abuse frequently co-occur within the same families (Bedi and Goddard 2007; Brown and Endekov 2005). It is important to consider that behaviours attributed to a child's exposure to adult violence may also derive from the child's concurrent victimisation at the hands of a parent or caregiver.

In some less common presentations, some mothers are complicit and are caught in a co-offending situation where the abuse of the children has become part of her survival. Her empathy for the children's experience has shut down and sometimes they become the object of her rage that cannot be expressed to the perpetrating partner. Sometimes the mother's physical abuse of the children is part of her attempt to keep them quiet so that the violent partner will not be aggravated.

Secrecy for children caught in these dynamics is survival and there is often no imaginable way out of their entrapment. Hence any work professionals undertake with children in these circumstances must be exquisitely sensitive to the nuanced signals and safeguard the children immediately to ensure that any disclosure that they may have made does not put them in more danger.

Where there is no safety for children and both parents are offending against them, out-of-home care is frequently a priority on the day and any offer of kinship care should be treated with caution – given the potential for the extended family to be enmeshed in the abuse, or to have been stuck in denial given they have ignored the warning signs and often blatant evidence before them, in the shape of children's injuries.

Even where separation has occurred and the perpetrators are not imprisoned, and in extreme cases sometimes even when they are, they may still be controlling the extended family dynamics and the children are simply not safe emotionally or physically in these circumstances. Contact should be avoided in these situations and assertive submissions made in any court process to advocate for the child's safety. In these extremely serious cases your legal strategy needs to be considered at the beginning of your intervention. Consult closely with the Child Protection Litigation Office at each stage of the case and as new information comes to light.

These children who align with the offender are often conscripted into disrespectful attitudes and behaviours towards the mother. Ask yourself:

- What else has happened to the child?
- What does the child do when the abuse is happening? Do they intervene? What has been the outcome? Would the child intervene again?
- Is the child at their expected developmental level?
- Are there any past family experiences that make this child especially vulnerable?
- Is the child showing signs of stress and anxiety?
- Are there distinct issues for each child in this family? What are they?

Understanding risk

Analysis required to accurately assess the risk of harm Gather information from multiple sources	
Behaviours	**Association with harm**
History of previous violence, other criminal history, and breaches of intervention orders	Associated with continued violence; may indicate stalking, which is highly dangerous
Use of and access to weapons	Associated with higher risk
Martial arts or similar training	Martial arts can increase the risk of harm
History of drink driving and substance-related offences; chronic substance abuse and arrest	Associated with continuation of violence; illicit substance use more associated with lethal violence than alcohol
History of severe violence with a partner or children, including causing injury	Serious injury indicative of dangerousness; pattern of violence predictive of future behaviour
Rape or choking	May not cause medical injury but associated with future severe violence
The victim is pregnant	Associated with future severe violence
History of attending a treatment program and not ceasing violence	Associated with continued violence
Incomplete attendance or discontinued a treatment program	Associated with continued violence
Suicidal threats or behaviours	Associated with high risk
Information from family members	
Behaviours	**Association with harm**
Threats to kill, injure or punish her, the children or others, or suicide if she leaves	Even in the absence of previous abuse, if threats are accompanied by indicators of obsession, danger is extreme; associated with homicide
Partner's report of history of violence and fear of further violence	Likely to be the most accurate source of information; research suggests violence results in one conviction for every 30 assaults therefore police files are likely to represent a fraction of the violence
Partner reports severe and irrational jealousy not based on fact	If an accusation is unshakeable or highly improbable, danger is extremely high and may indicate delusional thought
Severe and persistent stalking	Strong indicators of danger
Severe isolation due to the perpetrator's restrictive behaviours	Indicator of high risk
Situations where the perpetrator fears losing the partner and/or child	Triggers can include separation, the woman starting a new relationship or intervention by services or authorities
Recent instability especially unemployment or financial stress	Dangerousness can escalate
Substance abuse	Reports of binge drinking or chronic or escalating substance abuse is an indicator of concern if other risk factors are present

Adapted from Mederos 2004

Filicide

In many cases of filicide there are indicators of risk that were not understood or were overlooked. These have included:

- not identifying the seriousness of stalking behaviours, including technology-based stalking
- dismissing breaches of intervention orders as minor
- escalation in the man's fears of losing the woman or child
- increased illicit substance use
- undiagnosed mental health problems
- evidence of obsessive jealousy many months or years after separation
- contact visits that had inadequate safety planning or contradicted plans.

In the light of the emerging evidence about filicide, child protection practice in relation to family violence needs to consider the multiple risks to children including the risk of intentional child killing, even where the child may not previously have been a direct victim of the violence.

Analysing perpetrator behaviour – what does it mean for parenting?

Contact with the perpetrator

Careful consideration needs to be given to the appropriateness of ongoing contact between the perpetrator and child. Any assessment must privilege the child's perspective rather than the right of the parent to contact. Children can be re-traumatised and emotionally harmed when their parent is emotionally abusive and manipulative or aggressive during contact.

The ideal of the maintenance of a relationship with both parents should only be pursued if the best interests of the child can be assured. In some instances, while acknowledging the right of the child to know both parents, a child's best interests may be best served by the short- or long-term cessation of direct contact with a parent who is dangerous or violent to the mother.

Children may still have positive feelings towards their father in spite of violence they have witnessed and possibly directly experienced. Research has confirmed that the children of women who experience family violence are at risk from abuse themselves during contact visits (Brophy 1989; Johnson 1992). These risks include: kidnap or overseas abduction; hostage taking; physical, sexual and mental abuse during a contact visit; neglect arising from inadequate parenting; witnessing or being implicated in further violence and abuse of the mother (Hester et al. 1994) or death through intentional killing by the parent (DVRCV 2012).

The decision making and applications to court require serious consultation and child-centred practice.

Table 4 aims to assist practitioners to analyse the behaviours of perpetrators and consider appropriate parenting interventions based on differential levels of risk.

Note that while you will often be able to assess the presence of some degree of risk, it might not be possible for you to assess the level of risk as either moderate or high, based on the information that you have. This might require the involvement of other specialised services, particularly specialised women's family violence services and MBCPs, to determine the level of risk. In some situations, the presence of particular risk factors, or the advice provided by police or corrections, might make it obvious that the risk is very high. However, in other situations the involvement of specialist family violence services might be required to determine the exact degree of risk.

Table 4: Parenting interventions based on differential levels of risk

Possible parenting interventions with perpetrators with moderate-risk behaviours	
Behaviours:	**Possible parenting intervention:**
If perpetrators meet the following criteria their behaviours could be considered moderate risk: • violence may be frequent, however, usually does not cause significant injury • may deny behaviour and make excuses • may blame their partner, however, has some empathy for the victim • psychological abuse not severe • usually lacks criminal record • violence usually remains within the family. However, the presence of any of the factors associated with high risk (stalking, irrational accusations of infidelity, threatening the woman or child) would immediately make the perpetrator behaviours high risk	If the man has moderate risk behaviours and has some strengths he could be helped with his violent behaviour and his parenting. In these cases there *could* be a process of restricted contact with the child(ren), dependent on other risk assessment and the woman's view: • Assess the children's level of trauma. • Assess the aftermath of visits • Do not divulge information provided by the mother unless she has been warned and safety planning has taken place. • Trial unsupervised visitation with safety planning for the partner. • Consider supervised visitation depending on her view and other risk assessment.
Any contact regime should be accompanied by a process of engagement with the perpetrator to: • build on existing strengths • support good fathering practices • make amends (fathering after violence) • help the father accept and undo the traumatic impact of his past behaviour • use other resources to promote his positive fathering involvement. Recommended services: • Attend a men's behaviour change program • Attend a fatherhood program. • Consult substance abuse services.	

Table 4: Parenting interventions based on differential levels of risk (continued)

Possible parenting interventions with high-risk perpetrators	
Behaviours:	**Parenting intervention:**
With a man who is obsessed or has other high-risk factors the focus should be on addressing the violence and other contributions to risk, like substance abuse.	There should be no contact with children or very *restricted* supervised contact: • Assess the children's level of trauma pre and post visits. • Assess the aftermath of visits. • Ensure the location of the mother and child remain confidential • Consider having an office in another area work with him so he does not know what area she and the children are in. • Offer supervised contact, possibly in another community. • **With acute risk, consider no family contact.**
Any plan should be accompanied by a process of engagement with the perpetrator to: • focus on programming that will help him address and lower his risk factors • assess his capacity to take responsibility for his past behaviour • assess his behaviour during visits. Recommended services included: • a men's behaviour change program • substance abuse services.	

Adapted from Mederos 2004; 2009

Overcoming recent information bias

The bias towards using current information has been found in research on child protection (Farmer and Owen 1995; Munro 1999; Department of Health, Social Services Inspectorate 1993). Professionals tend to get absorbed in the present day issues and fail to stand back and place them in the long-term history of the family. Farmer and Owen's (1995) study of case conferences found that current information gained from police and social work investigations dominated discussion. Little attention was paid to getting a picture of past history from the records. The emphasis was on giving detailed verbal accounts of what had just happened, and what family members had said and how they reacted to the investigation.

The failure to look at history makes it easy to overlook patterns of behaviour, yet these are often the most reliable warning that matters are escalating or the situation is deteriorating again.

Where offenders have been physically or sexually violent, **the issue is not so much one of 'time' since the previous offence, rather, of greater relevance, is the persistence of cognitive distortions, controlling attitudes, deception, over-entitled/coercive behaviours, anger, aggression to property and poor impulse control in other areas of their lives**. Issues pertaining to linking substance abuse with the violence, and underlying unresolved trauma are highly relevant to any forensic assessment of the likelihood of past violence re-emerging.

