Enhancing the Safety and Liberty of Women and Children Subjected to Domestic and Family Violence by Increasing Perpetrator Accountability:

Messages from Practice

Acknowledgements

Participatory action research informed the development of this reflective practice tool. Various learning events took place on the unceded lands of the Darkinjung, Gadigal and Dharug peoples. The authors wish to pay respects to past, present, and future Elders of these and all nations and are committed to contributing to the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples (Reconciliation Australia, 2023).

We would like to thank all the action research participants who generously devoted their time and energy to this project. Their knowledge, wisdom and practices will benefit women, children, and their families, who are at the heart of this project.

We would also like to acknowledge the strength and dignity of women and children subjected to domestic and family violence. We hope that these messages from practice contribute to enhancing their safety and liberty by increasing perpetrator accountability.

Content warning
This document includes discussions of family violence which some may find confronting or distressing. Recommended support services include: 1800 RESPECT – 1800 737 732 and Lifeline – 13 11 14

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Glossary

Child-focused
Also known as child centred. This refers to practice that puts the child at the forefront of practice, whether it be in assessment, planning, or any other stage of decision-making. It involves considering the impact of decisions and processes on children and seeking their input when appropriate to inform practice. Child-focused practice recognises that children experience domestic and family violence differently from adults and at the same time, considers children's needs in a manner that is embedded in an understanding of the context of the family and the importance of familial relationships and cultural connections. It is informed by an understanding of child development and wellbeing that considers child(ren)'s experiences of, and perspectives on, violence, coercive control, abuse and neglect.

Coercive control
Coercive control is a perpetrator tactic characterised by patterns of behaviour that attempt to deny victim-survivors their autonomy, liberty and dignity. Coercive control is predominantly, by not only, perpetrated by men against women. Attacks on women's autonomy can involve non-physical and/or physical tactics to subordinate women, enabling perpetrators to maintain dominance and control. Coercively controlling tactics include, but are not limited to, physical, sexual, verbal and/or emotional abuse; acts of psychological control; depriving the woman of resources and other forms of financial abuse; social isolation; utilising systems, including the legal system, to harm the woman; stalking; deprivation of liberty; intimidation; technology-facilitated abuse; and harassment. Most DFV involves coercive control. It is ongoing, cumulative, and chronic. *See also 'Liberty' below.*

Communities of Practice (COPs)
Groups of professionals who come together to work collaboratively on the same issues. Professionals share their knowledge and engage in a process of collaborative learning to develop, share and enhance practice and influence policy developments.

Complexity
We have referred to 'complexity' when there are one or more intersecting factors that exist within the domestic and family violence. For example, substance abuse coercion and/or mental health coercion can be instrumental components of the perpetrator's arsenal of controlling behaviours. These factors are not causal but add an additional aayer of complexity. Problematically, these factors are frequently seen as peripheral to the perpetrator's use of DFV. (*See Intersections below*)

Domestic and family violence (DFV)
Domestic and family violence (DFV) refers to a wide range of violent, abusive, threatening coercive or controlling behaviours. They include but are not limited to physically, sexually, emotionally, or economically abusive and violent behaviours perpetrated by a current or former intimate partner (domestic violence) or non-intimate family member (family violence). DFV undermines the safety, liberty and wellbeing of victim-survivors. It is predominantly, but not only, perpetrated by men against predominantly, but not only, women. A key feature of domestic violence involves perpetrators' establishing power and control over their (ex)partners through ongoing patterns of behaviour that create fear. Family

violence is commonly used to denote violence, abuse and coercive control perpetrated by intimate partners, family, and non-family members, and kinship networks. It is the preferred terminology for violence, abuse and coercive control experienced by Aboriginal and Torres Strait Islander people.

Intersections
Intersections between domestic and family violence, mental health and substance misuse refer to how one of those issues shapes the contours of the other issue, e.g., how a perpetrator's behaviours create the context for a survivor's substance use and related recovery challenges or how mental health issues may be treated as the primary issue by providers whilst the perpetrator's DFV is ignored or considered a result of mental illness. The term is differentiated from intersectionality or intersectional theory (described below) which refers to women's differential experiences of DFV which are influenced by the intersections of interlocking forms of oppression including but not limited to, sexism, racism, ableism, homophobia, classism, cisgenderism, heterosexism, etc.

Intersectionality
Intersectionality refers to the ways in which various aspects of a person's identity, such as gender, ethnicity and cultural background, religion, sexuality, and disability, to name a few, are interconnected and can expose them to overlapping forms of oppression, marginalisation, and discrimination. People who experience overlapping forms of oppression are more at risk of experiencing DFV, as well as discrimination in their interactions with professionals and institutional systems. As such, professional and policy responses should consider how overlapping forms of oppression may manifest for victim-survivors and perpetrators and factor such considerations into personalized responses that are tailored to the unique needs of individuals.

Liberty
Article 3 of the Universal Declaration of Human Rights focuses on protecting individuals' freedom and states that "everyone has the right to life, liberty and security of person." It is important to acknowledge DFV as crimes against the liberty of victim-survivors. Viewing DFV as forms of physical violence fails to take into consideration the multiple tactics of coercive control used by perpetrators that violate women's and children's human rights and are critical to the fulfillment of their overall social and economic wellbeing and development. *See also 'Coercive control' above.*

Men's Behaviour Change Programs (MBCP)
Men's Behaviour Change Programs (MBCPs) are group-based programs for men who perpetrate DFV. MBCPs aim to help men recognise their violent behaviour and develop strategies to stop using violence and coercive control. Participation in MBCPs can be voluntary or mandated and they operate in both community and correctional settings.

Patterns (also Patterns of coercive control, Perpetrator pattern-based)
DFV is rarely a one-off incident. Assessing DFV as a patterned crime whereby perpetrators deploy a wide range of violent, abusive, and coercively controlling behaviours is crucial. This approach illuminates the myriad ways that victim-survivors are denied autonomy, liberty and safety. Having a comprehensive understanding of the perpetrator's full gamut of tactics is

essential to accurately assessing risk and safety. Comprehensive assessments based upon a patterned analysis illuminate the lived and living experience of victims-survivors' and highlight dimensions of abuse that are often overlooked.

Perpetrator
Perpetrators of DFV are people who use coercive control, physically, sexually, emotionally, economically abusive and violent behaviours toward people with whom they are currently or were previously in a domestic relationship. Perpetrators of DFV engage in patterns of abusive behaviour designed to undermine the autonomy, liberty and safety of victims-survivors.

Perpetrator accountability
Perpetrator accountability encompasses a range of strategies including legal and social interventions to hold people who use violence accountable for their actions. Perpetrator accountability can occur across multiple domains; it can involve becoming accountable to one's (ex)partner, family, to their community, or to systems. Holding men who use violence accountable involves actively trying to engage with them in a way that puts full responsibility for their violence and abusive conduct on them, while opening the space for change.

Safety
Safety is a state of being protected from physical, emotional, and economic harm. Safety is the priority in any response to DFV. Safety is a subjective term and care must be taken to position the survivor as the expert in their own lives in any safety planning activities. Working towards safety is contingent upon having a comprehensive understanding of the perpetrator's pattern of violence, abuse and coercive control. Disjointed, fragmented and siloed systems with inadequate safeguards (ie. inadequate training, policies, and procedures) can adversely affect the safety of victims-survivors.

Safety Action Meeting (SAM)
These meetings take place locally and consist of both government and NGO services. Their purpose is to prevent or reduce future DFV through information sharing, collaboration and comprehensive planning.

Victim-survivor
Victim-survivor refers to a person – including adults and children – who has been subjected to the perpetrator's use of domestic and family violence. The term victim-survivor acknowledges the ongoing effects and harm caused by DFV as well as honouring the strength and resilience of people with lived and living experience of DFV.

Violence-informed, or Trauma and Violence Informed Care (TVIC)
'Trauma and violence-informed' is a relatively new term that encompasses both concepts. It recognises that violence links to trauma at all levels, from personal to systemic. It can also be used to differentiate trauma that results from violence from trauma that has arisen from other events and acknowledges that not all responses to DFV are trauma responses.

Webs of accountability
'Webs of accountability' refers to the notion that holding perpetrators of violence accountable is a responsibility that must be shared. The 'webs' refer to the collaborative

efforts of families, agencies, systems, and communities to hold perpetrators of violence accountable. Although various parts of the justice system (police, courts, corrective services) are key pathways for perpetrator accountability, other government and non-government services that encounter perpetrators can play a critical role in making perpetrators of violence visible and ensuring integrated responses.

About Pregnancy Family Conferencing (PFC)

The *Sydney District Pregnancy Family Conferencing* (PFC) program is a strengths-based, trauma informed program offered to expectant parents and their families where significant child protection concerns have been identified for the unborn baby. The program is a partnership between Sydney Local Health District (SLHD) and NSW Department of Communities and Justice (DCJ), Sydney District and aims to provide a forum for families and services to have open and transparent conversations about child protection issues.

