



Government of Western Australia  
Department for Child Protection  
Family and Domestic Violence Unit

# PERPETRATOR ACCOUNTABILITY IN CHILD PROTECTION PRACTICE

A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence



This resource was developed for the Department for Child Protection by No to Violence Male Family Violence Prevention Association and Red Tree Consulting.

Published by the Department for Child Protection, Family and Domestic Violence Unit  
2013

**Cover Illustration:**

To help celebrate National Aboriginal and Islander Children's Day 2012, the Department for Child Protection invited all children in care who reside in Western Australia to enter a competition presenting their interpretation of the theme '*Our children, our culture, our way*' in any way they liked. The artwork on the front cover of this publication is an original work created specifically for this competition by Michael N (3 years).

**Suggested Reference:**

Department for Child Protection (2013). *Perpetrator Accountability in Child Protection Practice: A resource for child protection workers about engaging and responding to perpetrators of family and domestic violence*, Perth Western Australia: Western Australian Government.

**Disclaimer:**

The information contained in this resource was current at the time of publication. Certain aspects and details of the service system may change, however the principles, values and key elements of practice outlined herein will endure.

# Table of contents

Section 1: Foundations .....	5
<b>Introduction .....</b>	<b>5</b>
About this resource .....	5
How to use this resource .....	5
Terminology .....	7
<b>Understanding the role of the Department for Child Protection .....</b>	<b>8</b>
<b>Underpinning ideas.....</b>	<b>9</b>
A gender lens .....	9
A child focus.....	10
Safety .....	11
Choice and intent.....	12
Responsibility for violence.....	13
Men stopping their violence .....	16
The importance of systemic responses.....	19
Holding perpetrators accountable.....	19
Legal and justice approaches to perpetrator accountability .....	19
Other levels of accountability .....	20
<b>Recognising family and domestic violence .....</b>	<b>21</b>
Forms of family and domestic violence .....	21
Children's exposure to family and domestic violence .....	23
Violence toward children and women as mothers.....	24
Violence after separation .....	26
Mutual violence and men as victims of family and domestic violence.....	26
Case study and reflective questions: Part 1 .....	28
Section 2: Women's and children's safety—the context for working toward perpetrator accountability .....	30
<b>The child .....</b>	<b>30</b>
Signs of Safety.....	30

Family and identity .....	30
Parenting.....	30
The child's experience of being mothered .....	30
The child's experience of being fathered.....	32
<b>The child's mother .....</b>	<b>34</b>
Understanding why women might stay in a relationship with a perpetrator of violence .....	34
Honouring points of resistance to violence .....	35
Assessing and monitoring risk .....	36
Safety planning and risk management.....	37
Referring to specialist family and domestic violence services .....	37
Providing realistic expectations of outcomes in men's behaviour change work .....	38
Building partnerships with mothers .....	38
Supporting the mother–child bond .....	39
Case study and reflective questions: Part 2.....	40
<b>Section 3: Holding men accountable within Child Protection practice .....</b>	<b>42</b>
<b>Summary.....</b>	<b>42</b>
<b>Engaging men who perpetrate family and domestic violence .....</b>	<b>44</b>
What is meant by engagement .....	44
When to consider engaging men who use family and domestic violence.....	44
Forms of engagement that child protection workers might use.....	44
Benefits of engagement for women and children.....	45
Objectives of engaging men.....	45
The role of a child protection worker in engaging men.....	46
Men who pose a particularly severe risk .....	47
<b>Risks associated with engaging men.....</b>	<b>47</b>
Risks to women and children .....	47
Risks of collusive practice.....	47
Risks of other unsafe practices .....	48
Ignoring indicators of risk .....	48
Confronting a perpetrator .....	48

Taking a perpetrator’s word without checking the evidence .....	49
Focusing on parenting skills rather than the violence .....	49
<b>Service responses to men .....</b>	<b>50</b>
The importance of appropriate referral .....	50
Appropriate responses .....	50
Men’s behaviour change programs.....	50
WA Men’s Domestic Violence Helpline .....	50
Individual counselling that focuses on the violence .....	51
Unsafe/inappropriate interventions .....	51
Anger management.....	51
Couples counselling, mediation and family therapy.....	52
Individual counselling that does not focus on the violence.....	53
<b>Safe practices in engagement .....</b>	<b>54</b>
Contact with the perpetrator .....	54
Timing.....	54
Interviewing .....	54
Confidentiality.....	55
<b>Engagement micro-skills .....</b>	<b>55</b>
Building rapport.....	55
Avoiding collusion .....	56
Motivating men toward change .....	57
Taking culture into account.....	58
Talking with the man about the harm his behaviour causes his family members.....	60
De-escalating .....	60
Referring .....	61
Reflective practice.....	62
<b>Assessment, case management and referral.....</b>	<b>62</b>
Assessing the man and developing a case plan .....	62
Assessing.....	62
Case planning.....	63
Referring to and supporting participation in men’s behaviour change programs.....	65
Your role in relation to men’s behaviour change work .....	65

Core features of men's behaviour change programs.....	65
The benefits of men's behaviour change programs.....	66
Risks and limits of men's behaviour change programs.....	66
Length of participation.....	67
Learning more about men's behaviour change work.....	67
When to refer to a men's behaviour change program .....	67
Referring to parenting programs .....	68
Referring for individual violence-focused counselling .....	69
Referring for co-existing issues.....	70
When there are no appropriate services to refer to .....	71
Case management and case reviews .....	71
Continually assessing, monitoring and managing risk .....	71
Supporting and enhancing a man's participation .....	72
Reviewing a man's case plan .....	74
Reviewing participation and exits from a men's behaviour change program or violence-focused counselling .....	2
Input from men's behaviour change programs or individual violence-focused counselling .....	73
Input from men .....	74
Taking an integrated approach.....	75
Case study and reflective questions: Part 3.....	76
Engaging Aboriginal or Torres Strait Islander men.....	77
Cultural safety .....	77
Healing and Aboriginal family and domestic violence .....	78
<b>References .....</b>	<b>80</b>
<b>Appendix I – Indicators of Engagement tool .....</b>	<b>84</b>
<b>Appendix II – Elements of a case plan for family and domestic violence perpetrators.....</b>	<b>87</b>

# Section 1: Foundations

## Introduction

### About this resource


Family and domestic violence, the intentional and systematic use of violence and abuse to create fear and to control the victim's behaviour, is known to have serious and long-lasting impacts on children's safety, wellbeing and development (Department for Child Protection 2009). It is now one of the most common reasons for notification to statutory child protection services. In cases where it may not be the presenting problem, it can often be the underlying cause of the notification. An estimated 25 per cent of all Australian children (Indermaur 2001) and more than 40 per cent of Aboriginal children are exposed to family and domestic violence (Indermaur 2001; Australian Bureau of Statistics 2008).

The seriousness and prevalence of family and domestic violence means that child protection workers need safe, ethical ways to minimise risk to children and adult victims exposed to family and domestic violence, as well as to support their wellbeing and long-term recovery.

This practice resource provides you with a range of ideas, information and practice tips to ensure that your work is consistent with the Department for Child Protection (the Department) principles for responding to children who are exposed to family and domestic violence:

1. The safety of the child and adult victims is paramount.
2. Increasing the safety of the non-abusive parent and their safety networks enhances the safety for the child.
3. In order to keep child and adult victims safe, perpetrators of family and domestic violence must be held accountable for their actions and actively supported to cease their violent behaviour.
4. The safest and most effective responses to family and domestic violence involve collaboration and coordination with other agencies and services.

The resource is underpinned by the Signs of Safety Framework. The purpose of the material is to help child protection workers develop safe and meaningful *working relationships* with men perpetrating family and domestic violence, their (ex)partner and child and the professionals working with and around the family; to obtain the necessary knowledge about family and domestic violence to *think critically and foster a stance of inquiry*; and to guide practice about perpetrator intervention to help child protection workers *land grand aspirations* [about perpetrator accountability] in everyday practice.

The symbol  is used in the Practice Tips to indicate direct linkage to a tool, resource or approach from the Signs of Safety Framework and Casework Practice Manual Entry 1.3 *Signs of Safety – The Department's Child Protection Framework*.

## How to use this resource

This practice resource contains three interlinked sections, intended to be read sequentially.

**Section One** sets out what you need to know, think about and take into consideration when working with children who have been exposed to family and domestic violence. While some of the information in this section will be familiar to many readers, its advanced conceptual development around issues such as perpetrator accountability, the breadth of ways that children are exposed to family and domestic violence and the way that family and domestic violence harms the child–mother relationship make it vital reading for all child protection workers.

Section 1 also highlights the critical importance of a coordinated, systemic response to children and women exposed to family and domestic violence.

Engagement of men always takes place against a backdrop of engagement with their children and (ex)partners. It is important to always take into account the context of the child and their mother, particularly—but not only—in relation to action being taken in other parts of the service system. For this reason, **Section Two** describes the child's experience of being mothered by a woman who is living in fear, and fathered by a man who is a perpetrator of violence. It also discusses ways of working constructively with women who have experienced or are experiencing family and domestic violence. While many of the ideas discussed in Section 2 are practical in nature, this section provides the deep foundations required for work to engage men.

Note that, while for the purposes of this document, the context of the child and mother are discussed separately, it is preferable to always consider them as a common 'unit'. The risks to the mother are a direct predictor of the risk to the child (Harris-Johnson 2005; Humphreys 2007). Furthermore, increasing the safety of the adult victim will in most cases increase the safety of the child.

**Section Three** provides practical information about holding perpetrators accountable for their use of violence in the broader context of inter-agency systems responses. It suggests a range of micro-skills that are helpful in engaging men and talking with them about their use of violence and suggests ways to minimise the risks inherent in this work. It also describes your referral options and how best to ensure an effective, coordinated response to the child's needs.

This practice resource is to be considered in relation to the following Department publications:

- *Family and Domestic Violence Policy*;
- *Family and Domestic Violence Background Paper*; and
- Casework Practice Manual Chapter 14: *Family and Domestic Violence*.

It is important that you are familiar with these publications as they set out the basis for screening, risk assessment, safety planning and using the Signs of Safety Framework with adult victims and children. These are fundamental to your safe and appropriate engagement of perpetrators.



## Terminology

**Family and domestic violence:** Historically, the term ‘domestic violence’ has usually referred to abuse against an intimate partner, while ‘family violence’ has encompassed domestic violence *and* the abuse of children, the elderly and other family members. This latter term is also used by Aboriginal people<sup>1</sup> to describe a matrix of harmful, violent and aggressive behaviours in ways that are more reflective of an Aboriginal worldview of community and family healing.

This practice resource uses the term ‘family and domestic violence’ to accommodate the range of terms you are likely to encounter in policy and your everyday work.

**Perpetrator:** This practice resource recognises that children and women are usually the victims of family and domestic violence perpetrated by men. It uses the terms ‘men who perpetrate violence’ and ‘perpetrator’ interchangeably.

It is important to acknowledge that some women also offend against their children. Sometimes this reflects an attempt to prevent greater harm from the primary perpetrator of violence in the family (for example, when she uses physical punishment in an attempt to make her child behave, knowing that her partner often uses violence when she does not meet his expectations of ‘controlling the children’).

**Family:** The nature of the relationship between the parties is an important difference between family and domestic violence and other forms of violence. ‘Family’ includes marriage, de facto relationships, kinship or blood ties, or similar relationships, such as step-parenting. Some people might also consider their carer to be a family member.

It is preferable that ‘family’ is defined from within—that is, that you respect a person’s own definitions of who constitutes their family. It is important to note, however, that some men might insist that they are part of a family in situations where both the woman and her children no longer consider him to be so, or never did.

**Father:** This resource takes an inclusive approach toward defining fathers. The term covers not only biological fathers, but also stepfathers and social fathers (men who are not related to the child biologically or legally but who still perform a child-rearing role and responsibilities and demonstrate parental characteristics (Brown et al. 2009).

This guide uses father and perpetrator interchangeably, but recognises that children often have multiple fathers, not all of whom use violence.

**Infants, children and young people:** For ease of reading, in many instances ‘children’ has been used to refer to all born and unborn infants, children and young people.

**Violence:** Family and domestic violence often takes the form of behaviours that are not physical in nature, but that affect others’ health, wellbeing, freedom, sense of safety and autonomy. These are still forms of violence. This practice resource generally uses the term ‘violence’ to cover the wide range of behaviours that violate the right of another person to safety, autonomy and wellbeing.

**Exposure to violence:** Any violence in a child’s family life has the potential to affect them. Exposure to violence refers to any situation where the child’s father or other perpetrator is using violence against another family member, or to the child.

---

<sup>1</sup> Aboriginal people refers to Aboriginal Peoples and Torres Strait Islanders

## Understanding the role of the Department for Child Protection

All people, organisations and institutions in a community share accountability for preventing violence, facilitating safety, and responding in a just, timely and effective way when it does occur. Holding perpetrators accountable is, therefore, part of a broader ethical imperative.

Many different parts of the justice and service systems share responsibility for holding perpetrators accountable in Western Australia: child protection units, police, courts, community corrections, family violence services (for men and/or women), family relationships services, schools, Centrelink, Aboriginal-controlled community organisations and ethno-cultural advocacy services. Local, state and federal services are variously involved.

The presence of these different stakeholders, as well as the complexity of family and domestic violence, necessitates significant coordination. No one agency or profession can, on its own:

- acquire all of the information relevant to assess and manage risk on an ongoing basis, especially when safety issues are significant;
- have the specialised skill in the range of areas required to analyse the assessment information and engage with the family in ways that will reduce risk; or
- apply all of the different measures of accountability outlined above regarding the perpetrator.

As such, agencies and individual professionals need to work well together to ensure the community fulfils its responsibilities in relation to women and children who are affected by family and domestic violence.

Perpetrators of family and domestic violence have often been 'invisible' in child protection practice, with disproportionate expectations placed on mothers to protect their children (Baynes & Holland 2012; Brown et al. 2009; Douglas & Walsh 2010). This resource will assist you to understand your role in engaging these men, as part of an integrated response across agencies; toward holding them accountable and working toward the safety of children and women.

While women can and do take steps to protect their children and themselves, risk remains whenever a perpetrator continues to use violent and controlling behaviours. Sometimes protective behaviours that work toward children's and women's safety in the long term—such as deciding to separate or take out a Violence Restraining Order (VRO)—can increase risk to women and children in the short- and medium-term. Furthermore, even when protective factors are in place, perpetrators might still have ways to continue their coercive control (for example, via child contact). Engaging men is therefore vital to address the risk that children and women face.

## Underpinning ideas

### A gender lens

Many cultural norms and expressions of masculinity support men's domination, power and control over women. Family and domestic violence both expresses and reinforces this gendered power. Approximately 95 per cent of the victims of family and domestic violence are female, and 90 per cent of the perpetrators are male (Bagshaw & Chung 2000). Australian surveys suggest that as many as one in three women experience family and domestic violence in their adult life (Mouzos & Makkai 2004). These numbers are even higher for Aboriginal women. It is estimated that half of the Aboriginal women in Australia experience family and domestic violence (Department for Child Protection 2009).

Research overseas has found that women are:

- twice as likely than men to be injured as a result of spousal violence;
- five times more likely than men to require medical attention or hospitalisation as a result of spousal violence, and
- five times more likely than men to report fearing for their lives due to spousal violence (Statistics Canada 2003).

While some men do sometimes experience violence from their female partner, research shows that relatively few men in heterosexual relationships are *solely* victims of intimate partner violence. Men are much more likely than their female partner to be using a number of repeated, patterned forms of violence to dominate and control over time (Hester 2009). Their violence is more likely to inflict severe injury and to result from attempts to control, coerce, intimidate and dominate female partners (Bagshaw & Chung 2000). Where violence is used by both partners in a relationship, the woman's acts are more likely to be in self-defence (Victorian Law Reform Commission 2006).

Gender is thus a critical lens for understanding the aetiology and experience of violence, as well as the social and cultural factors that influence its proliferation. However, a key characteristic of family and domestic violence is the use of violence or other forms of abuse to control someone with whom the perpetrator has an intimate or family relationship. *Power* is the critical dynamic. This means that while it is usually perpetrated by men against women and children in a broader societal context of male power, family and domestic violence can also be perpetrated in other contexts—for example, by a man or woman against their same-sex partner, by a child or adolescent toward a sibling or parent, by an adult son or daughter toward their parent, or by a carer toward a person with a disability.

### Practice Tip

**The gendered language and approach of this practice resource reflects the prevalence of violence in the context of heterosexual intimate relationships. You should adapt the ideas and practice tips to each family's context.**

## A child focus

Extensive research has confirmed the importance of children and adolescents having secure attachments, safe environments, stability, and opportunities for social, physical, emotional and cognitive development. All of these are compromised by exposure to family and domestic violence.

Children who are affected by family and domestic violence are vulnerable to direct harm (such as injury, trauma, disrupted attachment and disrupted development). They are also vulnerable to other, less direct, forms of harm, such as homelessness, missed schooling and social stigma. The cumulative effects of these harms can significantly diminish a child or young person's sense of safety, stability and wellbeing.

The extent of the impact of family and domestic violence on a child or young person depends on many factors. These include the nature of the trauma experience, the response of their primary attachment figure to the trauma, their family context, their formal and informal support, and their personality and temperament. Their stage of development when the violence occurs is also critical.

This vulnerability of children and young people to harm from family and domestic violence means child protection workers need to identify family and domestic violence when it is occurring, assess past harm and likely future danger and safety plan as appropriate to manage the identified risks.

All of your work with a father should be situated in the context of achieving safety and stability for the child. The question, 'how will this help to make life safer and more secure for the child?' should remain uppermost in your thoughts.

## Safety

Safety is a prerequisite for children's development and wellbeing, and is the first step toward their recovery from harm caused by family and domestic violence. The safety of a child's mother is vital to the safety of the child. While she is not responsible for the violence that she and her family are exposed to, a mother's ability to work toward the safety of her children can be significantly compromised when she is unsafe.

A responsive and coordinated child protection service system is fundamental to the safety of children and women. As such, you must always pay close attention to safety:

- conduct and continuously assess risk using Casework Practice Manual entry 14.1 *Family and Domestic Violence Screening and Assessment*;
- monitor and reflect on how your engagement with any family member—including the perpetrator—might increase risk to a child;
- address issues that might facilitate or hinder safety;
- ensure that the child and their mother have up-to-date, appropriate and achievable safety plans;
- assist mothers to make informed decisions;
- ensure that women have options and opportunities to make meaningful choices; and
- ensure that information is exchanged with other professionals and acted upon in a timely fashion to assist with ongoing risk assessment and risk management.

## Practice Tips

- **A safe mother is significantly more likely to be able to attend to the emotional, social and developmental needs of her child.**
- **Your engagement with any man must be underpinned by conscious and continual attention to the safety of his child and (ex)partner.**
- **Child protection workers are required to use Casework Practice Manual Entry 14.1 *Family and Domestic Violence Screening and Assessment* to assess risk to victims of family and domestic violence. As risk is not static, you need to monitor it on an ongoing basis (see page 36).**



Signs of Safety Assessment and Planning Form

## Choice and intent

Much of the language around family and domestic violence implies that behaviour is something beyond men's control. Phrases such as 'I lost it', 'I lost control', 'I just snapped' abound in men's stories; they are also in common use in the community.

Yet men do have choices in how they behave. Few who use family and domestic violence are indiscriminately violent or controlling; rather, they choose when, where and how they use violence. Common examples of choice at work in family and domestic violence include men:

- only hitting their partner in places where bruises won't show;
- pausing in a tirade of verbal abuse to answer the door or the phone, and resuming it after the interruption;
- destroying items that have particular significance to their partner;
- imposing conditions on attendance at a social event, such as their partner not talking to other men; and
- whispering threats, rather than issuing them aloud where people outside the family might hear them.

Just as the degree of choice men have about their behaviour is often downplayed by perpetrators of violence and the broader community, so too is the level of intent. Men who have engaged deeply and positively with behaviour change processes will often acknowledge the intentionality of their previous use of violence, reporting that they used it to:

- express an emotion or otherwise satisfy their own emotional needs, irrespective of the effects on other family members;
- directly and indirectly force other family members to meet their needs;
- make their (ex)partner comply or conform with their expectations;
- punish their (ex)partner when she has not complied with his entitlement-based expectations;
- maintain inequities in the relationship (for example, in relation to housework, parenting responsibilities);
- avoid having to discuss or deal with situations that they found difficult or that posed a threat to their entitlements; and
- maintain most of the decision-making power and to have their way on a range of issues.

While there may be different levels of 'knowing' and consciousness of intent among men who perpetrate violence, it is clear that they do have thoughts and make decisions that lead to their use of violence.

## Responsibility for violence

Historically, there have been many ways that men have been relieved of responsibility for their use of violence and control (see Figure 1). These have tended to reflect community attitudes to men's and women's respective place, roles and responsibilities. While progress has been made to dispel some of these myths of family and domestic violence, often they continue to be reinforced by social institutions and services, including police, doctors, counsellors, the law and the media.

Men frequently draw on these myths to explain their violence—to the victims of their violence and in the broader community.

**Figure 1: Factors blamed for men's use of violence (No To Violence 2005)**

Factor being blamed	Discussion
<b>The victim</b>	Women have generally been seen as sharing responsibility for family and domestic violence – for example, by failing to leave, by 'aggravating' their partner, or by failing to manage his mood or conform to his expectations. While these forms of blame are posited less blatantly in the community today, they still resonate powerfully. Other ways of characterising family and domestic violence – such as 'they fight a lot' or 'they have a violent relationship' also have the effect of ascribing some measure of blame to those who experience violence.
<b>The victim's psychological profile</b>	Some people believe that some women allow themselves to be abused, or have psychological problems that lead them to choose as partners men who perpetrate violence. However, there is no evidence that it is a particular 'type' of woman who is likely to experience domestic and family violence.
<b>The perpetrator's psychological profile</b>	While various attempts have been made to identify a particular set of personality traits and develop psychological profiles of perpetrators, these have been unsuccessful. Perpetrators of family and domestic violence are identifiable only by their use of power and controlling behaviours.
<b>Alcohol</b>	Perpetrators of family and domestic violence can be more dangerous when they are under the influence of alcohol or other drugs. There is also significant evidence for a correlation between the use of violence and substance abuse (Murphy & Ting 2010). However, not all people who abuse alcohol are violent, and many men are violent whether they are drunk or sober. While alcohol might disinhibit violence in some men, their underlying attitudes and values are the starting point for that violence.
<b>Family history</b>	Often people seek to explain family and domestic violence by suggesting that men who perpetrate violence had traumatic childhoods, or that they repeat the violence they witnessed in their own family backgrounds. However, this belief cannot account for the very large number of men and women who have been exposed to family violence as a child and are not violent in adulthood. Nor does it explain how a significant number of men who report happy and non-violent childhoods perpetrate violence in an adult relationship.