When working with perpetrators:

When thinking about the information you have gathered about the perpetrator, keep in mind the following:

1. The combined **effects of entitlement-thinking, denial and other violence-supporting** narratives mean that you cannot rely on a perpetrator's account to determine the level of risk he poses to his children and (ex) partner. Perpetrators' self-reports commonly understate the amount of violence being experienced by their family members, and women often describe more frequent and severe levels of all forms of abuse than their (ex) partner admits to (Day et al. 2009). Perpetrators of violence also typically focus on physical behaviours and overlook a range of more subtle psychological or controlling forms of violence.
2. All information that a perpetrator provides about his use of violence should be verified against information provided by his (ex) partner and children and – to a lesser extent – any other sources, such as court and police records, school personnel and medical records. It is also not wise to take at face value a perpetrator's statements about his parenting or his relationship with his child. Perpetrators of family and domestic violence commonly overstate their qualities as fathers. As well, they are often adept at portraying themselves in a positive light in the public realm, including when interviewed by professionals (Bancroft and Silverman 2002)
3. Perpetrators' hopes for the future should also be treated with some scepticism. This is not to say that a perpetrator never means what he says. Rather, it is important to recognise that his motivations to change are likely to be overshadowed by his resistance to change, defensiveness and preference to maintain things the way they are. Making change takes a lot of consistent, hard work over a lengthy period.
4. Be particularly wary of a perpetrator's professed remorse. This common phase of the cycle of violence is usually short live and is often accompanied by the man's attempts to secure or retrieve the relationship (sometimes called a honeymoon phase). Unless the man is being intensively encouraged and supported to understand the impacts of his violence on his family members, it is likely that his remorse will be self-centred – focusing on the consequences for him, his fears, and his own feelings of self-pity. At some point, this will generally be overshadowed by his need to reassert control and the cycle of violence continues.

(No to Violence and Red Tree Consulting, 2013).

Safety planning

Working collaboratively with a family violence service to support women and, where appropriate, children, to develop a safety plan is integral to good practice. Ensure you bring the child's perspective to any safety planning in which children are not directly involved due to their age or stage of development.

Safety plans should be seen as 'a shared understanding of risk and the skills to stay safe' (The Caledonian System 2010), rather than a physical document; however, good case records are critical. The development of a physical document may be appropriate in some instances to give to the victims; however, it has the potential to become a risk to children and their mothers.

Safety planning is a *process* needing ongoing dialogue with families as their needs evolve; it is not the completion of a one off checklist or template. However, your documentation on official files is of critical importance, and can later make all the difference in court. Remember when you're not there and a colleague picks up the file they should understand your rationale for decisions. *Don't forget to note surnames of professionals and the correct agency name*.

The three main goals of safety planning are to:

- assess the protective parent's and child's strengths and reduce their vulnerabilities
- assess and reduce risk from the offender
- access services and supports and reduce service-generated risks.

Approaches to safety planning to address family violence may be characterised as:

- 'Protection strategies – immediate responses to violence or the threat of violence.
- Staying strategies – ways to build safety while a woman stays in a relationship with a partner who has been violent.
- Leaving strategies – ways to end the relationship as safely as possible, cope with the aftermath of separation, and sustaining and supporting the family in the process' (The Caledonian System 2010).

Where there are young children, the mothers' safety plan must identify strategies for leaving safely and quickly and should consider:

- what essential equipment is required for the child (medical equipment, medication, bottles, dummy, favourite teddy that a child sleeps with)
- friends or relatives who can provide care and support in an emergency
- accessing necessary documents (birth certificate, passport, general practitioner details, maternal child health book)
- getting the mother to hide a spare set of car keys, money for petrol and/or a taxi voucher.

It may be appropriate to support older children, preferably with the consent and participation of the mother, to develop a safety plan. **This plan does not need to be written down as this could be unsafe.**

The following issues are important to emphasise to children (Bancroft 2004):

- Adults are responsible for their own safety. Children can help if they want to, but it isn't their job.
- Safety plans won't always work, and if someone gets hurt, it isn't the child's fault.
- If they make a mistake and do the safety plan wrong, they still aren't at fault for what happens; the abusive man is always responsible for his own actions.
- They can't manage Dad or make him change.
- They don't have to talk with you about safety planning if they don't want to.
- What would you like to plan to do next time you feel scared by Dad?
- What is the most important things to take if you and Mum need to leave quickly?

Prompts to support **a preschool** child to develop a safety plan include:

- Is there a safe room or place in the house?
- Is it safe to use a phone to call for help?
- Do you know how to contact the police? What would you tell them? (It is a good idea to rehearse a telephone call to the police and to tell the child not to hang up the phone and then the police can find where they live and get there sooner.)
- Puppets can be used to role-play different scenarios.

Prompts to support **a primary-school**-aged child to develop a safety plan include:

- Emphasise the importance of being safe and that it is not their responsibility to make sure their mother is safe.
- Ensure the child knows they can dial triple zero and not to hang up.
- Role-play calling the police.
- Check the child knows their address.

Prompts to support **an adolescent** to develop a safety plan include:

- Explore what they currently do to keep themselves safe. Consider if this current plan can be improved.
- Discuss the dangers of intervening in the violence; encourage them to get out of the way and seek help outside the home.

(Adapted from Children's Subcommittee of the London Coordinating Committee to End Woman Abuse in Children Living with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda, 1994).

Children's safety strategies:

Below is a range of safety strategies other children and families have put in place (Bancroft 2004).

- Running out of the home when the incident starts.
- Locking themselves in a bedroom.
- Locking themselves in a room that has a telephone, and calling for help.
- Arranging a code word with friends or relatives so that they can use the phone to call for help without the abuser knowing what they are doing.
- Dialing triple zero.
- Running to the home of neighbours who know about the abuse, and calling the police from there.
- Siblings agreeing to meet together in a pre-arranged spot.
- Making an excuse to get Mum out of the home (such as going outdoors and faking an injury so she has to come out to help).
- Keeping a mobile phone hidden somewhere indoors, or in a garage or shed, without the abuser's knowledge, where the children know where to find it if they need to call for help.
- Planning phrases they can say to themselves or to each other to help them stay calm and get through the scary incident (such as 'We're going to be okay').
- Leaving home as soon as they see that Dad has been drinking, or observe other behaviours that they know are warning signs of a scary incident.
- Hiding weapons or other dangerous objects in the home so that Dad won't be able to find them.
- Teaching children to call the Kids Helpline (1800 55 1800) in cases where they feel the need for advice about what to do.

When would an additional psychological assessment be needed?

Most perpetrators of violence do not require additional psychological assessments. However, in special circumstances this may be warranted. If it is deemed essential to seek further assessments, the following principles must be followed (Mederos 2004):

- All assessments must include the full history and detail of his violence, otherwise the assessment is misleading.
- The man should waive confidentiality to ensure access to all information including records and information from his partner, the children and previous services. Failure to do so invalidates the assessment.
- The person conducting the assessment must be skilled in assessing violence and understand the dynamics and behavioural indicators.

Special circumstances that require specific assessment are:

- mental illness assessment – undiagnosed depression has been associated with filicide
- substance abuse assessment – current and severe substance abuse may be a barrier to participate in a behaviour change program; this may require detoxification; other substance abuse may require a drug or alcohol treatment program
- neurological assessment – if there appears to be cognitive damage from severe substance abuse and/or previous violence.

Parenting capacity

The assessment of parenting capacity is a core element of the work of child protection. Assessments of parenting capacity with violent men need to assess dangerousness, parenting style, the effects of psychological functioning on parenting, family history and their relationship with the child.

An experienced practitioner should be overseeing these complex assessments.

Action

A multidisciplinary team approach where the police are active partners is necessary where we share all known information and jointly plan our response. Legal advice should be sought at the earliest stage of your planning if you are considering court action. Consult with family violence agencies that have expertise that will assist the family.

See page 47 for detailed information regarding family violence intervention orders. While an intervention order is not a safety mechanism in its own right, it is an important part of an integrated strategy to keep women and children safe. Women need accurate information about their options so they can make an informed decision.

Be practical and use trauma-informed case practice skills

The family require very calm, warm and genuine engagement and simple explanations and information that may well need to be written down and repeated because they are often in shock. Be mindful that, again, written information can cause increased aggression if found by the perpetrator so be cautious about this. We need to be clear about what has been agreed to and who will do what next, and then what will happen. When people are overwhelmed and traumatised they usually cannot remember or concentrate as well as when they are safe. Your practical assistance and help will build trust and your calm warmth will provide support and enable engagement in change.

If you have been able to engage the father to begin to understand the impact of his violence and to genuinely want to change, refer and advocate for a place in a men's behaviour program. Timing is everything and you need to know that his remorse and motivation can be part of a pattern that has repeated in the past – without sustaining the good intentions to change. That is, unless he commits to do the work and your team help him find the right sort of program, his intentions will fade in the heat of the next dispute and his over-entitled thinking and behaviour will emerge.

Help with transport, housing, Centrelink, legal services, health services, childcare and other crisis services are frequently the most needed interventions in the initial stages and you will make valuable observations of the children and family relationships as you assist parents in these tasks.

Working in partnership with other services

Your collaboration with the police is critical to good outcomes and consultation with family violence agencies in your region is vital. Working together is often the most effective way of supporting the complex legal, financial, housing, health and emotional needs of the affected family members. Safety is always the priority and any action needs to be carefully planned and reviewed. Advocating for the immediate practical needs regarding housing and so on should not overshadow the emotional and developmental needs of the children.

Regular case conferences and care team meetings will ensure that children will benefit from a united approach to keeping them safe and developing well. Such meetings should ensure important information is shared in a timely way and is acted upon promptly.

Specialist Theraputic Responses

A relatively small proportion of children require a specialist therapeutic response to deal with entrenched issues arising from the violence. Referral might be indicated if a child has been in a supported, secure and safe environment for some time and there appears to be no change in their behaviour or presentation over that time.

Keep in mind that sometimes new behavioural issues emerge when a child develops a sense of safety. This might not indicate a need for a specialist trauma response; however, seek a secondary consultation and possible referral if issues continue to escalate or become entrenched.

