

# Practice Principles for a Domestic Violence Informed Approach to Child Protection Practice



# Practice Principles For A Domestic Violence Informed Approach To Child Protection Practice



## Practice at its most challenged

- Working in 'silos'
- Confusion – for workers and for families
- Lack of collaboration and co-ordinated service response



The child protection and domestic violence service systems represent two distinct but related pathways through which children and families experiencing DV may be identified and supported. The focus of our work is those children and families who are in contact with both service systems at the same time, and the identified need for integrated responses and collaboration across agencies to ensure the best possible service at the right time.

# Practice Principles For A Domestic Violence Informed Approach To Child Protection Practice

The Brisbane Region Domestic and Family Violence project group formed to support the delivery of integrated child protection and domestic violence responses for families



# Practice Principles For A Domestic Violence Informed Approach To Child Protection Practice

The focus of the project group included:

- Identifying opportunities for embedding and sustaining DV informed practice.
- Problem solving and escalating barriers or blockages to DV informed practice.
- Establishing review processes and evaluation of the practice approach.
- Developing cultural considerations for the practice approach.
- Exploring “trauma-informed” in the context of domestic violence.

# Practice Principles For A Domestic Violence Informed Approach To Child Protection Practice

Our goal was to co-design a domestic and family violence informed child protection practice approach building on the Mandel Safe and Together principles and critical components.

A domestic violence informed child protection practice approach aims to promote:

- The safety and well-being of children
- The safety and empowerment of those experiencing domestic and family violence
- The responsibility and accountability of perpetrators of violence.

# SAFETY OF CHILDREN

- The views of children are sought to understand their experience in the home, either directly or indirectly through partnering with victims/survivors. Victims' fears about workers talking with their children may be an act of protection and needs to be sensitively explored to establish potential risks
- The impact of DFV on children is understood, either by being directly harmed, witnessing DV and also the unseen impacts of disruption to parenting, the household and family functioning.

# SAFETY OF CHILDREN

## Critical success indicators:

- We have assessed the experience of children by asking them, listening to the parent victim and gathering information from a variety of sources.
- The impact of domestic violence on each child is clearly documented and linked to the perpetrator's behaviours.
- If age appropriate, personal safety plans have been developed with the child.
- We have considered recovery options for the children to heal from trauma and the parent victim's role in supporting the children's recovery

# PARTNERING WITH SURVIVORS/ VICTIMS

A solid partnership with victims/survivors is essential, they have the best idea of how to keep themselves and their children safe. Acts of protection are always present and need to be identified and acknowledged.

Victims cannot talk freely and safely when the perpetrator is present. Partnering with the victim is critical to safety planning and needs to be separate from work with the perpetrator.

Domestic violence may not always be identifiable and masked by other issues. We understand that DFV may be a contributing factor in mental health or substance misuse problems of the victim.



# PARTNERING WITH SURVIVORS/ VICTIMS

## Critical success indicators:

- We have asked the victim's view of her own level of safety and fear and these have been incorporated into our assessment.
- By partnering with the victim, we have established a safe mode of communication with the children.
- We have spoken to the victim prior to and after any engagement with the perpetrator.
- Engagement and intervention, including documentation, identifies the perpetrator as the source of harm to the family and supports the victim's experience.
- We have considered the role of substance abuse, mental health, culture and other socio-economic factors and their link to DFV.

# PERPETRATOR ACCOUNTABILITY

In our intervention with perpetrators, we hold them to account by being clear that they are responsible for the DFV and the source of danger in the household, and after separation. We will consult with the victim prior to intervening with the perpetrator to ensure there are no unintended consequences for victim safety and worker safety.

Perpetrator patterns of coercive control are mapped and considered, as opposed to isolated incidents of DFV. The language in our documentation focuses on specific behaviour and perpetrator accountability, and the impact on parenting, the household and family functioning.

Workers have as high standards for fathers as parents as they do for mothers, domestic violence is seen as a parenting choice.

# PERPETRATOR ACCOUNTABILITY

## Critical success indicators:

- Documentation evidences that the perpetrator is included, engaged and held accountable during the assessment and intervention.
- Conversations with the perpetrator have ensured that the children's safety, wellbeing and stability is the central focus:
  - Perpetrator behaviour is linked to the impact on the child
  - Perpetrator behaviour is framed as a parenting choice
- We have gathered and documented information in relation to:
  - Domestic Violence history (including past behaviours and previous relationships)
  - Perpetrator's pattern of coercive control
- We have reflected on our own biases (parenting expectations, gender roles and culture) and we have the same high standards of safety for both parents.

# SAFETY PLANNING

Safety plans are created collaboratively with survivors/victims.

Safety networks may include people or professionals who do not understand DFV or who may be fearful of the perpetrator.

We ensure they are given realistic responsibilities in their roles within safety plans.

# SAFETY PLANNING

## Critical success indicators:

- The option of a referral to a specialist DFV service has been offered.
- Victims have been asked about existing safety plans and acts of protection.
- We have not shared the victim's safety plan with the perpetrator.
- Fathers have been given specific responsibilities of the behaviours that need to change in order for the children to be safe.

# CONCLUSION – PRACTICE REFLECTION AND QUESTIONS

- To what extent does my current practice reflect these principles?
- What are my priorities for enhancing my practice?
- What needs to change in my organisation/practice/knowledge/skills so I can work to these principles?

