



No To Violence

Male Family Violence
Prevention Association

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Men's
Referral
Service

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National Children's Commissioner
Australian Human Rights Commission

Submission for the examination of children affected by family and domestic violence

15th June 2015

No To Violence Male Family Violence Prevention Association (NTV) Inc. is the Victorian peak body for organisations and individuals working with men to end their violence and abuse against family members. NTV members come from a diverse range of professional and community backgrounds and work in a number of settings. NTV provides resources and opportunities for service providers to enhance their capacity to successfully engage with men who use violence, and work with men to prevent further violence. NTV provides training, professional development, resources and advocacy, and sets minimum standards for men's behaviour change program work. For further information, see ntv.org.au

Our submission relates to the substantial need to improve the ways in which child protection systems respond to children affected by family and domestic violence. One of the English-speaking world's leading consultants and trainers in enhancing the domestic violence proficiency of child welfare systems, David Mandel from the Safe and Together model in the U.S., was commissioned by NTV to write a submission for the Victorian Royal Commission into Family Violence focusing on this issue. We are very grateful to the Victorian Royal Commission for providing NTV with permission to use and adapt this work for the current submission to the National Children's Commissioner's inquiry.

The mission of child protection systems around the world is the safety, well-being and permanency of children. These systems are intended to be the guardians of last resort, protecting children from intimate harm by their parents, other caretakers and trusted members of the community. The social workers in these systems stand on the frontlines of some of the darkest betrayals of love and trust and the most horrific breakdowns of the bonds of care and connection in our societies.

The Victorian child protection and family services system is no different to equivalent systems in other Australian or Western country jurisdictions, in the historical lack of capacity and skills to work with issues of family and domestic violence. 2008 child protection statistics from Canada reported 34% of all substantiated CPS investigations included exposure to intimate partner violence as the primary category of maltreatment (Public Health Agency of Canada, 2010). A recent NSW review of six years of child deaths in families involved with

child protection found that 61% of child deaths were correlated with the presence of domestic violence. The study also found that the co-occurrence rates of domestic violence and other issues such as poverty or parental substance abuse was often twice the rate as the families without domestic violence. Similarly, the child death rates of Aboriginal and/or Torres Strait Islanders in cases involving domestic violence was 1 in 3 as compared to a rate of 1 in 6 in cases not involving domestic violence (New South Wales Government Family and Community Services, 2013).

Data from a major US study showed that there is "a pronounced impact of domestic violence on family functioning, the caregiver's general health and well-being, and the quality of the caregiver's interaction with the child, which in turn are significantly associated with decrements of child functioning related to behaviour problems and health (English, Marshall, & Stewart, 2003). The research also suggests that for domestic violence cases, despite their high rate of prevalence on the child welfare caseload, actual intervention with the issue of domestic violence may be lower than other types of referrals; and that children from these families may go into care at greater rates and stay in care longer (Devaney, 2008)(Irwin & Waugh, 2007).

Despite the rising recognition of the problem, child protection systems are extremely ill-equipped to deal with the problem in a comprehensive, holistic, family-centred manner. The systems weren't designed with this problem in mind and continue to be flummoxed around how to truly respond in a child-centred manner. Consistent policy, data collection and training is often non-existent.