In general, it is preferable to intervene earlier with young children, as the pace of their development is so much faster.

Of equal importance is the opportunity for the relationship work between the infant, child or adolescent and the non-offending parent, usually the mother. The therapeutic work with children and offenders who have been engaged to face up and take responsibility is extremely helpful in the children's recovery. However, family therapy with the offender and his children is contraindicated when he is still violent, blaming the victim or denying the impact of his violence.

(Department of Human Services 2013).

Roles and communication processes need to be carefully outlined. Who will do what, for whom and by when? At each stage consider if the significant people in the child's life have been included. This could be parents, extended family, carers, maternal and child health nurses or childcare practitioners.

Develop a therapeutic plan

A therapeutic plan might focus on: strengthening the child—mother relationship; strengthening parenting capacity; and recovery and healing work directly with the child. Some but not all children will require highly specialised counselling approaches.

It is important to consider the timing of ongoing therapeutic work with mothers and children. This is a matter of policy for individual agencies and may have implications for the level of assessment workers undertake.

In Aboriginal families it is preferable to work towards holistic healing, incorporating a range of culturally appropriate programs and interventions. Because healing services are developed by local Aboriginal communities, each is different. You should establish partnerships with Aboriginal organisations in your local area to support access to holistic healing for Aboriginal children.

(Department of Human Services 2013).

Engage respectfully with other professionals, return their phone calls and emails, avoid jargon and listen to their opinions and concerns. Revise your own judgements in the light of new information as it comes to light. The family's response to your intervention is new information in itself. What worked? What did you notice changed in terms of the children's experience?

If you are referring the child's parent to an adult service, ensure this service is aware of the child-focused reasons for referring, and discuss how outcomes for the child will be achieved and measured.

If a family is in crisis, or it has been difficult to discuss the impact of family violence on the child, it is preferable not to overwhelm the child's mother with referrals. Work with her to select one or two priority issues for referral, and provide information on others that she might follow up later. Complex referral needs often indicate a need for case management.

(Department of Human Services 2013).

When parents can't or won't change

It is important to remember that the desire to change dangerous or neglectful behaviour does not equal the capacity to change.

A parent who has used violence and control within the family may indicate a desire to change his behaviour and may even begin engagement with a behaviour change program. If, however, there is evidence that his violent and controlling behaviour is continuing, despite 'the widest possible assistance' (s. 10 CYFA), a court order and/or placement services may be required.

In such a situation, it may be appropriate for the man to continue to work towards change outside the family with a view to returning once sustained change is evident. A child's right to safety and stability must be considered and the child's age and stage of development will be a significant influence in the immediate and longer term decision-making processes.

Note that any police investigation or criminal, family or civil court proceedings can trigger an escalation in the aggressive and violent behaviour of the perpetrator and heighten the risk to the partner and children. Transition points such as these should be treated with great caution and support and safety planning needs to be increased proportionately. This planning should be done in close consultation with the agency supporting you and with the police. The court should be also advised of any threats or risk to safety during court proceedings.

Tips on collecting evidence where breaches are occurring

The following practical advice should be shared with victims of family violence to support them to collect evidence of any breaches of intervention orders.

Telephones

Keep all text messages.
Police can download them or photograph the screen for evidence.

Do not delete messages left on your phone message bank or similar recording service.

Keep copies of the other party's mobile phone bills that still come to your address.

Have a witness listen to phone calls.

Write down any verbal threats as accurately as you can. Record the time and date of the threat and how it made you feel.

If safe, record face-to-face conversations using your mobile phone.
Phone conversations can only be recorded if you are involved in the conversation. It is illegal to attach a recording device to the handset of the phone.
You can hold a recorder near the handset, but don't attach it to the phone.

If safe, photograph or video the other party during any breach using your mobile phone. However, this may escalate the danger and *should not be done if there is a risk of increasing the danger*.

Written notes

Keep a diary of individual breaches whether you report them to police or not. Examples include:

- times/dates
- location
- actions of people involved
- conversations
- threats
- cars driven/used, registration numbers
- assaults and injuries
- how the breach made you feel.

Keep a diary of suspicious activity at home or work such as prowlers, cars or incoming mobile phone numbers.

Keep threatening notes and letters and handle them as little as possible. Carefully put them in a plastic sleeve or envelope touching only the outer edges of the paper. Give them to police.

Email

Keep emails. Photograph the screen or print them if you cannot keep them (if they are on a work or friend's computer, for example).

Photographic and other evidence

Date stamp any photographic evidence. You will need to provide when any photograph was taken, this could include making a note and including it in your statement to police.
Get to know your neighbours and ask them to report any suspicious activity. Give them descriptions of people and vehicles you are worried about.
If you are assaulted and do not want to call the police, have a friend or family member photograph injuries with a date stamp or note the time and date. Keep photographs, as you may wish to show police at a later stage.
See a doctor to treat and record any injuries. Note the details of the doctor, especially at a hospital emergency department or after-hours clinic.
Install video surveillance cameras.
Place items the person breaching the order touches in a secure place protected from the weather. This will help with analysis if required.
In the case of sexual assault, avoid showering or washing clothing if possible.

Reporting the breach

Call triple zero if you are at immediate risk or need quick assistance.
If you are not at immediate risk or do not need a fast response contact your local police station and make an appointment.
Note the name of the officer and the time and the date you reported the breach.
Your matter will be formally recorded and the police will refer you to someone who can help. Tell them the name of your family services or child protection practitioner and ask the police to contact and share information.
Each situation is different. You may need to contact the police immediately or soon after an incident. Alternatively, you may feel comfortable enough to keep detailed notes of a breach and make an appointment to see the police later.
Many police stations have a family violence liaison officer to help you.

Adapted from Women's Health West and Victoria Police, 2013

Preparing matters for court

A court report should be seen as the blueprint for the practitioner's evidence and an effective tool to state the risk of harm to the child and articulate the child's best interests in a formal manner.

It is usually the main opportunity to convey to the court an understanding of what has happened for the child and child protection's rationale for the decisions that have been made in relation to the child. Therefore, careful preparation of the court report is essential including careful consideration of how to best present evidence to the court that documents the effects of family violence on a child. Use the research outlined in this document to support your assessment and to strengthen your analysis of the impact the violence has had, or is likely to have, on this child. Have a respectful tone about the parents and describe the assistance you have offered/provided to them.

Specifically, the evidence must indicate what risk of harm the child has suffered or is likely to suffer, how the parents have not or are unlikely to protect the child and must relate to the question of whether the child is in need of protection.

The purpose of a court report is to assist the court and other parties to obtain a clear understanding of the protective concerns and the rationale for the recommendation. A strong court report allows for early negotiation and resolution of cases in court and assists practitioners if evidence is required to be given at a later stage.

In determining an appropriate disposition, the following questions should be considered:

- What is the risk to the child?
- Can the child remain at home?
- Is the perpetrator motivated to change his behaviour?
- What is the evidence for this?
- What is the role of the non-offending parent? Are they able to provide a level of safety to the child?
- If there are drug/alcohol problems, what impact do they have on parenting capacity?
- Do appropriate and accessible resources exist that could alleviate the risk issues?
- What is the capacity of the parents and child to respond to supports and services?
- Can the child's safety be monitored, with the child remaining in the family home?

The following areas should be considered when articulating the best interests of the child:

- What are the child's developmental needs now and for the future? Does the recommendation address these needs?
- What are the long-term prospects for the child in the context of the proposed disposition?
- How are the child's best interests achieved by the recommended disposition?

Management of sensitive confidential information

Warning: Be scrupulous and remove the address of victimised parents, children and foster carers in cases where the offender is dangerous. Supervisors need to double-check that addresses and other identifying information has been removed from court documents, letters and other material that is given to the perpetrator.

Practice advice #1498 details the use of the private information regarding family members within court reports. Specifically, the advice informs workers:

- They are charged with the management of sensitive confidential information and must at all times exercise scrupulous care to ensure compliance with privacy requirements.
- The CYFA (s. 555) specifies a protection report must only deal with matters relevant to the question of whether a child is in need of protection. Information irrelevant to the child being in need of protection, such as addresses, do not need to be contained in a court report.
- Where there is no specific authorisation in the CYFA, information sharing must be consistent with the *Information Privacy Act 2000*.

- Information such as addresses that can be auto-populated from CRIS into documents should be removed where it is appropriate.
- Where significant safety concerns exist regarding violence or abduction, they must be highlighted on CRIS as an alert for children, parents and third parties and must be reviewed by workers prior to releasing identifying details in reports and applications.
- The auto-population of address details is often not relevant to the court application and can breach privacy principles.
- In all cases workers must consider if the inclusion of address details has the potential to compromise privacy, safety or wellbeing.

Practitioners should be extremely careful in cases where identification of the address or other contact details in court or best interests planning reports may place children and family members at risk, or contravene an existing order.

For further guidance in preparing matters for court, refer to the Child Protection Practice Manual – 'Legal Processes and Court Proceedings' sections. Consult with a supervisor, senior practitioner, practice leader or a principal practitioner.

Reviewing outcomes

A professional culture that values the input of others and is open to altering initial assessments in the light of new information is vital to making intelligent and well-planned decisions. Our decisions need to be based on analysis that has synthesised all the pros and cons of the potential choices we can make – with or on behalf of the family. The details matter enormously; quality information-gathering can make all the difference in a dangerous situation but the thinking and analysis is vital. We need to remain clear-thinking and critically reflect on our assumptions and stay open to other's feedback.

Hold in mind that we work with crises and engage sensitively and constructively; we don't become part of the crisis and trauma dynamics.

The last thing the family need is an overwhelmed and reactive professional. We need to respond thoughtfully and sometimes very quickly but not in a reactive, heightened state. Of course we will have our own need to process our emotional responses if something has been personally triggering and that is why supervision and debriefing are critical components of good practice and a supportive, collegial team is such an asset.