<b>Failure to manage emotions (such as anger or stress)</b>	Perpetrators and the broader community commonly attribute violence to a failure to manage anger or stress. However, perpetrators of violence often experience a number of other emotions—such as anxiety, distress, impatience, agitation, possessive jealousy and frustration—before and during violent acts, instead of or in addition to anger. Sometimes they feel little emotion at all. Indeed, research shows that the majority of partner-abusive men do not present with anger-related disturbances (Norlander & Eckhardt 2005). Most people can manage their feelings without resorting to violence. Indeed, most perpetrators of family and domestic violence successfully manage a range of feelings (including anger and stress) outside of their domestic sphere. This suggests that failure to manage emotions is not at the core of family and domestic violence.
<b>Stress</b>	Many people work and live in stressful environments without resorting to violence.
<b>Mental illness</b>	There is no evidence that the cohort of men who are violent has higher rates of psychiatric disorders than other men. Given that family and domestic violence affects a significant proportion of the population, it cannot be explained in terms of ‘abnormal’ personality characteristics. Men who perpetrate family and domestic violence look and act like ‘ordinary’ men.
<b>The perpetrator’s cultural or religious texts/beliefs/customs excuse control over women</b>	All communities—including Anglo Australian ones—have violence-condoning and violence-supporting values, systems and practices. In all communities, there are women and children resisting family and domestic violence while still upholding their cultural or religious texts, beliefs and customs.

In addition to making excuses for their use of violence, men often justify it or blame it on their partner or child. In doing so, it is common for perpetrators of violence to portray or genuinely see themselves as victims of their partner’s or child’s ‘poor behaviour’ or ‘unreasonableness’. A man might, for example, assert that his partner is deserving of the violence because she ‘provoked’ him by failing to have things to his liking or ‘should have known better’ than to try to talk to him when he was in a bad mood. In these instances, the man’s sense of entitlement leads to certain expectations. When these are not met, he feels righteous anger or resentment and believes himself justified in expressing these emotions through his violent behaviour.

Blaming emotions—in particular anger, jealousy, and powerlessness—is another way that perpetrators commonly avoid taking responsibility for their use of violence. Sometimes these emotions are the result of genuine hurts a man has experienced, such as family of origin trauma or feelings of powerlessness in his job or frustration with his inability to communicate his inner thoughts. Other times, a man’s emotions are the result of his sense of entitlement and controlling attitudes toward his partner, such as anger when his expectations are not met, or jealousy and suspicion attributable to his views that his partner is his ‘property’.

### Practice Tip

**Take care to distinguish between emotions and behaviour. Men have many choices about how to behave when they feel normal human emotions such as anger, powerlessness, resentment, or jealousy.**



Men use these and other similar narratives to justify, rationalise and excuse their use of violence—to make it seem that their use of violence is not their fault, or only partly their fault, and that their violence is understandable given their justification.

Rationalising, justifying and excusing violence almost always goes hand in hand with denying and downplaying it. The vast majority of perpetrators, when interviewed, do not provide full accounts of their current and historical use of violence. Indeed, often they significantly underestimate the number of incidents and types of violence, the severity of the violence, and what they actually did.

Denying and downplaying violence ranges on a continuum from lying explicitly, to convincing oneself of the denied or minimised account, to pretending the behaviour isn't violence. For example:

- When he lies, a man might say that his partner wouldn't let him leave the house when he tried to get away from her screaming, when really he chased her into the bedroom and pinned her to the wall.
- When he convinces himself of his own account, a man might actually come to believe that he was only restraining his partner for her self-protection because she was out of control, rather than recognise the truth of grabbing and shaking her—in this way he will have a different 'remembering' of events.
- When he lacks awareness of his use of violence, a man might not recognise his use of emotional, financial or social violence, as he equates violence only with physical or sexual violence. He doesn't understand the other aspects of his use of violence designed to control his partner's movements and to make her feel relatively powerless. As is often the case, those who experience violence and oppression often have a much greater understanding of the breadth and width of the violence than those perpetrating the violence.

### Practice Tip

**Men's rationalisations, justifications and excuses are often referred to collectively as 'violence-supporting narratives'.**

Violence-supporting narratives also often involve men denigrating the victim to make her out to be a less than reliable source of what's happening. Examples of this include men referring to their partner as mentally ill, hysterical, irrational, over-sensitive, emotional, or a bad mother.

Just as individual men can choose to use violence, they can choose not to; responsibility for this choice is theirs alone. This understanding is fundamental to supporting women and children, because they will almost certainly have experienced blaming from the perpetrator of the violence, and possibly in the broader community. They might also be inclined toward sharing or accepting the blame out of love or misplaced loyalty toward the perpetrator.

Seeing perpetrators of violence as fully responsible for their actions is also critical when attempting to engage them. Any ambivalence on your part might strengthen a man's violence-supporting narratives, with the risk that he might:

- feel more confident to use violence in the future;
- claim that you are on his side; and
- use your imagined 'support' to taunt or otherwise control his (ex)partner and children.

For examples of some of the specific wording that men can use to avoid or minimise taking responsibility for their violence, see the third part of the hypothetical case study and reflective questions featured in this resource, on page 76.

## Men stopping their violence

For most men who perpetrate violence, the journey toward taking responsibility for their violence—and stopping it completely—will be long and complex. For many, it may never be completed. Even with significant support from specialised male family and domestic violence services, many perpetrators do not make sufficient changes to be considered safe parents and contributors to the family environment. Many of these men have deeply entrenched attitudes and beliefs that lie under their violence-supporting narratives. Violence also offers rewards, such as privilege, control and emotional regulation. While these rewards might come at significant cost to men's families and to themselves, some men do not easily give them up.

Engagement of men might sometimes achieve changes in their behaviour. However, research shows that the extent and type of change is unpredictable. Just because a perpetrator has engaged with you or a family violence service does not mean he will do the work necessary to cease using all forms of violence. It is possible that he will end up living non-violently, but this is a process that generally takes at least many months and often years. Furthermore, it is quite possible that he will swap the tactics he uses or that his violence will continue unabated. In any case, the children and their mother are likely to face continued risk.

Therefore, not all of the reasons for engaging a perpetrator are to do with dispelling his violence-supporting narratives. Other, more compelling reasons for engaging *all* men include:

- monitoring risk to their children and (ex)partners;
- making men aware that their behaviour is being scrutinised; and
- increasing the range of support and assistance available to children and women.

### Practice Tip

**Even if it appears that there is very little or no chance a man will change his behaviour, it is worth engaging him *if at all possible*, as this can help you to manage risk for his (ex)partner and child.**

Because *some* men can and do change their behaviour for the better—becoming safer parents in the process—it is *always* worthwhile attempting engagement. Aspirations for doing so include a man reaching a point where he:

- engages in no physical violence toward any member of the household, including pets;
- engages in no further intimidating behaviour toward any member of the household;
- will not use physical discipline with children;
- fully respects the conditions of any VRO, Family Court orders, Child Support Agency arrangements or Department safety plans;
- ceases any use of the children as a weapon against their mother, or to manipulate them as a means of controlling her;
- has replaced abuse with respectful behaviours and attitudes, and is able to demonstrate non-abusive, non-violent behaviour when in previous similar circumstances he would have become abusive or violent;

- models non-violent ways of relating to his children in different settings;
- has fully acknowledged his use of violence, in all forms, toward his partner and children;
- discloses to his partner all information related to his past use of family and domestic violence and child abuse, including prior arrests and VROs;
- has ceased his denials, downplaying and justifications for his violent behaviour, and can talk about this behaviour in a detailed, specific way;
- realises that his behaviour is unacceptable rather than blaming others or circumstances;
- recognises that his abusive behaviour is a choice;
- shows empathy for the impacts and effects of his violence on both his partner and children, acknowledging the disruption, instability, fear, pain and sadness that this might have caused;
- can identify his pattern of controlling behaviours and entitlement attitudes;
- is willing to attempt to make amends in a meaningful way;
- accepts the consequences of his actions (including reduced, supervised or suspended contact with his children);
- shares with his partner all relevant information relating to income and family financial circumstances, so as to reduce his financial control over his family;
- understands why those affected by his violence might be angry, lack trust and have quite ambivalent feelings toward him, and does not try to force the process of acceptance;
- listens and validates his children's experiences;
- supports efforts to provide his children with health, childcare and other relevant services, and does not interfere with the mother's efforts to seek out services for themselves and their children; and
- supports and respects the mother's parenting, and her worth both as a parent and as a person (Bancroft & Silverman 2002; Bancroft, Silverman & Ritchie 2011; Castelino 2012; Safe and Together, undated resource).

These are some of the core qualities of safe parenting. However, this level of behaviour change can be very difficult for some men to achieve.

The idea of monitoring or measuring change is a vexed one. Even if it is assumed that some or many men make changes in their behaviour, it is uncertain how long these changes will be sustained for. For example, a man might reduce his use of violence when scrutinised by the Department, but revert to his previous behaviour when the Department's involvement and monitoring cease. For this reason, it is imperative to continually monitor the presence or absence of risk indicators, rather than try to assess or quantify change or 'progress'.

Given that child protection interventions are often short-term, coordinating responses with other agencies can be very important in working toward longer-term monitoring.

## Responsibility for protecting children

Understanding violence as a choice and as the responsibility of the perpetrator suggests that those who perpetrate violence against their family members should be held accountable for their use of violence in the past *and* for keeping their family members safe from violence in the future.

Yet in most cultures, women are generally regarded as having primary—and almost exclusive—responsibility for all aspects of children’s health, wellbeing and development, including their safety. *Mothers* are supposed to protect and keep children safe—including, often, from their fathers. This cultural norm has significant implications for practice. Several studies and literature reviews over the past two decades have found that child protection workers tend to engage with mothers much more than fathers and other men (Baynes & Holland 2012).

In child protection contexts—and in the broader community—when children are not safe because of family and domestic violence, this is often attributed to their mother not leaving the relationship or not managing the perpetrator’s aggression or taking other steps to protect the child. This has the effect of relieving men of accountability for the effects of their behaviour on children (Domestic Violence Resource Centre 2009).

It is therefore critical to have a nuanced understanding of your own—and the service system’s—expectations of women. It is important to achieve a balance between placing too much or too little responsibility on women for their children’s safety. If you make women solely responsible, they might feel shamed, marginalised and punished. They might also feel that you don’t see, understand or even care about the effects of the violence on them. In addition, making women solely responsible can pose risks for women and children and can result in ‘setting them up to fail’. This is because in most circumstances an adult victim of family and domestic violence is unlikely to be able to stop their partner or family member from using violence.

If you relieve women of any responsibility at all, this risks [making] them too small as individuals and [reinforcing] the passivity that was inherent in the experience of victimisation’ (Buchbinder & Eisikovits 2004, reported in NSW Department of Attorney General and Justice 2012, p30).

### Practice Tips

- **The protectiveness of a non-abusive adult is unlikely to mitigate the risks posed by a perpetrator. In fact, protective behaviour of an adult victim e.g., separation, may lead to an escalation in violence as the perpetrator seeks to regain control of their partner and child. Therefore, increasing protectiveness does not necessarily improve the safety for the child or reduce the risk. Your responses to children must look equally to promoting safety of the mother–child dyad and managing the risk.**
- **Engaging men is an important aspect of holding them accountable for their children’s wellbeing and safety.**

## The importance of systemic responses

### *Holding perpetrators accountable*

There are many different systemic responses to hold individual perpetrators of family and domestic violence accountable:

- criminal charges and sanctions;
- civil remedies, such as VROs;
- mandated or voluntary participation in men's behaviour change programs (MBCP);
- service system responses that reinforce perpetrator accountability, such as casework;
- child protection measures, such as supervised access; and
- community responses involving the perpetrator, including restorative justice.

In combination, these forms of accountability can contribute to children's and women's safety—for example, by preventing perpetrators' contact with family members, reinforcing to perpetrators the unacceptability of violence, increasing the level of surveillance of perpetrators, or assisting perpetrators to decrease or cease their violence.

### *Practice Tip*

**Measures to hold perpetrators accountable must always be accompanied by other measures directed to women and children, such as providing sustained practical, legal and emotional support.**

### *Legal and justice approaches to perpetrator accountability*

Acts of violence that are potentially criminal in nature must be referred to police for investigation. These include breaches of VROs.

Engaging men through men's behaviour change programs or domestic violence counselling should not be used as a diversion or alternative to involving the criminal justice system. The involvement of the criminal justice system can be an important component of a coordinated response to the man's use of violence, and can provide him with the external impetus he needs to participate in an MBCP. Furthermore, sufficient criminal justice system responses are a prerequisite to establishing strong social norms in the community intolerant of family and domestic violence.

In addition to the option of pursuing criminal charges where there is sufficient evidence, police have the power to impose a 24- or 72-hour Police Order after attendance at a family and domestic violence incident, or when a victim makes contact with police expressing fears for her safety. Once this order expires, women can be supported to apply for a full VRO at a local Magistrates Court. They can also apply for an Order directly to the court without prior police involvement.

Police in Western Australia have a recidivist strategy and will mobilise differently when responding to repeat family and domestic violence offenders.

### ***Other levels of accountability***

It is not only perpetrators who are accountable to children and women exposed to family and domestic violence. The professionals and organisations who work with them are also accountable as a whole and should:

- provide consistent messages—in the community and via their practice—that violence is not acceptable and that perpetrators are responsible for their violent behaviour;
- assess, monitor and manage risk using Casework Practice Manual Entry 14.1 *Family and Domestic Violence Screening and Assessment*;
- ensure that there are timely and well-administered consequences for use of violent behaviour, including criminal sanctions;
- ensure that there are effective civil justice responses in place;
- share information to inform risk assessment and risk management for individual clients; and
- coordinate their work across agencies and departments.

The strength, consistency and coherency of systemic responses are critical to children's and women's safety and long-term recovery from their exposure to family and domestic violence.

As a child protection worker, you are accountable for helping to put into place as many systemic responses to family and domestic violence as possible and appropriate, in any given situation. Some ways that you can help to maximise the strength and quality of an inter-agency, coordinated response to family and domestic violence are to:

- report criminal activity related to family and domestic violence to police;
- support women to take out VROs, if they choose to do so;
- draw on information from other parts of the service system for assessment and risk management (including from police and specialist family and domestic violence services); and
- make timely, appropriate referrals and support their uptake by the person being referred.

### ***Practice Tip***

**Understanding how your role connects with those of other professionals makes your work easier and more effective.**

## Recognising family and domestic violence

### Forms of family and domestic violence

Family and domestic violence is commonly categorised into forms: physical, emotional, sexual, spiritual, social and financial (see Figure 2). The examples of *tactics* of violence (specific acts or ways of acting) provided in Figure 2 are commonly used by perpetrators of violence.

Sometimes, a perpetrator might use other tactics related to the specific circumstances of their family member(s). For example, a carer might withhold care from a family member with a disability or touch them inappropriately during an episode of care. Or a man might threaten his overseas-born partner with loss of her Australian residency. Perpetrators of violence only use tactics that work for them; what is controlling of one woman might not have the same effect on another.

It is helpful to recognise the many ways that women and children can experience violence, but it is equally important to understand that they might see these various forms as interchangeable, inseparable, or indistinguishable. Family and domestic violence is not one isolated act; rather it is a pattern of coercive control—often expressed in many different ways. Perpetrators of family and domestic violence gain and maintain power by each act of violence and through the promise of future violence (Ptacek 1999).

Often, perpetrators of family and domestic violence distort realities and truths in order to maintain their control and reinforce their violence-supporting narratives. Over time, this ‘propaganda’ comes to dominate their (ex)partner’s and children’s truth-making processes, causing them to doubt their own experiences, sanity and competency to act (Morris 2009). This in turn shores up the perpetrator’s control.

### Practice Tip

**Gender-based sense of entitlement is a constant theme in men’s use of violence. Often, men who perpetrate acts of violence or control link this to their partner’s failure to comply with their expectations, orders or demands.**

**Figure 2: Forms of family and domestic violence (NSW Department of Attorney General and Justice 2012)**

<b>Form of violence</b>	<b>Tactics of violence</b>
Emotional violence	Manipulation, humiliation, lying, ridicule, withdrawal, shaming, punishment, blame. All forms of violence are implicitly emotionally violent and controlling.
Physical violence	Any actual or threatened attack on another person's physical safety and bodily integrity; also physical intimidation such as threatening gestures or destroying property, and harming or threatening to harm pets or possessions.
Sexual violence	Any actual or threatened sexual contact without consent. Note that some forms of sexual violence are criminal acts, for example, sexual assault and rape, many other forms—such as using degrading language—are not.
Social violence	Any behaviour that limits, controls or interferes with a woman's social activities or relationships with others. Includes controlling a woman's movements and denying her access to family and friends, excessive questioning, monitoring her movements and social communications (including phone use, emails, texts or social networking), and being aggressive toward men who are viewed as 'competition'.
Financial violence	Any behaviour that limits a woman's access to her fair share of the family's resources. Includes incurring debts in her name, spending money without her knowledge or consent, monitoring her spending, and expecting her to manage the household on an impossibly low amount of money and/or criticising and blaming her when she is unable to.
Spiritual violence	Any behaviour that denigrates a woman's religious or spiritual beliefs, or prevents her from attending religious gatherings or practising her faith. Includes harming or threatening to harm women or children in religious or occult rituals, or forcing them to participate in religious activities against their will.

In some situations, men choose to use predominantly non-physical forms of violence, though often leaving their partner with the fear that he might use physical violence at any time. Men's use of emotional, social and other non-physical forms of violence can have a significant impact on women's emotional health and wellbeing over time. When women revert to substance abuse or develop depressive or anxiety-based disorders as a result of this violence, it can be easy for the man to focus authorities' attention on her 'inability to cope' and neglect of her children.



## Children's exposure to family and domestic violence

Any violence in a child's family life has the potential to affect them. Children do not have to see, hear, or even know about violence to be harmed by it or to feel afraid. It is important to recognise the full extent of ways that a child or young person might be exposed to family and domestic violence, for example:

- being hit or otherwise directly physically abused *in utero*;
- being subjected to a raised, angry or hostile voice while *in utero*;
- sharing their mother's physiological reactions to fear or injury while they are *in utero*;
- being hit, yelled at, or otherwise directly abused;
- being injured;
- being sexually abused;
- experiencing fear for self;
- experiencing fear for another person, a pet or belongings;
- seeing, hearing, smelling, perceiving or otherwise sensing violence directed against another person;
- seeing, hearing, smelling, perceiving or otherwise sensing the aftermath of violence (such as broken furniture, smashed crockery, an atmosphere of tension);
- knowing or sensing that their mother is in fear;
- being told to do something (such as to be quiet, or to 'behave') to prevent violence;
- being blamed for not preventing violence;
- attempting to prevent or minimise violence;
- attempting to mediate between the perpetrator and their mother;
- being threatened or co-opted by the perpetrator into using violent behaviour against their mother;
- being co-opted into supporting the perpetrator or taking his side; and
- being isolated or socially marginalised in ways that are directly attributable to the perpetrator's controlling behaviours.

These many and varied ways that family and domestic violence may be experienced by children means that family and domestic violence is always considered to be a form of child abuse.

### Practice Tip

**Any child whose parent has experienced family and domestic violence should be considered to have been exposed to the violence.**

Furthermore, there is considerable research demonstrating that family and domestic violence increases the risk of children being directly abused by the father, and is associated with increased severity of child abuse amongst children who are at risk of being abused (Scott 2012a, 2012b). Children growing up in homes where there is family and domestic violence are also vulnerable to other forms of child abuse including physical and sexual abuse and neglect.

Approximately 60 per cent of **physical abuse** occurs in homes where there is family and domestic violence (Moloney et al. 2007). This includes children who are harmed during an assault against the non-abusive adult victim (for example, when the child is being held or tries to intervene in the violence) and harmed intentionally as a means to punish the adult victim (scapegoating).

There is also a high correlation between child **sexual abuse** and family and domestic violence. In these instances, the perpetrators' use of violence against the non-abusive adult victim contributes to their ability to conceal the child sexual abuse (Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007, Brown et al. 1998). Sexual abuse of children by men who perpetrate family and domestic violence is likely to be under-reported as children are often too frightened to disclose (Harne 2011).

Examinations of child deaths associated with **neglect** in Western Australia revealed that family and domestic violence was a significant contributing factor in over 80 per cent of the cases reviewed (Francis et al. 2008). Family and domestic violence is an important risk factor for the fatal child abuse perpetrated by fathers (Scott 2012a, 2012b).

Neglect is commonly associated with family and domestic violence, especially when the perpetrator:

- controls household funds and limits access to adequate food and medical needs;
- limits access to supportive friends or family and/or support services; and
- prevents the child's mother from attending to the child's needs.

## **Violence toward children *and* women as mothers**

Many tactics of violence simultaneously involve children *and* directly or indirectly target women in their mothering role. A wide-ranging literature review on women's parenting in the context of family and domestic violence found that perpetrators of family and domestic violence commonly use tactics such as:

- making their child witness the violence or otherwise involving them in the violence, as a means of deliberately adding to women's distress and trauma;
- attacking women's confidence in their capacity or effectiveness as mothers;
- undermining women's actual and felt relationships with their children;
- dominating women's attention and time so that they have little to spend with their children;
- making women physically or psychologically unavailable to parent;
- harassing women via child contact and financially exhausting them by pursuing repeated family court appearances;
- repeatedly denigrating women's character and worth as a mother—to her and/or to her children;
- undermining women's felt and actual parental authority (for example, by constantly over-ruling them in front of children); and
- using the family law and child protection systems against women (for example, by threatening to expose them as 'bad mothers' or to report them to Child Protection) (Domestic Violence Resource Centre 2009).

Other research has found that perpetrators of family and domestic violence often retaliate against the non-abusive parent for her efforts to protect the children. If, as a consequence, the adult victim ceases her protective behaviours over time, the children come to believe that she no longer cares about them and/or that the violence is their fault (Bancroft & Silverman 2002; Edleson, Mbilinyi & Shetty 2003).

It is common for perpetrators of family and domestic violence to involve children directly in violence, for example, by demanding they monitor and report on their mother's movements or disclose where she is. Sometimes perpetrators of violence encourage children—explicitly or implicitly—to participate in verbal or physical abuse of their mother (Harne 2011).