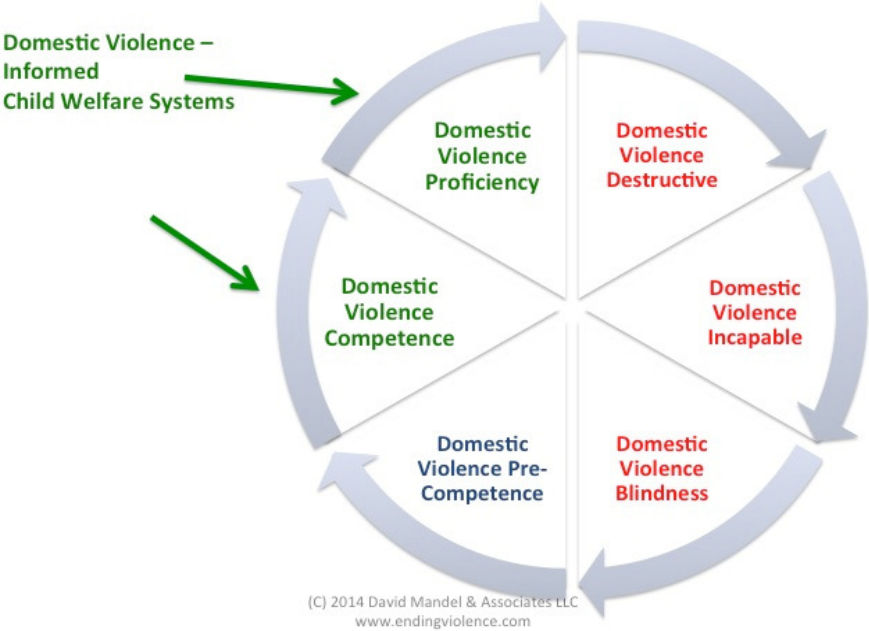
As late of 2007, despite the data available about the intersection of domestic violence and children functioning, physical abuse and death, one study found that only 43% of the child welfare protection agencies engaged in universal screening for domestic violence with less a quarter indicating that screening occurred at all stages of the case flow. Just over fifty percent indicated that they had written policy related to domestic violence. Less twenty percent of these agencies required workers to receive domestic violence training (Hazen, et al., 2007). Workers are rarely supported in working through their biases and fears, particularly as it relates to engaging and working domestic violence perpetrators. One author describes this as "professional ignorance and avoidance of the issue of domestic violence within practice....and the lack of an organizational mandate and support for frontline staff in this area of area of work..." (Devaney, 2008).

The child protection response to family violence across Australia and the other Western country jurisdictions has been dominated by a set of practices that often ignored the domestic violence perpetrator, who is the source of the child and family safety and risks concerns, making unrealistic and potentially dangerous demands of the adult domestic violence survivor. "Domestic violence destructive" child protection practices have often expected adult domestic violence survivors to control the behaviour of the domestic violence perpetrator or face increased interventions and/or the loss of their children (Mandel, 2013). This "Failure to Protect" approach is interwoven with a series of other child protection system characteristics such as poor or non-existent assessment of the role males perform in the family, a failure to translate existing research knowledge into a comprehensive assessment of the harm that domestic violence perpetrators cause to child and family functioning, and systemic policy, practices and attitudes that unnecessarily hinder the creation of strong and meaningful partnerships with adult domestic violence survivors around the safety and well-being of their children.

The move toward a “Domestic violence-informed” child protection systems requires systems to adopt a perpetrator-pattern, child-centred, survivor strength based approach to improve outcomes with children and families exposed to domestic violence perpetrators’ behaviour. This approach is characterized by a number of factors.

First, it requires a clear understanding that it is the perpetrator’s behaviour pattern, not the adult survivors’ behaviour, that is source of the child risk and safety concerns related to domestic violence. This means child protection no longer makes their assessment of child safety based on whether the couple is together or not, nor the presence of a protection order. It seeks to assess the perpetrator’s pattern and whether those behaviours are concern of child safety whether the couple is together or not.

Continuum of Domestic Violence Practice



Second, it requires a comprehensive articulation of the nexus between perpetrator’s behaviour pattern and child and family functioning. This means a more comprehensive child safety assessment related to domestic violence which starts with the traditional points of assessment (physical danger, traumatic impact) and continues with an assessment of the perpetrator’s impact on family functioning including housing instability, maternal mental health and substance abuse, child mental health and substance abuse, disruption of kin network, medical care, employment and educational stability. The comprehensive assessment is required to connect the dots between the domestic violence, substance abuse and mental issues, all three of which are prevalent in many child protection-involved families. For example, child protection systems need to actively assess for whether the domestic violence perpetrator has any history of interfering with other family members receiving medical and mental health care, particularly when substance and mental health are child protection concerns.

Third, child protection systems need to increase their assessment and engagement of men as parents and improve their ability to more comprehensively assess the protective capacity of the adult domestic violence survivor. Improved gender-based practice is essential to any efforts to improve any child protection system's response to domestic violence. Higher expectations for men as parents, and seeing domestic violence perpetration as a parenting choice whether the children witness is necessary to improved assessment and case planning. Better assessment of strengths of the non-offending parent is critical to the development of more effective case plans and safely reducing the number of out-of-home placements for children from these homes.

