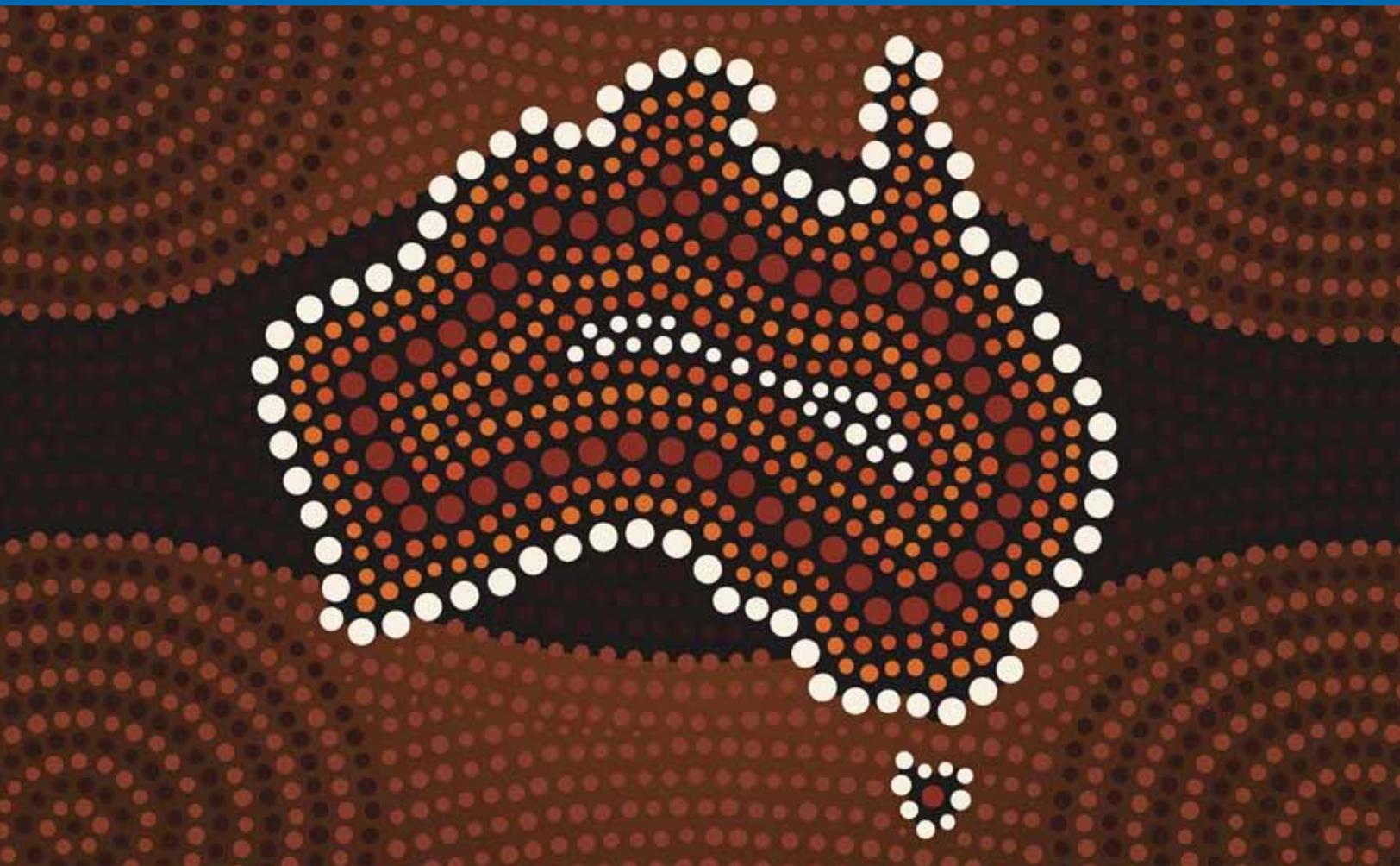


Australia

National Domestic Violence-Informed Case Reading

FULL REPORT



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‘

*The mother's
voice was
very faint in these
case notes.*

— A CASE READER TALKING ABOUT
THE LACK OF PARTNERSHIP WITH
THE ADULT SURVIVOR

ACKNOWLEDGEMENTS



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Acknowledgement of Country

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

Acknowledging Case Readers and Those Involved in Preparing the Case Files

We would like to thank the many people for their time and participation in the Safe and Together case reading process across the five participating states of New South Wales, Queensland, South Australia, Victoria and Western Australia. In particular, we thank the thirty statutory and non-statutory practitioners, researchers and academics for their engagement in the case reading training and in undertaking the case file analysis; and the managers and data technicians who undertook the time-consuming task of preparing the case files for each state's team of readers.

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EXECUTIVE SUMMARY



As part of the PATRICIA project, a set of domestic violence-informed case reading tools were used to review child welfare cases from five different states. The tools, which were developed and utilized by the Safe and Together Institute (formerly David Mandel & Associates) in the United States and the United Kingdom, were included in the project to give a national level, in-depth look at current child welfare domestic violence case practice across Australia. This appears to be the first international level review of this type in Australia or any other country.

The case reading process uses the Safe and Together™ Model (Appendix) and related domestic violence-informed child welfare continuum of practice framework (Appendix) to identify strengths and needs regarding domestic violence-informed child welfare practice. The case reading process uses an in-depth, qualitative review of a small number of randomly selected cases to identify trends and practices that can be examined by child welfare and their partners for validity, significance and meaning. Identified strengths and needs point back toward possible needed changes in a variety of areas including policy, practice, training, supervision, services, collaboration with community partners and work with the courts. The process is designed to examine if domestic violence is being effectively identified in cases, and the quality of domestic violence practice in cases where it is identified. This case reading process differs from a large scale data or quantitative review as it seeks to focus on the quality of the case level practice as reflected in the case record.

The Australian PATRICIA project case reading process involved the following key steps with the case readers from each state:

- Online learning
- 2 days of face-to-face learning and practice case reading with a case from their own

jurisdiction (led by David Mandel)

- Onsite case reading and scoring in teams of two persons with selected “domestic violence” and “no domestic violence” cases
- A review of the completed scoring forms for trends and practices (reflected in this report)

While the review of the completed case reading scoring forms resulted in state level reports, this report represents national level trends compiled from the individual state reports.¹

The national sample represented fourteen “domestic violence” cases and six “no domestic violence cases.” Domestic violence cases were defined by domestic violence as the primary reporting issue. “No domestic violence” cases were defined where domestic violence was not the primary reporting issue. **Overall the results in the Australia case reading process were very consistent with results in recent case readings in the UK and the US.**

¹Any terminology that might identify a specific state was changed to reflect generic terminology. For example, all terms related to domestic or family violence restraining or intervention orders was changed to the generic term “Intervention Order” or “IO”. Similarly, all abbreviations for domestic or family violence, which varies by state, was changed to “DV.”

“DOMESTIC VIOLENCE” RESULTS

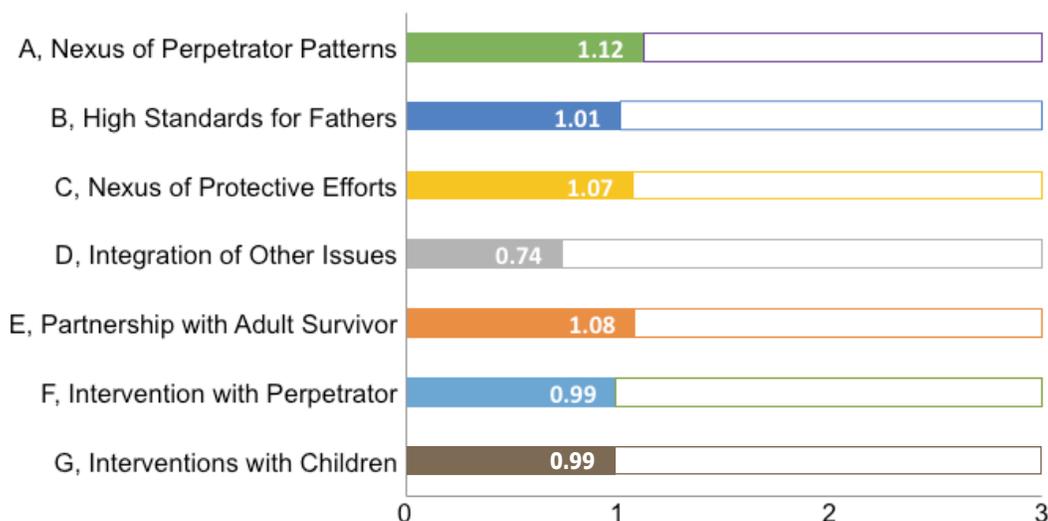
“Domestic Violence” in Current Allegation Case Reading Tool Scoring Sheet

Across Australia, there were a total of thirteen (n = 14) cases with an allegation of domestic violence that were reviewed and scored by consensus teams. These cases were from the following states: New South Wales, Queensland, South Australia, Victoria, and Western Australia. Scorers were asked to respond to a total of sixteen questions for each case, rating on a scale of zero to three with zero representing no evidence and three representing strong evidence for each item. The following gives a breakdown of what is found both at the question and the section level.

Overall Section Analysis

As indicated in Figure 1, the scores for the majority of the distinct sections indicate that there was little evidence of documentation (or close to $m = 1.00$). There is slightly less evidence of documentation of the intersection and integration between domestic violence and other issues (Section D), falling between little to no evidence ($m = 0.74$). *Note: “m” stands for “mean” or “average.”*

Figure 1. Breakdown by Section



While there were signs of strong practice, the overall practice was limited from a domestic violence-informed perspective. While good practice is always the goal, it takes on a new level of significance when you factor in the high levels of violence, coercive control and use of weapons present in most of the cases. The readers found that it was common that domestic violence was perceived by child welfare as an issue of “mutual combat” or “parental conflict”.

“ Even when the violence level was high and on-going post-separation, there was evidence that child welfare was less likely to consider it part of their case.

Even when the violence level was high and on-going post-separation, there was evidence that child welfare was less likely to consider it part of their case.

While incidents of violence were identified, it was unclear how well child welfare was applying a perpetrator pattern-based approach to their documented case practice. A perpetrator pattern-based approach would involve looking for patterns of coercive control, documenting their impact on child and family functioning and developing interventions that addressed these behaviours and the related needs of the family.

In addition, child welfare appears to struggle with:

- finding, engaging and assessing the parenting role of male caregivers
- identifying adult survivors’ protective capacities and their impact on their children
- integrating substance abuse, socio-economic factors, mental health issues and the use of weapons into their case practice

The lack of integration of the domestic violence with the substance abuse and mental health issues was a problem in almost every case. While it was common to list the co-occurrence of these issues in the case record, rarely did the documentation reflect how trauma, behavioural health or substance abuse issues of the adult and child survivor were being shaped and influenced by the perpetrator’s behaviour. This lack of integration with domestic violence seemed to be true. The readers also noted that while Indigenous² Services were sometimes accessed, there wasn’t a strong documented integration of a cultural analysis into the work with Indigenous families.

²This report uses the term Indigenous anywhere the state level reports use the terms “Aboriginal,” “Torres Strait Islanders” or “ATSI.” This term will also apply to services designed to support families from these communities.

“NO DOMESTIC VIOLENCE” RESULTS

“No Domestic Violence” in Current Allegation Case Reading Tool Scoring Sheet

Across Australia, there were a total of six (n=6) cases that were scored by consensus, representing the states of New South Wales, South Australia, and Western Australia. Scorers were asked to respond to a total of eleven questions for each case, rating on a scale of zero to three with zero representing “no evidence” and three representing “strong evidence” for each item. The following gives a breakdown of what was found both at the question and section level.

Comparison Across Sections for “No Domestic Violence” in Current Allegations

While there was some to strong evidence that prior domestic violence was identified (Section B), there was little evidence of the current allegation being domestic violence-informed (Section C). In addition, there was little to some evidence of the screening for the presence of DV and congruence between documented efforts and known best practices regarding universal DV screening in child welfare cases (Section A).

Figure 9. “No Domestic Violence” in Current Allegations Overall



All the “no domestic violence” cases uniformly had significant, easy to identify histories of domestic violence. While this result is not at all surprising, it is highly significant for policy makers and case practitioners. Any domestic violence-informed child welfare system needs to be able to identify and respond to the presence of domestic violence in cases that enter into the system for other allegations. The case reading results across sites showed little to no integration of the known prior domestic violence into the current case (when the current allegation was not domestic violence).



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This suggests that child welfare may be misdiagnosing critical issues. For example, children's behavioural issues may wrongly be attributed to an adult survivor's failed parenting versus the impact of a domestic violence perpetrator's abuse. Reasons for non-compliance or lack of engagement might be wrongly attributed to the adult survivor versus the interference created by the domestic violence perpetrator. For example, a domestic violence perpetrator may be interfering with the adult survivor going to substance abuse treatment. This misdiagnosis might contribute to a failure to address a safety issue, unnecessary alienation of the adult survivor from helping systems, and/or the utilization of interventions increase danger for the adult and child survivor. These types of domestic violence-destructive practices may also lead to unnecessary removals or premature case closings which may have further consequences in the future. This could result in serious harm or death of a family member including a child.

LIMITATIONS AND STRENGTHS OF THE CASE READING PROCESS

The case reading process had some strengths and limitations. The strengths involved a tool that has already been used internationally to produce meaningful results, e.g. results that were deemed validated by the agency being reviewed. The tool is based on clear and comprehensive concepts tied to field tested practices in numerous jurisdictions in the US, Canada, the UK, and Australia. The model and approach is well respected by both child welfare and domestic violence professionals.

The Australia process also involved local personnel to accomplish the actual case reading process which increased the sensitivity of the review process to local dynamics. Each case was read by two readers in order to enhance reliability. The readers then discussed their own scores and agreed on a consensus score when there was disagreement. It was this score, representing both readers' perspectives, that is represented in charts. The comments from both readers were used to give depth to the scores. Finally, the readers' work was guided and reviewed by the developer of the case reading process. This provided further support for fidelity and gives additional depth to the results.

The multi-site aspect of the project also provides the ability to identify themes that might be consistent across child welfare in Australia.

The limitations of the process included:

- Only case documentation was reviewed. Case practice that was not reflected in the documentation is not reflected in the case reading process.
- The sample size was small and while efforts were made to randomize the sample, it may not reflect the totality of the practice in each state or nationally.

CLOSING

The results are similar to those of other case readings in other countries as well as many internal and external critiques of child protection's domestic violence practice. They raise significant concerns about the overall quality of child welfare domestic violence risk assessment, case decision-making, and case planning.



The high level of violence and the lack of integration of domestic violence with other important issues, including culture and oppression, raises red flags around how domestic violence is approached by child welfare systems as an issue both of risk and safety.

The high level of violence and the lack of integration of domestic violence with other important issues, including culture and oppression, raise red flags around how domestic violence is approached by child welfare systems as an issue both of risk and safety. Without an approach that prioritizes identifying and intervening with a domestic violence perpetrator as the source of risk to families, systems will continue to run unnecessary risks of deterioration in family functioning, adult and child injury and even death. The impact of perpetrators is not only related to violence, but to neglect as well. As reported by a recent study by child welfare in New South Wales, the majority of domestic violence-correlated child welfare deaths are the result of neglect, not abuse.

Similarly, the results point toward a need to develop an integrated approach to partnering with adult domestic violence survivors. These partnerships require better identification of the adult survivors' protective capacities through use of specific training and supervision support to ensure that adult survivors are approached as allies versus part of, or the source of, the problem. A clearly articulated partnership approach to adult survivors can help avoid removals of children that might otherwise result from improved assessments of perpetrators' patterns. While this is important with all families, it takes on additional significance with Indigenous families and other marginalized communities already facing tremendous stressors on family and community cohesion.



These results should not be viewed as a specific reflection of statutory child welfare, but as a reflection on the dominant domestic violence-destructive, and neglectful child welfare conceptual and practice paradigms in the United States, Canada, the UK, and other jurisdictions.

These results should not be viewed as a specific reflection of statutory child welfare, but as a reflection on the dominant domestic violence-destructive and neglectful child welfare conceptual and practice paradigms in the United States, Canada, the UK, and other jurisdictions. Many of these same concepts and practices are shared with courts, various professionals including attorneys, substance abuse and mental health practitioners, and NGO's, including women's sector workers.

The child protection agencies (and their partners) who participated in this process should be acknowledged for their openness to self-reflection and learning. Their desire to learn and improve their practice represent an explicit step toward the creation of domestic violence-informed child welfare systems across Australia. This process, if translated into new policy and case level policy changes, would position these agencies, their partners and Australia as international leaders in domestic violence child welfare reform.

ISSUES OF NOTE



Key themes and important issues of note appeared throughout the case reading process. The most meaningful ones are summarized below.

LACK OF CHILD WELFARE “OWNERSHIP” OVER THE PERPETRATOR

There appears to be a lack of child welfare “ownership” over the perpetrator. A lack of “ownership” refers to practice where the perpetrator does not appear central to child welfare’s conceptualization of his role in domestic violence cases. This may be the result of a confluence of factors including a general lack of “ownership” over fathers. It may also result from the absence of a theory of domestic violence perpetration and child harm that helps navigate assessment and interventions when the perpetrator is not in the home or the adult relationship is over. This lack of “ownership” seems to manifest in a number of different ways. For example, there were references to Corrections involvement without any follow up with that agency or integration of the perpetrator’s involvement with Corrections into safety and case planning decisions. It also seems there is an overall lack of assessment of men’s parenting role and its impact on child and family functioning.

DOMESTIC VIOLENCE CHILD WELFARE AND FAMILY COURT

Family Law involvement seems to produce a hands-off approach by child welfare. This is similar to the approach child welfare often takes with domestic violence cases when a couple separates (whether in Family Law Court or not). For example, in one child welfare Family Law-involved case, the father had an extensive history of abuse including threats to kill the mother and himself, potentially abusive control over the children’s eating, exercise and time outside, the children’s traumatic fear of him, possession of a weapon and history of depression. Despite the fact that the case was flagged as increased risk for homicide, there was no apparent intervention with him nor particular support offered to the adult survivor.

This case appears to have been formulated from a post-separation parent conflict versus a perpetrator pattern-based approach.

ENGAGEMENT OF THE PERPETRATOR IS IMPORTANT

One of the markers of domestic violence-informed practice is how much domestic violence perpetrators, who are significant male caregivers, are approached as important members of the family with a responsibility and role as a parent. Despite the belief that working with the perpetrator as a parent is potentially one of the best tools we have for batterer accountability, this approach is often not integrated into “traditional” perpetrator accountability efforts.

Unfortunately, the case readings did not demonstrate a robust engagement with perpetrators as parents. This gap means missed opportunities to provide a fuller sense of the harm perpetrators have created which impacts our ability to bring our practice in alignment with the experience of the adult and child survivors. It represents challenges faced by CPS workers when trying to create more comprehensive maps for perpetrator change.

Engagement of the perpetrator as a parent is also critical for families with limited economic means and/or families who are victims of racism and other forms of oppression. It provides a framework that focuses more on the health, safety and wellbeing of the family than the traditional view that separation is the only acceptable answer for child safety. It is also more realistic because it recognizes post-separation risks which often manifest in custody, visitation and exchange.

HISTORY MATTERS

A perpetrator pattern-based approach needs to reach beyond the current relationship because his history often contains key information related to dangerousness. In one case, there were two perpetrators who had previous charges (and possibly convictions for manslaughter). In two other cases, there was documentation that the perpetrator in those cases had threatened a sibling with a gun when they were teenagers. Both were the men’s sisters (which might be relevant to a gender-based analysis of his violence). In one case, he held it to her head and in the other it was indicated that he threatened her with it. One of the hallmarks of the perpetrator pattern-based approach is that it’s clear that the perpetrator’s history of abuse and violence is being assessed across time and relationships. In this way, it is similar to assessment related to sex offenses.

REFERRALS ARE NOT ENOUGH

Understanding the impact that low standards for men as parents has on case practice is very important for systems that want to become more domestic violence-informed. Pre-competent child welfare systems may refer a domestic violence perpetrator to a Men’s Behaviour Change program or to other services. These can be positive and important efforts. Often these referrals are made based on incidents of violence or evidence that there is a

problem with substance abuse. This is not the same as having comprehensive understanding of how the perpetrator's behaviour has impacted child and family functioning, particularly how his behaviour has impacted his parenting and the parenting of his partner.

THE IMPORTANCE OF JAIL VISITS

The case reading raised the question of the policy about going to meet with perpetrators who are in prison. In one case, the father was in prison the day of the first home visit. It was eventually two months before he was interviewed for the first time. What is the policy and practice of child welfare agencies around going to prisons or jails to interview domestic violence perpetrators? Since they are often a parent and party involved in the case and they may continue to be an active safety and risk concern from prison or upon release, it can be very useful for child welfare to go and meet with him while he is in prison or jail.

CORRECTIONS AS PARTNER

Communication and coordination with Corrections came up in more than one case. In many child welfare systems, the assumption is that Corrections or the Justice system is handling the perpetrator, and that child welfare does not need to engage him or hold him accountable. Sometimes Corrections/Justice are mandating services or programs that can support child and family safety, e.g Men's Behaviour Change programs or drug and alcohol counseling. They may also have information related to bail conditions. The case reading raised concerns about how well protocols and systems support coordination and communication is handled between child welfare and the criminal justice system. It also raised questions about how well child welfare leveraged and integrated those efforts into their case plan.