It is important to remain curious, constantly reviewing our effectiveness and the ongoing sustainability of change within a family. We need to be careful about confusing the 'illusion of change' (Cousins 2005) with real, sustained change for a child and family.

If you have made a report to child protection or a referral to Child FIRST and have not been informed of the outcome of the intake assessment, follow up to check the status of the case.

If a child or parent was referred to a specialist or universal service, try to ascertain the outcomes of the referral (ask the parent first if possible, but if they have given their permission for the service to share information with you, you can ask the other service provider directly).

If a case plan has been developed, the person delegated with responsibility for overseeing its implementation should keep all other stakeholders informed of progress.

(Department of Human Services 2013).

Work through difficult conversations to resolve differences and disputes when you need to

Family violence cases require skilled intervention. If you believe that other services are superficial and naïve about the risk or that they are being overly pathologising and not acknowledging the resilience, strengths and the changes that have taken place within the family, then you need to be transparent and respectfully have the difficult conversation to work this dispute through.

Conflict between professionals can start to mirror the family conflict and we can start to re-enact the trauma dynamics if there is not a clear process of discussion and resolution. If conflict and dissention remains, promptly notify your supervisor and seek care team facilitation from an external person with appropriate expertise.

Reflect on your own tone and the way you come across

Use your supervisor and professional peer group and reflect on your own behaviour that might be contributing to an unhelpful dynamic. Plan a strategic and different response; using your power and personal style differently will change the dynamics of the care team. Consider a 'one down' position; seek to listen more and understand the other's experience rather than trying to convince them of your opinion. Or alternatively, sometimes you might need to stand your ground and 'speak up' and 'manage up' because your vital information is not being considered and this inaction may be placing others in danger.

Below is a checklist (Bancroft 2007) that can be used to guide your assessment of change in a man who has previously been a perpetrator of family violence. You might use this checklist as a prompt for reflective discussion within a supervision session.

Ask yourself, is he:

- Admitting fully to what he has done?
- Stopping excuses?
- Stopping all blaming of her?
- Making amends?
- Accepting responsibility (recognising that abuse is a choice)?
- Identifying patterns of controlling behaviour and admitting their wrongness?
- Identifying the attitudes that drive his abuse?
- Accepting that overcoming abusiveness will be a decades-long process, not declaring himself cured?
- Not starting to say, 'so now it's your turn to do your work' and not using change as a bargaining chip?
- Not demanding credit for improvements he has made?
- Not treating improvements as chips or vouchers to be spent on occasional acts of abuse (for example, 'I haven't done anything like this in a long time, so why are you making such a big deal about it?')?
- Developing respectful, kind, supportive behaviours?
- Carrying his weight?
- Sharing power?
- Changing how he is in highly heated conflicts?
- Changing how he responds to his partner's (or former partner's) anger and grievances?
- Changing his parenting? How? Who else says?
- Changing his treatment of her as a parent?
- Changing his attitudes towards females in general?
- Accepting the consequences of his actions (including not feeling sorry for himself about those consequences and not blaming her or the children for them)?

Seek to understand the child's experience

Keep the experience of the child central to the review process by asking yourself questions such as:

- What has changed for the child?
- Does the child feel safe? If not, what needs to change in order for them to feel safe?
- Is the child more able to play, concentrate, relate, participate and belong?
- What positive changes has the child identified?
- What other changes would the child like to see happen?

For further questions and prompts, refer to the *Best interests case practice model summary guide*.

Seek to understand the non-offending parent's experience:

- What has changed for the woman? Reflect on her experience currently as a person in her own right, as a partner/wife or ex-partner, and as a mother.
- What has been the impact of the violence on her parenting and on her life and what recovery has occurred? What is different?
- What has made the difference? How have her extended family, friends and employers positioned themselves?
- Is there adequate legal protection?
- What services are helpful or currently not in place but should be?
- What have we learnt? What helped or should we have done differently?

As a practitioner

- How are you feeling about the children? The parents?
- What has helped you manage this case and make a difference?
- If you're feeling stuck, what other situation does it remind you of?
- What have you learnt?
- What do you or others do that makes a difference?
- How has the broader system responded? What else could we have done?
- Have personal buttons been pushed with this case?
- What has been your self-talk in response to your own reactions?
- What theories and research has been useful?
- What is the pattern of the trauma you see being played out?

Appendix One: Family law and child protection

This guide is a summary of the ways in which family law and child protection can intersect and how Child Protection can respond to reports from the family law system.

Child protection concerns are dealt with by state and territory systems that are authorised to intervene when children are **at risk** of harm in the care of their families.

However, allegations about safety, abuse and neglect are also raised in the context of **disputes** between separated parents about the care of their children.

Two courts exercise the *Family Law Act 1975* and can make decisions regarding parenting orders, property and divorce: the **Family Court of Australia** (FCA) and the **Federal Circuit Court** (FCC).

The FCC hears about 80 per cent of all family law matters. The FCA specifically hears: serious cases of physical and sexual abuse that are on the Magellan List; international child abduction cases; cases involving special medical procedures such as gender reassignment; and complex questions of jurisdiction of law.

Reports to Child Protection from the FCA and FCC

The Family Law Act provides a number of different ways in which the FCA and the FCC can make a report to Child Protection in relation to a child who is subject to proceedings in that court.

Section 67Z

Where a parent or interested person (referred to as a party to proceedings) in the FCA or FCC alleges that a child has been abused or is at risk of being abuse:

- That person must file a **Notice of Child Abuse, Family Violence or Risk of Family Violence** form in court. This is also referred to as a Form 4.
- Upon receiving this notice the court must report to Child Protection.
- Wherever possible the FCA and the FCC will set a return to court date that allows Child Protection sufficient time to adequately respond to the request. This period is usually a minimum of 21 days.
- If the court has determined that the matter is urgent and requires an earlier hearing date, the matter may be listed within days of the application being filed. Practitioners need to read the affidavit material attached to the Form 4 or seek further information from the court to understand why the matter has been listed for an urgent hearing.

Departmental response

- Child Protection must record this as a child protection report under section 67Z in the CRIS section ‘Reporter Details, Type of Report’.
- A determination regarding the classification of the report is to be made in the same manner as other child protection reports by Intake.
- The local departmental office will acknowledge receipt of the notice by email to the registry manager or their nominee.
- Email for Melbourne Registry of the FCA and FCC is: melbourne.case.coordinators@familycourt.gov.au

- The department will usually require a minimum of 21 days to prepare its response in the form of a letter. However, if the request is urgent Child Protection must respond as soon as possible.
- If there is inadequate time to prepare a response in time for the next hearing date, Child Protection must notify the court as soon as practicable, prior to the next court date.
- Child Protection Intake will proceed to classify the report (as a child wellbeing report or protective intervention report).
- Where the report is classified as a protective intervention report and insufficient time has been allowed by the court to complete an investigation (less than three weeks) or the matter is complex and requires further assessment, a letter must be sent to the FCA or FCC determining that the assessment is incomplete and indicating the date that information will be available.
- Where an investigation will not occur the FCA or FCC must be advised of this in writing including the reasons for this decision. This can be emailed to the <melbourne.case.coordinators@familycourt.gov.au> inbox.

Section 67ZA

A section 67ZA report is one where a family law court professional, for example, a Child Dispute Services family consultant, registrar of the court or independent children's lawyer, has formed a concern for a child and makes a report to Child Protection. This can be done either in writing or verbally and the response by the department needs to be detailed as above for section 67Z reports.

Section 91B

A section 91B report can only be made by a judge. In proceedings that affect or may affect the welfare of a child, an FCA or FCC judge may directly request that Child Protection intervenes.

This is requested by the court at times where there are concerns about the viability of both parents to provide care and protection of a child.

This section of the Family Law Act (91B) also provides that once such a request has been made Child Protection may intervene in the proceedings and in doing so will be a legal party to the proceedings.

Possible departmental responses to 67Z, 67ZA and 91B

When Child Protection is responding to requests in writing we must:

- advise the court what the department's intentions are
- include the rationale for the type of response.

Possible responses are:

- No investigation by the department (include your rationale).
- Investigation substantiated or not substantiated (include information that is held by Child Protection that may be of interest to the court).
- Initiate Children's Court proceedings (it is important this is communicated to the court as this will suspend/adjourn proceedings in the family law jurisdiction until the Children's Court proceedings have concluded).

- Intend to appear as amicus curiae (a friend of the court).
  In considering this option, discussion with the Child Protection Litigation Office should occur as quickly as possible. Endorsement from the team manager is required for Child Protection to appear as a friend of the court.
- Seek leave to become party to the proceedings.
  In considering intervening in the proceedings, this should be guided by what is required to protect the child, and consequently which jurisdiction will best ensure the safety of the child. A Child Protection manager will need to endorse this decision.

Memorandum of understanding

Caution

In cases where Child Protection chooses not to intervene there is no avenue for appeal if a decision is made that is contrary to Child Protection's opinion about the best outcome. Child Protection should not issue Children's Court proceedings following a decision in the FCA or FCC unless new protective concerns arise.

Magellan Project

The Magellan List was established in the FCA to better deal with parenting disputes involving allegations of serious physical and sexual abuse. The major features include the imposition of strict timelines for managing the case, early front-loading of resources (such as appointment of an **independent children's lawyer**), provision of information from the department and close liaison on case management between external information providers and a small team of court personnel.

One of the key objectives of the Magellan List is to receive a written **court report** from Child Protection as early as possible.

The department may receive a report (67Z or 91B) and/or 69ZW, requesting that we provide a written report regarding the child who is the subject of proceedings in the Magellan List.

If the report made via Magellan is classified as a protective intervention report and Child Protection undertakes an investigation, Child Protection will endeavour to provide written information to the FCA within five weeks of the report. Such written information will be provided in a report, outlining the actions taken by the department including the names of those interviewed for the report, views regarding the risk to the child and an explanation of these views based on a consideration of the child's best interests.