Referrals to the PFC program can be made by SLHD professionals or DCJ caseworkers. Participation is voluntary and the meetings are facilitated by an independent person who uses the Three Houses tool to guide the meetings. The independent facilitator asks the parents, their families and support workers about their worries (house of worries), what is working well in the family (house of strengths) and what needs to happen to ensure the baby is safe in the future (house of hopes and dreams). This helps participants develop clear, coordinated plans that meet families' needs and address child protection risks so that there is an increased likelihood that babies can remain safely in the care of their parents.

In cases where the child protection concerns are not adequately addressed and a baby needs to be taken into care, the process enables families to participate in planning for culturally appropriate placements and engages the service system to support restoration where this can happen. Families are supported to have a voice in the process and to meaningfully participate in decisions about the welfare of their baby. PFC has become embedded interagency practice in the Sydney Local Health District (since the partnership began in 2012) and continues to be adapted and improved to better meet the needs of participating families.

Intended outcomes and benefits of PFC

- Ensure that vulnerable expectant parents and their families are provided with support from child protection, health, and allied professionals as early as possible during pregnancy.
- Facilitate transparent and strengths-based discussions about child protection concerns with families to increase understanding and clarify goals.
- Develop clear, coordinated case plans, which address the needs of the family and increase safety for the unborn baby.
- Improve communication, exchange of relevant information and role clarity when there are multiple services working with a family.
- Empower families and give them a voice in the process.
- Promote connection of cultural and family ties for Aboriginal children in the child protection system by including Aboriginal supports in PFC meetings and ensuring non-Indigenous facilitators are aware of best practice principles of Aboriginal participation.
- Support families with longer-term restoration goals if a newborn needs to enter temporary out of home care at birth.
- Support families to participate in planning for out of home care placements to decrease the risk of numerous placements and inherent risk of disruption to attachment; reducing trauma to parents and babies and distress to staff.

Domestic and family violence perpetrated by fathers against expectant mothers is a common reason for referral into the PFC program. This Tool offers a conceptual framework, resources and practice tips that can support practitioners working with victim-survivors of DFV to enhance their safety and liberty. This includes shifting blame for DFV away from mothers through increasing perpetrator accountability.

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Introduction

The *Safer Children, Safer Communities* participatory action research project aimed to increase the safety and liberty of women, children, and their families through enhancing multiagency collaboration to increase the visibility of perpetrators of DFV. This research focused on the creation of 'webs of accountability,' developed through a shared understanding of DFV, perpetrator behaviour and its impact, and the interconnections between DFV and child maltreatment. Moreover, the project focused on developing a collective notion of 'perpetrator accountability' that could be used to enhance safety and liberty, as well as, to promote behavioural change of people who use violence and coercive control.

This research project was designed and led by researchers at The University of Sydney and engaged practitioners from a diverse range of services. The practitioners worked across government and non-government organisations including but not limited to, NSW Health, statutory child protection services, Legal Aid, Corrective Services and included social workers, nurses, counsellors, police officers, lawyers, and allied health professionals. A full list of participants and their organisations is included at the end of this document.

Participants were initially interviewed by a member of the research team to gain an understanding of their perceptions of policy and practice regarding working with perpetrators of DFV. Following this, they participated in two days of face-to-face training with Rodney Vlais, a recognised expert policy advisor, trainer and change agent focusing on gender-based violence. Following the training, participants continued to meet online in six monthly Communities of Practice (CoP) to continue their collaborative learning and implement strategies to enhance practice.

The University of Sydney research team collected data at all stages of engagement. This included collecting qualitative data through 85 semi-structured interviews and quantitative data via questionnaires conducted at the beginning of the project, as well as, ethnographic notes taken during training sessions, CoP meetings and the Practitioner Symposium.

Practitioners shared their wisdom and experience across these various means, and this corpus of data informs this Reflective Practice Tool. The Tool is based on practitioner knowledge; all practitioners were participants in the *Safer Children, Safer Communities* research project, having been recruited through participating organisations based on their experience working with victims-survivors of DFV and professional involvement in PFCs or work with expectant parents at risk.

This Reflective Practice Tool

This Tool was developed to support practitioners working with victims-survivors who have been subjected to DFV. It focuses on working within PFCs but many of the concepts, resources and practice tips are applicable for practitioners working in other contexts where DFV is present and concerns are held for women, children, and their broader families. It is particularly relevant for practitioners who wish to enhance the capacity within the system to provide a more perpetrator focused approach that holds people who use DFV accountable and avoids blaming mothers for DFV and its consequences.

We note that we refer to mothers and children; these are broad terms but can encompass both unborn children and their siblings as many mothers in PFCs have had previous pregnancies. Parents within PFCs may be caring for biological and/or non-biological children. We recognise the diversity of families as well as the diversity within the concept of 'family' and how they are constituted.

Practice wisdom was sought across domains that were identified as being critical to developing strong and collaborative systems that promote both victim-survivor safety and liberty as well as perpetrator accountability. Practitioners were invited to share thoughts and experiences developed through the CoPs, as well as to talk, dream and design their aspirations of 'transformative practices.' This wisdom has been documented, collated, and included within this Tool.

The domains are as follows:

- Building webs of accountability: multiagency working
- Focusing on children: victim-survivors in their own right
- Promoting dignity for the victim-survivor: a central principle of practice
- Attending to diversity: applying an intersectional lens
- Identifying patterns of control: holding perpetrators accountable
- Harnessing the power of words: language and documentation

Each section contains questions for consideration and prompts for reflective practice. Our intention is that you can use the wisdom of your peers, based upon meaningful engagement with families, and your professional curiosity to consider how to increase the capacity of the workforce to deliver trauma-informed, victim-survivor centred approaches that promote perpetrator accountability and behavioural change.

This Tool also contains embedded links to a range of contemporary and informative resources to build capacity across the human and community services sector. A full resource list is also available at the conclusion of the document.

Principles underpinning this research

DFV is a gendered crime embedded within interlocking systems of inequality

Violence against women is one of the most widespread human rights violations in Australia and the world. Globally, it is estimated that 1 in 3 women have been subjected to physical and/or sexual violence by an intimate partner or sexualized violence by a non-partner. 1 in 3 Australian women over the age of 15 has experienced physical violence; 1 in 5 has experienced sexualized violence and at least 1 woman per week is killed by a current or former intimate partner. The most common characteristic shared by perpetrators of DFV is their gender, with men overwhelmingly abusing and controlling women and children *Australian Personal Safety Survey* The *Australian Childood Maltreatment Study (2023)* found that 39.6% of Australians experienced exposure to DFV in childhood. Women can use force in the context of family and intimate partner relationships. They are commonly victim-survivors or DFV and child maltreatment and their motivations for, and consequences of, using force commonly differ. Recent research by *Kertesz and Humphreys* demonstrates what is known about women who use force.

An intersectional lens is required to attend to the diversity of people's experiences

The underlying condition for violence against women is gender inequality, however other intersecting forms of oppression also drive DFV. Other aspects of women's identities including (but not limited to) culture, class, gender diversity, sexual preference and disability intersect to increase the magnitude and likelihood of experiencing violence, as well as their risk of receiving a poor legal and social service response. Aboriginal and Torres Strait Islander women are three times more likely than non-First Nations women to be abused and homicide and hospitalization rates for First Nations women are significantly higher when compared to non-Indigenous victims-survivors. Multiple ways of knowing, being and doing are essential when working with people who have been subjected to, or who perpetrate DFV.

Failing to engage in practices that promote perpetrator accountability whilst simultaneously constructing mothers as 'failing to protect' their children is a form of systemic gender inequality.

The consequences of systemic gender inequality of this nature are stark. Labelling women as "failing to protect" children from men who perpetrate DFV frequently results in legal orders that remove children from the care of their mothers. This is a large and expanding issue in Australia: in 2015–16, 55,600 children were placed in out-of-home care many for reasons directly connected with DFV.

The safety and liberty of women and children is the paramount goal. Perpetrator behavioural change is inextricably connected but secondary.

Practitioners have valuable insights that can be harnessed to enhance practice and policy

This Tool is informed by practice-informed wisdom that was gathered using a participatory action research (PAR) approach. PAR is an approach to research rather than a research

method (Pain, Whitman, Milledge, & Lune Rivers Trust, 2011). The approach seeks to situate power within the research process with those who are most knowledgeable and affected by policy and practice. The intention is that the participant is an equal partner with the researcher (Boyle, 2012; Patton, 2008). The participatory nature of PAR refers to the active involvement of program clients, practitioners, and community members - plus any others who have a stake in the program, including funders, researchers, and program managers.

Limitations

We note that although participants came from a diverse range of backgrounds, a wider representation of diverse populations would have been useful within this project. The participants self-selected based on their roles and organisations and, as a result, there are some gaps in representation. Given the over-representation of Aboriginal and Torres Strait Islander children in the child protection system and limitations of current approaches to addressing DFV within Aboriginal and Torres Strait Islander communities, future research led by First Nations' peoples is desperately needed. We acknowledge the intersecting challenges, intergenerational trauma, and structural disadvantage caused by colonisation, and successive oppressive government policies. We support the aspirations of the *Safe and Supported National Framework for Protecting Australia's Children (2021-2031) Aboriginal and Torres Strait Islander First Action* to commit to progressive systems' transformation that has First Nations self-determination at its centre.