It is important to see this in its historical context. Prior to increased focus on domestic violence, interactions between child welfare and criminal courts were usually limited to sexual abuse and severe physical abuse cases. These cases represent a fraction of child welfare's caseload. The high prevalence rate of domestic violence on the child welfare caseload, the resistant behaviour of perpetrators and the significant safety issues involved in domestic violence cases strongly suggests that domestic violence-informed protocols and formal collaborations between child welfare and the criminal justice system could be very beneficial for both systems and the families they serve.

SUBSTANCE ABUSE AND MENTAL HEALTH ARE NOT SEPARATE ISSUES

The case reading process raised a serious concern that there was not enough effort placed into connecting the perpetrator's pattern's impact on the adult survivor's mental health and substance abuse issues into case practice. Given the high rates of co-occurrence of these issues, this is a critical issue. The contributing factors might include an overall lack of focus on the impact of the perpetrator's pattern on the functioning of others and the family. This gap can extend to the documentation of the trauma effects of his violence and his interference

with recovery efforts. Another factor might be the clinical, service orientation of most child welfare case plans, e.g. substance abuse problem equals a referral to substance abuse services. A perpetrator pattern-based approach highlights the importance of identifying and documenting the perpetrator's contribution to the survivor's mental health and substance abuse problems. This can help prevent further impact and also provide validation of the experience of the survivor that can help with their healing and recovery success.

EXTENDED FAMILY AS A FACTOR

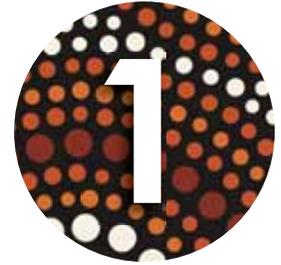
In two of the cases, there were notes about how paternal relatives played a role in terms of removing guns from the perpetrator. While it's unclear about the efficacy of this e.g. did it truly limit his access to the weapon in a meaningful way, this is an important reminder of the role that extended family may be able to play in terms of intervening with the perpetrator. In another case, one reader notes that the maternal grandfather, who was a support for mom and infant and seemed to provide safety from the perpetrator, was not interviewed. He denied the Perpetrator access to his home. This is important information about both the perpetrator's pattern, e.g. how well he respects boundaries set by her father, and is also a reminder of how adult survivors can access family supports to stay safely in the community. A negative example of extended family involvement was the case where the paternal grandmother had also assaulted the mother. This is the role of the extended family in the perpetrator's pattern of behaviour as one aspect of a perpetrator pattern-based assessment. It is not clear whether that occurred in this case as the paternal grandmother was deemed a protective person and was approved to supervise visits between father and the child.

POLICE AND CHILD WELFARE COLLABORATION

It's important to distinguish between parallel interventions and coordinated interventions between police and child welfare. What are the points of intersection? How do they reinforce each other? How does a lack of coordination impact the progression of the case?

IS HE A FIT PARENT? THE QUESTION IS NOT ALWAYS ASKED.

These cases raise the question about the role of child welfare in cases with someone who has an extensive pattern of violence and abuse. The case records present very little evidence that child welfare was engaging the question of the fitness of men as parents for these children, even when there was history of extreme violence, e.g. manslaughter. When accountability and interventions for perpetrators occur exclusively in the criminal sphere, the perpetrator often avoids consequences, dominates from behind the scene, or overtly controls the situation in the family law and child welfare arenas.



“DOMESTIC VIOLENCE” IN
CURRENT ALLEGATION CASE READING
TOOL SCORING SHEET

SECTION A

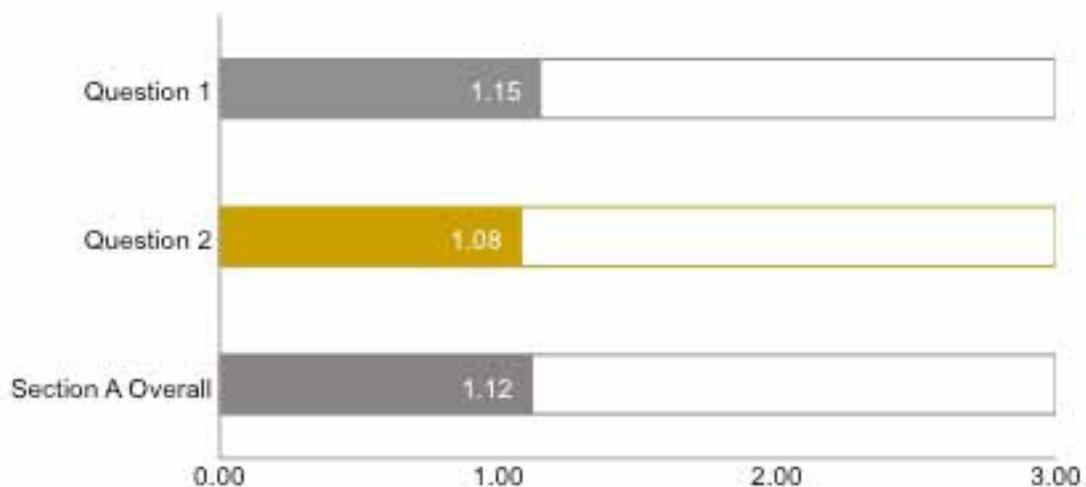
PERPETRATORS' PATTERNS AND THE NEXUS WITH CHILD HARM

Across the two items of Section A, relating to perpetrators' patterns of abuse and the nexus with child harm, the consensus scorers found little evidence of:

- Comprehensive and clear documentation of a pattern of coercive control and actions taken to harm the children (Question 1), and
- Comprehensive and clear documentation of the nexus between perpetrators' behaviours and the harm to the children (Question 2)

For Question 1, almost all of the cases showed little evidence (n = 10) of the pattern of coercive control with three cases being scored as having no evidence (n = 1), some evidence (n = 1), or strong evidence (n = 1).

Figure 2. Perpetrators' Patterns and the Nexus with Child Harm



Q1 IS THERE EVIDENCE OF COMPREHENSIVE AND CLEAR DOCUMENTATION OF A PATTERN OF COERCIVE CONTROL AND ACTIONS TAKEN TO HARM THE CHILDREN?

These cases were identified as having no to strong documentation related to the perpetrators' pattern of coercive control.

Many cases were characterized by severe levels of violence and the perpetrator's direct involvement of the children in his abuse. The level of violence in the cases included attempted strangulation, an assault of the adult survivor while she was pregnant that left her with a broken nose, smashing a wall with an axe, sexual assault of the adult partner, abduction of a child at gunpoint in front of others, throwing things at a partner, throwing petrol on a partner, and use of a guitar, knife, pipe, and chain as weapons. In one of the cases, there was a perpetrator's use of a pole to smash/hit the car that the adult survivor was sitting in.

While the documentation allowed for some level of understanding of the dangerousness presented by the perpetrators, the lack of comprehensive assessment of a pattern of coercive control might have had an impact on the case formulation. For example, multiple cases were formulated as primarily verbal, "mutual combat," or "parental conflict" despite information about at least one violent incident. One reader noted that the domestic violence history was documented as "'arguments,' so the history and nature/escalation of coercive control is missing." Language like this was used even when there was specific information of near lethal violence such as attempted strangulation.

In another case, despite a pattern of extreme violent behaviour, the problem appears to have been primarily formulated as one of "parental conflict." Consistent with a domestic violence-destructive approach, even when there was severe abuse after separation, including abduction of one child and attempted suicide in front of the children, one reader felt like it was no longer being considered a child welfare issue.

While DV is identified as a presenting issue throughout the documents reviewed, and notes are made regarding the children being exposed to DV and the potential for them experiencing emotional harm, this issue is most frequently presented as essentially mutual combat between the parents and not in the context of coercive control...

One reader wrote:

“While DV is identified as a presenting issue throughout the documents reviewed, and notes are made regarding the children being exposed to DV and the potential for them experiencing emotional harm, this issue is most frequently presented as essentially mutual combat between the parents and not in the context of coercive control, or the fear children would have experienced witnessing their father threaten suicide (holding a knife to his stomach in front of them, or watching their sister being taken from them at gunpoint).

There were limited interviews with the children regarding their experience of physical abuse from the father and the impact of “parental conflict” on them but this was not linked to the perpetrator’s pattern of abuse.

All ‘potential’ impact on the children of being exposed to DV is attributed to witnessing ‘parental conflict’ while the parents are living together and this is negated by the parents separating and the children no longer being exposed to DV. However, there are many examples of children witnessing their father continuing to stalk their mother, being chased by him in a car, witnessing the father threaten suicide and abducting their sister post separation.

There is no evidence of exploration of the harm caused to (target child) being taken to live with her father (away from her mother and 3 siblings), or on her siblings following her abduction by the father at gunpoint. Sporadically across the documentation this abduction of (target child) is linked to the father’s coercive control of the mother – he stated he took (target child) to stop her “doing a runner with other 3 kids”, and “she won’t get her back until she drops the (domestic violence order)”.

No evidence of exploration of harm caused to (target child) (diagnosed with severe autism and not able to communicate at 5 years of age) of living with the father, despite indications there had been previous physical abuse of this child and inquiry into potential sexual abuse (4 inch bruise on her inside thigh, sitting on father’s lap while not wearing pants).

There is no evidence of exploration of the harm caused to all children of them being constantly relocated within (the state) and across two states, of constantly having to change schools (estimates ranged from 10 to 14 times), the impact on their education or capacity to build peer social networks, or remain connected with extended family members.

There is no evidence of exploration of harm caused to children of having to sleep on the

street or to escape the home and stay with various friends when the mother is escaping DV.

There is no evidence of exploration of harm caused to children by the father driving them in the car while under the influence of painkillers and without being placed in child car-seats.

There is no evidence of exploration of harm caused to children by father not allowing mother sufficient money to purchase food.

The formulation of cases that have patterns of coercive control as problems of “mutual combat” or “parental conflict” runs the increased risk of:

- insufficient focus on partnering with the adult survivor around the safety and wellbeing of the children
- insufficient, inappropriate or dangerous interventions with the perpetrator
- insufficient or inappropriate interventions with the children

“ In the end, an incorrect formulation of parental conflict or mutual combat, instead of coercive control, may increase the likelihood that the interventions fail to fully meet the needs of the children.

In the end, an incorrect formulation of parental conflict or mutual combat, instead of coercive control, may increase the likelihood that the interventions fail to fully meet the needs of the children.

As one reader wrote:

“... Case Plan Review (04/02/2015) notes in the Overall Case Goals that, “Both POI’s are husband and wife. Wife is reported to have mental health issues and can lose her temper at the drop of a hat”. This statement, which was apparently based on a comment made by the perpetrator, is then repeatedly copied and pasted in subsequent documents continually thereafter... Case Plan Review (04/02/2015) notes for the first time,” The Department is worried that when Margaret and Michael are together they will argue and yell at each other and Matthew will put his hands around Margaret’s throat and the children will witness this or try to intervene and this will cause them to be scared, feel unsafe or cause them to be physically hurt...”

Generalized statements or lack of specific information during documentation was also a significant challenge. In one case, the history of violence was identified, but as one reader wrote:

“the specifics of behaviour or harm to former child mentioned however, is limited to physical violence toward child and ongoing violence towards former partner not explored or assessed.” The practice was better in another case where multiple sources of information were used to gather a picture of the perpetrator’s pattern and some specific behaviours beyond physical violence are noted, e.g. showing up at school and home and using threats, “asking child to hurt mum.” But the readers felt there was not a strong enough focus on coercive control. They wrote “coercive control aspects are not well defined.”

Some cases were characterized by the presence of more than one domestic violence perpetrator. For example, in one case, there appeared to be three different domestic violence perpetrators. The first two are the fathers of two sets of two children.



DV is mentioned regularly throughout the file and is framed as the mother’s issue rather than attributing it to the perpetrator.

One reader writes:

“DV is mentioned regularly throughout the file and is framed as the mother’s issue rather than attributing it to the perpetrator.”

The level of violence includes threats to kill (including a threat to take a “hit” on mother), and the children being taken. There appears to be no exploration of the impact of these actions. There is enough information for one reader to see a potential pattern in terms of abuse by one partner and then its impact on the adult survivor’s functioning. For example, it appears he was able to interfere with her ability to attend contact sessions with the children, despite not being the father of those children.

One reader writes:

“Consequently, it is hard to conclude that there is any hypothesis on the part of the workers which has the role of the men as its focus.”

This lack of focus on documentation may have made it difficult for child welfare workers to properly identify the perpetrators’ patterns and impact. Without a clear understanding of how

a perpetrator impacts family functioning, it would be difficult to properly provide support to the adult survivor. Specific descriptions of the violence, including statements related to how it directly impacts the day-to-day functioning of the family, are necessary in order to properly work with them.

There was some good practice as it relates to documenting the perpetrator’s patterns of behaviour. In many of the cases, the readers were able to find details about specific incidents of violence and describe how the perpetrator targeted or involved the children. In more than one of the case files there was chronicity information that indicated how long the violence and abuse was occurring. Unfortunately, it appears that even when proper documentation occurs there may have been a lack of follow through. One case involved with Family Law had some of the best descriptions of the perpetrator’s pattern of behaviour which appeared serious and concerning. Yet, there didn’t appear to be any meaningful child welfare intervention with the perpetrator or real partnering with the adult survivor. The case contained evidence of severe levels of violence exemplified by use of weapons, threats to kill mother, and in some cases, the children. There was strangulation, as well as throwing objects at the mother like a chair and crate. In addition to the violence, the case had evidence of other types of coercive control.

In another case, there was much stronger evidence of documentation related to the perpetrator’s pattern of violence and abuse.

“Various sources of information are used, however, the focus on the influence of this pattern gets lost post-separation, or [post]-incarceration.”

One reader wrote in the case file:

“Documents a wide range and pattern of violence and coercive control-reference at one point to ‘ongoing pattern of intimidation and control’. However, this reference relates to BOTH mother and father. Specifics are provided in relation to multiple incidents, with links between the perpetrator’s behaviour and harm to children, explicitly established. Various sources of information are used, however, the focus on the influence of this pattern gets lost post-separation, or [post]-incarceration.”

The other reader says:

“There were multiple reports of the perpetrator’s coercive control, violence, financial

abuse, manipulation of the mother, attempts to discredit the mother, and against neighbours and the community.”

There was documentation that community members were afraid of making statements to the police because of fear of the perpetrator’s retaliation. In this case, documentation of multiple sources, multiple types of abuse and their impact across multiple domains (home, community) offers a good example of a perpetrator pattern-based approach.

Q2 IS THERE EVIDENCE OF CLEAR AND COMPREHENSIVE DOCUMENTATION OF THE NEXUS BETWEEN PERPETRATOR’S BEHAVIOUR AND HARM TO CHILDREN?

There was some evidence of good documentation related to the nexus between the perpetrator’s behaviour and its impact on child and family functioning.

Strong Nexus Established in Some Cases

In one case, the nexus was strongly established. This case had linkages to physical harm to children, witnessing of abuse, fear and basic needs not being met, and the cognitive, social, and emotional risk because of DV. This included discussion with the perpetrator that the violence and harm to children “is a direct pathway to long term Care and Protection Orders.” In another case, multiple data points were used to tie the domestic violence to the harm to a child. A third case stated “documentation provides information specifically detailing the harm posed to the children by the perpetrator’s behaviour.” This includes risk to an unborn child as a result of violence toward the mother. There was clarity related to the perpetrator’s role around the following: “The (child protection risk assessment) outcome report of 8/7/2015 substantiating likelihood of harm for newborn and 2 year old pulls together past history of offending father’s lack of capacity to parent and his mental health impacting on the children and their mother.” This reflects positive practice that considers the impact of the perpetrator across multiple domains of his functioning.

Formulating the Nexus between Domestic Violence and Child Safety and Wellbeing: Risk versus Harm

One of the major themes that arose in this question was around the difference between identifying risk of harm versus actual impact on child and family functioning. The latter allows for a stronger connection to be made between the perpetrator’s behaviour, their parenting responsibility and the needs of the children.

“It was apparent that workers are using “risk of harm” as catch-all jargon instead of describing what the actual impact of the domestic violence perpetrator’s behaviour on child and family functioning.

It was apparent that workers are using “risk of harm” as catch-all jargon instead of describing what the actual impact of the domestic violence perpetrator’s behaviour on child and family functioning. One of the best examples of practice in these cases presents a contradictory picture.

As the readers wrote:

“Risk of harm to the children is clearly established on several occasions throughout the intake and investigation, with reference initially to the cumulative harm that the children are alleged to have experienced as a result of repeated exposure to incidents of physical, verbal and emotional violence generally directed towards the mother. There is an indication that the father has directed this violence towards the older children on occasion, with comments about the eldest child being ‘fearful’ of his father, as well as the other children being ‘fearful’ if they discussed specific topics. There is also a good analysis in the substantiation document, which highlighted the significant risk factors associated with this case (red flags as identified previously), and that these additional risk factors added to the risk of harm for these children. The investigation was substantiated on grounds (c) and (e), namely physical harm and emotional harm. Interestingly, there is no substantiation of (statute or regulation number) which is identified in the Intake report, namely cumulative harm. In fact, there is no further mention of this beyond the Intake document, despite some evidence for the historical and repeated nature of these incidents which is likely to increase risk of harm to the children. These issues are elucidated exceptionally well by the Family Law assessor, a prominent Professor of Child Psychiatry, as well as the mental health clinician that has provided ongoing counselling to the children. Their reports are very detailed and provide significant information regarding the long term impact on the children, citing brain development and organic issues as well as emotional and behavioural sequelae associated with this. This information is available to the CP worker, but there is little evidence that this has been incorporated or factored into any of the worker’s analysis of the issues. It is particularly disappointing to note that despite

having such detailed information, the case is promptly closed with sweeping statements about no risk of immediate harm to the children identified. In other words, despite having lots of information about cumulative harm which would have held up in a (court filing), the decision was made to ignore this evidence and close the case.”

The other reader says:

“These are described as the children’s ‘own concerns’ which make parenting of the children more difficult and this, together with parental conflict and the ‘added concern of the father’s aggressive and controlling behaviours, further complicates this”. Acknowledges fathers behaviour is a serious concern. However, link between the DV and the impacts on the children is not clearly articulated. Some documentation implies that the conflict post-separation between the parents is the source of the problem.”

“ There is no reference or analysis of a pattern of behaviour that over 20 years has harmed the mother and children. The focus is on incidents, not patterns.

In another case, jargon referring to “cumulative harm” is present in the casework but does not appear to be strongly linked to specific descriptions of how the perpetrator’s patterns have impacted child and family functioning.

For example, one reader wrote:

“There is no reference or analysis of a pattern of behaviour that over 20 years has harmed the mother and children. The focus is on incidents, not patterns. There are isolated references to a wider sense of how DV behaviours harm the relationship between the mother and children but this kind of good analysis appears in a case note, but then not in other important summary documents like court applications or case plans. Interestingly, it appears that later in the file (most recent) there is an improved sense of the link between DV behaviours and harm to children. Earlier records are inclined towards ‘the DV in the family’ is harming the children—whereas later in the records the issue is more likely to state ‘the father’s’ violent behaviours are harmful to the children.”

In another of the cases was the striking contrast between the Risk Assessment Statement³ and the actual documented impact. In that case, the Risk Assessment Statement was framed as potential risk of physical harm and emotional unsafety due to witnessing domestic violence.

As one reader wrote:

“The ‘Risk Assessment Statement’ that is made in the ... Case Plan Review (04/02/2015) notes for the first time, ‘The Department is worried that when Margaret⁴ and Michael are together they will argue and yell at each other and Matthew will put his hands around Margaret’s throat and the children will witness this or try to intervene and this will cause them to be scared, feel unsafe or cause them to be physically hurt...”

This statement is repeated thereafter however there does not appear to be any further expansion or update in regard to these concerns during subsequent incidents.

...Interaction Report (11/03/2015) notes “Margaret advised that she had been involved in a physical domestic violence incident this afternoon and had gone to her local GP to be medically assessed. Margaret advised that she has left her two children at home with the father, he is not deemed to be a risk to the children as the conflict was between both parents.”

The children in this case frequently witness and are present during the incidents of violence and abuse however limited time is given in any documentation to really exploring the impact of this behaviour on the children. Certainly the predominant view in this file is that the children, while present, may have been in the bedroom or were not physically assaulted themselves (accidentally or otherwise) and therefore any effects are not explored in any considerable way.”

“ The concept of intersectionality or pathways to harm is limited to trauma, fear, and potential physical injury. The perpetrator’s behaviour is not assessed for its impact on overall child and family functioning.

3 This is the generic term being used in place of risk, danger, worry or other state specific terms.

4 The names have been changed to add an additional layer of protection.

This is within the range of domestic violence-destructive to pre-competent child welfare practice, e.g. the children are witnesses to the conflict between the adults or the assault of one parent by the other. The concept of intersectionality or pathways to harm is limited to trauma, fear, and potential physical injury. The perpetrator's behaviour is not assessed for its impact on overall child and family functioning.