To help systems make the shift from a "Failure to Protect" approach to a perpetrator pattern, child-centred, survivor strength-based approach, David Mandel & Associates developed a Continuum of Practice framework that distinguishes between problematic and positive policy and practice in child protection systems. The framework identifies six systemic stages for child welfare systems related to domestic violence. The stages can roughly divided between domestic violence incompetent (Destructive, Incapable, Blindness) and domestic violence-informed (Competent, Proficient) with Pre-Competence separating out the two major areas. The purpose of the framework is to provide a method of self-evaluation and a road map for change for child welfare and their partners.

These stages can be applied to a variety of factors when assessing the state of the child welfare system and developing a plan for becoming more "domestic violence-informed." These factors can be grouped together into different areas: Paradigm, Policy and Practice (which includes data, definitions, forms and tools), Training and Supervision, Legal, Services, Coordination and Collaboration, Institutionalization and Integration.

The Safe and Together Model¹

The Safe and Together model was developed to help child protection systems move become more "domestic violence-informed" and has been applied in numerous US states and recently expanded to the UK and Australia. Its implementation is flexible yet strong and consistent in its core concepts. It has been adopted as the official state model in an number of US states including Michigan, Oregon, Florida, Ohio, Iowa and the District of Columbia. Implementation has taken different forms, always with an emphasis on sustainability and positive outcomes for children and families. For example Ohio and Michigan have adopted a train the trainer model where local staff become Certified Safe and Together trainers who deliver core training modules to social workers and others across the state. In Florida, the model has been integrated with the state's child protection agency's practice model providing workers with a map for integrating the model's principles and critical components into their overall assessment of families. In the District of Columbia, implementation started with an organizational assessment which led to series of recommendations related to policy, practice and staffing changes. Through the Safe and Together Model Advocacy Institute, women's sector workers in five different states have been trained to apply the model to enhance their collaboration with child welfare.

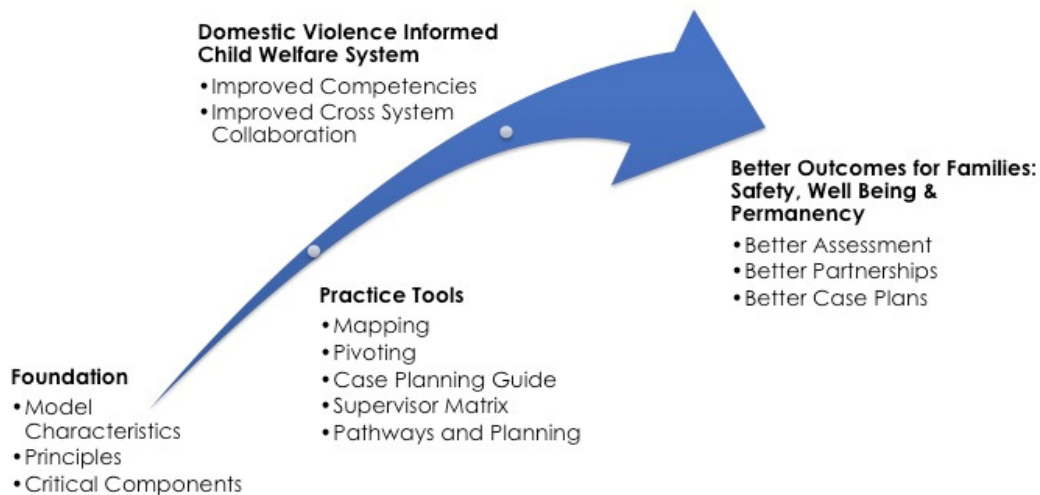
¹ See <https://endingviolence.com/our-programs/safe-together/safe-together-overview/>

