

Peer Support Community of Practice – 20th Feb 2020

Notes

Began by discussing common challenges faced in the DFV specialist role:

- Co-parenting space.
- Abusive parent not engaging (with services)
- Perp continuing to abuse the child.
- Mums authority/connection with the child is eroded by abusive parent's behaviour.
- Trauma based behaviour of children.
- Large number of ADHD, PTSD, ASD diagnosis – Is this a result of the trauma? This can be a push from parents in order to 'fix' behaviours.
 - Addressing this involves advocating with parents and Paediatricians.
 - Working with parents from a strengths-based approach in order to combat guilt.
- Further complications arise when children are 'forced' to have contact with abusive parents. Our system then wishes to 'forget' violence – "it's in the past".
- Children's extreme behaviours are clearly telling us that things are not ok.
 - Challenge to address child's behaviour when non-abusive parent has not processed their own trauma.
 - Further complicated by abusive parent denying abuse or shifting blame.
 - How do we advocate for systems not to collude?
- Rural and Regional areas don't always have access to services that can ensure safety.
 - E.G No contact centres in Bundaberg – must drive to Hervey Bay.

- Discussion around changes to framework within child protection services.
- Vicarious trauma from concerns over extremely vulnerable children, especially when abusive parent remains dis-engaged and invisible in eyes statutory departments.
- No accountability for abusive parent when not engaged.
- Identified gap: no (minimal) engagement between CSO and case manager when addressing concerns for children's safety.
- No real shift in mentality of CSO's to DV. "failure to Protect" still prevalent.
 - What works: Using terminology from Safe and together model with CSO's. "not negotiable" Depends if they have had the training.
 - Will be a process in changing the culture.
 - Will always be a challenge in situations where perpetrator has not engaged.

When working as an educator and advocate within our generalist services, tactics that we use are:

- Case consults.
- Ensure new workers have DV Alert 2-day training.
- Monitoring referrals in and out
- Ongoing processes
- Perpetrator mapping tool from Safe and Together during consult
- Deliver presentations during meetings around DV

Challenges can include

- colleagues with strong beliefs regarding gender etc.

- Brief overview of framework and aims:
- Safety of Children
- Partnering with Survivor/victims
- Perpetrator accountability

Circled back to challenges of working with families when abusive partner is not engaging.

- Discussion on difficulties in working in a strengths-based framework but not colluding with abusive parents.

Relevant article <https://safeandtogetherinstitute.com/a-domestic-violence-informed-warning-about-strengths-based-child-welfare-work-with-perpetrators/>

- Perpetrators do not usually operate or live in isolation. Often their close family members (and/or close friends) CONDONE their abusive behaviours and violent episodes by minimising, ignoring, avoiding, excusing, reframing etc. or even blaming the victim for what they have done or what happened.

Next session will include a case study around non-engaging perpetrators.

Will share adolescent to parent abuse wheel.