Interestingly, the other reader highlights how much was actually documented in the case file about the impact:

"Harm arising for the children documented on the file include:

- *oldest child: self harming, blames herself for the violence, self-selected to live with maternal grandmother as she doesn't want to go home, resentful to mum, hurt while intervening (details not fully outlined in file). Eldest child has the only room with a lockable door, is often involved in protecting mum from dad;*
- *middle child: scared and sad (child provided limited information during interview, limited additional information obtained)*
- *youngest child: missing 2-3 days of school per week, not progressing academically, scared, sad.*

There are also references in the file to mum needing to have an abortion for 'medical reasons'. There is no indication that this was explored in the file."

As the reader summarizes:

"While there is good documentation of the perpetrator's pattern of abuse and violence, and good documentation of the impacts on the children, a direct connection/correlation is not drawn between the two."

The gap between the actual documented impact and the formulation of the Risk Assessment Statement around a risk of harm offers a "good news/bad news" perspective on practice. The good news is that child welfare gathered significant information on the impact of the perpetrator's behaviour on child and family functioning. The bad news is that it might not have influenced case practice, planning, and decision-making as strongly as it might have if it had been formulated more clearly into the Risk Assessment Statement.

Based on the information available, the Risk Assessment Statement might have potentially been framed in the following, more specific terms:

"The Department is worried that father will continue in a pattern of violence and abuse toward mother and the children, and that these behaviours will continue to

contribute to disruptions in normal child development, safety and wellbeing. The specific concerns are that father's behaviour will lead to continued disruptions of the family home environment, educational disruptions of the youngest child, alienation of the oldest child and mother, and self-harm and self-blame behaviour of the oldest. There is a concern that father will engage in behaviour that will lead to more physical harm to the children, and that documented emotional distress of all the children, caused by father's violence and abuse, will lead to short term and long term functioning issues."

A family functioning approach, like the underlying sample risk statement above, can usefully fit within most risk assessment frameworks and reduce the use of jargon by asking questions about how the perpetrator's behaviour has changed the day-to-day functioning of the family. This includes but is not limited to basic needs being met, basic tasks getting done, and relationships between family members. This provides a better interviewing framework that is more achievable by social workers without the involvement of outside professionals. It also keeps the focus on the most important question:

Is the family functioning within a healthy range?

This approach can utilize questions like —

- 1. What physical injuries have the children sustained because of the father's behaviours?***
- 2. What has changed in their functioning, emotional and behavioural, because of their father's behaviour?***
- 3. What did this look like during or right after an incident of violence?***
- 4. What have been the cumulative changes in their relationships inside and outside the household?***
- 5. Has the father's behaviour impacted their basic needs being met or their educational performance?***

Much of this information can be gleaned from family members by asking these and other questions like —

What changed in the day-to-day functioning of the family after John was arrested and put out of the house on intervention order?

Questions like these can even be adapted to cases where there is a young, pre-verbal child. For example, a worker can ask —

1. *How did father's violence impact your feeding and daily routine with the baby?*
2. *How did the household routine and functioning change after the incident of abuse?*

Trauma Informed Practice: Missing in Action

Another case mentioned the impact of the violence, but it is attributed to “mother’s violent relationships.”

The other reader writes:

“There is no attempt to draw together either historical or contemporary information into a hypothesis which reasonably and explicitly makes the males significant agents in the harm occasioned to the children. As noted above there is much information that might lend itself to such an analysis. There are however, many examples where the consequences of the violence or the family functioning that flows from it are being attributed to the mother’s behaviour. Even well considered pieces of work such as the report of the Child Protection Service (p542) notes the information but fails to pursue the possible nexus between the family violence and subject trauma history in any substantive way.”

“Practice gaps that don’t clearly identify the perpetrator’s impact on the functioning of the adult survivor or children raises questions about what it means to be trauma-informed in the context of child welfare and domestic violence.”

Practice gaps that don’t clearly identify the perpetrator’s impact on the functioning of the adult survivor or children raises questions about what it means to be trauma-informed in the context of child welfare and domestic violence. For example, one case provided very little evidence of strong integration of maternal issues, e.g. mental health or substance abuse, into the context and history of being a victim of violence and abuse. The father had threatened to kill the mother, physically assaulted her, was checking her phone, was yelling and screaming while holding the child, and threatened to take the child from her. However, there was no exploration about whether his behaviour was causing or exacerbating her suicidality.

Trauma and domestic violence-informed approaches should complement each other. In these domestic violence cases, trauma cannot be seen as an isolated mental health issue.

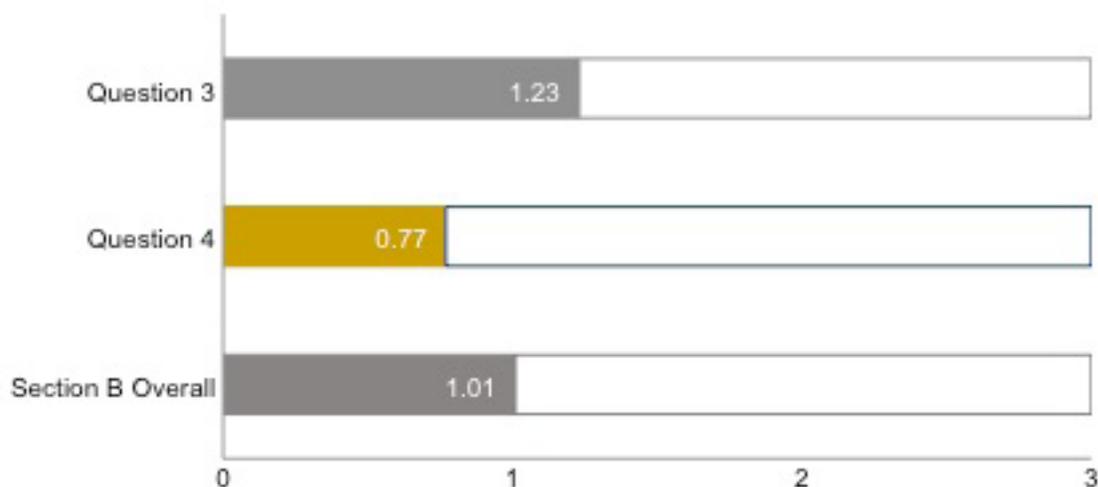
Child welfare workers need to be prepared to assess for the connection between depression, anxiety, suicidality, substance abuse, and other behaviours and problems associated with trauma, back to the specific circumstances and social relationships that caused the traumatic symptoms. These circumstances and relationships often are active, ongoing, and require non-mental health interventions (e.g. intervening with the perpetrator to improve the physical and emotional safety of the trauma survivor). When we construct trauma-informed practice as only diagnosis and treatment of a mental health problem, we strip the approach of its context and hamstring our ability to support physical and emotional safety for the trauma survivor.

SECTION B

HIGH STANDARDS FOR FATHERS

There was a difference for the overall consensus scores across Questions 3 and 4. The consensus scores for Question 3 ($m = 1.23$, little to some evidence), ***“Is there evidence of a strong and meaningful effort to find and engage fathers and/or male caregivers?”*** were slightly higher than the consensus scores for Question 4, ***“Is there evidence of a clear and comprehensive assessment regarding the father’s parenting across domains of functioning?”*** ($m = 0.77$, little to no evidence). More evidence was found related to finding and engaging fathers/male caregivers than there was of a clear and comprehensive assessment regarding their parenting.

Figure 3. Section B, High Standard for Fathers



Q3 IS THERE EVIDENCE OF A STRONG AND MEANINGFUL EFFORT TO FIND AND ENGAGE FATHERS AND/OR MALE CAREGIVERS?

There was some evidence of “strong and meaningful efforts” to find and engage the perpetrator. In multiple cases there were documented efforts to engage the perpetrator. However, this did not necessarily correlate with a behavioural change for the father.

Strong Engagement Efforts, Unclear Results

In one case, one reader identified “multiple attempts to engage the father in the process of planning and risk management.” This was accompanied by “a persistent effort to highlight the impact of his behaviour and choices and responsibility for the violence even though it was noted he demonstrated little insight.” There was evidence that there were attempts to engage him around his expectations as a parent as part of a pre-birth planning. This occurred despite evidence of significant resistance of the father including threatening and racist behaviour directed at the worker as well as his apparent overall lack of engagement with the process of change.

In another case, there was some effort to engage the father, but it’s unclear how meaningful it was. There does appear to have been some real strengths including direct engagement of the father regarding his violence.

As one reader wrote:

“Both periods of open contact (Nov 14 and March 15) involved repeated attempts to engage dad. The safety and wellbeing assessment undertaken in 2015 included an interview with dad. Mum had been interviewed/engaged on her own prior to this, and was present during the interview with dad. During the interview the child protection worker described the Department’s concerns about dad’s use of violence and abuse, asked about his behaviours and invited him to be involved in safety planning. During the interview, mum took responsibility for the violence and the child protection worker challenged this and used it to direct questions to dad about his behaviour. During the interview dad stated that he was attending a men’s behaviour change program and that he understood that his violence and abuse was harming his partner and children. He said that he was working on being a safer partner and father. The child protection worker asked for consent to speak to the MBCP⁵ facilitator, which dad agreed to. The MBCP facilitator provided positive feedback about dad’s participation in the group. Mum and the maternal grandmother (in individual interviews) agreed that dad had ‘changed’ and was using less violence.”

5 MBCP=Men’s Behaviour Change Program



There is a real gap between the perpetrator's behaviour and meaningful engagement with him in terms of what he is doing to address his behaviour and the impact of his behaviour on his wife and his children.

The other reader notes that the file indicates that the father's MBCP—

“facilitator is surprised to learn of the recent incident in which the perpetrator strangled his wife. There is a real gap between the perpetrator's behaviour and meaningful engagement with him in terms of what he is doing to address his behaviour and the impact of his behaviour on his wife and his children.”

This gap in knowledge raises concerns about the father's level of commitment to change and also the quality of information sharing between the MBCP and other parties involved with the family. This is particularly relevant to child welfare practice as it appears the father's involvement in the MBCP was a result of a referral from child welfare.

In another case, the practice seems to evolve over time. There was little effort to find or engage father early on. The reader notes that the casework was “relationship based” versus a perpetrator pattern approach. However, when the father was home there was strong evidence of engagement.

As one reader wrote:

“The second half of the case I felt there was strong evidence of engagement with the perpetrator and there was some evidence of expectation of the perpetrator in the fathering role. There was little evidence of the father's actions as a parenting choice. There is some evidence of the father's choices and the impact on the family. There was evidence of low standards for the father, as evidenced by the comment that even though the children were 2 hours late for school each day. It would be really hard because the mother was not there.”

There was some use of the Indigenous Health Services to assist in engagement with fathers.

In some of the cases, the interviewing was very limited or didn't occur at all. For example, in the case where the father abducted his child at gunpoint and he attempted suicide in front of his children, there was only one interview with him. It is very hard to imagine this level of limited engagement with a mother who engaged in the same behaviours. However, most of

the cases had documentation that the child welfare worker often made multiple attempts to contact the perpetrating father, but this was often reduced over time. For example, in one case the worker attempted direct contact, via the mother, and contact through Corrections. In another case, contact and engagement with the perpetrator was made through the adult survivor. While sometimes necessary, this is generally not considered best practice. One reader mentions contact made with both the step dad and the biological father. There were concerns raised by the readers that engagement and safety efforts with step dad decreased after the adult survivor separated from him.



Behaviour change and improved child and family functioning needs to be the explicit goal. Engagement and participation in services is not enough

Some practice suggested a limited understanding of the importance of engaging the perpetrator. Despite the fact that many of these cases were opened for the behaviour and choices of the father, there were instances of no, or few, meetings with the father even when there was knowledge of his whereabouts. For example, in one case there is no evidence of any meaningful engagement of either father despite the fact that one of the fathers was showing up to contact visits with mother, and that mother suggests that she wants him considered as a placement option.

These cases also highlight how important it is to not limit measurement of successful child welfare case practice to perpetrator engagement efforts or even referrals to services. Domestic violence-informed child welfare practice needs the on-going assessment, goal setting, and safety planning associated with a perpetrator pattern-based approach. Behaviour change and improved child and family functioning needs to be the explicit goal. Engagement and participation in services is not enough.

Q4 IS THERE EVIDENCE OF A CLEAR AND COMPREHENSIVE ASSESSMENT REGARDING THE FATHER'S PARENTING ACROSS DOMAINS OF FUNCTIONING?

These cases presented a weak picture of the assessment practice of male caregivers as parents.

Overall, there was limited evidence of assessment of the fathers' role in the family. In one case, the contact with the father only focused on his role with caring for a child with disabilities. There was no engagement related to his violence, his overall treatment of the adult survivor, or his parenting. In another case, there was no evidence of an assessment of the father as parent. This

occurred despite his role as a caregiver. He also displayed a pattern of violence in front of the children including the involvement of one of the children in the abuse, his targeting one of the children for emotional abuse, and explicit concerns by mother about his parenting during a visit.

As one of the readers wrote:

“Mum provided a report to the Department in 2014 including concerns about dad’s care for the children. This occurred during a period of separation when the children went to stay with dad over the weekend. After mum picked them up she reported to the department that:

- *they were still in the same clothes as they had been when she dropped them off;*
- *they hadn’t showered; and*
- *they said that dad sat out in the garage the whole time and smoked marijuana.*

Dad’s parenting is not explored in 2015 during the safety and wellbeing assessments. The concerns reported above were not included in the assessment.”

An exception occurred when there was a time of crisis when “the CP workers did make an effort to consider and assess the impact of the father’s parenting.”

As one reader wrote:

“The documentation demonstrates an awareness by workers of the impact of the father’s role across various domains. When provided the opportunity, they attempted to discuss this with the father and it is consistently noted in meetings held with the victim and family.”

“Despite the fact that many of these cases opened based on the choices of the father, there were rarely any meetings with the father even when there was knowledge of his whereabouts.”

Again the father showed very little “interest in participating in fathering role/capacity.”

This gap in practice may be related to the overall poor engagement of fathers. As discussed earlier, despite the fact that many of these cases opened based on the choices of the father, there were rarely any meetings with the father even when there was knowledge of his whereabouts. It is hard to conduct a full assessment without proper engagement and rapport building. When the goal is a domestic violence-informed assessment of a perpetrator, there is an additional requirement: that the assessment be contextualized to the pattern of violence

and abuse. For example, in one case the father appears to have an active role in the care of the child while mother is at work: cooking, tea, and dropping them off at child care. The readers also observed a note stating that the maternal grandmother thought he was a good parent. This case includes a recommendation that he participate in a parenting assessment. However, there was no documentation connecting his commitment to caring for the child to his violence and abuse or its impact on mother and family functioning.

This same case also had a second father who was not assessed at all. It was noted that mother was afraid of this father, which may or may not explain why he was not assessed. This points to the often complicated and complex nature of the assessment of fathers. It is important to acknowledge that families can involve more than one father or multiple male caregivers, some who might not be related to the children. Domestic violence-informed practice requires targeted assessment of all the relevant male caregivers.



Child welfare workers, like many of us, approach families with low standards for men as parents.

Child welfare workers, like many of us, approach families with low standards for men as parents. These cases highlight a series of inconsistent views of the standard that fathers are to be held to as parents. Caseworkers seem unclear as to whether or not the father should be considered a main figure in the family or kept on the periphery, regardless of his actual role in the family functioning. In one case, the father's role is identified as being problematic and he is not being seen as responsible as a parent. Despite this assessment, all the parenting responsibilities fall to the mother including "their need to be safe (from his violence) and their need for therapeutic recovery from the harm caused by (his) DV behaviour." His engagement is around his treatment for violence, and alcohol abuse. As another reader says "parenting is only identified as a concern for the mother." Because this case appears to be framed from a "relationship-based" perspective instead of a perpetrator pattern-based approach, one reader wrote:

"Despite this man raising a number of high risk indicators, the intervention continues to be around increasing access to his children with some minimal safety planning and requirements in place about him stopping his violence but not much around actual conversations with him around his parenting responsibilities."

In another example of confusion and inconsistency about what to assess, in a different case, there was some discussion about the father's substance abuse impacting family functioning. However, there was more apparent focus on this than on his violence. This may be because

violence is seen as separate from parenting. In another case, it was noted that the father was not physically violent toward the children. There was documentation of the kids reporting he was fun and funny. The worker explored the violence he had perpetrated towards his partner with him, but there was no other documentation of his role in the family. There was no exploration as to why he didn't want to give mother money to take the children to the park (proximal issue related to the recent incident of violence). Many of the cases reflected this lack of consistency of assessment of fathers and the absence of linkages between the identified parenting assessment and violent behaviours.

Assessment of domestic violence perpetrators requires having high standards for them as parents. Accountability, change plans, contextualizing and understanding the adult survivor's choices and efforts and proper interventions for the children and the family all depend on seeing how all their behaviours, including violence and abuse, are impacting child and family functioning. Their behaviour should be considered as an important part of the family's functioning during assessment. Information about how they interact and care for the children and how they interact with the mother is extremely important in terms of safety and case planning. With this understanding, they would be held to the same safety and caretaking standards as the mother.

SECTION C

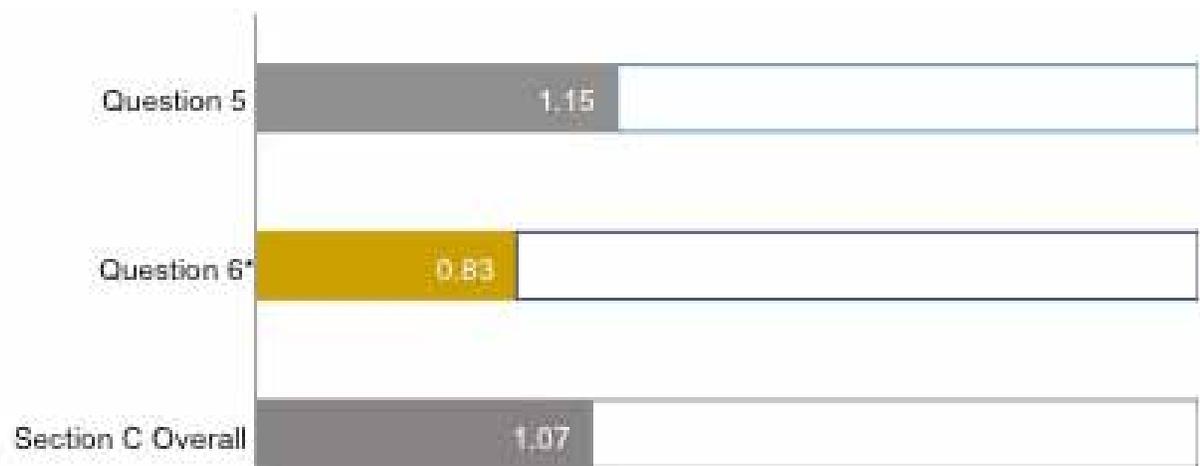
NEXUS OF PROTECTIVE EFFORTS AND CHILD SAFETY AND WELLBEING

Across section C, the collective scores found close to little evidence of:

- Clear and comprehensive documentation of the protective efforts of the identified domestic violence survivor (Question 5), and
- Clear and comprehensive assessment of the nexus between the protective efforts of the identified domestic violence survivor and the safety and wellbeing of the children (Question 6).

It is noteworthy that all but one of the cases (n = 11) for Question 6 scored either no evidence or little evidence. There was one outlier case where a scoring team found strong evidence of the nexus between the protective efforts of the survivor and the wellbeing of the children.

Figure 4. Section C, Nexus of Protective Efforts and Child Safety and Wellbeing



*One case did not have a score for Question 6.

Q5 IS THERE EVIDENCE OF CLEAR AND COMPREHENSIVE DOCUMENTATION OF THE PROTECTIVE EFFORTS OF THE IDENTIFIED DOMESTIC VIOLENCE SURVIVOR?

There was some evidence of documentation of the adult survivors' protective efforts in these cases. The readers state that many cases detailed a level of documentation of protective efforts, but raise concerns that they were not of the highest quality or comprehensive enough. In one case, there are multiple examples in the documentation of a broad range of mother's protective efforts.

These included:

- children speak of mum fondly
- child protection worker asked the children during interviews what they like about their mum, what they like doing with their mum (and why)
- house is well presented, children have good routines
- concerns about youngest child's school attendance and academic performance are responded to and resolved by mum
- mum has made arrangements for the children to attend counseling
- mum uses a range of behaviours to reduce or manage dad's violence including placating, trying to calm/diffuse the situation, avoid 'triggers', flee/leave the house, seek help
- mum trying to make life normal for the kids
- mum sought violence restraining order (IO)
- mum reports assaults and IO breaches to the police
- mum took the kids to a refuge to escape the violence

In another case, one reader wrote:

"Documentation acknowledges her efforts to minimise risk to the children. Documentation also explicitly states the CP agency recognises that she cannot control the actions of others but can use other strategies. CP workers identify a number of protective efforts such as attending ante-natal appointments and separating from the perpetrator. Child care needs are assessed and cursory mention of strengths such as children appeared well, fresh, clean, and new clothes."