Some fathers target direct abuse at particular children within the family in order to create alliances against the mother (Domestic Violence Resource Centre 2009). Other ways of creating divisions within the family include the use of favouritism and manipulation to escalate sibling conflict or familial tensions (Bancroft & Silverman 2002; Bancroft, Silverman & Ritchie 2011; Edleson et al. 2003).

Many of these tactics have deep and longstanding effects on mother–child relationships. They can undermine trust so that the child does not confide in or seek support from their mother. They might result in the child having a distorted view of their mother (for example, as irrational, unloving, incapable or evil). For young children, they might prevent or hinder the establishment of a primary attachment.

### Practice Tip

**The term ‘maternal alienation’ (Morris 2008, 2009) refers to the range of tactics used by perpetrators of family and domestic violence to undermine women’s relationships with their children, and the profound and long-lasting alienation in these relationships caused by those patterns of control.**

Women who experience violence constantly exert a considerable amount of mental, emotional and physiological effort to stay on guard and be vigilant to signs of danger. Many perpetrators insist that their partner focus most of their attention and energy on him despite the presence of an infant or young child in the family, and to meet his entitlement-based expectations. This can significantly reduce the amount of headspace and energy that she has for her children and for parenting.

### Practice Tip

**Given the complex ways that family and domestic violence impacts on child–mother relationships, a dyadic approach—in which the child and mother are viewed as both separate and intrinsically interlinked—is preferable.**

## Violence after separation

Women and children face an increased risk of being murdered or seriously injured in the first few years after separation from a perpetrator of family and domestic violence.

As well, when a child continues to have contact with the perpetrator of the violence, it is very likely that they will continue to be exposed to many of the same forms of abuse: emotional abuse, neglect, physical abuse, and encouragement to perpetrate violence against their mother (especially if a male child) or to undermine her parenting. Studies show that children are frequently exposed to family and domestic violence during contact handover times, even at supervised contact centres (Harne 2011). Other research has found that:

- children experience significant risks in shared parenting arrangements when the arrangement involves substantial shared time with a violent parent; and
- three-quarters of Australian women who had experienced domestic violence and ended their relationships subsequently experienced post-separation violence and reported that child contact arrangements were their most consistent point of vulnerability to post-separation violence (Australian Domestic and Family Violence Clearinghouse 2011).

This does not mean that separation makes no difference to children's risk, but it does mean that you need to remain vigilant to ways that a child might continue to be at risk, as well as to new and emerging risks.

## Mutual violence and men as victims of family and domestic violence<sup>2</sup>

Men who are the principal or sole users of family and domestic violence in heterosexual relationships often present as a victim or the victim of the violence. This presentation is often persuasive because:

- while family and domestic violence is increasingly becoming unacceptable, there are still myths about 'women being just as violent as men' or 'women provoking the violence';
- women may not be passive victims and might undertake acts of retaliation that can later be (mis)construed as 'evidence' of a pattern of violence on their part;
- men may claim injuries inflicted on them by their partner in self-defence (such as scratch or bite marks) as evidence of their victimisation;
- even when men are not able to portray their partner as the sole aggressor and themselves as the sole victim, they often use their partner's actions of self-defence, frustration or defiance to present the situation as 'tit-for-tat fighting', perhaps by saying that 'she gives as good as she gets';
- people experiencing fear or terror will sometimes make poor decisions (including the use of violence), which might add to their portrayal as being hysterical or out of control; and
- men's deliberate lies are made in the context of a broader social history in which women have been portrayed as less credible than men, particularly if men present as calm, rational, eloquent and 'in control'.

---

<sup>2</sup> The material in this sub-section is reproduced, with permission from the author, from No To Violence 2010, *Determining who is doing what to whom in family violence referrals*.

For these reasons, you might find that police or other reporters allege that the violence is reciprocal and that both partners are 'equally responsible'.

In other situations, a man might claim that he is the sole or primary victim, rather than perpetrator, of family and domestic violence. Indeed, most men will at some stage attempt to shift responsibility for their use of violence to their partner, often by equating her behaviour to theirs. This is particularly likely when women have retaliated physically.

Men vary in the extent to which they *believe* that they are partly or solely the victim versus the extent to which they *know* that they are not a victim.

Most men do not recognise their behaviours as acts of family and domestic violence. Their sense of privilege is such that they consider their controlling behaviours to be right and even necessary to ensure that others fulfil their expectations. They choose not to see that their behaviours cause fear and harm. They are, however, very aware of others' use of violence and are very quick to detail others' actions while denying or downplaying their own. You need to be aware of the tendency of people who have used violence and abuse as a pattern of coercion to identify as a victim when they experience any act of violence toward them.

Men who do admit to using violence often try to justify or downplay their violence, or to blame their partner—perhaps for 'provoking' an attack or giving them 'no way out'. They might refer to their partner as being over-sensitive, irrational, hysterical, a danger to themselves or even mentally ill when trying to minimise their behaviour to others. These characterisations of women are reinforced by the social position of women in relation to men.

### Practice Tip

**If you are unsure whether a woman is in need of protection from family and domestic violence, refer her to a specialist family and domestic violence service for a comprehensive risk assessment. It is significantly more likely that she is a victim, rather than a perpetrator, of family and domestic violence.**

## Case study and reflective questions: Part 1

The following is part one of a three-part hypothetical case study. Read and consider the questions that follow. It can be helpful to also discuss the questions in small groups or with colleagues.

Adele (27) and Alan (39) live in a newly established housing estate on the fringes of a fast-growing regional centre. They have three children: Nikki aged one and a half, Joy (5) and Todd (7). Alan regularly works away from home in the construction industry, and earns pretty good money. He was born in the local area and is known by the community as a 'good fella', who gets into trouble from time to time after drinking.

Adele's family lives in Sydney, and she met Alan while in Western Australia for a holiday. After calling her daily, and sending flowers and gifts every week, Alan persuaded Adele to see if their holiday romance could turn into something more serious. Against the wishes of her family, Adele went back to Western Australia and ended up moving in with Alan. She fell in love with Alan, who appeared very devoted toward her and wanted to do little else outside of work than to be with her.

Adele became pregnant with Todd soon after. She had hoped to continue her TAFE studies in hospitality that she had disrupted to relocate to Western Australia, but her pregnancy and Alan's insistence that she "take it easy so that she doesn't lose the baby" made this impossible. The pregnancy was unplanned, and Adele had serious thoughts about whether to terminate it. Whenever she tried to talk about this with Alan, he kept putting off the discussion, calling her several times per day when he was away to "check that she was OK". After 10 weeks, he told her that he had wanted to be a father all his life, and that she shouldn't dare deprive him of this opportunity by "killing their baby". Adele thought about arranging an abortion without initially telling him, but with Alan calling her daily to talk about his excitement at becoming a father, she felt too guilty and admonished herself for having these thoughts. A part of her felt excited about being with a man who seemed to really want to have a family.

It was a very difficult pregnancy, and Adele was sick for much of the time. She felt quite isolated and found it hard to make friends in what was to her quite a small town. She had little money as Alan's earnings went into a bank account that only he had access to. Alan repeatedly told her to stay home and rest, and criticised her when she went out for walks or when (according to him) she spent too much time doing the shopping. On one occasion, Alan very firmly grabbed her arm after she came home, staring down at her and shouting "What are you trying to do, you stupid bitch, are you trying to kill our baby?"

Adele suffered post-natal depression after the birth of Todd. Despite Alan's talk about being so excited to become a father, he did very little of the direct care for Todd, even when he was home during weekends. Adele couldn't help but feel some resentment toward Todd, but loved him at the same time. She started to believe Alan's criticisms about "not being a good mother", and felt increasingly guilty about her thoughts of resenting Todd. Alan would yell at her about Todd not having clean clothes to wear or there being no clean dishes or utensils, only to then come **down to her level, grab her shoulders and say** "Darling, I know you can do this and be a better mum. I love you, I have faith in you. You just need to try harder." After one such time when Alan instigated 'make-up sex', Adele became pregnant with Joy.

Adele struggled through the next few years. She thought about seeing a counsellor, but Alan said that they couldn't afford it and that "besides, we can work this out together". Adele started suffering migraines at increasing frequency, and started what would eventually become a codeine addiction.

After the birth of Nikki, Adele's depression worsened. She was struggling to cope with the three children, and Todd's behaviour was becoming aggressive, starting to mimic some of Alan's verbal put-downs. Joy, on the other hand, was quite withdrawn, and wasn't reaching the developmental milestones expected of a three-year-old. This was not helped by Alan's treatment of Joy, yelling when she weed in her pants rather than going to the toilet, and ordering her to wash her own pants when this happened.

Alan was not supportive of Adele using child care, but one day she organised a family day care placement for Joy without him knowing. Alan was furious when he found out. He grabbed her by the throat—though not firmly enough to leave any marks—and threw her against the bed. He called to Joy "get in here—this mother of yours wants to abandon you to some child care woman who you don't even know. She's hopeless, no wonder you still can't go to the toilet by yourself!" Alan then stormed out.

Adele's standard of care for the children deteriorated. When Todd started school, he often went without lunch and with unclean clothes. His behaviour at school was aggressive, particularly toward girls. One day, he told a teacher that "Mum is always sleepy, she keeps taking these pills, and just lies on the couch all day". Concerned that Todd was being neglected, the school decided to make contact with Child Protection.

### **Reflective questions**

*What types of violence does Alan use toward Adele?*

*How is Adele's parenting affected by Alan's behaviour toward her?*

*How is her relationship with her children affected?*

*How might Adele be thinking about Alan's violence? How might she be thinking about herself as a partner and a parent?*

*What might be each of the children's experiences of what is happening in the family?*

*Based on the information provided, what do you see as the risks to the children, and what might happen if these risks aren't addressed?*

*If you didn't know any of this background, and interviewed Todd, Joy, Adele and Alan separately, what might alert you in each case that Alan might be using family and domestic violence? What signs or 'red flags' might you glean from each?*

*How would you go about screening for family and domestic violence?*

*What information would you seek, and from whom, to make an assessment of risk to the children, and to Adele?*

**This case study continues on page 40.**

# Section 2: Women's and children's safety—the context for working toward perpetrator accountability

## The child

### Signs of Safety

The Department for Child Protection utilises Signs of Safety as its child protection practice framework across all departmental child protection services. The Signs of Safety Child Protection Practice Framework is used to determine:

- what supports are needed for families to care for their children;
- whether there is sufficient safety for the child to stay within the family;
- whether the situation is so dangerous that the child must be removed; and
- if the child is in the care system, whether there is enough safety for the child to return home.

Signs of Safety seeks to create a more constructive culture around child protection organisation and practice. Central to this framework is the use of specific practice tools and processes where professionals and family members can engage with each other in partnership to address situations of child abuse and neglect.

Signs of Safety is implemented in conjunction with creating a culture of appreciative inquiry around frontline practice. Appreciative inquiry (AI) is a process of asking questions and focusing on successful behaviours and practice. Its aim is to enhance practice depth amongst practitioners to deliver safer outcomes for vulnerable children.

### Family and identity

Family and domestic violence occurs in all kinds of families and in all parts of Western Australia. Some children and their mothers are particularly vulnerable, usually because of systemic factors that limit their opportunities to leave the violence. Pressures that are specific to their family context also sometimes play a part.

A child's family and identity can also be a source of strength and resilience. Many cultures and communities have qualities or practices that protect children. Looking for these is a fundamental element of the Signs of Safety framework.

## Parenting

### *The child's experience of being mothered*

In families where violence is occurring, that violence becomes the defining feature of familial relationships, around which everything else revolves. The effects of the violence on a child's mother are significant to both her and her child.



Like children, adult victims of family and domestic violence experience a range of consequences including (but not limited to) physical injury, chronic health issues, emotional distress and social isolation (Tually et al. 2009; World Health Organization 2000). The impact of ongoing family and domestic violence is traumatising, particularly where the woman experiences death threats or lethal behaviours (Campbell 2003).

Most women who have experienced family and domestic violence report that, in hindsight, the emotional abuse was far more debilitating and destructive than any of the physical assaults, as it caused pervasive feelings of worthlessness, shame, self-blame, fear and helplessness (Arias & Pape 1999).

The effects of family and domestic violence can make it difficult for women to:

- be consistently physically and mentally 'present' for their child;
- attend to their child's needs;
- support their child's emotional expression;
- feel confidence in their parenting role; and
- maintain a loving connection with their child.

They also create complex barriers to women's escape from violence, including fears about their ability to cope without the perpetrator, their safety if they try to escape, not being believed, exclusion from their social networks or community, and issues related to child custody including presumptions about 'shared care' (Patton 2003).

Yet it is also important to recognise that mothers who are victims of family and domestic violence are rarely 'passive' in their experience of the abuse. Most do what they can to reduce the severity and frequency of episodes of violence and to protect their children, for example by:

- ensuring that children are out of the way if the perpetrator is drinking;
- going to a safe place if/when they sense a likely explosion of violence;
- seeking help during or after explosion of violence; and
- ensuring that the house or meal is exactly the way the perpetrator likes.

Research suggests that most women do their own risk analysis of whether it is best to stay or leave, including consideration of the losses that might come through family breakdown (Westmarland & Kelly 2012).

Women also go to great lengths to keep the lives of their children stable and normal despite their partner's use of violence (Mandel 2008). They engage in day-to-day survival strategies to keep their children safe, in school, fed and clothed, often at considerable cost to their own mental health and wellbeing.

## Practice Tip

**Women and children might feel less powerless and helpless if you recognise and validate the ways they have resisted and survived experiences of violence.**



Use a questioning approach to identify and highlight the ways she has protected or created safety for herself and her child

The combination of these many different factors, and especially the very nature of family and domestic violence as an attack on the mother–child relationship (Humphreys 2007), means that children who are exposed to family and domestic violence might:

- experience their mother as absent or uncaring;
- be frightened of their mother;
- feel ambivalent about their mother;
- lack attachment to their mother; and
- be protective of, or anxious about, their mother.

### ***The child's experience of being fathered***

Men who perpetrate family and domestic violence can have a genuine desire for warm and closely connected relationships with the children they also abuse. Indeed, a 2010 review found that the role of father can be central to these men's identity and a significant motivator for change (Hunt 2010).

Yet the identity of fatherhood among men who perpetrate violence should not be idealised. Entitlement thinking prevails in their attitudes and they often see their child as their investment or possession, or as someone who should love them unconditionally (Bancroft & Silverman 2002; Bancroft, Silverman & Ritchie 2011).

Among perpetrators of family and domestic violence, it is often considered more acceptable to abuse a partner than to mistreat a child (Hunt 2010). It is uncommon for these men to recognise that their violence toward their (ex) partner is also abuse of their child; this in turn prevents them from seeing or understanding its impact on the child (Hunt 2010). While a perpetrator of violence might express love for his child, it is important not to mistake this for empathy for his child's needs and experiences (Bancroft & Silverman 2002; Bancroft, Silverman & Ritchie 2011).

Disregard for children's needs often continues after separation, when fathers who have perpetrated violence often privilege their 'right' for contact over the traumatic harm that this might cause the child. In this way, as in many others, these fathers put their own needs and wants ahead of those of the child (Hunt 2010).

Research has found that parenting by men who perpetrate family and domestic violence is associated with particular characteristics (see Figure 3), all of which are underpinned by their self-centredness and entitlement. They are likely to use controlling behaviours and physical discipline to display more anger with their children and to have unrealistic expectations and poor developmental understandings of appropriate child behaviour at different ages and stages (Bancroft & Silverman 2002; Hunt 2010).

Just as these men prioritise their own needs when relating to their (ex)partners, they have similar ways of relating to their children. They can feel justified in neglecting basic care and using violence against their children when they fail to comply with their expectations.

Of course, sub-optimal parenting practices and entitlement thinking can coexist with men's hopes for a loving relationship with the child.

These aspects of men's fathering, in combination, mean that children who are exposed to family and domestic violence might:

- experience their father as absent or uncaring;
- be frightened of their father;

- feel ambivalent about their father;
- feel torn between enjoying positive moments of care and love with their father, being afraid of what he will do next (and when), and trying to protect their mother from his violence;
- feel pressure to keep the 'secret' in the family about his use of violence; or
- lack attachment to their father.

They may also ally themselves with their father, despite (or because of) his use of violence.

Children attempt to actively make sense of their experiences of the violence, and many feel a combination of hope, worry and fear. For some children, the latter two dominate with little desire or hope for continuing their relationship with their father (Harne 2011). Children also actively respond to the violence they are experiencing, sometimes to protect themselves and/or their mother.

**Figure 3: Characteristics of parenting in men who perpetrate violence**

<b>Characteristic of parenting</b>	<b>Examples</b>
<b>Authoritarianism</b>	Expecting to be obeyed Being intolerant of children's behaviour or needs Being unwilling to accept feedback or criticism from family members
<b>Disinterest, neglect, irresponsibility</b>	Being less physically affectionate Taking no responsibility for attending to the child's needs or caring for the child Paying no or little attention to the child
<b>Unrealistic expectations</b>	Expecting behaviour that is inconsistent with the child's developmental stage (such as requiring a toddler not to spill food, or an infant not to cry) Expecting a child not to be upset after experiencing verbal abuse
<b>Sabotage (of mother)</b>	Insulting, degrading and ridiculing the woman in relation to her mothering role—including in the presence of the child Overruling child's mother's parenting decisions
<b>Self-centredness</b>	Being unwilling to modify their own lifestyle to accommodate the child's needs Being insensitive to the child's feelings and experiences Not establishing emotional boundaries with the child Making theatrical displays of their own distress Taking personal credit for successes of the child and blaming failures on their mother
<b>Manipulation</b>	Making the child confused about who is responsible for the violence Making the child lose trust in their mother and/or their mother's care for them
<b>Performance under scrutiny</b>	Behaving in a gentle, caring and attentive manner in public and during supervised access

## The child's mother

### Understanding why women might stay in a relationship with a perpetrator of violence

Despite often horrific experiences of violence, for many women the decision to leave and remain separated from the perpetrator can be complex (McKinnon 2008).

First, there are many barriers to women leaving violence. Some arise as effects of the violence, such as low confidence, poor self-esteem, depression and anxiety, and social isolation. Others are products of fear, such as fear for self, children or pets, or fear of being reported to Centrelink, child protection or Immigration.

Shame is a significant barrier to acknowledging and leaving violence. Experiencing family and domestic violence is still greatly stigmatised and it is common to feel ashamed both of being a victim of violence and of being seen to have 'allowed' the violence. On the other hand, in some culturally and linguistically diverse (CALD) communities, it is shameful to leave a husband, even if he has perpetrated violence. 'Shame' also has a special meaning and place in Aboriginal culture:

*[It] is more than feeling embarrassed or ashamed; for Aboriginal people it refers to being made to feel different or singled out. Shame can be a matter concerning what can be discussed and by whom, and it can be about gender differences, personal and sexual matters. (Solid Kids, Solid Schools 2011)*

When a perpetrator has threatened to notify Child Protection or has seriously undermined a woman's confidence in her parenting, she might be worried that her children will be removed from her. This fear is particularly resonant for women who are Aboriginal, given the long history of forced child removals.

There are also real, material barriers to leaving, such as loss of income and possibly loss of housing. Women in single-car households are also likely to lose their access to a vehicle. This is particularly significant for women who lack access to public transport.

Women with disabilities who are abused by their carer face additional barriers in leaving, especially if they have no other options for care.

Second, experiencing family and domestic violence reduces the space women have for action in their lives (Westmarland & Kelly 2012). Perpetrators often normalise coercive control, sometimes to the extent that it does not occur to women that things could be different.

Third, many women have genuine love for their partners, despite the violence. This is especially the case when a perpetrator's violence is cyclical and followed by remorse. These feelings might also be influenced by socially constructed values around romance, family unity and women's roles as wives, partners and mothers. However, it is important not to underestimate the role of love as a powerful tool that women use to help them cope and to endure the fear and difficulties associated with remaining in their relationship (Opitz 2012). Indeed, understanding the place of love in women's hopes and decision making is a key to providing them with relevant and meaningful support; it is also critical to safety planning.

Finally, in addition to love, many mothers have other reasons why they might wish to maintain their relationship. Chief among these is a desire to maintain their child's relationship with their father, especially (but not only) if the child appears bonded with him. Maintaining family is a powerful motivator for Aboriginal women. It also has particular meaning and significance in families in some CALD communities.

These factors explain why many women often make many attempts to separate, but continue to return to their relationships.

### Practice Tip

**Leaving a relationship does not necessarily mean leaving the risk of violence. Indeed, risk often increases after separation.**

### Honouring points of resistance to violence

As discussed on page 31, mothers usually evaluate risk and respond to violence on an ongoing basis. In addition, many have their own forms of resistance, which might or might not be known to the perpetrator. They often also have their own informal strategies for coping with the violence, such as threatening to leave and in cases of severe abuse, retaliating with violence. Often, part of a woman's resistance is to try to live 'normally' and to maintain some sense of dignity—consciously trying to prevent the abuse from taking over her life.

Identifying a woman's points of resistance can be useful for her self-esteem and sense of her own power. It also means *you* are less likely to see her as helpless. Honouring women's points of resistance is a useful lens through which to identify strengths and protective capacity. Doing so requires a careful way of listening to possible forms of resistance and skills in maintaining safety and dignity for the woman and her children. It also requires gentle questioning that enables her to explore the meanings she attaches to these acts and skills.

It is useful to give time in assessment and safety planning to explore and understand a woman's narratives about protection of the children and meeting their needs. In particular, you should try to identify:

- what the woman is doing to try to keep her children safe and well;
- how she cares for her children more generally, and her struggles to enhance this care;
- what she is doing to try to look after herself; and
- how the violence is limiting and constraining her choices to enhance care and wellbeing for her children and herself.

### Practice Tips

- **Honouring points of resistance does not mean ignoring or downplaying risk.**
- **In situations where a woman's resistance might place her at further risk (for example, occasionally striking out herself), encourage and support her to use other forms of resistance and ways to maintain or expand her space for dignity and control over her life.**
- **There is a fine balance between honouring points of resistance and seeming to convey that women are responsible for achieving safety and/or are to blame for the violence. Always ensure that you make it clear that the perpetrator is responsible.**

## Assessing and monitoring risk

Family and domestic violence has serious, long-lasting impacts on children's and women's health and wellbeing. Risk assessment seeks to determine the likelihood that a person will be exposed to violence in the future. It is an ongoing, dynamic process and continually informs both safety planning and risk management.

