

Framework for practice

Domestic Violence informed Child Protection practice

Be curious

- 1** Look beyond incidents and map how his **PATTERNS OF BEHAVIOUR** affect the mother and child (the default in this doc is female victim). The current report may look like mutual violence but the history may include a serious pattern and assaults of this or a previous partner.
- 2** If it is not clear, looking at patterns will help to **IDENTIFY THE PERPETRATOR** and victim. Consider who starts (and ends) the threats/violence and who lives in fear? Whose injuries are serious and who is coercive/controlling? Consider sexual assault.
- 3** The more you **UNDERSTAND HIS COERCION AND DOMINANCE** the more you should counter this by partnering with the mother and making her empowerment and support needs your priority.
- 4** Look and **LISTEN CLOSELY TO HOW THE MOTHER PROTECTS** the children. Note her strengths and resources and how this contributes to child safety, wellbeing and belonging.
- 5** **THINK WIDELY HOW HIS PATTERN CAUSES HARM TO THE CHILD.** Note that harm to a parent and damage to family functioning can also cause harm to children. Seek the **VIEWS OF CHILDREN** and gather a clear picture of their experience in the home.
- 6** **PROMPT HIM TO THINK ABOUT THE KIND OF FATHER HE WANTS TO BE.** Frame his DFV behaviour as a parenting choice. Motivation to change may emerge from his reflections on fatherhood.

Strengthening families | Protecting children

Framework for practice

HOLD HIM ACCOUNTABLE and frame his DFV behavior as a parenting choice. Make sure your records show this and the DFV does not read as a problem that the mother/victim needs to address.

1

Ensure your risk assessment and safety planning includes **INFORMATION SHARING** and collaboration with DFV agencies and authorities such as Police or Corrections. Where approved refer to High Risk Teams (DFV) or SCAN (Child Safety) or other integrated response forums.

2

Your **LANGUAGE SHOULD FOCUS ON SPECIFIC BEHAVIOUR**. Do not use vague terms such as 'domestic violence between the parents' that just fudges accountability.

3

Culture does not negate individual accountability for the choice to be violent. **BUT DO YOU UNDERSTAND THE CULTURAL CONTEXT?** For Aboriginal and Torres Strait Islander families this may relate to traditional gender roles, community responsibilities, and self-determination. Take advice from Indigenous colleagues, Recognised Entities or local Elders.

4

Build a **SOLID PARTNERSHIP WITH THE MOTHER** as this is a critical foundation to safety planning. She should experience you as supportive of her intent to keep her children safe. Support her to take legal advice about Domestic Violence or Family Law Orders.

5

Have **HIGH STANDARDS FOR FATHERS AS PARENTS**. Your expectation of him should be as high as your expectation of the mother. Plans should make clear reference to his parenting responsibilities even when he is not in the home.

6

Be mindful

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Be Careful

- 1** **MOTHERS CANNOT TALK FREELY (OR SAFELY) WHEN THE PERPETRATOR IS PRESENT.** Meet and build a partnership and safety plan with mothers separate to the work with the perpetrator.

- 2** Do not miss the harm (and fear) that perpetrators can cause families even when they do not live in the home. **DO NOT ASSUME SAFETY WHEN A COUPLE SEPARATES.** Separation is known to be a high risk time for victims.

- 3** **BE REALISTIC ABOUT THE CAPACITY OF MOTHERS TO ENSURE CHILD SAFETY.** Mothers cannot control the behaviour of violent men. The safety of children is to be assessed in the context of a partnership with the mother but also with a specific focus on the danger posed by the behaviours of high risk perpetrators.

- 4** All your casework including your **RECORDING AND SHARING OF INFORMATION SHOULD PRIORITISE THE SAFETY OF VICTIMS.** Ensure your records do not compromise victim safety (for example providing location or safety plan details). Always take practice or legal advice if in doubt. Records can be alerted, redacted or withheld where needed.

- 5** **DO NOT MISS THE DFV BEHAVIOUR BECAUSE OF A FOCUS ON OTHER ISSUES.** Remember DFV may be a contributing factor in mental health or drug problems. These issues may make victims more vulnerable.

- 6** **UNBORN CHILDREN AND INFANTS ARE ALSO HURT BY DFV BEHAVIOUR.** Don't miss this as it is a known high risk period. Babies show signs and have ways of communicating their needs and experiences.