Another reader wrote that mother's efforts to stay with and get support from relatives was seen as protective. Other cases appear to approach documentation from a "failure to protect" perspective. A "failure to protect" approach in domestic violence means that more or all of the

emphasis is placed on the adult survivor's, usually the mother's, decision-making and choices. For example, some cases stated that no protective efforts were identified. Instead, they were overshadowed by blaming directed at the adult survivor. This was even true in the Family Law cases where the construction of the issues as being one of parental conflict versus ongoing domestic violence undercut any assessment of the adult survivor's protective capacity.

As one reader wrote in one case:

"The CP worker at First Home Visit seems to form a strong opinion about the intention of the mother, and her use of the children in this situation. After only speaking with the mother and children, and not having any contact with the father, the worker states that 'There is (sic) no strong evidence to suggest that children are at significant risk of harm at either of the parent's... The case is more a FLC rather than a CP matter'. In other words, it is suggested that mother's protective efforts are seen as potentially malicious in context of FLC proceedings, and that the rest of the CP involvement may have been tarnished by this attitude. Whilst there may be some evidence for this being an FLC matter, there seemed to be limited direct engagement with the mother around the specific issues of Family violence and the impact on the children."

“ Her efforts to protect them (the children) by seeking to stop the father’s controlling and violent behaviour are characterised as ‘ongoing conflict between the parents.’

The other reader supports this by writing:

"Her efforts to protect them by seeking to stop the father's controlling and violent behaviour are characterised as 'ongoing conflict between the parents'. No acknowledgement that the 'conflict between the parents' is the result of the DV and of the mothers concerns for the safety of the children."

In another case, the perpetrator made efforts to discredit the mother with child welfare. While one reader felt like mother "took many steps to demonstrate protective efforts" entering treatment, the case record seem to view this effort from a deficit lens indicating the adult survivor "abandoned the children" (by entering treatment).

This poor documentation is also echoed in another case. The adult survivor's strengths were noted as it relates to care of the baby during contact visits. There were bits and pieces referring to mother's strengths like calling the police and attending contact visits

despite “living in fairly chaotic circumstances” including domestic violence, homelessness, limited informal supports, financial hardship, drug use and mental health issues. Despite these efforts to contextualize her strengths to the situation, one reader felt the overarching narrative remains that she has a history of violent relationships even when notes indicate the mother has removed children from reportedly abusive fathers.

When we ignore the role, behaviour, influence, and responsibility of the domestic violence perpetrator as parent, we are much more likely to hold the domestic violence survivor responsible for what is happening to the family and to the children. This often can lead to professionals holding her responsible for the perpetrator’s choices. It also leads professionals to having unrealistic and even dangerous expectations of the choices the adult survivor should make. Holding her responsible for his behaviour and its impact on child and family functioning and failing to understand the context created by the perpetrator’s violence and control can:

- push her away from services and assistance
- stop her from opening up and sharing critical information
- stop her from engaging in safety planning and services

Q6 IS THERE EVIDENCE OF A CLEAR AND COMPREHENSIVE ASSESSMENT OF THE NEXUS BETWEEN THE PROTECTIVE EFFORTS OF THE IDENTIFIED DOMESTIC VIOLENCE SURVIVOR AND THE SAFETY AND WELLBEING OF THE CHILDREN?

There was some evidence of a documented nexus being seen by mother’s protective efforts or strengths and child safety and wellbeing. The cases demonstrated a range of protective efforts. For example, one challenge was connecting an adult survivor’s actions with their positive impact on child and family functioning. In one case, there was evidence of her applying for an IO, calling the police, and attempting to engage an attorney to get her child back, but there was no indication of a connection being made about what this meant for the children. Even when something was identified as protective, e.g. one mother leaving her relationship between 15 and 20 times, there was little documentation of an exploration of those efforts and their impact on child safety and wellbeing. In another case, the readers both agree there was “only slight signs that workers validated these attempts as being a strong and protective mother.”

A reader identified that although there is mention of the children doing well and attributing it to the mother’s “good parenting,” there is no indication this was ever shared back to her.

In the same case, one reader wrote:

“There is no attempt to pull together the occasional reference into a summary analysis or assessment that appears in important summary documents - like court applications or case plans.”

Therefore, what was written, however limited, was not having a significant impact on the progression of the case. A reader identified that although there is mention of the children doing well and attributing it to the mother’s “good parenting,” there is no indication this was ever shared back to her. Similarly, in another case with high levels of violence, there is no connection made between the children’s regular attendance in school and daycare and mother’s protective efforts. The work it likely took the mother to keep their attendance on track was not evidenced in the documentation.

As one reader wrote:

“...there is no evidence she was engaged as an ally in protecting the children.”

In another case, there was evidence of “observational” documentation, but little integration into the context of the domestic violence.

As one reader wrote:

“The information recorded is more observation than analysis of why mother has taken that action and how her actions protect the two very young children.”

The reader continues:

“There are observations in the hospital by CPW and by hospital staff of mother caring well for baby. Baby and mother are sighted and feedback from supported accommodation on 27 /1 /16 states that mother “is a very capable mother and has done really well looking after her children and maintaining a home.” On random visits “the children were clean, clothed, fed, and there was food in the cupboard.” This does not - of itself- indicate safety. Father has continued to call and message, but mother “has done a really good job of not getting caught up in it again.””

“This may mean there were missed opportunities to validate her strengths and partner with her around the safety and wellbeing of the children.”

These types of notes do not seem to put mother’s behaviours in the context of the extra work it is likely to involve to care for the baby in the face of father’s violence. This may mean there were missed opportunities to validate her strengths and partner with her around the safety and wellbeing of the children. Partnership with survivors is our most effective tool for gathering information, assessing protective capacities, and developing collaborative plans to keep children in their homes. We can develop case and safety plans based on these strengths because they’re more likely to be followed, more likely to consider the context of the perpetrator’s behaviours, and more likely to keep children safe and well.

Even when it is noted that the children are doing well there is very little evidence that mother was given credit for managing to keep the children on track despite the perpetrator’s violence. In fact, the opposite can occur. In one of the cases where it was noted that the children were doing well, as the case progresses, the focus appears to be on “her failures as parent, for example staying with a violent partner or choosing violent partners.”

This was reinforced by the other reader who wrote:

“as it (the case) progresses, the mother’s ‘apparent flaws and shortcomings’ far outweigh anything else.”

In another case both readers saw no evidence of tying mother’s behaviours to being protective and the subsequent positive impact that might have on the children. Instead, one reader says:

“Rather the focus for the case management will become A’s declining engagement with the Statutory agency, her drug use and the history of ‘unmanaged trauma.’”

One of the cases demonstrated a paradoxical challenge that is important to highlight: identification of protective factors sometimes keep a case out of the system when the perpetrator’s behaviours may provide reason for child welfare to become involved.

In this particular case, one reader noted:

“The safety and wellbeing assessments (2014 and 2015) do not expressly link the observed resilience and high functioning of the children to mum’s strengths/ protective efforts. Numerous referrals to the Department in late 2015 are not intaked due to mum’s strengths and protective behaviours.”

This same reader expresses this sense that, given the seriousness of these assaults, these reports “should have been intaked.” This reader seemed to believe that the positive assessment of mother’s strengths led child welfare to ignore the risk to the children associated with the perpetrator’s pattern of behaviour. Since the adult survivor’s actions seemed to fit within the common expectations of a protective mother, e.g. reported assaults and breaches of the IO to the police, went to refuge, even serious assaults, did not lead to the case being sent to intake. Many would see the lack of child welfare involvement in the life of the family as a positive, e.g. not punishing the adult survivor for her partner’s behaviour.

“The practice of making decisions about cases primarily or exclusively based on the adult survivor’s choices does raise concerns about the actual assessment of the impact of his behaviour on the children and overall family functioning.”

The practice of making decisions about cases primarily or exclusively based on the adult survivor’s choices does raise concerns about the actual assessment of the impact of his behaviour on the children and overall family functioning. This practice also sets up a potential dynamic where, if those efforts, e.g. calling police, no longer contribute to improving the situation, the mother may be perceived as not being protective. In this way, the practice remains within the realm of domestic violence-neglectful. She is still within the binary of “good” protective mother (call the police) and “bad,” failure to protect mother (does not call the police). In either situation, the child welfare assessment of involvement is being based on her behaviour alone, and is not appropriately factoring in an assessment of him as parent and his danger to the children.

SECTION D

INTEGRATION OF OTHER ISSUES

Collectively, little to no evidence was found between the relationship and intersection of other issues with domestic violence. There was little variation across most items, including the intersection between domestic violence and: culture and socio-economic factors (Question 7); substance abuse (Question 8); and mental health issues (Question 9). Slightly less evidence was found between the intersection between domestic violence and the use of firearms or other weapons (Question 10). It is notable that for Question 7, one case indicated (n = 1) some evidence and another case (n = 1) indicated strong evidence of a connection between domestic violence and culture and socio-economic factors.

Figure 5. Section D, Integration of Other Issues



*One case did not have a score for Question 9.

In these cases, there is some evidence of integration of socio-economic, culture, substance abuse, mental health issues, and the intersection between domestic violence and the use of firearms or other weapons in case practice. The complexity of assessing for intersectionality

was apparent. The intersection of domestic violence and substance abuse has many facets including the role of substance use/abuse in the perpetrator’s pattern of violence, how the perpetrator’s substance use/abuse impacts overall family functioning and his parenting, and the impact of the perpetrator’s violence on the adult survivor’s substance use/abuse.



The failure to identify intersectionality of the perpetrator’s issues rebounds against the adult survivor and becomes part of the case against her.

Additionally, intersectionality is complex because many issues can intersect with domestic violence in the same case. The case reading process offered insight to how one area of intersectionality can be addressed but another not. The quality of the work around intersectionality is summarized in the following note from a reader on a case:

“The documentation references the co-existence of these factors—domestic violence, mental health-depression and post traumatic stress disorder, drug use, homelessness, financial hardship and extremely limited informal supports for the mother. The relationship between these and how that therefore increases the mother’s and children’s risk in relation to domestic violence is not noted. These issues are not explored to ascertain if domestic violence was a causal issue. Rather these issues are used in a list form as evidence as to why the baby cannot be placed in the mother’s care.”

The failure to identify intersectionality of the perpetrator’s issues rebounds against the adult survivor and becomes part of the case against her.

Q7 IS THERE EVIDENCE OF A CLEAR AND COMPREHENSIVE ASSESSMENT OF THE RELATIONSHIP OF CULTURE AND SOCIO-ECONOMIC FACTORS AND DOMESTIC VIOLENCE?

The readers were instructed to consider a variety of socio-economic factors, including finances, as they read the cases. In one case, there were no connections drawn between the coercive control by the males in her life and the adult survivor’s poor financial situation. It is attributed to her choices, not the impact of the violence on her life. In one state’s cases, three out of a group of four cases seem to involve financial issues including housing instability. There was no documented exploration of whether the financial issues resulted from or were influenced by the domestic violence perpetrators’ behaviours, e.g. eviction due to violence, moving to escape from violence or loss of employment and related income because of violence. In the only example of documented intersectionality, financial troubles were mentioned as a possible explanation for the perpetrator’s violence. (This type of intersectionality is not consistent with domestic violence-informed practice because it is generally viewed as an

excuse for violent behaviour). In another case, there was no exploration of mother's history of being a sex worker and possible control/abuse/pimping.



As one reader notes, there was also no integration of cultural oppression or history, e.g. validating Indigenous concerns about child welfare taking children.

Cultural barriers were often identified as a challenge. One mother was identified as being Indigenous and connected with the Indigenous services, but there was no documentation of a cultural context brought into the work around domestic violence, e.g. discussions around cultural values or practices that might strengthen the family or address the violence. As one reader notes, there was also no integration of cultural oppression or history, e.g. validating Indigenous concerns about child welfare taking children.

In another case, the family was Lebanese. In this case as well, there was no documented exploration or integration of the domestic violence and culture. Even though English is mother's second language, no interpreter was sought. (Mother denied needing one.) There is also no exploration of the relationship between culture and the control and isolation or how paternal relatives might be playing a role in the coercive control. This lack of connection existed despite information that the paternal grandmother had assaulted mother. Mother was also reported estranged from her family, but it was not explored related to control.

As one reader writes:

"There is no consideration for the socio-economic implications of mother's separation from the father, or how she may be perceived in the wider Lebanese community. There is likewise no mention of the reaction of the paternal family, or the wider Lebanese community, and the implications for this on perpetuating the family violence behaviours."

One family was identified as being Indigenous but there was no documentation that she was connected with the Indigenous services. There was also no documentation of cultural context brought into the work around domestic violence, e.g. discussions around cultural values or practices that might strengthen the family or address the violence.

The inability to connect a variety of factors to domestic violence makes it difficult to effectively work with families. For example, proper engagement and rapport building rely

on a full understanding of the family's history and current functioning including socio-economic status, cultural views, mental health, and substance use. Without a clear view of the integration of many aspects, key needs will likely be missed.

Q8 IS THERE EVIDENCE OF A CLEAR AND COMPREHENSIVE ASSESSMENT OF THE INTERSECTION OF SUBSTANCE ABUSE AND DOMESTIC VIOLENCE?

The intersection of domestic violence and substance abuse is multi-faceted and complex. In many of the cases, referrals were made for substance abuse services, but the readers found very little true integration between the domestic violence and substance abuse issues. This might have had a significant impact on the trajectory of the case and the experience of family members.

Two major concerns related to a lack of integration of substance abuse issues with domestic violence are that:

- 1. mother's trauma, substance use and victimization will be delinked, which is likely to reduce the effectiveness of any intervention and potentially make her vulnerable to the perpetrator's sabotage of any recovery efforts, and;***
- 2. a lack of integration of the perpetrator's substance abuse into any risk assessment, which may lead to poor decision-making and case planning related to visitation, case closing, and other crucial issues.***

A lack of integration does not mean that the issues are ignored. In one case, the reader wrote that "The intersection of AOD and DV is well documented." This seems to be tied to the intersection of the perpetrator's AOD use and violence. It continued with "The perpetrator's pattern of use and impact on risk are well documented and consideration is given to this in ongoing planning." At the same time, both readers agreed that there was "little or no exploration or consideration given to the reasons for (mother's) use or impact of the perpetrator on this history/experience."

While many of the cases identified substance abuse as an issue, the assessment of extent of the problem or its relevance to the case was sometimes unclear. In these cases, in-depth assessment of intersectionality was thin. In one case, there is note of some evidence of father's drug use, but there is contradictory documentation regarding his level of use and its impact. The children say it's not an issue, but the adult survivor does express concerns about his use when he has the children for a visit. There is no exploration of any connection between father's marijuana use and "night terrors/panic attacks" that he used to explain at one of his police involvements for domestic violence. In one of the Family Law cases, where there were child welfare red flags about dangerousness, there was information

about father doing drugs, growing marijuana plants and father becoming “mean” when he uses. The police were provided with pictures taken by mother to show pot plants, but police would not investigate supposedly for fear of retaliation against mother. The child protection worker tried to push the issue with the police.

As one reader writes:

“The CP worker included statements about the analysis of father’s depressed and volatile moods when using substances, and the children corroborated these statements. There is some effort to link the depressed moods to increased violence and volatility, but this is not especially detailed.”

It’s not clear how this impacted child welfare decision making, or whether it’s part of the child welfare assessment of him as a parent. Given the overall trajectory of the case it may have been overshadowed by the formulation that this case was about custody and access, not a continuation of abuse and control by one parent that was potentially harmful to the children.

In another case, both mother’s and father’s drug use (ICE) appears to be documented. However, there appeared to be no documentation of any exploration between mother’s drug use and potential traumatic impact of father’s violence or if he interfered with any attempts she made to get clean. For father, there was mention of his use that was associated with prolonged anxiety, paranoia, insomnia, violence, and psychotic behaviour. He refused to do drug screens for CPS and there was note of his involvement for DOA with bail, but nothing was documented on the progress there.

The lack of integration could occur even when there was ample evidence that there were significant connections. In one case, there was information about a “previous partner preventing her from accessing drug rehabilitation services” and “recent relapses into substance abuse coinciding with a new abusive relationship.” The readers found no evidence that this information impacted case practice, e.g. improving partnerships with the adult survivor, documenting the perpetrator’s impact on her recovery efforts and/or safety planning to improve outcomes for future referrals for substance abuse services.

In this same case, one reader wrote:

“There are documented interventions regarding the mother’s mental health issues (PTSD, social anxiety, depression, generalised anxiety) but these are solely attributed to experience of childhood sexual abuse and are not linked in any way with her historical or current experience of DV.”

The case reading also raised a concern about a gendered response to substance abuse and domestic violence intersectionality. One case exemplified how child welfare’s approach to these

issues can differ widely for mothers and fathers. A case reader indicated that father was supposed to access mental health services, men's behaviour change, and drug and alcohol services, but there was very little evidence that "any feedback was sought about his progress and engagement".

...the father does not appear to be challenged on his progress with counselling or mental health, but the mother's mental health is portrayed as pivotal to the needs of the children.

The assessment continued:

"In contrast, mother's mental health comes across as the main focus of the investigation, with considerable time spent in meetings with the mental health worker, accessing of mental health information, and ensuring compliance with medications and appointments. Whilst this information is helpful in determining mother's ability to follow through with protecting her children, this does come across as blaming the mother to a degree. The main reason for this is that the father does not appear to be challenged on his progress with counselling or mental health, but the mother's mental health is portrayed as pivotal to the needs of the children."

The reader goes on to say that there was some intersectionality between how the domestic violence and mother's mental health was documented, but not in a way consistent with domestic violence-informed practice.

The reader notes that it was said that:

"father uses this to justify his 'self defense' at times. Despite the extreme anger and long criminal history of the father, his mood state is only briefly mentioned as a factor in family violence interactions."

This all, despite the fact the case came to the attention of child welfare because of father's violence toward mother and the children.

The reader also noted that this father:

"has a long criminal history with custodial sentences, with multiple episodes of physical violence including intentionally causing injury, unlawful assault, armed robbery, cruelty to animals, manslaughter, and use of regulated weapon. There is a brief mention of the father no longer having access to weapons as part of his Corrections Order, but this is not explicitly reviewed with the father."

Q9 IS THERE EVIDENCE OF A CLEAR AND COMPREHENSIVE ASSESSMENT OF THE INTERSECTION OF THE MENTAL HEALTH ISSUES AND DOMESTIC VIOLENCE?

Similar to substance abuse, the case readers found little evidence of a clear and comprehensive assessment of the intersection of mental health issues and domestic violence. This applied to adult survivors and perpetrators. Labeling of the mother by the perpetrator, and the lack of exploration of the relationship of perpetrator’s mental health issue to their pattern of abuse point to a failure to apply a perpetrator pattern-based approach.

“One case suggested the vulnerability of child welfare systems to be manipulated by domestic violence perpetrators in their assessment of the adult survivor’s mental health.”

One case suggested the vulnerability of child welfare systems to be manipulated by domestic violence perpetrators in their assessment of the adult survivor’s mental health.

As one reader wrote:

“The case file has a persistent comment that is copied and pasted, ‘Wife is reported to have mental health issues and can lose her temper at the drop of a hat’. This statement is repeatedly used, but never challenged or questioned in terms of there being any evidence that this is based on any facts other than a statement made by the perpetrator to the Police attending a (domestic violence incident).”

This raises concerns about the perpetrator’s ability to shape the case trajectory through one unexamined comment and also the persistence of the “mutual combat” child welfare mentality.

Similar to substance abuse, the case reading raised a question of a gendered response to mental health issues. In one case there was no documented exploration of the relationship between father’s panic attacks and night terrors and his coercive control. In general, there was no overall exploration of his mental health. However, mother’s mental health was raised as a safety consideration due to allegations of depression and an “attempted suicide”. (There was also note of other documentation from the hospital of a lack of suicidal ideation.)

The case readings also raised questions about how a trauma and safety lens was being applied to case practice. One case record mentioned a mum being “tired and overwhelmed” without evidence or exploration of depression or the connection between this and the domestic violence. In another case, the adult survivor was described as having various diagnoses: Autism, PTSD, BPD, Post Natal Depression. There was no documentation of an exploration of

the relationship between the domestic violence and these issues. This extended to how case practice seemed to prioritize prior traumas to current domestic violence. In one case, the adult survivor’s mental health issues were attributed to childhood sexual trauma, not to domestic violence. This is considered a risk factor. In another case, mental health issues for both parents were identified—dad’s childhood sexual abuse and mother’s being in care as a child. A referral to services were made for both of them. One of the case goals was parental emotional stability, but that was made without reference to the domestic violence, e.g. no integration with current domestic violence. While it is true that past traumatic events may impact current behaviour, it’s important to assess the entire situation—current and past circumstances might create trauma issues. By ignoring the role of domestic violence in a mother’s current mental health status, systems can engage in domestic violence-destructive practice.

Q10 IS THERE EVIDENCE OF A CLEAR AND COMPREHENSIVE ASSESSMENT OF THE INTERSECTION OF THE PERPETRATOR’S PATTERN, FIREARMS OR OTHER WEAPONS?

Weapons were a significant part of most of the cases, but did not necessarily influence case practice. The weapons ranged from guns present in the home to possession of a box cutter, use of knife in an assault, to household items, e.g. a chair used as a weapon, a gun used to abduct a child in front of other children, a chain, axe, a guitar used as weapon, a knife, and pouring petrol over their partner. In one Family Law case the perpetrator had lost the right to a license for a weapon because of earlier breaches of IOs. Another perpetrator no longer had legal access to a weapon because of his Corrections Order. Despite weapons being a significant part of many of the cases, the readers found little evidence of integration of this information into case planning.