Child Protection must advise the FCA if more time is required to complete the investigation.

Child Protection must consult with the Child Protection Litigation Office to determine whether the department will intervene in FCA proceedings.

Court requests for information from the department

Subpoenas and orders under section 69ZW of the Family Law Act are alternative measures by which the FCA and FCC can obtain information from Child Protection.

Both subpoenas and 69ZW orders are court orders requiring the named person to provide the documents indicated. Only the documents that are in existence should be the subject of such orders. They are binding unless the court is persuaded to set a subpoena aside or discharge

a 69ZW order. However, neither can normally require the disclosure of documents that would identify those who notified Child Protection. The Family Law Act and state child welfare laws protect the anonymity of the reporter.

69ZW orders

69ZW orders are made by a judge of either court. This order requires the department to provide the court with the documents or information specified in the order.

Although subpoenas can be issued at the initiative of the court itself, they are more commonly issued routinely at the request of parties or an independent children's lawyer.

If the full Child Protection file is required then a subpoena will need to be issued.

A section 69ZW order is not a child protection report. The 69ZW order must be registered as correspondence in the corporate record-keeping system TRIM and a case entry made in CRIS.

Subpoenas

A subpoena is an order issued by a court that takes the form of a legal document requiring:

- the production of a file
- a person to give evidence in court, or
- both the production of a file and a person to give evidence in court.

They are served on the department at central office and in local offices. If the subpoena requires production of child protection records that relate to an open file or that has been closed for less than three months, divisional staff are responsible for responding to the subpoena.

If the records relate to a file that has been closed for more than three months, then it is the responsibility of the Records Analysis and Release team.

Departmental requests for information from the FCA and FCC

The FCA and FCC have developed a national template for external agencies when requesting information from the courts. This template is available from the court or from the Office of Professional Practice's practice leader family law liaison.

Information that may be of interest to the department during child protection matters in respect of family law matters may include:

- parenting orders
- judgements
- affidavit material relating to a Form 4 (Notice of Risk)
- relevant court file
- family reports.

Where information is sought from the courts it is recommended that the child protection practitioner complete this template and send it to the relevant registry as noted in the email addresses listed on the template for a response.

In Melbourne the Registry email address for requests for information from the courts is <melbourne.case.coordinators@familycourt.gov.au>.

Concurrent proceedings in the FCA, FCC and Children's Court

There are limitations to the FCA and FCC jurisdictions in what actions and decisions the courts may make under section 69ZK of the Family Law Act. The FCA and FCC must not make an order in relation to a child who is under the care of the departmental Secretary unless:

- the order is expressed to come into effect when the child ceases to be under that care, or
- the order is made with the written consent of the Secretary to the Department of Human Services.

Where Child Protection initiates Children's Court proceedings and is aware of federal family law proceedings, the department should alert its child protection litigation officer for purposes of advising the relevant courts.

Intervention orders

If a parenting order under the Family Law Act is inconsistent with a family violence order, the family violence order is invalid (s. 68Q).

However, in cases in which a parent seeks to make an interim family violence order (intervention order) while a parenting order is in place, a Magistrate's Court can revive, vary or suspend a parenting order for a period of **21 days**. At the end of the 21-day period or when the interim order ceases, the parenting order that is in place will be valid.

It is important that Child Protection provide information and support to the parent in seeking to change the parenting order to reflect consistency with the interim intervention order. This will require an application to the FCA or the FCC.

Child protection practitioners can appear in court in person to support a parent seeking a new parenting order or to change a parenting order in the FCA or FCC. Child Protection can also speak with the independent children's lawyer if there is one appointed for the matter, or consider writing a letter to the court that can be given to the parent or the Child Protection practice leader family law liaison worker. Where there is the risk of harm through family violence, separation can be a time of increased risk and conditions. Children's contact should be carefully assessed.

After hours

The FCA and FCC operate a limited after-hours service.

The calls actioned by the after-hours service are limited to those circumstances where:

- there is a risk of the child being removed from Australia before the next working day
- a lawyer contacts the service where there is a risk of dissipation of assets from the jurisdiction before the next working day.

Callers whose circumstances do not fall within this category are referred by the National Enquiry Centre officer either to an appropriate external agency or to the nearest Registry. Examples include allegations where:

- child protection issues may be referred to the relevant state/territory child welfare authority
- domestic violence may be referred to the police or the relevant domestic violence service
- failure to return a child from contact may be referred to lawyers for advice and to the relevant registry on the next working day.

Callers may also be referred to the Family Relationship Advice Line to obtain current contact details of many external agencies and access to legal advice.

The Australia Federal Police (AFP) no longer provides a specialist family law squad. If there is a need to contact the AFP after hours in respect to a watch list order (to stop a child from being removed from the jurisdiction) contact with the central operations centre in Canberra is made.

Contacts

Practice Leader Family Law Liaison, Office of Professional Practice	**8600 4143** **9096 9999**
Melbourne Registry of FCA and FCC:	**melbourne.case.coordinators@familycourt.gov.au**
The after-hours service is accessed via the National Enquiry Centre number of	**1300 352 000**
The Commonwealth's Family Relationships Advice Line is available by phoning: operates six days per week (8 am to 8 pm, Monday to Friday and 10 am to 4 pm on Saturday). There is also a website at <www.familyrelationships.gov.au>.	**1800 050 321**

Resources

The Lookout (www.thelookout.org.au) is a place where Victorian family violence workers and women experiencing violence can find information, resources and services aimed at preventing and responding to family violence. It is also for families, friends and neighbours of women experiencing violence, as well as other professionals who support them in the course of their work.

The Lookout has been developed by the Domestic Violence Resource Centre Victoria and Domestic Violence Victoria with funding from the Victorian Government as part of its commitment to preventing violence against women and children.

Please visit The Lookout to view the comprehensive, regularly updated, service directory.

Statewide services listed in the directory include:

Aboriginal Family Violence Prevention and Legal Service

Centres Against Sexual Assault (CASAs)

Community legal centres

Elder Rights Advocacy (ERA)

Elizabeth Hoffman House Aboriginal Women's Service

Gay and Lesbian Switchboard

inTouch Multicultural Centre Against Family Violence

Men's Referral Service

No To Violence (NTV)

Seniors Rights Victoria (SRV)

The Jewish Taskforce Against Family Violence

Women with Disabilities Victoria (WDV)

Women's Domestic Violence Crisis Service of Victoria (WDVCS)

Women's Information Referral Exchange (WIRE)

Women's Legal Service

Women's refuges

Women's Homelessness Prevention Project

Region specific services listed include:

Rural Outreach Services

Community health services

The following pages are taken from the Family violence risk assessment and risk management framework (know as CRAF in Victoria). They can be photocopied and completed to assist your assessment.

Preliminary assessment

Aide memoire

Note: these risk factors should be explored through the course of a conversation rather than in checklist fashion.

* May Indicate an Increased risk of the victim being killed or almost killed.

	Presence of factor		
Risk factors for victims	**Yes**	**No**	**Comments**
Pregnancy or new birth*			
Depression or mental health issue			
Drug and/or alcohol misuse/abuse			
Verbalised or suicidal ideas, or tried to commit suicide			
Isolation			
Risk factors for perpetrators			
Use of a weapon in the most recent event*			
Access to weapons*			
History of harming or threatening to harm the victim			
Attempts to choke the victim*			
Threats to kill the victim*			
History of harming or threatening to harm or kill the children			
harm or kill children*			
History of harming or threatening to harm or kill other family members			
History of harming or threatening to harm or kill pets or other animals*			
Threatened or tried to commit suicide*			
Stalking of victim*			
Sexual assault of the victim			
Previous or current breach of an intervention order			
Drug and/or alcohol misuse/abuse*			
Obsession/jealous behaviour towards the victim*			
Controlling behaviours*			
Unemployed*			
Depression or mental health issue			
History of violent behaviour (not family violence)			
Relationship factors			
Recent separation*			
Escalation – increase in severity and/or frequency of violence*			
Financial difficulties			

Preliminary assessment

Victim's presentation and own assessment of safety

Has a crime been committed?

Criminal offences include physical abuse, sexual assault, threats, pet abuse, property damage, stalking and breaching intervention orders (see *Case classification code table* below for reference).

☐ No ☐ Yes If yes, provide details.

CASE CLASSIFICATION CODE TABLE *

Instructions: Describe the most serious feature of the current case, and use this code number in the box above.

CRIMINAL ABUSE

ASSAULTS				PROPERTY		STALKING		BREACHING I/O	
1	Serious (Physical)	4	Threats (non-physical)	7	Serious (Damage)	10	Less than 2 weeks	13	Only
2	Minor (Physical)	5	Pet Abuse	8	Minor (Damage)	11	Between 2 & 4 weeks	14	Plus Other Charges
3	Sexual	6	Other types of assault	9	Theft	12	Greater than 4 weeks		

NON-CRIMINAL ABUSE

15	Emotional	Manipulative or controlling behaviour, humiliating or intimidating behaviour, subjecting victim to reckless driving, continual criticism, threatening to take children away or undermining the relationship between victim and children. Threatening to commit suicide.
16	Verbal	Swearing or making derogatory insults to the victim.
17	Social	Keeping victim away from family and friends, not letting victim leave the house, insulting victim in public.
18	Financial	Keeping victim totally dependent, not giving victim enough money to buy things for the household or for basic needs, threatening that victim will lose all victim's property if the relationship ends.
19	Spiritual	Ridiculing or insulting victim's most valued beliefs about religion, ethnicity, socio-economic background or sexual preferences.

NON-ABUSIVE AND NON-CRIMINAL BEHAVIOUR

20	Conflict	Non-violent, non-abusive, non-criminal dispute between family members characterised by the absence of controlling or coercive behaviour

* This is consistent with the Classification Table used by the Victoria Police in the Family Violence Risk Assessment and Management Report (the L17).

