Emerging Minds

National Workforce Centre for Child Mental Health

Keeping children visible in practice responses to family and domestic violence

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Key Messages

- Consistent assessments regarding the effects of family and domestic violence (FDV) on children are a crucial part of all adult services.
- Gendered responses to FDV acknowledges contemporary research regarding the effects of FDV on children and women.
- A consistent organisational explanatory model for FDV is crucial in supporting practitioners to have child-focused conversations with mothers and fathers.
- Practitioners taking a relational stance characterised by curiosity and respect are more likely to enquire about stories of hope and resilience where children and mothers have experienced FDV and disadvantage.
- A curious and relational stance with fathers allows them to develop their own strategies which focus on their own responsibility in their child's social and emotional wellbeing and safety.

Family and Domestic Violence (FDV) refers to any behaviour within a relationship that causes physical, psychological or sexual harm. Examples of types of behaviour include acts of physical aggression such as slapping and kicking; psychological (emotional) abuse such as intimidation and threats to take away children; sexual violence; and controlling behaviours such as isolating a person from their family and friends.[1]

What is this resource about?

This paper supports practitioners and organisations to respond to FDV in ways that prioritise children's social and emotional wellbeing and safety.

Who is this resource for?

This resource is intended for practitioners and organisations who work with parents of children aged 0-12 years. The resource is intended to motivate reflection in teams and organisations so that policies, assessment protocols, supervision, training and development supports child-focused.

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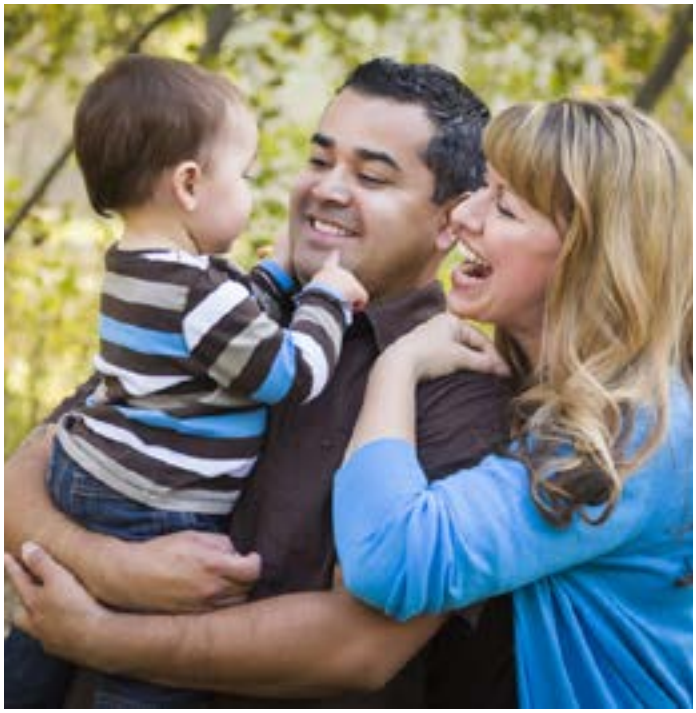

What is Family and Domestic Violence (FDV) and how does it affect children?

A South Australian sample of unborn child concern notifications from 2014 showed family and domestic violence (FDV) was present in 70% of families, with the proportion of families with children already known to child protection services at almost 80%.[2] This is consistent with studies from US and Canada which showed that up to 60% of reported FDV cases also involved child abuse or neglect.[3] In the Australian Personal Safety Survey, 31.1% of women who had experienced violence by their current partner and 47.6% who had experienced violence by a previous partner reported that children had seen or heard the violence.[4] Even when children are thought not to have witnessed prevaling violence living in households affected by the effects can have significant ramifications for their mental health.[5]

Given the effects of FDV on the social and emotional wellbeing and mental health of so many children, clear and targeted practice frameworks are necessary to support practitioners in their work with parents. In the absence of clear practice expectations and frameworks, responses to FDV can be dependent on individual practitioners' confidence and competence in identifying safety risks to children.

Gendered practice approaches, informed by the second wave feminist movement, were developed in many organisations during the 1980s as a collective response to the effects of FDV on children and mothers.[6] [7] These approaches focused on redressing societal and institutional legitimisation of gendered violence and placing the responsibility for violence with male perpetrators. Organisations developed innovative individual and group programs to help men change their behaviours, and to support non-offending parents to make decisions in the best interests of their children.