One reader writes in one of the cases:

“The father has a long criminal history with custodial sentences, with multiple episodes of physical violence including intentionally causing injury, unlawful assault, armed robbery, cruelty to animals, manslaughter, and use of regulated weapon. There is a brief mention of the father no longer having access to weapons as part of his Corrections Order, but this is not explicitly reviewed with the father. The criminal history alone is enough to warrant much deeper exploration of father’s access to weapons, threats with weapons, and risk of harm to others in general. There is a mention of father’s use of a chair and crate as weapons, but no consideration for firearms as such. This is highly concerning given the violent criminal history reported by Police.”

In the case where the perpetrator used a guitar, pipe, and chain as weapons, the readers say there was no evidence it impacted the risk assessment. One reader said that was not

flagged as high risk behaviour “in any way that emerges as critical in important assessment and case planning documents”. Similarly, in the case where the readers noted the perpetrator was “smashing walls with an axe,” threatening her with an axe, and “slashing a mattress,” there was no apparent integration into case decision-making.

“...despite a perpetrator’s pattern of using weapons and severe violence, “this behaviour is not flagged as high risk in any way that emerges as critical important assessment and planning documents.”

In another case, the readers found that despite a perpetrator’s pattern of using weapons and severe violence, “this behaviour is not flagged as high risk in any way that emerges as critical important assessment and planning documents”. These behaviours included use of a knife, pouring petrol on the victim, throwing items at her, and hitting her with a frying pan. The documentation indicated that the police were “feeling fearful that the perpetrator could be very dangerous”.

The scarcity of detail about the role of weapons in context of coercive control, the identification of a primary aggressor or a connection with an assessment of impact on child and family functioning makes it more likely that any use of weapons in self defense would be missed. For example, in one case, the adult survivor was charged with possession of a knife, but no context was provided. The reader wonders if it was self-defense.

In this same case, one reader wrote:

“There is reference to an incident where a partner of mother’s had an axe—no further details/exploration recorded. MGM reported that he had smashed the walls with an axe and mother is frightened of him. That he also held mother’s arm up against the wall and threatened to hit her with the axe. Mother had reportedly told MGM that he had killed people before and he hated women. Two months prior she had been assaulted. Unclear by who. She had been kicked in the ribs and not allowed to go to the hospital. MGM stated that there were visible bruises on her forehead (June 2015). There was another reference to partner using an axe to damage the bed (October 2015). No evidence of mother ever being spoken to about any of these allegations.”

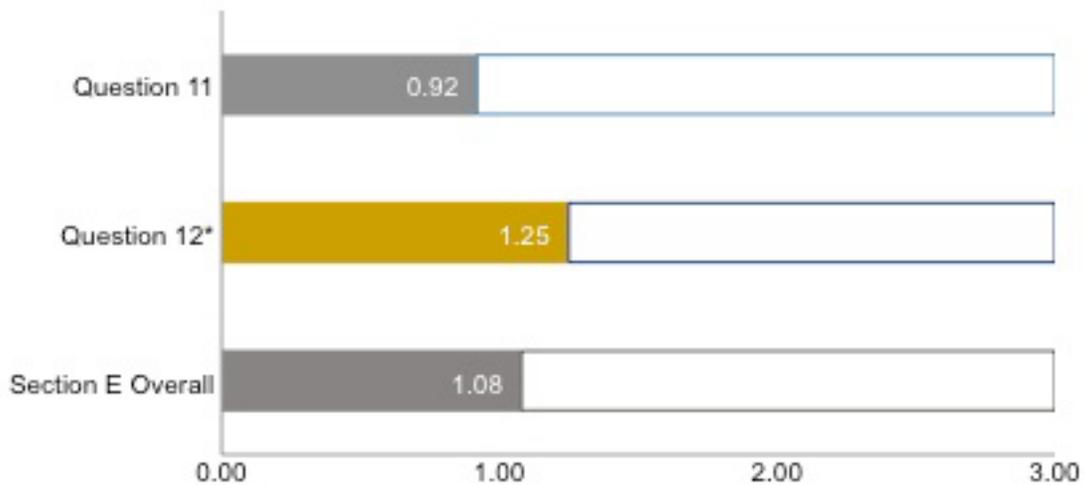
In the context of this pattern, it is possible and worthy of exploration, that mother’s possession of a knife would be for self defense.

SECTION E

PARTNERSHIP WITH THE ADULT SURVIVOR

Scorers found close to little evidence ($m = 0.92$) of a partnership approach being used relating to engagement, interviewing, listening, and validation of the adult survivor’s efforts (Question 11). For Question 12, slightly more evidence was found ($m = 1.25$) of a partnership approach being used related to services and case planning.

Figure 6. Section E, Partnership with the Adult Survivor



*One case did not have a score for Question 12.

Q11 WAS THERE CLEAR AND COMPREHENSIVE EVIDENCE OF A PARTNERSHIP APPROACH RELATED TO ENGAGEMENT, INTERVIEWING, LISTENING AND VALIDATION OF THE ADULT SURVIVOR'S PROTECTIVE EFFORTS?

There was some evidence of partnership with the adult survivor in many cases. Many cases provided at least some level of partnership.

In one case the reader wrote:

"The meetings held with the mother and the broader case meetings both demonstrated an attempt at partnering with the mother to address the CP concerns. Notes identify the perpetrator was 100% responsible for the violence and state the victim has no control of his choices and behaviour. Strengths and actions are validated throughout and issues are explored as they relate to the child."

In the other case, there were multiple forms of contact attempts with mother and interviewing occurred alone. In another example of positive practice, the child welfare staff challenged her own attempts to self-blame for the violence.

In another example of specific strengths in the case practice, a reader wrote:

"Good quality evidence of the (child protection) staff noting victim's protective efforts to remove herself and her children from harm of the perpetrator, access to refuges, contacting Police, taking out IO, going to a refuge, staying with her mother, attempts to maintain stable housing and financial security, effort to maintain school attendance, accessing GP's and medical support as required. Clear evidence of the CPFS worker expressing concern for victim taking the blame for the perpetrator's violence and expressly attributing the DV as 100% due to the perpetrators choices/behaviour."

In another example of partnership efforts, multiple child welfare workers in different offices worked to "engage and discuss the concerns and the actions more broadly" throughout the case. There was evidence that the workers "attempted to...support the plans of the victim where feasible."

In the same case, the other reader wrote:

"there is evidence of several CPWs working in partnership with mother and her nominated safety network to keep mother and her children safe and together."

In a case that demonstrated the complexity of partnering with the adult survivor there were indicators of partnership with the mother, but "no documented safety plan for/with mum". There were a variety of services engaged including DV response team, women's

services, crisis care that provided access to refuge, and other referrals for services. One reader highlighted the efforts of the after-hours crisis care unit to work collaboratively with the adult survivor.

“There didn’t appear to be any meaningful help offered to the adult survivor. While there was an initial high level of concern related to the perpetrator, their overall practice framework was “parental conflict”.

Other cases contained very little evidence of partnering. There were mixed messages in a Family Law case about child welfare’s orientation to the domestic violence survivor. There didn’t appear to be any meaningful help offered to the adult survivor. While there was an initial high level of concern related to the perpetrator, their overall practice framework was “parental conflict”. Given the level of coercive control, violence and concern about the father’s parenting that appeared in this case, the domestic violence-informed approach would have suggested clearer partnering behaviour on the part of child welfare.

As one reader wrote:

“There is reference on the file of CP assessing the children to be at ‘significant risk of harm at either of their parents’ (survivor parent included). There is a statement suggesting ‘no concerns for children in mother’s care however finds it difficult to manage behaviours due to always hyper-vigilant from father’s contact.’ There was no evidence of CP ‘joining’ with the mother to eliminate any victim blaming and assure her of the 100% responsibility of the father for the DV.”

Q12 WAS THERE CLEAR AND COMPREHENSIVE EVIDENCE OF A PARTNERSHIP APPROACH RELATED TO SERVICES AND CASE PLANNING?

In many of the cases there was limited evidence of partnership by identification and validation of strengths or collaborative safety and case planning. Barriers to engagement were not explored when a mother failed to follow through on a service. This included very little examination of whether the perpetrator’s coercive control played a role in interfering with those efforts.

In one case, the reader wrote:

“Not once was survivor asked what would help or what she may need the worker to do.”

In the other case, there was good documentation around services but it seems to be “heavily slanted to obtaining and seeking information from her.”

This failure to work cooperatively with the mother highlights a domestic violence-destructive system. She is the expert on her and her family’s life. In order to provide the best possible service, she should be actively engaged and partnered with.

There were multiple examples of how a “failure to protect” approach can impact case planning.



The Placement Referral for the eldest child states the first reason for placement is ‘Mother and Father’s family violence.’ This would indicate that there is equal responsibility for this protective concern, not that the mother is an adult survivor.

As one reader wrote:

“When the (adjudication) was issued, the basis was that the Mother was not taking responsibility for the protective concerns, ‘blaming the father and others’. There was no indication that the assessment was including any protective behaviours or of the perpetration of DV impacting on her MH and diminishing her parenting capacity. In the document the Mother was described as hopping from one service to the next, she was also consistently advising of the DV in the home, yet her homelessness due to DV was not articulated. The Placement Referral for the eldest child states the first reason for placement is ‘Mother and Father’s family violence’. This would indicate that there is equal responsibility for this protective concern, not that the mother is an adult survivor. Similarly, in another case the adult survivor appeared to be “judged for putting the baby at risk and not seeking medical assistance for her earlier”. This is despite there being evidence that she was deliberately drugged herself during this incident and raped.”

In another case, one reader wrote:

“Notwithstanding the presence of domestic violence and ‘a history of engaging in violent relationships’ in court documents (pp105, 425), intakes (p76, 702), assessments (p318, p698) the subject is rarely raised directly with the Mother A. The

initial interview with A (p58) notes the relationship with partner S has ended and moves to focus on the presenting practical issues for A. Subsequent notifications which are given the highest priority response (tier 1) have the mental health and substance use of A as the focus and do not mention S. The second substantive interview with the mother A (p96) tracks in detail the mother's decline in capacity but has no discussion of the role of S or other men."

In the other case, one reader wrote:

"VERY minimal evidence of this, late in the case a SW acknowledged to survivor that at some points she had taken great care of the oldest child, but when asked why this had not been the case for the younger 2 children, her answer was the relationship with the perp, but this was not followed up on. Another example, was expressing concern about her going home as fears for her safety, however lots of evidence of counter partnership building and DV destructive - mother blaming. e.g. accusing the mother of putting her needs first and not her children's, attributing DV to both parents, lots of details about her failings in the court report and much less on the father, lots of missed opportunity e.g. when mother acknowledged struggling with difficulties, not followed up - e.g. SW not asking why she missed appointments - the mother said to the SW, "it is not my fault for walking away from the family home," but the SW didn't follow up and ask about that—especially since there is wide evidence that the perp had her run out of town (using friends and family to intimidate her)—while he was in prison."

A gap in practice surrounding team meetings and collaborative case planning was also identified. In one case, there was a Family Group Meeting, but it was held with the perpetrator present. There appeared to be no evidence of a process to determine if it was safe and useful for there to be a joint FGM. It was also noted that it appeared that the adult survivor was given a list of steps to accomplish versus there being a collaborative planning process.

As one reader wrote:

"...in fact there were consistent counter indicators of blaming mother and giving her unrealistic responsibility to keep the kids safe".



These cases highlight an approach that focuses on blaming the mother. However, before we can understand what survivors do for their kids, we have to take an honest look at how we've assessed them and measured their protectiveness before.

These cases highlight an approach that focuses on blaming the mother. However, before we can understand what survivors do for their kids, we have to take an honest look at how we've assessed them and measured their protectiveness before. We want to examine how successful our traditional measurements of having a survivor call the police, get a court order, and/or leave the relationship have been. From there, we can effectively partner with them and identify how needs such as "putting herself first" may be seen as a protective factor that makes her a stronger mother.

SECTION F

INTERVENTION WITH THE PERPETRATOR

Collectively, little evidence ($m = 0.99$) was found across the cases regarding good intervention practice with the DV perpetrator. Examining the individual items, there was slightly more evidence for finding, engaging, and interviewing the perpetrator ($m = 1.15$, Question 13) as compared to the range of interventions developed for the perpetrator ($m = 0.77$, Question 14).

Figure 7. Section F, Intervention with the Perpetrator



Q13 WAS THERE CLEAR AND COMPREHENSIVE EVIDENCE OF EFFORTS TO FIND, ENGAGE, AND INTERVIEW THE DOMESTIC VIOLENCE PERPETRATOR?

There was no to some evidence of engaging the perpetrator in these cases. In one example of domestic violence-informed practice, the perpetrator “was present throughout the whole case plan from initiating report to ongoing engagement”. The readers also identified that there were case plan expectations of the father. In another case, there was a range of interventions for anger management, substance abuse, and emotional stability, but no evidence of behaviour change (e.g. coercive control). One reader says that substance abuse received a lot more attention than domestic violence, but there was apparent involvement and positive collaboration with Indigenous Health Services.



One reader says that substance abuse received a lot more attention than domestic violence, but there was apparent involvement and positive collaboration with Indigenous Health Services.

However, cases that attempted to provide some level of assessment struggled with continuing engagement. For example, in one case, the perpetrator was met with during a 2015 safety and wellbeing assessment. The readers noted some direct conversations about the violence which “challenged dad’s deflection, victim blaming”. This meeting led to a referral to a MBCP. In strong practice, the Department used multiple sources of information to assess that the father’s risk was reduced. This included information from the adult survivor, maternal grandmother, the children, the MBCP, and evidence of no further police reports. Unfortunately, the escalation of his violence after the case closing raises questions.

As one of the readers points out:

“There do not appear to have been significant efforts to engage with the perpetrator in an ongoing manner to develop a comprehensive case management plan or goals that would indicate some learning of strategies to regulate or understand the impact of his behaviour.”

It’s not clear if this would have made a difference in the trajectory of the case or his violence.

Similarly, there was little engagement with the perpetrator on another case despite many attempted efforts to locate him.

“(The) CP workers persistently attempted to find, engage and interview the perpetrator through multiple methods and over time. This included visiting known locations and asking questions of the community. When located, CP workers discussed concerns and formed an assessment of his responses.”

These efforts did not appear to be successful in terms of engaging him. There was also, as one of the readers indicates, “cursory evidence of... high expectations for father or efforts to plan collaboratively with Drug and Alcohol Services to hold perpetrator accountable.” Nor was there evidence that he was contacted when he was in prison.

This lack of continuous integration of the perpetrator into the case formulation, especially post-separation, raises the concern for any future potential referrals to child welfare or any issues related to ongoing contact. Child welfare often leaves post separation child contact issues to family court even when there are serious concerns around the safety of the children in the care of the perpetrator. Even if he is not having sanctioned contact with the children, he may continue post separation harassment and abuse of the family.



The lack of integration of the perpetrator into the case formulation may contribute to gaps in information sharing and cross-system coordination.

While common, the lack of continued consideration of the perpetrator after the initial assessment or separation creates concern for the accuracy of the ongoing risk assessment and partnership with the adult survivor.

The lack of integration of the perpetrator into the case formulation may contribute to gaps in information sharing and cross-system coordination. In one case, despite his violent behaviour, a father was not given a child protection case plan. While he was criminally charged and managed through Department of Corrections, there was no indication of coordination of service activities with either. While there was a release to have contact with the father’s MBCP, there were questions about information sharing between child welfare and MBCP as the MBCP facilitator was unaware, when contacted, about the new violence perpetrated by the father.

Cases in which perpetrators are extremely violent may impact caseworker’s own feelings of safety. For example, one case stated there was:

“a cursory effort at intervention... provided by discussing with him the impact of his behaviours and follow up with services was attempted.”

This one visit happened as part of pre-birth planning. The readers felt that the lack of follow-up visits may have been impacted by the safety concerns for workers created by the perpetrator's threatening and abusive behaviours toward the child welfare staff during the visit. There was a note that "once the victim was geographically removed all trace of the perpetrator ceased." In a case where one of the fathers had a serious history of criminal involvement including manslaughter, it appears that child welfare only met with him on two occasions. Sometimes messages about appointments were intended to be conveyed from the social worker, through the mother, to him. This is a questionable practice, in terms of safety and efficacy, in cases of violence.

One reader of the case wrote:

"When the worker managed to meet with the father, there is cursory discussion of the evidence, and notation that father minimised the incidents of family violence. However, there is no evidence that he was challenged on specific behaviours such as choking, use of objects to throw at mother, or other issues. No contact with extended family was documented at all, despite father residing with his parents and having regular contact with the children there." There was no documented effort by child protection to refer father to services at all. This may fit the mold of child welfare leaving the father to the criminal justice system. If any services were occurring related to his criminal court case, there was no documentation of child welfare following up on progress.

These cases highlight a real obstacle for the domestic violence community. While it can be difficult for caseworkers to assess their own biases and fears, these challenges may impact proper engagement with the father. To minimize these uncertainties, caseworkers should have safety plans in place similar to those of the adult survivor.

This may include:

- never meeting the perpetrator without a colleague
- never engaging with the perpetrator outside the office or a designated safe location
- utilizing the police or other involved agencies to assist with engagement

This will help minimise the risk caseworkers place on themselves when working with perpetrators and could increase the level of engagement.

Q14 WAS THERE CLEAR AND COMPREHENSIVE EVIDENCE OF A RANGE OF INTERVENTIONS DEVELOPED FOR THE PERPETRATOR?

Given the high level of violence and coercive control in these cases, the lack of interventions with the perpetrators was striking. On one level, this makes sense since there was often difficulty engaging fathers. However, there was evidence that when child welfare was committed to engaging and working with fathers, it found a way to do so. For example, there was limited but important engagement with two of the fathers related to their violent behaviour while each was in prison. One of them was also engaged around his violence after he was out of prison.

As one reader wrote:

“The perpetrator was incarcerated as a consequence of his violence, he was enrolled in two perpetrator behaviour change groups, he also engaged a psychologist and relationship counselling was suggested for both perpetrator and aggrieved. There were also case plans with clear goals such as family free of violence, perpetrator stopping his use of violence and a move to reunify the perpetrator with the family.”

Unfortunately, as the other reader noted, there was no information on the programs or “assessment of his progress recorded”. So the question remains, what was the basis for the move to reunify?

“When there was any type of documentation of intervention mentioned, it was often something being expected by another system.”

When there was any type of documentation of intervention mentioned, it was often something being expected by another system. These interventions often did not seem to have any clearly articulated connection with the child welfare case goals or follow-up on the perpetrator’s progress.

Here is what was written about one case:

“there was police intervention and during office visits father agreed to go to a MBC program. He stated he had a mental health plan and counsellor. There appears to be nothing related to behaviour change goals. Nor to limiting his contact with the child.”

In another case, it appeared that the perpetrator refused child welfare's request to do a drug screen and there was some discussion in the record of his attending a MBCP, but no further mention of this. This case record appeared to contain a list of his conditions with Corrections, but no apparent connection was made with protective issues, and it was never documented that these were discussed with father.

This highlights a large gap in child welfare's ability to partner with other systems. Perpetrators often come in contact with many service providers such as the legal system, mental health, or substance abuse programs. It's imperative that caseworkers identify these other resources and use them to their advantage in terms of engagement and case planning. Using a more holistic approach can provide child welfare staff with additional intervention options as well as more information about change.

There was one case where there were orders entered against the perpetrator in a court's child welfare proceedings. In the court document, the father was expected to engage in MBCP or anger management to address his violent behaviours. He was also supposed to attend a GP in order to get a mental health plan for counselling or a psychologist as well as participate in a parenting program. After the parents separated, there was no child welfare contact with the father except for his outreach to see his child. This suggests a relationship-based approach versus a perpetrator pattern-based approach.

In a case, which was involved with Family Law court, one of the readers illuminates an intervention option that might have applied, but was never taken with the perpetrator:

"It is also unfortunate that the (team leader) has explicitly recommended that the father be issued with ... a cautionary notice that attempts to encourage the father to cooperate in the process. This would have been a useful way to ensure that the father was assisted to provide an explanation of his behaviours, and his attitude towards parenting and the children. Unfortunately, none of this information was able to be obtained, and there was subsequently no more effort to include the father in the process, let alone challenge the behaviours at any level."

The readers could not find any indication that such a notice was ever issued in the case.

Missed opportunities and the inability to follow-through on engagement appears to be another common challenge. For example, failing to issue the notice mentioned in the case above likely reduced the chances there would be follow-up with the father. Similarly, it is important to note that in a case where there was significant engagement of the domestic violence perpetrator, he was not expected to do anything specific related to his domestic violence and there was no specific addressing of substance abuse or mental health.



It is extremely important that child welfare systems and their partners develop clear expectations of engagement and services for perpetrators of violence and abuse must directly connect back to behaviour change.

As one reader said:

“no accountability for his actions were articulated”.