Preliminary assessment

Protective factors

Risk level

Is risk present? ☐ No ☐ Yes

Is action required? ☐ No ☐ Yes

Agencies already involved

Name of organisation	Contact person and number	Type of involvement

Safety plan

Preliminary assessment

Referrals made

Type of organisation	Name of organisation	Name of contact person	Date of referral
Police			
Child protection			
Child FIRST			
24-hour statewide crisis service			
Regional family violence service			
Counselling service			
Housing service			
Community legal centre/Legal Aid			
Centrelink			
Mental health service			
Drug and alcohol service			
Sexual assault service			
Other			
Other			
Other			
Other			

Consent

I, _____

consent for this practitioner to share the information I have provided in this assessment with other agencies to which I am being referred.

Signature: _____ Date: _____

Verbal consent obtained: ☐ Yes ☐ No

Safety plan for older children and teenagers

These things might help YOU to be safe

This is your own safety plan. Remember:

- You are not to blame for the abuse.
- Don't put yourself in danger.
- Abuse is against the law.
- If you don't feel safe, go to your safe place if you can.
- You are not responsible for your mum's safety, but you might be able to get help for her.

If you can get to a phone in your own house, a neighbour's house, or a pay phone, you can call for help.

Here's what to do when you call:

Dial **000**

They will say: 'Police, fire, ambulance'

You answer: Police

Then say:

My name is _____

I am _____ **years old.**

I need help. Send the police. Someone is hurting my mum.

The address is _____

The phone number I am calling from is _____

It may not be safe for you to stay on the phone. If it is not safe, tell the person it is not safe and then just put the phone down. DO NOT HANG UP. If you hang up, the police might call you back.

References

Australian Bureau of Statistics 2012, Personal Safety Survey, ABS, Canberra.

Australian Bureau of Statistics 2006, Personal Safety Survey, ABS, Canberra.

Bancroft L and Silverman JG 2002, *The batterer as parent: Addressing the impact of domestic violence on family dynamics*, Sage Publications, Thousand Oaks.

Bancroft L 2007, Checklist for assessing change in men who abuse women, viewed 15 June 2004, <http://www.lundybancroft.com/articles/checklist-for-assessing-change-in-men-who-abuse-women>.

Bancroft L 2004, Safety planning with children of battered women, viewed 15 June 2014, <http://www.lundybancroft.com/articles/safety-planning-with-children-of-battered-women>.

Bancroft L 2002, *Why does he do that? Inside the minds of angry and controlling men*, GP Putnam, New York.

Bedi G, Goddard C 2007, 'Intimate partner violence: What are the impacts on children?', *Australian Psychologist*, vol. 42, no. 1, pp. 66–77.

Berlyn C and Bromfield LM 2010, Child protection and Aboriginal and Torres Strait Islander children (NCPC Resource Sheet), National Child Protection Clearinghouse, viewed 15 June 2014, <www.aifs.gov.au/nch/pubs/sheets/rs10/index.html>.

Benevolent Society 2009, *Moving forward: women's journeys after leaving an abusive relationship*, Benevolent Society, Paddington.

Berenson AB, Weimann CM, Wilkinson GS, Jones WA, Anderson GD 1994, 'Perinatal morbidity associated with violence experienced by pregnant women', *American Journal of Obstetrics and Gynecology*, vol. 170, no. 6, pp. 1760–1769.

Bowker L, Artbitell M and McFerron J 1998, Domestic violence factsheet: children, Women's Aid Federation of England, Bristol.

Bromfield L 2010, Domestic violence and assessing risk to children, Domestic Violence Clearinghouse, Australian Institute of Family Studies, Melbourne.

Brophy J 1989, Custody law, child care, and inequality in Britain. In C. Smart and S. Sevenhuijsen (Eds), Child custody and the politics of gender, Routledge, London.

Brown D & Endekov Z 2005. *Childhood abused:The pandemic nature and effects of abuse and domestic violence on children in Australia*. South Melbourne: The Alannah and Madeline Foundation

Bullock I, McFarlane J 1989, 'The birthweight/battering connection', *American Journal of Nursing*, vol. 89, no.9, pp. 1153–1155.

Burke C 1999, 'Redressing the balance: child protection intervention in the context of domestic violence. In: J. Breckenridge and L. Laing (Eds) *Challenging silence: innovative responses to sexual and domestic violence*, Allen and Unwin, Sydney.

Brown T, Tyson D 2011, *Filicide in the context of parental separation and divorce*, unpublished presentation available at Family Relationships Australia, <http://www.familyrelationships.gov.au/ProfessionalResources/Pages/default.aspx>

The Caledonian System 2010, *Children's services manual*, Scottish Government, Edinburgh.

Campbell JC, Woods AB, Chouaf KL, Parker B 2000, 'Reproductive health consequences of intimate partner violence', *Clinical Nursing Research*, vol. 9, no. 3, pp. 217–237.

Campbell J 2001, 'Abuse during pregnancy: a quintessential threat to maternal and child health – so when do we start to act?', *Canadian Medical Association Journal*, vol. 164, no. 11, pp. 1578–1579.

Cassanueva CE, Cross TP and Ringelsen H 2008, 'Developmental needs and individualized family service plans among infants and toddlers in the child welfare system', *Child Maltreatment*, no. 13, pp. 245–258.

Centre for Early Childhood Mental Health Consultation 2012, Tutorial 6: Recognizing and supporting the social and emotional health of young children birth to age five, viewed 15 June 2014, <http://www.ecmhc.org/tutorials/social-emotional/mod1_0.html>.

Channel 4, 2009, Dispatches Child Homicide Study, UK, viewed 15 June 2014, <http://www.channel4.com/media/dispatches_downloads/Dispatches_Child_Homicide_Research.pdf>.

Children's Subcommittee of the London Coordinating Committee to End Woman Abuse in Children Living with Domestic Violence: Putting Men's Abuse of Women on the Child Care Agenda, 1994, 'Make a difference: How to respond to Child Witnesses of Woman Abuse'. In: A. Mullender and R. Morley (Eds) *Children living with domestic violence – putting men's abuse of women on the child care agenda*, Whiting and Birch, England pp.102–121.

Cousins, C 2005, 'But the parent is trying...', *Child Abuse Prevention Newsletter*, vol. 13, no. 1, pp. 3–6.

Cutajar MC, Mullen PE, Ogloff JR, Thomas SD, Wells DL, Spataro J 2010, 'Psychopathology in a large cohort of sexually abused children followed up to 43 years', *Child Abuse and Neglect*, vol. 34, no. 11, pp. 813–822.

Day A, O'Leary P, Chung D and Justo D 2009, *Domestic violence: working with men*, The Federation Press, Leichhardt.

Department for Victorian Communities 2003, *Victorian Indigenous Family Violence Task Force, Final report*, viewed 15 June 2014, <http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/581154/vic-indigenous-family-violence-task-force-report-2003-main.pdf>.

Department of Health, Social Services Inspectorate 1993, *Evaluating child protection services: findings and issues*, HMSO, London.

Department of Human Services 2012, *Family violence risk assessment and risk management framework and practice guides 1–3*, Victorian Government, Melbourne.

Department of Human Services 2013, *Assessing child and young people experiencing family violence: a practice guide for family violence practitioners*, Victorian Government Department of Human Services, Melbourne.

Department of Justice 2012, *Measuring family violence in Victoria – Victorian Family Violence Database Volume 5: Eleven-year trend analysis (1999–2010)*, State Government of Victoria, Melbourne.

Department of Planning and Community Development 2008, *Strong cultures, strong peoples, strong families: towards a safer future for Indigenous families and communities 10-year plan*, State Government of Victoria, Melbourne.

Department of Premier and Cabinet 2012, Report of the Protecting Victoria's Vulnerable Children Inquiry (The Honourable P Cummins, Chair), Melbourne.

Dietz C and Craft J 1980, 'Family dynamics of incest: a new perspective', *Social Casework,* vol. 61, pp. 603–609.

Domestic Violence Resource Centre Victoria (DVRCV) 2009, 'Bad mothers and invisible fathers', Parenting in the Context of Domestic Violence, Discussion Paper No. 7. 2009, Melbourne.

Domestic Violence Resource Centre Victoria (DVRCV) 2012, 'Just say goodbye', Discussion paper No. 8, Melbourne.

Domestic Violence Resource Centre Victoria (DVRCV) 2014, Guide for families, friends and neighbours, viewed 13 February 2014 <http://www.dvrcv.org.au/help-advice/guide-for-families-friends-and-neighbours>.

Domestic Violence Victoria 2006, Code of practice for specialist family violence services for women and children: 'Enhancing the safety of women and children in Victoria', viewed 4 June 2104, <http://www.thelookout.org.au/community/practice/professional-standards-and-codes-practice>.

Donovan RJ and Vlais R 2005, VicHealth review of communication components of social marketing/public education campaigns focusing on violence against women. VicHealth Paper Two of the Violence Against Women Community Attitudes Project, Victorian Health Promotion Foundation, Melbourne.

Duane Y and Morrison T 2004, Families of young people who sexually abuse: Characteristics, contexts and considerations. In: G. O'Reilly, W. L. Marshall, A. Carr and R. Beckett (Eds), *The handbook of clinical intervention with young people who sexually abuse* (pp. 103–127), Brunner-Routledge, Hove.

Dube SR, Anda RF, Felitti VJ, Edwards VJ and Croft JB 2002, 'Adverse childhood experiences and personal alcohol abuse as an adult', Addictive Behaviors, vol. 27, no. 5, pp. 713–725.

Dwyer J 2013, *Some thoughts on filicide, family violence and protecting children, Presentation to family violence network*, Department of Human Services, Dandenong.