PFC Parent Supporters with lived experience expertise were part of the Communities of Practice that led to the development of this Tool. We acknowledge the diversity of victim-survivors' experiences and recognise that further victim-survivor led research is needed.

Building webs of accountability: Multiagency working

"We need to work better together… we need to understand that poor practice comes at the expense of the mother's safety." - CoP Member

PFCs are, by their very nature, processes that facilitate collaboration between agencies and families. Many families come to the PFC having already had contact with at least one agency or service, so it is important to establish trusting, genuine relationships with our colleagues across agencies and with families to work effectively and collaboratively. (Lewkowicz & Tayebjee, 2019)

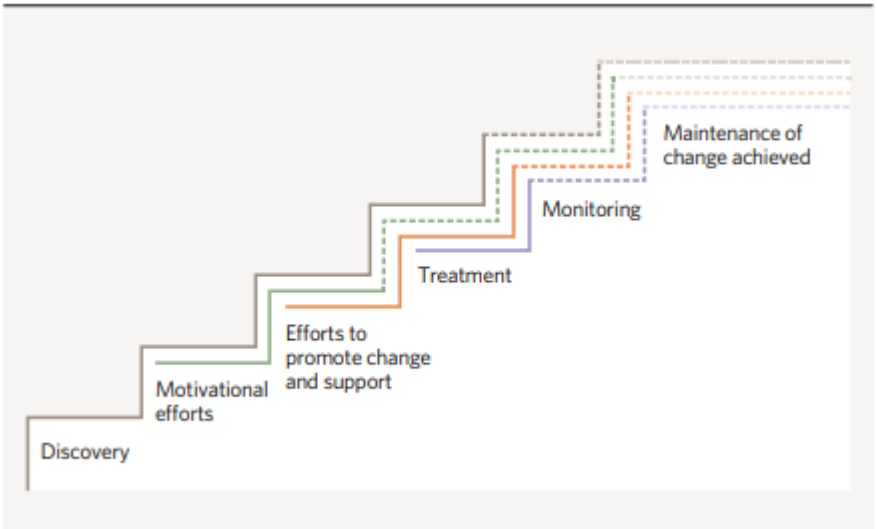
Effective multiagency work involves timely information sharing, collaborative goal setting and open, honest, and transparent communication. Having a shared understanding of the roles and responsibilities of all practitioners working together with a family can reduce role confusion, avoid duplication and lead to better outcomes. Sharing vital information about the perpetrator's pattern of violence, abuse and coercive control can occur more effectively when communication channels are well-established and well-understood by all parties. PFCs deliver better outcomes for families when practitioners understand their roles and responsibilities, are clear on the aims and purpose of the PFC and are prepared to actively participate.

Practice wisdom for multiagency working

- *Working collaboratively with other agencies*
- *Working collaboratively with families*
- *Sharing information and communicating effectively*
- *Setting goals collaboratively*

1. Working collaboratively with other agencies

Leading research, along with findings from the *Victorian Royal Commission into Family Violence* (2016), support the notion of 'collective responsibility' when it comes to addressing DFV. As integrating rather than just aligning services comes with many challenges, it may be helpful to utilise frameworks, such as the *Intervention Ladder*, developed by the Swedish Association of Local Authorities and Regions (SALAR).



Intervention Ladder

The *Intervention Ladder* provides a useful framework that maps the steps of change necessary to address and respond to people who use DFV. The ladder illustrates how all services including those without DFV specialisation have an important part to play in relation to increasing safety for victims-survivors and promoting accountability for perpetrators. The ladder depicts the shared and varied roles and responsibilities that practitioners have regardless of where they work. A social worker at a women's health clinic who does not work directly with perpetrators has a key role to play in discovery – her person-centred, dignity-based approach with women may lead to disclosures of DFV. Similarly, a counsellor in an AOD program working primarily with men, may discover and motivate his clients to seek specialist services from a men's behaviour change program, where workers will promote change and support, treat, monitor and maintain change. Practitioners may encounter perpetrators of

DFV at certain 'rungs' and have distinct roles and responsibilities in relation to the work they do with perpetrators of DFV.

The Intervention Ladder may also benefit practitioners working in PFC or other statutory settings where interventions are brief, and some roles may not be well-defined – especially when workers are new and inexperienced in the process. The ladder provides a tool to help clarity practitioners' roles and opportunities to enhance the visibility of the person using DFV.

Other frameworks have been developed to increase clarity around practitioners' various roles and responsibilities including: *Project ENGAGE's Roadmap: 4 Steps,* the *Centre for Innovative Justice's Bringing Pathways Towards Accountability Together* report and ANROW's *Improved accountability: The role of perpetrator intervention systems report*. Each resource provides useful ideas about how practitioners can shift the focus to perpetrator accountability and behavioural change.

Practice tips:

When working with practitioners from other agencies, the following questions may help facilitate effective collaboration:

- What is everyone's role, and is each person's role clearly defined and understood across the agencies?
- What expertise and resources does each person bring, and how do they define 'safety,' and 'accountability'?
- Which agency is taking the lead?
- Who is speaking for the unborn baby? How do we ensure that consideration is given to the unborn baby as an individual in their own right?
- Is there a shared understanding of who the client is? Is there a shared understanding of who the perpetrator is?

2. **Working collaboratively with families**

The purpose of PFC is to create an effective case plan that ensures the safety and liberty of women and their children and creates an ongoing environment that fosters support and collaboration. The approach is strengths-based, trauma-informed acknowledging and building on the resistance and expertise of the victim-survivor. The aim is to create family-led decision making with service support from a relational practice approach.

An understanding of power dynamics is essential to promote collaborative, relational practice with families; this is particularly relevant when women are at risk of losing their children due to safety concerns. It is essential that practitioners use their institutional power to promote women's and children's safety and liberty. When DFV is the central issue that is creating the safety concerns, practitioners must work together to address the perpetrator's use of violence and coercive control. The victim-survivor should not be held accountable for the abusive behaviour of the person using DFV and its cascading after-effects. Too often institutional power is used in a way that compounds the trauma and oppression already experienced by victims-survivors and renders people using DFV invisible and unaccountable.

We can help victim-survivors regain their power and agency by clearly explaining the purpose of PFCs and the role each practitioner plays. This should include clarity around mandatory reporting and how information will be exchanged between service providers. We need to ensure that the victim-survivor understands her rights regarding consent for information to be shared, and we must remain respectful if she chooses not to give consent.

Practice tips:

The following questions may be useful to consider when building relationship with families:

- Are we holding the victim-survivor accountable for the abusive behaviours of the person using DFV and its harmful impacts?
- Are the mother's wishes heard and respected?
- How is the mother positioned within collaborative efforts? Is she in the background? Is she at the centre?
- Who is speaking to and assessing the person using DFV? Is the perpetrator being held accountable for their abusive behaviours and its impact? How are they being held accountable?
- How has the voice of the mother been included in the documentation?

3. **Sharing information and communicating effectively**

Information sharing is a complex topic because it is not as simple as just making sure that everyone is on the same page – although that is a key part of it. It also involves juggling statutory obligations, safety and confidentiality in a complex system that operates under differing frameworks and legislative imperatives.

Structures around information sharing are essential that provide clarity around who shares, what they share, and who they share with. There is also an understanding that there are identifiable safety risks involved with information sharing for victims-survivors. This could include privacy breaches and having confidential information shared in legal settings without her consent.

Consideration must also be given to how information is shared and communicated. The way information is communicated can be a good opportunity to deliver shared messages around accountability.

Remember, women's and children's safety are paramount. Practitioners need to be extremely careful that details or disclosures made by the mother or other services are not inadvertently passed on in conversations with the father. While we all understand the importance of confidentiality, it is often revealing the minute details, such as knowledge of his or her whereabouts at a certain date/time, that can place a woman at risk.

Practice tips:

When thinking about information sharing, have you considered:

- What information is pertinent, relevant, and ethical to share?
- What safeguards you can put in place to ensure women's safety is not compromised when sharing information?
- Have you considered information sharing in the following contexts: statutory, privacy, safety?
- Are you practicing with transparency – have you clearly explained procedures around information sharing with your client, and have you gained consent?
- Are there any barriers to communication and how can these be overcome?

4. **Setting goals collaboratively**

Collaborative goal setting with the dual purpose of 1) creating safety and liberty for victim-survivors and 2) ensuring perpetrator accountability and behaviour change is essential.

Services may have different goals, based on their remit and who they consider to be their client, for example they may be child-focused, mother-focused, or whole of family focused. What is important, however, is consistency regarding how to ensure safety and promote perpetrator accountability. Journeying away from violence and towards safety and freedom are goals that must not be the sole responsibility of the victim-survivor. Promoting accountability and behavioural change within people who use DFV also require a whole of community approach.

