

## Child-focused social work practice in the context of family and domestic violence: Understanding the impact of male violence

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### Key Messages

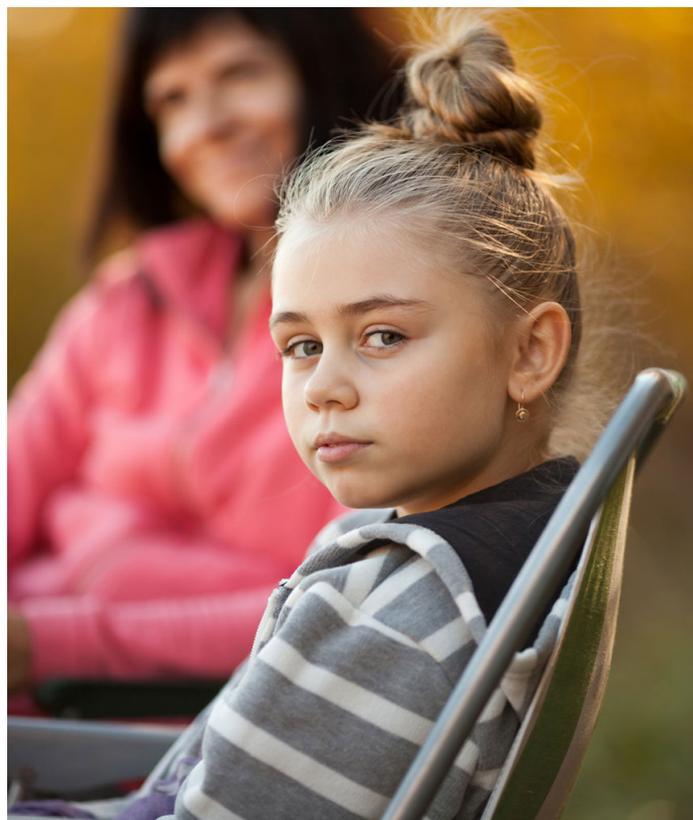
- Child-focused approaches to Family and Domestic Violence (FDV) prioritise an understanding of the effects of fear, coercion and trauma on the child's physical safety, social and emotional wellbeing and mental health.
- FDV work with men, women and children should be informed by knowledge about power, control, safety and security.
- Interagency communication is vital when working with children who have been exposed to FDV.
- Social work interventions that are research and theory-informed are essential to working effectively with children, women and men in the context of FDV.

### What is this resource about?

Family and domestic violence (FDV) is an enduring social problem in Australia. This resource examines male violence and its impact on families – specifically, women and their children. It highlights the importance of research-informed social work intervention that is child-centred and safety-focused and outlines some of the complexities in working with mothers and children who are experiencing violence, and with men who perpetrate FDV.

### Who is this resource for?

This resource has been written for social work students but may be of interest to other students and practitioners, particularly those working with children and families in the context of FDV.



### Introduction

Family and domestic violence is a serious social problem that can result in the fatalities of women and their children (Bryant and Cussen, 2015). FDV affects children and families in a myriad of ways and can impact access to housing, education, and health systems (including mental health and wellbeing services).

FDV can occur alongside other social issues such as alcohol and drug use, social isolation, poverty and mental health concerns (Broady and Gray, 2018), highlighting some of the challenges relating to early intervention, referral and assessment. However, recent research found that “power and control and safety and security” (Robinson, Maxwell et al., 2019, p.16) were important themes for practitioners to prioritise in their work with women and their children, and to consider in their work with men who use violence.

FDV affects many populations, including men themselves (Jewkes, Flood et al., 2015; Seymour, 2018), but overwhelmingly FDV is characterised by male violence towards women. This paper considers the complexities involved in working with men who use violence; and women and their children affected by such violence.

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## How FDV affects children

Children who live in households where FDV occurs are exposed to harmful and traumatic events. A large-scale study by Fusco and Fantuzzo (2009) found that children who witnessed FDV were likely to be part of the lead up to the event, to have called for help, or to have been physically involved in the violence. Although these are examples where children were directly involved in observing or being present during violent events, current research has found that just being exposed to FDV negatively impacts on children's mental health and wellbeing. Exposure to FDV can include "... prenatal exposure, intervening during the violence, victimisation, participation in the violence, direct observation, overhearing the violence, observing the effects of violence, experiencing the aftermath, [and] hearing about the incident" (Ravi & Tonui, 2019, p.2).

Exposure to FDV is a form of child abuse and is therefore a child protection concern (Heward-Belle, Laing et al., 2018). Additionally, children who are living in an environment where FDV occurs are at a higher risk of being subjected to violence and harm or neglect (Broady and Gray, 2018). The connection between FDV and child protection issues highlights the importance of interagency responses to FDV, which may involve child protection services, specialist FDV services, police, and legal services (Tsantefski, Wilde et al., 2018; Shlonsky, Ma et al., 2019). Interagency communication is vital when working with children who have been exposed to FDV, as is placing the child at the centre of social work intervention.

Work with children who have been exposed to FDV needs to incorporate a clear understanding of the risks to their safety and wellbeing. This includes identifying the "source of violence" (Ateah, Radtke et al., 2019, p.3107); assessing parenting capacity, and using developmental theories to evaluate children's mental health and wellbeing, behaviours, and emotional and social needs. This type of holistic assessment approach is crucial (Devine, 2015) because it not only considers the child in the context of the family, but also the effects of broader systems and environments. Assessment needs to be a continual process taking into account changes in the child's life and influencing social work interventions, given that "assessments form a critical decision-making function" (Devine, 2015, p.83).