Dwyer J 1999, *Grief, trauma and the familial ideal; Some Australian women's responses to the incestuous abuse of their children*, Unpublished PhD thesis, University of Melbourne.

Edleson JL 2004, Should childhood exposure to domestic violence be defined as child maltreatment under the law? In: P. Jaffe, P.L Baker and A. Cunningham (Eds), *Protecting children from domestic violence: strategies for community intervention*, (pp. 1–17) Guilford Press, New York.

Edleson JL, Mbilinyi JF, Beeman SK and Hagemeister AK 2003, 'How children are involved in adult domestic violence – results from a four-city telephone survey', *Journal of Interpersonal Violence*, vol. 18, no. 1, pp. 18–32.

Edleson JL 1998, 'Responsible mothers and invisible men: child protection in the case of adult domestic violence', *Journal of Interpersonal Violence*, no. 13, pp. 294–298.

Edelson J and Williams O 2007, *Parenting by men who batter*, Oxford University Press, New York.

Edleson JL 1999, 'Children's witnessing of adult domestic violence', *Journal of Interpersonal Violence*, vol. 14, no. 8, pp. 839–870.

El Kady D, Gilbert WM, Xing G, Smith LH 2005, 'Maternal and neonatal outcomes of assaults during pregnancy', *Obstetrics and Gynecology*, vol. 105, no. 2, pp. 357–363.

Family Violence Professional Educational Taskforce 1991, *Family violence: Everybody's business, somebody's life*, Education Press, Melbourne.

Fletcher K 2003, Childhood posttraumatic stress disorder. In: E.J. Mash, R.A. Barkley (Eds), *Child psychopathology*, 2nd edn, The Guildford Press, New York, pp. 330–371.

Forman J 1995, *Is there a correlation between child sexual abuse and domestic violence? An exploratory study of the links between child sexual abuse and domestic violence in a sample of intrafamilial child sexual abuse cases*, Women's Support Project, Glasgow.

Frederico M, Jackson A, Dwyer J 2014, 'Child protection and cross-sector practice: an analysis of child death reviews to inform practice when multiple risk factors are present', *Child Abuse Review*, (in press).

Gannon T, Rose M, Ward T 2008, 'A descriptive model of the offense process for female sexual offenders', *Sex Abuse*, no. 20, p. 352.

Goddard CR and Hiller PC 1993, 'Child sexual abuse: assault in a violent context', *Australian Journal of Social Issues*, vol.28, no.1, pp. 20–33.

Goddard CR and Hiller PC 1992, *Tracking physical and sexual abuse cases from a hospital setting into Victoria's criminal justice and child protection systems – a report for the Victorian Law Foundation* (vols 1–3), Departments of Social Work and Anthropology and Sociology, Monash University, Melbourne.

Gondolf E 2012, *The future of batterer programs: reassessing evidence-based practice*, UPNE, Lebanon NH.

Gondolf E 2004, 'Evaluating batterer counseling programs: a difficult task showing some effects and implications', *Aggression and Violent Behaviour*, no. 9, pp. 605–631.

Graham-Bermann SA and Levendosky AA 1998, 'The social functioning of preschool-age children whose mothers are emotionally and physically abused', *Journal of Emotional Abuse*, vol. 1, no. 1, pp. 59–84.

Greenwald R 2002, 'The role of trauma in conduct disorder', *Journal of Aggression*, Maltreatment, and Trauma, no. 6, pp. 5–23.

Groves BM, Lieberman AF, Osofsky JD and Fenichel E 2000, 'Protecting young children in violent environments: a framework to build on', *Zero to Three*, no. 20, pp. 9–13.

Hartley C 2004, 'Severe domestic violence and child maltreatment: considering child physical abuse, neglect and failure to protect', *Children and Youth Services Review*, no. 26, pp. 373–392.

Hellman C, Johnson C, Dobson T 2010, 'Taking Action to Stop Violence: A study on readiness to change among male batterers', *Journal of Family Violence*, no. 25, pp. 431–438.

Herman J 1997, *Trauma and recovery: From domestic abuse to political terror*, Pandora, London.

Hester M, Pearson C and Harwin N 2000, *Making an impact: a reader*, Jessica Kingsley, London.

Hester M, Pearson C and Harwin N 2007, *Making an impact: a reader*, 2nd edition, Jessica Kingsley Publishers, London.

Hester M, Humphries J, Pearson C, Qaiser K, Radford L, Woodfield K 1994, 'Domestic violence and child contact. In: A. Mullender, R. Morley (Eds), *Children living with domestic violence – putting men's abuse of women on the child care agenda*, Whiting and Birch, England, pp. 102–121.

Heward-Belle S 1996, *All care and all responsibility: a study of the responses of child protection workers to domestic violence in families*, (Master of Social Work), University of Sydney, Sydney.

Hooper CA and Humphreys C 1998, 'Women whose children have been sexually abused: reflections on a debate', *British Journal of Social Work*, vol. 28, no. 4, pp. 565–580.

Hughes K, Bellis MA, Jones L, Wood S, Bates G, Eckley L, McCoy E, Mikton C, Shakespeare T, Officer A 2012, 'Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies', Lancet, doi:10.1016/S0410-6736(11)61851-5. Published online: 28 February.

Humphreys C, Lowe P, Williams S 2009, 'Sleep and domestic violence: Exploring the interconnections between mothers and children', *Child and Family Social Work*, vol. 14, no. 1, pp. 6–14.

Humphreys C, Houghton C and Ellis J 2008, *Literature review: better outcomes for children and young people experiencing domestic abuse*, Scottish Executive Domestic Abuse Delivery Group, Scottish Government, Edinburgh.

Humphreys C 2007, 'Domestic violence and child protection: exploring the role of perpetrator risk assessments', *Child and Family Social Work*, vol. 12, no. 4, pp. 360–369.

Humphreys C and Stanley N 2006, *Domestic violence and child protection. Directions for good practice*, JKP, London.

Hunt M 2010, 'Men, family violence and parenting: a program analysis', unpublished research paper, Masters of Social Work, Monash University, Caulfield.

Immigrant Women's Domestic Violence Service 2006, *The right to be safe from domestic violence: immigrant and refugee women in rural Victoria*, Fishprint, Melbourne.

Indermaur D 2001, *Young Australians and domestic violence*, Australian Institute of Criminology, Canberra.

Jaffe P, Campbell, Olszowy, L and Hamilton L 2013, 'Paternal filicide in the context of domestic violence: challenges in risk assessment and risk management for community and justice professionals', *Child Abuse Review*, vol. 23, pp. 142–153.

Jenkins A 1990, *Invitations to responsibility – the therapeutic engagement of men who are violence and abusive*, Dulwich Centre Publications, Adelaide.

Jennings C 2003, *Triple disadvantage: out of sight, out of mind*, Domestic Violence and Incest Resource Centre, Melbourne.

Johnson IM 1992, 'Economic, situational, and psychological correlates of the decision-making process of battered women', *Families in Society*, vol. 73, no. 3, pp. 168–176.

Jones A, Heckert A, Gondolf E, Zhang Q and Ip E 2010, 'Complex behavioral patterns and trajectories of domestic violence offenders', *Violence and Victims*, vol. 25, no. 1, pp. 3–17.

Judicial Council of California 2003, *Parenting in the context of domestic violence*, viewed 26 February 2014, <www.courts.ca.gov/documents/ParentingDV_fullReport.pdf>.

Kellog ND and Menard SW 2003, 'Violence among family members of children and adolescents evaluated for sexual abuse', *Child Abuse and Neglect*, no. 27, pp. 1367–1376.

Kitzmann KM, Gaylord NK, Holt AR, Kenny ED 2003, 'Child witnesses to domestic violence: a meta-analytic review', *Journal of Consulting and Clinical Psychology*, vol. 71, no. 2, pp. 339–352.

Krane J 2003, *What's mother got to do with It? Protecting children from sexual abuse*, University of Toronto Press, Toronto.

Laing L 2003, *Domestic violence in the context of child abuse and neglect*, Topic Paper, Australian Domestic and Family Violence Clearinghouse, Sydney.

Laing L and Humphreys C 2013, *Social work and domestic violence – developing critical and reflective practice*, Sage Publications, London.

Lamb ME, Sterberg KJ, Thompson RA 1997, 'The effects of divorce and custody arrangements on children's behaviour, development and adjustment', *Family and Conciliation Courts Review*, no. 4, pp. 393–404.

Levendosky AA, Lynch SM and Graham-Bermann SA 2000, 'Mothers' perceptions of the impact of woman abuse on their parenting', *Violence Against Women*, no. 6, pp. 248–272.

Levendosky AA, Huth-Bocks AC, Shapiro DL and Semel MA 2003, 'The impact of domestic violence on the maternal–child relationship and preschool age children's functioning', *Journal of Family Psychology*, vol. 17, no. 3, pp. 275–287.

Lowe P, Humphreys C and Williams SJ 2007, 'Night terrors: women's experiences of (not) sleeping where there is domestic violence', *Violence Against Women*, vol. 13, no. 6, pp. 549–561.

McIntosh JE 2002 'Thought in the face of violence: a child's need', *Child Abuse and Neglect*, no. 26, pp. 229–241.

Martinez-Torteya C, Bogat GA, von Eye A, Levendosky AA 2009, 'Resilience among children exposed to domestic violence: the role of protective and vulnerability factors', *Child Development*, vol. 80, no. 2, pp. 562–577.

Mederos F 2004, *Accountability and connection with abusive men: a new child protection response to increasing family safety*, Massachusetts Department of Social Services.

Meyering I and Braaf R 2012, *Gender and intimate partner violence – Fast facts 9*, Australian Domestic and Family Violence Clearinghouse, viewed 15 June 2014, < <http://www.adfvc.unsw.edu.au/PDF%20files/Fast_Facts_9.pdf>

McCosker-Howard H, Woods AB 2006, How is intimate partner abuse experienced by childbearing women?. In: G. Roberts, K. Hegarty, G Feder (Eds), *Intimate partner abuse and health professionals: new approaches to domestic violence*, Elsevier, Edinburgh.