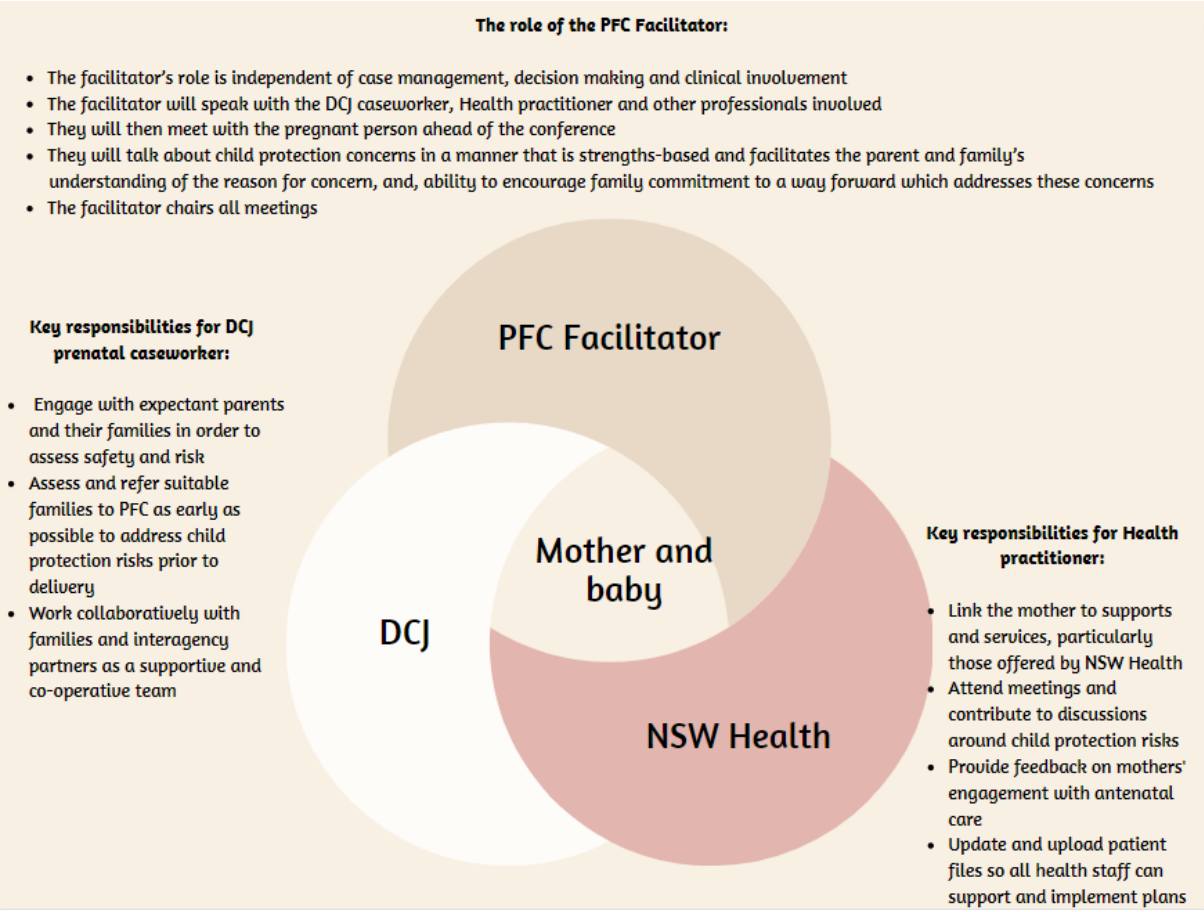
Goal setting to achieve victim-survivor safety and liberty and perpetrator accountability should include detailed mapping of the perpetrator's pattern of DFV and coercive control. Collaboration with practitioners from a range of services may be necessary to develop a comprehensive picture of this pattern given that different workers may have partial information or 'pieces of the puzzle' to contribute to a comprehensive risk assessment detailing the full picture. This may include consulting workers who have worked with the perpetrator including from AOD services, mental health services, or MBC programs. Multiagency work is essential, and consultations should take place with relevant specialist workers who can assist in mapping the full gamut of abusive and controlling behaviours. Both legal and non-legal barriers should be addressed and there should be a focus on ensuring women's and children's safety and freedom.

Within the PFC context, the overarching goal is clear – safety for the unborn child. This is not the only goal, but it is the articulated aim of the program. During the CoPs, it was identified that despite the clarity of the goal, there was still some confusion about roles within the program. The Venn diagram below may be useful for clarifying roles and responsibilities.

There were also questions about external involvement, and which agencies or professionals outside of DCJ and NSW Health should attend, in part or in whole. These could be DVLOs, representatives from local SAMs or other relevant professionals. Decisions about who to consult with should be determined by each family's particular circumstances or needs. The

shared goal of ensuring the safety and liberty of victims-survivors must drive all collaborative efforts.

It is important for all PFC participants to understand their roles and responsibilities. The table below indicates key responsibilities of the PFC Facilitator, DCJ Prenatal Caseworker and Health Practitioners.



Practice tips:

When setting goals, you may like to consider the following:

- Are the goals achievable? Have viable alternative plans been developed?
- Are all parties equipped to fulfil their role in achieving the goals? Can you fulfil your role?
- Have you set achievable timelines, and have these been communicated to all parties?
- Does the victim-survivor feel the goals are safe *and* empowering for her and her family? How would you know if she did not?
- Are goals set that strive to hold the person using violence and coercive control accountable and to promote behavioural change?

Further questions for consideration

- What are the biggest challenges for you in working collaboratively? In your own agency? With external agencies?
- How do we problem-solve when frameworks clash, there are different guidelines or power imbalances?
- How do we navigate the reality that different practitioners and agencies may hold different thresholds of risk and safety?
- Do you need to advocate for policy change to improve collaboration efforts, or do you need to find a workaround?

Focusing on children as victim-survivors in their own right

"We must always question how it is for the children, no matter who we speak to" - CoP member

For too long, children have been seen as appendages of their mothers, akin to secondary victims. They have not been positioned as victim-survivors. It is vitally important that practice is child-focused and that the voices of children are heard, honoured, and responded to.

The *2023 Australian Child Maltreatment Study* (ACMS) found that many children are subjected to domestic violence and other forms of maltreatment. Across the Australian population approximately 40% of people experienced exposure to domestic violence in childhood before the age of 18 years. 39.4% of Australians experienced more than one type of maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, exposure to domestic violence). Most children who experienced more than one type of maltreatment experienced exposure to domestic violence. This landmark study highlights how it is incumbent upon practitioners to be aware of the co-existence of maltreatment types.

A 'whole of family' approach when working with families where DFV is present – using models such as PFCs – allows consideration to be given to the impact of DFV on the child/ren and their family environment. Ideally this includes the perpetrator of violence, but this may not always be possible; this will be discussed later in this document.

Practice wisdom for child-focused work within PFCs

- *Applying a child-focused lens to risk and safety assessments*
- *Keeping practice centred on the child at all stages*
- *Working directly with children and young people*
- *Wholistically assessing the impact of DFV on children and young people*

1. Applying a child-focused lens to safety assessments and risk management

Children and young people are frequently overlooked but suffer greatly when subjected to DFV, with one child a fortnight dying in the context of domestic and family violence (DFV). Many first experience abuse in utero: 1 in 4 women who experience DFV are abused for the first time when pregnant. We know that for female victim-survivors of DFV, DFV is the leading cause of death for pregnant women globally.

Branjerdporn and colleagues found that 48% of female victim-survivors of DFV reported that the first incidence of violence occurred during a pregnancy. We also know that the unborn baby is at risk of death (including by miscarriage), premature birth, low birth weight and a range of other physical harms. Studies have also shown that newborns subjected to violence in utero are born with higher levels of cortisol secretion, linked to stress, which has negative effects on the long-term health of the child.

PFCs were established to address risks and promote safety in pregnancy for families with DCJ involvement, and to increase the likelihood of the baby remaining safely in their parents' care. As mothers and babies are inextricably linked it is often assumed that one risk assessment will meet the needs of both. However, be mindful that these are two separate lives, and it is important to ensure that the diverse needs of both individuals are met.

Practice Tips

To ensure that safety assessment and risk management considers the mother, the unborn child and other children consider the following questions.

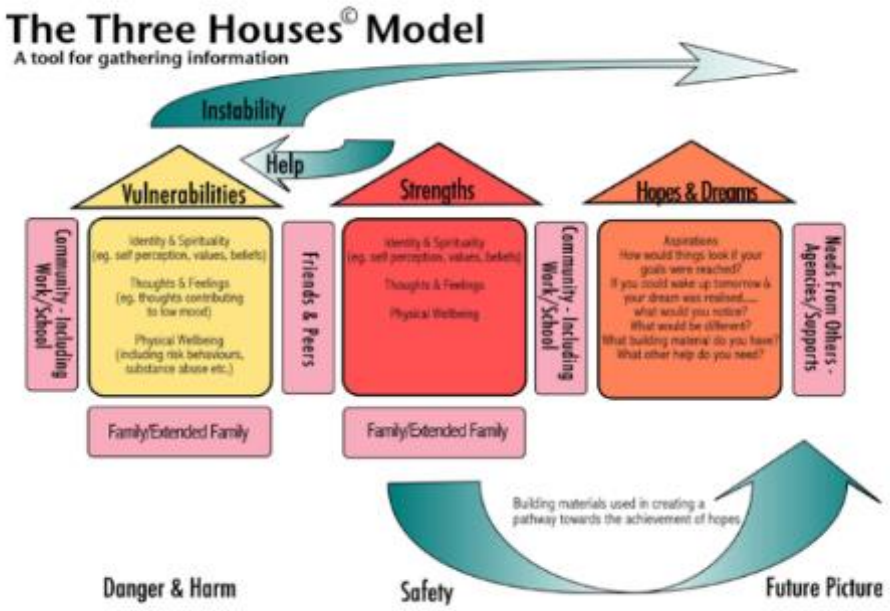
- Have I considered the possibility that children exposed to domestic violence have been subjected to other forms of childhood maltreatment?
- Have I thought of how a mother's safety might look different to her baby's or her other children's safety?
- Would this assessment look different if this child were born, rather than being in utero?
- Have I asked the mother to speak for the child, remembering that she is their best advocate?