Where the concern for a child arises within the context of family and domestic violence, then past harm and future danger (risk) to the child's mother must also be assessed (Campbell 2003). The child will be safer when risk to their mother is addressed. Risk assessment by child protection workers should be informed by Casework Practice Manual Entry 14.1 *Family and Domestic Violence Screening and Assessment*. Accordingly it should take into account:

- the presence or absence of evidence-based risk indicators (see Related Resource *Family and Domestic Violence Risk Indicators Tool*);
- the adult victim's estimation of the level of risk; and
- your professional judgement (Department for Child Protection 2011).

When assessing risk, it is critical to focus on the *history and pattern* of behaviours, as well as the characteristics of individual or discrete incidents that indicate significant ongoing risk. Similarly, insidious covert behaviours are as relevant to the assessment as overt behaviour such as physical and sexual assaults and verbal abuse.

Sources of information for risk assessment include the mother and the child (if appropriate to their age and stage of development). Also draw on collateral sources such as police, courts and schools. Other agencies or services that have been involved with the family may also be able to provide important information to inform an understanding of the risk.

### Practice Tip

**It can take time to establish sufficient trust with a woman to know the full extent of the family's experience of violence. This is one of the reasons to assess risk and exchange risk information continually between agencies during assessment and monitoring.**



Signs of Safety Assessment and Planning Form, Helping Families to Develop a Safety Network

Men often inadvertently disclose information that can augment a risk assessment or assist with risk management. This might be information that their (ex)partner withheld (for example, out of fear of retaliation or loyalty), or it might be information she is unaware of (for example, his current level of problematic drinking, or the fact that he has violated a VRO). His presentation might also indicate risk, but it is critical not to assume that a respectful, positive or engaged presentation to you indicates he poses less of a risk.

### Practice Tip

**If a man is participating in an MBCP or individual violence-focused counselling, you should have in place arrangements by which information about risk can be shared between the perpetrator and the service provider.**

## Safety planning and risk management

All women who experience family and domestic violence need a personal safety plan. This should be separate to, but linked with, a safety plan for their child.

In addition to a safety plan, there needs to be a plan to manage risk. Because multiple agencies are often involved in providing services, a coordinated approach is important where possible.

In situations where there are significant threats or compromises to the safety and welfare of a child, your case management role includes identifying which other agencies might already be involved with one or more members of the family, and which others might need to be.

The level of formality involved with shared risk management will vary from family to family. In some instances, it would be sufficient for you to share information via separate phone calls to different agencies (for example, to obtain information from the school and make a referral to a specialised women's service for support for the child's mother). In other situations, the complexity of the situation or the level of risk might warrant you convening face-to-face meetings or phone conferences of all the professionals who have a role in assessing and managing risk.

### Practice Tip

**Further information about family and domestic violence safety planning can be found in Casework Practice Manual Entry 14.2 *Family and Domestic Violence Safety Planning*.**



Developing a Safety Network, Elements of a Safety Plan

## Referring to specialist family and domestic violence services

Women experiencing and responding to family and domestic violence should receive specialised family and domestic violence support in addition to your assistance.

You should refer a woman to a specialised women's family and domestic violence service if:

- she is at relatively high risk; and/or
- she needs immediate support or practical assistance (for example, to obtain a VRO or to relocate to a refuge).

The *Family and Domestic Violence Referral Guide* contains a detailed list of referral agencies and other relevant services, though it is not exhaustive. It is therefore important to supplement this with details of local services.

It is important to share information obtained through your child protection risk assessment process when making this referral, adopting information-sharing principles outlined in the Casework Practice Manual Entry 14.4 *Referral and Collaborative Responses to Family and Domestic Violence*.

There is a great deal you can do in addition to information sharing to help maximise the success of a referral. For example, you should:

- explain to the woman how family and domestic violence services work and what is likely to happen when she is referred;
- discuss with the woman any concerns she has about the referral—such as needing to retell her story;

- identify any barriers to the woman taking up the referral, and working with her and the family and domestic violence service to overcome these; and
- consider accompanying the woman to her first appointment if it seems this would be appropriate and she wishes you to do so.

### Practice Tip

**Your role as a child protection worker is to do as much as you can to facilitate uptake of the referral and engagement with a family and domestic violence service. This may include referral to the Women's Domestic Violence Helpline if services are not locally available or accessible.**

## Providing realistic expectations of outcomes in men's behaviour change work

Many women experiencing family and domestic violence express some, or considerable love for their partner, but want his behaviour to change. The combination of love, hope and expectations that he might change, and the barriers and risks involved in ending the relationship, are powerful motivators for many women to stay (Opitz 2012).

In this context, some women express considerable relief when their partner finally agrees to attend an MBCP or other intervention to address his use of violence. Given that many men who commence a program or individual violence-focused counselling do not make significant changes to their behaviour, it is important to discuss with women their expectations of him changing. Overly optimistic expectations can result in women relaxing their safety plan, or committing themselves to stay in the relationship rather than considering a broader range of options.

### Practice Tip

**It is important to give realistic information about the range of outcomes from men's participation in a men's behaviour change program or individual violence-focused counselling, and that it is often very difficult to predict the change trajectory in any given situation.**

## Building partnerships with mothers

While engaging men is an important aspect of child protection practice, the reality for most child protection workers is that their work will focus on children and their mothers. This need not be done in a way that blames women for their child's exposure or vulnerability to violence. When their work honours women's resistance, considers the risk to them, and takes into account all of their needs, child protection workers can take important steps toward a more nuanced engagement of women as mothers.

The safety, stability and healing of a child exposed to family and domestic violence are best served by partnering with their mother. A partnership approach is more likely to achieve an effective safety plan and ongoing opportunities to continually assess the safety and wellbeing of the child, and to maximise opportunities for the child to remain in the home of the primary caregiver (Mandel 2010). It is also more likely to achieve therapeutic goals and enhancements in parenting capacity.



Building a partnership with the mother needs to recognise that when the perpetrator perceives that his control is threatened, he might attempt to isolate her or make it difficult for her to fulfil the requirements of the safety plan (Hobart 2008). He might, for example, coerce her into not following through with a referral to a specialist family and domestic violence service, or to not return the child protection worker's calls.

### Practice Tip

**There can be multiple reasons why a non-offending parent might not be engaging with child protection or the safety plan. However, it is important to consider the possible role of the perpetrator in persuading or coercing her not to cooperate.**

## Supporting the mother–child bond

The damage that family and domestic violence inflicts on mother–child bonds is significant (Morris 2008, 2009). Furthermore, children are more likely to survive and thrive physically and emotionally in abusive home environments when they have a strong bond with the non-offending parent (Hobart 2008). It is vital, therefore, that mothers and children have opportunities to speak together about their experiences of abuse, to talk about what they love and appreciate in each other, and to develop shared plans for the future.

Where the violence has created a sharp division between a child and their mother, both might need help to see the commonalities of their experience and (for example) the effects of the perpetrator's propaganda. Consider referral to specialist services where this seems indicated.

It can take considerable time and practice to develop new ways of relating. Children and women are likely to benefit from opportunities to connect positively and safely. Specialist work is not always necessary; shared activities in the broader community—such as participation in a playgroup or sporting club—can also provide opportunities for a child and their mother to strengthen their relationship. Consider addressing community engagement in the course of case planning.

### Practice Tips

- **Women are often very reticent to talk about the violence with their children. You can model ways to do this that are safe and empowering.**
- **Safety plans should seek to counteract ways that the perpetrator might continue to attempt to drive a greater wedge between the child and their mother.**



Three Houses, Fairies and Wizards, Words and Pictures

## Case study and reflective questions: Part 2

Following on from Part one on page 28, please read the second part of this hypothetical case study involving Adele, Alan and their family, and consider the questions to follow.

As the child protection worker investigating the case, you initially find Adele fairly difficult to engage with. She doesn't return calls, talks quite softly (almost inaudibly at times), and doesn't like to engage in eye contact with you. When you are finally able to conduct a full interview with her, through a home visit when Alan is away on a regional work trip and the older children are at school, you find that the house is disorganised, very messy and unclean. You also notice two or three empty Panadeine Forte packets strewn around the floor. During the interview, Adele rarely takes her eyes off Nikki, spending as much time on the floor playing with her as talking with you. Adele constantly loses track of what she is saying to you whenever Nikki makes an attempt to communicate, as she turns her attention to Nikki. You leave the interview without having obtained much information.

Alan, by contrast, is easier to engage. He is surprisingly bright and confident on the phone, and attends the interview at the child protection office on time and neatly dressed. As you meet him in the waiting area, he shakes your hand and smiles, and as soon as he walks into the interview room he says, "I'm glad at last that something is being done, Adele is in a mess. I'm pulling my hair out trying to support her" (he says this while removing his cap, revealing his balding head and laughing at the same time). "I know that being a mum with three kids is tough, but she's just not coping. We had an agreement when she got pregnant, that I'd work hard and bring in the money, and that she'd look after the kids at home. She's just not meeting her end of the bargain."

Alan is quite cooperative during the interview, though deflects questions about how he responds to stress in the household. When asked what being a father means to him, he says, "My kids mean everything to me. My life would be nothing without them, I'd feel lost, I don't know what I'd do if anything happens to them. They really look up to me. Todd asks me what's the matter with Mum, and I don't know what to tell him."

### **Reflective questions**

*What approach would you use to try to engage Adele in the interview? How would you try to build rapport and trust?*

*What do you notice about Adele's behaviour during the interview that might suggest the presence of protective factors?*

*What is notable about how Adele responds to Nikki, and what this might say about her efforts to resist the effects of Alan's violence against her?*

*What tactics does Alan use in the interview to try to get the worker to collude with his story?*

*How can the worker respond in ways that minimise collusion with this story, and which move the focus of the interview to Alan's behaviour?*

*What does Alan's response to the worker's question about being a father tell you about his attitude toward his children, and what his focus is on?*

*What might be included in the safety plan to work toward the children's safety? What would you prioritise?*

*What other services might you refer to in order to support Adele? How might this be different if you failed to suspect Alan's use of family and domestic violence?*

*What might you need to do to support Adele's engagement with these services?*

*What contact might you want to keep with these services during the case, and for what purpose?*

**This case study continues on page 76.**

# Section 3: Holding men accountable within Child Protection practice

## Summary

This part of the resource should be read in conjunction with Casework Practice Manual Entry 14.3: *Family and Domestic Violence and Perpetrator Accountability*. This manual entry is cross-referenced to other Casework Practice Manual entries and related resources that should also be read, including:

- *Family and Domestic Violence Policy 2012*
- Casework Practice Manual entry 14.1 *Family and Domestic Violence Screening and Assessment*
- Casework Practice Manual entry 14.2 *Family and Domestic Violence Safety Planning*
- Casework Practice Manual entry 14.4 *Referral and Collaborative Responses to Family and Domestic Violence*
- *Managing Collusion* (related resource)
- *Accountable Language* (related resource)
- *Behaviour Change Versus Anger Management* (related resource)
- *Family and Domestic Violence Referral Guide* (related resource)

The practice requirements of Casework Practice Manual entry 14.3: *Family and Domestic Violence and Perpetrator Accountability* are as follows:

- To promote the safety of the child and adult victim, child protection workers must work toward managing the risks associated with the person using violence (perpetrator accountability).
- When seeking to engage with the perpetrator of family and domestic violence, contact should always be discussed with, and informed by, the non-abusive adult victim.
- Discussions with the adult victim should include: exploring the risks associated with Department contact with the perpetrator and effective strategies for managing those risks.
- Child protection workers must attempt to engage with perpetrators of family and domestic violence to inform their assessment of the perpetrator's preparedness and capacity to:
  - acknowledge their violent and abusive behaviour;
  - be ready to cease the violence and abuse; and
  - be willing to engage in a safety planning process that will keep their child/children safe from future harm.
- Child protection workers should collaborate with other agencies to manage risk and create safety for the child and adult victim.
- Child protection workers should use critical reflection and consultation with colleagues or senior staff to avoid the potential for collusion with the perpetrator of family and domestic violence, and to promote safe and accountable practice.

Effective individual and collaborative responses with men who perpetrate family and domestic violence:

- hold the safety of the child and adult victim as the primary concern that guides all actions;
- provide consistent messages to the perpetrator that the use of violence and abuse is unacceptable;
- proactively engage with the perpetrator to invite an acknowledgement of responsibility for their violence and abuse;
- assist with and support behaviour change of the perpetrator; and
- have established consequences for the continued use of violent and abusive behaviour.

It is important to note that the Department is not solely responsible for holding the perpetrator accountable for the violence and abuse. However, it does play a key role in providing an appropriate, timely and safe intervention that supports the immediate and long-term protection of the child and adult victim, as well as assisting the perpetrator to cease their violent and abusive behaviour.

In situations where family and domestic violence is still occurring, interviews or meetings with the adult victim and perpetrator should be conducted separately. This is relevant to both assessment and safety planning. Separate meetings provide the opportunity for child protection workers to create and sustain safety for the adult victim and child and to initiate accountable conversations with the perpetrator.

Discussions with perpetrators of family and domestic violence about their role in creating safety for the child and adult victim should include:

- The possibility of referral to a specialist domestic violence program, or appropriate form of individual counselling—but not anger management as this is not an appropriate service response for perpetrators of family and domestic violence.
- Assisting the perpetrator to recognise the choices they make when they decide to continue or escalate their use of violence and abuse, and recognise their responsibility in choosing to stop their use of violence.
- Highlighting the criminal nature of their violence, and holding the perpetrator accountable through discussions of the possible legal consequences of their violent and abusive behaviour.

Child protection workers should support civil and criminal justice responses to perpetrators of family and domestic violence. They can:

- provide information to the adult victim about VROs and Western Australia Police (WAPOL) responses to family and domestic violence;
- provide information to support VRO applications made by the adult victim and conduct (or provide referral for) safety planning to support the safe undertaking of this process, including in the event of a breach;
- pursue a VRO on behalf of the child when it is not safe for the adult victim to do this;
- report family and domestic violence-related crimes to WAPOL, particularly when the child protection worker witnesses the criminal act;
- provide a referral for the adult victim to legal or court-based services such as court support, Family Violence Service and Legal Aid; and

- ensure that family contact and safety planning initiated by the Department is respectful of court-ordered conditions (for example, protective bail, VROs, Family Court orders).

The *Family and Domestic Violence Referral Guide* contains a detailed list of referral agencies and other relevant services, including MBCP providers. The guide does not, however, contain information on individual violence-focused counselling options.

## Engaging men who perpetrate family and domestic violence

The information in this and subsequent sections is designed to assist you to know why, when and how to engage men who perpetrate family and domestic violence.

### What is meant by engagement

Engagement is a process by which a man is held accountable for their violence against family members. It has no formal beginning or endpoint. Rather, it is the sum of a range of interventions, usually by many different parts of the service system, aimed at:

- reinforcing to the man that he is responsible for his use of violence;
- increasing the man's awareness of the impacts of his behaviour on his family members;
- increasing opportunities to scrutinise the man's behaviour;
- monitoring risk indicators; and
- encouraging and supporting the man to take steps to cease his violence.

### When to consider engaging men who use family and domestic violence

You should consider engaging a child's father in any situation where he has been or is using family and domestic violence against the child's mother, female caregiver or other family member AND he has *any contact* with the child.

#### Practice Tip

**Separation is not a reason for not engaging men who perpetrate family and domestic violence. There is considerable evidence that risk of lethal violence increases in the post-separation period and men also frequently use contact with their children to abuse their ex-partner.**

### Forms of engagement that child protection workers might use

Engagement by child protection workers takes many different forms, and will look different for each man. At minimum, it includes:

- assessment of the man and development of a case plan;
- seizing opportunities to talk with the man about his responsibility for his behaviour;
- supporting engagement and monitoring and managing risk via case management; and
- liaising with other professionals in the service and justice systems and taking an integrated approach to holding the man accountable for his violence.

It might also involve:

- talking with the man about the harm his behaviour causes his family members;
- referring the man to an MBCP and supporting his continued participation; and
- referring the man to other services that can assist him with issues that co-exist with the violence.

There are significant dangers in interviewing and engaging men who are perpetrating family and domestic violence in the presence of those who are affected by their violence, including the adult victim. See page 54 for further information.

## **Benefits of engagement for women and children**

When a man is engaged with a service, his family members might be safer because the professionals working with the family explicitly recognise the violence and take steps to identify and manage risk. In addition, if the man feels he is subject to greater scrutiny, he might be less likely to perpetrate violence in the short term.

It is likely that your understanding of perpetrators' responsibility and accountability will subtly influence all of your practice. For example, when working with a woman and her children, you might:

- more clearly and assertively attribute risk to the perpetrator and his behaviour;
- privilege their voices and demonstrate your deep understanding of how a perpetrator's violence might impact on their choices; and
- look for and validate the many ways that they have responded to the violence.

These qualities of practice might help to strengthen the woman's confidence, thereby increasing the family's choices and options.

Specific benefits for women and children arising from their male family member's involvement in a family and domestic violence service are described on page 47. Such services usually offer support to men's (ex)partners and children. In doing so, these programs often reach a cohort of women and children who would not otherwise receive support from the family and domestic violence service system. Your work to engage a man might increase his access to a family and domestic violence service and maximise the chance of his uptake of such a service.

## **Objectives of engaging men**

When seeking to engage a man who has perpetrated family and domestic violence, it is important that you are clear about your objectives and messages from the outset, as any inconsistencies or mixed messages on your part could be used by the perpetrator to reinforce his powerful position and/or downplay the impact of his violence.

It is equally important that your objectives are realistic, achievable and tailored to the risk profile of the individual man. Sometimes your objectives might be quite minimal; this is preferable to being over-optimistic. If you have inflated expectations, you might underestimate the risks to the man's child and (ex)partner.

In most cases, you would have multiple objectives for engagement, but these might not all have equal weight.

For example, you might refer a man to an MBCP even though his extensive history of violence and unwillingness to take any responsibility suggest it is unlikely he will engage in that process. At the same time, you might focus considerably more energy on working with other stakeholders toward criminal and civil justice system accountabilities, and on supporting his partner and helping her to see she is not responsible.

Common objectives of engaging a man include:

- augmenting the risk assessments conducted for the child and their mother;
- managing risk (and thereby enhancing safety) for the child and their mother;
- emphasising to the child and their mother that the perpetrator is solely responsible for his use of violence;
- increasing the supports available to the child and their mother;
- enhancing his readiness to use a men's family and domestic violence service and to change his behaviour;
- referring him to an appropriate men's family and domestic violence service;
- working with other relevant agencies within an integrated approach to hold him accountable for his behaviour; and
- monitoring his parenting practices.

## The role of a child protection worker in engaging men

Child protection workers occupy a central position in work with families around child safety and wellbeing. What you do in relation to engaging perpetrators of family and domestic violence can have a significant impact on all family members.

You have a role in all of the forms of engagement listed above. However, the extent to which any one man will engage is influenced by a range of complex factors; only some of these are within your control and areas of expertise. You need to be clear about what is within your role and what should be referred to others.

It is not your role to:

- work directly on strategies to change the man's behaviour;
- attempt to theorise or work out why the man is using violence; or
- 'lock horns' with the man if he is resistant to change.

It is **critical** that you do not try to mediate between a man and his (ex)partner. Mediation is never an appropriate response to family and domestic violence, for reasons discussed on page 52.

### Practice Tip

**Much of the time, you can mitigate the risk to a child by partnering with a mother and strengthening her capacity to protect her children, as well as by intervening with the perpetrator. Sometimes, however, these actions are not enough. A perpetrator might present such a risk to the child that you need to take assertive, unilateral action. This is an important element of your role as a child protection worker.**





## Men who pose a particularly severe risk

Family and domestic violence perpetrators often share more similarities than differences, and it is not useful to categorise them. Attempts to divide perpetrators into particular typologies have not proven useful in terms of assessing or treating them (Jones et al. 2010; Vlasis 2011).

However, there is a category of family and domestic violence perpetrators—approximately 10–20 per cent—who have particularly severe histories of using family and domestic violence that are somewhat distinct from the majority of perpetrators. These men might have significant criminal histories, and are the most difficult to change through treatment (Gondolf 2012).

These men pose a particularly severe risk and require enhanced supervision, containment and monitoring from the civil and criminal justice systems. While referral to an MBCP is still important for these men, the ability to change their behaviour might be limited.

## Risks associated with engaging men

### Risks to women and children

Engaging perpetrators of family and domestic violence without adequate attention to your practice has the potential to endanger women and children. Their safety might be compromised, for example, by:

- you allowing disclosures of violence to pass without notice;
- you colluding with or supporting a man's sexist portrayals of women (for example, as 'natural' victims, or naggers, or sex objects, or figures for ridicule); and
- a man using what he has heard you say to justify or make light of his own use of violence.

There are also other risks of engagement, such as:

- a man claiming it as proof that the problem is 'fixed';
- a man using it as a way to influence a magistrate's decision making; and
- a woman seeing it as proof of her partner's likelihood to change, and therefore as a reason to stay in the relationship or relax her safety planning and precautions (No To Violence 2011).

### Practice Tip

**The benefits of careful engagement outweigh the risks. It is your responsibility to make sure that your practice is safe, non-collusive and always focused on the best interests of children and women.**

### Risks of collusive practice

Men who perpetrate violence can be persuasive and subtle in the ways they downplay, deny, justify and rationalise their behaviour. Furthermore, they hold implicit beliefs—about women, relating to women and relationships—that enable them to feel right and vindicated regarding their behaviours and to perceive themselves as the victim in their interpersonal relationships (Dempsey & Day 2011; Gilchrist 2009, reported in NSW Department of Attorney General and Justice 2012).

When you are trying to engage a perpetrator of family and domestic violence, it is very likely that he will try to get you to collude with his narrative about the violence, perhaps by:

- presenting as calm, collected and reasonable;
- presenting his (ex)partner as irrational, unreasonable or mentally ill;
- lying about or omitting known facts, or presenting a partial picture;
- claiming his partner is lying or fabricating evidence;
- claiming 'the system' is out to get him;
- speaking on behalf of his (ex)partner—especially if he is her carer;
- claiming the violence is mutual;
- acknowledging some wrongs while not accepting responsibility; or
- attempting to use humour or other forms of charm to win you over.

If you collude, you might reinforce the perpetrator's violence-supporting narratives, at considerable cost to his family members.

## **Risks of other unsafe practices**

Other unsafe practices when engaging perpetrators of violence include:

- ignoring indicators of risk that the men reveal to you;
- using a confrontational approach;
- taking their word without checking the evidence; and
- focusing on parenting issues rather than the violence.

These have serious implications for the safety of children and women.