McFarlane J, Parker B, Soeken K 1996, 'Abuse during pregnancy: Associations with maternal health and infant birth weight', *Nursing Research*, vol. 4, no. 3, pp. 37–42.

Miller R and Dwyer J 1997, 'Reclaiming the mother–daughter relationship after sexual abuse', *Australian and New Zealand Journal of Family Therapy*, vol. 18, no. 4, pp. 194–202.

Miller R and Noakes R 2010, *Child development and trauma specialist practice resource*, State Government of Victoria, Melbourne.

Mirrlees-Black C 1999, *Domestic violence: findings from a new British Crime Survey self-completion questionnaire*, HMSO, London.

Moloney L, Smyth B, Weston R, Richardson N, Qu L and Gray M 2007, *Allegations of family violence and child abuse in family law children's proceedings. a pre-reform exploratory study*, Australian Institute of Family Studies, Melbourne.

Morgan A and Chadwick H 2009, *Key issues in domestic violence: Research in Practice no. 7*, viewed 15 June 2014, <http://www.aic.gov.au/documents/5/6/E/%7B56E09295-AF88-4998-A083-B7CCD925B540%7Drip07_001.pdf>.

Mouzos J, Makkai T 2004, 'Women's experiences of male violence: Findings from the Australian component of the Internationals Violence Against Women Survey', *Research and Public Policy Series* no. 56, Australian Institute of Criminology, Canberra.

Mullender A, Hague G, Imam U, Kelly L, Malos E and Regan L 2002, *Children's perspectives on domestic violence*, Sage Publications, London.

Munro, E 1999, 'Common errors of reasoning in child protection work', *Child Abuse and Neglect*, vol. 23, no. 8, pp. 745–758.

Newberger DH, Barkan SE, Lieberman ES, Yllo K, Gary LT, Schecter S 1992, 'Abuse of pregnant women and adverse birth outcome: current knowledge and implications for practice', *Journal of Obstetrics and Gynecology*, vol. 267, no. 17, pp. 2370–2372.

No To Violence and Red Tree Consulting 2013, *Perpetrator accountability in child protection practice: a resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, Department for Child Protection, Western Australian Government, Perth.

No To Violence 2012, viewed 12 February 2014, <http://ntv.org.au/what-we-do/mens-behaviour-change/>

No To Violence 2006, *Men's behaviour change group work: Minimum standards and quality practice*, No To Violence Male Family Violence Prevention Association, Melbourne.

Office of the Child Safety Commissioner 2012, *Connecting services: Learning from child death inquiries when the co-existing parental characteristics of family violence, substance misuse and mental illness place children at risk*, Office of the Child Safety Commissioner, Melbourne.

Office of Women's Policy Victoria 2002, *Women's safety strategy: a policy framework*, Victorian Government, Melbourne.

Osofsky JD 1998, 'Perspectives: Children are the silent victims of domestic violence and chronic community violence', *APSAC Advisor*, vol. 11, no. 2.

Panuzio J, Taft CT, Black DA, Koenen KC and Murphy CM 2007, 'Relationship abuse and victims' posttraumatic stress disorder symptoms: Association with child behavior problems', *Journal of Family Violence*, no. 22, pp. 177–185.

Pease B, Rees S 2007, 'Domestic violence in refugee families in Australia', *Journal of Immigrant and Refugee Studies*, vol. 5, no. 2, pp. 1–19.

Pease B, Rees S 2008, 'Theorising men's violence towards women in refugee families: towards an intersectional feminist framework', *Just Policy*, no. 47, pp. 39–45.

Perry BD 2006, *Applying principles of neurodevelopment to clinical work with maltreated and traumatized children: The neurosequential model of therapeutics. In N.B. Webb (Ed.), Working with traumatized youth in child welfare*, The Guilford Press, New York, p. 27–52.

Quinlivan J 2000, Study of adolescent pregnancy in Western Australia. *The way forward: Children, young people and domestic violence*, Partnerships Against Domestic Violence, Melbourne.

WIT.0026.002.0195

Radford L and Hester M 2006, *Mothering through domestic violence*, Jessica Kingsley, London.

Reid G, Sigurdson E, Christianson-Wood J and Wright A 1995, *Basic issues concerning the assessment of risk in child welfare work*, University of Manitoba, Winnipeg.

Respect/Relate 2008, *Indicators for referral to couples counselling following domestic violence prevention programme attendance*, viewed 20 July 2012, <www.respect.uk.net>.

Rizo, CF, Macy, RJ, Ermentrout, DM and Johns, NB 2011, 'A review of family interventions for intimate partner violence with a child focus or child component', *Aggression and Violence Behavior*, vol. 16, pp. 144–166.

Ross S 1996, 'Risk of physical abuse to children of spouse abusing parents', *Child Abuse and Neglect*, vol. 20, pp. 589–598.

Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S 2008. 'Fathers' involvement and children's development outcomes: a systematic review of longitudinal studies', *Acta Paediatrica*, no. 97, p. 155.

Sentencing Advisory Council 2013, *Family violence intervention orders and safety notices: sentencing for contravention monitoring report*, Sentencing Advisory Council, Melbourne.

Slep AMS and O'Leary SG 2005, 'Parent and partner violence in families with young children: Rates, patterns, and connections', *Journal of Consulting and Clinical Psychology*, no. 73, pp. 435–444.

Stanley N, Miller P, Richardson Foster H and Thomson G 2010, Children and families experiencing domestic violence: police and children's services' responses, viewed 15 June 2014, <www.nspcc.org.uk/inform>.

Stanley N, Fell B, Miller M, Thomson G and Watson J 2009, *Men's talk: Research to inform Hull's social marketing initiative on domestic violence*, University of Central Lancashire, Preston, viewed 15 June 2014, <http://clok.uclan.ac.uk/2028/1/Men's_Talk_full_report_pdf.pdf>.

Straus M and Gelles R (Eds) 1990, *Physical violence in American families*, Transaction Publishers, New Brunswick.

Taft A 2002, 'Violence against women in pregnancy and after childbirth: Current knowledge and issues in health care responses', Issues Paper No. 6, Australian Domestic and Family Violence Clearinghouse, Canberra.

Taylor N and Mouzos J 2006, *Two steps forward, one step back: Community attitudes to violence against women*, VicHealth, Melbourne.

Tronick E 2007, The neurobehavioural and social-emotional development of infants and children, WW Norton, New York.

Tually, S, Faulkner, D, Cutler, C and Slatter, M 2008, *Women, domestic and family violence and homelessness*, Flinders Institute for Housing, Urban and Regional Research Australia, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.

Turnell A and Edwards E 1999, *Signs of safety a solution and safety oriented approach to child protection casework*, WW Norton and Company, New York.

Tyson D, Brown T 2009, 'Mental health, filicide, parental separation and divorce: The need for early intervention and a better coordinated approach', Paper presented at AIJA Family Violence Conference, Brisbane, October 2009, p. 1.

United Nations Convention on the Rights of Persons with Disabilities 2008, <http://www.un.org/disabilities/convention/conventionfull.shtml>

University of Manchester 2009, *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Annual report: England and Wales*, viewed 15 June 2014, <http://www.medicine.manchester.ac.uk/psychiatry/research/suicide/prevention/nci/inquiryannualreports/AnnualReportJuly2009.pdf>.

US Department of Health and Human Services, Administration on Children, Youth and Families 2009, *Child maltreatment 2007*, US Government Printing Office, Washington, DC.

van der Kolk BA, Roth S, Pelcovitz D, Sunday S, Spinazzola J 2005, 'Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma', *Journal of Traumatic Stress*, no. 18, pp. 389–399.

Victorian Government 2009, *Enhancing access to men's behaviour change programs: service intake model and practice guide*, Victorian Government Department of Human Services, Melbourne.

Victoria Police 2014, *Code of practice for the investigation of family violence*, Volume 3, March 2014, Victoria Police, Melbourne.

Victoria Police 2012, *Crime statistics 2011–12*, viewed 15 June 2014, <http://www.police.vic.gov.au/crimestats/ebooks/1112/index.html#/l/>.

VicHealth 2007, *Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria*, Victorian Health Promotion Foundation, Carlton.

VicHealth 2008, *Violence against women in Australia as a determinant of mental health and wellbeing – Research summary 4*, August 2008, Victorian Health Promotion Foundation, Carlton.

Victoria Legal Aid 2014, Conditions in family violence intervention orders, viewed 14 February 2014, <http://www.legalaid.vic.gov.au/find-legal-answers/family-violence-intervention-orders/conditions-in-family-violence-intervention-order>.

Virueda M, Payne J 2010, *Homicide in Australia: 2007–08 National Homicide Monitoring Program annual report*, Australian Institute of Criminology, Canberra.

Vlais R 2011, 'Typologies of men who present to men's behaviour change programs', NTV Notes, June 2011.

WIT.0026.002.0197

Walby S and Allen J 2004, *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Home Office Research Study 276, London, Home Office Research, Development and Statistics Directorate.

Walsh D 2008, 'The hidden experience of violence during pregnancy: a study of 400 pregnant Australian women', *Australian Journal of Primary Health*, vol. 14, no. 1, pp. 97–105.

Women with Disabilities Australia 2010, *Submission to the Australian Government consultation paper: Family violence – improving legal frameworks*, viewed 29 August 2012 <http://www.wwda.org.au/WWDASubFVL2010.pdf>.

Women's Health West and Victoria Police 2013, *Collecting evidence where breaches are occurring* (pamphlet), Melbourne.

Zeanah CH, Danis B, Hirshberg L, Benoit D, Miller D, Heller SS 1999, 'Disorganized attachment associated with partner violence: a research note', *Infant Mental Health Journal*, vol. 20, no. 1, pp. 77–86.