- How can I partner with the mother to help her build on her existing strategies for safety?
- Am I holding the domestically violent father to the same level of parental accountability as the mother?

2. **Keeping practice centred on the child at all stages**

The prenatal period is often overlooked, even in child-focused practice, despite evidence showing the effects of DFV on the unborn child. Practice must be extended to hold space for the unborn child, including those who are lost to violence. We need to recognise that mothers are the voice of the baby, they make the baby visible, and this needs to be honoured.

PFCs use the 3 Houses Tool, to help keep practice centred on the child at all stages and to facilitate a partnership approach to information sharing and decision-making processes. The *Three Houses tool* was developed by Nickie Weld and Maggie Greening in New Zealand's national child protection agency and provides important insights and ideas about how to involve families in child protection assessment and planning processes.



Weld, N., & Parker, S. (n.d)

Practice Tips

The early days of pregnancy can pose challenges to child-focused work, particularly if the mother is reluctant to discuss the baby due to concerns about the potential for services to respond punitively to her. The following tips may help direct the focus toward the child.

- Discuss hopes and dreams for the child/ren
- Begin discussions about the feasibility and/or risks associated with co-parenting before the child is born

- Consider violence against women during pregnancy as a dual attack on both the woman and her child
- Do not take for granted that parents know about child development or the effects of trauma or abuse

3. Practitioners should directly consider the safety and wellbeing needs of the child

Children's needs are often considered secondary, despite them also being direct recipients of the violence perpetrated on the mother. Children may experience the violence differently, but those experiences should never be overlooked.

Children often feel responsible for others, so including them shows them that they are heard and respected. This can be done by ensuring that professionals who speak with parents should also being speaking with the children. Keeping children involved and informed throughout the process is an important empowerment tool. Children interviewed in the *Now You Have Heard Us: What Will You Do Report* highlight that DFV can impact many aspects of children's lives. Relationships with key people who can promote healing and recovery from DFV can be damaged. Relationships with mothers, and siblings may need to be repaired, rebuilt, and nurtured, and this should form part of the work practitioners undertake with families.

Safety plans and supports must also consider the needs of women and their children including those with different fathers or who are subject to different parental care orders or out-of-home-care arrangements. In upholding the mother's dignity, practitioners should include each child and attribute equal importance to them, to avoid triggering feelings of shame or maternal self-blame around child removal.

Practice Tips

When working with children, it may be helpful to consider the following:

- How do we respond and honour children's voices?
- How do we work with them to ensure their safety and wellbeing?
- Remember, what is happening to one child may not be happening to another. Respond to each individual child, know that DFV impacts children differently
- Look for direct and indirect ways to make children visible
- When we ask questions of the parents, keep the child within the question

4. Wholistically assessing the impact of DFV on children and young people

Being child-focused and adopting the mindset of a child-focused practitioner ensures that all tactics deployed by domestically violent men are considered when working with children, not just the acts of physical violence. It is equally important to consider the multiple impacts on all domains of a child's life. This includes (but is not limited to) the impacts on physical and mental development, familial relationships, attachment, school attendance/educational outcomes and processing trauma.

All behaviours tell us something. Remember to look behind the behaviour and consider what might be happening in the moment for each child. Stress responses can present differently in children. Note these in your documentation and name them as a stress response, rather than evidence of a child's 'problematic behaviour.' The *Words Matter: Trauma Sensitive Language with Children* resource contextualizes trauma responses in childhood and helps practitioners to name these responses accurately and respectfully for what they are.

Practice Tips

When working with children, the following tips might be helpful:

- Where appropriate, include children in the conversations we have with their parents
- Create and provide opportunities for children to speak and deeply listen to them – they may tell the stories they understand, in the language they understand
- Be alert and responsive to problematic descriptions of children's trauma responses
- Ask the children for their consent to share their stories and their words with people in authority
- Include the voice of the child in policies and advocacy work

Further questions for consideration

- How would you facilitate a PFC if there was a child in the room?
- What strategies would you use to make sure that children are seen and heard, even if they can't be seen (unborn) or heard (non-verbal)?
- What does honouring dignity look like when working with children?
- How do we honour acts of resistance in children?

Promoting dignity for the victim-survivor: a central principle of practice

"Decisions about safety are not always separate from or superior to dignity" - Insight Exchange, 2021

Dignity driven practice focuses on building an understanding of victim-survivors' acts of resistance against violence, oppression, suffering or harm. This aligns perfectly with strengths-based approaches – which is a founding principle of PFCs – and paves the way for collaborative work in partnership with the victim-survivor. The resource, *Dignity Driven Practice Recognising Resistance Practice Tips* highlights how recognising resistance is a central feature of dignity driven practice.

The practice of 'pivoting to the perpetrator' is also useful for dignity-preserving practice as it centres the abusive behaviours of the perpetrator as the central problem. The *Safe & Together Institute* first coined the phrase 'pivoting to the perpetrator' to describe the deliberate practice of centring the perpetrators' violence, abuse, and coercive control. This approach can avoid problematic responses that problematize the victim-survivor's responses to DFV, that directly contribute to mother-blaming practices. In a PFC context, this approach can provide a means by which to keep the father accountable and reduce the potential for 'mothering blaming.'

Practice wisdom for upholding the dignity of the victim-survivor

- ✔ *Recognising and honouring the victim-survivor's expertise*
- ✔ *Collaborating with victim-survivors*
- ✔ *Upholding dignity through acknowledging resistance*
- ✔ *Reframing behaviour – from incidents of violence to patterns of control*

1. Recognising the victim-survivor's expertise

The term victim-survivor is a powerful one. 'Victim' firmly puts the blame on the perpetrator and 'survivor' honours their survival. To truly honour this, we, as practitioners, need to acknowledge that survival came from a place of strength and from the expertise that they gleaned from their lived or living experience.

The *Good Practice Guidelines for the Specialist Domestic and Family Violence Sector in NSW* steer practitioners towards "centring and respecting how victim-survivors and community members define safety for themselves." We need to ask them what they need – they are the experts in their lives, so they will know.

TALK is a useful resource designed by Insight Exchange that depicts and honours the expertise of victim-survivors and the strategic decisions they make when deciding if, when and how to share their lived or living experiences of DFV with someone. Additionally, their resource *Follow My Lead* is based on insights from lived experience experts and provides practitioners with ideas about how to promote dignity and build on the expertise of victim-survivors.

Practice Tips:

When working with victim-survivors we need to meet them where they are at, without burdening them with our assumptions or judgements about where they should be. The following suggestions may be helpful in building rapport and establishing a mutually respectful relationship.

- Deeply listen to her story, told her way and at her own pace.
- Reinforce her strength and determination to build a safe and full life for herself and her children.
- Recognise her agency and her right to make her own decisions.
- Recognise the complexity of her circumstance and the skill required to make strategic decisions about safety and liberty.

2. Collaborating with victim-survivors

The systems that victim-survivors interact with (i.e., legal systems, child protection systems, policing systems) often operate in ways that replicate coercive control and become another form of oppression. Authentic partnership with victim-survivors requires practitioners to examine the ways the victim-survivor has had her agency taken from her by professionals, and to bring an awareness of the power dynamics in the room.

You can work to empower the victim-survivor by being clear about your role and the PFC process, and inviting her to participate fully, knowing that your role is a supportive one. Highlighting her strengths and acts of resistance, while holding the perpetrator accountable – regardless of whether he is in the room – will demonstrate your commitment to a genuine partnership.

The Story of Rachel illustrates how victim-survivors are often navigating multiple complex issues and systems to seek safety and freedom. Practitioners who are prepared to listen in a non-judgemental, respectful, and empathic manner are more likely to contribute to collaborative relationships that enhance safety and promote dignity. Conversely, responses that do not attend to the complexity of victim-survivors' lives risk misunderstanding and misaligning their responses. For example, victim-survivors' behaviours may be labelled inaccurately as “failing to protect,” “being resistant and uncooperative” or “disengaged.”

Practice Tips:

To enhance collaborative practice with victim-survivors, consider the following reflective questions:

- Are you empowering her, or are you making decisions for her?
- Have you explored and respectfully challenged any suggestions of self-blame?
- Have you explored the perpetrator’s tactics, named them, and discussed how they may have ‘set her up’ to feel fearful, unconfident, anxious, to misuse AODs, to experience mental distress?
- Have you considered that some interventions may be unsafe and/or unsuitable in the context of DFV, i.e., attachment assessments, parenting classes, relationship counselling?