Important skills in social work practice with children include:

- the ability for the social worker to engage in age-appropriate play with the child
- the capacity to talk to children and listen to what they are saying both verbally and non-verbally
- an understanding of the developmental stages

of children at different ages and how exposure to trauma can affect children's development

- an understanding of the context of children's behaviours; and
- the ability to interact with children in various spaces such as the car, their homes, a social work office or any other space in which you are in contact with the child (Ferguson, 2017).

## Women and children and FDV

Newer approaches to working with women and children experiencing FDV recognise that the concepts of 'perpetrator' and 'victim' downplay women's agency (Seymour, 2018) or 'individual resources' (Kiamanesh and Hauge, 2019). It is important to recognise that there are assumptions and judgements associated with the term 'victim', and for social work students and practitioners to reflect on their own assumptions when working with women and children. For example, FDV may affect women's capacity to parent appropriately or for them to make the choices they normally would. Therefore, it is important for social workers not to fall into 'mother blame' discourses (Moulding, Buchanan et al., 2015). Instead, knowledge about power, control, safety and security can enable a partnership between the social worker and the mother and child. Practitioners who take a relational stance characterised by curiosity and respect are more likely to listen and enquire about the skills, strengths and know-how that mothers and children have used in response to the hardships they have been facing (Moss & Dolman, 2018).

These relational approaches encourage the social worker to maintain genuine curiosity in the strengths of the parent-child relationship:

*... our stories of who we have been and who we can be would not exist outside of our relationships with other people; they are shaped by our experiences with others and our sense of how those others perceive us and respond to us. We are shaped by their responses and expectations. Our notions of how we can act in a given event are influenced by our memories of how people have responded in similar past events, by which particular people are present in the current episode, and by our understandings of what others expect us to do. We hear, remember, and learn the stories of who we have been and who we are expected to be as those stories are recounted in our relationships with others" (Combs and Freedman 2016 p. 213).*

Mothers commonly blame themselves for a so-called 'failure to protect' their children in FDV situations. It is important that the social worker does not reinforce

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such messages, which make the perpetrator invisible (Wendt et al, 2015).

Trauma-informed social work practice with mothers and children who have experienced FDV involves forming a 'working alliance' (Knight, 2015). Utilising social work communication skills, displaying curiosity and respect, and working collaboratively can assist in developing a positive working relationship. Taking a relational stance can be a helpful practice approach because it gives the social worker tools to avoid blame.

## Men and FDV

Traditionally men who are fathers and who use violence against their partners have been seen by practitioners as either "partners" or "fathers", as though these are separate and unrelated roles. However, recent Australian research challenges this view by situating violence as a parenting choice (Heward-Belle 2016). Men who use violence harm women and their children in a myriad of ways and it is common for men to draw on notions of masculinity to justify or describe their behaviours (Heward-Belle 2016). Another Australian study has also shown that men who use violence and engage in behavioural programs struggle to see the connection between their fathering and their violent behaviours in the context of their partner relationships (Smith and Humphreys 2019).

Engaging fathers regarding the effects of their violence on children is a significant challenge for social workers, but one that is assisted by collaborative and curious practice. Such practice can help fathers to become clear about their own parenting ethics and what they want for their relationship with their child. When fathers are able to describe the effects of their use of control, coercion or fear on children they are more likely to adopt child-focused strategies to parent in more respectful and safe ways. These practices hold men to account for the effects of their violence on children, but they also assume that men can and will be motivated to change (Moss & Dolman, 2018).

Given that men who use violence are often involved in the lives of children (Baynes and Holland 2012), the social work role is important to assessment, intervention and specialist referral. A feminist intersectional approach is a useful framework for social work which accounts for diverse experiences and expressions of masculinity. As Heward-Belle (2016) points out:

*"A feminist intersectional approach...elevates gender as the primary contributor to violence against women, while considering how gender may be mediated through class,*

*culture, and health... Interventions with violent men underpinned by feminist intersectional understandings have the potential to simultaneously hold men accountable for their violence while attending to the diversity of their lived experiences " (pp. 324-325).*

Men will often minimise the effects of their violence or seem reluctant to take responsibility for their behaviours. Engaging and collaborative practice can help motivate men to more fully describe their coercive behaviours and the effects on children, rather than describing them as 'incidents' and 'unintentional' (Kelly and Westmorland 2016).

Collaborative and relational approaches have been found to be beneficial when working with men who have used violence (Béres and Nichols 2010) because they bring a feminist approach that enables conversations with men about power, control, and the effects of their violence on women and children (Wendt et al, in press). Behaviour change has been associated with the identification of a 'turning point' – a moment in time when men could recognise and take responsibility for their violence and controlling behaviours (Gottzén 2019).

These 'turning points' often involved police or welfare services and clearly identified men's behaviour as FDV (Gottzén 2019). This highlights the importance of practitioners naming FDV and holding men to account for their behaviour.



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## Conclusion

Research-informed social work plays a vital role in the protection of children and the promotion of their mental health and wellbeing. This practice paper outlines some of the core approaches to social work with children, women and men in the context of FDV. It highlights the importance of interagency communication, of avoiding 'mother blame' and holding men accountable for their behaviour, and for adopting practices based on understandings of power, control, safety and security. By examining and understanding the impact of male violence, social workers can employ effective interventions that are child-centered and safety-focused.

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