### ***Ignoring indicators of risk***

Women and children should be your primary sources of information about risk (see page 62). However, it is possible that in the course of contact with a perpetrator of family and domestic violence, he will reveal previously unknown information relevant to risk. For example, he may hint that he knows his partner's whereabouts or disclose that he is getting drunk more frequently. This information should never be ignored. It indicates a need to immediately revisit the family's risk assessment and make appropriate changes to safety planning and risk management.

### ***Confronting a perpetrator***

Confrontation is the extreme opposite of collusion. A confrontational approach, such as *continuously* challenging a perpetrator's denials or justifications can result in him feeling that he is losing control of the situation. This may result in an escalation in violence. See page 55 for a discussion about how to respond to violence-supporting narratives without being too confrontational.

### ***Taking a perpetrator's word without checking the evidence***

The combined effects of entitlement-thinking, denial and other violence-supporting narratives mean that you cannot rely on a perpetrator's account to determine the level of risk he poses to his children and (ex)partner. Perpetrators' self-reports commonly understate the amount of violence being experienced by their family members, and women often describe more frequent and severe levels of all forms of abuse than their (ex)partner admits to (Day et al. 2009). Perpetrators of violence also typically focus on physical behaviours and overlook a range of more subtle psychological or controlling forms of violence.

#### *Practice Tip*

**All information that a perpetrator provides about his use of violence should be verified against information provided by his (ex)partner and children and—to a lesser extent—any other sources, such as court and police records, school personnel and medical records.**

It is also not wise to take at face value a perpetrator's statements about his parenting or his relationship with his child. As discussed on page 32, perpetrators of family and domestic violence commonly overstate their qualities as fathers. As well, they are often adept at portraying themselves in a positive light in the public realm, including when interviewed by professionals (Bancroft & Silverman 2002).

#### *Practice Tip*

**When completing Signs of Safety assessment and safety planning, look to the child and their mother for evidence before attributing a strength to the father in the 'What is working well' column. Incorrectly identifying strengths through relying on the man's self-reports can reinforce the perpetrator's behaviour and downplay the impact of his violence on the child and their mother.**



Signs of Safety Assessment and Planning Form, Fairies and Wizards, Three Houses

Perpetrators' hopes for the future should also be treated with some scepticism. This is not to say that a perpetrator never means what he says. Rather, it is important to recognise that his motivations to change are likely to be overshadowed by his resistance to change, defensiveness and preference to maintain things the way they are. Making change takes a lot of consistent, hard work over a lengthy period and few men achieve this level of commitment.

Be particularly wary of a perpetrator's professed remorse. This common phase of the cycle of violence is usually short lived and is often accompanied by the man's attempts to secure or retrieve the relationship (sometimes called a honeymoon phase). Unless the man is being intensively encouraged and supported to understand the impacts of his violence on his family members, it is likely that his remorse will be self-centred—focusing on the consequences for him, his fears, and his own feelings of self-pity. At some point, this will generally be overshadowed by his need to reassert control and the cycle of violence resumes.

### ***Focusing on parenting skills rather than the violence***

Perpetrators of family and domestic violence harm children because of their controlling behaviours, sense of entitlement and self-centred attitudes.

While they might also have poor parenting practices and poor relationships with their children, it is critical to address the violence first. Otherwise, there is a considerable risk that the man will learn strategies that he might twist to further increase his control.

There is a role for assisting a man with parenting skills only when he:

- has made changes in his controlling behaviours and sense of entitlement; AND
- better understands his children's needs and clearly prioritises these above his own 'needs'.

## Service responses to men

### The importance of appropriate referral

Referral is an important aspect of engaging perpetrators of violence. The act of referring reinforces to the perpetrator that his violence is unacceptable and needs to stop. It also provides an opportunity to stress that he will need support to change his behaviour.

Men who perpetrate violence might present with a range of complex needs and it is important to ensure that you refer them for an appropriate intervention. An inappropriate referral will result in continued risk to the child and their mother.

Three forms of intervention are considered safe and appropriate for men who perpetrate family and domestic violence:

- WA Men's Domestic Violence Helpline;
- men's behaviour change programs; and
- individual violence-focused counselling.

Some forms of intervention are not safe and appropriate in the context of family and domestic violence:

- anger management;
- couples counselling, mediation and family therapy; and
- individual counselling that does not focus on the violence.

## Appropriate responses

### *Men's behaviour change programs*

MBCPs work with men who perpetrate family and domestic violence, and the (ex)partners and children of those men. They typically provide assessment, group work and in some cases supplementary individual counselling and case management for men. For women, they provide support, information, referral, safety planning and, in some cases, counselling and case management. Some programs also have services that can directly support children.

MBCPs are not self-help programs. They utilise trained workers with professional supervision and accountability.

See page 61 for detailed information on MBCPs.

### *WA Men's Domestic Violence Helpline*

The WA Men's Domestic Violence Helpline (the Helpline) is a 24-hour statewide telephone counselling and referral line for men who perpetrate family and domestic violence. Its primary functions are motivating men to use an MBCP or violence-focused counselling, and referring them to their most local service.

In areas where the wait for an MBCP or violence-focused counselling might be several weeks, the Helpline can provide short-term telephone-based counselling for men during their wait, giving them support when they are most in crisis.

The Helpline is not a substitute for face-to-face work with men. While it can assist with maximising readiness to change, it is unlikely that this level of engagement would suffice to support changed behaviour.

You are welcome to make a 'warm referral' by calling the Helpline when the man is in your office.

The contact numbers for the Helpline are (08) 9223 1199 or Free call 1800 000 599.

### ***Individual counselling that focuses on the violence***

In regions of Western Australia that do not have MBCPs, individual counselling may be the only option for men who perpetrate family and domestic violence. However, there is considerable risk that an overly therapeutic approach might cause harm, for example, by the counsellor colluding with the man's violence-supporting narratives.

It is therefore critical that the counselling is clearly focused on the violence and on the man stopping his violence. The counselling approach needs to be underpinned by recognition that, irrespective of the circumstances associated with the development of his use of violence, the man needs to stop his violence and controlling behaviours now, rather than waiting for healing.

Individual counselling should only take place once risk has been assessed and a risk management plan is in place. There also needs to be an agreed approach to monitoring risk and responding to changed risk.

Some MBCPs have waitlists. It is preferable for a man to be referred to a program and waitlisted, rather than referred to individual counselling.

### ***Practice Tip***

**Where there is an MBCP within a 75-minute journey for a client, it is strongly preferable to refer the man to that program, rather than to an individual counsellor, even if there is a waiting list for the program.**

See page 69 for detailed information on individual violence-focused counselling.

## **Unsafe/inappropriate interventions**

### ***Anger management***

Anger management programs are never an appropriate intervention for perpetrators of family and domestic violence because they:

- reinforce men's beliefs that their violence is a result of their anger 'getting out of control', rather than a deliberate choice (see Figure 1);
- do not address the controlling, patterned and multifaceted nature of family and domestic violence;
- can reinforce the tendency for family and domestic violence perpetrators to see themselves as victims (of the various things and people they perceive as 'making them angry'), thereby helping them feel justified to act abusively; and

- do not include a component supporting the safety and recovery needs of those affected by his violence, which is as important as the work with the man himself (NSW Department of Attorney General and Justice 2012).

Many perpetrators use anger as an excuse for their use of violence, using narratives such as 'I have an anger control problem' or 'I am an angry man'. These narratives strengthen the risk that they will continue to use violence once they experience anger, especially righteous anger founded on entitlement-based expectations of their partner and/or their children.

Anger management programs generally do not help men to realise that anger isn't the source of the problem, but rather a system of attitudes and beliefs that reinforce problematic decisions about how to behave when they experience anger and some other intense emotions.

For further information, see the related resource *Behaviour Change Versus Anger Management*.

### **Couples counselling, mediation and family therapy**

Couple counselling, mediation and family therapy are potentially dangerous in the context of family and domestic violence, as they can increase the risk of further violence. A woman who participates in couples counselling might feel intimidated about speaking or might censor what she says to protect herself. This can reinforce her sense of powerlessness and the sense of secrecy about the violence she is experiencing.

Dyadic approaches can further enhance the perpetrator's power, especially if he has coerced his partner into participating or is allowed to dominate the agenda and discussion of the session. The perpetrator can use the couple's counselling or mediation session to make demands of his partner or use subtle threatening signals, coercing her compliance due to the constraints on her freedom to speak her mind due to the fear of retaliation. Her reasons for not complying or for taking particular actions, based on the need to protect herself and her children, can therefore remain invisible in the couples counselling or family therapy context. This can enable the perpetrator to successfully draw the therapist into colluding with his view (Mederos 2004).

Conversely, the feeling of safety associated with the counselling or mediation might lead the woman to speak more frankly than usual, which might carry the risk of the perpetrator subsequently retaliating with violence or intimidation (Respect and Relate 2008).

There is also a strong possibility that dyadic approaches will introduce or strengthen a narrative that the man's behaviour is due to a relationship problem and/or that responsibility for the violence is somehow shared by the woman (Respect and Relate 2008).

The above reasons why couple counselling or mediation can increase risk of further physical violence apply equally to family therapy approaches. Indeed, the pressures on the victim to censor her account of his violence and coercive control can be even greater in family therapy, due to the presence of her children. This can further increase the gap between their lived realities of his violence, and the propaganda that the man might be trying to instil into the family that blames others (for example, the mother) or that minimises his behaviour.

In situations where child protection workers are considering referral to couple counselling, for example when a man has stopped using violence and controlling behaviour for a significant period, and his partner feels safe and does not feel coerced, this should be undertaken in consultation with a MBCP facilitator or the Men's Domestic Violence Helpline.

### ***Individual counselling that does not focus on the violence***

Individual counselling that does not focus on the violence risks strengthening perpetrators' violence-supporting narratives. Unfortunately, the reality is that the majority of psychologists, social workers, psychotherapists and other counsellors are not trained in the dynamics of men's perpetration of family and domestic violence.

This can result in them having a poor assessment and limited understanding of the man's behaviours and the breadth of his use of violence, resulting in collusion with the man's violence-supporting narratives that his violence is minimal or not the most important thing to work on.

Many counsellors, unless specifically trained in working with perpetrators, can also tend to collude with the man's violence-supporting narratives, given how persuasive and believable men can be when they talk about their behaviour and their partner. A specific skill set is required to identify men's invitations to collude, and their underlying violence-supporting narratives.

The counsellor's choice of what to work on is also critical. Those untrained and inexperienced in working with men who perpetrate family and domestic violence can tend to prioritise issues such as the man's self-esteem, family-of-origin experiences or other approaches that focus on healing and addressing psychological issues. These approaches can be problematic in an individual counselling context as they communicate that his use of violence is not the most important issue to work on. They also don't involve working with the man on strategies to address his use of violence during the time (months or years) that it takes for these psychological issues to be addressed or healed.

Another fundamental risk with individual counselling is the lack of partner contact associated with this approach. The preferred approach—men's behaviour change programs—offers contact and support to (ex)partners to enable risk assessment, safety planning and risk management. MBCPs are also preferred because men's self-reports of their behaviour are generally unreliable, even after they have begun a process of behaviour change.

Individual counselling that does focus on the violence—termed *individual violence-focused counselling* in this guide—can be a suitable referral option in those situations where an MBCP is not within approximately 75 minutes transport time for the man. When a program is located within this vicinity, referral to the program should be prioritised over referral to family and domestic violence counselling. If there is a waiting list for the man to enter the program, it is still generally preferable that he wait to start the program than to be referred for individual violence-focused counselling, even if such counselling can commence work with the man sooner.

Criteria to assist you to know whether a practitioner is able to provide individual violence-focused counselling are outlined on page 69.

## Safe practices in engagement

You need to give maximum attention to safety in all of your engagement with perpetrators of family and domestic violence.

### Contact with the perpetrator

Contact with the perpetrator must be carefully managed, as such contact may pose a risk to his (ex)partner and children, and even to you.

#### Practice Tip

**Consider your own safety as well as that of the perpetrator's family members when deciding on a venue and format for the interview. Encourage the perpetrator to meet at the child protection office, or in some situations, a police station.**



Facilitation – Facilitating Signs of Safety Meetings with Families (see section on safety)

### Timing

It is important that you gather as much information about the child's context from them, their mother and collateral sources (such as police reports) before interviewing the perpetrator. This will help you to get a good idea about:

- the best circumstances in which to interview the perpetrator;
- the degree to which the investigation and interview process is likely to increase risk to the child and their family members;
- how likely it is that the perpetrator will retaliate against his family members for their disclosures;
- whether interviewing him presents any safety risks to you; and
- the truth or likely truth in relation to his claims.

### Interviewing

Many of the risks inherent in couples counselling and other dyadic responses (see page 52) also apply to joint interviewing. Interviewing a perpetrator in the presence of his (ex)partner, children or other family members can put them in a difficult position—especially when he lies or distorts the truth about his violence, or shifts the blame to them. If one or more family members speak up about the lie or distortion, they might risk retaliation from him for speaking the truth. If they choose to stay silent due to fear, their experiences and voices become further marginalised and disempowered.

#### Practice Tip

**It is strongly preferable not to interview a perpetrator in the presence of his family members. If this is unavoidable, consider the safety of the family members and the ramifications of them disclosing more than the perpetrator would want. Discuss the specific situation with your manager/supervisor and make provisions to address the safety of family members during and after the interview.**



Facilitation – Facilitating Signs of Safety Meetings with Families (see section on safety)



## Confidentiality

In the process of assessing and/or working with a family, you will gather a considerable amount of information about them. In many situations, there will be a significant risk that a perpetrator will seek to punish his family members for talking about the violence.

### Practice Tip

**Wherever possible, you should not reveal to a perpetrator what his (ex)partner and children have told you. If you need to reveal a disclosure in order to respond to a duty of care issue, you should work with the perpetrator's family members to prepare a safety plan for them before revealing the information.**

You may draw extensively on collateral information when you communicate with a perpetrator. For example, if a woman has reported that her partner punches the walls and you have a police report noting a hole in the living room wall, you might say "John, when police attended your home last week, they noted a hole in the living room wall. How did this come about?" (Note that there is no reference to him having punched a hole in the wall). You can also draw on collateral information if you choose to challenge a perpetrator's lies.

## Engagement micro-skills

### Building rapport

One of your challenges as a child protection worker is to give the perpetrator space to tell his story and points of view, while not giving the impression that you are supporting or subscribing to his violence-supporting narrative. The key here is to establish a working relationship by (Mederos 2004):

- demonstrating interest in him, for example, by asking him about parts of his life that he seems willing to talk about, such as how he met his partner, what he liked about her, what he thinks are the most important things about being a father, what it takes to be a good father, whether he has fun with his kids or what he does to relax;
- clearly explaining your role, for example, by saying "I'm here to help you keep your children safe, and to provide you with support and services so that you can help them be safe";
- clearly explaining the concerns and what he's expected to do; and
- listening sympathetically, for example, by using good active listening skills, attending to what is being said *and* not said, and paraphrasing and summarising what he says while minimising collusion with his violence-supporting narratives. Remember that in your role as a child protection worker, you are listening to understand, not to agree.

Wherever possible, acknowledge the perpetrator's feelings or worries, but focus attention on his actions and behaviour. For example:

*Perpetrator*                      *She just yells and screams and tells me to f... off when I talk to her about not spending too much money, I'm sick of it.*

*Child protection worker*      *I can hear that you have a lot of worry about money. Can you tell me more about what happens in these situations, what do you do next?*

## Practice Tip

**It is to be expected that a perpetrator of family and domestic violence would resist your attempts to get him to talk about his behaviour. It is usually productive to acknowledge this directly. For example, you might say, “It sounds like this is a very difficult conversation to have. Is this something you’ve never talked to anyone about?” You could also try, “I’d like to try to understand more about what has been happening, but I can understand that this is very difficult for you to talk about” or “What will make it less difficult for us to talk about this?”**



Practice Principles that build Partnerships, Questioning Approach, Building Safety when Harm is Denied

To build rapport, it is helpful to separate the man and his behaviour. Often men who perpetrate violence are afraid to talk about their behaviour because they are worried they will be seen as monsters, failures or bad fathers. Society judges these men as bad people, and they will expect you to judge them this way too. A man who feels judged will be more defensive and less likely to open up.

As discussed previously, there is always a chance that a man will change. You should treat him as an ordinary person who has made very bad choices—ones that hugely affect others—and view him as someone who is capable of making different choices in the future.

## Avoiding collusion

As discussed on page 47, it is highly likely that a perpetrator of violence will try to recruit you to reinforce his violence-supporting narratives. Ways that you might inadvertently collude with a man include smiling or laughing at jokes and allowing him to refer to his (ex)partner disrespectfully (for example, by not using her name or using a derogatory name). However, probably the most common form of collusion is consistently allowing a man’s disclosures, justifications or blaming to pass without comment.

It is often difficult to know how to respond to a man whose version of reality is highly discrepant with that of his family members and the collateral evidence. Immediately challenging each and every statement is likely to harm your chance of building rapport with the perpetrator. Instead, make mental notes and challenge a few examples at once—perhaps around a common theme. It is not necessary (and probably counterproductive) to try to force a man to accept your point of view. It is sufficient for you to state it and have him hear it.

## Practice Tip

**Given centuries of community collusion with men’s violence against children and women, it is unrealistic to expect yourself to never collude. It is preferable to continually reflect on your practice and seek to gradually strengthen both your recognition of invitations to collude and your response to them.**

## Motivating men toward change

Most men who perpetrate violence have strong motivations to both end and maintain their violence. Often these are contradictory. For example, a man might desire a warm and close connection with his children, while at the same time relating to them as possessions.

He might want to act lovingly toward them, but be unwilling to set aside his own needs in order to do so. Most of the time, men's motivation to maintain the known and certain control won from violence is higher than their motivation to endure the uncertainty and vulnerability that is inherent in stepping away from violence.

Often, men have contact with child protection before they have contemplated changing their behaviour in any way. When this happens, external motivators (such as sanctions or loss of/reduced access to children) can be instrumental in prompting men to agree to referral or participation in an MBCP or violence-focused counselling. Indeed, research shows that few men participate in behaviour change processes without some form of external motivation.

Yet external motivators alone are unlikely to facilitate rapport or build engagement. The *invitations to responsibility* approach (Jenkins 1991, 2009) has been used for some 20 years to achieve these purposes. Drawing on the theory and practice of narrative therapy, *invitations to responsibility* is a process of helping men to identify reasons for not using violence and the barriers and enablers of change. One of the features of *invitations to responsibility* is that it employs a collaborative, gentle and respectful approach rather than attempting to force or shame a man into changing his behaviour (Stanley, Miller & Foster 2012). This is generally more productive than a confrontational approach:

*Workers who seem respectful and empathic, and who use open questions and reflective statements in order to check their understanding regularly seem to create less resistance; those who take the position of the expert, who try to argue or persuade the client to change, or who are explicitly confrontational tend to create greater resistance from clients. (Forrester, Westlake & Glynn 2012)*

As a child protection worker, it is not your role to work deeply with a man around his perpetration of violence. However, *invitations to responsibility* can also be a useful tool for engagement. Examples of questions utilising an *invitations to responsibility* approach are:

- How might your kids benefit if you did some work on your behaviour?
- How do you think your relationship with your kids might change if they weren't feeling scared of you?
- What could become possible in your life if you didn't use violence when you felt upset?
- What type of father would you like to become, or be more of the time? What would it mean to you if you were that Dad, or that Dad more of the time? What do you do that gets in the way of this?

## Practice Tip

**Perpetrators of family and domestic violence go to great lengths to maintain their sense of control. A conversation that is too far out of a man's 'comfort zone' might result in him feeling out of control, threatened and defensive. It is preferable to focus on taking small steps and making small connections rather than risk overwhelming the man in the course of one or two conversations. Often, you might need to introduce an idea and return to it at a future point or present the same idea in different guises over multiple sessions.**



Questioning Approach, Solution Focused Scaling Questions, Principles that build Partnerships

## Taking culture into account

Violence against children and women is grounded in cultural norms related to gender, gender roles, and relationships. Everyone has culture, and it is important to know *how* that culture informs their narratives about parenting and about family and domestic violence. You should always consider cultural factors that might impact on risk, or on a man's engagement or narratives about his violence.

It is helpful to:

- respectfully enquire about a man's cultural identity—while culture profoundly shapes the way we see the world, each person experiences and lives culture differently; some may strongly identify with their cultural heritage while others may see their cultural heritage as a small part of their identity;
- be attuned to the extent that he uses culture as part of his violence-supporting narratives;
- explore who in his community might be able to support his journey toward keeping his family members safe;
- identify cultural practices that may help him manage his emotions; and
- identify aspects of culture that are likely to affect his engagement in services, for example, being unable to talk in front of a female professional (Tamatea & Brown 2011).

It is also vital to explore with a man what in *his* culture supports non-violence and family safety. For some men, a narrative around treating family members and partners with respect might be important. For others (such as those who have faced cultural oppression), the idea of oppression being wrong might be more productive.

These cultural considerations should be part of your practice with all men. When you are working *across cultures*, there are other considerations. In particular, it is important for you to be deeply aware of your own assumptions, values and beliefs about gender, violence, power, children and parenting. You also need to recognise and understand the prejudices and stereotypes you undoubtedly hold. It is infinitely preferable to acknowledge and work on these than to deny they exist.

All people perceive professionals through the lens of culture. In cross-cultural situations, this may affect the depth of communication that is possible. For example, in relation to work with Maori and Pacific peoples in offender rehabilitation in New Zealand, some practitioners have found that when an offender sees a practitioner as a venerated older man, specific modes of conduct often follow, such as deference and/or not speaking unless invited (Tamatea & Brown 2011).

In many cultures, talking with someone outside the family may be considered shameful. There are often also strict protocols around what can and cannot be discussed with someone of the opposite gender. If it seems these issues might be affecting the quality of the communication, you could:

- ask the man if he would prefer to speak with someone older/younger or of the same gender;
- attempt to address the issue directly, perhaps by acknowledging that he may not be used to speaking with an outsider about these issues; or
- offer to invite a cultural ally or advocate into the process.

It might also help for you to talk about your clinical role, your professional ethics regarding confidentiality, and your longstanding experience talking about issues related to children's safety and wellbeing.

Most men will call on cultural justifications for their use of violence. If you do not share a man's culture, you might find it difficult to know how to respond to his justifications. Staff in migrant resource centres and ethno-specific agencies, religious leaders and other valued community leaders can often provide you with information about how men from their culture act non-violently and respect their family members. It is important to have both male and female cultural informants; sometimes women will be more inclined to debunk cultural justifications. Cultural informants might also be willing to be advocates and role models for non-violence.