3. Upholding dignity and acknowledging resistance

As a COP member stated, “Dignity, and preserving the dignity of the women we work with, is central to our practice and must underpin all of our work.”

Insight Exchange (2021) reminds us that advice giving can be a form of humiliation, by implying that the person is not competent enough to have thought of it themselves. They suggest that being curious about the victim-survivor's existing resistance strategies, and building upon the knowledge that she already possesses. “Then we begin to learn about their pre-existing competency, their pre-existing skill and awareness, their pre-existing efforts to be safe. We tap into their pre-existing dignity, spirituality, capacity. That is what we are

looking for. That is the flame of dignity. That is what we want to uphold" (Centre for Response Based Practice, as cited in Insight Exchange, 2021)

Practice Tips:

The victim-survivor may not always be able to see their expertise or identify their survival techniques as strengths. Being curious and asking questions often serves as a good entry point to begin discussions. Here are some suggested questions:

- I would really like to get to know *you* better – can you tell me *your* story?
- Can you tell me how despite your (ex)partner's violence, abuse, and disrespect you kept yourself and your children safe?
- How have you resisted being overcome by his violence? Note: you may need to name and validate the forms of resistance

Culture frames the way we perceive of dignity and resistance – having respectful conversations from a place of cultural humility can lead to a meaningful exploration of how culture mediates the meaning that is ascribed to dignity and resistance.

4. **Reframing behaviour – from incidents of violence to patterns of abuse**

It is common for practitioners and other members of the community to narrowly conceive of DFV as incidents of physical abuse. However, this renders invisible the patterned and repeated nature of DFV and contributes to misunderstanding that lies behind domestically violent fathers' decisions to use DFV instrumentally to gain power and control (Heward-Belle, 2016). For example, narrow incident-based approaches often lead to explanations that excuse a perpetrator's violent and controlling behaviour as an 'outburst' or momentary 'loss of control.' To respond effectively when addressing DFV we need to ensure that the perpetrator's behaviour is recognised for what it is – a patterned, repeated decision to use abuse to gain power and control.

This recognition of the patterned nature of DFV is reflected in the *New South Wales Crimes (Domestic and Personal Violence) Act 2007.* Section 9(3)(d) states that DFV "extends beyond physical violence and may involve the exploitation of power imbalances and patterns of abuse over many years."

Effective safety planning pivots on a comprehensive understanding of the perpetrator's pattern of violence, abuse, and coercive control. For practitioners who wish to enhance their knowledge and skills in relation to safety planning consult the *Help and Support Safety Planning Checklist* or *The Safety Planning Checklist* developed by the Australian Government Department of Social Services

Practice Tips:

Remember, it is vital that practitioners feel confident and prepared to recognise patterns of abuse and coercive control and to respond effectively. The *National Risk Assessment*

Principles is a useful resource to consult if you wish to enhance your awareness and knowledge of risk factors and risk assessment, including assessing lethality or the potential for domestic homicide.

Further questions for consideration

- Consider how the mother tells you, her story. Why do you think she tells it in the way she does? Remember, her words are likely to have been very carefully chosen and depict the various strategies that she uses to keep herself and her children safe.
- Have we asked the victim-survivor what she needs and wants? Have made any assumptions here?
- Have we asked the victim-survivor what her own assessment of her own and her children's safety is?
- Are we honouring her contribution to the web of accountability?
- Are we respectfully resisting narratives that attribute responsibility and blame on victims-survivors?

Attending to diversity and complexity: applying an intersectional lens

"You can't separate out complexity – it's everyone" – PFC practitioner

Women and their families who participate in PFCs often experience multiple intersecting complexities and the service system frequently fails to centre DFV. For this Tool, 'attending to diversity' is an acknowledgement that every person, family and their situation is unique and that we, as practitioners, must respect the individuality of every person. We can centre diversity through person-centred, dignity-preserving practice, utilising an intersectional approach.

Practice wisdom for attending to complexity and diversity

- *Complexity can detract from the main issue, namely DFV*
- *Attending to diversity is not an 'add on'*

1. Complexity can detract from the main issue, namely DFV

Families referred to PFCs experience intersecting complexities that increase the vulnerability of mothers and children. For example, of the 23 families that participated in PFCs in 2021/22, 79% of women were subjected to domestic violence, 75% experienced problematic substance use, 61% had previous children placed in out-of-home care, and 57% experienced mental health problems.

Isobe and colleagues reviewed the literature and found that practice is frequently siloed, and practitioners differ significantly in their theoretical approach and client focus; the service

system is overly complex and makes it difficult to collaborate effectively, and practices continue to target mothers. It is important to strengthen the intersection between mental health, AOD and DFV services so that all services are domestic violence and trauma informed. The *STACY (Safe & Together Addressing Complexity) Practice Guide* contains useful guidance based on recent Australian research to build capacity in this area.

Although complexity can occur across both partners in the relationship, there can be distinct differences between how complexity is perceived in the actions of the perpetrator of DFV and the responses of the victim-survivor. For example, the use of DFV is often excused by services as a symptom of poor mental health, the results of a traumatic childhood or the misuse of drugs and alcohol. While these issues may provide some context for the choices made by someone using DFV, the service system's response often fails to adequately assess how perpetrators leverage mental health and substance use as specific tactics of power and control. *Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence toolkit* contains useful ideas for screening, assessing, and providing brief counselling in health care and behavioural health settings.

For victim-survivor's intersecting issues can become the focus, rather than the perpetrator's violence. In the current "shame-wrapped system," mothers are frequently blamed; even if they are using AOD to cope with mental distress arising from DFV, 'problematic substance use' or 'mental health issues' often become the central issues of concern decontextualized from DFV.

Practice Tips:

The following questions are offered up to help us think about what we can do to improve the service system's response:

- Are you involved in a response that attends to the central problem (DFV) or that responds to the impact of the problem (mental distress, problematic substance use)?
- How can we keep the perpetrator of violence in view?
- How confident do you feel assessing and responding to mental health coercion? To substance use coercion?
- Does your agency have adequate assessment tools, protocols in place to support your assessment and response to mental health and/or substance use coercion?

2. Attending to diversity is not an "add on"

Mothers and their families who are referred to PFCs come from a variety of diverse cultural and linguistic backgrounds. For example, in 2021/22, 29% of families identified as Aboriginal and 39% of families referred were from a range of countries and cultures including Bengali, Chilean, Tonga, Cook Islander, Fijian Indian, Lebanese, Malaysian, Filipino and Turkish. Many individuals and families that we work with have experienced intersecting forms of oppression that are systemic in nature and increase their vulnerability.

Intersectionality provides a theoretical framework for practice based upon an analysis of how multiple systems of oppression intersect and constrain individuals. *Kimberlé Crenshaw's*

Tedtalk speaks to the urgency of applying an intersectional lens to our analysis and response to DFV and is an excellent starting point for people seeking to improve their understanding of how social oppression, discrimination, and marginalization do not occur in a vacuum but rather in the context of interdependent power relations that originate and are reinforced in past and present systems of oppression. Positioned within multiple marginalised social locations, individuals can be constrained by mutually constituted and intersecting systems of oppression, including but not limited to "cisgenderism, heteropatriarchy, white supremacy and colonialism" (Wesp et al., 2019).

Perpetrators of DFV often leverage broader systems of oppression in the tactics that they use to exert power and control over victim-survivors. For example, racism as a system of oppression can be used by perpetrators to instil fear or a lack of confidence in victim-survivors who may have unsafe and unsatisfactory experiences within predominantly 'white, colonial' services. Perpetrators may use economic abuse as a way of confining women to a life of poverty which gravely limits their 'choice' to simply leave. Mothers who are subjected to DFV and live with disabilities may fear that they will not receive a just and fair assessment from child protection workers. Persons from LGBTQI+ communities who use DFV may leverage homophobic, heteronormative and cisnormative societal beliefs to maintain victim-survivors' silence. Similarly, men who are subjected to DFV may have concerns about being taken seriously by services that see women as victim-survivors.

Practice Tips

The following questions are offered up to help us think about what we can improve the service system's response:

- What frameworks do you use to help you understand the diverse experiences of victim-survivors and people who use DFV? Do your frameworks help you to understand the broader context of their experiences?
- Do think about how broader systems of oppression restrict victim-survivors' choices?
- Does your agency have adequate assessment tools, protocols in place to support your broader assessment and response to intersecting forms of oppression?
- Do you and/or your service need to address any barriers to access and equity for peoples from underserviced communities?