Safe and Together™ Principles



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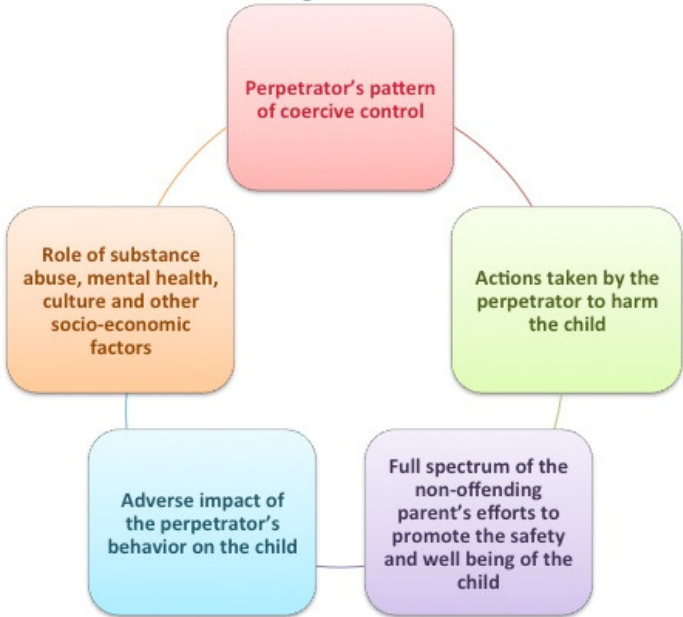
Safe and Together™ model: Better Outcomes for Families and Systems



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Using a perpetrator pattern-based approach as its foundation allows child welfare agencies to shift to Domestic Violence Competence and Proficiency, more efficiently, making policy and practice changes in a number of different directions simultaneously. Developed originally for child welfare systems, it has implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and others. The behavioural focus of the model highlights the 'how' of the work, offering practical and concrete changes in practice.

Safe and Together™ Critical Components



(C) 2011 David Mandel & Associates LLC. For more information on the *Safe and Together™* model, go to www.endingviolence.com

The model is specifically designed to focus on promoting the best interest of children including safety, permanency and wellbeing, and in this way is designed with the mission of child welfare systems in mind. The model's use of a perpetrator pattern creates a whole family approach that guarantees a more comprehensive assessment of risk, safety and protective factors and increases the effectiveness of the system in engaging men to become better fathers. As it relates to domestic violence survivors, the model directs assessment and partnership specifically to the safety and wellbeing of children. Instead of a focus on generic strengths, the model directs the system to articulate the specific actions the adult survivor has taken to promote the safety and wellbeing of the children.

The behavioural nature of the approach can also help to reduce stereotyping based on race, class, ethnicity and other socio-economic indicators. This can be valuable in addressing the concerns of the Aboriginal and/or Torres Strait Islander communities regarding the involvement of child protection in their communities, and the related issues of overrepresentation of these groups on the child protection case load.

In the US, it's been associated with improved child protection practice, improved assessment, and significant decreases in out of home placements. (Steinmann & Jones, 2014) (David Mandel & Associates LLC, 2013) In Florida, David Mandel & Associates has been collaborating with both the Florida Coalition for Domestic Violence (FCADV) and the Florida Department of Children and Families for the past seven years. Recently the CPI/Safe and Together project site in Northwest Florida reported strong results from this approach. From January 2012 through June 2012, domestic violence related removals represented 20.6% of removals in Bay and Gulf Counties. This was the first six months of the project when co-located advocates were hired and the staff was receiving Safe and Together Model training. During the next six months, from July 2012 to December 2012, the removal rate dropped to 13.6%. For the most recent six month period, January 2013 to June 2013, the removal rate dropped even more to 9.1%. From July 2011 to June 2012 (which includes the benchmark period of Jan to June 2012), there were 172 verified domestic violence specific maltreatment reports, compared to 274 verified maltreatments.

While this data is only correlative and data collection needs to continue, the increase in verified domestic violence maltreatments (by almost 60%) combined with a serious decrease in removals (over 50%) and a stable raw number of repeat maltreatments is exactly the kind of results we expect to come from improved child welfare practice and community collaboration in domestic violence cases where children are involved.

In Ohio, the National Center for Adoption Law and Policy (NCALP), the Healthpath Foundation of Ohio and Ohio Department of Jobs & Family Services collaborated to conduct a third party evaluation of the Safe and Together trainings in Ohio including the certified trainer model being used to extend Safe and Together training to all 88 Ohio counties. The evaluators organised the evaluation around an online pre/post-test survey of over 800 child protection caseworkers and supervisors, semi-structured interviews with supervisors and community stakeholders, desk reviews of 191 child protection case files, and a review of written policies from counties undergoing the Safe and Together training.