### Practice Tips

- **In every culture, there are values, traditions and practices that support abusive and coercive relationships *and* that support and promote safe and respectful relationships. Male entitlement can look different in different cultures, as well as sharing significant similarities. While it is possible that male entitlement might be more overt in some cultures than others, it is often more difficult to identify entitlement and privilege in our own culture than in another. This can make it seem that entitlement and privilege are more entrenched and overt in other cultures than our own.**
- **Cultures that tend to express a more overt form of entitlement, or are perceived as such due to bias, are not more misogynist or more violent. There is no evidence that men who express their sense of entitlement directly (for example, by asserting that “she deserved it”) are more dangerous than those who deny their use of violence. It is vital to base your assessment of dangerousness on evidence-based risk factors, the victims’ level of fear, and professional judgement.**

You also bear responsibility for ensuring that there are no systemic barriers to a man's engagement in the context of your cross-cultural relationship. This means:

- providing a suitably qualified interpreter if required (see Casework Practice Manual Entry 1.20 *Language Services*);
- providing professionally translated materials if required;
- creating or maintaining gender-segregated spaces if required; and
- identifying and working to overcome any barriers within agencies that you are referring to (including those linked to a man's migrant or refugee experiences).

### Practice Tips

- **It is likely to take longer to engage a man who does not feel his cultural safety is guaranteed. You are responsible for delivering a culturally safe environment. To do this, you might need to engage a man around a range of issues, not just his violence.**
- **Secondary consultations and co-case management are advised for all work with women and men from CALD communities, but especially for people who are newly arrived or refugees.**
- **Non-Aboriginal child protection workers working with an Aboriginal child, family or community are working cross-culturally. However, the legacies of colonial experience are such that there are also other important considerations for working in this context. Please see page 77 for discussion and practice tips.**

Arean (2007, p. 22) provides some examples of ways in which you can use cultural considerations as an ally in encouraging reflection toward taking responsibility for family and domestic violence:

*I know that not all men in your culture believe that it's acceptable to use violence in the family.*

*Do you know any men from your culture who do not use violence in their families?*

*Why do you think some men in your culture choose not to use violence in their families?*

*Every culture has men who choose to use violence and men who refuse to do it, including my own culture (give concrete examples).*

*Do you want your children to believe that it is acceptable to use violence in your culture? How will this affect them?*

## Talking with the man about the harm his behaviour causes his family members

While you and a perpetrator of family and domestic violence might disagree on many things, you might find common agreement in wanting what is best for the child. Framing your engagement with a man around the importance of the child and the child's needs can sometimes be helpful. For example, you might ask a man what he thinks are the effects of his behaviour on his child. If he struggles to suggest any, you could give him some age-appropriate examples of effects on children and ask if he has noticed these in his child.

Fathers who perpetrate family and domestic violence usually have little or no understanding of the effects of their use of violence on their children, especially if the children aren't physically present when the violence occurs. Generally, it takes some time for men to come to see, understand and accept the effects of their violence on their children. In the early stages of engagement, men's romanticised notions of fatherhood (see page 32) often mean that they are highly defensive about their impact on their children. A man's narrative of "... but I'm a good father" might be very strong.

### Practice Tips

- **Do not explore the effects of family and domestic violence on children if a man is hostile or if there is a concern he might retaliate.**
- **Disclosing or discussing family and domestic violence can arouse emotions such as shame, guilt and humiliation. Allow room for the man to express these emotions and validate the emotions if they arise, but don't overdo it. Remorse is not necessarily a sign of an intention to change behaviour (see page 49).**
- **Perpetrators of family and domestic violence often lack empathy for their (ex)partner, so asking a man about how his behaviour is affecting her might be unproductive.**

## De-escalating

It is critical to the safety of a perpetrator's family members that you do not antagonise him. If his position appears fixed, it is neither safe nor helpful to engage in debate. Agreeing to disagree is the best approach here. The worst outcome of an interview is the perpetrator leaving in an agitated state.

## Practice Tip

**Child protection workers must consider their own safety when engaging with families. Refer to the *Administration Manual 1.7.03 Dealing with Aggressive Behaviour by Clients* for more information.**

If the man is starting to escalate, consider the following (Mederos 2004):

- If the escalation is not severe or very threatening, you might say, “When you [describe behaviour, using specific statements of what he said or did rather than general judgements or terms like “when you get angry . . .”], it is very disruptive and threatening, and it makes it very difficult for me to work. I know that you are upset and that you don’t want this interview to happen [use words that reflect what the man might be experiencing and thinking about the interview], but if this continues, I will need to close this discussion and record why it could not be continued in the case record. I’d prefer to keep the discussion going, I haven’t had a chance to understand how you see things.”
- If the man’s behaviours are severe and very threatening, or if they continue to escalate despite your attempt to set limits, end the interview. You might say “How about we stop the discussion for now, we can continue this later. What do you think, shall we stop?” The use of a question here is deliberate, as an attempt to leave the man with some sense of control by asking him what he’d like to do—this might help him to feel less agitated after the interview. If he replies that he wants to continue the discussion, it is important that you set clear limits about his behaviour, and what will happen if he again transgresses these.

## Referring

Any person being referred is entitled to know:

- why they are being referred;
- the benefits (for themselves and others) of being referred;
- any risks in being referred;
- their responsibilities in relation to the referral;
- the referrer’s responsibilities and processes for the referral;
- what to expect from the referral; and
- their rights in relation to the referral.

When referring a man, it is also very helpful to identify barriers to his uptake of the referral and the steps required to overcome these.

As a child protection worker, you have access to significantly more information than other counselling or health professionals. When you refer, the onus is on you to provide the recipient of the referral with as much information as possible about the man, his context and his violence. You must ensure that all professionals working with the man and his family members are aware of the violence and the current level of risk, and that their work also holds the man accountable for his violence.

Regardless of whether you refer to an MBCP, individual violence-focused counselling or another form of professional support, it is generally desirable that you maintain your engagement with the man. Your role is to support his participation, monitor the level of risk he poses, and assist in assessing his capacity to meet the goals of his case plan.

## Reflective practice

For most child protection workers, engaging perpetrators of family and domestic violence will be a new or relatively new experience. It is vital that you look for support to develop and enhance skills in this important area of practice. Supervision is critical, both for the safety of children and women and to increase the effectiveness of your practice. Your Team Leader will also be a key source of support.

All work with traumatised children is personally challenging. Working with men who use very overt forms of gendered power, or who are very intimidating and/or violent, can be particularly hard—especially for women. Make sure that supervision includes opportunities to address the personal dimensions of your work.

You may contact the Men's Domestic Violence Helpline for a secondary consultation regarding any perpetrator of family and domestic violence. The professionals on the Helpline can assist you to work out how best to engage a man, and where to refer him once he is engaged.

Remember the important role that cultural informants can have in deepening your understanding and strengthening your work with any man whose culture is different to your own.

When reflecting on your work with a perpetrator of family and domestic violence, return to the key objectives of the engagement and on a scale of 1 to 10 rate how this engagement will help make life safer and more secure for the child.

## Assessment, case management and referral

### Assessing the man and developing a case plan

#### *Assessing*

Reasons to assess a father include to:

- complement the risk assessments of a child and their mother;
- recognise genuine strengths and areas for improvement in his capacity to parent safely and in the child's best interests;
- decide what is needed to manage risk and increase the chances that he will be able to parent positively in the future; and
- refer appropriately and provide the recipient of the referral with detailed information about the man and his context.

#### **Information sources for the assessment**

Your assessment of a man should primarily be informed by:

- the child's experiences and the meaning they make of the man's use of violence;
- his (ex)partner's assessment of the risk he poses, the nature and extent of her fear for herself and her children (see Section 3);
- collateral information from police reports, school staff, previous child protection assessments, and other professionals from within the integrated family and domestic violence system;
- interviews with the man himself.



## Practice Tips

- **It is critical that a man is not assessed until after the child and (ex)partner have been assessed, although information from his assessment might add to their assessments.**
- **Remember that men often deny, downplay or understate their violence and overstate their care and regard for their child. Where there is a discrepancy between a man's narrative and that of his (ex) partner, you should privilege her narrative unless there are significant clinical reasons to doubt it.**



Signs of Safety Assessment and Planning Form, Building Safety when Harm is Denied

### What information to gather

In addition to gathering information outlined in Casework Practice Manual Entry 14.1 *Family and Domestic Violence Screening and Assessment*, there is other information specifically related to perpetration of family and domestic violence that can help you build a coherent and meaningful picture of risk and the man's parenting capacity. This includes information about:

- the risk of physical danger experienced by the mother;
- the risk of the man using or escalating any form of violence toward the mother post-separation;
- his history of physical abuse toward the children (note that this might increase post-separation due to reduced opportunities for the mother to monitor the man's parenting);
- his historical approach to discipline, and the presence of rigid, authoritarian parenting;
- how he reacts when he is feeling strong negative emotions in relation to the children;
- his history of sexual abuse or boundary violations toward the children;
- the level of psychological and emotional cruelty he is using against the mother or the children, including but not limited to his use of the children as weapons to exact revenge against their mother;
- the risk of manipulating the children as a means of controlling the mother, and the risk of this escalating post-separation;
- the level of coercive or manipulative control he has exercised in the relationship;
- the level of entitlement and self-centeredness that he exhibits;
- the risk of him continuing to undermine parent-child relationships, and of this escalating post-separation;
- his history of placing children at physical or emotional risk while abusing their mother;
- his history of neglectful or severely under-involved parenting;
- the extent of his acceptance that the relationship with the child's mother has ended (and/or his acceptance of her having formed a new relationship);
- the level of risk that he will abduct the child;
- his substance use and abuse; and
- his current and past mental health.

## Practice Tip

**These indicators are taken from and explained in more detail at [www.lundybankcroft.com/?page\\_id=261](http://www.lundybankcroft.com/?page_id=261)**

You should also consider the extent to which the man acknowledges the effects of his violence on his children. For example, has he taken any steps to try to undo past damage, or has he any such steps planned?

## Practice Tip

**There are many ways that children are exposed to violence and all of them pose a risk of long-term harm to a child's emotional and neurological development. Make sure that you consider all the forms of exposure listed on page 23.**

Keep in mind that a man's presentation can reveal a good deal about his thinking and attitudes. For example, his strong sense of entitlement to his child or (ex)partner might be evident in him appearing untouched by or unconcerned about your involvement in the family's life, speaking very possessively of his (ex)partner or child, or being deeply hostile to your involvement. Any of these might indicate risk. It is critical, however, not to assume that his respectful, positive or engaged presentation means he poses less of a risk.

## Case planning

The ongoing determination of realistic family goals is an important feature in the Signs of Safety framework. However, family goal setting is a more complex process in situations of family and domestic violence. This is because:

- it is generally neither safe nor appropriate for you to see the man and woman together, especially not at the beginning stages of work with the family, and not when the man's use of violence and abuse is continuing (see page 52 for further information);
- the child's mother and father are likely to have quite different goals—even if they both agree that safety is an important goal, they are likely to have quite different understandings of this;
- given the unequal power relationships inherent in the use of family and domestic violence, it is likely that the man's voice will dominate and the woman's will have little space; and
- there is a tendency among child protection workers, in English-speaking countries at least, to focus on women's parenting and relieve fathers of responsibility for their behaviour and the child's safety and wellbeing (Brown et al. 2009; Hobart 2008).

Hence, in the Signs of Safety Assessment and Planning Form, for the field on Family Goals, you should consider and list separate goals for each parent.

A man's case plan should clearly state what needs to be different in his behaviour and set out specific, measurable expectations concerning behaviour change. Examples of behaviour change that you might wish to include in a man's case plan are provided in *Appendix II—Elements of a case plan for family and domestic violence perpetrators* (see page 87).

If the case plan includes referral—for example, to an MBCP or individual violence-focused counselling—it should include an outline of how you anticipate that the referral will contribute to achieving the goals set out in the case plan.

If the man refuses to be referred, the case plan should stipulate what will happen, given the situation. It is important to realise the limitations of your engagement—do not try to push him to participate, instead continue to try to promote his readiness to participate in a service.

### *Practice Tips*

- **A man's lack of willingness to be referred might indicate a significant risk of continued use of violence—this is important information to know.**
- **A man's refusal to provide consent for the exchange of information between DCP and programs or services that you have referred the man to also indicates significant risk of further violence. In this situation, you should consider that he has not complied with the conditions of the case plan.**
- **It is important to document the ways in which the man is and/or isn't complying with each of the elements of his case plan. This documentation assists with ongoing risk assessment and risk management, and with information sharing with other agencies involved in a systems response.**

Appendix II provides some examples of the elements that you might employ in a man's case plan.

## **Referring to and supporting participation in men's behaviour change programs**

### ***Your role in relation to men's behaviour change work***

In men's behaviour change work, perpetrators of family and domestic violence receive specialised information, engagement and support toward the goal of ceasing their violence.

As a child protection worker, your role with a man in relation to men's behaviour change work includes:

- stating or affirming the need for him to change his behaviour;
- explaining the role and value of specialised support to change his behaviour;
- assisting him to access specialised support; and
- supporting his continued participation in an MBCP, including (potentially) via case management (see page 71 ).

All of the engagements that you have with the man can contribute to the possibility of him utilising and benefiting from an MBCP.

### ***Core features of men's behaviour change programs***

While there are some variations between different MBCPs, core features of a program include:

- assessment of the man, incorporating at least one face-to-face interview and a detailed process of gathering information about his violence, violence-supporting narratives, reasons for wanting to participate in the program, legal standing, and indicators of risk;

- proactive contact with the man's (ex)partner, if she wishes it, commencing with a detailed risk assessment and development of a safety plan, as well as an appraisal of her needs for information, support and assistance;
- ongoing contact with the man's (ex)partner thereafter, if she wishes it, for the purposes of addressing her needs and providing her with information about the man's attendance and participation (men need to provide contact details for their (ex)partner as a pre-condition of their participation in a program); and
- a men's behaviour change group for the man, which usually combines psycho-educational and therapeutic elements.

Some programs also offer supplementary individual violence-focused counselling and other services to engage or support men in the behaviour change process.

Most programs utilise a gendered understanding of family and domestic violence, with their therapeutic orientation largely informed by cognitive behaviour therapy (CBT) and strengths-based approaches.

### ***The benefits of men's behaviour change programs***

Research about the value of MBCPs in terms of men's behaviour change is equivocal. The evidence suggests that participation in an MBCP or family and domestic violence-focused counselling is not a guarantee of changing behaviour. Only a minority of men make and sustain substantial, comprehensive changes to all of their behaviour. Many will change some aspects of their violence and may or may not sustain this over time. Some men participate in a program but ultimately make no or minimal changes, or reduce some forms of violence but increase others in order to maintain overall levels of coercive control.

### ***Practice Tip***

**Never assume that the man has changed his behaviour because he has completed an MBCP.**

MBCPs have significant value in the opportunities they offer to women and children—for information, referral and support. Because they operate on an 'assertive outreach' model, MBCPs often reach a cohort of women who are otherwise unsupported. Many of these women wish to continue their relationship with the perpetrator of the violence, although with support from an MBCP, a significant number subsequently come to feel confident or safe enough to leave.

A further benefit of a man's participation in an MBCP is the opportunity to assess and monitor the risk that he continues to pose to family members and to implement appropriate risk management strategies.

### ***Risks and limits of men's behaviour change programs***

Behaviour change work with men is similar in some ways to other types of counselling interventions, but very different in other ways. It carries extra risks to all involved and requires specific skills and knowledge. Where men's behaviour change work is conducted inappropriately, or without adequate safeguards, interventions with men have the potential to endanger women and children, program staff and others. Some of the risks include:

- a man learning new or alternative tactics of control from other group members;

- a man distorting the concepts or strategies he learnt in the program to increase his control over his partner (for example, avoiding or withdrawing from his partner and calling it ‘time out’);
- a man using what he has heard in the program to justify or make light of his own use of violence (for example, thinking that his behaviour is okay because—unlike some others in the group—he doesn’t actually hit his partner);
- a man’s sexist portrayals of women (for example, as ‘natural’ victims, or naggers, or sex objects, or figures for ridicule) being reinforced by other participants in the program;
- a man claiming his completion of a program as proof that the problem is ‘fixed’;
- a man using his attendance at the program as a way to influence a magistrate’s decision making;
- a man lying to his partner about his attendance, the content of the program, or what was said or what transpired during the program sessions (for example, telling her that the program facilitators said that he has been ‘cured’ or that everyone in the program is saying that she is the one who needs to change); and
- a woman seeing her partner’s participation in a program as proof of his likelihood to change, and therefore as a reason to stay in the relationship or relax her safety planning and precautions (No To Violence 2011; NSW Department of Attorney General and Justice 2012).

MBCPs have a range of safeguards to minimise these and other related risks. When these are in place, it is generally considered that the benefits of MBCPs to family members outweigh the risks to them.

### ***Length of participation***

Many programs prefer to engage men for as long as possible, in recognition of the long and complex process toward changing behaviour. On average, men participate in MBCPs for about six months.

Programs vary in how group work is structured. Some run groups on the basis of school terms, which can mean that men cannot always enter a group immediately. Many of these programs have processes to keep men engaged while they wait to commence a group. Others involve a ‘rolling’ group structure, where men can enter at any time, or at the beginning of a particular three-to-four session ‘module’.

### ***Learning more about men’s behaviour change work***

Having a deep understanding of how an MBCP operates makes it easier to speak knowledgeably and confidently about it to men and women. It is a good idea to meet your local provider(s) and observe several sessions of group work.

Observation also offers benefits to program providers. Other people’s scrutiny is an important part of a program’s accountability to women, children, and the broader community. It also helps facilitators to improve their practice.

### ***When to refer to a men’s behaviour change program***

You should attempt to refer any father who is, or has been, perpetrating family and domestic violence. This includes men who are now separated from their partner because of the increased risk after separation and the chance that control or abuse will continue via child contact.

Because VROs expire, you should also refer a man even if a VRO is currently preventing him from having contact with his family members.

MBCPs are not available throughout Western Australia. Contact the WA Men's Domestic Violence Helpline to identify a program closest to the man's home or workplace.

### Practice Tips

- **Where an MBCP exists, it is preferable to refer to this program even if it has a waitlist. An MBCP is best placed to assess and manage risk. It is likely that there will be strategies in place to engage men during any waiting period. Individual violence-focused counselling should be utilised ONLY if there is no local MBCP.**
- **Just because a man has accepted a referral to an MBCP doesn't mean he acknowledges that he has a problem or wants to change his behaviour (see page 16).**

### Referring to parenting programs

Generic parenting programs are not an appropriate referral substitute for an MBCP or individual violence-focused counselling. Most parenting programs do not focus on family and domestic violence, and as such, do not address the root issues resulting in risk to the man's children and (ex)partner. Furthermore, they do not assist men to understand how their children's behaviour is related to the violence they have experienced.

Parenting programs for men who perpetrate family and domestic violence should focus on:

- men's entitlement-based attitudes toward their children, and how to move beyond this to become more child-focused and centred on children's needs;
- the impact of family and domestic violence on children;
- men's experiences of being fathered and of fathering, and reflecting on their fathering in the light of their experience of being fathered;
- children's development, to help inform age-appropriate expectations;
- understanding children's trauma-based reactions to violence, how this might affect their behaviour, and how fathers can use this understanding to respond to their children's difficult or challenging behaviours;
- the impact of violence on mother-child relationships, and how to support the mother-child bond and the mother as a parent;
- parenting in respectful rather than in harsh, punitive ways;
- responding to children who are starting to learn the use of violence from their father; and
- ways of talking with their children about (the father) taking responsibility for their past actions and current behaviours (NSW Department of Attorney General and Justice 2012; Scott 2012a, 2012b).

Parenting programs that do not include the above components are unlikely to reduce the risk that the man poses to his children. However, as parenting programs designed specifically for fathers who perpetrate family and domestic violence are uncommon, referral to a generic parenting program can be considered after the man:

- has completed and fully participated in an MBCP or individual violence-focused counselling;
- has made changes in his controlling behaviours and sense of entitlement; AND
- better understands his children's needs and clearly prioritises these above his own 'needs'.

If these conditions are not met, referral to a general parenting program might be of little benefit at best, and at worst provide him with an opportunity to twist what he has learnt to further control and manipulate his children.

### Referring for individual violence-focused counselling

As outlined on page 53, individual counselling that is not violence-focused can be dangerous and increase risk for the man's family. If there is no local MBCP, your child protection office should identify any local counselling options that can safely and skilfully provide individual violence-focused counselling.

Psychologists, social workers, psychotherapists and other counsellors can provide individual violence-focused counselling only if the counsellor (Mederos 2004):

- has received specific domestic or family and domestic violence training, that includes a component on engaging perpetrators;
- has experience working with a number of men who have perpetrated family and domestic violence;
- clearly understands the gendered nature of family and domestic violence;
- clearly understands the dynamics of men's use of family and domestic violence, and fundamental concepts such as safety, responsibility, choice and accountability (as outlined in this practice guide);
- understands and can apply a risk assessment and risk management framework, and is aware of evidence-based risk factors;
- is prepared to share information with you about the man's participation in counselling, and about any risk factors that might arise—in this sense, the counsellor must be prepared to adopt a monitoring role and to inform you if the man is not complying with his safe behaviour plan or with the conditions of the counselling;
- focuses directly and substantially on the man's use of family and domestic violence, including strategies to stop his use of violence and controlling behaviour and to develop non-violent and respectful alternatives;
- will assist the man to develop and comply with a safe behaviour plan; and
- will assist the man to understand the impact of his violence on his children and (ex)partner—if it is safe to do so.

### Practice Tip

**Men should not be referred to any counsellor who cannot meet all of the above conditions.**

## Referring for co-existing issues

Men frequently present with a range of issues that co-exist with their perpetration of violence. These are not to be blamed for the violence. However, they may exacerbate the violence or act as a barrier to using the service system or making change.

There is considerable evidence in particular that men's substance abuse is significantly associated with increased risk of use of violence. Substance abuse has also been shown to predict poorer attendance and engagement in programs. Ongoing use and abuse of substances is associated with ongoing risk of intimate partner violence after participation in an MBCP (Murphy & Ting 2010).

Anxiety or depression can result in a man being less present and/or feeling less able to put into practice the understandings and strategies that he learns through his engagement (there can also be an interplay between a man's mental health issues and his use of violence, such as when his focus on his own victimhood feeds his depression or when he focuses on shame or guilt rather than empathising with his (ex)partner).