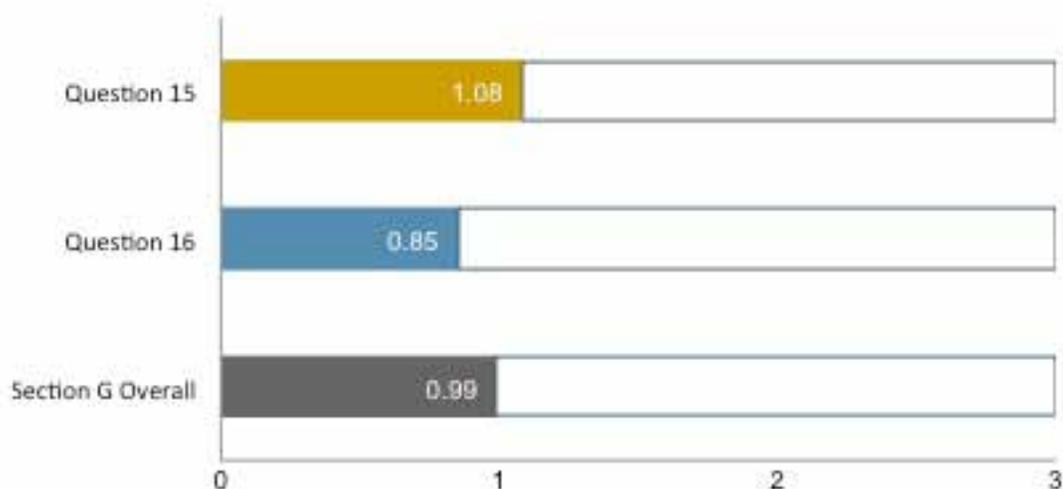
It is extremely important that child welfare systems and their partners develop clear expectations of engagement and services for perpetrators of violence and abuse must directly connect back to behaviour change. Allowing the perpetrator to demonstrate superficial levels of engagement perpetuates gender bias. Applying high standards for fathers and making connections between services, e.g. substance abuse services and the expected changes in coercive and abusive behaviour, is central to domestic violence-informed practice.

SECTION G

INTERVENTIONS WITH CHILDREN

Across section G, scorers were asked to measure the evidence of the documentation of intervention and treatment efforts made by child welfare with the child domestic violence survivor. The mean score across the two questions was $m = 0.99$, or close to little evidence. With slightly less evidence being found of an appropriate plan for services for the child survivor ($m = 0.85$, Question 16), as compared to slightly more evidence having been found of age appropriate efforts to engage, interview and validate the child survivors ($m = 1.08$, Question 15). It is notable that for Question 15 three of the scoring teams ($n = 3$) found some evidence and one scoring team ($n = 1$) found strong evidence of age appropriate efforts.

Figure 8. Section G, Interventions with Children



Q15 WAS THERE CLEAR AND COMPREHENSIVE EVIDENCE OF AGE APPROPRIATE EFFORTS TO ENGAGE, INTERVIEW AND VALIDATE THE CHILD SURVIVORS?

There was evidence that the children were engaged and interviewed in some of the cases. In some instances where they were not interviewed, age appears to be a factor. (This may have impacted the overall score for this question.) In some cases, all children were under the age of 3 so there were no expectations of interviews. In other cases, there was good interviewing practices with the children including open ended questions, exploration of home life, father's violence, and father's role in the family.

In one of the cases with young children, there was evidence of "plans to pay for and support day care for the child (2 years) for socialization and "eyes on" in the community as part of the safety planning for the child." Ante-natal care was supported and encouraged for the safety and wellbeing of the unborn child. In another case, the eldest child was engaged in DV children's counseling services, and there was no clear safety plan developed for the young children. There was check-in and follow-up with these services during the second involvement.

Despite appropriate interviewing behaviour, a lack of clarity and supportive information to back up the children's accounts was apparent. In cases that were framed around cumulative impact, there appeared to be no significant exploration of what that might be.

One reader writes:

"It appears that the issues are not explored in any (sic) depth with the children, and their accounts are not challenged or supported in any meaningful way. This is despite many incidents alleged to have occurred over many years. It is particularly disappointing to see an almost complete disregard for discussion of the cumulative harm to these children, and no attempt is made to clarify these longer term issues at all."

Similarly, this description by a reader in a Family Law case gives the feeling for the practice:

"Children were interviewed and information about children obtained from counsellor and school. Children provided information about fear of father, his yelling, hitting, punching and kicking them. Forcing them to do things. No exploration with children about the history of DV - pre and post separation. No indication of validation at all despite all children exhibiting high levels of trauma and fear."

However, this lack of safety planning, validation and support for children highlights potential gaps in practice. It is important that all the children have safety plans in place regardless of their age. Validation and support are equally as important for the children as they are for the survivor. If the children feel safe and know their stories are substantiated they are more likely to cooperate with safety plans that are put into place.

Q16 WAS THERE CLEAR AND COMPREHENSIVE EVIDENCE OF AN APPROPRIATE PLAN FOR SERVICES FOR THE CHILD SURVIVOR?

Overall there was little evidence of clear and comprehensive service planning for the children in these cases. Similar to question 15, the low score may partially be the result of the age of the children in the cases. Depending on the age of the child, protective factors and other circumstances, there may be no need for services for the child.

The readers found some examples of positive case planning with children. In one case, the readers noted that there was “highly skilled” work taking place with the children which shaped the case plan around “what the children wanted”. This appeared to influence key documents like court applications. The children were engaged using different tools. The children seem to have “a degree of resilience and self-care across the group that suggested no need for services”. It appears that the positive engagement by the system was one of the main interventions with them.

Caseworkers’ assumptions about trauma and appropriate resources severely impacted case work. There was one instance where a child who expressed a desire to self-harm was referred to services. When the service referral was made, it appeared too general like a referral to maternal and child health. In one case, the reader identified the list of service referrals made for the children including enhanced health visiting services, physiotherapy, and a child-at-risk letter that allowed mother to access free child care. There was no apparent referral to any child specific family violence service. In a Family Law case, there seemed to be some attempt to connect children to disability services but it was unclear how, and if, this was being formulated as a response to the domestic violence.

As one reader wrote:

“Whilst the children continue to have access to a Child Psychiatrist for ongoing review of diagnostic and behavioural issues, as well as Family Law review, it is not clear what their needs are in relation to developmental trauma and the impact of family violence on their presentation. There are detailed reports provided by both the Child Psychiatrist and the Mental Health counsellor which has pushed the rating to ‘Some’; but the analysis and incorporation of these findings is not particularly well documented by the CP worker. It is unfortunate that the case is then suddenly closed with only a limited rationale and explanation, suggesting that the cumulative harm and developmental trauma aspects of this case have not been considered at all by the worker involved.”

In another case that was flagged as cumulative harm, the reader wrote:

“As the children are reported to be settled in school, and presenting well to the workers, there is no information recorded about their need for any intervention whatsoever. This case was flagged as a potential cumulative harm case, with many incidents of family violence alleged over many years. Strong language is used to describe the traumatising and emotional impact of witnessing this family violence, but there is no mention of any effort to consider the need for counselling, even within the school. This is not to say that the children necessarily required immediate intervention, but the concern is that it is not documented that this had even been considered.”

‘

“There is reference to asking the children about their experience of violence but reads as more forensic than engaging in any way that helped them understand or recover from the experience.”

Other cases highlight that planning for services for children was limited. In one case, the older children were interviewed. The other children were observed.

One reader wrote:

“There is reference to asking the children about their experience of violence but reads as more forensic than engaging in any way that helped them understand or recover from the experience.”

As for services, there was only reference to bereavement services for the children with the idea they could talk about the violence there. One reader describes this assumption as “flawed”.

In the case that involved the father who was alleged to have kidnapped his child at gunpoint and attempted suicide in front of them, child welfare only met one child out of four and didn’t interview her as she was autistic. In this same case, there was a reference to children having access to a school counselor with no documentation of whether the family was actually aware of the resource or relationships at school. It is reasonable for the reader to highlight the importance of documenting actual awareness and of relationships at school as this family had moved multiple times.

The inappropriate or complete lack of service referrals is a large concern. Traumatic events such as witnessing domestic violence greatly impacts children regardless of their age. It is imperative that they receive services that will assist with their mental health and resiliency. Proper interventions will also assist with keeping the kids physically and emotionally safe.

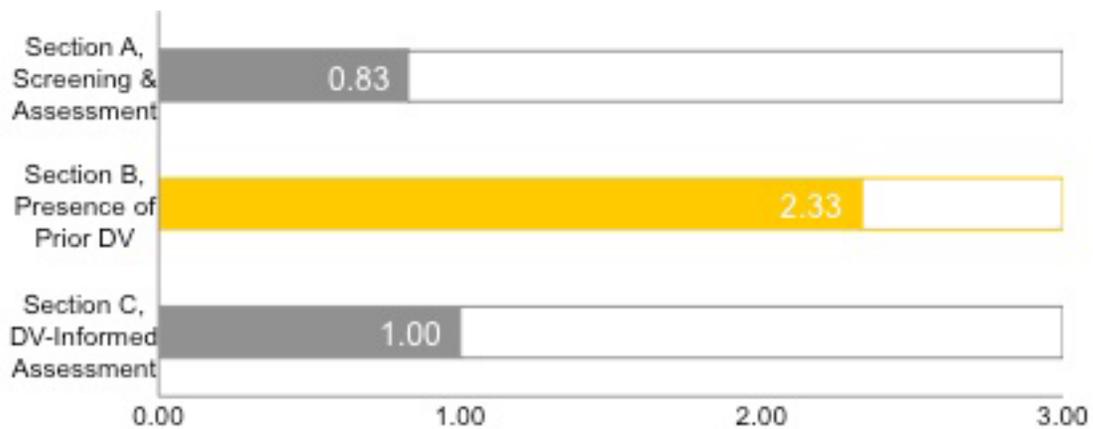
Comparison Across Sections for “No Domestic Violence” in Current Allegations

Across Australia, there were a total of six (n = 6) cases that were scored by consensus, representing the states of New South Wales, South Australia, and Western Australia. Scorers were asked to respond to a total of 11 questions for each case, rating on a scale of zero to three with zero representing “no evidence” and three representing “strong evidence” for each item. The following gives a breakdown of what is found both at the question and section level.

Comparison Across Sections for “No Domestic Violence” in Current Allegations

Examining what is found across the three sections, while there was some to strong evidence that prior domestic violence was identified (Section B), there was little evidence of the current allegation being DV-informed (Section C) and little to some evidence of the screening for the presence of DV and congruence between documented efforts and known best practices regarding universal DV screening in child welfare cases (Section A).

Figure 9. “No Domestic Violence” in Current Allegations Overall





“NO DOMESTIC VIOLENCE” IN
CURRENT ALLEGATION CASE READING
TOOL SCORING SHEET

SECTION A

SCREENING AND ASSESSMENT

This section examines the quality of the screening for the presence of current or recent domestic violence and the congruence between documented efforts and known best practices regarding universal DV screening in child welfare cases. Section A includes 9 questions in this area.

Across six of the questions, consensus scorers found little to no evidence, as identified below:

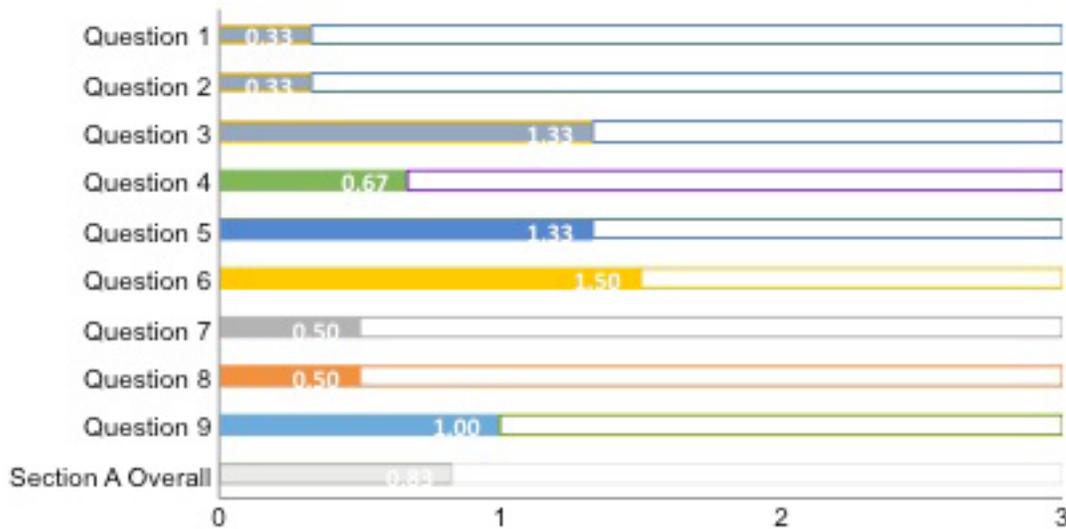
- Q1: Evidence of an appropriate level of hotline screening for domestic violence
- Q2: Evidence that existing DV screening protocol and/or policy was followed*
- Q4: Evidence that each family member's interview included questions and/or assessment for markers of coercive control
- Q7: Evidence that the family assessment included assessment of the male caregiver's role in family/support for primary caregiver
- Q8: Evidence that the supervisor reviewed work related to DV.

Consensus scorers found little to some evidence of documentation for the following questions:

- Q3: Evidence of separate, confidential assessment interviews with caregivers and children (when age appropriate)
- Q5: Evidence that criminal history including probation and order of protection records were reviewed for presence of DV
- Q6: Evidence of an effort to find and engage the male caregiver
- Q9: Evidence of ongoing assessment for DV

*It is important to note that the consensus scorers identified no protocol for 3 of the cases for Question 2. These cases were scored as having no evidence (0).

Figure 10. Section A, No DV – Screening and Assessment



Q1 IS THERE EVIDENCE OF AN APPROPRIATE LEVEL OF HOTLINE SCREENING FOR DOMESTIC VIOLENCE?

There was no to little evidence of an appropriate level of hotline screening in any case. This suggests screening processes that focused solely on standard child welfare criteria. For example, while domestic violence was mentioned as a risk factor in the second report of a case, the readers scored “no evidence” as there was no evidence of the actual screening practice. In another case, the readers were clear that there was “no evidence” of screening for domestic violence in all reports “especially those suggesting violence-nil explored”.

Similarly, in one of the cases there was documentation of intimidation and assaults on the home that the mother associated with her ex-partner and “cronies” who she said were part of a biker gang. The investigation of the current allegation did not reference this at all. In another case, there was no evidence of screening for domestic violence using specific additional questions at hotline. There was only the decision to screen in or out based on the standard criteria. This seems to be true despite the apparent presence of domestic violence with potential lethality indicators. This practice is concerning due to important information that may have been missed.

In many cases, the fact that the police report all family violence cases involving children to child welfare was identified as a practice that shaped the screening process.

As one reader in one case notes:

“Screening for family and domestic violence was not required in this case due to the extensive history of domestic violence documented on the file. In (one state) Police

domestic violence reports, that involved a family with children, are saved on the child protection client database (approx 30,000 per year). This means that even if there hasn't been a Department intake for domestic violence concerns, there is often information/indicators about whether or not DV is present."

In a case that highlights how much information from the police may be available to child welfare at the time of a "no domestic violence" allegation, the mother was identified in more than 15 Domestic Violence Incident Reports from 2010 to 2013. The violence was perpetrated by two different people, both of whom fathered children with the mother. The interactions related to the open period of contact in 2015, referenced the immediate domestic violence history/risk and the previous history from father 1. In another case there were six reports to police before the opening of the case in 2012. There were also reports from family members about DV concerns, but "support and separation of the couple (was taken) as an indicator of safety/no safety".

“ It appears that in these cases there was a sense that the overall screening, assessment, and intake process might have been impacted by situations where the adult survivor and perpetrator were identified as not being together at the time of the report. Incarceration of the perpetrator, a domestic violence order, and/or separation at the time of the report appears to have significant impact on the screening decision-making. This type of incident based, geographic and relationship-based decision-making is not consistent with domestic violence-informed practice.

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Q2 IS THERE EVIDENCE THAT EXISTING DOMESTIC VIOLENCE SCREENING PROTOCOL AND/OR POLICY WAS FOLLOWED?

The readers found little evidence regarding whether existing domestic violence screening protocols and/or policies were followed in most cases. In one of the cases, the readers did identify that one of their required general risk assessment questions related to domestic violence might be considered a protocol. In one case, one reader felt like the protocol for screening for DV was followed evidenced by the fact that it was so clearly identified in the history, that formal screening wasn't needed.

The other reader wrote:

"Interaction report dated 07/05/15 notes the completion of a risk assessment but no further details on file. Details around risk and DV are included in the report but dismissed as victim has separated from partner. Details of perpetrator are largely missing. No attempts to engage or assess perpetrator are noted on file. Following the interaction report they commenced, in the most recent intake it is noted that a home visit is needed but this was unable to be conducted because of a person who is deemed dangerous to the CP staff resides at the same address. The matter is referred to the Police DV Unit for follow up but no evidence of this follow up procedure exists on file."

It is not clear from the reader's notes if this is the alleged perpetrator. If this was true, it might highlight the limitations of an incident, geographic, and relationship-based framework. It is possible that the same individual who raised red flags for dangerousness is the same perpetrator who was not interviewed and engaged earlier because he was incarcerated at the time of the report.

In another case, there was some identification of the domestic violence as an issue but as one reader writes "this is not matched by a comprehensive planned response to partner with mother or engage with the children until much later in the case where the DV is chronic, escalating and children are being injured as well as mother."

Unclear protocols have provided mixed thoughts on appropriate scoring. In one case, while the formal consensus score was "no protocol", one reader really thought that given the high level of concern related to the violence that it should've been accepted.

The reader wrote:

"There is a level of hotline screening for DV. The mother's partner texted her and threatened to kill her and chop her up into pieces. The notifier reported the DV score was extremely high at 122. There seems to be an assumption that the Police charge in relation to the threats will stop him from carrying out the threat and killing and

cutting up the mother. There is no assessment of the impact of this threat on the child, it is hard to imagine what a child thinks when their father threatens such a thing to their mother who is their only caregiver at that point. (Child protection) had previously substantiated DV for the family and there was another matter that was not substantiated. The tactics of power and control along with previous substantiated violence, and the current threats and the notifiers assessment that the DV risk score is extremely high would indicate without even using the decision tree that the assessment should meet the grounds for a child protection response. For this intake, there is minimal information reported. I am aware that the notifier would have significantly more information that could be provided, such as the DV risk assessment scor(ing...) that was completed. If the hotline staff asked for a copy of the risk assessment score it may have added to the child protection assessment and would not have taken any more time or effort for the worker. The decision tool uses the term caregiver. If the tool used the term parent, it may contribute to the father being less invisible, specifically when DV is implicated due to the nature of coercive control and unpredictability of the perpetrator. For this (risk assessment) model the father's responsibility is invisible to the impact on the child and full responsibility is on the mother as the caregiver. There is evidence of screening for DV, but the initial intake reports were assessed as NOC, or NGI due to not meeting the grounds for a child protection response. However, in my opinion, due to the intent stated in the intake...Additionally it does appear that the decision tree was followed, but that in my view..."

The lack of reference to specific existing policies and protocols may mean that these do not exist or that the readers were not aware of them. If the latter is correct, it is important for agencies to clearly state the proper protocols that screeners should follow in order to provide better and more consistent services.

Q3 IS THERE EVIDENCE OF SEPARATE, CONFIDENTIAL ASSESSMENT INTERVIEWS WITH CAREGIVERS AND CHILDREN (WHEN AGE APPROPRIATE)?

There was little to some evidence of separate confidential assessment interviews with children and caregivers. In the context of “no domestic violence” cases, separate confidential interviews increase the likelihood of the disclosure of domestic violence and/or an open safe exploration of prior reports of domestic violence. While separate interviews appeared to happen in some of the cases, the readers were sensitive to the dynamics surrounding those separate interviews. In one case, the readers noted that the separate interviews with mother were likely to have occurred because she had recently separated from her partners each time. In another, the separate interviews occurred with mother and father because he was incarcerated at the time.

The focus, in some of these cases where there were separate interviews, appeared to be on the incoming neglect allegation and not on integrating an assessment of the impact of the domestic violence into the current allegations. This occurred despite the high number of domestic violence reports.

The focus, in some of these cases where there were separate interviews, appeared to be on the incoming neglect allegation and not on integrating an assessment of the impact of the domestic violence into the current allegations. This occurred despite the high number of domestic violence reports. In other cases, there were separate interviews with the mother but no indication that domestic violence was addressed. This all suggests that sometimes separate interviews may be an artifact of the current family composition and not reflective of domestic violence-informed practice.

In another case, great sensitivity and conscious domestic violence-informed practice was observed. As one reader noted: “Interviews with the mother are held separately and she is assured a number of times about components of the information that she provides being kept confidential as a strategy to assist her to manage her safety”. This seemed to flow through to concerns about safety related to court appearances and to what appeared in court documents. In another case, there was a separate interview with the mother at her workplace which indicates that a separate confidential interview was a priority.

The separate interviewing practice with children was varied. In one case, the children appeared to be too young to interview in the earliest case openings. As the case progressed they were eventually interviewed. There were efforts to talk to the mother and eventually she was interviewed alone. During the interview with the children, they were asked about domestic violence. The readers didn’t address whether they found documentation of who was present with the children when this was conducted.