The evaluation showed very positive results, demonstrating important, clear and positive movement towards a more domestic violence-informed child welfare system. Consistent with the Safe and Together model, there were changes in child welfare's practice associated with the entire family (adult survivor, child survivor and perpetrator). The results not only demonstrate significant attitude changes (less victim blaming) towards adult domestic violence survivors, but strong changes in on-the-ground case practice. The desk reviews, interviews and surveys indicated that key child welfare practices such as screening and assessment for coercive control were improved. As a result of the training, child welfare became better at partnering with adult victims in order to assess victims' protective capacities and efforts to keep children safe.

Because the movement toward a domestic violence informed child welfare system requires enhancements in practice related to perpetrators, we were especially pleased with the changes related to case work with perpetrators. Social work staff reported that engagement and interviewing of perpetrators had become more valued. From a practice perspective, perhaps most importantly, the evaluation showed that the participants trained in Safe and Together were able to better assess and document the impact of perpetrators' patterns of behaviour on children.

Recommendations

No To Violence believes that the adoption of the Safe and Together model will be the most efficient means for Australian state and territory governments to 'cut to the chase' concerning how to move child protection systems from their current position in the competency continuum – likely to be a combination of Domestic Violence Destructive, Domestic Violence Incompetence, Domestic Violence Blindness and Domestic Violence Pre-competence depending on location and context – to Domestic Violence Competence if not Domestic Violence Proficiency. While this would involve a significant investment over a number of years, given that the model addresses possibly the biggest drivers of child protection and family services work – family violence, substance abuse and mental health issues – the potential return on investment in reducing Out of Home Care and other child welfare system costs is considerable.

Our recommendations include:

1. Review and amend policy across statutory child protection, child welfare NGOs and related systems to reflect a "perpetrator-pattern" instead of "failure to protect" based approach to the issue of domestic violence and children. This approach would ensure better assessment of child and family safety and well-being in domestic violence cases, and promote better case planning and cross systems collaboration. It would also promote better partnerships with the non-offending parent related to child safety and well-being and promote better attention to issues of domestic violence in multi-problem families. It would ensure that the focus of assessment of domestic violence concerns is driven by perpetrator behaviors instead of race, ethnicity, relationship status, living arrangements or other socio-economic markers.

The goals of such new policy would be to affirmatively articulate that

- a. domestic violence is a pattern based problem that involves coercive control and actions taken to directly and indirectly harm children,
 - b. domestic violence perpetrators, not domestic violence victims, are acting negatively in their parental or caregiving role when they are engaging in patterns of coercive control toward their ex (partner) and family, and
 - c. practice by the government and the NGO sector should reflect the reality that domestic violence perpetrators' actions, not domestic violence survivors' choices, are the source of the risk to children and families when domestic violence is the concern.
2. Review and amend child protection data collection procedures to ensure that:
 - a. it as accurately as possible captures presence of domestic violence on its caseload including domestic violence identified after the case family has entered into the system for other issues, and
 - b. enables the government and NGOs to describe the relationship between the impact of domestic violence perpetrator behavior, family functioning, domestic violence interventions with families and desirable outcomes (for example, maintaining children safely in their own homes/communities).

3. Develop a plan to skill up social workers, health visitors and other professionals to ensure that their work is based high expectations for men as parents. This is an essential aspect of any successful attempt to address domestic violence and children. This means tackling how domestic violence perpetrators who are fathers or male caregivers have “benefited” from low expectations of men as parents/caregivers by improving training for social worker, health visitors and other professionals for working with men as parents with an explicit orientation that:
 - a. men’s treatment of their partners are a central part of any definition of good fathering, and
 - b. it’s men parenting choices and behavior that matter to outcomes for children (versus the simple involvement of a father).
4. Investigate whether the Judiciary in family and juvenile matters (for example, through Children’s Courts) is domestic violence informed, which might include:
 - a. reviewing safety procedures for high risk domestic violence cases, and
 - b. determining if the court is receiving the necessary domestic violence-informed expertise from evaluators and that others provide input on family violence-related matters.
5. Investigate whether the current child serving service delivery system is domestic violence-informed including:
 - a. reviewing how well child welfare prevention and intervention services are addressing domestic violence from a perpetrator pattern-based approach,
 - b. assessing the underreported value the women’s service sector services are providing to families involved in child protection, and
 - c. examining the potential benefits to child protection of increased funding of women’s services as a means of improving child safety and well-being.

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