Practice Resources:

If you are looking for resources to enhance your understanding and response to people from communities that may experience stigmatization and discrimination that increase their risk of receiving a poor legal and social service system response, the following resources are useful:

- Improving family violence legal and support services for Aboriginal and Torres Strait Islander women
- Intersectionality Matters: A Guide to engaging immigrant and refugee communities to prevent violence against women
- The Choice: Violence or Poverty report

- The Pride in Prevention Evidence Guide
- Help-seeking by male victims of domestic violence and abuse
- *Towards Access and Equity: Disability Informed Practice in Child Protection*
- Seeking help for domestic and family violence: Exploring regional, rural, and remote women's coping experiences

Identifying patterns of control: holding perpetrators accountable

"Practice would be more child-focused if men were engaged with as fathers, rather than solely as perpetrators of violence" - CoP member

Historically, statutory child protective services have focused on the mother, assessing her parenting and protective capacity. When DFV is a key risk factor her efforts to keep the children safe have often been front and centre, rather than the perpetrator's behaviours and related risks posed by them. As *The Invisible Practices Research Project* found, there are still settings where perpetrators of violence are excluded, or rendered invisible, from interventions.

PFC is a unique model that seeks to engage in whole of family practice, but it is important to note that, different parties to PFCs have different traditions, mandates, policies around working with perpetrators of DFV. When practitioners collaborate within the PFC, it is important that questions around how and when work with the fathers is safe and/or appropriate need to be carefully considered.

Working with domestically violent fathers or having fathers as part of the conversation may be new to your practice. Many practitioners hold a level of fear in relation to working with perpetrators of DFV, including fear for their own safety or for the safety of the family members with whom they are working. These are valid concerns and measures must be

carefully put in place when building webs of accountability to minimise the risks to practice effectively.

Practice wisdom for identifying patterns of control and holding perpetrators accountable

- *Men should be engaged as fathers*
- *How to have conversations with fathers*
- *Understand the father's use of AOD and/or coercive control*
- *Safety with or without father engagement*

1. Men should be engaged with as fathers

A positive shift in behaviour may occur for some domestically violent men once they begin to see themselves as fathers. There may be opportunities to work with men who use DFV in pregnancy in a preventative fashion to change abusive patterns of behaviour and to encourage the incorporation of positive fatherhood into his identity. Pregnancy, as a transitional phase may afford opportunities for change for some fathers.

The idea of working with domestically violent fathers to improve their parenting practices to become non-violent and non-controlling parents may be a new practice or a significant shift in practice for many, as services historically have not focused on them. You will undoubtedly experience a degree of tension between supporting the perpetrator's fatherhood and holding him accountable.

Caring Dads is evidence-informed, psycho-educational program aimed at improving the parenting capacity of domestically violent fathers that was developed in Canada by Dr Katreena Scott. Education can be an important engagement tool. For example, educating the father on how the baby is developing inside the mother may help some men understand how abusing the mother is abusing the unborn baby.

Developing your motivational interviewing skills can also increase your capacity to respond effectively and to facilitate opportunities for people who use DFV to become more accountable for their abuse. Alan Jenkins' work provides many useful ideas about invitational and ethical practices to motivate and engage men who use DFV in a process of attitudinal and behavioural change.

Practice Tips

When engaging men, try the following:

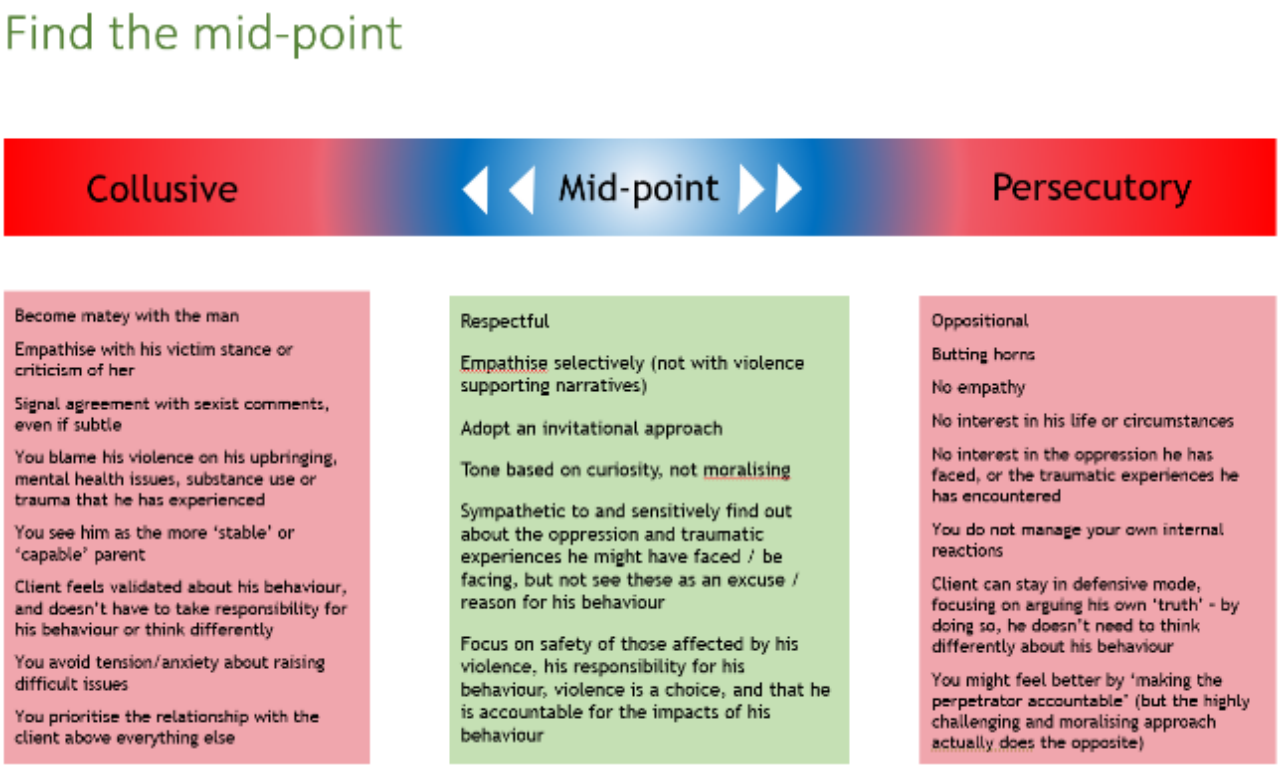
- Involve them with PFCs and services from the outset - when and if it is safe and appropriate to do so.
- Ask questions about their role as fathers, their hopes, and dreams, to help them see themselves as fathers, even before the child is born.
- Ask them what being a good dad, a bad dad, a great dad looks like. Explore what their experience of being fathered was like and how they want to father differently.
- Use the baby's, mother's, and other family member's names. Respectfully challenge the use of objectifying and dehumanising terms like 'the wife,' 'the kid,' etc.
- Be careful of your own gender bias when discussing parenting and ensure that you are not measuring mothering with a different yardstick than fathering.

2. How to have conversations with fathers

There is not a 'one-size-fits-all approach' to engaging with fathers who use DFV given their diversity. All families are different, and the family dynamics are as diverse as the individuals within them. What we can focus on is safety, and the techniques and strategies that will allow us to have safe conversations that potentially lead to increased accountability.

There is much to consider before initiating conversations, such as timing, location and who else is present. There are other barriers to effective conversations with fathers, including his willingness to cooperate, his past experiences with services, his cognitive ability, and the likelihood that he may use his grooming or coercive control techniques on practitioners too.

It can be hard to balance building rapport with a perpetrator of violence and, equally it can be hard to come to a conversation without bias, especially when you have formed a respectful allyship with the mother. Rodney Vlais speaks of finding the midpoint between being collusive and persecutory. Reflecting on where you are on this scale, and striving to be engaging from the mid-point throughout your interactions with the father will benefit practice.



(Vlais, 2022)

Practice Tips

When preparing to have conversations with fathers, you could consider:

- Setting the scene: make sure you have introduced yourself to the father early on and have explained your role and the purpose of his involvement
- Invitational practice – have you left space for the father to be invited in, and to share with you the exploration of his behaviour?
- Whether including the conversation within the PFC setting is in the best interests of the mother and/or the child/ren
- Ensuring that someone in the collaborative multi-agency web has asked the father questions that assist in assessing his fathering capacity. This might include collecting information about: his knowledge of his children, his perception of his role, how he contributes to the family's wellbeing, his understanding of childhood ages and stages, his ability and willingness to show empathy, his ability to restrain abusive behaviours and behave respectfully and non-violently, his understanding of the impact of his use of DFV on family members, his ability and willingness to do the necessary work to account for his abuse understand safe parenting. This is not an exhaustive list and the degree to which you engage in conversations with fathers who use DFV is dependent upon your role and your agency's policies.
- Linking DFV with parenting – reminding him that using DFV is a choice.
- *I am I can* is a useful resource developed by Insight Exchange that was created to invite reflection about the use of violence (in any form) being a 'choice.'

3. Understand fathers' use of coercive control

Engaging with fathers can provide opportunities to assess for reproductive coercion and control, and violence in the context of parenting. These forms of DFV can be harder to identify than other forms of DFV but may become more visible through conversations with men.

Perpetrators may use conversations as a site to groom professionals, so it is important to be aware of any techniques he may use to detract the conversation away from his violence, abuse, and control. This may include justifying their behaviour as somehow being in the best interest of the child, by minimising, denying, or blaming others for choosing to be abusive.

Tactics can include the grooming of practitioners; it is uncomfortable to think that we may be susceptible to grooming, but we cannot shy away from it. One of the best strategies is to work within a team and participate in reflective supervision.