It is important for caseworkers to identify and explore all avenues of coercive control. Using separate, confidential interviews provides a level of safety and security that should allow each person to talk freely. In addition, it can be easier to build rapport and actively engage the survivor during a one-on-one situation. Caseworkers should actively validate her concerns and collect as much information during these sessions as possible.

Q4 IS THERE EVIDENCE THAT EACH FAMILY MEMBER'S INTERVIEW INCLUDED QUESTIONS AND/OR ASSESSMENT FOR MARKERS OF COERCIVE CONTROL?

There is no to some evidence that family members' interviews included questions or assessment for markers of coercive control. In this area, three major themes emerged across the case readings. First, these "no domestic violence" case files often had significant information about current or prior domestic violence. Second, despite the frequent presence of clear and substantive readily available information about current or prior domestic violence, the avoidance of documented engagement around coercive control was common practice. Third, the interviewing and engagement practices appeared to be woven together with issues of gender bias and higher standards for mothers than for fathers.

To highlight how much information about the perpetrator's pattern was available to inform case practice, engagement and interviewing, the following is an example of the level of documentation detail in one of the cases:

"Case Note dated 09/01/2013 – "Julie advises Karen gets bashed by Thomas everyday, has numerous black eyes and ended up in hospital." Julie believes the domestic violence is worst when Karen and Thomas do no(t) have access to drugs". "Julie advises the children are frightened when there is domestic violence, the kids talk about the violence as if it is normal..". "Particularly now, as Margaret had disclosed to an Aunty after she saw a welt across Margaret's back, that Thomas had hit her with a belt."

This level of detail suggests that, in some instances, high quality information about the coercive control was present in the case files. What was less clear was how the information was gathered, e.g. from interviews or reports from police. Or how it was being used as a starting point for further exploration of issues of coercive control and violence with family members. Even when information about a perpetrator's current escalating behaviours was readily available, the readers found it unclear how this information was being utilized to inform interviews or case decision-making. For example, in one case, there was documentation that a father who is no longer living in the home was engaging in stalking, harassment, and violation of IO behaviour. He drove by the house frightening the mother and damaged the family home by leaving all the taps open and flooding the house. There was also information about another partner who is very violent and controlling.

As one reader writes:

"There is a lot of information about the perpetrators (x3) use of violence in the file. Indicators of coercive control that has been elicited through interviews with mum including that: - father 2 is continually driving past the house which is

frightening mum, deliberately damaged the family home by leaving all the taps on and flooding the house, breaching the IO; partner 3 is using significant physical violence, assault caused a miscarriage, assault with a metal vacuum cleaner pole, punching her in the head in front of the children, being ‘flogged’, mum is distressed (in repeated interviews).”

Even when a high level of detail about coercive control was available in the “no domestic violence” cases some of the readers were identifying gender as a factor that influenced how interviews progressed and possibly, the case formulation.

“Information about the increasing severity and chronicity of DV to mother, with children present, is provided in great detail throughout this case. What is not present is evidence of this information being used to have conversations with the survivor or the perpetrator or the children.”

— ONE READER WRITING ABOUT THE LACK OF INTEGRATION OF INFORMATION ABOUT COERCIVE CONTROL INTO THE CASE PRACTICE

In one case a reader wrote:

“Information about the increasing severity and chronicity of DV to mother, with children present, is provided in great detail throughout this case. What is not present is evidence of this information being used to have conversations with the survivor or the perpetrator or the children. It is accepted that the family is highly transient. The interview with mother on 14/5/12 where she denies a history of involvement with child protection, is not explored or challenged or possible patterns of coercion explored. There is evidence of questions asked of family members on maternal and paternal side and also of this information being followed up with mother, but not with father – evidence of higher standards for mothers.”

In another case example, as one reader wrote:

“There is no evidence that the workers asked the mother about DV. During the case, the father was mostly in prison, but the mother had a history of experiencing abusive relationships, best practice would include an assessment of the mother to include her understanding of DV and tactics of power and control. The purpose of this would

be so that she could notice these tactics in any future relationships and make choices accordingly. Best practice would also include assessment of the mothers emotional functioning so that she could parent the girls better when they were in her care. The grandparents would have been a rich source of information about the perpetrator's tactics of power and control and also his violence, there is no documented evidence that they were interviewed about their understanding of him and their decision not to have him in their home when he was released from prison. it almost seems that the workers colluded or partnered with the grandparents and the perpetrator and no exploration of the danger or risk was explored."

In another case with an identified history of severe domestic violence and other serious allegations of child maltreatment, there appears to have been no documented exploration of coercive control being a factor in the family. Instead, the focus appears to be mother's behaviour, choices, and the identified family issues disconnected from father's abuse.

One of the readers wrote:

"Please note this question is answered in the context of multiple reports being received after the first report of 2015 (3 March) was received. For example, (9 March, 13 March, 14 March, two reports on the 17th March, 18 March). As a result, by the time the interviews (of mother and one child) took place, there were multiple allegations discussed including all forms of child maltreatment. There are 12 children in the family, all with multiple complex needs.

The interview conducted with the child related to allegations of sexual abuse against the child—there were no questions asked about domestic violence perpetrated by her father. There were some disclosures of physical violence committed by her eldest brother towards her. His violence appears to be in the context of a(n) extreme history of domestic violence and child maltreatment perpetrated by his father against his mother and siblings. However, the brother's violence, suicide attempts, and substance abuse seem to be seen through a lens of "mental health issues" disconnected from the context of domestic violence that he grew up in.

“There is no investigation of the violent and coercive behaviour deployed by the perpetrator. There are a lot of questions about mother’s “moral character”, allegations of love bites, men coming in and out of the house, etc. There are significantly more questions asked in this vein than in relation to ascertaining the perpetrator’s pattern of behaviour and its impact on family functioning.”

In the interview conducted with the mother, part of the conversation related to an allegation that the father (who is subject to an IO) has been in the home, which was denied by the mother. There was information to say that one child saw the father in a park near the school and that the father had used social media to contact other children. There is no investigation of the violent and coercive behaviour deployed by the perpetrator. There are a lot of questions about mother’s “moral character”, allegations of love bites, men coming in and out of the house, etc. There are significantly more questions asked in this vein than in relation to ascertaining the perpetrator’s pattern of behaviour and its impact on family functioning.”

The intersectionality of gender and the lack of engagement around issues of coercive control in “no domestic violence” is characteristic of domestic violence-destructive or neglectful systems. When the current allegation is not contextualized to current or historic perpetrators’ patterns of behaviour, the adult survivors, usually the mother, are more likely to be the focus of the case. In these situations, the presenting issue of substance abuse, mental health or other issues are more likely to be viewed as her responsibility. In a domestic violence-informed system, there would be initial and ongoing assessment for coercive control in all cases. Workers would be trained to know how to screen for indicators of coercive control, and integrate any information about prior or current coercive control into the family assessment. Specific knowledge about how domestic violence perpetrators can create or exacerbate existing maltreatment issues, e.g. housing instability, should be part of worker training. Similarly, workers would be educated on how to identify and account for domestic violence perpetrators interfering with other family members’ case plan activities.

Q5 IS THERE EVIDENCE THAT CRIMINAL HISTORY, INCLUDING PROBATION AND ORDER OF PROTECTION RECORDS, WERE REVIEWED FOR PRESENCE OF DOMESTIC VIOLENCE?

Cases had no to some evidence of a review of criminal history including probation and order of protection records for the presence of domestic violence. While there were examples of good practice, the overriding theme was that the information was sometimes not requested and that even when it was available, it wasn't actively integrated into the case practice. In an example of good case practice, the domestic violence criminal history and seeking of information on father from multiple sources of information was carried over into child welfare work. The criminal information included "comprehensive details of the prosecution of common assaults and sentences upon father". In an example of excellent case practice, planning included contact with prison to determine his release date for early parole due to safety concerns for mom. The intervention order covered the children and it was noted that he would need to seek a variance to see the children. There was also information on the services he attended as part of his court involvement. A more representative case example was the following:

In a different case, one reader wrote:

"Criminal history, police DV reports and IO records were all saved on the file. However, the information was not actively used or integrated in case planning. Discussion focused on whether or not it was reasonable to expect this given that there was not current/present risk posed by the perpetrator of DV at the time of the 201? intake."

As another piece of evidence of the lack of integration of the criminal history into the case practice, one reader pointed out the allegations against a perpetrator were "not tested in any interview with him". The readers also identified that there were police files in child protection files, but "level of integration of in CP's work is not obvious."

In another case, while there was extensive record checking, these records did not appear to influence his contact with his children.

As one reader wrote:

"There is strong evidence of the criminal history for the perpetrator, it was included in the Police records, and also the (DV risk coordinating team) documents. However, upon release from prison, the perpetrator was allowed full contact with the children, despite never having been involved in their life, and having a very dangerous criminal history. The (DV risk coordinating team) documents indicated that within months from his release from prison he had unlawfully detained 2 separate partners, 1 for one week, and injured both of them severely. The (DV risk coordinating

team) document indicated the perpetrator is diagnosed with PTSD and anti social personality disorder. However there is no evidence that (child welfare) contacted the carers and requested the father have no contact, or that they placed any boundaries around his contact with the children at all. Mother continued to have access with the children in the (child welfare) office supervised by a (child welfare) worker."

The availability of information, yet lack of use, suggests a gap in practice. As previously discussed, caseworkers could benefit from better partnering with other agencies that the perpetrator may be involved in. This is also true for using criminal background information to better inform case planning and interventions.

Q6 IS THERE EVIDENCE OF AN EFFORT TO FIND AND ENGAGE MALE CAREGIVERS?

There was no to some evidence of efforts to find and engage the male caregivers. Engagement and finding of male caregivers was often contextual. Unrelated male caregivers might be engaged when they were living in the home and biological fathers might not be engaged once they were no longer living in the same home with the children. The following note from one case reader exemplifies some of the complexities of practice found in these cases.

The reader wrote:

"There is no indication that the children's fathers were engaged by the child protection worker. At the time of the 2015 intake (or shortly thereafter) mums current partner was incarcerated for DV related offences; at the time of the 2014 intake the mother and father were separated. During the 2015 intake, mum engaged in a new relationship. The new partner was engaged in safety and case planning. Potential risks/concerns associated with the new partner were explored and assessed including criminal history and previous history with the Department."

In this case's consensus document the readers go on to note:

"A male caregiver was engaged however he was not the children's father. Note: discussion about whether it is appropriate to engage the fathers to help resolve concerns about child neglect, given the risk they pose and that the mother has succeeded in deliberately separating herself and sustaining a separation (no contact and no continued perpetration of DV").

Even when there were attempts to find the male caregiver, the level of consistent and meaningful engagement varied. In a positive example, there appeared to be significant efforts to find and work with both fathers. It is noted and ordered that fathers need to be

assessed. This level of male engagement stands out in a case that appears to have currently entered the system because of mother's drug use. One father, in prison, received a risk assessment which included discussion of assaultive behaviour (which he acknowledges). He says he wants to be considered for reunification. There is also a forensic assessment in prison. Perpetrator 2 was contacted by phone, formally served court papers, and offered support to access a DNA test.

In the next case, both fathers were identified and found, but a level of meaningful and consistent engagement seems absent. As one reader noted, contact with one of the perpetrators did not seem to influence case practice:

"There was some evidence of contacting the perpetrator to participate in the CPS assessment and significant effort to undertake assessment of paternity for one of the children. After his release from prison there was little effort to contact him, and the 2 review meetings contained no reference to him at all. There was also no reference to the DV or any intervention or support for the mother in the review meetings, or reunification assessment and priorities for intervention for reunification. Given the mother had experienced multiple extremely violent relationships I feel that best practice would include a reunification plan or intervention plan to address her experiences of DV."

In some cases, the interviews with the perpetrator occurred in the presence of others including the adult survivor. While joint interviews are sometimes unavoidable or necessary, separate interviews with the perpetrator are standard part of domestic violence-informed practice because they are more likely to produce meaningful results. In one case, social workers used family networks and the Indigenous Practice Leaders' network to locate the family, including the father. It appears that the limited efforts to reach this father slacked off when the couple separated indicating an assumption that separation equaled safety. The sole interaction with the father occurred with mother and father together.

One reader wrote:

"There was one interview recorded during a Safety and Wellbeing Assessment (07/03/2014) with the father and mother together where the question of domestic violence was raised, "Thomas and Karen both denied domestic violence was a current issue and they claimed everything is currently going well in their relationship. Workers queried whether an incident had recently occurred where Karen had to lock herself in a shed to keep herself safe. Both denied this had occurred". The assessment from this interview recorded, "There have been no recent domestic violence reports and it seems unlikely that the allegation of

Karen having to hide in a shed out of fear occurred as the backyard was sighted and no shed was noted on the property". However earlier the Initial Inquiry report (06/03/2014) states, "Casey is currently in Hospital with a fractured femur... Thomas was in the room when Casey was hurt. Thomas has since provided an explanation for how the injury occurred and Children's Hospital Dr. believes it is consistent." "...failed to seek help for Casey, failed to soothe Casey and only admitted what happened when boy's father rang Karen trying to find out answers." "Thomas was seen hitting Aiden in the head with a closed fist, when he was told about Casey's fracture""

“ The question about father engagement raises a host of other questions about how child welfare approaches the if, when and how of engaging male caregivers. For example, is child welfare assuming that because a mother is separate from a father that it means that there was no contact between the fathers and the children? Or does child welfare have a specific policy of no contact and no engagement with biological fathers who have a demonstrated history of violence when they are no longer having contact with the adult survivor and children?

The joint interview and a lack of a perpetrator pattern-based approach suggests a superficial engagement with the issue of domestic violence. While it is impossible to know the reason, the lack of a separate interview with the father raises questions of how his role in the family was perceived and/or workers' fear and/or biases. Given the concerns with both physical abuse of the children and the domestic violence, the lack of follow through with him might have impacted the trajectory of the case

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whether a lack of contact was deliberate due to safety concerns or a result of low standards for men as parents. Conversely, when child welfare reaches out to fathers with violent histories, especially to explore them and/or their family as placement resources, is there a clear protocol for assessing his safety as a parent? This relates to his own parenting and his ability to work with the other parent and her family.

It is important to understand that engagement and finding of perpetrators is not required to practice a perpetrator pattern-based approach. Despite not meeting with them, there can be an assessment of their influence in the family due to prior violence and control, e.g. trauma issues, housing instability, and/or continued danger of new violence.

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Q7 IS THERE EVIDENCE THAT THE FAMILY ASSESSMENT INCLUDED AN ASSESSMENT OF MALE CAREGIVER'S ROLE IN FAMILY/SUPPORT FOR THE PRIMARY CAREGIVER?

There was no to little evidence that the family assessment included the male caregivers' role, highlighting lack of engagement, appropriate interviewing or high standard for fathers. As in most child welfare agencies, the overall formulation of the importance of male caregivers' choices and behaviours on child and family functioning is limited or non-existent. Even in these "no domestic violence" cases, the readers found that a focus on the perpetrator's impact on child and family functioning could be uneven.

In one of the best examples of positive case practice, one reader wrote:

"The fathers and partners are noted in the file including references to their impact on family functioning but this is not comprehensive. For example, father 2 (2014) is noted to be driving past the house and frightening mum, deliberately damaged the family home, causing mum to feel distressed and frightened which is causing her to 'not cope' (concerns reported to the department are neglect and 'yelling at the kids')."

The partner in 2015 is noted in terms of his extensive use of violence and links are drawn between mum's experience of violence and her current coping with four young children in her care.

Partner 2 in 2015 is noted fairly comprehensively in the file for his positive contribution to family functioning including helping to reduce mums drug use, helping to get the kids to school, and helps prepare the kids lunches. Whole 'family' is happier."

The picture of father 2 in this case is noteworthy and unusual as it is complex and multi-faceted. It noted both his abusive behaviour and his positive parenting.

“There is no clear evidence that the family assessment included an assessment of the male caregiver’s role in the family/support for the primary caregiver. There are notes that document that domestic violence is occurring, both from Police DVIR’s and other family members however, this is never linked to the father’s role in the family and impact on the mother as the primary care giver.”

In another, more limited example of positive practice, the assessment of the father explored the safety of the children in his care and his possible role in the life of the children. After he was engaged, this father is deemed “not appropriate to care for infant until investigation and assessment into his paternity and parenting capacity is assessed. This was even though mother said he was around and engaged with the children. He was assessed for ‘the role he has played and might play in the children’s lives.’ It is also noted by both readers that this father acknowledged his violence but minimises it. As written by another reader, “he did not appear insightful or remorseful about the impact of his actions on the mother or the children.”

In an example more representative of a lack of assessment, the reader wrote:

“There is no clear evidence that the family assessment included an assessment of the male caregiver’s role in the family/support for the primary caregiver. There are notes that document that domestic violence is occurring, both from Police DVIR’s and other family members however, this is never linked to the father’s role in the family and impact on the mother as the primary care giver.” The other reader does note that there is mention of the father using drugs and money to lure mother back to the relationship but there is “limited information on his broader parenting role or capacity”.

In another case there was no reference to the father’s role in the family. One of the readers pointed out that:

“There are scant references to the father’s non-residential status in the home, his continual breaches of the IO (having contact with children and their mother). There are a lot of details about all children presenting with varying levels of complex trauma symptoms but they (are) not explicitly linked to the children’s exposure to severe and chronic domestic violence and other forms of child maltreatment. There is a chart on file – detailing the children’s psychiatric diagnoses (including ODD, ADHD, depression).”

“In one case, it appears that information about, or from, male caregivers was used to “put down natural mother’s role as parent or highlight concerns. Despite ongoing concerns regarding the role of men in the child’s life, no family or appropriate assessment of male caregiver roles were undertaken or sought. Documentation relates to natural mother care and actions.”

In another case, when information about the male caregiver’s role was documented, it appeared to be domestic violence-destructive. In one case, it appears that information about, or from, male caregivers was used to “put down natural mother’s role as parent or highlight concerns. Despite ongoing concerns regarding the role of men in the child’s life, no family or appropriate assessment of male caregiver roles were undertaken or sought. Documentation relates to natural mother care and actions.”

Q8 IS THERE EVIDENCE THAT SUPERVISOR REVIEWED WORK RELATED TO DOMESTIC VIOLENCE?

There was no to some evidence of supervisory engagement related to domestic violence. In one of the best examples of supervisory engagement, supervisor notes were referenced but seem to demonstrate a mixed level of practice. In this case, there was a conversation about withholding information from the case record to better protect mother, but also the supervisor notes mother’s “propensity...to engage in violent relationships”.

As one of the reader’s note:

“It is noteworthy that the most positive phase of the case (e.g. p974) involved a Senior Practitioner extensively. The case was regularly reviewed by her in consultation with the family and with the inclusion of a focus on Domestic Violence. Whilst not a supervisor, this was a significant period of senior oversight and involvement in the case. It also reflects, in the opinion of the Reviewer, the most comprehensive and positive period of case work.”

However, the majority of the cases referenced almost no supervisory review. In one case, there was specific reference to reviewing records and reaching out to the DV Response Team. A Signs of Safety meeting addressed concerns related to domestic violence, but two other points in time, the supervisory notes did not mention domestic violence even when it stated, “risks are still present (father 2 breaching IO).”

In another case, one reader wrote:

“There is some evidence in the (risk assessments) (2012, 2013 and 2014) that history of DV has been considered in case planning and that children, now older, should be interviewed. See also comment with TL: 9/1/13 - children to be heard and interviewed given increasing frequency and severity of violence by him to her in front of the children.”

Similarly, another case described earlier management consultation (pre assessment consultation) on a case that involved domestic violence (one year earlier), but no indication of discussion of domestic violence at removal time. Lack of supervisory discussion about domestic violence can easily trickle down to caseworkers. As caseworkers usually follow the direct lead of their supervisors, they may also ignore clear signs of domestic violence as part of their office culture. Supervisor documentation and discussion surrounding these issues is imperative for creating a domestic violence-informed system.

Q9 IS THERE EVIDENCE OF ON-GOING ASSESSMENT FOR DOMESTIC VIOLENCE?

There was some evidence of ongoing screening for domestic violence. In one of the best examples of good practice, there was strong practice regarding ongoing screening for domestic violence in new relationships using multiple sources of information including: criminal history, child welfare case history, and interviewing family members about family functioning. Despite a lack of evidence of specific questions related to coercive control, there appeared to be a practice of using multiple data points to properly assess the case throughout its lifespan.

Similarly, another case identified significant ongoing case work related to domestic violence.

This included looking at each father's pattern of behaviour and discussion of safety, related to court dates.

As one reader notes:

"There is notation of exploratory questions with the mother when the mother receives text messages from perpetrator 2 where the worker establishes that he is texting and assesses the mother's reaction to the text messages. Further conversations about domestic violence during the course of the file indicate that the workers discussed safety issues in relation to court dates. There is follow up about information that is passed on to the perpetrator to assess whether this will put the mother or the children at risk - specifically the information that relates to the details of when and where the mother is having contact with the children."

In another case, there was significant documentation of conversations with family members and agencies about ongoing domestic violence. Despite this, one of the readers points out that:

"A chronological/systemic review of the coercive patterns of father's behaviour is not undertaken, but his behaviour and patterns of coercion are quite clear from early on and could have been used to partner with survivor or hold perpetrator accountable."