Problem gambling and perpetration of family and domestic violence have a number of similarities:

- the use of denial and rationalisation to excuse the behaviour;
- the continuation of the behaviour despite adverse consequences; and
- the impact on the development of children's physical, psychological and behavioural problems (NSW Department of Attorney General and Justice 2012).

There is recent data from the United States and Australia showing quite high rates of use of intimate partner violence amongst problem gamblers (Jackson 2011; Muelleman et al. 2002). It is likely that this violence includes financial abuse.

If an issue is so pervasive that it will stop a man from engaging in an MBCP or individual violence-focused counselling, then it might need to be addressed first. Refer him to appropriate services and then refer to family and domestic violence services when the issue has stabilised.

If it seems that the issue will not prevent engagement, it is best to give a clear message that the man's use of violence is the number one priority. This means immediately referring him to a family and domestic violence service. There, his assessment will include an appraisal of whether simultaneous interventions (such as for substance abuse, mental health, problem gambling) are required.

### Practice Tip

**If you are in doubt about whether a man is suitable to begin engagement, refer him to a family and domestic violence service. Family and domestic violence professionals are best placed to assess him and determine the best course of action.**



## When there are no appropriate services to refer to

In some regions of Western Australia there are no MBCPs or individual violence-focused counselling services. In these areas, your focus needs to be on risk assessment and risk management. If it might assist with risk management, short-term telephone-based counselling by the Men's Domestic Violence Helpline could be used. For example, the Helpline might provide weekly phone check-ins with a man in the period after his (ex)partner has left him.

## Case management and case reviews

A man's readiness to change and his capacity to participate in an MBCP or individual violence-focused counselling are both likely to fluctuate over time. If you have succeeded in referring a man to an MBCP or individual violence-focused counselling, it is important to continue contact with him to:

- continually assess, monitor and contain risk (Scott 2012a);
- support and enhance his participation; and
- review his case plan.

## Continually assessing, monitoring and managing risk

The imperative of safety requires you to continually assess, monitor and work toward managing risk. Information obtained via contact with a man should complement your ongoing risk assessment for the child and their mother.

The Family and Domestic Violence Risk Indicators Tool, found in Casework Practice Manual Entry 14.1 *Family and Domestic Violence Screening and Assessment*, details a range of evidence-based risk indicators.

While these are often identified through contact with the perpetrator's (ex)partner and children, they can also be identified through direct engagement with him. In the context of this engagement, additional risk indicators include him:

- missing sessions of an MBCP or individual violence-focused counselling, or being unable to be contacted for a length of time;
- dropping out of an MBCP or individual violence-focused counselling;
- participating in an MBCP or individual violence-focused counselling in ways that result in program staff or the counsellor being particularly concerned with risk to one or more family members;
- being expelled from an MBCP or individual violence-focused counselling; and
- indicating that he knows the whereabouts of his (ex)partner and child when they believe he does not.

The presence of these risk indicators warrants immediate direct contact with the man's (ex)partner and a review of each family member's safety plan. You might also have contact with their case manager(s) and any other professionals involved in their wellbeing and safety.

## **Supporting and enhancing a man's participation**

It is important to try to identify barriers to a man's participation in an MBCP or individual violence-focused counselling in the course of case planning. However, any number of factors might affect a man's participation once he has commenced in an MBCP or individual violence-focused counselling, for example:

- onset or worsening of mental illness or substance abuse;
- unemployment or change of employment conditions;
- experiencing racism or other forms of exclusion; and
- feeling judged.

By providing continuous support, you can minimise the chances that issues of this nature will precipitate withdrawal from a program. It is preferable to work closely with the MBCP or counselling professional to avoid duplication and maximise your effectiveness.

### *Practice Tip*

**Men's motivations for, and readiness to change, wax and wane in the course of their participation in an MBCP or individual violence-focused counselling. Attitudinal or external factors can affect men's readiness to change in either direction. Your ongoing involvement with the man through case reviews and other proactive interactions can provide an important opportunity to discuss with him the issues and factors that are supporting his change work, and to identify beliefs and external barriers that are hindering his commitment.**

An *invitations to responsibility* approach can be employed to engage a man in conversations to enhance his commitment toward change. Questions could include:

- Since you've started the MBCP, have you had any second thoughts about participating in it? What has been harder than you thought? What has been easier?
- What are the things you are finding most valuable from the program?
- What has the program helped to open your eyes up to?
- When you started the program, you said that you really didn't want to do it, but that you thought you might still be able to learn something. Is that still how you feel, or is it a bit different now?
- Is there anything happening in your life now that's making it more difficult to turn up to the sessions?

Opening up discussion about the man's hesitations, doubts and disagreements with the program enables an opportunity to address them, rather than them remaining hidden and limiting the man's participation and motivation.

Most men who commence an MBCP do so because of an external motivation. Even men who voluntarily attend a program are generally doing so because their partner has made it clear to him that he needs to attend if their relationship is to survive, or because of a build-up of events or crises such as police attendance at a family and domestic violence incident. Most men, regardless of the referral pathway, do not commence a program with a strong internal motivation to change, and would generally prefer not to be doing the program.

External motivations can be an important means of attracting men who might not otherwise attend programs. However, it is important that the man's internal motivations for participating build over the course of the program, so that he can clearly articulate goals relating to how he wants to be as a partner, father and man, and what he wants for his relationships and his family. You can play an important role in assisting this through staying involved as the man progresses through the program.

### ***Reviewing a man's case plan***

Your ongoing contact with the child and their mother means you may be uniquely placed to review a man's case plan. As discussed on page 44, men are usually unreliable in their accounts of their behaviour. When reviewing a man's case plan, you should always give primacy to information from his (ex)partner and child gathered in the course of your ongoing risk assessment and engagement with them.

It is important that children and women do not feel responsible for monitoring and reporting on the perpetrator of the violence. Women and children experience many fears and social, familial and other pressures that can shape their feedback about a man's behaviour. For women, these include:

- fearing their child will be removed from the family if the violence continues;
- fearing repercussions for disclosing violence or breaches of VROs;
- feeling ashamed, or continuing to take responsibility for the violence; and
- not wanting professionals to feel bad if the engagement 'doesn't seem to be working'.

Children might fear reprisals, but they might also fear their father being taken away or not loving them anymore.

### ***Practice Tips***

- **Women and children should always be the primary sources of information about risk and a man's parenting practices.**
- **If the couple has separated, you might check with the man's ex-partner about how the child is experiencing access and presenting after access visits, and about her own experience of the hand-over process.**



Signs of Safety Assessment and Planning Form, Three Houses, Fairies and Wizards

When reviewing against a case plan, other sources of information might complement the picture of the man's progress toward his goals including the provider of any MBCP or individual violence-focused counselling he is participating in, and the man himself.

### **Input from men's behaviour change programs or individual violence-focused counselling**

There are some significant limitations on feedback from MBCPs or counselling providers. Program providers are wary of providing feedback concerning how men present in the program, as this can often be misleading.

While committed participation, willingness to consider new ideas, etc. are important and necessary conditions for change, they are not sufficient—unfortunately, some men who participate strongly in programs, and who ‘say the right things’ continue to use violence at home.

MBCPs usually express this caution by placing strict limits on the information they will provide. Usually, they will supply information about:

- a man’s attendance and participation (in case he is lying about these to you or his (ex)partner);
- what is helping or hindering a man’s work toward his goals, and what is needed to address any barriers; and
- information that would help to evaluate risk.

## Input from men

As discussed on page 49, there are also limitations to men’s feedback. Nevertheless, while giving primacy to his (ex)partner’s and child’s voices, it can still be valuable to ask a man:

- what he has learned or is learning;
- what he is doing differently;
- how he is currently behaving toward his child and (ex)partner;
- how he is working toward reducing the risk to his child and (ex)partner; and
- what is helping or hindering his work toward his goals (and what is needed to address any barriers).

## *Reviewing participation and exits from a men’s behaviour change program or individual violence-focused counselling*

Most men who participate in an MBCP or individual violence-focused counselling do so on a time-limited basis. The point of conclusion or exit may be determined by the provider, you, or the man himself. It is preferable that you are centrally involved in any review of a man’s participation in an MBCP or individual violence-focused counselling, and in exit planning.

If a man has been participating in an MBCP and there appears to be some benefit to his (ex)partner and child from his doing so, you should try to facilitate his continued participation for as long as possible. While some MBCPs are time limited, often men can repeat a course of group work or move to a different group within the same program.

## Practice Tip

**A man’s completion of a course of group work or participation in individual violence-focused counselling in no way speaks to the level of risk he continues to pose to his child and (ex)partner. You should play an active role in monitoring and managing risk, regardless of whether a man has participated or is participating in an MBCP or individual violence-focused counselling.**



Signs of Safety Assessment and Planning Form, Three Houses, Fairies and Wizards

## Taking an integrated approach

Family and domestic violence is a complex problem requiring a multi-agency response across both state and Commonwealth government departments and the community services sector. Your work with a family needs to be coordinated with the efforts of all other professionals and agencies involved with the family.

### Practice Tip

**Your work with men needs to be consistent with the messages and responses they are getting from other parts of the service system. MBCPs and individual violence-focused counselling professionals rely on this consistency of messaging to build a concerted case for men's behaviour change.**

If you have referred a man to an MBCP or individual violence-focused counselling, it is important for both you and the other professional(s) to be clear about roles and responsibilities regarding:

- case management;
- risk management;
- contact with the man's (ex)partner and children;
- service provision to the man's (ex)partner and children;
- information sharing regarding risk assessment and risk management; and
- case reviews.

### Case study and reflective questions: Part 3

Following on from Part two on page 36, the hypothetical case involving Adele, Alan and their family concludes below. Please consider the questions to follow.

It is now four months after the initial investigation. Adele has received support through her GP and a local counsellor to reduce her codeine dependency and safety planning with the help of a specialist women's family and domestic violence service. She has also received some respite weekday foster care, which Alan begrudgingly agreed to.

Adele informs you that she is planning to spend a few weeks away from Alan by going to Sydney to be with her family. She says that she intends to take her children with her, but to return the following month. While she still blames herself for "not being a good enough mother", she is starting to acknowledge the effects of Alan's violence on her and her children. She says that she still loves Alan, but that if she doesn't get some time away from him, she'll go "crazy".

She says that she wants her children to see her as a "strong mother, and a strong women", and that this is important both for Todd and the girls, for similar and different reasons. She is too afraid to tell Alan of her plans, and intends to do so once she and her children have arrived in Sydney.

Meanwhile, Alan eventually admitted to "losing his cool a bit" a few times with Adele. He emphasised, however, that these occurred in the context of "arguments and fighting" between himself and Adele, and that if she would only "tidy the house and do the dishes" they wouldn't need to argue. He found it difficult to talk about Adele's experience, deflecting questions about how she would have seen his behaviour through continuing to blame her as being "dependent" on him and "not able to cope".

After supervision with a Team Leader, you decided during one interview to tell Alan how you observed him talking about Adele during your interviews with him. You then asked, "Alan, I wonder whether you might sometimes communicate this negative view of Adele directly to her—and if so, what effect this might have on her confidence as a mother?"

After discussing this for a while, and after Alan struggled to provide an answer to your question "What do you see in Adele that you really admire and love?", you were able to suggest that he needed to work on his attitude toward her if he was to support her as a parent. At this point, Alan agreed to a referral for individual violence-focused counselling, given the absence of a men's behaviour change program in your region.

#### **Reflective questions**

*How might the risk to Adele and her children have changed over these four months? What factors might have decreased or increased risk?*

*How might the risk change once Adele leaves with her children for some space away from Alan in Sydney?*

*What might be some considerations for the safety of Adele and her children over the coming month?*

*What might a coordinated, multi-agency approach toward managing risk look like during this time?*

*What do you think might be the objectives of referring Alan for individual violence-focused counselling?*

*What do you think might be realistically achieved?*

## Engaging Aboriginal or Torres Strait Islander men

Family and domestic violence is particularly acute in Aboriginal communities. More than 40 per cent of Aboriginal children are exposed to family and domestic violence as they are growing up (Indermaur 2001; Australian Bureau of Statistics 2008). In Western Australia, it is estimated that Aboriginal women are 45 times more likely to be the victim of family and domestic violence than non-Aboriginal women, accounting for almost 50 per cent of all victims (Department for Child Protection 2009).

Family and domestic violence contributes to social and structural disadvantage in the Aboriginal community as well as complex transgenerational trauma. It is a significant factor in the over-representation of Aboriginal people in child protection responses.

The prevalence of family and domestic violence in Aboriginal communities needs to be understood in the context of a long history of racism, dispossession, marginalisation and poverty. In particular, the separation of Aboriginal children from their families over generations, and practices of moving groups of Aboriginal people from their traditional lands are recognised to have led to the breakdown of kinship systems, family relationships and Aboriginal law (Department for Child Protection 2011).

These factors also have the potential to shape your work to engage Aboriginal men. Child protection in Western Australia has a long history of engaging in systematic oppression and discrimination, particularly through forcible removal of Aboriginal children from their families, communities and culture. Responsibility rests with all child protection workers to put in the considerable work needed toward:

- processing their own assumptions and stereotypes about Aboriginal family and domestic violence;
- developing a deep understanding of how to respond to Aboriginal family and domestic violence in ways that are culturally safe; and
- seeing their work around Aboriginal family and domestic violence in a broader context of work toward justice for Aboriginal people.

### Cultural safety

Aboriginal people have suffered differing degrees of disconnection from their land, language, culture, family and community. Aboriginal communities that have been forbidden to use their language or practise traditional culture can experience intense grief arising from the denigration of their cultural identity. These losses have impacted on the social, emotional, mental, physical and spiritual wellbeing of Aboriginal peoples (Victorian Aboriginal Child Care Agency 2008). Cultural safety is a critical aspect of providing respectful and accessible services to Aboriginal people.

Below are just a few examples of the components of cultural safety that are particularly important in the context of child protection practice (NSW Department of Attorney General and Justice 2012):

- Acknowledging and valuing the many significant differences between Aboriginal and non-Aboriginal cultures—such as ways of demonstrating respect, communication practices, the place of silence, and the cultural significance of relationships.

- Acknowledging that in Aboriginal communities, "... children are not just the concern of the biological parents, but of the entire community. The raising, care, education and discipline of children are the responsibility of everyone—male, female, young and old" (NSW Department of Community Services 2009, p. 13). An extended family structure includes blood relations, marriage relations, community, kin, and non-related family. It is founded on mutual respect, a sense of belonging, acceptance and knowledge of Aboriginal kinship ties, and mutual obligation and support.
- Recognising and respecting gender-segregated roles and responsibilities where these exist.
- Understanding the strengths and challenges arising from the close-knit nature of Aboriginal communities. While the closeness can be very positive for families, it can also place additional pressures in terms of felt or real privacy, confidentiality and anonymity.
- Ensuring that Aboriginal definitions of family are respected during assessment, safety planning, case planning and case reviews.
- Taking into account the potency and special significance of the threat of child removal in Aboriginal communities.
- Recognising that many Aboriginal people are wary of the state on account of historical—and to some extent continuing—systemic racism they and/or other Aboriginal people have experienced in their encounters with police and child protection authorities.
- Taking into account the multigenerational and pervasive nature of trauma, grief and loss when working with children, women, men and whole communities.

### Practice Tip

**The Department's *Aboriginal Services Framework* (2012) says 'Aboriginal business is everyone's business'. All staff should have some understanding of Aboriginal culture and good knowledge of the historical experiences and the impact these have had for Aboriginal people. To support your working relationships with Aboriginal families consult with your local Aboriginal Practice Leader, participate in the Aboriginal Practice Network and consult with local Aboriginal organisations, in particular, Native Title Representative Bodies and Prescribed Bodies Corporate (Land and Sea Councils).**

## Healing and Aboriginal family and domestic violence

Healing work sets out to address the grief, loss and the multigenerational trauma associated with the impacts of colonisation.

In the context of engaging Aboriginal men around issues related to Aboriginal family and domestic violence, healing should generally be the first stage in an overall and integrated approach. This does not mean that the issue of violence is ignored, but rather that it is contextualised, looking, for example, at how colonisation has disrupted the evolution of traditional knowledge about how men can relate respectfully and non-violently to family.



At the same time, healing work acknowledges other impacts of colonised experience, addressing issues such as those relating to drug and alcohol, and the intergenerational effects of forced child removal policies. The commencement of work toward healing is generally considered a precondition for work with Aboriginal men to address the violence; in many instances, the two will overlap (NSW Department of Attorney General and Justice 2012).

All Aboriginal men should have opportunities to be supported by an Aboriginal worker if they so wish. They should also be able to make a meaningful choice about whether to use a mainstream service, an Aboriginal service or a combination of both.

# References

- Arean J 2008, *Fathering after violence: Working with abusive fathers in supervised visitation*, Family Violence Prevention Fund.
- Arias I & Pape K 1999, 'Psychological abuse: Implications for adjustment and commitment to leave violent partners', *Violence and Victims*, 14: 55–67.
- Australian Bureau of Statistics 2008, *National Aboriginal and Torres Strait Islander Social Survey (NATSISS)*, ABS, Canberra.
- Australian Domestic and Family Violence Clearinghouse 2011, *The impact of domestic violence on children: A literature review*, The Benevolent Society, Sydney.
- Bagshaw D & Chung D 2000, *Women, men and domestic violence*, Commonwealth of Australia, Canberra.
- Bancroft L & Silverman J 2002, *The batterer as parent: Addressing the impact of domestic violence on family dynamics*, Sage, Thousand Oaks.
- Bancroft L & Silverman J 2002, *Assessing risk to children from batterers*, viewed 4 July 12, <[http://www.lundybancroft.com/?page\\_id=261](http://www.lundybancroft.com/?page_id=261)>.
- Bancroft L, Silverman J & Ritchie D 2011, *The batterer as parent: Addressing the impact of domestic violence on family Dynamics*, 2<sup>nd</sup> ed., Sage, Thousand Oaks.
- Baynes P & Holland S 2012, 'Social work with violent men: A child protection file study in an English local authority', *Child Abuse Review*, 21: 53–65.
- Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007, *Ampe Akelyernemane Meke Mekarle 'Little Children are Sacred'*, Northern Territory Government.
- Brown L, Callahan M, Strega S, Walmsley C & Dominelli L 2009, 'Manufacturing ghost fathers: The paradox of father presence and absence in child welfare', *Child and Family Social Work*, 14: 25–34.
- Brown T, Fredrico M, Hewitt L & Sheehan R 1998, *Violence in families: The management of child abuse allegations in custody and access disputes before the Family Court of Australia*, The Family Violence and Family Court Research Program, Monash University, Melbourne.
- Buchbinder E & Eisikovits Z 2004, 'Reporting bad results: The ethical responsibility of presenting abused women's parenting practices in a negative light', *Child and Family Social Work*, 9: 365.
- Campbell J 2003, 'Risk factors for femicide in abusive relationships: Results from a multi-site case control study', *American Journal of Public Health*, vol. 93, no. 7: 1089–1097.
- Castelino T 2012, *Making children's safety and wellbeing matter: Narrative conversations with children affected by family violence*, Domestic Violence Resource Centre Victoria forum, 31 July 2012, Melbourne. See also <<http://www.dvrcv.org.au/training/forums/keeping-children-safe/>>.
- Day A, O'Leary P, Chung D & Justo D 2009, *Domestic violence: Working with men*, The Federation Press, Sydney.
- Dempsey B & Day A 2011, 'The identification of implicit theories in domestic violence perpetrators', *International Journal of Offender Therapy and Comparative Criminology*, vol. 55, no. 3: 416–429.
- Department for Child Protection 2009, *WA Strategic Plan for Family and Domestic Violence 2009—2013*, Government of Western Australia, Perth.

- Department for Child Protection 2011, *The Western Australian Family and Domestic Violence Common Risk Assessment and Risk Management Framework*, Government of Western Australia, Perth.
- Domestic Violence Resource Centre 2009, *Bad mothers and invisible fathers: Parenting in the context of domestic violence*, Domestic Violence Resource Centre, Melbourne.
- Douglas H & Walsh T 2010, 'Mothers, domestic violence, and child protection', *Violence Against Women*, 16: 489-508.
- Edleson J 1999, 'The overlap between child maltreatment and woman battering', *Violence Against Women*, 5: 134-154.
- Edleson J, Mbilinyi L & Shetty S 2003, *Parenting in the context of domestic violence*, Judicial Council of California.
- Edelson J & Williams O 2007, *Parenting by men who batter*, Oxford University Press, New York.
- Forrester F, Westlake D & Glynn G 2012, 'Parental resistance and social worker skills: Towards a theory of motivational social work', *Child and Family Social Work*, 17: 118-129.
- Frances K, Hutchins T, Siggers S & Gray D 2008, *Group analysis of Aboriginal child death review cases in which chronic neglect is present*, National Drug Research Institute, Perth.
- Gilchrist E 2009, 'Implicit thinking about implicit theories in intimate partner violence', *Psychology, Crime and Law*, 15: 131-145.
- Goodmark L 2004-05, 'Achieving batterer accountability in the child protection system', *Kentucky Law Journal*, 93: 613.
- Gondolf E 2012, *The future of batterer programs: Reassessing evidence-based practice*, UPNE, Lebanon NH.
- Harne L 2011, *Violent fathering and the risks to children: The need for change*, The Policy Press, Bristol.
- Harris-Johnson C 2005, *Come with Daddy: Child murder-suicide after family breakdown*, University of Western Australia Press, Perth.
- Hester M 2009, *Who does what to whom? Gender and domestic violence perpetrators*, University of Bristol in association with the Northern Rock Foundation.
- Hobart M 2008, *Batterer accountability: Responding to child maltreatment and domestic violence*, Washington State Coalition Against Domestic Violence, viewed 30 August 2012, [http://www.pdfdog.org/read.php?url=http://www.wscadv.org/docs/Batterer\\_Accountability\\_Responding\\_to\\_child\\_maltreatment\\_and\\_domestic\\_violence.pdf](http://www.pdfdog.org/read.php?url=http://www.wscadv.org/docs/Batterer_Accountability_Responding_to_child_maltreatment_and_domestic_violence.pdf).
- Holden G 2003, 'Children exposed to domestic violence and child abuse: Terminology and taxonomy', *Clinical Child and Family Psychology Review*, vol. 6, no. 3: 151-160.
- Humphreys C 2007, 'Family and domestic violence and child protection: Challenging directions for practice', *Issues Paper 13*, University of New South Wales, Sydney.
- Hunt M 2010, 'Men, family violence and parenting: A program analysis', unpublished research paper, Masters of Social Work, Monash University, Melbourne.
- Indermaur D 2001, 'Young Australians and domestic violence', *Trends and Issues in Crime and Criminal Justice*, 195, Australian Institute of Criminology, Canberra.
- Jackson A 2011, *Links between problem gambling and family violence*, Problem Gambling Research and Treatment Centre, Melbourne.
- Jenkins A 1990, *Invitations to responsibility: The therapeutic engagement of men who are violent and abusive*, Dulwich Centre Publications, Adelaide.
- Jenkins A 2009, *Becoming ethical: A parallel, political journey with men who have abused*, Russell House, Dorset (England).
- Jones A, Heckert A, Gondolf E, Zhang Q & Ip E 2010, 'Complex behavioral patterns and trajectories of domestic violence offenders', *Violence and Victims*, vol. 25, no. 1: 3-17.