Relationships Australia, for example, have developed a risk screening tool for clients in its post-separation services to enable screening of all adult clients according to risk of violence towards children or other family members. Family Law (FL) DOORS is a three-part screening framework to assist identification, evaluation, and response to safety and wellbeing risks in separated families. FL DOORS takes a child-focused approach to work with adult clients by screening for victimisation and perpetration of FDV while focusing on infant and child developmental risk.[8] [9]

Given contemporary research about FDV's co-existence with mental health conditions, drug and alcohol addiction and poverty, there has been a significant focus on violence as an outcome of the social and economic disadvantage that is passed on in families.[10] While a detailed understanding of each child's ecological circumstances is critical, there is a risk that FDV is viewed simply as a causal outcome of disadvantage.

This paper explores the consequences for children's social and emotional safety and wellbeing if gendered and relational understandings of FDV are not applied consistently. It explores how familial contexts of disadvantage can be explored by practitioners in ways that maintain accountability to the social and emotional wellbeing of children.

In exploring practice approaches to FDV that focus on children's safety, we invite you to consider the following questions:

- How is the social and emotional wellbeing and safety of children prioritised when parents are initially assessed?
- How do practitioners support mothers to prioritise the safety of their children and themselves, where they are affected by FDV?
- How do practitioners engage with fathers who perpetrate violence in ways that keep children and partners safe?

The co-existence of FDV and intergenerational disadvantage

The Emerging Minds: National Workforce Centre for Child Mental Health has recently undertaken an assessment of the training, support and professional development needs of practitioners in a variety of health and welfare sectors, with a lens on child-focused practice. A common

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observation from practitioners is that children and parents present to services with more significant, co-existing and severe problems than ever before.

The concept of intergenerational disadvantage was used by practitioners to describe the cumulative effects of poverty, unemployment, mental illness, alcohol and other drug misuse, violence and trauma on children and their families. Practitioners were interested in the development of frameworks or 'roadmaps' to help them achieve positive outcomes for the social and emotional wellbeing of children in the face of multi-layered disadvantage. The co-existence of FDV and intergenerational disadvantage is a practice challenge that is being considered by organisations with the view to creating innovative and safe solutions to complex problems. Practitioners and organisations remain committed to the safety of children throughout these challenges.

Intergenerational disadvantage is not a term commonly used by children or families. Rather it's one that has been developed by practitioners and researchers to describe the increasing prevalence of inherited childhood disadvantage that grows over time in marginalised families. At its best, the concept of intergenerational disadvantage stimulates a political and systemic response to the widening social inequality that effects the care and protection of so many Australian children.[11] Conversely, the concept can position children and their families as 'complex' and outside of the scope of reasonable prevention or early intervention services. 'Where do I start with this family?' is a familiar question posed by practitioners when presented with the multiple co-existing issues faced by children and families experiencing disadvantage.

If FDV is normalised or expected within this context, the nuances of coercion, control or entitlement can be sidelined in practice. Where FDV is seen as the inevitable outcome of issues such as mental health, drug and alcohol misuse and poverty, understandings of perpetrator responsibility can be diluted. Violence can be viewed as the outcome of common couple dysfunction where both men and women are distracted by their own adversity and equally culpable regarding the effects on their children.[12] Mental and physical health issues for mothers can be seen to occur in parallel to male partners, without an assessment of the relational effects of coercion.

When thinking about the challenges of approaches to families affected by both disadvantage and FDV we invite you to consider the following questions:

- How can practitioners discuss the challenges for parents experiencing disadvantage, while maintaining a focus on the social and emotional wellbeing of children?

- What are the practice policies and assessment tools used by your organisation to support child-focused and parent-sensitive conversations with parents where disadvantage and FDV co-exist?

Gendered and relational approaches to the effects of family and domestic violence on children

The authors have chosen FL DOORS as an example of practice not to advocate for its broader use, but to explore the effects on practitioners and clients when an organisation establishes the expectation of conversations about the effects of FDV on children at the earliest possible point in service delivery.

Studies regarding the effectiveness of FL DOORS screening practice have shown significant similarities between what fathers and mothers report regarding safety risks to their children resulting from men's violence.[13] This demonstrates an understanding from parents regarding the effects of violence on their children and undermines popular post-separation assumptions that men routinely minimise their use of violence while women exaggerate the effects of FDV on children.

In describing the effects of FL DOORS screening practice in Relationships Australia, South Australia, David Tully, Practice Manager, Specialised Family Violence Service, said:

> "The screening tool creates the universal expectation of a focus on safety. The invitation to discuss the effects of violence on children is a relief to many of our parents. It allows for conversations that are curious and collaborative rather than interrogative or punitive."