In an example of a lack of ongoing assessment, readers found no evidence of documentation despite the perpetrator's history of continued perpetration of violence and control. His violence was continuing despite being out of the home and on an IO. Despite this, there was no or little apparent documentation of integration of the history of domestic violence with children's issues.

One of the readers wrote:

"Summary of the proposed plan explicitly states steps to be taken by father in relation to his role in perpetrating violence. However, there are little to no records that show ongoing assessment for domestic violence. Much of the documentation is about parenting concerns for mum (e.g. inadequate supervision) and behavioural needs of the children. Emotional and social case plans for children not explicitly linked to impact of violence, controlling behaviour."

These efforts indicate a lack of work with the perpetrator as well. It is possible that the caseworkers are too busy to properly follow up on each case. Large caseloads are common problems in child welfare offices. However, in order to create a domestic violence-informed system, consistent and ongoing assessment is imperative.

SECTION B

PRESENCE OF PRIOR DOMESTIC VIOLENCE

This section includes one question in which scorers are asked to identify if there is prior domestic violence identified in the family's CPS record. The responses across the six cases ranged from no evidence (0) to strong evidence (3), with a mean of 2.33 as indicated below.

Figure 11. Section B, Presence of Prior Domestic Violence



Q10 IS THERE PRIOR DOMESTIC VIOLENCE IDENTIFIED IN THE FAMILY'S CPS RECORD?

This section includes one question in which scorers are asked to identify if there is prior domestic violence identified in the family's CPS record. As indicated below, scorers identified that there was little to strong evidence that prior DV had been identified in both records.

There is little to strong evidence that "prior" domestic violence is present in these cases. This means that all six "no domestic violence" cases had domestic violence as a factor. In two cases it was clear that a history of prior domestic violence was identified for mothers and fathers. This was attributed to the system that gives child welfare all DV police reports involving children and were supported by police records.

Two other cases showed substantial violent behaviour. In one case the readers "scored this as strong as there is documentation of extreme violence, in multiple forms, across multiple

relationships and across a long period of time.” In another case, the record showed significant criminal history and identified domestic violence behaviour in the CPS record.

This was very clear as described by one reader:

“There are numerous references to domestic violence being a feature of the child protection concerns. For example, in September 2014: conversation with mother about domestic violence - says it is the first time she has been honest about it and that it has been going on for 19 years. A few days later there is a contact record that says that there was domestic violence between father and 16-year-old and that the mother intervened. The father was arrested but not charged with any offence. An IO was applied for on behalf of the mother. There are descriptions of the father setting up traps in the home using knives and screwdrivers, placing children and partner at risk of harm. In October there is reference to ‘domestic violence risk’ regarding a situation where the father assaulted the 16-year-old son again. Contact records show the 16-year-old’s increasingly violent behaviour to his mother and siblings. In November, there is reference to the father having an IO which included exclusion provisions. There is also reference to the father having a substance misuse history, having access to a gun. In March 2015 there are references to “the children having witnessed domestic violence on multiple occasions. There have been at least 2 episodes of violent behaviour in the last 6 months and the father has breached the IO on multiple occasions.” In the (specific practice model) safety assessment there is reference to a “domestic violence incident” which is described. In the safety plan - there is evidence of the woman survivor being held accountable to keep everyone safe. No perpetrator accountability is evident. There is a copy of the IO on file. In the secondary assessment, the mother is described as having “denied DV in the past””

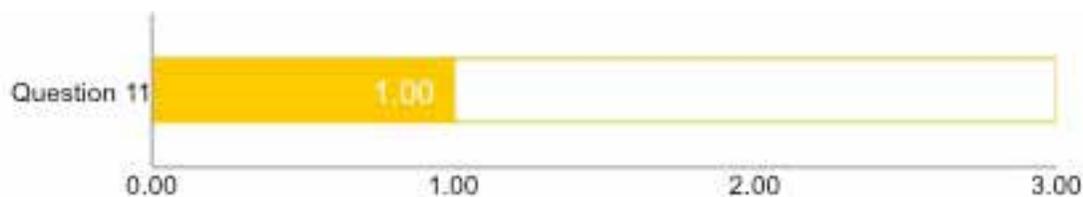
While two cases were scored lower, they may have more clearly fit with “strong evidence.” In one case, there was a clear history of violence that started while she was pregnant and with young children, to now including non-accidental injuries. In the final case, there were multiple indicators of prior domestic violence, e.g. prior offences and IO.

SECTION C

DOMESTIC VIOLENCE-INFORMED ASSESSMENT OF CURRENT ALLEGATION

For the final question, scorers were asked if there was evidence that the significance of the prior DV was integrated in the assessment and case planning in the current case. Scorers found a range from no evidence (0) to some evidence (2) that the prior DV had been integrated into the families' assessment and case planning, with a mean score of 1.00.

Figure 12. Section C, DV Informed Assessment of Current Allegation



Q11 IS THERE EVIDENCE THAT THE SIGNIFICANCE OF THE PRIOR DOMESTIC VIOLENCE WAS INTEGRATED INTO THE ASSESSMENT AND CASE PLANNING IN THE CURRENT CASE?

For the final question, scorers were asked if there is evidence that the significance of the prior DV was integrated in the assessment and case planning in the current case. In both cases, scorers found that there was little evidence that the prior DV had been integrated into the families' assessment and case planning.

“Despite little to strong evidence for the presence of prior domestic violence, there was no to little evidence of integration of its significance into the assessment and case planning of the current cases.”

Despite little to strong evidence for the presence of prior domestic violence, there was no to little evidence of integration of its significance into the assessment and case planning of the current cases.

In one case, one reader wrote:

“The DV is understood to be a factor contributing to mums current behaviours (drug use, not coping, repeated child absences at school, needing respite/support to care for four young children). DV is incorporated in the 2014 case planning (relocation from metro to south west, referral to refuge and DV support services) and the 2015 safety planning (calling the police, referral to DV service, mum to speak to aunty if she is feeling worried or frightened). For the majority of 2015 DV associated risks were managed via incarceration of partner 1 and IOs against father 1, father 2 and partner 1.” The other reader made some links to the victim’s “difficulties in managing the children but the repeated and prolonged exposure to DV is not well considered”.

Often, the information available is too cursory and appears not to be integrated into the initial intake report or case assessment. As an example, one of the readers in a case highlights that father’s explanations for present time injuries to the children “which appeared non-accidental” were never “challenged by the workers or viewed in the context of the perpetrator pattern”. Another case referred to a residential facility case plan, but there is no explicit linkage made to it and how “they are now supporting the young person’s social and emotional growth and care”.

The following note by one reader describes the overall level of integration:

“As described already, the Children’s Court application relies on evidence that the father is violent and therefore a serious safety and risk to children, however much of the safety and risk assessment, case planning and intervention focusses on referral of mother’s neglect - inadequate supervision. The safety and risk assessments in April and March 2015 mention violence in a few lines. The summary proposed plan is probably the most comprehensive (April 2015) document that integrates concerns about father’s violence.”

Readers also saw integration, but were unsure of the quality. For example, there is evidence that domestic violence was part of the case planning with the males and that one of the perpetrators must address his violence and abuse if he wants to have contact with his children. At the same time there is no exploration of the relationship with the other perpetrator. The adult survivor is told to just leave him. There are questions about how much real partnership went on with mother since the agency refers to “violence between the mother and father.” As the consensus document says “However it was countered that there was, in the mind of Reviewer 2, evidence that social workers did have a view about the dynamic of DV, but a mistaken one, which was reflected in their planning with mother and for the males and did not partner with her accordingly. It was agreed that a finding of some evidence reflects the dissenting views of the reviewers.” In the other case the readers found no evidence of a connection made between prior domestic violence and the current report.

Other cases showed no evidence of integration, despite the knowledge of the serious history of domestic violence. The history was acknowledged but not used to shape the trajectory of the work.

As one of the readers wrote:

“No, as evidenced by the fact that the children are in the care of perp’s parents, where he had the opportunity to see the children unsupervised despite 2 occasions of him using extreme violence against 2 other women since release!!!”

By failing to integrate useful facts about prior domestic violence, the system is domestic violence-destructive. This information provides insight into previous engagement attempts and interventions that may or may not have worked. Utilizing it can positively impact future casework and provide a framework for decision-making.

APPENDIX 1

The following are a summary of the key practice issues identified in each one:

“DOMESTIC VIOLENCE” CASE SUMMARIES

DV#1 Despite the fact that this was a multi-issue domestic violence case, including substance abuse and mental health issues, the readers felt like the overall practice was strong as it related to engagement of the perpetrator and partnership with the adult survivor. The gaps in practice seem to revolve around identifying the adult survivor’s strengths, interventions of the perpetrator and the overall assessment of the perpetrator’s pattern including the potential for the use of a weapon.

DV#2 This case was characterized by strong partnership practice with the adult survivor including the identification of protective capacities, and weak engagement with the perpetrator. While there was a referral to a men’s behaviour change program, there appears to have been missed opportunities for more comprehensive planning, coordination with other agencies and ongoing assessment. This might have changed the trajectory of the case which did have escalating new violence. There was also a gap between the Risk Assessment Statement which was formulated around risk of potential harm and the documented actual knowledge of the impact the perpetrator was having on child and family functioning. The Department knew a lot about specific harm but it did not appear to affect the overall formulation of the Risk Assessment.

DV#3 This is a case where father’s violence is clearly found as being the source of the risk but there is very little integration with the rest of the casework, including the overlapping issues of substance abuse, mental health and cultural context. The case focus is mother even though the case was brought in because of father’s behaviour. Mother’s contact with the child is limited but there is no indication of formal limitation of the father’s contact with the child.

DV#4 The case comes in because of father’s behaviour and becomes about mother’s mental health issues. The children’s needs are not identified even though there is strong language about risk and the cumulative damage of the violence and abuse. There are real questions about coordination with Corrections and also the capacity of CPS to work with a parent who has an extensive history of violence. There is also no real addressing of cultural context. While the case came in because of father’s violence and abuse, which has been identified as ongoing and severe, there appears to be no picture of his role in the family and what his behaviour has done to child and family functioning. There is very little true nexus established between the children’s safety and wellbeing and the father’s behaviour. Mother’s severe mental health diagnosis doesn’t seem to be contextualized to

violence and abuse. Nor is her substance abuse contextualized to his abuse either. While there are cursory linkages made between his substance abuse and violence, there is no meaningful exploration of his compliance with Corrections regarding these items. It is difficult to see how the intervention in the family was intended to decrease his risk to the children and the family.

DV#5 This is a case with two different violent fathers. One is not identified as a factor at all. There is very little integration of mental health issues, father's or mothers, into the issue of the domestic violence. There also doesn't appear to be too much concern about father after he and mother split indicating a relationship-based approach to the issue of domestic violence and children.

DV#6 The big issue appears to be the avoidance by child welfare to get involved with what they perceive as a Family Law matter (even though generally Family Court looks to child welfare to identify abuse and neglect concerns). This is made possible by low standards for fathers and a lack of perpetrator pattern-based approach to the work, e.g. seeing each bit of his behaviour in isolation. It is also an example of how child welfare struggles with post separation cases. There is a history of violence and current parenting concerns related to father. There appears to be potential signs of cumulative harm, trauma issues, e.g. bedwetting, aggression and threats to harm self and potentially current parenting concerns related to fathers contact with the children. There doesn't appear to be major concerns with mother's parenting. So the question is, how should child welfare proceed when it receives allegations of domestic violence in cases that involve domestic violence post separation? How should they assess between "parental conflict" and "ongoing pattern of domestic violence?" At a minimum there should be specific protocols for child welfare in handling post separation cases that might or might not be involved in Family Court.

DV#7 This case appears to involve a mother with an extreme trauma history including information related to severe, potentially life threatening domestic violence in the recent past (as late as October 2015). There appeared to be no exploration of the relevance of this history to the current case. Despite specific information about a partner stopping her from accessing recovery services, no connection appears to be made between her substance abuse and the domestic violence. There appeared to be no integration of the domestic violence into the safety planning related to the reunification of the child with mother.

DV#8 This case involves a father with an extensive history of coercive control involving multiple forms of abuse towards the adult survivor and child during and after the relationship ended. Despite this history, there was not real assessment of him, the intersection of his violence and abuse with mother's mental health, family functioning, or his fathering.

DV#9 This is a case of a father who has been a perpetrator of violence and likely other tactics of coercive control like controlling mother's drug use. The readers seem to believe that there was a failure to see his pattern of behaviour; weak, no or late connections made with other issues like mental health needs and substance abuse, and very little or no evidence of how it impacted child and family functioning. He was not held to high standards as a parent and also she held more responsibility for child and family functioning. Despite the severe history of violence and no recorded evidence of behaviour change, the case trajectory was toward reunification. At the same time, mother was seen as a risk because she wanted him back. The lack of accountability for the father for his behaviour while raising flags about her desire to remain with him represents a paradox reflective of domestic violence-destructive practice.

DV#10 This case appears to be an example of classic domestic violence-destructive or neglectful case practice: the fathers are mostly ignored for their violence and in fact might even be a notifier on mother. In this way, it was possible that child welfare was enrolled to support coercive control. There was no evidence of real partnership with mother, as indicated by no documentation of strengths and only the trappings of partnership, e.g. family group meeting that doesn't seem to be inclusive of what the mother wants and with the perpetrator present. There were no real services for the children and a focus on substance abuse and mental health disconnected from the violence.

DV#11 This case highlights the common issue of a lack of integration of other issues with domestic violence. This case presents multiple issues including substance abuse, mental health issues, and concerns related to potential lethality indicators. The case may be an example of the common practice of substituting listing the family's problems as opposed to connecting the dots between them. While there was a lot of work with the father, the readers did not identify any domestic violence specific work with him. They also noted that it was possible that none of the risk factors were actually addressed in the interventions.

DV#12 This case involved issues of integration of the domestic violence into other issues. It was also characterized by practice that did not seem to hold the father to high standards around parenting.

DV#13 This case falls into the domestic violence-destructive framework as there is almost no integration of the domestic violence or the males into the family. The different types of abuse are not viewed through a holistic lens.

DV#14 This case was characterized by a perpetrator who was not only abusing his family but was frightening to others in the community. The practice in the case was uneven, as they had good documentation around the perpetrator's pattern

and its impact on child and family functioning. At the same time, key aspects of integrated practice, e.g. seeing the impact of the perpetrator’s behaviour on mother’s choices and decisions may have been part of the reason there was poor partnering with her. The linkages were not made around substance abuse and mental health issues.

“NO DOMESTIC VIOLENCE” CASE SUMMARIES

NDV#1 This case seems to be overrun with domestic violence-destructive and neglectful practice from a literalist view at intake to lack of integration of the domestic violence into the case planning. One of the fathers is allowed to have unfettered access to his children in the care of his parents while mother’s contact is controlled by a court order. This, despite there being ample information about his historical and current violent behaviour.

NDV#2 This was a “no domestic violence case” that was characterized by more than 15 Domestic Violence Incident Reports between 2010 - 2013. The violence was perpetrated by two different people, both of whom fathered children with the mother. The current neglect case practice did not seem to strongly integrate the known prior domestic violence into the case practice.

NDV#3 This was a “no domestic violence case” that had 6 DVIRs to police before the opening of a case in 2012. There were also reports from family members about DV concerns, but “support and separation of the couple as an indicator of safety/no safety.” There is some identification of the domestic violence as an issue but as one reader writes “but this is not matched by a comprehensive planned response to partner with mother or engage with the children until much later in the case where the DV is chronic, escalating and the children are being injured as well as mother.”

NDV#4 Despite extensive history of domestic violence, there appears to be very little application of a perpetrator pattern-based approach, e.g. the case focused heavily on mother’s neglect. There was very little evidence that the children’s problems were contextualized to father’s choice to expose them to violence.

NDV#5 While there were numerous indicators of domestic violence, they didn’t appear to be considered relevant to the decision-making in the current allegation. Depending on what the allegation was, e.g. sexual or physical abuse of child, the domestic violence might have been very relevant in a number of ways depending on who was the perpetrator of the current allegation and of the domestic violence.

NDV#6 This is the best evidence of the integration of domestic violence into a non-domestic violence case and it is still ripe with issues and challenges.

DOMESTIC VIOLENCE-INFORMED CONTINUUM OF PRACTICE

	Domestic Violence Destructive	Domestic Violence Neglectful	Domestic Violence Pre-Competent	Domestic Violence Competent	Domestic Violence Proficient
DEFINITION	Primarily defined by identifiable policies and practices that either actively increase the harm to adult and child survivors of domestic violence and/or make it harder for them to access support and assistance.	Primarily defined by identifiable policies and practices that reflect a lack of willingness or ability to intervene with domestic violence and/or fail to acknowledge how domestic violence's distinct characteristics impact children and families.	Primarily defined by an identifiable gap between the stated relevance and prevalence of domestic violence to the safety and wellbeing of families and child welfare's actual domestic violence policy, training practices, and services infrastructure.	Primarily defined by identifiable policies and practices that use a child-centered perpetrator pattern- and survivor strength-based approach to domestic violence. Domestic violence isn't perceived as an add-on, but instead as a core part of child welfare practice.	Primarily defined by identifiable policies and practices that ensure that domestic violence policies and practices are consistent, dependable, and used throughout the child welfare system.
STATEMENT	"Regardless of the cost, the adult domestic violence survivor must make sure that the children are protected from the violence."	"Domestic violence is only relevant to the children if they see it or hear it. If the couple separates, there are no more domestic violence-related concerns."	"We don't want to re-victimize adult survivors, but our job is child safety" or "We know we need to do a better job with domestic violence cases, but we don't know how to do it."	"The perpetrators' behavior patterns and choices are the source of the child safety and risk concerns" and "Our goal is to keep children safe and together with the domestic violence survivor."	"We cannot achieve our mission around safety, permanency, and the wellbeing of children without being informed about domestic violence throughout our child welfare system."
POTENTIAL OUTCOMES	<p>The risk of harm to adult and child domestic violence survivors from the domestic violence perpetrator is increased.</p> <p>The willingness of adult and child survivors to reach out for assistance, e.g. calling the police if there is a new incident of violence, is reduced.</p> <p>The power that domestic violence perpetrators have over their families is increased.</p> <p>Children may be removed unnecessarily from domestic violence survivors.</p> <p>Child welfare systems expend resources for the unnecessary placement of children.</p> <p>Poor families and Indigenous families are more likely to experience unnecessary economic and family stress due to a focus on resolving the violence by "ending the relationship."</p> <p>Children who attempt to protect one parent from another become caught in the delinquency system.</p>	<p>Assessments of families are incomplete and/or inaccurate and often focused on substance abuse and mental health issues instead of domestic violence.</p> <p>Domestic violence interventions with families do not occur until the violence escalates.</p> <p>When they do occur, these interventions are more likely to be inappropriate and/or ineffective, e.g. a referral to an anger management program when the correct referral is to a men's behavior change program.</p> <p>Decisions made in court can be based on incomplete or incorrect information.</p> <p>Partnerships with adult domestic violence survivors that focus on the safety and wellbeing of the children are weakened by poor practice.</p> <p>Poor women and Indigenous women are more likely to suffer from inadequate or incomplete legal representation or evaluation.</p>	<p>The commitment to improve current practice is weak because it is driven by outsiders encouraging/expecting/demanding improvements.</p> <p>Token change results in no or little real change in paradigm or practice.</p> <p>Child welfare workers are made more aware of the impact of domestic violence on children, but they are not fully equipped to help, resulting in anxiety and unpredictable decisions.</p> <p>Tensions remain between domestic violence agencies and child welfare, interfering with their collaborative work to assist families.</p> <p>Domestic violence perpetrators continue to escape responsibility as parents.</p> <p>A lack of an perpetrator pattern-based approach increases the likelihood that domestic violence perpetrators with privilege will gain dangerous access to children.</p> <p>Fatherhood programming might increase the unsafe access of some domestic violence perpetrators to their children and families.</p>	<p>Child welfare interventions with domestic violence cases are based on more comprehensive and accurate assessments.</p> <p>Children are more likely to remain safe and together with adult domestic violence survivors.</p> <p>Unnecessary out-of-home placements are reduced, resulting in stronger families and communities and more costs saved by child welfare systems.</p> <p>Dependency courts may experience a reduction in domestic violence-related cases.</p> <p>Indigenous men and poor men who are domestic violence perpetrators may experience more support to improve their parenting and remain safely engaged with their children and families.</p> <p>Child welfare workers and others may experience more workplace satisfaction due to a new paradigm that allows them to practice in ways that are consistent with their social work values.</p>	<p>Cross-system collaboration is improved when stakeholders use common frameworks and languages.</p> <p>Domestic violence and child welfare agencies may experience a reduction in tension and/or improved collaboration.</p> <p>There may be a reduction in domestic violence-related child deaths.</p> <p>Initiatives such as trauma-informed practice and differential responses are more likely to be successful.</p> <p>Adult and child domestic violence survivors are more likely to see the child welfare system as a resource and a support.</p> <p>Vulnerable new parents and delinquent youths are more likely to receive support and assistance for domestic violence issues.</p> <p>The commitment to a perpetrator pattern-based approach may reduce biases in cases involving women's use of violence, same sex relationships, and vulnerable populations.</p>

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