Your partnership with the mother will be valuable – she will already know his strategies and tactics and may be able to provide you with insight to prepare and respond effectively.

Practice Tips

Working with perpetrators of violence in a PFC context can provide many avenues for collaborative working. Consider the following:

- Collaboration between PFC practitioner and other services such as MBC programs, AOD services, mental health services, police, and correctional services
- Information sharing between DCJ and Health – can we link the baby's health record to the mother's *and* the fathers? Can we put PFC plans in medical records?
- Are there avenues to expand our program to understand legal implications better, such as the *Health Justice Partnership* (HJP) model?

4. Safety with or without father involvement

Throughout the CoPs there has been debate around father involvement; some practitioners preferred not to work with men, some saw it as essential, others saw the value in it but still felt it was 'so much easier' to not work with men. Views aside, most of the practitioners saw the main challenge as safely engaging men and keeping them involved throughout the PFC process.

The practitioners recognised the need for continual dynamic risk assessment – as change is continuous – and for these risks to be translated into safety plans. They also flagged the need for clarity around what the risks are and where the responsibility lies.

The consensus was that fathers can, and should, be held accountable, even in their absence. One way of holding them accountable is to name their tactics and methods and the impacts of their DFV, and for this to be documented.

Practice Tips

When involving the victim-survivor in holding the perpetrator accountable, the safety of her and her children is paramount. Consider the appropriateness of the following strategies in the context of working with the whole family or working with a mother on her own:

- Increasing her understanding of perpetrator tactics, acknowledging how hard it is to learn about this
- Acknowledging how strategic, strong, and resistant she already is
- Empowering her with knowledge – both in terms of new skills and new options
- Asking questions about hopes for her baby, and linking this to choices around relationships

Further questions for consideration

- How do we engage men in father-focused conversations?
- How can we increase the visibility of men in PFCs?
- How can your agency overcome barriers to engaging men in conversations about their fathering practices when they use domestic violence and coercive control?
- Who is our main client? The mother or the child? Where does the father fit in?

Harnessing the power of words: language and documentation

"Whoever is writing has the power to impact the trajectory" – CoP member

Language is not 'neutral;' even the act of aiming for neutral language is misguided. In the context of DFV, neutralising language can inadvertently minimise or exonerate the actions of the person using violence and coercive control. If the aim is to promote perpetrator accountability, we cannot overlook the role and power of our language. This relates to the way we speak with and about families, the questions we choose to ask or choose not to ask, and the decisions we make about the way to record and document our interactions.

Practice wisdom for language and documentation

- ✔ *Language is a valuable tool*
- ✔ *How and what to document*
- ✔ *Context and voice in documentation and practice*
- ✔ *Language and documentation when engaging with fathers who use violence*

1. Language is a valuable tool

Language is not just something to be aware of, or to modify when needed. Language is an immensely powerful instrument that can influence, affect, and change outcomes. When working with families experiencing DFV, this should be one of the key tools in our toolbox.

De Simone and Heward-Belle (2020*)* found that child protection documents submitted as evidence in court cases frequently contain misleading and inaccurate descriptions of DFV. Case notes often talk about DFV in the context of the relationship. You may have seen descriptions such as: '*They were in a volatile, dysfunctional relationship'* or '*the relationship had always been violent*' or '*the parents fight a lot*' or '*the couple is engaged in parental conflict or mutual combat.*' Such descriptions are misleading, inaccurate and can result in victim-survivors being blamed for their own victimisation, or even being accused of complicity in the abuse of children who are subjected to the perpetrator's violence, abuse, and coercive control.

Language can also result in victim-blaming or victim-shaming, the most common being the mother's '*inability to keep her children safe,'* or her '*failure to protect'.* However, language can also give agency to women's resistance or women's protective behaviours; the difference between '*leaving her children with a friend*' and '*securing safe temporary accommodation to protect her children*' can significantly influence how practitioners and decision makers view a woman's strategic choices and how she may view herself.

Practice Tips:

Once you are aware of your use of language, you will notice ways to change.
Consider:

- Reviewing your case notes to see how things could be worded in a way that more accurately conveys the dynamics of DFV and the power
- Critically reading case notes and media portrayals of DFV
- Learning more about this area by starting with reviewing, *Language and Violence: Analysis of Four Discursive Operations*
- Respectfully challenge language that misrepresents the perpetrator's responsibility and that shifts the onus of responsibility onto the victim-survivor.

2. How and what to document

Perpetrators frequently do not attend PFC meetings and/or other multi-agency planning meetings and many systems continue to render the perpetrator invisible. For example, many services are often geared towards mother and baby health and are frequently named as such. A Child and Family Health practitioner from CoP provided an example of this when saying, "In CFH work we do not work directly with dad or register him as a patient. Therefore, it is difficult with accountability. [We] can only record things in mum's notes."

Practitioners may need to initiate conversations within teams and agencies to ensure that there are existing channels where information about people who use DFV can be recorded and documented, particularly in relation to documenting the perpetrator's pattern of violence, abuse, and neglect. Similarly clear and accurate documentation of the full gamut of the victim-survivors' strengths, protective behaviours and forms of resistance should be documented.

Detailed and accurate reports and case notes are needed that are domestic violence and trauma-informed, with an awareness that documentation can be used in court or to inform other service plans. Practitioners emphasised the need for clarity, openness and transparency, and consistent language. It was noted that language can be too medicalised and pathologising, and greater effort must be made to avoid this.

Documentation should include safety plans, regardless of whether the perpetrator of violence is present. An accountability plan for the perpetrator should also be included, alongside his responses to the accountability measures being enforced or asked of him.

Practice Tips:

Here are some more suggestions for documentation in a PFC context:

- Be mindful that documents can be subpoenaed so the language you use to convey the lived experience of victim-survivors is extremely important
- Ensure that when documenting observations about parenting capacity that both parents are considered - not just the mother
- Contextualise the victim-survivors' responses to the perpetrator's abusive behaviours and its impact – this is particularly salient when AOD and/or mental distress are present.
- Write down your observations as well as the content of discussions. For example, you might notice responses in children that could be documented as 'bad behaviours' but are, in fact, trauma responses. Likewise, note how your interactions with the victim-survivor may be markedly different in the presence of the perpetrator.

3. Context and voice in documentation and practice

Acknowledgement that clients are the expert in their own lives underpins practice, and this is certainly embedded in PFCs. One way for us to implement this philosophy is to capture our clients' voices in our documentation. This preserves the integrity of the conversations and reduces the likelihood that her words – and sentiments – will be ignored or diluted.

Using the child's language to feedback to their parents is also immensely powerful. We can facilitate communication between children and parents in ways that are clear and meaningful to both parties. It is important to consider creative ways to centre the needs and experiences of unborn children.

To build trusting relationships, practitioners need to be able to differentiate between respectfully building rapport and reporting. Remember, clients will not disclose information if they are fearful, so establishing trust is vital. It may help to clearly explain the difference between mandatory reporting and the role of PFCs.

Practice Tips:

Think about the impact of language in the following domains:

- Diversity – does the language that we are using attend to diversity?
- Does the way that we speak, document and record enhance or decrease the victim-survivor's safety and liberty?
- Does the way that we speak, document and record enhance or decrease the perpetrator's visibility and our collective efforts to increase his accountability?
- Trust – have we done enough to establish a trusting and safe space to hold challenging and potentially distressing conversations?
- Clarity – are we communicating clearly and being understood? Have we explained the purpose of PFCs, our roles, and what we are aiming to achieve?

4. Language and documentation when engaging with fathers who use violence

Language is a valuable tool when working with perpetrators of violence and we must be mindful of the role language plays in how we talk to them as well as how we document our interactions. However, unlike in our work with victim-survivors, we must add to our purview the awareness and possibility of coercive control or grooming tactics that the perpetrator may be employing.

Women taking part in PFCs could be subject to 'assaults on their mothering', described by *Heward-Belle (2018)* as "a diverse array of tactics intended to control and regulate women's mothering experiences, identities, and practices before and during pregnancy, childbirth, and thereafter." As PFC participants are pregnant, there is a high likelihood that they have been subjected to this tactic; as practitioners we have the language and writing skills to document what the perpetrator is doing and its impact.

Practice Tips:

Working with perpetrators can be difficult, particularly if their engagement is sporadic. Here are some suggestions:

- Be respectful – you will have little opportunity to influence behavioural change if fathers feel they are only seen as 'violent perpetrators' under attack by professionals
- Be challenging – respectful practice does not mean facilitating environments where people who use DFV escape accountability. You can respectfully challenge DFV promoting attitudes and behaviours
- Put safety first – many discussions with domestically violent fathers can increase the risk for the victim-survivor. Seek guidance and support about who is best placed and skilled to hold conversations with him and how they should be conducted. Inviting him to a separate meeting may be preferable.

Further questions for consideration

- Who are we writing the case notes for?

- Do we define what we mean when we write ‘domestic violence’ in reports and records? What efforts are we taking to describe violence, abuse, and coercive control in clear behavioural terms?
- Does our language promote dignity, safety, and liberty?

Resources

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