- Kirkwood D 2012, 'Just Say Goodbye: Parents who kill their children in the context of separation', *Discussion Paper No. 8*, Domestic Violence Resource Centre Victoria, Melbourne.
- Lamers-Winkelman F, Willemsen A & Visser M 2012, 'Adverse childhood experiences of referred children exposed to intimate partner violence: Consequences for their wellbeing', *Child Abuse and Neglect*, vol. 36, no. 2: 166–179.
- Mandel, D 2008, Connecticut Department of Children and Families Domestic Violence Consultant Initiative: A State Child Welfare Agency Response to Domestic Violence, viewed 10 June 2012, <[http://www.endingviolence.com/sites/default/files/st\\_dvci\\_03\\_2008.pdf](http://www.endingviolence.com/sites/default/files/st_dvci_03_2008.pdf)>.
- Mandel D 2010, 'Child welfare and domestic violence: Tackling the themes and thorny questions that stand in the way of collaboration and improvement of child welfare practice', *Violence against Women*, vol. 16, no. 5: 530–536.
- McKinnon L 2008, 'Hurting without hitting: Non-physical contact forms of abuse', *Stakeholder Paper*, Australian Domestic and Family Violence Clearinghouse.
- Mederos F 2004, *Accountability and connection with abusive men: A new child protection response to increasing family safety*, Family Violence Prevention Fund.
- Moloney L, Smyth B, Weston R, Richardson N, Qu L & Gray M 2007, 'Allegations of family violence and child abuse in family law children's proceedings: A pre-reform exploratory study', *Research Report No. 15*, Australian Institute of Family Studies, Canberra.
- Morris A 2008, *Optimising the 'spaces in-between': The maternal alienation project and the politics of gender in macro and micro contexts*, PhD thesis, University of Adelaide.
- Morris A 2009, 'Gendered dynamics of abuse and violence in families: Considering the abusive household gender regime', *Child Abuse Review*, 18: 414–427.
- Mouzos J & Makkai T 2004, 'Women's experiences of male violence: Findings from the Australian component of the International Violence Against Women Survey (IVAWS)', *Research and Public Policy Series*, 56, Australian Institute of Criminology, Canberra.
- Muelleman R, Denotter T, Wadman M, Tran T & Anderson J 2002, 'Problem gambling in the partner of the emergency department patient as a risk factor for intimate partner violence', *Journal of Emergency Medicine*, 233: 307–312.
- Murphy C & Ting L 2010, 'The effects of treatment for substance abuse problems on intimate partner violence: A review of empirical data', *Aggression and Violent Behaviour*, 155: 325–333.
- NSW Department of Attorney General and Justice 2012, *Towards safe families: A practice guide for Men's Domestic Violence Behaviour Change Programs*, Government of NSW, Sydney.
- NSW Department of Community Services 2009, *Working with Aboriginal people and communities: A practice resource*, New South Wales Government, Sydney.
- No To Violence 2005, *Men's Behaviour Change group work: A manual for quality practice*, NTV, Melbourne.
- No To Violence 2010, *Determining who is doing what to whom in family violence referrals*, NTV, Melbourne.
- No To Violence 2011, *Monitoring minimum standards and quality practice in MBCPs: A guide for DHS Program and Services Advisers*, Department of Human Services, Melbourne.
- Norlander B & Eckhardt C 2005, 'Anger, hostility, and male perpetrators of intimate partner violence: A meta-analytic review', *Clinical Psychology Review*, 25: 119–152.
- Opitz C 2012, 'Integrated System Responses and Behaviour Change Programs for intimate partner violence: Supporting women's safety during and after intervention with perpetrators', unpublished PhD thesis, University of South Australia, Adelaide.
- Patton S 2003, *Pathways: How women leave violent men*, Women Tasmania, Department of Premier and Cabinet.

- Perry B 2007, *The impact of abuse and neglect on the developing brain*, Child Trauma Academy.
- Ptacek, J 1999, *Battered women in the courtroom: The power of judicial responses*, Northeastern University Press, Boston.
- Respect & Relate 2008, 'Indicators for referral to couples counselling following domestic violence prevention programme attendance', viewed 17 November 11, <[http://www.respect.uk.net/data/files/indicators\\_for\\_referral\\_to\\_couples\\_work\\_final.pdf](http://www.respect.uk.net/data/files/indicators_for_referral_to_couples_work_final.pdf)>.
- Safe and Together (undated resource), *Case planning with batterers in child welfare cases*.
- Scott K 2012a, *Parenting interventions for men who batter*, National Online Resource Center on Violence Against Women, viewed 31 July 12, <[http://www.vawnet.org/applied-research-papers/print-document.php?doc\\_id=3270&find\\_type=web\\_desc\\_AR](http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=3270&find_type=web_desc_AR)>.
- Scott K 2012b, *Practical considerations for parenting interventions for men who batter*, National Online Resource Center on Violence Against Women, viewed 31 July 12, <[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_PracticalConsiderationsforParentingInterventions.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_PracticalConsiderationsforParentingInterventions.pdf)>.
- Smith J (forthcoming), viewed 11 July 11, <<http://research.cwav.asn.au/AFRP/FamilyViolence/SAFER/default.aspx>>.
- Solid Kids, Solid Schools project, *What is?*, viewed 16 September 11, <[http://www.solidkids.net.au/index.php/what\\_is/](http://www.solidkids.net.au/index.php/what_is/)>.
- Stanley N, Miller P & Foster H 2012, 'Engaging with children's and parents' perspectives on domestic violence', *Child and Family Social Work*, vol. 17, no. 2: 192–201.
- Statistics Canada 2003, *Family violence in Canada: A statistical profile 2003*, Canadian Centre for Justice Statistics, Ministry of Industry, Ottawa.
- Strong T & Wade A 2002, 'Honouring our clients' resistance to violence and oppression', *New Therapist*, September/October: 14–17.
- Tamatea A & Brown T 2011, 'Culture and offender rehabilitation in New Zealand: Considerations for programme delivery and development with Māori and Pacific Peoples' in K McMaster & D Riley (eds), *Effective interventions with offenders: Lessons learned*, HMA, Christchurch.
- Tually S, Faulkner D, Cutler C & Slatter M 2009, 'Women, domestic and family violence and homelessness: Putting housing back in the equation', *Parity*, vol. 22, no. 10: 36–38.
- Victorian Aboriginal Child Care Agency 2008, *Aboriginal Cultural Competence Framework*, Department of Human Services, Melbourne.
- Victorian Law Reform Commission 2006, *Review of Family Violence Laws Report*, Victorian Government, Melbourne.
- Vlais R 2011, 'Typologies of men who present to men's behaviour change programs', NTV Notes, June 2011.
- Westmarland, N & Kelly L 2012, 'Why extending measurements of "success" in domestic violence perpetrator programmes matters for social work', *British Journal of Social Work Advance Access*, 16 April 2012.
- World Health Organization 2000, *Violence against women and HIV/AIDS: Setting the research agenda*, World Health Organization, Geneva.

# Appendix I – Indicators of Engagement tool

The following tool is reproduced with kind permission from the NSW Department of Attorney General and Justice, from the publication *Towards safe families: A practice guide for men's domestic violence behaviour change programs* (pp. 259-260), and is adapted from a tool produced by Respect UK.

Variables	Apparently not engaging			May be engaging		
<b>CAPACITY</b>						
<b>1 Understanding of risk concerns</b>	has no understanding of the concerns	has little understanding of the concerns	has some understanding of the concerns	largely understands the concerns and the purpose of the program	fully understands the concerns and the purpose of the program	
<b>2 Responsibility</b>	blames other factors for his harmful behaviour	minimises responsibility for harmful behaviour	accepts principle of responsibility for his behaviour	mainly accepts responsibility for his harmful behaviour	accepts responsibility for his harmful behaviour	
<b>3 Remorse</b>	derives satisfaction from harming others	no remorse or shame	limited expression of remorse and shame	reasonable expression of remorse and shame	expresses proportionate remorse and shame	
<b>4 Empathy</b>	no understanding or sensitivity to the likely impact of his violence on others	little understanding or sensitivity to the likely impact of his violence on others	some understanding and sensitivity to the likely impact	reasonable empathy for those affected by his violence	empathic and fully attuned to the needs of those affected by his violence	
<b>5 Insight</b>	no capacity or desire to self-reflect	little capacity or desire to self-reflect	some capacity and desire to self-reflect	reasonable capacity and desire to self-reflect	demonstrates high capacity and desire to self-reflect	
<b>6 Cognitions</b>	Frequent and severe distorted beliefs, expectations or thoughts	distortions of perception, attribution, interpretations etc	occasional distortions	some minor distortions	has no obvious distortions	
<b>7 Emotional/impulse regulation</b>	highly reactive to aversive feelings	reactive to aversive feelings	some capacity to contain aversive feelings	reasonable capacity to contain aversive feelings	high capacity to contain aversive feelings	
<b>MOTIVATION</b>						
<b>8 Attitude to risk concerns</b>	totally rebuts all concerns	largely rebuts the concerns	partially accepts the concerns	mostly accepts the concerns	fully accepts the concerns	
<b>9 Attitude to program goals</b>	refusal to address program goals	not interested in addressing some of the program goals	ambivalent but willing to comply with program goals	motivated to address most program goals	strong desire to address all program goals	
<b>10 Internal motivation to change</b>	no internal motivation	minimal internal motivation	Variable internal motivation, ambivalent	mostly internally motivated	highly internally motivated	
<b>11 External motivation</b>	no concern for consequences of non-compliance	little concern for consequences	concern for consequences varies	often concerned by consequences	very concerned by consequences	
<b>12 Relationship with program staff</b>	confrontational, hostile, adversarial stance	will not collaborate (or is overly compliant)	some collaboration with or compliance with program staff	mostly collaborates	collaborates fully	
<b>13 Attendance</b>	less than 50% attendance	irregular attendance	occasional unacceptable absence	no unacceptable absences	full attendance and regular punctuality	
<b>14 Assignments</b>	unwilling or unable to complete homework	little homework completed	some homework completed	regular homework undertaken	regular homework and demonstrates effort	
<b>15 Substance use</b>	frequently arrives for sessions under the influence	has occasionally arrived for sessions under the influence	not under the influence but adverse effects from recent use	no adverse effects from recent substance use	no known substance misuse	

CONTEXT					
<b>16 Life circumstances</b> (job/housing/health/family)	life circumstances are making it difficult to engage at all	life circumstances are making it somewhat difficult to engage	life circumstances seem not to be impacting on engagement	life circumstances seem to be supporting engagement	life circumstances are supporting engagement
<b>17 Access issues</b> (transport/childcare/program's cultural responsiveness)	access issues are making it difficult to engage at all	access issues are making it somewhat difficult to engage	access issues seem not to be impacting on engagement	access issues seem to be supporting engagement	access issues are supporting engagement
<b>18 Stress levels</b>	acute subjective and/or objective stress	high stress levels	occasional unhelpful stress	manageable stress	absence of unhelpful stress
<b>19 Support</b>	discouragement from family, friends or others	no family, social or other support	support is unreliable or mixed	reasonable support and encouragement	good support, encouragement and regular feedback

### *Explanatory notes:*

1. Men who do not understand how their behaviour is of concern are more likely to be dangerous and less able to engage in the change process (note that a lack of understanding may point to learning difficulties in some situations).
2. Level of acceptance of responsibility is a key determinant of a man's readiness to change.
3. What is the depth and quality of the man's remorse, if any? To what extent is it other-centred focusing on a genuine concern for the harm caused to others, versus self-centred and focusing on the man's own fears and needs?
4. What is the man's level of empathy for the effects of his violence and the needs of others? To what extent is this felt rather than only intellectually understood?
5. Does he exhibit insight? If not, does he have the capacity and willingness to develop it?
6. Does he present his victim's behaviour in an unrealistic/distorted way? Does he see others as manipulating him and involved in conspiracies against him? Men with high levels of cognitive distortion are likely to engage less.
7. This area concerns the man's ability to tolerate the strong feelings that may be elicited by being challenged or by having to confront vulnerable parts of himself that he would rather ignore, without reacting aggressively to staff or other program participants.
8. As well as understanding how his behaviour raises concern (see item one), the degree to which the man shares this concern is an indicator of his engagement or motivation to change.
9. To what extent is the man committed to all the goals and requirements of the program?
10. This item assesses the degree to which the man is able to understand the benefits for himself of changing his behaviour and the degree to which he is committed to the program as a way to achieve this. For example, how able is he to name his own values and ethics? Can he see that his use of violence is inconsistent with these values and ethics?
11. The man's level of concern for the external consequences (regarding the future of his relationships, possibility of legal system sanctions, etc.) if he continues using violence.
12. Does he have enough goodwill towards the service and its staff to benefit from the program?

13. Record of keeping appointments and attending group sessions.
14. This concerns the man's willingness and capacity to undertake home assignments to support the work he does during the program (for example, control logs, feedback forms).
15. Does the level of his substance use mean that his ability to derive benefit from the program might be impaired? (Note: where the man is attending a drug/alcohol service is he sustaining a commitment to moderate or eliminate his use of substances, or does he need more time to settle into this treatment before program commencement? Also, where a man is in recent 'recovery' regarding his substance use, the chance of relapse into renewed use of the substance may be increased with the emotional challenges he may have to face during the program).
16. Life circumstances cover a whole range of factors such as work patterns, health, homelessness and employment. For example, if someone is working shifts and is unable to change this, they will repeatedly be unavailable for program sessions.
17. This covers the ability of the man to physically get to and from the service (for example, special needs that cannot be catered for, transport, and childcare responsibilities).
18. While the range and intensities of stress that the man experiences do not cause family and domestic violence, it might affect his participation in the program.
19. What level of support or discouragement is the man experiencing from influential others to accept responsibility and change his behaviour?



# Appendix II – Elements of a case plan for family and domestic violence perpetrators

A man's case plan can include the following elements. These are provided as examples only, and should be adapted or interpreted for each unique situation. Furthermore, the following lists do not cover all the possible elements that could or should be included.

## Participation in referred services

It is important to note that the man's participation and completion of programs and services that he is referred to is not in itself an indicator of actual change.

Elements in this part of the man's case plan can include:

- participation in an eligibility and suitability assessment for an MBCP, or if one does not exist in the local area, individual violence-focused counselling;
- full participation in the MBCP or individual violence-focused counselling, satisfying all participation conditions;
- completion of the program or counselling;
- full participation in any services referred to address co-existing issues (substance abuse, mental health, problem gambling, etc.);
- full participation in an appropriate parenting program after his completion of the men's behaviour change program or individual violence-focused counselling;
- provision of consent for the exchange of information between DCP and referred services, and for DCP to obtain relevant criminal, medical and mental health records; and
- attendance and participation at DCP case planning and case review sessions.

## Behaviour change goals

The following examples are sourced or adapted from Lundy Bancroft (see [www.lundybancroft.com/?page\\_id=142](http://www.lundybancroft.com/?page_id=142)), Tracy Castelino (see [www.dvrcv.org.au/training/forums/keeping-children-safe/](http://www.dvrcv.org.au/training/forums/keeping-children-safe/)) and from the Safe and Together program (see [www.endingviolence.com/our-programs/safe-together](http://www.endingviolence.com/our-programs/safe-together)). The man:

- engages in no physical violence towards any member of the household, including pets;
- engages in no further intimidating behaviour towards any member of the household;
- will not use physical discipline with children;
- fully respects the conditions of any VRO, family court orders, child support agency arrangements or Department for Child Protection restrictions;
- ceases any use of the children as a weapon against their mother, or to manipulate them as a means of controlling her;

- has replaced abuse with respectful behaviours and attitudes, and is able to demonstrate non-abusive, non-violent behaviour when in prior similar circumstances he would have become abusive or violent;
- models non-violent ways of relating to his children in different settings;
- has fully acknowledged his use of violence, in all forms, towards his partner and children;
- agrees to participate in random alcohol or other drug testing if appropriate;
- discloses to his partner all information related to his past use of family and domestic violence and child abuse, including prior arrests, VROs, etc.;
- has ceased his denials, downplaying and justifications for his violent behaviour, and can talk about this behaviour in a detailed, specific way;
- realises that his behaviour is unacceptable rather than blaming others or circumstances;
- recognises that his abusive behaviour is a choice;
- shows empathy for the impacts and effects of his violence on both his partner and children, acknowledging the disruption, instability, fear, pain and sadness that this might have caused;
- can identify his pattern of controlling behaviours and entitlement attitudes;
- is willing to attempt to make amends in a meaningful way;
- accepts the consequences of his actions (including reduced, supervised or suspended contact with his children);
- understands why those affected by his violence might be angry, lack trust and have quite ambivalent feelings towards him, and does not try to force the process of acceptance;
- listens and validates their children's experiences; and
- supports and respects the mother's parenting, and her worth both as a parent and as a person.

Note that men's self-reports are generally an unreliable source of information concerning whether he has met his behaviour change goals. In general, change can only be ascertained from reports of his (ex)partner and other sources of collateral information.

### **Cooperation and support for his family's financial and other arrangements**

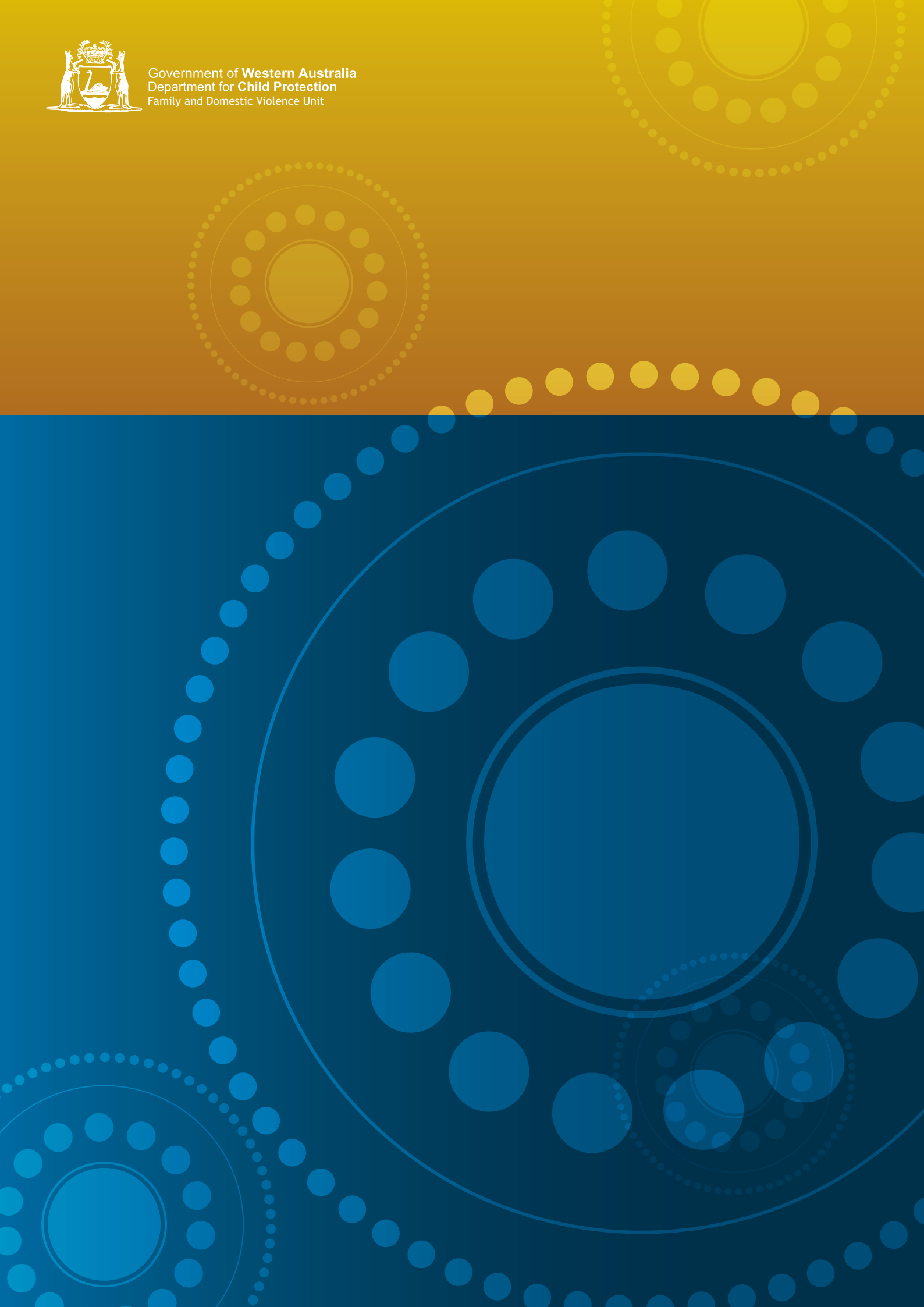
These include that the man:

- supports efforts to provide his children with health, childcare and other relevant services, and does not interfere with the mother's efforts to seek out services for themselves and their children;
- shares with his partner all relevant information relating to income and family financial circumstances, so as to reduce his financial control over his family;
- complies with Child Support Agency arrangements for financial support of his family;
- respects joint custody arrangements; and
- shows appropriate engagement and behaviour at supervised child contacts (Mederos 2004; Safe and Together, undated resource).





Government of **Western Australia**  
Department for **Child Protection**  
Family and Domestic Violence Unit





Government of Western Australia  
 Department for Child Protection  
 Family and Domestic Violence Unit



Government of Western Australia  
 Department for Child Protection  
 Family and Domestic Violence Unit

# PERPETRATOR ACCOUNTABILITY IN CHILD PROTECTION PRACTICE

A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence

PERPETRATOR ACCOUNTABILITY IN CHILD PROTECTION PRACTICE – A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence