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FL DOORS reinforces targeted, gendered and relational assessments of violence which assumes parents are open to conversations about children's safety. Practitioners across diverse services have been supported to develop the micro-skills that assist men who perpetrate violence and women and children who are subjected to FDV.

An Emerging Minds Child and Family Partner[1] told us:

> "My partner made me feel fearful to contact police. One time I did, my phone was taken. He also brainwashed me that if I left him, I'd lose the kids – that was a part of his control of me too."

The FL Doors example reduces the secrecy that is so often imposed on women and children living with FDV. The responsibility is transferred to the organisation and the practitioner to respond effectively to the stories of violence that are conveyed through the screening tool. One Emerging Minds' Child and Family Partner described the stifling effects of fear and secrecy in her household during her childhood. She said:

> "As a child who experienced family violence, I know that kids often think the worst, especially in relation to someone they care about. I did. I can look back and see that I was afraid that my mum might be killed."

1 An Emerging Minds Child & Family Partner is someone who has experienced adversity and who partners with Emerging Minds to advance mental health and wellbeing of infants, children, adolescents and their families. It represents an expansion of the term 'lived experience partners' to make visible the contribution children can make to service design, delivery and evaluation, as well as acknowledging the breadth of experiences of adversity.

A targeted response to FDV requires an organisational commitment to robust practice policies, clear practitioner expectations and reflective supervision that supports cohesive and systematic approaches to child-focused practice related to FDV. Where FDV is seen as an inevitable outcome of intergenerational disadvantage, organisations and practitioners may be less likely to develop targeted approaches, affecting practitioner confidence in supporting children.

An increased focus on the co-existing issues of families affected by intergenerational disadvantage can position FDV as an inevitable symptom of poverty and marginalisation. Violence and maltreatment are increasingly seen as the result of parents' own experiences of childhood trauma and insecure attachment.[14] This can position parents as passive participants in the passing on of the conditions of violence to their own children. Mothers who are regarded as inconsistent in the care of their child can be seen to privilege violent relationships or drug and alcohol use over safe parenting.[15] This has prompted some practitioners and researchers to question the relevance of specific, gender-based approaches to FDV.[16] In the absence of these gendered and relational responses to mothers' and children's experiences of violence, institutions can unwittingly reinforce the legitimisation of violence that organisations have worked for decades to redress.

Women's history of drug and alcohol use, mental illness or parenting mistakes are commonly used by partners and fathers as part of coercive tactics to enforce control.[17] There are many invitations for mothers experiencing disadvantage to see themselves as incapable of providing for their child's social and emotional wellbeing. Practitioners themselves are not immune to dominant messages about good mothering and this can lead to moral judgments about mothers' culpability. Within a statutory context, Australian child protection systems most often rely on the assessment of a mother's capacity in the absence of engagement with fathers or the full story of his pattern of coercive behaviour.[18] Mothers' ability to leave violent relationships can become 'proof' of their lack of capacity, rather than the outcome of a partner's pattern of abuse that has been intent on undermining her self-agency, which may involve the immediate or long-term safety of children. Within the context of social isolation and economic marginalisation it is commonly more difficult and therefore less safe for women and children to leave violent relationships.[19]

Gendered understandings of the effects of FDV and disadvantage on women and children are crucial underpinnings in mechanisms that support – as well as assess – the mother–child relationship.[20] In the absence of robust frameworks, curiosity can be sacrificed as a more authoritarian lens is applied to disadvantaged

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mothers. Practitioners can miss opportunities to ask about the effects of coercion where they assume that mothers condone or participate in violence. This is not to assert that mothers should be exempt from accountability for the social and emotional wellbeing of their children. Rather, a targeted gendered and relational approach presents opportunities to understand how disadvantage and violence might impact on their ability to care for children.

When thinking about the challenges of approaches to families affected by both disadvantage and FDV we invite you to consider the following questions:

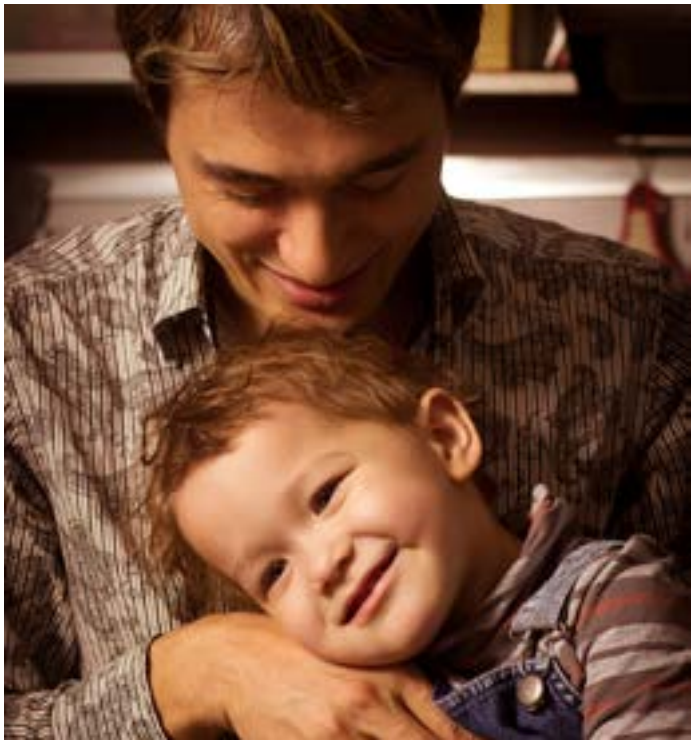
- How do you ensure that gendered practices of coercion and control are addressed when having conversations with mothers who experience disadvantage?
- How do you ensure that children are kept visible during these conversations?
- What are the challenges?

The practitioner's position of curiosity

Practitioner curiosity can become easily disqualified amidst the many adverse issues effecting children and their parents. When multiple adversities such as mental illness, drug and alcohol use, poverty and FDV are grouped together, it's more likely that stories of hopelessness overwhelm both the practitioner and the client. Amidst this hopelessness, practitioners may stop listening for evidence of parenting hopes and strengths that reinforce children's safety. They may also stop asking specific and detailed questions about the effects of FDV on children.

Mothers who have been affected by FDV, childhood trauma and poverty invariably have long histories of resilience, despite significant adversity. A position of curiosity can create space for examples of resilience and connectiveness between mothers and children, as well as the strategies that women have used to protect their children.[21]

Practitioners taking a relational stance characterised by curiosity and respect are more likely to listen and enquire about skills, strengths and know-how that mothers have drawn on in responding to the hardships they have been facing. This practitioner curiosity is possible even where parents are behaving in ways that make their children feel scared or insecure. Once stories of skills, strengths and know-how are available to parents they can be replicated, and a blueprint for safe and nurturing care of children can be developed. These stories can contain rich descriptions of how parents and children have overcome adversity and practitioners can therefore become interested not

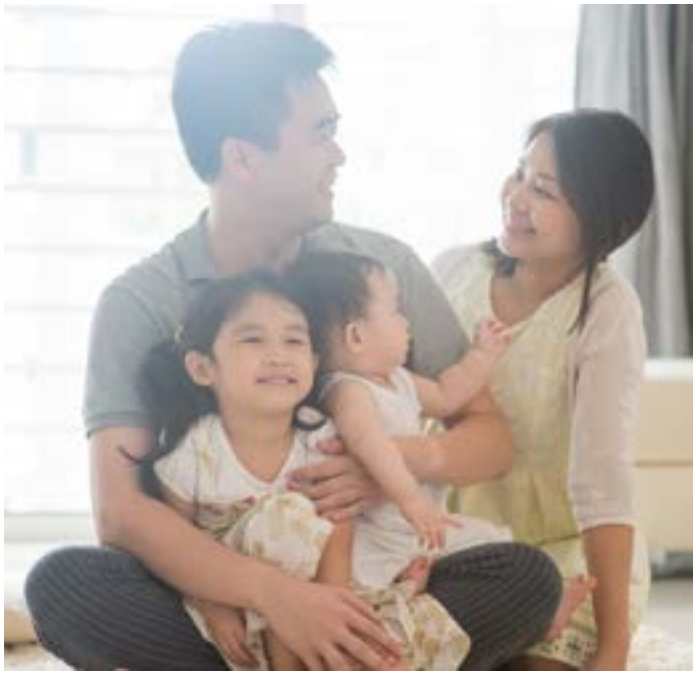


only about intergenerational disadvantage, but intergenerational capacity and contribution. Parents can feel less trapped in their current circumstances and less limited in what might be possible for the care and wellbeing of their children. These conversations can challenge fatalistic perceptions of children's circumstances for both parents and practitioners. An Emerging Minds' Child and Family Partner told us:

> "Being asked about my strengths as a mother and being able to talk about what I did that was positive for my children and their wellbeing, like activities or routines that I kept in place despite our situation, would've been important. It would've given me more confidence in myself and more confidence to speak about the situation the children and I were facing. It would've helped me feel empowered and not be so fearful of losing the children and would've led us to getting some extra support."

Through these curious conversations, practitioners can proceed with more confidence in inviting parents into conversations about specific parenting practices. The social and emotional wellbeing of children is foregrounded in these conversations, and parents can evaluate their own parenting practices. In describing the effects of FL DOORS screening tool on practitioner curiosity, David Tully said:

> "The screening tool allows for a direct line of sight between parents' behaviours and their effects on children. The practitioner doesn't



need to make moral judgements about this. Most often, parents invite their own sense of accountability. Sure, there is sometimes avoidance, but invariably stories of preferred parenting come to the fore. The tool shows that even where parents are subjected to disadvantage, they genuinely want what is best for their kids."

Stories of hopelessness are particularly accessible for practitioners in relation to fathers who use violence, particularly through individualised understandings of their lack of capacity.[22] Individual-deficit explanations for men's violence can reinforce practitioner ambivalence regarding men's ability to address their use of violence.[23] This is particularly relevant where mental illness and/or the use of drugs or alcohol is viewed as an impenetrable barrier to personal responsibility. This results in what Alan Jenkins describes as 'responsibility underload', or the assumption that some disadvantaged men or fathers are beyond the possibility of change.[24]

When practitioners are influenced by a sense of inevitability regarding men's violence they can miss opportunities to engage fathers or hold them to account for the effects of their violence on children. These difficulties in engaging fathers who perpetrate violence in disadvantaged families has influenced responses that focus responsibility solely on children and mothers to keep themselves safe.[25]

The Relationships Australia example has shown that fathers often relay stories of hope for difference in their relationships with their children. Where men have experienced unsafe childhoods marked by violence they often describe intentions to father in different and more nurturing ways. Often men come with examples where they have been able to father in their preferred ways, but these are interspersed with acts of violence and coercion that get in the way of these preferences.

David Tully describes the effects that a targeted assessment approach to men's violence has had on practitioners in Relationships Australia South Australia:

> "Through the screening tool and in subsequent appointments men will often describe times when they have made their children scared. There's a recognition there that is contrary to the assumption that men deny everything or that they are incapable of changing. This raises a practice imperative to support fathers to change their behaviour. Our screening tool allows for supervision processes which clearly show the behaviours that fathers want to change. We can support practitioners' confidence in collaborating to bring about change."

When practitioners understand the context of men's violence a targeted and contextual response is possible. This extends beyond understandings of 'violent men', by highlighting the specific attitudes, behaviours and situations that motivate violence. These specific understandings assist men to develop their own strategies which prioritise their own responsibility in their child's safety. This practitioner curiosity works to reinforce two assumptions. Firstly, it recognises the capability of fathers to parent in safe and respectful ways. Secondly, it holds men to account for the effects of violence on children and women by focusing on their ability to act in ways that contrast to violence and abuse.

When thinking about the challenges of approaches to families affected by both disadvantage and FDV we invite you to consider the following questions:

- What helps you to be curious about children when you meet with parents? How do you remain open to possibilities of a mother's skills, strengths and know-how where they are less visible?
- What reflective supervision processes help practitioners to maintain curiosity, even where they are challenged by stories of disadvantage, violence or children's distress?
- How do you and your organisation approach work with fathers who are using coercion, control or violence? How does this approach keep children visible?

Conclusion

Diverse contemporary theories and approaches to FDV have proliferated with increased focus on the effects of FDV. Families affected by FDV may presently be met with a suite of explanations for their experiences of violence, depending on the individual attitudes of their practitioner. These theories of violence may include descriptions of insecure attachment, gendered symmetry or common or dysfunctional couple violence.

While avoiding a critique of these theories, this paper explores practice policies that ensure common approaches to violence with a focus on understandings of gender and childhood. These approaches should focus on the social and emotional wellbeing and long-term mental health of children.

Practice and society have achieved much in the past decades through understandings of gendered violence and a focus on the effects on children and women. But there remain many invitations for practitioners to collude with understandings of violence which minimise or legitimise perpetrator responsibility, or that attribute culpability to children and women. These invitations can be even stronger where mothers are affected by co-existing issues as the outcome of disadvantage.

The need to continue these conversations is crucial, as is the continued organisational commitment to consistent responses to violence that achieve safe outcomes for children. Our intention in writing this paper is to continue that conversation and to encourage organisations and individual practitioners to reflect on their practice policies, assessment tools, supervision and professional processes with the view to providing child-focused service delivery.

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